



ENTEROPATHIC COMORBIDITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

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ABSTRACT

An analysis of current data on comorbid conditions in rheumatoid arthritis (RA) is presented. Risk factors (FR) and pathogenetic relationships between RA and enteropathic disorders are disclosed. The results of numerous studies are devoted to the basic therapy of patients with RA. Long-term use of NSAIDs adversely affect the gastrointestinal mucosa, causing erosive and ulcerative lesions of the mucous membrane of the upper sections in patients with RA.

Key words

rheumatoid arthritis, comorbidity, risk factors, NSAID sgastropathies.

Today, rheumatic diseases (RD) are considered in the scientific medical community as one of the most significant not only from medical, but also socio-economic positions. This is primarily due to their wide distribution and diversity. Preliminary information from a multicenter program to study the socio-economic consequences of RD, currently being implemented in 12 regions of the Russian Federation, indicates that more than 40% of Russian residents have rheumatic complaints throughout their lives [54].

In the US, joint diseases are among the most common chronic diseases in society. In 2000, about 15% of North Americans suffered from them, and according to the forecast, by 2020, the incidence of "arthritis" among the population will be more than 18% [37, 9]. Although the figures tend to some increase, however, the true prevalence pattern, in our opinion, is different, since the primary incidence is recorded by the population seeking medical help.

The real figures are undoubtedly higher, since not the entire population of the republic seeks medical help due to many reasons: these are the high cost of medical services, medicines, the long distance of settlements from medical institutions, poor awareness of local doctors, etc. [14]. RH are united in the XIII class (diseases of the musculoskeletal system and connective tissue (BCMS) ICD-10 and today there are about 150 forms.

Analysis of the structure and frequency of BCM indicates the leading position of chronic rheumatic diseases (RD): osteoarthritis, rheumatoid arthritis, gout,



reactive arthritis, systemic connective tissue diseases, etc. [34]. Rheumatoid arthritis (RA) occupies a leading place in the structure of inflammatory diseases. RA is characterized by a chronic progressive course with the involvement of internal organs in the process, leading to disability of the able-bodied contingent and to a decrease in the life expectancy of patients [36,22]. In recent years, there has been an increase in the number of RA patients in all age and sex groups, as well as an upward trend in cases of severe disease [53, 9]. Thus, in the Russian Federation in 2011, 279,991 patients with RA were registered [22, 36].

Among the adult population, the prevalence of RA occurs with a frequency of 0.5% to 2% [35]. The possibilities of pathogenetic therapy for RA have slightly expanded in recent years due to the introduction of new generation drugs. However, according to multicenter observations, the life expectancy of RA patients has not increased [4]. The insufficient effect of the therapy is often due to the presence of comorbid diseases in most RA patients [35,39]. Given the persistence of articular manifestations in patients with RA, long-term use of drugs adversely affects the intestinal mucosa. This primarily concerns the oldest, well-studied group of NSAIDs.

In numerous studies conducted in the late 90s, the ability of these drugs to cause erosive and ulcerative lesions of the mucous membrane of the upper intestinal tract was convincingly proven [38,36]. The presence of risk factors (ulcer history, age, gender, history of ulcerative bleeding, etc.) make it possible to predict the development of NSAID gastropathy and are associated with an increased risk of serious intestinal complications [31]. The results of recent studies indicate a favorable trend and a decrease in the incidence of serious complications from the intestinal tract in patients with rheumatic diseases.

Among the reasons for such a positive trend, one can indicate a more cautious attitude towards NSAIDs and active prevention [31,32]. A similar trend towards a decrease in the risk of developing NSAID-associated pathology of the upper intestinal tract is reflected in the works of American researchers S. Fries et al. (2004). A long-term observation of a cohort of more than 5,000 RA patients showed that, compared with the 90s, the frequency of NSAID enteropathy decreased from 2.1 to 1.2 episodes per 100 patient-years.

The authors believe that the widespread introduction of NSAIDs and powerful gastroprotectors into clinical practice, as well as taking into account risk factors, are the main reason for the favorable phenomenon [12]. In the work of A. Lanas et al. (2009) assessed the dynamics of NSAID enteropathy based on data from 10 largest clinics in Spain.

The results showed a 2-fold decrease in the frequency of serious complications: from 87 to 47 per 100 thousand inhabitants [12]. With such a



favorable course, there is an increase in the frequency of complicated forms of enteraties in patients with RA. According to observations by Russian scientists [32], symptoms associated with GERD (heartburn, chest pain, belching) have become one of the main reasons for referral of this category of patients for endoscopic examination. The risk of developing GERD in patients with RA was demonstrated by P. Pushnewsky et al., where a survey of 7259 French residents revealed that 33% of the respondents periodically or regularly took NSAIDs [15].

Undoubtedly, this issue needs an in-depth study of the prevalence of the clinic and risk factors for GERD while taking NSAIDs. Although preliminary data dictate the need to include in the structure of risk factors for NSAID-gastropathy and esophageal pathology, primarily GERD. Concluding the analysis of the literature, it should be emphasized that the range of comorbidity structure in RA patients is very wide and the presence of comorbid pathology is a significant factor that affects direct medical costs, including treatment. The frequency of comorbid pathology in RA patients remains high and depends on a number of factors (age, gender, duration of illness, nature of therapy, etc.).

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