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The Impact of Rheumatoid Arthritis on Functional Ability and Health-Related Quality of Life

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Abstract

Rheumatoid arthritis (RA) is a chronic inflammatory disease associated with pain, functional impairment, and reduced quality of life. This cross-sectional study aimed to evaluate the impact of rheumatoid arthritis on functional performance and health-related quality of life by assessing pain perception, daily functional limitations, and disease-related challenges among adults living with rheumatoid arthritis. The study included adults aged ≥ 40 years and was conducted between May and November 2025 following ethical approval obtained between May and June 2025. Data collection was performed using the Health Assessment Questionnaire-II (HAQ-II), a standardized instrument for evaluating functional ability and Health statues in individuals with rheumatic diseases. The questionnaire included socio-demographic variables, functional ability measures, and Visual Analogue Scale (VAS)

assessments related to pain intensity, fatigue, sleepdifficulties, and arthritis activity. A total of 290 self-reported participated in this study. The findings demonstrated that a considerable proportion of participants experienced moderate (42.7%) and severe (28.0%) arthritis-related pain, accompanied by limitations in mobility and activities of daily living. Greater functional difficulties were observed in activities requiring physical strength, balance, and sustained movement. The study highlights the multidimensional impact of rheumatoid arthritis on physical functioning and perceived health status, emphasizing the importance of early assessment, rehabilitation strategies, patient education, and supportive interventions aimed at improving long-term quality of life and functional independence among individuals affected by RA.

Keywords: *Rheumatoid Arthritis; quality of life; functional limitations; pain perception; HAQ-II; health-related quality of life*

Original research

Introduction

Rheumatoid arthritis (RA) is a chronic, auto immune disease that mainly affects synovial joints and progressively impairs physical functioning and overall health status [1,2]. The condition is characterized by persistent inflammation, pain, joint stiffness, swelling, and structural joint damage, frequently leading to functional disability and reduced independence in daily activities [1,3]. In addition to musculoskeletal manifestations, RA may also affect different organ systems and contribute to long-term physical and psychosocial burden [4]. The course of rheumatoid arthritis is often characterized by alternating periods of remission and exacerbation, during which inflammatory activity may progressively compromise joint integrity and mobility [1,4]. Continuous disease activity can result in irreversible anatomical and functional changes, limiting the individual capacity to participate in occupational, family, and social roles [3,5]. As a consequence, many patients experience deterioration in quality of life and increased dependence on healthcare and supportive interventions [13-17]. Pain is considered one of the most dominant and disabling symptoms experienced by individuals with RA [5,6]. Beyond its physical dimension, chronic pain significantly influences emotional well-being, sleep quality, fatigue, and social functioning [7-10]. Studies have demonstrated that persistent pain in rheumatoid arthritis is frequently associated with depressive symptoms, emotional distress, reduced coping ability, and impaired daily functioning [7-9]. Furthermore, fatigue has been identified as an important component affecting patients with RA and is closely related to pain severity and psychological status [10]. Sleep disturbances and functional limitations further aggravate patients' perception of health and quality of life [11]. According to the World Health Organization (WHO), quality of life represents an individual's perception of their position in life within the cultural and value systems in which they live, and in relation to their goals, expectations, standards, and concerns [11]. In

patients with chronic rheumatoid diseases, quality of life encompasses not only physical health but also psychological condition, degree of independence, social relationships and participation in everyday activities [12,13]. Previous studies have consistently shown that individuals with rheumatoid arthritis report poorer physical functioning and lower health-related quality of life compared with the general population [13-17]. Functional limitations associated with RA frequently interfere with activities of daily living such as dressing, personal hygiene, walking, climbing stairs, lifting objects, and performing household tasks. These limitations may progressively reduce autonomy and negatively affect emotional and social well-being [16,17]. In addition, socio-demographic factors including age, gender, educational level and employment status may influence symptom perception, disease management, and access to healthcare resources [13,14]. Given the multidimensional impact of rheumatoid arthritis, there is an increasing need for evidence-based interventions that combine medical treatment, rehabilitation, health education, and psychosocial support [16]. Understanding the relationship between pain perception, functional ability, and quality of life may contribute to the development of patient-centred healthcare strategies and supportive interventions aimed at improving long-term outcomes in individuals living with RA [13,16,17]. Therefore, the aim of this study was to assess the impact of rheumatoid arthritis on quality of life by evaluating pain perception and functional limitations among adults affected by the disease, in order to support future health promotion and rehabilitation strategies.

Materials and Methods

Study Design and Setting

A cross-sectional quantitative study was conducted to evaluate the impact of rheumatoid arthritis on functional performance and health-related quality of life by assessing pain perception, daily functional limitations, and disease-related

Original research

challenges among adults living with rheumatoid arthritis living in the city of Vlora, Albania. The study was carried out during the period May-November 2025 and focused on individuals aged 40 years and older who reported symptoms or diagnosis related to rheumatoid arthritis. This research aimed to provide an overview of the functional and health-related challenges experienced by this population group and to support the development of evidence-based healthcare interventions.

Study population and Sampling

The target population consisted of adults aged ≥ 40 years residing in the Vlora region. Participants were recruited through field-based data collection and through the Central Polyclinic where individuals with rheumatic conditions receive primary healthcare services. Participation in the study was voluntary. Individuals who agreed to participate were informed about the purpose of the study and were allowed to complete the questionnaire only once during the data collection process. A total of 290 participants were included in the final analysis. The study used a non-probability convenience sampling approach due to the accessibility of the target population and the exploratory nature of the research.

Data Collection Instrument

Data were collected using the Health Assessment Questionnaire-II (HAQ-II), a standardized self-report instrument widely applied in clinical and research settings for the assessment of functional ability and health status among individuals with chronic rheumatic diseases. The (HAQ-II) is considered a reliable and practical instrument for evaluating limitations in activities of daily living and the overall impact of musculoskeletal disorders on quality of life. The questionnaire consisted of two main sections. The first section included socio-demographic characteristics such as gender, age, marital status, educational level, employment status, and place of residence. In addition, this section contained questions related to

physical functioning and disability in daily activities. Participants were asked to evaluate their ability to perform different routine activities including dressing, personal hygiene, walking, climbing stairs, lifting objects, and performing household tasks. Responses were categorized according to the degree of difficulty experienced during activity performance. The second section assessed pain intensity and arthritis activity. Pain perception during the previous week was evaluated using Visual Analogue Scale (VAS) ranging from 0 to 10, where 0 represented "no pain" and 10 represented "severe pain". Based on the obtained scores, pain intensity was categorized as mild (1-3), moderate (4-6), or severe (7-10). Additional VAS measures were used to assess fatigue, sleep-related difficulties and arthritis activity during the last 24 hours. Questions regarding morning stiffness and perceived changes in health status compared with the previous month were also included. Prior to the implementation of the study, linguistic adaptation and pilot testing procedures were performed to ensure clarity, comprehensibility, and appropriateness of the questionnaire for the local population.

Data Collection Procedure

Data collection was conducted over a five-month period through direct administration of questionnaires in healthcare and community settings. Academic staff members and students involved in the project participated in the distribution and administration of the questionnaires. Participants completed the questionnaires individually after receiving information regarding the objectives and the confidentiality of the study. To ensure data quality and reduce duplicate participation, respondents were allowed to complete the questionnaire only once. The collected data were reviewed for completeness and consistency before statistical analysis.

Statistical Analysis

Data analysis was performed using IBM SPSS Statistics Version 23. Descriptive statistical methods

Original research

were used to summarize socio-demographic variables and responses related to functional limitations, pain intensity, and arthritis activity. Frequencies, percentages, and distribution measures were calculated for categorical variables. Inferential statistical analyses were conducted to examine associations between socio-demographic characteristics and arthritis-related variables. Ordinal regression analysis was applied to evaluate the effect of independent variables such as gender, age, marital status, educational level, employment status, and place of residence on pain perception and arthritis activity. Model fitting procedures and parameter estimates were interpreted based on statistical significance levels. Additionally, One Way ANOVA analysis was used to explore relationships among selected variables and compare differences between participant groups. Statistical significance was considered at a p-value <0.05.

Ethical Considerations

This study was conducted within the framework of the scientific research project "The Impact of Rheumatoid Arthritis on Individuals' Ability to Have Quality Health" supported by the scientific research grant scheme of the University of Vlora "Ismail Qemali". Ethical approval for the implementation of the study was obtained from the Faculty of Health prior to data collection. All participants were informed about the purpose and procedures of the study before participation. Voluntary participation, anonymity, confidentiality of a personal information, and the right to withdraw from the study at any age were guaranteed in accordance with ethical principles and applicable data protection regulations. Informed consent was obtained from all participants before questionnaire administration.

Results

Socio-demographic characteristics

The final analysis of the study included 290 self-declared persons, of whom 180 were female with

a percentage of 62.1%, 109 were male with a percentage of 37.6% and 1 person was unidentified with 0.3%, not specifying gender. However, according to the valid percentages, 62.3% were female and 37.7% were male out of 289 persons (99.7%).

Gender: Of the total 289 participants, the majority are female, accounting for 62.3% (N=180), while males account for 37.7% (N=109). This percentage indicates a dominance of female participation, which may be related to their higher interest in the topic of the study or to the demographic structure of the target group.

Age: The most represented age group is 55 years old, with 5.4% (N=15). The age distribution shows a significant presence of middle-aged and older participants, which may have implications for the perceptions and experiences reported in the study, given the potential differences between age groups.

Marital status: The majority of participants are married (80.1%, N=230). Singles make up 4.9% (N=14), divorced 1.4% (N=4), while 13.6% (N=39) are widowed. This distribution reflects a stable family structure and may be related to social and economic factors that influence participation and engagement in study activities.

Educational level: About half of the participants have completed 8–9 years of education (49.8%, N=144), 36.7% (N=106) have secondary education, while 13.5% (N=39) have higher education. This indicates an educational profile focused mainly on primary and secondary education, which may affect the level of knowledge and perceptions of the participants regarding the topic of the study.

Employment status: The analysis of employment status shows that 49.8% (N=143) are retired, 26.8% (N=77) are employed, 19.2% (N=55) are unemployed, and 4.2% (N=12) have disability status. This distribution reflects a significant share of individuals who are not professionally active, which may affect their availability and reported personal experiences.

Place of residence: Regarding residence, 64.2% (N=183) live in their own homes, 27.7% (N=79)

Original research

live with children, and 8.1% (N=23) live in rented accommodation. This reflects the stability of housing and may affect the social and economic conditions of the participants, which are relevant for the interpretation of the study data.

These characteristics provide an important framework for interpreting the study results and

help identify demographic factors that influence the variables studied.

The socio-demographic data of the study participants are presented in the table 1:

Table 1. Socio-demographic data of the study participants, n=289

Variables	Description	Categories	Frequency (n)	Percent (%)
Gender	Gender of participants	Female	180	62.3
		Male	109	37.7
Age	Age group (most represented)	55 years old	15	5.4
Civil status	Civil status	Married	230	80.1
		Single	14	4.9
		Divorced	4	1.4
		Widow	39	13.6
Educational level	Completed education	8–9 years of education	144	49.8
		Secondary education	106	36.7
		Higher education	39	13.5
Employment status	Job status	At work	77	26.8
		Unemployed	55	19.2
		Invalid	12	4.2
		Retiree	143	49.8
Place where you live	Apartment type	In my house	183	64.2
		For rent	23	8.1
		With children	79	27.7

Table 2. Data on daily activities that indicate functional limitation

Question	No Difficulty (%)	Some Difficulties (%)	More Difficulties (%)	Impossible to do (%)	Total Valid
Can you dress yourself, including tying shoelaces and/or buttoning?	27.2	44.3	21.3	7.3	287
Can you wash your hair with shampoo?	50.0	34.3	11.5	4.2	286
Can you get up from a chair without support?	24.6	36.7	29.1	9.7	289
Do you sleep and get out of bed?	35.5	41.8	18.5	4.2	287

Original research

Can you cut meat?	31.4	31.4	26.9	10.3	290
Can you lift a full cup or glass to your mouth?	60.8	25.3	11.5	2.4	288
Can you open a new carton of milk?	45.2	35.2	15.2	4.5	290
Do you walk outside on flat ground?	52.8	33.4	10.7	3.1	290
Can you climb five stairs?	20.0	41.4	26.2	12.4	290
Do you wash and dry the whole body?	44.5	38.6	12.1	4.8	290
Can you take a bath in the bathtub?	38.9	21.8	15.1	24.2	285
Can you get in and out of the toilet?	60.9	27.7	8.7	2.8	289
Can you reach for and pick up an object (e.g., sugar bag)?	53.4	30.7	13.1	2.8	290
Can you bend over and pick up clothes from the floor?	15.5	41.4	31.4	11.7	290
Can you open car doors?	46.9	35.1	14.2	3.8	288
Can you open previously opened jars?	48.3	34.6	10.5	6.6	286
Can you turn on and off the faucets?	69.2	19.7	8.3	2.8	289
Can you run errands and do shopping?	29.4	34.3	23.9	12.5	289
Can you get in and out of a car?	37.8	39.5	16.4	6.3	286
Can you operate tasks such as vacuuming with vacuum cleaner, or broom in the yard?	28.2	31.1	21.8	18.9	280

From graph 1 it can be seen that:

1. Dressing and personal care

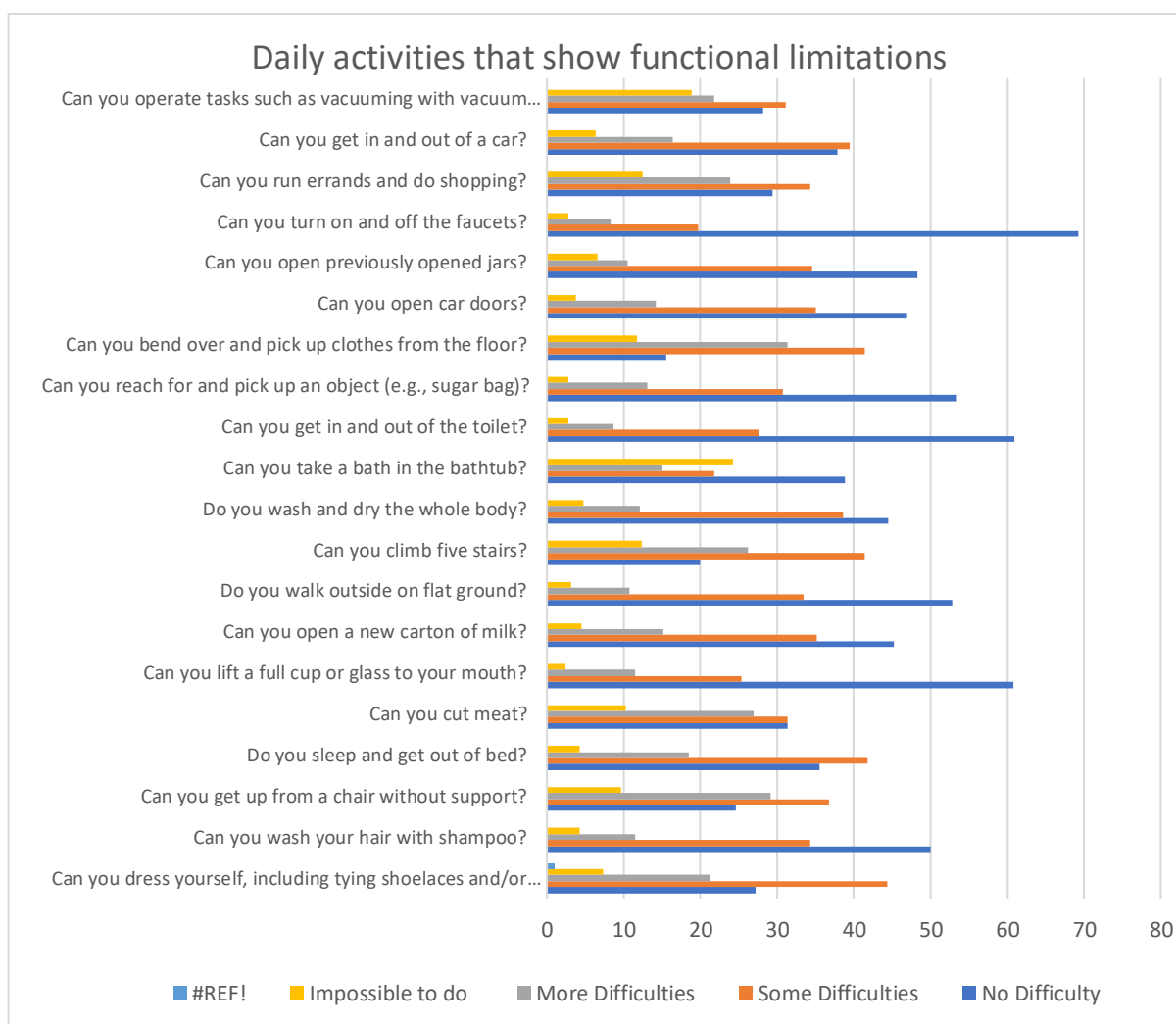
- Regarding the question 'Can you dress yourself, including tying shoelaces and/or buttoning?', 27.2% did not encounter any difficulties, 44.3% with some difficulties, 21.3% with some difficulties and 7.3% found it impossible to do so. This

shows that dressing can be a problematic activity for a significant part of the group.

- Regarding the question 'Can you wash your hair with shampoo?', 50% have no difficulties, but 34.3% face some difficulties and 11.5% a lot. The activity seems easier than dressing, but about 15.7% of participants have a lot of difficulties or cannot perform it.

Original research

Graph 1. Presentation of difficulties depending on the nature of the activity



2. Movement and mobility

- Regarding the question 'Can you get up from a chair without support?'. Only 24.6% have no difficulty, 36.7% encounter some and 29.1% a lot. 9.7% cannot do it. Sitting mobility-awareness of leg strength is a challenge for most.
- Regarding the question 'Do you sleep and get out of bed?', this activity seems a little easier. 35.5% no difficulty, but 18.5% a lot of difficulty and 4.2% found it impossible to do so.

3. Hand motor skills • Regarding the question 'Can you cut meat?': 31.4% no difficulty, 26.9% very difficult, 10.3% impossible to do so. The cutting activity requires coordination and strength.

- Regarding the question 'Can you lift a full cup or glass to your mouth?', this activity seems relatively easier. 60.8% no difficulty, only 2.4% impossible to do so.
- Regarding the question 'Can you open a new carton of milk?', the results showed that 45.2% no difficulty, 15.2% very difficult and 4.5% found it impossible to do so.

Original research

4. Walking skills

- Regarding the question 'Do you walk outside on flat ground?', 52.8% no difficulty, the activity seems easier than climbing stairs, but 10.7% very difficult and 3.1% cannot do it.
- Regarding the question 'Can you climb five stairs?', Heavy physical activity; only 20% no difficulty, 26.2% very difficult and 12.4% impossible. This is one of the most challenging mobility activities.

5. Skills to perform personal hygiene

- Regarding the question 'Do you wash and dry the whole body?', 44.5% have no difficulties, 38.6% face some, and 12.1% a lot of difficulties, while 4.8% cannot do it. Complete personal care poses challenges for a significant part.
- Regarding the question 'Can you take a bath in the bathtub?', A more problematic activity, as 24.2% cannot do it and 15.1% encounter a lot of difficulty. Only 38.9% do not encounter any problems. This shows that activities that involve bathing or immersion can be problematic for participants.
- Regarding the question 'Can you get in and out of the toilet?', 60.9% did not encounter any difficulties, 27.7% with some difficulties, 8.7% with a lot of difficulties and 2.8% found it impossible to do.

6. Picking up and lifting objects

- Regarding the question 'Can you reach for and pick up an object (e.g., sugar bag)?', 53.4% no difficulty, 13.1% very difficult and 2.8% found it impossible to do.
- Regarding the question 'Can you bend over and pick up clothes from the floor?', only 15.5% no difficulty, 31.4% very difficult and 11.7% impossible to do so.

7. Capturing skills

- Regarding the question 'Can you open car doors?', 46.9% no difficulty, 14.2% very difficult, and 3.8% found it impossible to do. Relatively manageable activity.

- Regarding the question 'Can you open previously opened jars?', 48.3% no difficulty, 10.5% very difficult and 6.6% impossible to do so.
- Regarding the question 'Can you turn on and off the faucets?'. Easiest activity. 69.2% no difficulty, 8.3% with great difficulty and 2.8% found it impossible to do.

8. Daily Activities and Housework

- Regarding the question 'Can you run errands and do shopping?': 29.4% no difficulty, 23.9% very difficult, and 12.5% impossible.
- Regarding the question 'Can you get in and out of a car?', 37.8% no difficulty, 16.4% very difficult, 6.3% impossible.
- Regarding the question 'Can you operate tasks such as vacuuming with vacuum cleaner, or broom in the yard?'. Physical activity required, only 28.2% no difficulty, 21.8% very difficult, and 18.9% impossible.

There is a clear trend where activities that require greater mobility and strength are associated with a higher percentage of "great difficulty" and "impossibility." Basic personal activities, such as dressing and washing hair, maintain a significant level of independence, but a significant proportion report mild to moderate difficulty. Activities that require balance, strength, and coordination indicate the need for assistive interventions and physical support. This information can be used to plan rehabilitation programs, adapt the environment, and create strategies to maintain individuals' independence in ADLs.

Arthritis pain in the past week

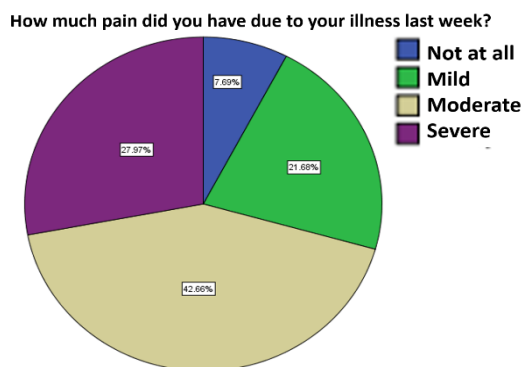
From graph 2 it can be seen that:

Of the total of 290 individuals who participated in this questionnaire, only 286 or 98.6% are valid, while 4 or 1.4% are unidentified.

According to the valid data, it results that 7.7% have not had any pain at all, 21.7% have pain, and 28.0% have had severe pain.

Original research

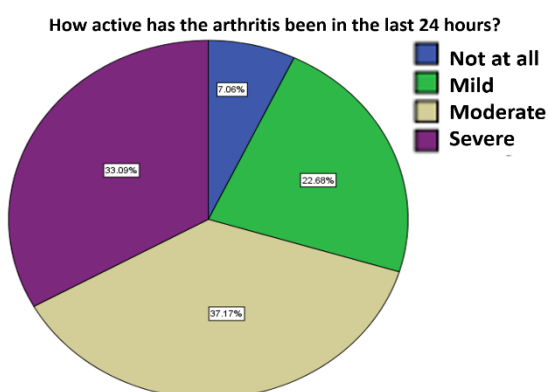
Graph 2. Nature of pain due to arthritis during the past week



How active was arthritis in the Last 24 hours?

Of the total of 290 individuals who participated in this questionnaire, only 269 or 92.8% are valid, while 21 or 7.2% are unidentified.

Graph 3. Arthritis activation in the LAST 24 HOURS?



According to valid data, it results that in 7.1% the arthritis was not active at all, in 22.7% the arthritis was active to a mild degree, in 37.2% the arthritis was active to a moderate degree, and in 33.1% the arthritis was active to a severe degree.

Pain in the past week and socio-demographic variables

We performed ordinal regression to examine the effect of gender, age, marital status, educational level, employment status, and place of residence on the variable "How much PAIN did you have due to your illness in the PAST WEEK?"

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	611.713			
Final	479.249	132.464	65	.000

According to the data, 167 women or 64.2% have had more pain during the past week, which corresponds to a higher percentage than men. This is because women are also subject to other physiological processes (pregnancy, menstruation or in the postpartum period), and they even have smaller sizes and values of formations (amount of blood, cells, tissues, etc.) in the body than men. Due to these factors, women are more exposed to feeling joint pain than men. Regarding age, with increasing age, the tendency for joint pain also increases because the functioning of organs and the body's immune defence forces weaken. According to these data, the 13 individuals between the ages of 55 and 65 with a percentage of 5.0% have the highest percentages. Regarding civil status, 208 married individuals with a percentage of 80.0% make up the majority who have had joint pain. Regarding the educational level, 134 individuals or 51.5% with an 8–9 years-old level prevail, who have less knowledge about arthritis and may neglect the treatment or medication of the pathology. Regarding the employment status, the majority who have had arthritis pain are 130 retired individuals or 50.0%, where due to concomitant pathologies or physiological factors they are more exposed to arthritis. Regarding the residence, the majority are 166 individuals or 63.8%

Original research

who live in their own home. Unfavourable housing conditions increase the symptoms of arthritis.

Arthritis in the last 24 hours and socio-demographic variables

We performed ordinal regression to examine the effect of gender, age, marital status, educational level, employment status, and place of residence on the variable "How active has your arthritis been in the LAST 24 HOURS?".

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	29.704			
Final	29.704	.000	1	.987

Variable Active Arthritis in the last 24 hours is not affected by variable gender.

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	328.356			
Final	227.510	100.846	55	<0.001

The variable Active Arthritis in the last 24 hours is affected by the variable age. As mentioned above, with increasing age, other pathologies may appear, the function of various organs decreases, and the sensitivity of the organism increases. All these factors will favour the activity and activity of arthritis.

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	46.642			
Final	44.262	2.380	3	0.497

Variable Active Arthritis in the last 24 hours is not affected by variable marital status.

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	50.959			
Final	42.061	8.898	2	0.012

The variable Active Arthritis in the last 24 hours is affected by the variable education level. An individual with a high level of education may have more knowledge about arthritis, they may have in their social circle or family members who are part of the health personnel, and even the income of an individual with a higher education and a diploma is higher than that of an individual with a low level of education. All these factors give individuals with a high level of education more opportunities to manage the symptoms of arthritis.

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	88.093			
Final	58.882	29.211	3	<0.001

The variable Active Arthritis in the last 24 hours is affected by the variable employment status. An individual with a higher-paying job is more likely to manage arthritis.

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	41.014			
Final	38.334	2.680	2	.262

Original research

Variable Active Arthritis in the last 24 hours is not affected by variable place of residence.

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	41.014			
Final	38.334	2.680	2	0.262

Discussion

The present study provides important evidence regarding the burden of rheumatoid arthritis on functional capacity and perceived health status among adults experiencing chronic rheumatoid symptoms. The findings indicate that rheumatoid arthritis substantially compromises the ability to perform activities of daily living, particularly those requiring mobility, physical endurance, postural stability, and coordinated motor function. A progressive pattern of functional limitation was observed across activities demanding greater musculoskeletal effort. Tasks such as climbing stairs, bending to pick up objects, carrying out household activities, and maintaining prolonged physical activity were associated with considerably higher levels of difficulty and dependency. In contrast, less physically demanding self-care activities demonstrated relatively preserved autonomy. This distribution of limitations suggests that functional decline in rheumatoid arthritis is closely associated with the physical demands of everyday activities and the cumulative effects of chronic pain and joint impairment. Pain perception represented one of the most influential dimensions affecting participants' quality of life. Individuals reporting moderate and severe pain also demonstrated poorer functional performance and reduced independence in routine activities. These findings support

previous evidence indicating that pain in rheumatoid arthritis extends beyond nociceptive experience and contributes significantly to physical restriction, psychological burden, and social limitation. The analysis additionally revealed the influence of socio-demographic characteristics on disease experience. Female participants and older adults reported higher levels of pain and functional impairment, a finding that may reflect both biological vulnerability and age-related decline in musculoskeletal resilience. Educational also appeared to influence disease management and symptom perception, suggesting that health literacy and access to healthcare-related information may affect self-management behaviours and treatment adherence. Employment status emerged as another relevant determinant associated with arthritis activity and perceived disability. Retired and economically inactive participants tended to report greater disease burden, potentially reflecting the combined impact of aging, comorbidities, reduced physical engagement, and social dependency. These findings underline the importance of considering social and economic determinants when planning long-term management strategies for chronic rheumatic conditions. The results of this study reinforce the need for comprehensive and patient-centred models of care in rheumatoid arthritis management. Although pharmacological treatment remains essential, the complexity of rheumatoid arthritis requires multidimensional interventions integrating rehabilitation, patient education, psychosocial support, and strategies aimed at preserving functional independence. Early identification of functional deterioration and continuous monitoring of patient-reported outcomes may contribute to more individualized and effective approaches to chronic disease management. Furthermore, the study highlights the relevance of incorporating quality-of-life assessment into routine clinical practice, particularly in populations exposed to prolonged disease activity and functional decline. Understanding patients' subjective experiences may facilitate more

Original research

holistic healthcare interventions and improve long-term therapeutic outcomes.

Conclusion

Rheumatoid arthritis exerts a substantial impact on functional independence, pain perception, and overall quality of life among affected individuals. Functional limitations were particularly evident in activities requiring mobility, strength, and sustained physical effort, highlighting the multidimensional burden associated with chronic rheumatic disease. The study findings indicate that socio-demographic characteristics, particularly age, gender, educational level, and employment status, may influence both pain experience and functional performance. These results emphasize the importance of individualized and patient-centred management approaches that address not only clinical symptoms but also functional and psychosocial needs. The integration of rehabilitation strategies, health education, and supportive interventions into routine care may contribute to improving self-management, preserving autonomy, and enhancing long term well being in individuals living with rheumatoid arthritis.

Recommendations

The findings of the present study indicate the necessity of strengthening of multidisciplinary management approaches for individuals living with rheumatoid arthritis, particularly in populations presenting functional limitations and persistent pain symptoms. Healthcare professionals should place greater emphasis on the early identification of functional decline through regular assessment of daily living activities, pain intensity, and mobility status. Periodic evaluation may facilitate timely rehabilitation interventions and improve long-term functional outcomes. Educational interventions targeting self-management strategies, adherence to treatment, physical activity, and joint protection techniques should be incorporated into routine healthcare services for

patients with rheumatoid arthritis. Increasing patient awareness may contribute to better symptom control and improved participation in everyday activities. Special attention should be directed toward older adults, women, and retired individuals, as these groups demonstrated greater vulnerability to pain severity and functional impairment within the present study population. Tailored supportive programs may help reduce dependence and preserve autonomy in these categories of patients. Future investigations are encouraged to include broader population groups and additional clinical and psychological variables in order to obtain a more comprehensive understanding of factors influencing quality of life in rheumatoid arthritis. The use of longitudinal approaches may further contribute to evaluating disease progression and the effectiveness of supportive interventions over time. In addition, collaboration between healthcare institutions, rehabilitation services, and community-based support structures may improve continuity of care and contribute to enhancing the overall well-being of individuals affected by chronic rheumatic diseases.

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