Abstract

Objective:the aim is to assess the prevalence of comorbidities and to further analyse to which degree fatigue can be explained by comorbidity burden, disease activity, disability and gross domestic product (gdp) in patients with rheumatoid arthritis (ra). Methods: nine thousands eight hundred seventy-four patients from 34 countries, 16 with high gdp (>24.000 us dollars [usd] per capita) and 18 low-gdp countries (<24.000 usd) participated in the quantitative standard monitoring of patients with ra (quest-ra) study. the prevalence of 31 comorbid conditions, fatigue (0-10 cm visual analogue scale [vas] [10=worst]), disease activity in 28 joints (das28), and physical disability (health assessment questionnaire score [haq]) were assessed. univariate and multivariate linear regression analyses were performed to assess the association between fatigue and comorbidities, disease activity, disability and gdp. Results: overall, patients reported a median of 2 comorbid conditions of which hypertension (31.5%), osteoporosis (17.6%), osteoarthritis (15.5%) and hyperlipidaemia (14.2%) were the most prevalent. the majority of comorbidities were more common in high-gdp countries. the median fatigue score was 4.4 (4.8 in low-gdp countries and 3.8 in high-gdp countries, p<0.001). in low-gdp countries 25.4% of the patients had a high level of fatigue (>6.6) compared with 23.0% in high-gdp countries (p<0.001). in univariate analysis, fatigue increased with increasing number of comorbidities, disease activity and disability in both high- and low-gdp countries. in multivariate analysis of all countries, these 3 variables explained 29.4% of the variability, whereas gdp was not significant. conclusion:fatigue is a widespread problem associated with high comorbidity burden, disease activity and disability regardless of GDP