Introduction

From Bedside to Bench: The Effect of Quality of Life on the Immune System and the Effect of the Immune System on Quality of Life

The chronic, disabling, and recurring nature of immune-mediated inflammatory diseases (IMID), accompanied by physical and psychological comorbidities, pain, and fatigue, can have a detrimental impact on a person's quality of life (QOL). The degree by which the disease affects the QOL of an individual and his/her overall well-being is dependent on numerous factors, including age of onset, timing of diagnosis, socioeconomic status, cultural environment, and availability of personal and professional support. For example, children with inflammatory bowel disease (IBD) or juvenile idiopathic arthritis (JIA) often suffer from altered self-image, social isolation, family conflicts, and school absences, and may have difficulties maintaining social activities. The first year postdiagnosis appears to be an important time for a child to psychologically adjust to the possibility of a lifelong condition.

In the adult population, IMID usually affect individuals during their most productive years, influencing their personal and professional relationships, which might have a significant toll on their emotional well-being and stability. Pain and disability often leave these patients helpless and frustrated, unable to care for themselves or others. Thus, it is not surprising that the prevalence of depressive disorders and anxiety is higher among individuals suffering from IMID compared to the general population. Stress is another aspect of a patient's life that not only contributes to an already impaired QOL, but also has the potential to further worsen the severity of the disease and lessen the effectiveness of therapy.

Thus, with a significant QOL-related burden including physical, social, sexual, emotional, educational, and job-related limitations, IMID produce a tremendous burden on patients, families, and society alike. Further, in patients with IMID, physical and psychological well-being has a reciprocal relationship with treatments and their outcomes. This is of particular importance, as none of the existing treatments, including immunosuppressive drugs and biologics, are curative.

Over the past decade, health-related QOL measures have become a necessary adjunct to traditional clinical assessments in the evaluation and treatment of patients with IMID. Currently, numerous generic and disease-specific tools are employed in both clinical trials and clinical practice. Such measures also provide valuable information to government agencies and third-party payers in the determination of resource allocation and reimbursement. However, there is still a lack of consensus about what QOL is and how it should be assessed. Further, there is no clear direction as to how to evaluate the effects of different pharmacotherapies on diverse aspects of QOL.

This supplement comprises the proceedings of a one-day meeting held in September 2010. The meeting was organized by Canadian specialists, mainly rheumatologists, dermatologists, and gastroenterologists, involved in daily management of patients with IMID.

The main objective of the supplement is to provide the reader with a comprehensive overview of up-to-date data in relation to QOL in patients with IMID, including a review of the validity of QOL instruments and tools, both generic and disease specific; and the influence on QOL of psoriasis, different rheumatologic conditions in adults and children, as well as IBD and inflammatory eye disease. Special sections discuss the occurrence of depression, fatigue, and sleep disturbances in this patient population, as well as the effects of stress. Using lessons learned from experience with interferon-α, the role of inflammation in the pathophysiology of depression is reviewed. Finally, the socioeconomic burden of IMID, in particular work productivity and disability, is discussed.

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