



# Currency and diagnostic criteria of rheumatoid arthritis in patients of senior age groups

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**Abstract:** This article presents the results of the study of the peculiarities of the course and diagnosis of rheumatoid arthritis (RA) in elderly people. In our work we studied 56 RA patients. Of these, 25 (44.6%) of the patients first fell ill in old age, 16 (28.5%) of patients became ill for more than 15 years and 15 (26.7%) of patients younger than 45 years made up a control group.

**Keywords:** Rheumatoid arthritis, elderly age.

**Introduction:** According to various research groups, rheumatoid arthritis (RA) affects 0.5-2.5% of the adult population [3,6]. RA can occur in childhood (juvenile RA), but most often the age of onset is the age of onset of the disease is  $52 \pm 15$  years. Among people under 35 years of age, the prevalence of RA is 0.38%, and in people over 55 years of age - 1.4%. Women are more likely to get sick than men - 2-3:1 [2]. A high incidence of RA is noted in first-degree relatives (3.5%), especially in females (5.1%). The last two decades have seen significant advances in the study of the pathophysiology and treatment of rheumatoid arthritis. The aphorism that was widely used in the 1960s-80s was: "We don't treat RA, we manage the patient with the disease" – today can be considered an anachronism [4].

Timely administration (i.e., at the early stages of the disease, ideally in the first three months) of disease-modifying antirheumatic drugs (DMARDs) in adequate doses independently, and if necessary, in various combinations, allows in many cases to successfully control the activity of the disease, prevent or slow down the development of erosive processes [5]. A major achievement was the creation and introduction into clinical practice of RA treatment of so-called biological

agents of medical preparations obtained by genetic engineering, the targets of which are key proinflammatory cytokines, their receptors and immunocompetent cells.

The results of a number of studies allow us to look with optimism at the possibilities of low doses of glucocorticoids (GC) both in controlling the activity of the disease and in slowing the progression of joint lesions. In old age, according to some data, the onset of RA is often characterized by a low degree of activity of the inflammatory process, which, when assessed retrospectively, is classified as a "chronic" course of the disease."

In such cases, the signs of articular syndrome develop gradually over several months [8]. Extra-articular manifestations of the disease are observed in no more than 20% of cases. In approximately 2/3 of elderly patients, RA begins with symmetrical oligoarthritis, in 1/3 with symmetrical polyarthritis. Damage to large joints at the onset of the disease is observed in 30% of cases. According to other authors, the onset of rheumatoid arthritis in elderly individuals is more acute, with virtually no prodrome.

There is a predominant lesion of large joints rather than small joints of the hands and feet. There is a leveling in the sex ratio: the ratio of men to women is 1:1, while at a younger age, women predominate. Identification of new inflammation markers, the use of ultrasound and magnetic resonance imaging (MRI) have significantly improved the diagnosis of RA and dynamic monitoring of the effectiveness of therapy [1,4].

Rheumatoid arthritis is of particularly great medical and social significance. At the same time, the economic losses from rheumatoid arthritis for society are comparable to ischemic heart disease.

The significant prevalence of RA, mainly among the working-age population, leads to the chronicity of the disease and its progressive course, high frequency of loss of professional ability of patients. The process of human aging is accompanied by changes in the genetic apparatus of the cell, the development of a number of diseases. The increase in the number of elderly and senile people observed in Uzbekistan, as in many other countries, is accompanied by an increase in the number of diseases associated with the aging process - osteoarthritis, rheumatoid arthritis, osteoporosis, diabetes, obesity, Alzheimer's disease [5].

The problem of studying rheumatoid arthritis in old age remains one of the most pressing in rheumatology. Rheumatoid arthritis is the most common form of joint pathology, one of the main causes of chronic pain syndrome, premature loss of ability to work and

disability. In the prevention of rheumatological diseases, including rheumatoid arthritis in the elderly, it allows normalizing bone remodeling processes, improving its strength characteristics, reducing the risk of fractures, and improving the quality of life.

The social significance of RA is determined not only by its widespread prevalence, but above all by the fact that it quickly leads to disability of patients, with the ensuing consequences: a change in the quality of life and great material damage caused to both the patient and the patient himself.

both the patient and society [7].

Objective of the research work to study of diagnostic criteria of RA in elderly people.

## **METHODS**

The observation included 56 patients who came to the Akfa University Clinic "Akfa medline", for 2018-2020, of which 25 (44.6%) patients who first became ill at an elderly age, 16 (28.5%) patients with a disease history of more than 15 years and 15 (26.7%) patients were under 45 years old, who constituted the control group.

The diagnosis of RA was carried out according to the criteria of experts of the American College of Rheumatology and the European League Against Rheumatism (ACR/EULAR RA) 2010 and taking into account the additions made by the staff Institute of Rheumatology of the Russian Academy of Medical Sciences. Of the total number of RA patients who first developed the disease in old age, there were 14 men (21.2%) and 52 women (78.8%); the ratio of males to females was 1:4.

There were 38 (57.5%) patients over 60 years of age. Among the RA patients we examined, 68.5% had a disease history of up to 6 years, which allowed us to carefully analyze the dynamics of clinical manifestations and the reason for their progression from the very beginning of the disease.

Based on the conducted research, the following were determined:

- seropositivity for rheumatoid factor (RF);
- the nature of the course of RA according to G.P. Matveykov and V.E. Yagur;
- the degree of RA activity according to the criteria of V. Otto and M.G. Astapenko;
- the degree of functional insufficiency of the joints;
- radiological stage of RA according to O. Steinbroker's criteria;
- the presence of extra-articular manifestations of the disease.

## **RESULTS AND DISCUSSION**

As a result of the conducted studies, it was established that the clinical features of the course of RA that began in old age are frequent lesions of large and medium joints at the onset of the disease (63.6%), in contrast to the classical variant of RA. In 52.2% of cases of RA in the elderly, it began acutely or subacutely with increasing signs of joint inflammation. Depending on the presence of rheumatoid factor in the blood serum, patients were divided into 2 groups: with a titer of 1:32 and above, RA was assessed as seropositive, and with a titer below 1:32 - as seronegative. 67% of the patients examined by us had seropositive RA. The study of the clinical picture of the disease showed that 89% of patients with RA that began in old age had stages II and III of the inflammatory process activities. Radiological manifestations of stage I were detected in 2.5% of patients, II – in 55.5%, III – in 31.4%, IV – in 10.6% of patients.

In rheumatoid arthritis, loss of professional ability and disability contribute to the development of severe joint failure (SJF), the cause of which is the progression of bone destruction. SJF Grade I was observed in 20.4% of patients, grade II – in

53%, III degree – in 28.9%.

The study of the joint syndrome showed that patients with RA had reliably high values of the Ritchie index of  $19.1 \pm 1.1$  points, the number of inflamed joints of  $5.1 \pm 3.1$ , pain at rest - VAS  $42.1 \pm 18.3$ , pain during movement according to VAS  $65.7 \pm 18.5$ , pain during palpation - VAS  $39.4 \pm 19.7$ .

The duration of morning stiffness in elderly RA patients was significantly shorter ( $p < 0.005$ ) than in the control group.

In the elderly, at the onset of the disease, an important diagnostic sign, "morning stiffness," appears after 3-4 months and even a year from the onset diseases. In elderly patients with RA, in addition to joint manifestations, it also occurs with damage to internal organs. Visceral lesions were diagnosed in 35 (53%) patients, manifested as vasculitis in 15 (22.7%), Raynaud's syndrome in 5 (7.5%), rheumatoid nodules in 7 (10.6%); other manifestations of the disease were noted in 4 (6%) patients.

The clinical course of RA in the elderly is characterized by frequent lesions of large and medium joints, acute and subacute onset of the disease, high activity of the inflammatory process, severe joint syndrome, rapid formation of bone-cartilage destruction, a sharp restriction of motor activity, leading to early loss of ability to work and disability, involvement of internal organs in the pathological process.

Thus, rheumatoid arthritis in the elderly particularly

affects large and medium joints that perform the main musculoskeletal function, which leads to a limitation of physical activity in patients and contributes to the development of disability and the rapid development of trophic disorders in many patients.

The pronounced activity of the inflammatory process, the rapid development of osteochondral destruction, and the low effectiveness of NSAIDs make it necessary to prescribe glucocorticosteroids to elderly patients with RA in the early stages of the disease, not only intra-articularly, but also orally in small doses.

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