<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Quality of life (QoL) in southern Chinese with systemic lupus erythematosus (SLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s)</strong></td>
<td>Lau, WCS; Leung, PY; Lee, KW; Mok, MY; Lam, CLK</td>
</tr>
<tr>
<td><strong>Citation</strong></td>
<td>The 1st International Congress of Hong Kong Academy of Medicine (HKAM), Hong Kong, China, 26-29 November 1998. In Hong Kong Medical Journal, v. 4 n. 4 suppl., p. 131, abstract no. P30</td>
</tr>
<tr>
<td><strong>Issued Date</strong></td>
<td>1998</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td><a href="http://hdl.handle.net/10722/46779">http://hdl.handle.net/10722/46779</a></td>
</tr>
<tr>
<td><strong>Rights</strong></td>
<td>This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.</td>
</tr>
</tbody>
</table>
P29  Exercise testing in Hong Kong patients with silicosis

KW Tsang, TF Cheung, *J Karlberg, B Lam, MSM Ip, WK Lam
University Department of Medicine and *Clinical Trials Centre, The University of
Hong Kong, Queen Mary Hospital, Hong Kong, China

Objectives: Silicosis is one of the commonest occupational lung diseases in
Hong Kong which affects a substantial population of construction workers.
Affected patients develop restrictive lung disease which is of clinical, emotional
and political concern. Whilst the assessment of physiological impairment is
readily achievable, the assessment of disability, which should take account
of the other clinical, social, and psychological issues is immensely difficult.
There is recent up surge of interest in the investigation of pneumonconiosis
patients using exercise testing although this has never been performed in
Chinese patients or systematically in silicosis. We have therefore performed this
prospective study on the physiological parameters in exercise testing in
silicosis.

Methods: Altogether 63 (63M; mean age±SD 63.6±9.8; 21 were current
smokers, 35 ex-smokers, and 7 never smokers) randomly recruited and
consecutive cases were studied with standard lung function assessment,
6 minute walking distance, and exercise testing using the MedGraphics
CardioO2 package.

Results: The mean (±SD) FEV1 (1), FVC (1), RV (1), TLC (1) and 6
minute walking distance (m) were 79.5±25.8, 87.4±17.6, 164.0±54.1,
98.3±17.4 and 377±59.7 respectively. A total of 45 patients had undergone
the ramp incremental exercise protocol. The mean (±SD) exercise time, limited by
dyspnoea (n=24), significant ST depression on the ECG (n=5), and generalised
fatigue (n=16), was 7.4±2.9 minutes. The maximal oxygen uptake (VO2max)
and the 6 min walking distance correlated with each other (r=0.8, p<0.05) but
do not correlate with the lung function indices (p>0.05).

Conclusions: Our results show a correlation between exercise parameters
which do not correlate with lung function indices. Further clinical correlation
studies should be performed to evaluate these preliminary findings further.

P30  Quality of life (QoL) in southern Chinese with systemic lupus
eythematosus (SLE)

CS Lau, PY Leung, KW Lee, MY Mok, CLK Lam
Department of Medicine, Queen Mary Hospital, Hong Kong, China

Aim: QoL is an important outcome measure in SLE. A Chinese version of
the Medical Outcome Survey SF-36 questionnaire has recently been validated.
We have used it for the first time to assess the QoL in our local patients.
Effects of disease activity and damage, treatment as well as physical, marital,
educational and socioeconomic status were assessed.

Methods: Patients with SLE were recruited from a specialist lupus out-
patient clinic. Clinical and demographic data were recorded. Disease activity
was measured using, the SLEDAI and disease damage using the SLICC/ACR
score. The Chinese version of SF-36 was self-administered by the patients.
Results were compared with controls (n=236).

Results: 107 patients were studied [Age: 32 (21-60) years; duration of
disease: 6 (0-12) years]. There was strong interscale correlation between all of
the subscales and the total QoL scores. SLE patients had only slightly poorer QoL
when compared with controls.

<table>
<thead>
<tr>
<th>Subjects</th>
<th>PF</th>
<th>RP</th>
<th>BP</th>
<th>GH</th>
<th>Vi</th>
<th>SF</th>
<th>RE</th>
<th>MH</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLE</td>
<td>81.1</td>
<td>59.3</td>
<td>56.5</td>
<td>44.4</td>
<td>52.2</td>
<td>74.8</td>
<td>64.3</td>
<td>67.24</td>
</tr>
<tr>
<td>Controls</td>
<td>87.9</td>
<td>61</td>
<td>70.4</td>
<td>53.4</td>
<td>55.3</td>
<td>84.9</td>
<td>49.7</td>
<td>67.48</td>
</tr>
</tbody>
</table>

PF = Physical functioning;  RP = Role physical;  BP = Bodily pain;  GH = General health;
Vi = Vitality;  SF = Social functioning;  RE = Role emotional;  MH = Mental health

There were no correlations between any of the QoL scores and SLEDAI
and SLICC/ACR scores. Treatment with high dose steroid with or without
immunosuppressants did not have a significant impact on QoL. There was a
negative association between age and physical functioning score. Employment
status was the main determinant of physical functioning, role-physical and social
functioning scores with unemployed patients scoring the lowest.

Conclusion: Data of this preliminary study in Chinese patients with SLE
suggested that QoL may not be significantly affected in our local patients.
Socio-economic status appeared to be a major determinant of QoL in these
patients. However, the sample size of our study was small and only out-
patients were involved. A larger scale prospective study is currently underway.