EVALUATION OF DIGESTIVE SYMPTOMS, GASTROINTESTINAL DYSMOTILITY, AND ITS IMPACT ON QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC SCLEROSIS

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In a cross-sectional study of 183 systemic sclerosis patients, 77% reported moderate digestive symptoms and objective gastrointestinal dysmotility was common, with severe involvement potentially representing a distinct disease phenotype associated with diffuse subtype and older age at onset.

KEY POINTS

- 77% of patients reported at least one moderate digestive symptom occurring more than one day per week, and digestive symptom prevalence correlated negatively with quality of life on SF-36 ($r= -0.503$, $p<0.001$)
- Objective dysmotility was detected in 55% tested for esophageal abnormalities, 58% for gastroparesis, and 100% of those undergoing small bowel manometry
- Severe gastrointestinal involvement (gastroparesis and/or small bowel dysmotility) occurred in 11% of patients and was associated with older age at SSc onset (45 vs 36 years, $p=0.012$), diffuse subtype (57% vs 18%, $p=0.001$), myositis, tendon friction rubs, and erosive esophagitis
- Patients with severe gastrointestinal involvement had higher UCLA GIT 2.0 scores (1.05 vs 0.62, $p=0.043$), driven primarily by higher reflux and bloating subscores
- This material is relevant for clinicians managing systemic sclerosis patients, particularly those interested in gastrointestinal manifestations and their impact on quality of life

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