*Огляди літератури, **оригінальні дослідження**, погляд на проблему, випадок з практики, короткі повідомлення*
УДК 616.37+616.33/.342]-036
DOI 10.11603/1811-2471.2023.v.i2.13853

INFLUENCE OF ACCOMPANYING GASTRODUODENAL PATHOLOGY ON CLINICAL SYMPTOMS AND QUALITY OF LIFE OF PATIENTS WITH CHRONIC PANCREATITIS

©I. V. Makhnitska, L. S. Babinets

I. Horbachevsky Ternopil National Medical University

SUMMARY. In spite of the considerable advance in the research of pancreatic pathology, clinical symptoms and syndromes, along with the life quality evaluation with the use of SF-36 and GSRS questionnaires of patients with chronic pancreatitis combined with comorbid pathology of gastroduodenal zone (GDZ) organs continues to be studied and substantiated insufficiently.

The aim – to study the clinical symptoms and assess life quality using the SF-36 and GSRS questionnaires in the comorbidity of chronic pancreatitis with *H. Pylori*-associated chronic gastritis.

Material and Methods. 30 outpatients with CP and 117 with CP in comorbidity with chronic gastritis (CG) associated with *H. Pylori* were examined. A combined assessment of clinical manifestations (symptoms/syndromes) of patients with CP and CP with *H. Pylori*-associated chronic gastritis was conducted. For the reliable assessment of life quality, groups of patients were compared: the control group, patients with CP and patients with comorbidity. The physical and psychological components were evaluated using the SF-36 questionnaire. Indicators of the life quality components of patients of both groups were also studied according to the scales of the GSRS questionnaire.

Results. The clinical symptoms in the comorbidity of CP with accompanying gastroduodenal disorders had specific features compared to those in isolated CP: a smaller number of patients had a pain syndrome (93.3 % vs. 100.0 %); dyspepsia syndrome was found in all the patients with comorbid pathology (100.0 % vs. 86.7 %), a significantly larger number of such patients had nausea (63.3 % vs. 26.5 %), a feeling of heaviness (26.7 % vs. 18,8 %), diarrhea (33.3 % vs. 17.9 %), alternating diarrhea and constipation (26.7 % vs. 23.1 %), enteropancreatic and asthenoneurotic syndromes were detected with a slight advantage in patients with comorbidity – 72.6 % against 66.7 %, and 90.0 % against 83.8 %.

It was found that the average total index of the physical component of patients with CP with comorbidity compared to that in the group of isolated CP according to the SF-36 questionnaire was found to be significantly lower: the difference between the values of the average total index of the physical component of life quality of the patients from the comparison groups was 10.42 points (11.2 %).

Conclusion. It was established that the difference between the total indicators of the psychological component scales of the life quality according to the SF-36 questionnaire of the groups of patients with CP and patients with comorbidity is 9.71 (11.5 %), which proved that the psychological state of patients with CP with concomitant gastroduodenal changes was significantly worse.

The total index of the GRSR scales in the group of patients with CP+GDC (gastroduodenal changes) is significantly higher than of the group with isolated CP – by 1.52 times, and this proved a significantly lower quality of life according to the state of gastroenterological syndromes of the GSRS questionnaire ($p \leq 0.05$).

KEY WORDS: chronic pancreatitis; *H. Pylori*-associated chronic gastritis; gastroduodenal changes, quality of life; SF-36 questionnaire; GSRS gastroenterological patient questionnaire.

Introduction. Patients with diseases of the pancreas often have a combined pathology of the gastroduodenal zone (GDZ) organs [1-5]. This comorbidity remains studied insufficiently. The process of emergence and progression of chronic pancreatitis (CP) and the formation of complications usually changes the clinical symptoms and has a burdensome effect on patients' quality of life (QOL). In terms of an in-depth study of CP with accompanying gastroduodenal disorders, it is relevant to assess the existing clinical symptoms and syndromes, as well as quality of life using international standardized questionnaires SF-36 and GSRS [6-10]. This is important for the formation of a rational complex treatment with the aim of correcting the clinical course of these comorbid pathologies, as well as increasing the QOL of patients [11-14].

The aim – to evaluate the clinical symptoms and the quality of life of patients with comorbidity of chronic pancreatitis with *H.pylori*-associated chronic gastritis using the SF-36 and GSRS questionnaires.

Material and Methods. 30 outpatients with CP and 117 with CP in comorbidity with chronic gastritis (CG) associated with H. pylori were examined. Among the examined there were 87 men (59.2 %) and 60 women (40.8 %). The age range is from 19 to 76 years, the average age of the patients was (48.29±1.04) years. A comparative assessment of clinical manifestations (symptoms/syndromes) of patients with CP and CP with *H.pylori*-associated chronic gastritis was conducted, which was evaluated by the number and percentage of patients with a certain syndrome in a cohort. The control group consisted of 30 practically healthy people, comparable in age and gender.

For the reliable QOL assessment, the following groups of patients were compared: a control group, patients with CP and patients with comorbidity. A common SF-36 questionnaire was used, designed for

all the QOL components, which contains 36 items grouped into eight scales. Scales from 1 to 4 correspond to the physical component PF (physical functioning), RP (role functioning), BP (pain intensity), GH (general health), and scales from 5 to 8 correspond to the psychological component: VT (vital activity), SF (social functioning), RE (emotional functioning), MH (psychological health). Each of them is evaluated from 0 (the worst possible health state) to 100 (the best possible health state) [15–18]. Gastrointestinal symptoms were assessed using the GSRS questionnaire for gastroenterology, developed on the base of gastrointestinal symptoms reviews and clinical experience. The GSRS contains 15 items, each is rated on a seven-point Likert scale ranging from no discomfort to very severe discomfort. Based on the factor analysis, 15 items of the GSRS were divided into 5 scales: abdominal pain (AB) – abdominal pain, hunger pangs, nausea; indigestion syndrome (IS) – bloating, belching and increased gas formation; diarrheal syndrome (DS) – diarrhea, loose stools and an acute need for defecation; constipation syndrome (CS) – constipation, hard stools and a feeling of incomplete emptying; gastroesophageal reflux syndrome (RS) - heartburn and acid belching [19-25].

Results and Discussion. We conducted a comparative assessment of clinical manifestations (symptoms/syndromes) of patients with CP and CP in comorbidity with disorders of the GDZ organs (data in Table 1).

Table 1 – Clinical manifestations of patients with CP and with CP in comorbidity with disorders of the GDZ organs.

Clinical symptom/syndrome	The number of patients with clinical symptoms/syndromes			
	Patients with CP (n=30)		Patients with CP with disorders of the GDZ organs (n=117)	
	abs.	%	abs.	%
Abdominal pain syndrome	28	93.3	117	100.0
Periodic pain	21	70.0	73	62.4
Constant pain	16	53.3	29	24.8
Pain equivalents	9	30.0	15	12.8
Indigestion syndrome	26	86.7	117	100.0
Gastric dyspepsia:				
Nausea	19	63.3	31	26.5
Belching	5	16.7	12	10.3
Heartburn	17	56.7	77	65.8
A feeling of heaviness	8	26.7	22	18.8
Intestinal dyspepsia:				
Meteorism and flatulence	12	40.0	75	64.1
Diarrhea				
Constipation	10	33.3	21	17.9
Alternation of diarrhea and	14	46.7	65	55.6
constipation	8	26.7	27	23.1
Enteropancreatic syndrome	20	66.7	79	67.5
Asthenovegetative syndrome	27	90.0	105	89.7
Absence or decrease of appetite	16	53.3	38	32.5
Anemia	4	13.3	41	35.0

Note. % – the number of patients with a certain syndrome from the total number.

For a more detailed description of the pain syndrome, it was considered necessary to evaluate the following characteristics of pain: constant, periodic and "pain equivalents", based on the symptomatology data of the presented patients. It can be concluded that in the CP cohort, a considerably smaller number of patients had pain syndrome (93.3 % vs. 100.0 %). Significantly more comorbid patients complained of so-called “pain equivalents” in the form of abdominal discomfort, heaviness, bloating and distension in the upper abdomen (30.0 % and 12.8 %), and constant pain bothered them less often (24.8 % vs. 53.3 %). All the patients with comorbid pathology and almost all with isolated CP (100.0 % vs. 86.7 %) were identified with indigestion syndrome. Significantly more patients with CP had nausea (63.3 % vs. 26.5 %), heaviness (26.7 % vs. 18.8 %), diarrhea (33.3 % vs. 17.9 %), alternating diarrhea and constipation (26.7 % vs. 23.1 %).

Enteropancreatic syndrome, the manifestation of which is intestinal dysbiosis, that is characterized by intestinal motility disorders, stools, the presence

of flatulence, maldigestion, and malabsorption, was almost equally manifested in both groups with a slight advantage of patients with comorbidities (72.6 % vs. 66.7 %).

Asthenovegetative syndrome was almost equally determined in both groups with a slight advantage in patients with CP (90.0 % vs. 83.8 %). Changes in appetite in the form of absence or decrease (53.3 % vs. 32.5 %) were much more common for patients with CP. Anemic syndrome was more significant in CP with GDZ (35.0 % vs. 13.3 %)

The above proves the complicating role of the presence of concomitant disorders of GDZ organs with CP, which must be taken into account when forming treatment programs for the purpose of correcting the specified symptoms.

The results of the QOL assessment using the scales of the physical component of the SF-36 questionnaire indicate a statistically significant decrease in life quality of CP patients with CG associated with H. pylori, compared to both the control group and patients with isolated CP (Fig. 1) .

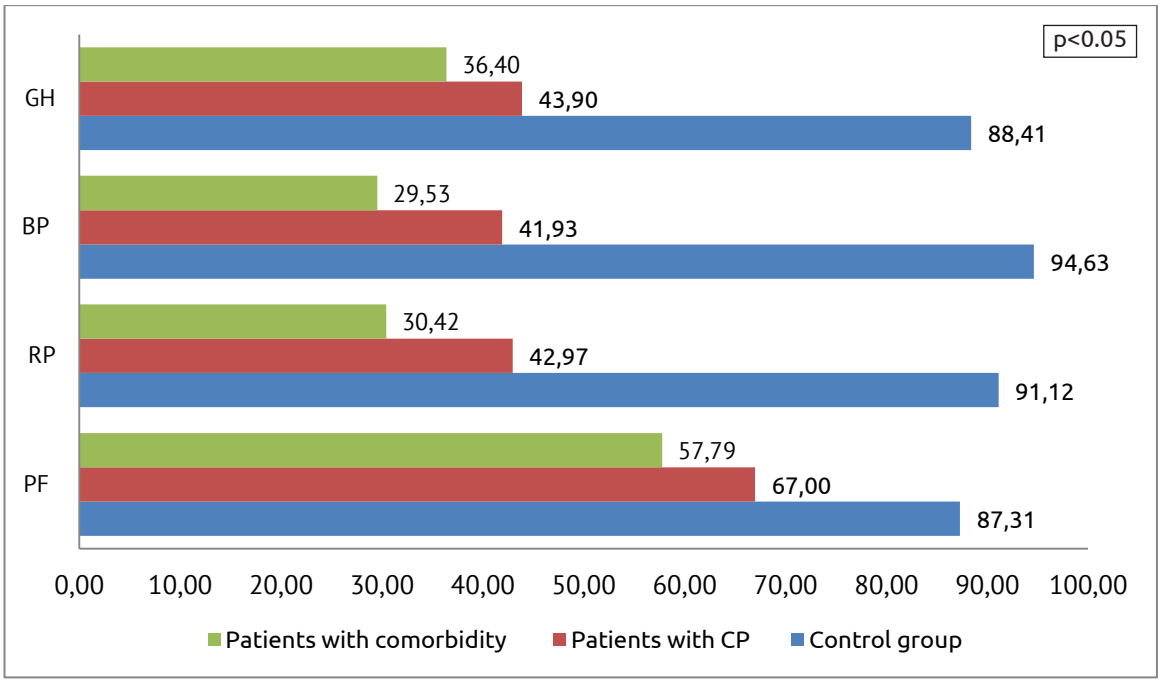

Figure 1 – Physical health indicators of CP patients of compared groups.

It was found that the average total score of the physical component of patients with isolated CP and patients with comorbidity was significantly lower than in the control group: the difference, respectively, was 41.42 points, which was 45.8 %, and 51.84 points – 57.0 %, ($p \leq 0.05$). The difference between the values of the average total indicator of the physical component of QOL in patients of the comparison groups was 10.42 (11.2 %).

According to the psychological component, a statistically significant decrease in quality of life indicators was found in the group of CP patients with chronic gastritis (CG) associated with *H. Pylori,* compared to both the control group and patients with CP (Fig. 2).

Thus, the difference in indicators of the psychological QOL component between the control groups and patients with CP was 46.84 points, which was 55.7 %; the difference between control groups and patients with CP with GDZ is 37.13 (44.2 %); the difference between the groups of patients with CP and patients with comorbidity is 9.71 (11.5 %).

Indicators of the QOL components of patients with CP were also investigated according to the scales of the GRSR questionnaire. A statistically significant increase in the indicators of this questionnaire on all scales was found, which indicates a more distinct symptomatology and a lower quality of life level of patients with CP with GDZ compared to both the control group and patients with CP (Fig. 3).

It was established that patients with isolated CP and patients with CP+GDZ had a significantly higher index of each of the scales of the GRSR QOL questionnaire compared to those in the control group, the total index of the GRSR scales was 2.46 and 3.22 times respectively ($p \leq 0.05$). It was established that the total score of the GRSR scales in the group of patients with CP+GDZ was significantly higher than that in the group with isolated CP by 1.52 times, and this proved a significantly lower QOL according to the condition of gastroenterological syndromes of the GRSR questionnaire ($p \leq 0.05$).

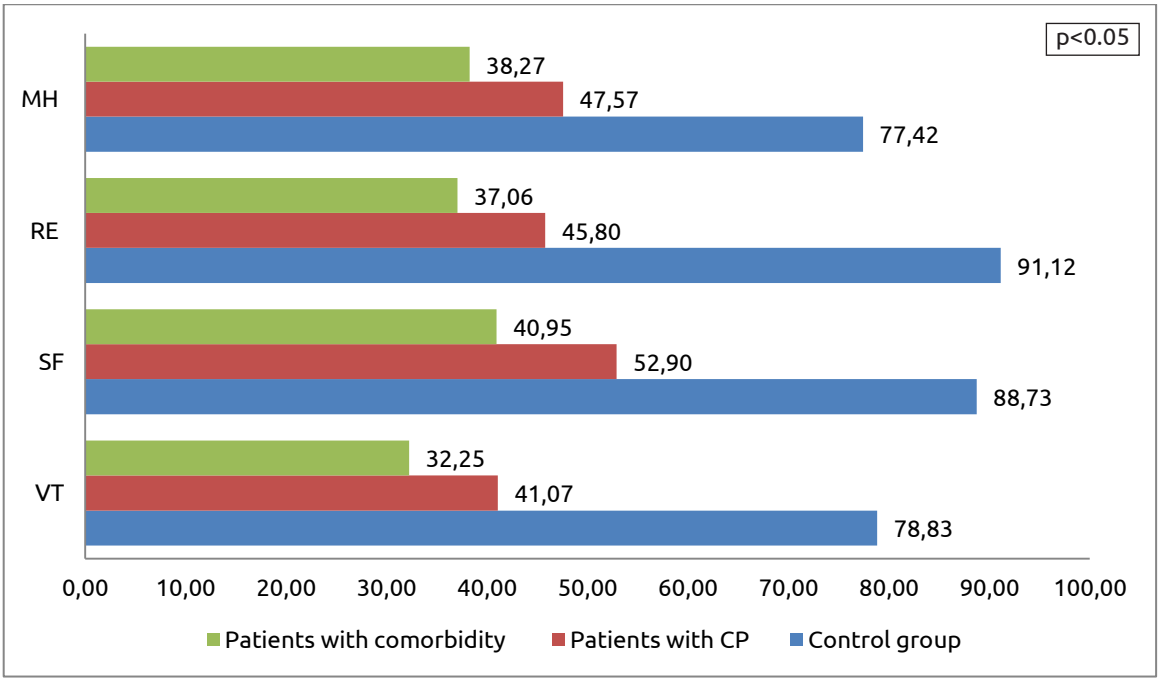

Figure 2 – Psychological health indicators of patients with isolated CP and CP patients with comorbidity.

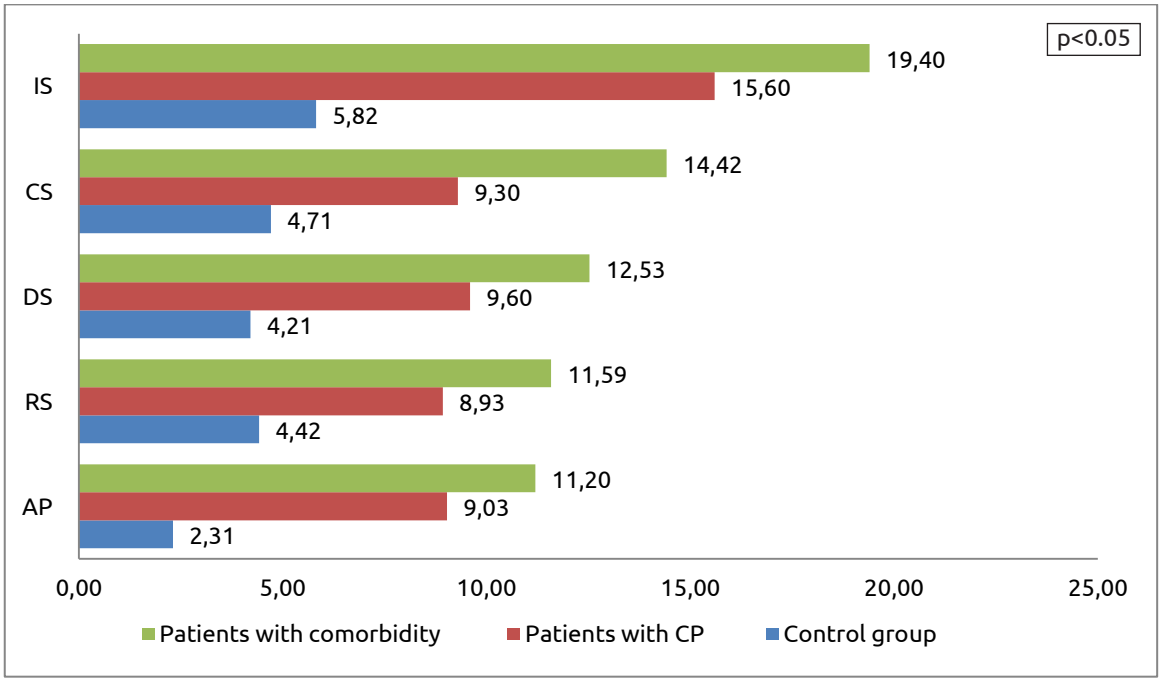

Figure 3 – Indicators of the GRSR questionnaire scales in the research groups.

Conclusions: 1. Clinical symptoms in the comorbidity of CP with accompanying gastroduodenal disorders had features compared to those in isolated CP: a smaller number of patients had pain syndrome (93.3 % vs. 100.0 %); indigestion syndrome was determined in all patients with comorbid pathology (100.0 % vs. 86.7 %), a significantly larger number of such patients had nausea (63.3 % vs. 26.5 %), a feeling of heaviness (26.7 % vs. 18.8 %), diarrhea (33.3 % vs. 17.9 %), alternating diarrhea and constipation (26.7% vs. 23.1%), enteropancreatic and asthenoneurotic syndromes were detected with a slight advantage in patients with comorbidity: 72.6 % versus 66.7 % and 90.0 % versus 83.8 %.

2. It was established that the average total index of the physical component in patients with CP

with comorbidity was significantly lower than that in the group of isolated CP according to the SF-36 questionnaire: the difference between the indicators of the average total index of the physical component of the quality of life in patients of the compared groups was 10.42 points (11.2 %).

3. It was found that the difference between the total indicators of the psychological component scales of the quality of life according to the SF-36 questionnaire of the groups of patients with CP and patients with comorbidities is 9.71 (11.5 %), which proved a considerably worse psychological state of patients with CP with concomitant gastroduodenal changes.

4. It was proved that the total score of the GRSR scales in the group of patients with CP+GDZ is significantly higher than that in the group with isolated CP – by 1.52 times, and this substantiated a significantly lower quality of life according to the state of gastroenterological syndromes of the GSRS questionnaire ($p \leq 0.05$).

Prospects for further research. We plan to investigate the dynamics of the quality of life state under the influence of the proposed treatment programs for patients with CP with concomitant GDZ.

LITERATURE

1. Prevalence of Helicobacter pylori Virulence Genes and Their Association with Chronic Gastritis in Beijing, China / X. Zhu, C. Zhu, Y. Zhao [et al.] // Curr. Microbiol. – 2023. – No. 1 (80). DOI: 10.1007/s00284-022-03135-6.

2. Global Prevalence of Helicobacter pylori Infection: Systematic Review and Meta-Analysis / J. K. Y. Hooi, W. Y. Lai, W. K. Ng [et al.] // Gastroenterology. – 2017. – Vol. 153 (2). – P. 420–429 DOI: 10.1053/j.gastro.2017.04.022.

3. Graham D. Y. History of Helicobacter pylori, duodenal ulcer, gastric ulcer and gastric cancer / D. Y Graham // World J. Gastroenterol. – 2014. – No. 20 (18). – P. 5191–5204. DOI: 10.3748/wjg.v20.i18.5191.

4. Nagy P. Systematic review of time trends in the prevalence of Helicobacter pylori infection in China and the USA / P. Nagy, S. Johansson, M. Molloy-Bland // Gut. Pathogens. – 2016. – No. 8 (1). DOI: 10.1186/s13099-016-0091-7.

5. American Pancreatic Association practice guidelines in chronic pancreatitis evidence-based report on diagnostic guidelines / D. L. Conwell, L. S. Lee, D. Yadav [et al.] // Pancreas. – 2014. – No. 43 (8). – P. 1143–1162. DOI: 10.1097/MPA.0000000000000237.

6. Etiopathogenesis and pathophysiology of chronic pancreatitis / J. Kalivarathan, K. Yadav, W. Bataller [et al.] // Transplantation, Bioengineering, and Regeneration of the Endocrine Pancreas. – 2019. – Vol. 2 – P. 5–32. DOI: 10.1016/B978-0-12-814831-0.00001-4.

7. Frequency of Progression from Acute to Chronic Pancreatitis and Risk Factors: A Meta-analysis / S. J. Sankaran, A. Y. Xiao, L. M. Wu [et al.] // Gastroenterology. – 2015. – No. 149 (6). – P. 1490–1500. DOI: 10.1053/j.gastro.2015.07.066.

8. Pancreas volume in health and disease: a systematic review and meta-analysis / S. V. DeSouza, R. G. Singh, H. D. Yoon [et al.] // Expert. Rev. Gastroenterol. Hepatol. – 2018. – No. 12 (8). – P. 757–766. DOI: 10.1080/17474124.2018.1496015.

9. Burden and Cost of Gastrointestinal, Liver, and Pancreatic Diseases in the United States: Update 2018 / A. F. Peery, S. D. Crockett, C. C. Murphy [et al.] // Gastroenterology. – 2019. – No. 156 (1). – P. 254–272. DOI: 10.1053/j.gastro.2018.08.063.

10. ACG Clinical Guideline: Chronic Pancreatitis / T. B. Gardner, D. G. Adler, C. E. Forsmark [et al.] // Am. J. Gastroenterol. – 2020. – No. 115 (3). – P. 322–339. DOI: 10.14309/ajg.0000000000000535.

11. Petrov M. S. Global epidemiology and holistic prevention of pancreatitis / M. S. Petrov, D. Yadav // Nat. Rev. Gastroenterol. Hepatol. – 2019. – No. 16 (3). – P. 175–184. DOI: 10.1038/s41575-018-0087-5.

12. Pain severity reduces life quality in chronic pancreatitis: Implications for design of future outcome trials / S. S. Olesen, J. Juel, A. K. Nielsen [et al.] // Pancreatology. – 2014. – No. 14 (6). – C. 497–502. DOI: 10.1016/j.pan.2014. 09.009.

13. Du L. Helicobacter pylori eradication therapy for functional dyspepsia: Systematic review and meta-analysis / L. Du // WJG. – 2016. – No. 12 (22). – P. 3486–3495. DOI: 10.3748/wjg.v22.i12.3486.

14. Helicobacter pylori infection among patients with liver cirrhosis / J. Pogorzelska, M. Łapińska, A. Kalinowska [et al.] // Eur. J. Gastroenterol Hepatol. – 2017. – No. 29 (10). – P. 1161–1165. DOI: 10.1097/MEG.0000000000000928.

15. Amieva M. Pathobiology of Helicobacter pylori–Induced Gastric Cancer / M. Amieva, R. M. Peek // Gastroenterology. – 2016. – No. 1 (150). – C. 64–78. DOI: 10.1053/j.gastro.2015.09.004.

16. Chronic Pancreatitis Is Characterized by Distinct Complication Clusters That Associate With Etiological Risk Factors / S. S. Olesen, C. Nøjgaard, J. L. Poulsen [et al.] // Am. J. Gastroenterol. – 2019. – No. 114 (4). – P. 656–664. DOI: 10.14309/ajg.0000000000000147.

17. The impacts of probiotics in eradication therapy of Helicobacter pylori / X. Bai, M. Zhu, Y. He [et al.] // Arch. Microbiol. – 2022. – No. 204 (12). DOI: 10.1007/s00203- 022-03314-w.

18. Exosome-mediated effects and applications in inflammatory diseases of the digestive system / X. Wu, X. Xu, Y. Xiang [et al.] // Eur. J. Med. Res. – 2022. – No. 27 (1). DOI: 10.1186/s40001-022-00792-y.

19. Palmer B. Psychological Evaluation and Management of Chronic Pancreatitis / B. Palmer, M. Petrik // Gastroenterol. Clin. North. Am. – 2022. – No. 51 (4). – P. 799–813. DOI: 10.1016/j.gtc.2022.07.006.

20. Koch R. M. Case report: Rapid onset, ischemic-type gastritis after initiating oral iron supplementation / R. M. Koch, S. Tchernodrinski, D. R. Principe // Front. Med. – 2022. – No. 9. DOI: 10.3389/fmed.2022.1010897.

21. Cañamares-Orbís P. Nutritional Support in Pancreatic Diseases / P. Cañamares-Orbís, G. García-Rayado, E. Alfaro-Almajano // Nutrients. – 2022. – No. 14 (21). DOI: 10.3390/nu14214570.

22. Nutrition and Inflammatory Biomarkers in Chronic Pancreatitis Patients / J. B. Greer, P. Greer, B S. Sandhu [et al.] // Nutr. Clin. Prac. – 2019. – No. 34 (3). – P. 387–399. DOI: 10.1002/ncp.10186.

23. Prospective evaluation of sleep disturbances in chronic pancreatitis and its impact on quality of life: a pilot study / A. Ahmed, A. N. Anand, I. Shah [et al.] // Sleep Breathing. – 2022. – No. 26 (4). – P. 1683–1691. DOI: 10.1007/s11325-021-02541-7.

24. Psychiatric Comorbidity in Patients with Chronic Pancreatitis Associates with Pain and Reduced Quality of Life / A. E. Phillips, M. Faghih, A. M. Drewes [et al.] // Am. J. Gastroenterol. – 2020. – No. 115 (12). – P. 2077–2085. DOI: 10.14309/ajg.0000000000000782.

25. Quality of Life in Chronic Pancreatitis is Determined by Constant Pain, Disability/Unemployment, Current Smoking, and Associated Co-Morbidities / J. D. Machicado, S. T. Amann, M. A. Anderson [et al.] // Am. J. Gastroenterol. – 2017. – No. 112 (4). – P. 633–642. DOI: 10.1038/ajg.2017.42.

REFERENCES

1. Zhu, X, Zhu, C, Zhao, Y, Liu, X, Sa, R, & Wang, Y. (2023). Prevalence of Helicobacter pylori Virulence Genes and Their Association with Chronic Gastritis in Beijing. *China. Curr. Microbiol.,* 80(1). DOI: 10.1007/s00284-022-03135-6.

2. Hooi, J.K.Y., Lai, W.Y., Ng ,W.K., Suen, M.M.Y., Underwood, F.E., & Tanyingoh, D. (2017). Global Prevalence of Helicobacter pylori Infection: Systematic Review and Meta-Analysis. *Gastroenterology*, 153(2), 420-429. DOI: 10.1053/j.gastro.2017.04.022.

3. Graham, D.Y. (2014). History of Helicobacter pylori, duodenal ulcer, gastric ulcer and gastric cancer. *World J. Gastroenterol.,* 20(18), 5191-5204. DOI: 10.3748/wjg.v20.i18.5191.

4. Nagy, P., Johansson, S., & Molloy-Bland, M. (2016). Systematic review of time trends in the prevalence of Helicobacter pylori infection in China and the USA. *Gut. Pathogens,* 8(1). DOI: 10.1186/s13099-016-0091-7.

5. Conwell, D.L., Lee, L.S., Yadav, D., Longnecker, D.S., Miller, F.H., & Mortele, K.J. (2014). American Pancreatic Association practice guidelines in chronic pancreatitis evidence-based report on diagnostic guidelines. *Pancreas,* 43(8), 1143-1162. DOI: 10.1097/MPA.0000000000000237.

6. Kalivarathan, J., Yadav, K., Bataller, W., Brigle, N.W., & Kanak, M.A. (2019). Etiopathogenesis and pathophysiology of chronic pancreatitis. *Transplantation, Bioengineering, and Regeneration of the Endocrine Pancreas,* 2, 5-32. DOI: 10.1016/B978-0-12-814831-0.00001-4.

7. Sankaran, S.J., Xiao, A.Y., Wu, L.M., Windsor, J.A., Forsmark, C.E., & Petrov, M.S. (2015). Frequency of Progression from Acute to Chronic Pancreatitis and Risk Factors: A Meta-analysis. *Gastroenterology*, 149(6), 1490-1500. DOI: 10.1053/j.gastro.2015.07.066.

8. DeSouza, S.V., Singh, R.G,. Yoon, H.D., Murphy, R., Plank, L.D., & Petrov, M.S. (2018). Pancreas volume in health and disease: a systematic review and meta-analysis. *Expert. Rev. Gastroenterol. Hepatol.,* 12(8), 757-766. DOI: 10.1080/17474124.2018.1496015.

9. Peery, A.F., Crockett, S.D., Murphy, C.C., Lund, J.L., Dellon, E.S., & Williams, J.L. (2019). Burden and Cost of Gastrointestinal, Liver, and Pancreatic Diseases in the United States: Update 2018. *Gastroenterology*, 156(1), 254-272. DOI: 10.1053/j.gastro.2018.08.063.

10. Gardner, T.B., Adler, D.G., Forsmark, C.E., Sauer, B.G., Taylor, J.R., & Whitcomb, D.C. (2020). ACG Clinical Guideline: Chronic Pancreatitis. *Am. J. Gastroenterol.,* 115(3), 322-339. DOI: 10.14309/ajg.0000000000000535.

11. Petrov, M.S., & Yadav D. (2019). Global epidemiology and holistic prevention of pancreatitis. *Nat. Rev. Gastroenterol. Hepatol.,* 16(3), 175-184. DOI: 10.1038/s41575-018-0087-5.

12. Olesen, S.S., Juel, J., Nielsen, A.K., Frøkjær, J.B., Wilder-Smith, O.H.G., & Drewes, A.M. (2014). Pain severity reduces life quality in chronic pancreatitis: Implications for design of future outcome trials. *Pancreatology,* 14(6), 497-502. DOI: 10.1016/j.pan.2014.09.009.

13. Du, L.J. (2016). Helicobacter pylori eradication therapy for functional dyspepsia: Systematic review and meta-analysis. *World J. Gastroenterol.*, 22(12), 3486-3495. DOI: 10.3748/wjg.v22.i12.3486.

14. Pogorzelska, J., Łapińska, M., Kalinowska, A., Łapiński, T.W., & Flisiak, R. (2017). Helicobacter pylori infection among patients with liver cirrhosis. *Eur. J. Gastroenterol. Hepatol.*, 29(10), 1161-1165. DOI: 10.1097/MEG.0000000000000928.

15. Amieva, M., & Peek, R.M. (2016). Pathobiology of Helicobacter pylori–Induced Gastric Cancer. *Gastroenterology,* 150(1), 64-78. DOI: 10.1053/j.gastro.2015.09.004.

16. Olesen, S.S., Nøjgaard, C., & Poulsen, J.L. (2019). Chronic Pancreatitis Is Characterized by Distinct Complication Clusters That Associate With Etiological Risk Factors. *Am. J. Gastroenterol.*, 114(4), 656-664. DOI: 10.14309/ajg.0000000000000147.

17. Bai, X., Zhu, M., He, Y., Wang, T., Tian, D., & Shu, J. (2022). The impacts of probiotics in eradication therapy of Helicobacter pylori. *Arch. Microbiol.,* 204(12). DOI: 10.1007/s00203-022-03314-w.

18. Wu, X., Xu, X., Xiang, Y., Fan, D., An, Q., & Yue, G. (2022). Exosome-mediated effects and applications in inflammatory diseases of the digestive system. *Eur. J. Med. Res.,* 27(1). DOI: 10.1186/s40001-022-00792-y.

19. Palmer, B., & Petrik, M. (2022). Psychological Evaluation and Management of Chronic Pancreatitis. *Gastroenterol. Clin. North Am.,* 51(4), 799-813. DOI: 10.1016/j.gtc.2022.07.006.

20. Koch, R.M., Tchernodrinski, S., & Principe, D.R. (2022). Case report: Rapid onset, ischemic-type gastritis after initiating oral iron supplementation. *Front. Med.,* 9. DOI: 10.3389/fmed.2022.1010897.

21. Cañamares-Orbís, P., García-Rayado, G., & Alfaro-Almajano, E. (2022). Nutritional Support in Pancreatic Diseases. *Nutrients,* 14(21). DOI: 10.3390/nu14214570.

22. Greer, J.B., Greer, P., Sandhu, B.S,. Alkaade, S., Wilcox, C.M., & Anderson, M.A. (2019). Nutrition and Inflammatory Biomarkers in Chronic Pancreatitis Patients. *Nutr. Clin. Prac.,* 34(3), 387-399. DOI: 10.1002/ncp.10186.

23. Ahmed, A., Anand, A.N., Shah, I., Yakah, W., Freedman, S.D., & Thomas, R. (2022). Prospective evaluation of

sleep disturbances in chronic pancreatitis and its impact on quality of life: a pilot study. *Sleep Breathing,* 26(4), 1683-1691. DOI: 10.1007/s11325-021-02541-7.

24. Phillips, A.E., Faghih, M., Drewes, A.M., Singh, V.K., Yadav, D., & Olesen, S.S. (2020). Psychiatric Comorbidity in Patients with Chronic Pancreatitis Associates with Pain and Reduced Quality of Life. *Am. J. Gastroenterol.,* 115(12), 2077-2085. DOI: 10.14309/ajg.0000000000000782.

25. Machicado, J.D., Amann, S.T., Anderson, M.A., Abberbock, J., Sherman, S., & Conwell, D.L. (2017). Quality of Life in Chronic Pancreatitis is Determined by Constant Pain, Disability/Unemployment, Current Smoking, and Associated Co-Morbidities. *Am. J. Gastroenterol.,* 112(4), 633-642. DOI: 10.1038/ajg.2017.42.

ВПЛИВ СУПУТНЬОЇ ГАСТРОДУОДЕНАЛЬНОЇ ПАТОЛОГІЇ НА КЛІНІЧНУ СИМПТОМАТИКУ ТА ЯКІСТЬ ЖИТТЯ ПАЦІЄНТІВ ІЗ ХРОНІЧНИМ ПАНКРЕАТИТОМ

©І. В. Махніцька, Л. С. Бабінець

Тернопільський національний медичний університет імені І. Я. Горбачевського МОЗ України

РЕЗЮМЕ. Не дивлячись на значні успіхи у дослідженні патології підшлункової залози (ПЗ), клінічні симптоми та синдроми, а також оцінка якості життя за допомогою опитувальників SF-36 та GSRS у пацієнтів з хронічним панкреатитом в поєднанні з коморбідною патологією органів гастродуоденальної зони (ГДЗ) залишаються недостатньо вивченими і обґрунтованими.

Мета – дослідження клінічної симптоматики та оцінка якості життя за допомогою опитувальників SF-36 та GSRS при коморбідності хронічного панкреатиту із *H. Pylori*-асоційованим хронічним гастритом.

Матеріал і методи. Обстежено 30 амбулаторних хворих на ХП та 117 із ХП у коморбідності з хронічним гастритом (ХГ), асоційованим із *H. pylori.* Провели оцінку клінічних проявів (симптомів/синдромів) пацієнтів з ХП та з ХП із *H. Pylori*-асоційованим хронічним гастритом. Для достовірної оцінки якості життя порівнювали групи пацієнтів: контрольної групи, пацієнтів з ХП та пацієнтів з коморбідністю. За допомогою опитувальника SF-36 провели оцінку фізичного та психологічного компонентів. Також досліджено показники компонентів якості життя хворих обох груп за шкалами опитувальника GSRS.

Результати. Клінічна симптоматика при коморбідності ХП із супутніми гастродуоденальними порушеннями мала особливості у порівнянні із такими при ізольованому ХП: менша кількість пацієнтів мала больовий синдром (93,3 % проти 100,0 %); диспепсичний синдром виявили у всіх пацієнтів із коморбідною патологією (100,0 % проти 86,7 %), достовірно більша кількість таких пацієнтів мала нудоту (63,3 % проти 26,5 %), відчуття тяжкості (26,7 % проти 18,8 %), проноси (33,3 % проти 17,9 %), чергування проносів та запорів (26,7 % проти 23,1 %), ентеропанкреатичний і астеноневротичний синдроми – виявляли із незначною перевагою у хворих із коморбідністю – 72,6 % проти 66,7 %, і 90,0 % проти 83,8 %. Було констатовано достовірно нижчий середній сумарний показник фізичного компонента у пацієнтів із ХП із коморбідністю стосовно такого у групі ізольованого ХП за опитувальником SF-36: різниця між значеннями середнього сумарного показника фізичного компонента якості життя у пацієнтів груп порівняння становила 10,42 балів (11,2 %).

Висновок. Установлено, що різниця між сумарними показниками шкал психологічного компонента якості життя за опитувальником SF-36 груп пацієнтів із ХП і пацієнтів з коморбідністю різниця становить 9,71 (11,5 %), що довело достовірно гірший психологічний стан хворих на ХП із супутніми гастродуоденальними змінами.

Сумарний показник шкал GRSR у групі пацієнтів з ХП+ГДЗ достовірно вищий такого у групі з ізольованим ХП – у 1,52 раза, а це засвідчило достовірно нижчу якість життя за станом гастроентерологічних синдромів опитувальника GSRS ($p \leq 0,05$).

КЛЮЧОВІ СЛОВА: хронічний панкреатит; *H. Pylori*-асоційований хронічний гастрит; гастродуоденальні зміни; якість життя; опитувальник SF-36; опитувальник гастроентерологічного хворого GSRS.

Отримано 10.05.2023

Електронна адреса для листування: iragoriana@gmail.com