

WORLD CONGRESS
ON OSTEOPOROSIS,
OSTEOARTHRITIS AND
MUSCULOSKELETAL
DISEASES

VIRTUAL CONGRESS

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2022 VIRTUAL

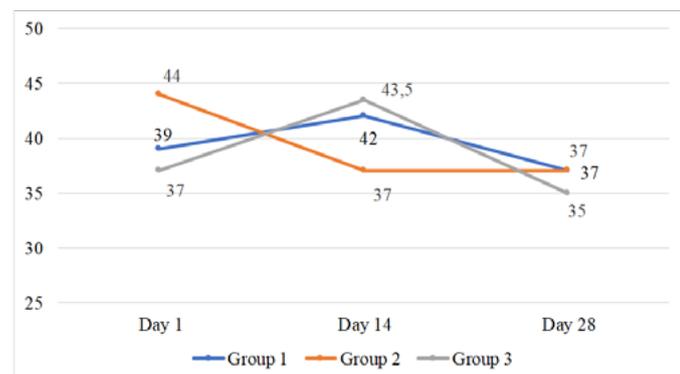


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AbstractBook

Table. Clinical characteristics of patients.

	Group 1 (n=20)	Group 2 (n=20)	Group 3 (n=20)
Age, ys	50.0 [43.0;55.0]	51.0 [46.0;60.0]	69.5 [65.0;79.0]
Duration of OA, y	3.5 [1.0;6.0]	6.0 [5.0;7.0]	12.0 [5.0;26.0]
VAS, score	6.0 [5.0;7.0]	5.0 [5.7;7.0]	7.0 [6.0;8.0]
DN4	4.0 [3.0;4.0]	5.0 [4.0;6.0]	4.5 [4.0;6.0]
CSI	44.0 [41.0;46.0]	48.0 [46.0;52.0]	39.0 [36.0;43.0]
HADS-A	5.0 [4.0;7.0]	11.0 [10.0;13.0]	7.0 [6.0;8.0]
HADS-D	1.0 [0;2.0]	8.0 [7.0;8.0]	3.0 [1.0;5.0]
WOMAC	1465.0 [1093.0;740.0]	1059.0 [940.0;1150.0]	1215.5 [1033.0;1395]
WOMAC (pain)	282.5 [243.0;333.0]	248.0 [174.0;310.0]	227.0 [212.0;291.0]
WOMAC (stiffness)	94.0 [59.0;160.0]	100.0 [76.0;110.0]	92.0 [81.0;112.0]
WOMAC (function)	1042.5 [779.0;1208.0]	708.0 [666.0;1130.0]	862.0 [731.0;985.0]

**Figure.** Dynamics of CSI scale scores.

Conclusion: This study demonstrates the need to develop an algorithm for a differentiated approach to the therapy of chronic pain in osteoarthritis, considering the phenomenon of CS.

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USE OF INTERLEUKIN-6 INHIBITOR IN THE TREATMENT OF RHEUMATOID ARTHRITIS IN ELDERLY PATIENTS

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Objective: To evaluate the efficacy and safety of IL-6 inhibitors (iIL-6) in combination with methotrexate (MT) in elderly RA patients.

Methods: The study included 14 patients with RA (all women). Patients' age ranged from 60-69 y, the duration of disease was at least 18 months. All patients were rheumatoid factor positive, had DAS28-CRP(4) >5.2. All patients received MT at a dose of at least 15 mg/week for more than a year in combination with NSAIDs. Tocilizumab (TCZ) was administered at a dose of 8 mg/kg according to the standard regimen.

Results: By week 24 all patients registered a 50% improvement in ACR criteria scores. There was a positive dynamics of clinical and laboratory manifestations of the disease: reduction of number of tender and swollen joints (from 21.8 to 9.6 and from 12.6 to 3.4 respectively), pain intensity and disease activity as judged by the patient and physician by the VAS, ESR (from 49.6 to 11.2 mm/h), CRP (from 16.3 to 3.8 mg/L), DAS28-CRP(4) (from 6.3 to 3.1) and DAS28-ESR(4) (from 6.8 to 3.2) indices. There was also an improvement of QoL according to HAQ-DI questionnaires (from 1.32 to 0.54) and SF-36 (physical component from 34.5 to 41.7, mental component from 50.7 to 56.4). The changes of all the above parameters were significant ($p < 0.05$). Tolerability of the drug was good, no adverse reactions were observed, and no latent forms of tuberculosis were detected.

Conclusion: Thus, the use of iIL-6 as a pathogenetic therapy increases the possibilities of treatment in elderly RA patients, which is manifested in a pronounced positive dynamics of indicators of the activity of inflammatory process, achievement of improvement according to ACR20/ 50/70 criteria. Increasing the effectiveness of RA treatment helps to reduce the risk of cardiovascular disease by reducing the activity of systemic inflammation, the main risk factor for the development of clinical and subclinical manifestations of atherosclerosis in RA.