Bulletin recherche

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FILIÈRE SANTÉ MALADIES RARES

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Prédicteurs de la qualité de vie des patients adultes drépanocytaires en France : l'étude Drépatient

Contexte et objectif

La drépanocytose est la maladie génétique la plus fréquente au monde dans laquelle une mutation de l'hémoglobine (molécule indispensable au transport de l'oxygène dans le sang) provoque des complications aiguës et chroniques qui retentissent sur le bien-être émotionnel et physique et donc sur la qualité de vie des patients.

Le SF-36 est un questionnaire permettant d'obtenir une mesure générique de la perception de la santé du patient à travers une auto-évaluation de la qualité de vie par 36 items notés de 0 (mauvaise qualité de vie) à 100 (très bonne qualité de vie). Ce questionnaire évalue la qualité de vie par 8 dimensions : le fonctionnement physique, la perception de la santé générale et mentale, la limitation des rôles en raison de problèmes physiques et/ou émotionnels, la vitalité, les douleurs corporelles et le fonctionnement social.

L'objectif de cette étude était d'estimer la qualité de vie et d'identifier les facteurs associés chez des patients drépanocytaires adultes en France.

Méthode

DREPatient est une étude transversale multicentrique réalisée en France métropolitaine et dans les DROM qui a inclu 1088 patients adultes et enfants (et leurs parents) entre juin 2020 et avril 2021. Les analyses du présent article se sont concentrées sur 570 patients drépanocytaires adultes dont la moyenne d'âge était de 33,3 ans (+/- 10,7). Le SF-36 a été complété en ligne par les patients. Les 8 dimensions du SF-36 ont été regroupées en 2 scores composites principaux : le score résumant la composante physique (PCS) et le score résumant la composante mentale (MCS). Les données sociodémographiques (sexe, âge, lieu de naissance, lieu de vie, avoir des enfants, niveau d'étude, activité professionnelle, auto-estimation de sa situation financière et aide reçue par les proches), cliniques et thérapeutiques des patients (hospitalisation pour crise vaso-occlusive (CVO) ou un syndrome thoracique aigü (STA), admission en soins intensifs, chirurgie, pause de prothèse ou transplantation médullaire, transfusion sanguine lors des 12 derniers mois, traitement contre la drépanocytose, suivi psychologique et complications chroniques ou aiguës) ont été recueillies et analysées en tant que facteurs prédictifs à la qualité de vie. Un modèle de régression linéaire univariée a permis d'identifier les facteurs associés à la qualité de vie ($p<0.25$) puis un modèle de régression linéaire multivariée corrigé pour l'âge et le sexe a été réalisé pour identifier les facteurs prédictifs des scores de la qualité de vie.

Résultats

Le domaine du fonctionnement physique présente le score le plus élevé (67,5 +/-21,8) tandis que le domaine de la santé globale a le plus faible (37,7 +/- 20,3). Les scores composites PCS et MCS obiennent des scores de 40,6 +/- 8,9 et 45,8+/-9,8 respectivement.

Les scores composites PCS et MCS sont plus faibles chez les patients avec une situation financière instable, hospitalisés pour une CVO ou STA, admis en soins intensifs, sous anti-douleurs, ayant un suivi psychologique et ceux ayant des complications aiguës ou chroniques Les scores composites PCS et MCS sont plus élevés chez les patients en activité professionnelle et ceux ayant le soutien de leurs proches.

Les analyses multivariées concernant le score composite de la composante physique ont montré que le score de PCS est plus faible chez les patients sous oxygénothérapie, ayant eu une ostéonécrose fémorale, hospitalisés pour CVO ou STA, avec des complications chroniques, de sexe féminin, avec un suivi psychologique, âgés de plus de 35 ans et recevant des anti-douleurs. Les patients avec un plus haut niveau d'étude et ceux avec une situation financière stable présentent les meilleurs scores de PCS.

Les analyses multivariées concernant le score composite de la composante mentale ont montré que le score de MCS est plus faible chez les patients ayant un suivi psychologique et ceux hospitalisés pour CVO ou STA au cours des 12 mois précédant l'étude. Les patients ayant le soutien de leurs proches et ceux avec une situation financière stable présentent les meilleurs scores de MCS.

Cette étude met en évidence que les patients drépanocytaires ont des scores de qualité de vie physique et mentale plus faibles que la population générale. Les femmes, les patients âgés et ceux hospitalisés pour CVO et /ou STA ou ayant eu des complications de la drépanocytose sont ceux présentant les scores de qualité de vie les plus faibles. Des recherches complémentaires sont nécessaires pour affiner les connaissances sur la qualité de vie durant les différentes phases de la maladie et identifier les facteurs qui peuvent l'améliorer afin d'adapter la prise en charge des patients drépanocytaires.

L'étude en quelques chiffres

570 patients adultes drépanocytaires dont :

- 68,9 % de femmes ;
- 62,6 âgés d'au moins de 35 ans ;
- 1/3 vit chez leur parent ou un proche et 1/3 vit en couple ;
- 85,2 % ont un niveau scolaire au moins supérieur au secondaire ;
- 53 % ont une activité professionnelle ;
- 38,6% ont une situation financière stable ;
- 38 % sont parents d'au moins un enfant (dont 17,6% d'un enfant drépanocytaire) ;
- 93,2 % a un soutien (financier, matériel, moral) ;
- 48,8% ont été hospitalisé pour une CVO ou STA, 1/5 admis en soins intensifs et 1/3 a reçu une transfusion sanguine dans les 12 mois précédant l'étude ;
- 78,2 % ont un traitement contre la drépanocytose, 1/3 a un suivi psychologique ;
- 96,6 % ont eu une complication aiguë, ¾ ont une complication chronique.

Cette étude a fait l'objet d'une publication en mai 2024 dans *Frontiers in Public Health* (https://10.3389/fpubh.2024.1374805).

Echange avec

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→ Pourriez-vous nous décrire le contexte et les principaux résultats de l'étude ?

La drépanocytose est un problème de santé publique majeur en France car c'est la première maladie génétique en terme d'incidence (nombre de nouveaux cas par an) et de prévalence (nombre total de cas par an). Cette maladie a des répercussions sur la vie quotidienne des patients. L'étude DREPatient est une étude observationnelle qui a été implémentée en 2020 et financée par le laboratoire BlueBird Bio pour évaluer certains aspects socio-économiques de la maladie et leurs répercussions notamment sur la scolarité, l'employabilité, la situation matérielle et la qualité de vie des patients. Le cabinet Argo Santé a été mandaté pour implémenter l'étude sur tout le territoire. Le principal résultat de cette étude est que la qualité de vie des patients est moins bonne que celle de la population générale. D'autres résultats portant sur les aspects socio-économiques, la scolarité des enfants feront l'objet de valorisations ultérieures.

→ Est-ce que vous avez rencontré des difficultés particulières pour mener cette étude ?

La pandémie de covid a perturbé le déroulement de l'étude car le personnel médical était mobilisé pour s'occuper des cas de covid et les restrictions de circulation mises en place ont été un frein pour les acteurs de la recherche qui devaient aller collecter les données. La vie quotidienne des patients que nous souhaitions interroger a elle aussi été fortement impactée par la pandémie. Cela a été très compliqué de pouvoir les rencontrer physiquement. La période de recrutement a dû être prolongée et la communication de l'étude a été renforcée par des annonces sur notre le site internet et via les associations afin de rassurer les patients et pouvoir les recruter en toute sécurité. Tous les questionnaires se remplissaient en ligne mais il fallait d'abord renconter physiquement les patients pour pouvoir les recruter.

→ Pourquoi avez-vous demandé aux patients de rapporter les complications (CVO, hospitalisation…) seulement dans les 12 derniers mois qui précédaient l'étude ?

C'est pour éviter les biais de mémoire. Nous avons interrogé directement les patients et au-delà de 12 mois, les personnes ne se rappellent pas vraiment et les informations ne sont plus trop fiables.

→ Quelles sont les limites de votre étude ?

Le recrutement n'a pas pu se faire de manière homogène sur toute l'étendue du territoire. Ce sont surtout les patients situés dans les grandes villes et ceux en contact avec les associations les plus actives qui ont accepté de participer au protocole.

De plus, l'échantillon n’a pas pu inclure les patients qui ne parlent pas français, ceux qui ont des problèmes de littéracie ou encore ceux qui n'ont pas accès à internet ce qui constitue un biais de représentativité.

Il faut souligner que la méthodologie observationnelle doit être interprétée avec précaution. L’étude Drépatient est une étude transversale qui ne permet pas de déterminer la causalité c'est-à-dire que si on dit par exemple tel phénomène a amélioré la qualité de vie, cela ne veut pas forcément dire que ça en est la cause. Pour identifier la cause, il faudrait mener des études complémentaires notamment longitudinales. Cependant ce type d’étude est plus complexe à mettre en place car les populations peuvent avoir des problèmes de mobilité, et il faut prendre en compte dans le calcul de l’effectif qu’un certain nombre de participants sera perdu de vue au cours de l’étude.

→ Quelles sont les perspectives de votre étude ?

La réalisation d’une analyse qualitative permettra de comprendre certains aspects de la qualité de vie. Les scores obtenus peuvent certes donner des informations mais il est très important d’étudier la perception qu’ont les patients de leur maladie. La littérature montre qu’habituellement les patients ont tendance à penser que la maladie se limite aux crises, ce qui n'est pas vrai et cela empêche leur bonne prise en charge à long terme. Il faudrait effectuer une analyse plus fine de la perception et de la compréhension de la maladie, aussi par les patients que par les soignants. Il y a encore malheureusement des soignants qui méconnaissent la drépanocytose ce qui pose un problème d'accès à des soins adaptés aux patients.

→ Avez-vous des pistes qui pourraient améliorer la qualité de vie ?

C’est une question à laquelle il est difficile de répondre en raison du design de l’étude, qui ne permet pas de déterminer la causalité des différents facteurs étudiés sur la qualité de vie des patients. Cependant, il existe certains facteurs modifiables sur lesquels nous pouvons agir comme l’accès au traitemement. Les patients sous hydroxyurée rapportent une meilleure qualité de vie, l’hydroxyurée permettant de prévenir les crises et d’éviter les hospitalisations. L’accès à des soins spécifiques semble être la clé pour améliorer la qualité de vie des patients drépanocytaires. Il faudrait mettre en place des études plus expérimentales afin de démontrer scientifiquement ce qui améliorerait la qualité de vie, notamment les bénéfices du suivi psychologique, la prise en charge des complications aiguës et chroniques.

Appels à projets

Appel à projets GIRCI GO 2024 – PHRC Interrégional

Budget	Non communiqué
Durée	Non communiqué
Date limite de dépôt des dossiers	18 octobre 2024 (lettre d'intention) 28 février 2025 (dossier complet)
Eligibilité	Professionnels des établissements de santé du territoire, aux GCS, aux maisons de santé et centres de santé de l'interrégion.
Objectif	Soutenir des projets s'appuyant sur les réseaux du GIRCI Grand Ouest, impliquant plusieurs établissements de l'interrégion, s'intégrant dans une démarche de structuration de la recherche dans le Grand Ouest et touchant à toutes les thématiques et disciplines (à l'exception des infections liées aux VIH, VHB et VHC, SARS-coV-2 et aux maladies infectieuses émergentes).

→ Plus d'informations ici

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Genopole - Appel à idées innovantes # édition 7

Budget	jusqu'à 10 000 €
Durée	Non communiqué
Date limite de dépôt des dossiers	30 octobre 2024
Eligibilité	Etre membre d'un établissement de soins d'Ile-de-France
Objectif	Optimiser la pratique médicale et améliorer la qualité des soins et bénéficier de l'aide du Genopole qui aidera à réaliser une preuve de concept et étudier le potentiel du projet.

→ Plus d'informations ici

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Bpifrance - AAP Innovations en biothérapies et bioproductions

Budget	20 000 €
Durée	Non communiqué
Date limite de dépôt des dossiers	26 novembre 2024 à 12h00 (midi heure de Paris)

Eligibilité	Proposer des solutions innovantes portant sur 2 des thématiques suivantes : 1. Développement de biothérapies en santé humaine ou santé animale (lorsqu'un impact sur la santé humaine est envisagé) 2. Développement d'outils de R&D ou de stratification pour le développement de biothérapies. 3. Développement de nouveaux procédés de bioproduction, nouveaux outils, équipements et systèmes d'optimisation de technologies de bioproduction existantes. Précisions supplémentaires ici :
Objectif	Catalyser et maintenir l'excellence de la recherche en biothérapie en accélérant notamment le transfert technologique et en assurant un flux constant d'innovations, de la paillasse au lit du patient.

→ Plus d'informations ici

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Fondation Groupama - Prix de l'Innovation sociale 2025

Budget	jusqu'à 10 000 €
Durée	Non communiqué
Date limite de dépôt des dossiers	22 décembre 2024 à minuit
Eligibilité	Associations, filières maladies rares, institutions maladies rares et équipes de recherche.
Objectif	Soutenir des actions innovantes qui constituent une avancée significative ou une rupture dans le quotidien des personnes atteintes de maladies rares et leurs familles.

→ Plus d'informations ici

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ANR - Soutien aux Réseaux Scientifiques Européens ou Internationaux

Budget	17 000 €
Durée	12 mois
Date limite de dépôt des dossiers	31 décembre 2024, à 23h59 CET (dossier de soumission simplifié)
Eligibilité	Réseau scientifique constitués de collaborateurs européens ou internationaux avec au moins un partenaire français, couvrant des sujets de toutes les disciplines.
Objectif	Renforcer un réseau scientifique européen ou international, coordonné par une équipe française ayant été invité à poursuivre sa candidature à la dernière étape d'un appel Européen ou international en plusieurs étapes.

→ Plus d'informations ici

IReSP - Subventions hors appels à projets

Budget	5 000 €
Durée	NA
Date limite de dépôt des dossiers	Envoi de la demande de subvention complète au maximum 3 mois avant la date de l'évènement.
Eligibilité	Manifestations scientifiques en santé publique (hors recherche clinique)
Objectif	Soutenir des projets d'envergure locale, nationale ou internationale (plusieurs pays, dont la France) répondant aux objectifs de valorisation et diffusion des résultats de travaux de recherche auprès de différents publics(chercheurs, institutionnels, professionnels de terrain, société civile, acteurs politiques locaux...). Les projets devront concerner des thématiques de recherche en santé publique, en particulier sur : - Les déterminants de la santé, la promotion de la santé et la prévention (soutien à une meilleure connaissance des déterminants de santé et des comportements à risques, soutien aux approches transversales prenant en compte les interactions entre les différents déterminants, soutien à la recherche interventionnelle...) ; - Le fonctionnement du système de santé (Health Services Research) ; Les politiques publiques et de santé (impact sur la santé des populations, conditions d'élaboration, évaluation, évolution...).

→ Plus d'informations ici

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Les appels à projets sont régulièrement mis à jour sur le site internet de la filière MCGRE, à l'adresse suivante :
https://filiere-mcgre.fr/espace-professionnels-de-sante/appels-a-projets/

Bibliographie

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