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AbstractBook

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CHARACTERISTICS OF METABOLIC SYNDROME IN PATIENTS WITH GOUTY ARTHRITIS AND NONALCOHOLIC FATTY LIVER DISEASE

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Objective: To study incidence and pattern of metabolic syndrome (MS) in patients with gouty arthritis combined with non-alcoholic fatty liver disease (NAFLD) and to reveal conventional and associated with disease risk factors.

Methods: 70 patients with gouty arthritis were included in the study according to the criteria of S. Wallace et al. All patients underwent general biochemical blood tests, physical examination, calculation of HOMA index, ultrasonic examination of the liver.

Results: Men and women accounted for 60% and 40% of those examined, respectively, mean age was 52 y, mean duration of disease 8.2±3.5 y. The debut of gouty arthritis was observed at 35.6 y. A family history of gouty arthritis was traced in 25 patients. 64 patients had arterial hypertension (AH). Patients were divided into two groups: the first group included 50 patients with primary gouty arthritis and with signs of NAFLD (signs of steatosis in 64%, non-alcoholic steatohepatitis in 36%), the second group included 20 patients with gouty arthritis without signs of NAFLD. In group 1, 20 patients (40%) had grade 1 AH and 30 (60%) had grade 2 AH. Uricemia level varied from 390.8 to 612.2 μmol/l. Dyslipidemia (type IIa and IIb) was diagnosed in 72% of patients. Mean fasting glycemia was 7.8±3.0 mmol/L and glycosylated hemoglobin was 7.0±1.5%. The mean serum insulin level of group 1 patients was 7.9 mIU/L, group 2 was 2.2 mIU/L, and the mean HOMA index was 18.0. BMI ranged from 29.05 to 49.39 kg/m2 (70% were obese, the rest were overweight). All indexes of MS in patients of the 1st group differed significantly from those of the 2nd group.

Conclusion: High prevalence of MS in patients with gouty arthritis and signs of NAFLD was revealed. This group of patients has a higher risk of insulin resistance and dyslipidemia, abdominal obesity, AH, hyperuricemia. All of the identified metabolic syndrome factors directly correlated with the duration of gouty arthritis.

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REAL-WORLD EFFICACY OF INTRAARTICULAR CARBOXYMETHYL CHITOSAN IN PATIENTS WITH KNEE OSTEOARTHRITIS

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Objective: Evaluate the real-world efficacy and safety of a single intraarticular injection of carboxymethyl (CM) chitosan in knee osteoarthritis (OA) patients.

Methods: This postmarketing study included adult knee OA patients, with a recommendation of treatment with CM-chitosan prior to the study recruitment. Patients received a single injection of 60 mg CM-chitosan (Benart®) and follow-up was performed at Week 1, 12, 24 and 36. Efficacy was evaluated using a VAS score for pain, the Knee injury and Osteoarthritis Outcome Score (KOOS), Patient's Global Assessment (PGA) and overall patient satisfaction. Results of an interim analysis performed once all patients had reached the Week 12 time point are reported.

Results: 49 patients were included in the study. VAS pain score significantly decreased from a median of 49.0 mm at baseline to 24.0 mm at Week 1 and to 18.0 mm at Week 12. At Week 12, 70.8% of patients showed pain reduction. All KOOS subscales (symptoms, pain, activities of daily living, sports and recreational activities, quality of life) improved significantly compared to baseline both at Week 1 and Week 12. 72.9% of patients reported a condition gain (PGA) after 12 weeks, well matching with the 76.6% of patients satisfied or very satisfied by the treatment at this time point. Preliminary results at Week 24 (27 patients) confirmed a stable pain improvement, with a median VAS pain score of 9.00 mm, p=0.002 vs. baseline. A significant improvement vs. baseline of all KOOS subscales was also reported at this time point. The study is ongoing to gather results at Week 36. 24 (49.0%) patients reported a treatment-related adverse event requiring a medical intervention, mainly postinjection pain, which responded well to paracetamol or nonsteroidal anti-inflammatory drugs.

Conclusion: In a real-world setting, treatment with CM-chitosan was effective to reduce pain, improve function and global condition in knee-OA patients. The most frequent adverse event was selfresolving postinjection pain, not affecting the treatment efficacy.