

EVALUATION OF IMPROVING BONE MINERAL DENSITY IN OSTEOPENIC PATIENT WITH RHEUMATOID ARTHRITIS

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L49

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Introduction

Rheumatoid arthritis (RA) is chronicle, autoimmune, inflammatory arthropathy of unknown etiology. RA is characterized by progressive destruction of the affected joints, deformity, disability which requires specific way of living. Current treatment for RA includes nonspecific, anti-inflammatory agents (e.g. NSIAD or glikocoticoïdes) and disease-modifying antirheumatic drug (eg. MTX) which may influenced on reduced Bone Mineral Density (BMD)

Aim

The aim of study was to evaluate effect of risk factors on BMD in osteopenic patient with RA.

Material and methods

We examined 100 patients 64.73 years old (50-83years) who suffered from RA 3,88 years (1-9 years). Analysis of BMD was performed with „Sahara” ultrasound osteodesitometry. We used Body Mass Index (BMI) scale, National Health Center Statistic Criteria and self-evaluation of health by patients.

Results

Average body height was 1.61 cm (1.46-1.71) which was indicated that our patient was globally short. Average body mass was 70.45 kg (47-88) and BMI was 27.218 kg/m² which indicate that we had overweight patient. We found that 54.45% of our patient did not expose on sun minimum 15 minutes daily. Also we found that 69.7% of patient intake daily more than 200ml milk or milk products but it was shown as insufficient intake. When we evaluated patient daily physical activity we found that 24.25% of patient was almost physically inactive and 48,5% walked less than 2 km per day. Average T-score was -2.34 and Z-score was -1.58 which was shown high level of osteopenia. Estimated BMD was 0.317g/cm² (SD ±0.071). We did not find statistically significant correlation between parameter of daily activity and BMD.

Conclusion

We can conclude that increase daily physical activity and intake of milk have to be suggested to the osteopenic with RA in way to improve BMD. Also, because of nature of disease, for some patient antiresorptive drug has to be including as regular therapy of RA.