



THE WELL-BEING OF PATIENTS WITH MYASTHENIA GRAVIS
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Introduction

Myasthenia Gravis (MG) is an autoimmune disorder of neuromuscular junction that causes muscle weakness and fatigability of the voluntary muscle groups (Richard, Jenkinson, Rumsey & Harrad, 2014). Despite the improvement of treatment, most of the patients diagnosed with MG fail to recover their level of functioning back to the time before the onset of the disease (Basta, Pekmezovic, Peric, Kistic -Tepavcevic, Rakocevic, Stojanovic, Stevic & Lavrnica, 2012). Even after receiving sufficient treatment, they have restrictions in their daily activities and social engagement (Padua, Evoli, Aprile, Caliandro, Mazza, Padua & Tonali, 2001). Due to these limitations, patients are vulnerable to psychosocial distress such as anxiety, depression, and loneliness, which lead to reduced physical and mental quality of life (Basta et al., 2012). Thus, this study focuses on the relationship among severity of illness, loneliness, depression, and quality of life of the people with MG.

Procedures

This research was approved by the Institutional Review Board of Samsung Medical Center, Seoul, South Korea. The inclusion criteria of the participants of the study are those who are diagnosed with Myasthenia Gravis (MG) in the age range of 19 to 65. We had 58 participants total, 18 people were male, 40 people were female. Informed consents were obtained from each participant before the survey took place.

Measurement

The survey starts with demographics and K-MG-ADL, which measures severity of illness of MG patients by medical professionals of Samsung Medical Center. The surveys are focused on measuring patients' current psychosocial state. *UCLA Loneliness Scale* developed by Russell (1996), composed of 20 items; *Center for Epidemiological Studies Depression* by Radloff (1997), which consists of 20 items; *Quality of Life Questionnaire (SF-36v2 Health Survey)* by Medical Outcomes Trust (2012) with 36 items that targets patients with neuromuscular disease.

Analysis

Hierarchical Multiple Regression Analyses were used to analyze the data. Severity of illness of MG patients were entered as predictor in Model I. Loneliness and depression that the patients felt was added to the Model II. Both models were tested on each of the patient's severity of illness, loneliness, depression, and quality of life.

The regression examined the relationship among mental health quality of life, and severity of illness was entered as a predictor. In model one, this model was statistically significant $F(1, 38) = 6.348; p < 0.016$ and explained 14.3 % of variance in mental health part of quality of life. Severity of illness was significantly related to mental health (MH) of quality of

life ($\beta = -.76, p = .016$). For every one unit increase in severity of illness, we expect estimates of mental health (MH) to decrease by 0.76 units.

In model two, mental health (MH) quality of life was regressed on to severity of illness, loneliness and depression. Loneliness was significantly associated with mental health (MH) ($\beta = -.14, p = .019$). This effect indicates that for every one unit increase in loneliness estimate a decrease of mental health (MH) by 0.14 units. Depression was also statistically significant ($\beta = -1.02, p = .021$), showing that every increase of a unit in depression relates to 1.02 decrease of mental health (MH). Severity of illness was also significantly associated with mental health (MH) ($\beta = -0.68, p = .009$). In model two, severity of illness significantly predicts mental health (MH) quality of life. Additionally, loneliness and depression predicts quality of life above and beyond severity of illness, $F(3, 36) = 13.965; p < 0.000$, R square Change = 39.5%, $p < 0.000$.

Discussion

Patients diagnosed with Myasthenia Gravis supported the idea that the severity of illness predicts quality of life. Those who have severe symptoms seemed to have lower mental quality of life. Also, depression and loneliness predicted mental quality of life above and beyond severity of illness. Knowing that patients are vulnerable to psychosocial distress, more cautions are needed to understand not only patients' physical states but also their psychological states. In other words, beyond receiving proper physical treatment, providing care and services to improve patients' mental health will lead to increasing their quality of life.

Reference

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