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REMISSION AND QUALITY OF LIFE OF PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH UPADACITINIB IN REAL CLINICAL PRACTICE

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Objective: To evaluate the effect of upadacitinib (UPA) on disease activity and quality of life (QOL) in patients with rheumatoid arthritis (RA) in real clinical practice.

Methods: The study included 41 patients with RA who had moderate or high disease activity and inadequate response to conventional synthetic disease-modifying antirheumatic drugs (csDMARDs) or biological DMARDs (bDMARDs). All patients received UPA at a dose of 15 mg/d. The majority of patients (86%) were female, the mean age was 53.1±5.4 y, mean disease duration 11.5±8.2 y, mean BMI 26.55±4.1, positive for RF - 96.6%, ACPA -75.9%. 86.2% had comorbid pathology, most patients had 3-4 concomitant diseases. All patients received csDMARTs, 65,5% bDMARDs, glucocorticoids -9.5% of patients at a mean dose of 6.7±2.4 mg/d. After 3 months of therapy, disease activity was assessed by the DAS28-CRP, SDAI and CDAI indices, QOL by the EQ-5D index.

Results: Before initiation of UPA therapy, patients had pronounced morning stiffness (51.9±33.7 mm on the VAS scale), its duration was 140.4±240.2 min, the number of painful joints was 10.5±5.7, swollen joints - 6.8±4.1, patient's global health was 59.8±16.2, CRP (18.1±17.0 mg/l), ESR (27.8±17.5 mm/h), EQ-5D 0.52 [-0.18;0.8]. During the first week, there was a marked decrease in pain from 60 to 30 mm VAS, which persisted to the third month of therapy. After 3 months, there was a significant decrease in the disease activity according to DAS28, SDAI, CDAI indices ($p<0.001$). The goals of therapy (remission or low disease activity) by the 3rd month of therapy according to DAS28-CRP reached 63.4% of patients; according to the SDAI index - 56.7%, CDAI-25.9% of patients. Remission was achieved by 27.6% of patients. A 50% improvement in the QOL according to the EQ-5D questionnaire was noted in 98.5% of patients.

Conclusion: The first results of prescribing UPA in patients with RA in real clinical practice indicate a rapid decrease in pain, a decrease in disease activity, and an improvement in patients QOL by the 3rd month of treatment.

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RELATIONSHIP OF URINARY COLLAGEN TYPE II C-TELOPEPTIDE AND KNEE CARTILAGE THICKNESS MEASURED WITH ULTRASOUND IN PATIENTS WITH KNEE OSTEOARTHRITIS

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Objective: Osteoarthritis (OA) includes clinical, structural, biochemical, and mechanical changes. The present study aims to estimate the relationship between the sensitive marker of cartilage degradation - urinary collagen type II C-telopeptide (uCTX-II) level and knee cartilage thickness measured with ultrasound in patients (pts) with OA.

Methods: Knee joint ultrasound and uCTX-II levels (ng/ml; ELISA) were evaluated in 46 pts with OA. The mean age of pts (71.7% female) was 62.6±6.2, mean disease duration 10.2±6.3 y. X-ray stage of OA defined according to Kellgren-Lawrence grade was: I – 0%, II – 63%, III – 27%, and IV – 0%. Estimation of knee cartilage thickness (mm) was performed using a linear L50 sensor in standard sensor positions, frequency 5-12 MHz. We determined cartilage thickness in the patellofemoral region in three compartments (medial, middle, lateral), calculating an average for each knee joint and both joints. For correlation, the Spearman correlation coefficient was used.

Results: Mean value (M±σ) of uCTX-II was 0.18±0.12. The mean values of cartilage thickness were: 1.7±0.33 for the right and 1.7±0.36 for the left knee joints, and 1.7±0.31 as a mean for both knee joints. According to disease duration following tertile groups were detected: 1 group: means interval <7 y; 2 group: interval 7-10 y; 3 group: >10 y. There were negative correlations between uCTX-II and medial, middle compartments of left knee joint cartilage thickness ($r=-0.474$, $p=0.03$; $r=-0.592$, $p<0.01$, respectively) in group 2. uCTX-II negatively correlated with the mean value of middle compartments of both knee joints ($r=-0.538$, $p=0.04$) in men only, also with middle compartment of left knee joint cartilage thickness ($r=-0.548$, $p=0.03$) in overweight pts. All correlations were moderate. There were no correlations between uCTX-II and cartilage thickness in other subgroups and in all pts.

Conclusion: Despite the high sensitivity of the uCTX-II as a marker of cartilage degradation, its level didn`t correlate with thickness of the cartilage in all pts with knee OA in our study. However, it correlated with the cartilage thickness in men, pts with 7-10 y disease duration and in overweight pts.