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AbstractBook

a significantly higher risk than TSH-1 regarding functional decline (climbing stairs and IADL), falling again, and hospital admission. Among the significant outcomes, the adjusted hazard ratios of IADL decline were the highest: 1.67 (95%CI 1.01-2.77) and 2.01 (95%CI 1.23-3.27) for TSH-2 and TSH-3, respectively, compared with TSH-1 during the 1-y follow-up period.

Conclusion: TSH levels are recommended to be examined when dealing with elderly osteoporosis patients with SH suffering from falls. Patients with lower TSH levels have a higher risk of functional decline, falling again, and hospital admission in the future.

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PSYCHOEMOTIONAL STATUS OF PATIENTS WITH RHEUMATOID ARTHRITIS RECEIVING BASIC ANTI-INFLAMMATORY THERAPY

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Objective: To assess quality of life (QoL), degree of fatigability, anxiety and depression in rheumatoid arthritis (RA) patients receiving basic anti-inflammatory drugs and to determine their relation with clinical and laboratory manifestations of the disease.

Methods: 30 patients with RA were included in the study, 26.7% men and 73.3% women. Age of the patients was 54.6±7.8 y, disease duration from 0.5-15 y, DAS28-CRP(4) was ≥5.1. All patients received methotrexate, NSAIDs. VAS of pain, determined by patient, was used to determine pain syndrome intensity. To assess QoL questionnaires was used, including SF-36, HAQ-DI, to assess anxiety and depression - HADS questionnaire, to assess fatigue - FACIT-fatigue scale.

Results: The SF-36 assessed the physical and psychological components of health, which were reduced. The indicators of physical health (physical functioning, physical role functioning) changed the most. Vitality and social functioning were decreased among the QoL indicators characterizing psychological health. The psychological component of health had correlations with disease activity (r=-0.42), RF (r=-0.18), radiological stage (r=-0.12); moderate - with age (r=-0.64), VAS (r=-0.62), HAQ-DI (r=-0.71). The anxiety was clinically pronounced in 20% of RA patients and subclinical in 40%. HADS anxiety severity correlated directly with age (r=+0.58), DAS28-CRP(4) (r=+0.69), disease duration (r=+0.61), functional class (r=+0.47). FACIT-fatigue scores ranged from 28 to 39. There was a strong negative correlation of fatigue with HAQ-DI (r=-0.7), a moderate with DAS28-CRP(4) (r=-0.57), VAS (r=-0.68).

Conclusion: The study of QoL in RA patients revealed the decreased indexes of physical and psychological health components. Anxiety-depressive disorders were registered in 60% of patients. Indexes of psychological health component and anxiety level correlated with age, RA activity, RA duration, functional class.

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A DIFFERENTIATED APPROACH TO THE THERAPY OF CHRONIC PAIN IN OSTEOARTHRITIS CONSIDERING THE PHENOMENON OF CENTRAL SENSITIZATION

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Objective: Central sensitization (CS) and emotional-affective accretions play an important role in the formation of chronic pain syndrome in osteoarthritis (OA). We aimed to determine the therapeutic potential of different variants, analgesic therapy in patients with OA with signs of CS.

Methods: 60 patients with osteoarthritis of the knee and/or hip joints with chronic pain syndrome were included in the study. The somatosensory nervous system state, pain syndrome severity according to VAS, WOMAC index, pain neuropathic component severity according to DN4 questionnaire, CSI scale, anxiety and depression level according to HADS scale were evaluated before the study, as well as on study day 14 and 28. After screening, all patients were divided into three groups: Group 1 patients with chronic pain and signs of CS, without signs of organic lesions of the nervous system, depression and anxiety; Group 2 patients with chronic pain and signs of CS and signs of depression and anxiety without signs of organic lesions of the nervous system; Group 3 patients with OA with chronic pain and signs of somatosensory lesions. Each group of patients received differentiated therapy: Group 1 - etoricoxib 60 mg/d + gabapentin 900 mg/d (300 mg 3 times a day); Group 2 - etoricoxib 60 mg/d + duloxetine 60 mg/d; Group 3 - etoricoxib 60 mg/d + gabapentin 900 mg/d + Motaren gel 2 times a day for local pain area.

Results: The clinical characteristics of the patients included in the study are presented in Table. Groups 1 and 2 differed in duration of illness, severity of neuropathic pain symptoms according to the DN4 questionnaire, the CSI scale and the HADS scale. Differences in age, CSI and anxiety and depression levels were observed between groups 2 and 3. These differences are explained by the criteria of patients' distribution among groups. The dynamics of the CSI scores are shown in Figure. Positive dynamics in CS severity was noted only in group 2, having clinically significant CS and receiving combined therapy, including anticonvulsant gabapentin. Decrease of pain syndrome intensity according to VAS, and WOMAC index was noted in all groups.