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OSTEOARTHRITIS IN ELDERLY PATIENTS.

USE OF NON-STEROID ANTI-INFLAMMATORY DRUGS

The population of the Earth is constantly aging. According to scientists' forecasts, the number of elderly people is increasing in geometric progression. By 2040, the number of people over 85 will be about 20%. It is also known that the older a person is, the more prone he is to diseases of organs and systems. Old age is not a disease or a diagnosis. The physiological process of aging of the human body begins to be observed from the age of 40-50. Violation of the structure and function of all organs and systems increases. Thus aging contributes to the emergence and accumulation of diseases in the body.

The modern approach to treatment is based on the principles of evidence-based medicine, implementation of standards, protocols and

guidelines based on multicenter research. But this applies only to certain nosological forms, or even certain symptoms of the disease [1,2]. This approach does not foresee clinical situations associated with the combination of several diseases, which often occur starting from the middle age of a person. Today, such a situation is defined as comorbidity. That is, comorbidity is not just a combination of several diseases, but also the presence of new mechanisms of disease development, complications and course, not characteristic of the main disease, as well as a significant impact on the quality and length of life [3].

Joint pain is the most common complaint among patients. These complaints are observed in every seventh patient over the age of 40 who apply for planned outpatient care. The most common disease is osteoarthritis (OA), which is the most widespread among rheumatic diseases and accounts for 15-20% of all diseases in the entire population, and in people over 60 years old - 97% [5].

An elderly person is examined for three to five different diseases. Against the background of comorbidity, excessive prescription of drugs without taking into account the peculiarities of their interaction can lead to a sharp increase in the probability of the development of undesirable effects of therapy and deterioration of the patient's condition [3, 6,].

Since simple analgesics are most widely used in OA (especially if patients choose them on their own), it should be noted that their appointment is irrational in elderly patients, especially in the presence of cardiovascular diseases (CVD) in them - the drugs do not affect the pathogenic links of the development of synovitis. At the same time, patients, without feeling pain, excessively spread their motor activity, which does not lead to improvement, but on the contrary, increases secondary inflammation. It should also be borne in mind that nonsteroidal anti-inflammatory drugs (NSAIDs) can reduce the effectiveness of drugs used in standard CVD therapy [3]. The use of NSAIDs is also associated with an increased risk of developing and decompensating congestive heart failure (CH). According to some authors, HF, which is aggravated by the use of NSAIDs, can have the same meaning as gastropathy that occurs during the use of NSAIDs.

Based on recent studies, OA is most often associated with hypertension and other CVDs, which occur in more than 50% of patients with OA [5,6].

Conclusions:

1. The modern approach to the treatment of OA is based on the principles of evidence-based medicine, implementation of standards, protocols and guidelines.

2. Since simple analgesics are most widely used in OA, it should be noted that their appointment is irrational in elderly patients, especially if they have concomitant pathology.

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