

ARTRITE REUMATÓIDE ASSOCIADA A SINTOMAS DE ANSIEDADE E DEPRESSÃO

RHEUMATOID ARTHRITIS ASSOCIATED WITH ANXIETY AND DEPRESSION SYMPTOMS

ARTRITIS REUMATOIDE ASOCIADA CON SÍNTOMAS DE ANSIEDAD Y DEPRESIÓN

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¹ARIANE SILVA VITAL DE SOUZA

Discente do curso de graduação em Biomedicina, Universidade Federal de Pernambuco (UFPE),
ariane.souza@ufpe.br

²JOELSON GERMANO CRISPIM

Pós-doutorando no Programa de Pós-graduação em Inovação Terapêutica (PPGIT) da UFPE, Bolsista BFP da FACEPE, Pesquisador do Núcleo de Pesquisa em Inovação Terapêutica (NUPIT), Universidade Federal de Pernambuco (UFPE), joelson.crispim@ufpe.br

³ARTHUR VINICIUS DA SILVA CABRAL

Discente do curso de graduação em Ciências Biológicas – Bacharelado, Universidade Federal de Pernambuco (UFPE), arthur.cabral@ufpe.br

⁴CAMILA NEIVA PORTO SILVA

Mestranda em Inovação Terapêutica (PPGIT), da UFPE., camila.porto@ufpe.br

⁵YKARO GABRIEL MENEZES BEZERRA

Discente do curso de graduação em Ciências Biológicas – Bacharelado, Universidade Federal de Pernambuco (UFPE), arthur.cabral@ufpe.br

⁶BRUNO FELICIANO DE OMENA

Discente do curso de graduação em Biomedicina, Universidade Federal de Pernambuco UFPE,
bruno.omena@ufpe.br

⁷CAMILA DE ANDRADE TENORIO CAVALCANTI

Bióloga, Doutoranda do Programa de Pós-graduação em Biociência Animal, Universidade Federal Rural de Pernambuco (UFRPE), camillat.bio@gmail.com

⁸MICHELLE MELGAREJO DA ROSA

Docente da UFPE, Departamento de Bioquímica, Pesquisadora do NUPIT, michelle.rosa@ufpe.br

RESUMO

A artrite reumatoide (AR) é uma doença autoimune caracterizada por processos inflamatórios nas articulações dos pacientes, os quais tendem a causar fortes dores e limitação das funções laborais em muitos casos. As limitações físicas associadas aos processos inflamatórios do organismo acarretam na intensificação de sintomas de ansiedade e depressão. Essa associação entre AR, depressão e ansiedade está relacionada às interleucinas pró-inflamatórias e ao fator de necrose tumoral (TNF- α), dentre outros aspectos moleculares. Objetivou-se elencar os principais aspectos da associação entre a artrite reumatoide e os sintomas de depressão e ansiedade, bem como avaliar como essas condições impactam a qualidade de vida dos pacientes. Para isso, foram buscados artigos de acesso aberto, em inglês, publicados entre 2020 e 2024, utilizando os descritores "Rheumatoid Arthritis," "Depression," e "Anxiety" nas bases de dados. As buscas com os descritores resultaram em 1.514 artigos. Após a aplicação de filtros e análise de relevância, nove artigos foram selecionados, representando uma amostra total de 2.650 pacientes. Foi constatada uma relação entre as três condições, variando de 14,30 a 100%. Além dos sintomas centrais envolvendo ansiedade e depressão, destaca-se a necessidade de avaliação dos fatores pró-inflamatórios. É de suma importância o acompanhamento multiprofissional para o tratamento da AR, de forma que sejam viáveis abordagens que considerem não apenas o controle da atividade inflamatória da doença, mas também os fatores emocionais e sociais que impactam a saúde dos pacientes.

Palavras-chave: articulação; inflamação; transtornos mentais.

ABSTRACT

Rheumatoid arthritis (RA) is an autoimmune disease characterized by inflammatory processes in the patients' joints, which tend to cause severe pain and limitation of work-related functions in many cases. The physical limitations associated with the body's inflammatory processes lead to the intensification of anxiety and depression symptoms. This association between RA, depression, and anxiety is related to pro-inflammatory interleukins and tumor necrosis factor (TNF- α), among other molecular aspects. The objective was to highlight the main aspects of the association between rheumatoid arthritis and symptoms of depression and anxiety, as well as to evaluate how these conditions impact patients' quality of life. To achieve this, open-access articles in English published between 2020 and 2024 were searched using the descriptors "Rheumatoid Arthritis," "Depression," and "Anxiety" in databases. The searches with these descriptors resulted in 1,514 articles. After

applying filters and relevance analysis, nine articles were selected, representing a total sample of 2,650 patients. A relationship between the three conditions was found, ranging from 14.3% to 100%. In addition to the core symptoms involving anxiety and depression, there is a highlighted need to evaluate pro-inflammatory factors. It is crucial to have a multidisciplinary approach to RA treatment to enable strategies that consider not only the control of the disease's inflammatory activity but also the emotional and social factors that impact patients' health.

Keywords: joint; inflammation; mental disorders.

RESUMEN

La artritis reumatoide (AR) es una enfermedad autoinmune caracterizada por procesos inflamatorios en las articulaciones de los pacientes, los cuales tienden a causar dolores intensos y limitación de las funciones laborales en muchos casos. Las limitaciones físicas asociadas con los

procesos inflamatorios del organismo llevan a la intensificación de los síntomas de ansiedad y depresión. Esta asociación entre la AR, la depresión y la ansiedad está relacionada con las interleucinas proinflamatorias y el factor de necrosis tumoral (TNF- α), entre otros aspectos moleculares. El objetivo fue destacar los principales aspectos de la asociación entre la artritis reumatoide y los síntomas de depresión y ansiedad, así como evaluar cómo estas condiciones impactan la calidad de vida de los pacientes. Para ello, se buscaron artículos de acceso abierto en inglés publicados entre 2020 y 2024, utilizando los descriptores "Rheumatoid Arthritis," "Depression," y "Anxiety" en bases de datos. Las búsquedas con estos descriptores resultaron en 1.514 artículos.

Tras aplicar filtros y un análisis de relevancia, se seleccionaron nueve artículos que representaban una muestra total de 2.650 pacientes. Se constató una relación entre las tres condiciones, con una variación del 14,3% al 100%. Además de los síntomas principales relacionados con la ansiedad y la depresión, se destaca la necesidad de evaluar los factores proinflamatorios. Es de suma importancia contar con un seguimiento multiprofesional para el tratamiento de la AR, de modo que sean viables enfoques que consideren no solo el control de la actividad inflamatoria de la enfermedad, sino también los factores emocionales y sociales que impactan la salud de los pacientes.

Palabras-clave: articulación; inflamación; trastornos mentales.

INTRODUÇÃO

Autoimmune diseases (ADs) are characterized by alterations in various immunological, chronic, and systemic events, which tend to compromise the functionality of the organism, with a series of clinical manifestations that vary according to the pathology. Among ADs, Rheumatoid Arthritis (RA) stands out as a condition characterized by chronic inflammation of the synovial membranes in multiple joints, resulting in tissue destruction, pain, deformities, and a significant reduction in patients' quality of life (Wang, et al., 2015; Zhang, 2023; Crispim, et al., 2024). This autoimmune pathology occurs when genetically predisposed individuals are exposed to antigens that trigger an exacerbated inflammatory response (McInnes et al., 2007).

The immunopathological mechanism involves the activation of CD4⁺ helper T cells and other lymphocytes, culminating in the release of inflammatory mediators and pro-inflammatory cytokines in the joint microenvironment. These mediators play a central role in perpetuating the inflammatory process and causing structural joint damage (Firestein, 2003; Lee & Weinblatt, 2001; Kumar, et al., 2005).

In addition to the characteristic symptoms of RA, many patients experience worsening of other concomitant pathologies. Among the most prevalent comorbidities are Mental Disorders (MDs), such as anxiety and depression, which are the most frequent psychiatric conditions in these patients. Studies indicate that between 14% and 48% of individuals with RA develop depression, while 16% to 40% present symptoms of anxiety. It is important to emphasize that depressive and anxious symptoms stem from multifactorial origins. However,

in RA, the systemic inflammatory process plays a relevant role by affecting the immune-brain axis, contributing to the emergence of anxious and depressive behaviors (Parlindungan, 2023).

In RA cases, due to the inflammatory nature of the disease, an increase in several inflammatory biomarkers is commonly observed, such as interleukins IL-1 and IL-6, tumor necrosis factor-alpha (TNF- α), and C-Reactive Protein (CRP). These inflammatory markers are associated with increased depressive and anxious symptoms in RA patients. Additionally, vitamin D deficiency, a micronutrient with neuroprotective properties, is frequently observed. In this case, vitamin D deficiency may enhance susceptibility to mood disorders, contributing to the worsening of anxious and depressive symptoms in these individuals (Figus, 2021; Abbott, 2015).

Understanding the psychosocial factors involved in RA is essential for developing integrated therapeutic strategies that address not only the inflammatory aspect but also the emotional and psychological well-being of patients. Therefore, our objective is to outline the main aspects of the association between rheumatoid arthritis and symptoms of depression and anxiety, as well as how these conditions impact patients' quality of life.

METODOLOGIA

The selection of articles followed the PRISMA guidelines. Searches were conducted in the electronic databases PubMed, Google Scholar, ScienceDirect, and SciELO using the descriptors and terms "Rheumatoid Arthritis," "Depression," and "Anxiety," according to DeCS/MeSH recommendations. The boolean operator AND was used, and the following inclusion filters were applied: publication period between 2020 and 2024, English language, open-access articles only, original research articles only, and clinical trials. Other types of publications and those that did not address the core topic of this review were excluded.

RESULTADOS E DISCUSSÃO

Searches using the descriptors "Rheumatoid Arthritis," "Depression," and "Anxiety" in the PubMed, ScienceDirect, and SciELO databases resulted in 1,514 articles. In PubMed, out of 443 articles found, 226 were filtered, and six were considered relevant. In ScienceDirect, out of 861 identified articles, none met the criteria, as they only addressed isolated topics or two of the three main topics. In SciELO, four articles were found, and three were selected. After applying filters and analyzing relevance, nine articles were selected, representing a total sample of 2,650 patients. The prevalence of mental disorders (MDs)—considering only anxiety and

depression in this review—among patients with RA ranged from 14.3% to 100%, reflecting the heterogeneity of the studied populations, diagnostic criteria, and methodological approaches.

Articles	Authors/Years	Total Participants	% de of patients with RA + TMs
The frequency and factors affecting anxiety and depression in patients with rheumatoid arthritis	Unal; Nur, 2023	182	75,6%
Network analysis of depression and anxiety symptoms in Chinese rheumatoid arthritis patients	Zhang, et al., 2023	402	67,6%
Effect of solution-focused approach on anxiety and depression in patients with rheumatoid arthritis	Zhang, et al., 2022	48	100%
Psychological determinants of quality of life in patients with rheumatoid arthritis	Ribeiro, et al., 2022	139	92,1%
Correlation of Depression and Anxiety With Rheumatoid Arthritis	Amaowei, et al., 2022	254	71%
Depression is associated with increased disease activity and higher disability in a large Italian cohort	Pezzato, et al., 2021	490	14,3%
Factors associated with anxiety and depression in rheumatoid arthritis patients: a cross-sectional study	Uda, et al., 2021	517	43,5%
Depression and anxiety in an early rheumatoid arthritis inception cohort	Fragoulis, et al., 2020	618	31,2%

The results indicate that depressive and anxious symptoms are highly prevalent in RA patients, aligning with existing literature that describes the coexistence of these mental disorders (MDs) with chronic inflammatory diseases. Zhang et al. (2023), using network analyses, highlighted core symptoms such as "feeling down" and "not feeling cheerful," which play a fundamental role in the interaction between depression and anxiety and directly impact patients' quality of life. Additionally, the study revealed that symptoms such as "nervousness" and "difficulty relaxing" act as connecting points between anxiety and depression, suggesting priority targets for therapeutic interventions.

Unal and Nur (2023) reported that 75.6% of RA patients exhibited significant symptoms of depression and anxiety, reinforcing that factors such as RA severity and functional limitations play crucial roles in the predisposition to MDs. On the other hand, Pezzato et al. (2021), in a study with the largest sample in the review (490 participants), reported a lower prevalence (14.3%), possibly due to the use of stricter criteria. Although they applied the Hospital Anxiety and Depression Scale (HADS), cultural differences in the perception and diagnosis of mental disorders may impact symptom recognition.

Specific interventions have proven effective in managing depression and anxiety associated with RA. For instance, Zhang et al. (2022) demonstrated that the Solution-Focused Approach (SFA) resulted in significant improvements in depression and anxiety scores, as well as greater patient autonomy in managing RA. This method, which explores positive experiences and specific goals, could be a promising alternative to overcoming RA-related mental health challenges.

According to Ribeiro et al. (2022), psychological factors such as resilience and social support are directly linked to better quality of life indices in RA patients. Thus, they suggest that psychosocial interventions could complement traditional medical treatments, improving overall outcomes. Factors such as subjective disease severity perception (PtGA), functional disability (HAQ-DI), and corticosteroid use were identified as predictors of depression and anxiety by Uda et al. (2021). Although RA inflammatory activity (evaluated by DAS28) was not consistently associated with the presence of MDs, patients' perception of their condition and functional limitations were determinants in the manifestation of these disorders. This reinforces the importance of considering patients' subjective experiences as an integral part of treatment.

In some cases, the diagnosis of depression and anxiety enables simultaneous pharmacological intervention for both RA and mental health disorders. Since the coexistence of depressive and anxious symptoms in RA has significant clinical implications, Zhang et al. (2023) and Uda et al. (2021) evidenced that RA patients with MDs exhibit lower treatment adherence.

The findings of this review emphasize the need for a multidisciplinary approach in managing RA patients, integrating physical and psychological care. Models like SFA have proven to be effective strategies in reducing psychological burden, promoting better clinical outcomes and enhancing patients' quality of life.

CONCLUSÕES

Depressive and anxious symptoms can directly influence the outcomes of rheumatoid arthritis (RA) in patients. It is crucial to have multidisciplinary follow-up for RA treatment, enabling approaches that consider not only disease activity control but also the emotional and social factors that impact patients' health. Evidence-based strategies, tailored to individual needs, can be fundamental in improving RA treatment and its effects on patients' quality of life.

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