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COMORBIDITY IN OSTEOARTHRITIS: CHOOSING TREATMENT TACTICS

Joint pain is one of the most common complaints among patients. Experts from the International Association for the Study of Pain believe that one in seven patients over the age of 40 who seek routine outpatient care complain of such complaints. In most cases, they are associated with the presence of osteoarthritis (OA).

OA is a heterogeneous group of joint diseases of various etiologies with similar biological, morphological, and clinical manifestations, which are based on the damage to all components of the joint, primarily cartilage, as well as the subchondral bone, synovial membrane, ligaments, capsule, and periarticular muscles.

Of all rheumatic diseases, OA is the most common, with an incidence of 15-20% in the general population. Radiographic signs of OA are much more common than clinical signs, and the incidence of both increases with age. The social significance of OA is also determined by the sharp decrease in the quality of life with this disease, especially in older age groups. In addition, OA is one of the main causes of disability and disability, second only to ischemic heart disease.

Symptoms of OA include:

- pain;
- decreased range of motion;
- minimal morning stiffness for less than 30 minutes;
- joint instability;
- crepitation;
- swelling.

The most frequent and pronounced symptom of OA is pain. Constant pain in the affected joints, limited mobility significantly disrupts not only the patient's work but also his daily activities. The cause of disability is OA of large joints - hip and knee.

Despite the high prevalence of OA, the study of the etiopathogenesis of this disease cannot be considered complete. For many years, it was believed that OA develops as a result of age-related "wear and tear" of cartilage. However, in recent years it has been considered as a heterogeneous group of joint diseases, which are pathomorphologically characterized by focal destruction of articular cartilage, changes in the subchondral bone (including microfractures and cyst formation) and osteophyte formation. As well as concomitant damage to other components of the joint (synovium, ligaments, capsule and periarticular muscles).

The development of OA is based on the interaction of many factors, including: inflammation; degenerative changes in joint structures due to age; excessive mechanical stress on the joints; metabolic disorders.

At the same time, the normal metabolism of cartilage tissue changes with a predominance of catabolic processes over anabolic ones.

A correlation has been proven between the development of degenerative changes in the tissues of the musculoskeletal system and human age. Approximately 50% of elderly people experience difficulty climbing stairs, more than 15% suffer from obvious mobility limitations, and after 75 years this figure increases to 30%. The older a person is, the more often they are found to have diseases of various organs and systems.

Comorbidity (polymorbidity, multimorbidity) usually refers to the presence of two or more syndromes or diseases in the same patient, pathogenetically related to each other or coinciding in time. OA is a disease with a high level of comorbidity. Typically, a patient with OA has 5-6 diseases at the same time.

Further studies in this area have identified risk factors for mortality in patients with OA: disease severity; old age; presence of comorbidities. The higher mortality rate in people with OA is explained by the decrease in physical activity of patients against the background of damage to the joints of the lower extremities and the presence of comorbid diseases, including those caused by the action of hospital drugs aimed at the symptomatic treatment of OA.

According to available data, OA is most often combined with arterial hypertension (AH) and other cardiovascular diseases (CVD) - atherosclerosis, ischemic heart disease, obesity, diabetes mellitus, and diseases of the gastrointestinal tract.

For a patient with OA and CVD in case of increased body mass index or obesity, weight loss measures are a top priority. Controlled weight correction allows to reduce the intensity of pain syndrome in the affected joints (knee), will help to slow down the progression of OA, and will also significantly reduce the risk of cardiovascular complications. OA is regular physical therapy (PT) and proper exercise regimen. PT should be performed in a sitting or lying position, in a pain-free zone, with the inclusion of passive movements. The positive effect of PT on reducing pain in the joints in OA has been established in a number of studies. The PT complex should be selected individually, taking into account the existing cardiovascular pathology and its severity.