

Social Designating Factors of Rheumatic Diseases

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Abstract

The present study aims to define the basic parameters of rheumatic diseases. It focuses mainly to social parameters because of the emphasis given lately to the social character of health and illness. For this purpose greek and other literature were reviewed as well as sources from the internet. The results of this review are the following: 1) family's role is fundamental for the protection of psychological, mental and bodily health of persons suffering from rheumatic diseases, 2) the educational status of patients suffering from rheumatic diseases is also important because it affects their health attitudes and behavior, 3) the social and financial status of patients suffering from rheumatic diseases reflects on their health, 4) healthy social relationships are supportive and affect positively the health of patients suffering from rheumatic diseases, 5) the working status and environment affect directly and indirectly the health of patients suffering from rheumatic diseases, 6) social distress affects negatively the rheumatic diseases, 7) environmental factors affect significantly the rheumatic diseases, 8) the way of life and human behavior concerning health are considered to be basic parameters in defining rheumatic diseases.

Keywords: Rheumatic diseases; Social designating factors; social character of health and illness.

1 Introduction

Lately, an increased interest can be spotted concerning the social aspect of health and illness due to the revision of their concept. This new concept is reflected in World Health Organization's (WHO 1958) definition of health as a state of social well-being. The changes of the nosological model during the past decades –reduction of infectious diseases and emergence of new chronic illnesses requiring long-lasting health care-calls for an holistic treatment of the illness and the interdisciplinary cooperation of health specialists and social science professionals.

According to the new bio-psycho-social model, and in contradiction to the established bio-medical model [1], many psychological factors are involved in staying health or trig-

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gering an illness (cognitive processes, emotions, behaviors) as well as social factors (social rules of behaving, social values concerning health, social status, nationality etc.) next to biological factors (genetic predispositions, virus, microbes) [2, 3, 4].

Rheumatic diseases [5] is such a case since they are affected by social factors and a social approach-focus in the wide social environment which defines these factors- is a necessity. Rheumatism is one of the biggest medical - social problems because it is a chronic disease, demands long-lasting health care, its incidence is increasing and affects all aspects of patients' and their families' life: personal, social, professional life but financially as well. In the same time rheumatic diseases consist of a huge public health issue which affects not only patients but the whole society as well because of their high incidence percentages and their duration [6].

2 Basic Factors that Determine Rheumatic Diseases

Family is the most basic social factor that determines rheumatic diseases because it is the core of socialization of a person and can affect positively his psychological, emotional and body health [7]. The members of the family play a very important role when it comes to everyday home duties and needs of rheumatic patients and the insurance of psychological peace and calm. Family can offer to the person in need love and companionship so as to avoid social isolation and marginalization. As it has been written [8]: *"Lending a hand to help and offering a shoulder to cry on to a person who suffers, is even most useful when it comes from beloved persons and can overshadow his physical and psychological pain"*. Many believe that rheumatic patients who are supported by friends and family show high self-esteem, better adaptive ability, high life satisfaction rates and low depression rates [9,10,11,12].

Education is another social factor which affects illness. More specifically, the educational and cultural state of patients in general and especially rheumatic patients have an effect on health and on the disease's course by forming attitudes and behaviors and by providing them knowledge and appropriate skills concerning health education. Patients of a high educational and cultural status respond better to health education and prevention programs and this contributes to the early enough treatment and improvement of their problem. In the other side, as often stated, there is a positive correlation between low educational status and rheumatic diseases [13].

Social and financial status of a patient can also be a determining factor of their health, given the fact that persons having high social and financial resources, also have more social, psychological and financial means to deal with less favorable events (access to social networks, education, income, influence) [14]. In general, there is a positive correlation between many rheumatic diseases and low social and financial status of a patient and more specifically high percentage of mortality among lower social/financial classes [15, 13].

In addition, the system of social organization and support of a country can generally affect positively or negatively the health status of its population according to the number of social institutions and solidarity networks that can provide to the citizens, given the positive role that supportive social relationships can play in a person's health [16, 7]. Concerning rheumatic patients especially, social integration in groups (family, neighborhood, occupation, formal and informal social organizations) and the support that derives of this integration gives them initially access to information. This access is really crucial given the im-

portance of prevention and self-cure information to the effectiveness of their treatment [13].

Moreover, patients' social participation reinforces their motivation to develop adaptive behaviors and encourages well-being and health promoting behaviors related to their lifestyle, helping them survive and re-adjust to the social environment. For instance, participation in cultural and artistic class and activities (painting, handcraft, photography etc.) and taking up enjoyable hobbies in general may prove to be very important for the rheumatic patients' health. In the case of rheumatic arthritis, social support is considered to be essential in order to promote physical, psychological, social and emotional well-being of the patients [17,18].

Occupation and employment conditions can affect a person's health directly by formatting his income, social-psychological development and maturity and social integration as well as indirectly because of damaging effects such as labor accidents, work related diseases and stress [7]. Relevant research studies reveal a positive correlation between heavy-duty and unhealthy professions (construction worker, farmer, heavy-duty machine's operator, industry and mining industry, transport, etc.) and rheumatic diseases. Moreover, article No 40 of the Illness Code of Regulations of Social Insurance Institute of Greece (IKA) includes rheumatic diseases such arthritis and osteoarthritis under the title "concerning the acknowledged work related diseases -1978" and arthropathy among other diseases under the title "diseases due to mechanical vibrations" [19,20].

Many physical factors related to work are considered to be risk factors for musculoskeletal disorders: when applying force to lift weights, working with arms elevated over the shoulder, working many hours standing. Organizational and psycho-social factors such as exacting work, lack of control, high work rates, lack of time, low work satisfaction and lack of support from colleagues and boss, also have a negative effect on rheumatic diseases [21].

Social stress is another social factor which determines health and illness and can damage physical, psychological and emotional health because it has negative effects on a person's defense resources by reducing them and making the person vulnerable to disease and unhealthy behaviors [7,16]. Especially rheumatic patients are already burdened with psychological issues since they often manifest signs of anxiety, insecurity, frustration, pessimism and depression because they constantly deal with the problems of their illness, the body pains, the difficulty in carrying through daily tasks and the physical distortions. The result is that they face life without enthusiasm because they don't feel competent to try for the best [22].

In the same time, stress aggravates the health of patients suffering from skin infections (e.g. psoriatic arthritis, osteoarthritis etc.) since data indicate [23,19] that optimistic patients have better outcomes than pessimistic patients because stress reduces pain tolerance. Lately a great number of articles have been published focused on stress and certain personality traits as factors inducing, predisposing and formatting rheumatic diseases, especially rheumatoid arthritis [24].

In addition, the effect of environmental and geophysical factors on health and illness are strongly discussed nowadays. Factors such as virus and microbes, chemical substances, environmental pollution, general environmental factors are considered able to trigger rheumatic disorders and especially rheumatoid arthritis in persons whose genetic substrate makes them vulnerable to these diseases [13]. The exposure to cold can be damaging to patients suffering from psoriatic arthritis and humid weather can aggravate osteoarthritis [25,19]. Moreover research studies indicate that climate conditions such as low atmos-

pheric pressure and low temperature are risk factors for osteoarthritic patients and aggravate their pain [26].

Lifestyle and behavior relevant to health and illness can also affect rheumatic diseases. Nutrition –both over and under consuming food- is one of the most important factors affecting health and inducing morbidity. A low fat diet is very important for patients suffering from autoimmune diseases, such as rheumatic diseases. There is also a positive correlation between rheumatic diseases and great body mass (for instance, obesity aggravates osteoarthritis and gouty arthritis) [13], as well as correlation between nutritional deficiency and certain rheumatic disorders, for instance between nutrition poor in calcium – especially in young people and females after menopause- and osteoporosis. Nutrition also plays an important role in the course of rheumatoid arthritis given the fact that fish and fresh vegetables and in general food rich in calcium and vitamin D have been correlated with the improvement of the symptoms. In the other hand, consuming fat, red meat and alcohol is incriminated in aggravation of the symptoms [27].

In general, a nutritionally correct and complete diet including several –but not too many- calories, proteins and calcium is very important when suffering from rheumatism or arthritis because it affects the patients' feeling of well-being and their positive emotions. If the patients are overweight, the articulations holding the body's weight, knees for instance, are over pressured and the pain is increased [17].

Moreover, there is a causative link between smoking and many diseases among which rheumatic diseases as well. When suffering from ankylosing spondylarthritis, factors that aggravate lung operation and the possibility of an infection multiply because chest's movement is confined. Likewise, when suffering from ankylosing spondylitis smoking aggravates the cardiorespiratory function which is already affected by both the disease and the medication treatment for the disease [28,23].

Alcohol also damages the health of rheumatic patients. Data indicate a positive correlation between rheumatic diseases and medium or heavy alcohol consumption. For instance, when suffering from gouty arthritis, in addition to the diet, alcohol abstention is also recommended because obesity and alcohol excess are definite risk factors [17]. Patients should be careful not to over consume alcohol because of the many drugs they take.

Natural exercise, especially gymnastics, walking and swimming –exercising in a pool and having hot baths- reduces morbidity and prevents most rheumatic diseases. It has many positive effects: it reinforces muscles preserving the agility and flexibility of the articulations; it contributes to pain and cramp reduction; it helps preserve low weight; it improves functional capacity and quality of life; it ensures good sleep; it promotes good mood [23]. Moreover, natural exercise can prevent muscular bone system damage (muscular atrophy-weakness, distortions, fractures etc.) and moderates negative effects of rheumatic disorders on many systems such as cardiovascular, respiratory and others [29]. For instance, in cases of inflammatory spondyloarthropathy, ankylosing spondylarthritis and osteoarthritis, gymnastics, walking and swimming are considered to be especially beneficial exercise [13]. Exercise is equally beneficial in the case of rheumatoid arthritis.

Finally, a good sleep is required for good physical and psychological health and social well-being and is also recommended by many experts as a prevention method for rheumatic diseases given the fact that rheumatic patients have troubles in sleeping due to pain, tension, medication and decrease of physical activity [17].

3 Conclusion

Over the past years researchers have taken an active interest in the role of psychosocial and behavioral factors in health and in the emergence and development of an illness, given the fact that preserving a satisfying health status of individuals and of population depends on a variety of wide social factors.

Especially in the case of rheumatic diseases, social, financial and psychological factors, social institutions, environmental factors and behaviors can determine diseases' prevention and positive course, confirming their social dimension.

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