

Early treatment of rheumatoid arthritis

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Rheumatoid arthritis (RA) refers to diseases that lead to early disability and reduce life expectancy [4]. Prospects for improving the prognosis in RA are associated with the initiation of basic therapy at an early, pre-destructive stage of the disease (no later than 3 months after the onset of the disease). Currently, large-scale clinical trials have obtained indisputable evidence of the benefits of such a therapeutic strategy [3, 5, 6].

So, in the first months of the disease, the doctor should be busy looking for the optimal symptomatic therapy. The question of prescribing basic drugs usually arises no earlier than 6 months from the onset of RA, since before that its course is unpredictable and does not exclude remission under the influence of only NSAIDs. If the disease continues for six months, then most likely it will not go away.

The most common reason for connecting basic funds is RA, the course of which is not controlled by NSAIDs [1]. In more detail, the indications for their appointment are formulated as follows [2]:

1. Preservation of the activity of the process for 6 months, despite constant intake of NSAIDs.
2. Manifestation of signs of disease progression: a) involvement of new joints; b) detection or increase of RF titers; c) identification of the initial signs of cartilage destruction (narrowing of the joint space) and bone erosions during X-ray studies;
3. The need for high doses of hormones and corticosteroid addiction.

Thus, under these conditions, the basic funds are shown to all patients.

Experience shows that even after reaching a complete and seemingly stable remission, discontinuation of treatment almost inevitably leads to a relapse of the disease.

Considering the above, the search for new methods of treating early stages of RA is highly relevant.

The study included 60 sick. Verification diagnosis was carried out in accordance with the criteria of the American Rheumatological Association (1990). Clinical characteristics are presented in Table 1. We 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 (30 people) received NSAIDs (Nise 100 mg 2 times a day), methotrexate 7.5 mg, i / s. diprospan injections, vascular drugs; Group 2 (30 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, artificial

the driver of the heart.

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, when moving at night (according to VAS), the number of painful and inflamed joints, volume movement in affected joints, functional activity of joints was assessed according to DAS 28.

Table 1

Clinical characteristics of patients with RA

Indicators	Patient groups	
	1st group	Group 2
Age, years	55.6 ± 3.4	56.1 ± 4.1
Average duration of illness, the years	1.9 ± 0.7	1.7 ± 0.9
R stage I	12	eleven
II	18	nineteen
Degree functional insufficiency I	18	sixteen
II	12	fourteen
DAS 28	6.2 ± 0.9	6.1 ± 1.9
YOUR	52	fifty

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

Degree the severity of inflammatory processes was assessed by ESR, CRP, on laboratory Hb, Er. Evaluated creatinine, urea to control liver function in the transaminases, background 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 55% (96.4 ± 18.4 - before treatment, 44.1 ± 11.8 - after treatment), in the second group - by 62.2% (89.9 ± 17.3 and 30.3, respectively)

A decrease in the severity of pain according to VAS by at least 50% at rest in group 1 was detected in 66% of patients, in group 2 - 74%, during movement - in 56% and 46.2%, respectively, at night - in 72% vs. 84%. There was a significant decrease in the number of inflamed joints in 50% and 62% of cases, an increase in the range of active movements in the joints - in 66% and 85% of cases. From laboratory indicators, the level of ESR, CRP significantly decreased; hemoglobin, erythrocytes did not undergo significant changes. None of the patients of the 2nd group had recurrences of synovitis, in the first - in 1 patient. The DAS 28 index decreased during treatment in both groups without significant differences. In one of the patients of the 2nd group, there was a decrease in usures after 4 months from the start of treatment, in 68% of patients in the 2nd group there was no increase in the number of usures.

clinical dynamics.

Thus, the use of BRT in the early stages allows not only to suspend the inflammatory process in the joints, but also to obtain active repair in the bone tissue.

Clinical example

Patient O., 22 years old, complained of pain in the joints of the hands, knees, ankle joints, hip joints, morning stiffness of the joints, stiffness of the hands. The pains appeared suddenly after a homeopath's therapy for obsessive-compulsive disorder. During the period of treatment with a homeopath, the patient lost 10 kg in 4 months and the above complaints appeared.

The patient was examined at the Institute of Rheumatology, where he was diagnosed with early stage rheumatoid arthritis, FN 2, high activity with extra-articular manifestations: weight loss, anemia. According to the MRI data, usures of the hip joint, hand joints, narrowing of the joint spaces, and osteoporosis were determined. According to blood tests: HB - 90 g / l, ESR - 33 mm Hg, ACCP negative.

NSAID therapy was prescribed and, due to the high activity of the process, therapy with methotrexate and corticosteroids was proposed. The patient reacted to the appointment of such an aggressive therapy with a panic attack and it was decided to stop using NSAIDs for 1 month. During this period, BRT was started. After a month of treatment, positive dynamics were obtained, the pain syndrome decreased, the patient calmed down. Clinical observation of the patient was carried out jointly with the Institute of Rheumatology. After 4 months of treatment, all analyzes and MRI were repeated. The weight gain of the patient by 5 kg, normalization of HB to 110 g / l, CRP to 180 units, absence of usures in the hip joint, reduction of usures in the joints of the hands, relief of pain syndrome, swelling of the knee and ankle joints were noted. Stiffness persisted in the joints of the hands. The patient continues to receive BRT, a weaker basic therapy with sulfasalazine at the Institute of Rheumatology has also been proposed. Given the positive effect of BRT, the question of basic therapy was temporarily postponed until the next control of analyzes and MRI one year after the onset of the disease.

Literature

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