



Only English “Advances in Medical Research and Practice Conference”

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Tashkent
May 23, 2023





Ministry of Health of the Republic of Uzbekistan



Tashkent medical academy



Young Scientists



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International Scientific-Practical Conference

“Only English: Advances in Medical Research and Practice Conference”

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May 23, 2023

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is often the cause of polypharmacy and increases the risk of developing adverse reactions. The leading place in the structure of comorbidity was occupied by cardiovascular pathology - 47 (58.75%) patients. Thus, arterial hypertension (AH) was present in 31 (38.75%) patients. In the majority of 18 (58%) patients, it developed against the background of already diagnosed RA, in 9 (29%) patients the diagnosis of hypertension preceded the diagnosis of RA, in 4 (13%) it was detected simultaneously with the development of the articular syndrome. The frequency of coronary heart disease (CHD) was 15 (31.9%) patients, angina pectoris III-IV functional class (FC) prevailed. In second place in terms of frequency in patients with RA is the pathology of the gastrointestinal tract (GIT) - 42 (52.5%). The most frequently recorded diseases of the stomach and duodenum - in 30 (71.4%) patients. 8 (19%) patients received treatment for chronic hepatitis of various etiologies, which makes it problematic to prescribe DMARDs and GEBAs.

Osteoarthritis (OA) was detected in 22 (36%) patients with RA, mainly in patients older than 40 years. Diabetes mellitus (DM) was detected in 6 (9.83%) RA patients, chronic autoimmune thyroiditis and hypothyroidism in 8 (13.1%) patients. Chronic inflammatory diseases were detected in 15 (24.5%) patients with RA. Respiratory diseases were relatively rare: 4 (6.5%) patients had bronchial asthma, 3 (4.91%) patients were diagnosed with chronic obstructive pulmonary disease (COPD). The comorbidity index correlated with patient age ($r=0.78$; $p<0.05$) and hospitalization rate ($r=0.3$; $p<0.05$).

Conclusion: Thus, in clinical practice in patients with chronic inflammatory diseases of the joints, it is necessary to take into account the existing comorbidity, the presence of which affects the course of RA, reduces the effectiveness of therapy, and increases the frequency of hospitalizations. Treatment of patients with RA requires interaction between doctors of different specialties (cardiologists, gastroenterologists, endocrinologists).

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STUDYING THE OCCASION OF OSTEOPOROSIS IN PATIENTS WITH RHEUMATOID ARTHRITIS

Z.U. Urakova, D.A. Nabiyeva, S.M. Muhammadiyeva

Tashkent medical academy

Aim: To study the incidence of osteoporosis in patients with various forms of rheumatoid arthritis (RA).

Materials and methods: The study was conducted in the department of rheumatology of the multidisciplinary clinic of the Tashkent medical academy. The study included 61 patients with various forms of RA who met the 1987 American Modified Criteria. 25 men and 36 women were examined, the median age of patients was 48 (from 42 to 68 years) years. The duration of the disease at the time of the study was 7 (from 1 to 10 years) years. In all patients, conventional clinical and laboratory studies were evaluated and magnetic resonance imaging (MRI) of the radiocarpal joints, joints of the hands and feet, X-ray osteodensitometry of the hands and feet were performed. Based on the 2007 Society for Clinical Densitometry recommendation for the assessment of mean bone density (BMD) of the Z criteria used. Reduced BMD corresponds to a Z-score value of ≤ -2 SD in at least one of the studied departments. Patients included in the clinical study were supplemented with an assessment of pain and swelling during active and passive movements in the joints according to the visual analog scale (VAS), the definition of the SDAI index, DAS28, the level of C-reactive protein (CRP), the Specific indicator of ACCP, and the Rheumofactor. The obtained data were entered into the computer program Statistica 6.0 (StatSoftInc., USA) for subsequent statistical processing.

Results: According to the results of densitometry in 48% of patients with RA, the median Z-score was: -0.6 (-1.2; -0.4) SD for hands and -0.9 (-1.6; -0.6) SD for feet. Decreased BMD in at least one of the studied departments was detected in 18.5% of patients. 14.0% of the patient had reduced bone mass in the hands, 5.3% in the feet. In 4% of patients, a reduced BMD was diagnosed in the two studied departments. MRI showed inflammatory changes in at least one of the studied departments (radiocarpal joint, joints of the hands and feet) in 74% of patients. 17.9% of them had osteopenia in the hands and/or feet, and 82.1% had normal indicators of inflammation. In the absence of inflammatory changes according to MRI, osteopenia was found in 18.2% of patients, and BMD was normal in 81.8% ($p=0.96$). Osteopenic syndrome was more often detected in 63% of patients with high activity according to $\text{DAS28}>5.1$, as well as in patients with a disease duration of more than 4 years, receiving glucocorticosteroids and having a high body mass index. Clinically, osteoporosis in RA was manifested by pain in the bones and spine, decreased muscle strength, and fractures of tubular bones

Conclusions: Thus, reduced BMD in RA is somewhat more often observed in patients with active foci of inflammation in the bone tissue, detected by MRI. Further monitoring of this cohort of patients will allow us to assess the dynamics of BMD parameters, including against the background of ongoing anti-inflammatory therapy.