

QUALITY OF LIFE ASSESSMENT FOR DETERMINING INDICATIONS AND OPTIMAL TERMS OF SPECIFIC THERAPY OF PULMONARY SARCOIDOSIS PATIENTS

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Abstract

In official ERS document «Clinical practice guidelines on treatment of sarcoidosis», published in 2021, the authors have determined absolutely new approaches for treatment of sarcoidosis patients. It was stated in the rationale that some accents regarding who, when and by which medicines should manage sarcoidosis have been changed. The decision to treat patients with sarcoidosis is based on two major factors: risk of death or organ failure and quality of life deterioration.

The cornerstone of pulmonary sarcoidosis treatment is an establishing of a balance between: a) minimization of risk of a disability due to lung disease or loss of quality of life and b) risk of concomitant conditions and affected quality of life due to glucocorticosteroid and other therapies effects. The guideline clearly states the aim of the therapy — minimization of risk for disability, death, or impairment of quality of life balanced over the concomitant conditions and impaired quality of life due side effects of the therapy.

The presence of sarcoid lesion itself in lung parenchyma is not enough to initiate the specific therapy, since sarcoid granuloma in contrast to infectious one (i.e. tuberculosis) is not a source of disease transition. To make a decision regarding the initiation of treatment in certain patient it is crucial to determine whether the patients belongs to high risk group for disability or death or has low quality of life. The guideline presents the main criteria for high risk assessment (extensive interstitial lesions or lung fibrosis, pulmonary hypertension, clinical symptoms, lung function or lung diffusion disturbances).

Long-term specific sarcoidosis therapy is associated with significant toxicity. It is demonstrated, that after more than 1 year or systemic glucocorticosteroid treatment 1/3 of all patients with active sarcoidosis report serious adverse effects. Accordingly, the determination of optimal duration of therapy in patients with pulmonary sarcoidosis remains challenging until now.

The outcomes assessment criteria are also currently updating, especially the term “clinical remission” previously considered as a resolution of chest computed tomography findings. Currently, quality of life scores, which include work capability restoration and normalization of patient’s social status, are widely used as a primary endpoint of treatment response assessment to demonstrate the efficacy of therapeutic intervention in this disease.

New statements of ERS 2021 guideline highlighting the role of quality of life assessment in management of pulmonary sarcoidosis, as well as literature data presented here, give all the reasons to the authors to recommend the use of specific sarcoidosis quality of life assessment tools such as FAS and KSQ (change of the scores from baseline) for making a decision regarding the initiation or stop of specific therapy.

Key words: pulmonary sarcoidosis, indications and optimal terms of specific therapy, methods of quality of life assessment, FAS, KSQ.