

The use of BRT in the complex treatment of rheumatoid arthritis

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Rheumatoid Arthritis (RA) - one of the most serious human diseases, the basis which is chronic proliferative synovitis, damage to internal organs and systems (vasculitis or granulomas), with long-term persistence of inflammation and the gradual destruction of the structures of the joints and periarticular tissues. During the first 5 years of the disease, more than 40% of RA patients still become disabled [1]. In addition, many authors report that RA reduces the life expectancy of patients by an average of 10 years [2, 3]. In connection with the above data, the search for new approaches in the treatment of RA is very urgent.

The study included 42 patients. The diagnosis was verified in accordance with the criteria of the American Rheumatological Association (1990). Clinical characteristics are presented in table. 1. Were examined women with RA of I – II degree of activity, II – III radiological stage with functional insufficiency of joints of I – II degree. All study participants were divided into 2 groups. Patients of group 1 (21 people) received NSAIDs (Nise - 100 mg 2 times a day), methotrexate - 7.5 mg, i.v. ; diprospan injections, vascular drugs. Group 2 (21 people) received similar therapy in combination with BRT.

Patient groups were comparable in terms of age, duration and severity of the disease. All patients underwent X-ray examination of the hands and feet to clarify the stage of RA, laboratory tests. Patients with a history of oncological diseases and an artificial driver of the heart were excluded.

The dynamics of changes in the state was taken into account according to standard clinical criteria: the duration of morning stiffness of the joints (in minutes), the level of pain at rest, during movement at night (according to VAS), the number of painful and inflamed joints, the volume of movement in the affected joints.

Table 1

Clinical characteristics of patients with RA

Indicators	Patient groups	
	1st group	Group 2
Age, years	52.4 ± 3.8	53.1 ± 5.1
Average duration of illness, years R stage I	5.9 ± 0.7	53.1 ± 5.1
II	eight 13	nine 12
Functional impairment grade I II	10 eleven	eleven 10

The effectiveness of treatment on a 4-point system: 0 - no effect, 1 - insufficiently pronounced effect, 2 - moderate effect, 3 - good, 4 - excellent.

The severity of inflammatory processes was assessed by laboratory parameters of ESR, CRP, Hb, Er. Transaminases, creatinine, and urea were evaluated to control liver function during therapy.

results

Studies have shown a positive effect of BRT on the course of RA. Against the background of treatment, the duration of morning stiffness decreased after a month by 50% (96.4 ± 18.4 - before treatment, 48.1 ± 15.8 - after treatment), in the second group - by 60.6% (89.9 ± 17.3 and 35.3, respectively).

A decrease in the severity of pain according to the VAS by at least 50% at rest in the 1st group was detected in 66%, in the 2nd - 74%, during movement - 56% and 46.2, respectively, at night -

72 and 84%. There was a significant decrease in the number of inflamed joints by 50 and 62%, an increase in the range of active movements in the joints - 62 and 84%. From laboratory indicators, the level of ESR, CRP significantly decreased; hemoglobin, erythrocytes did not undergo significant changes. None of the patients had recurrences of synovitis in the 2nd group, in the 1st - in 1 patient.

Conclusions:

1. The use of BRT in the complex treatment of RA allows to reduce the dose the medications used.
2. Clinical observations have shown good tolerance to therapy, while not recurrence of synovitis was observed.
3. BRT can be recommended for use in the complex therapy of RA.

Literature

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K.G. Khachumova, S.N. Karpov The use of BRT in the complex treatment of rheumatoid arthritis // XV "M.: IMEDIS", 2009, vol. 1 - C.198-201