IDENTIFICAREA MODIFICĂRILOR MASEI ŞI TURNOVER-ULUI OSOS LA PACIENŢII CU POLIARTRITĂ REUMATOIDĂ TRATAŢI CU CORTICOSTEROIZI ÎN SCOPUL ELABORĂRIII UNEI ATITUDINI TERAPEUTICE OPTIME

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IDENTIFICATION OF BONE MASS AND BONE TURNOVER IN PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH CORTICOSTEROIDS IN ORDER TO ELABORATE AN OPTIMAL THERAPEUTIC ATTITUDE (Abstract). Corticosteroids (CS) are currently used in Rheumatoid Arthritis (RA) in conjunction with either synthetic remissive or biologic drugs. **Aim:** In our study we used have focused on bone mineral density assessment (BMD) in RA patients with and without low doses of CS in order to elaborate an optimal therapeutic approach. **Material and methods:** prospective observational study on 55 consecutive patients with RA (1987, ACR diagnostic criteria) classified in two groups based on CS use: group A - 23 RA receiving CS and subgroup B – 32 RA without CS. All patients have been evaluated according to a predefined protocol including demographics, clinical, biological and therapeutic RA characteristics, BMD and T-score assessment by DXA (Hologique QDR) (1994, WHO classification). Subgroup analysis was done in SPSS-12 software, p<0.05. **Results:** No significant differences in demographics and RA related parameters (p>0.05) have been demonstrated between subgroups. However, significant changes in BMD and T-score have been reported in RA receiving CS as follows (p<0.05): up to 74% cases with osteoporosis, 13% with fracture and 8.7% with osteopenia (A) versus 31.3% with osteoporosis, 28.1% with fracture and 15.6% with osteopenia (B). Moreover, 90% of RA under 7.5 mg CS daily and all receiving >10mg daily presented with osteoporosis; also, osteoporosis has been demonstrated all postmenopausal RA in group A (75%) and only 68% of group B (76%). **Conclusions:** concomitant CS use in RA, even low doses, is commonly associated with low BMD, irrespective of other risk factors. **Key words:** BONE MASS, BONE TURNOVER, RHEUMATOID ARTHRITIS, CORTICO-STEROIDS

Poliartrita reumatoidă (PR), reumatismul inflamator cu largă frecvență, afectează aproximativ 1% din populația generală, fiind recunoscută ca o boală severă, autoîntreținută și progresivă, care induce leziuni osteo-articulare, cu deficit funcțional și pierderea capacității de muncă, cu o mortalitate prematură considerabilă, reducând semnificativ speranța de viață a bolnavilor cu această afecțiune (1, 2, 3).

În patogenia PR este greu de definit o succesiune riguroasă a evenimentelor, de-