

ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

2024 №3

2011 йилдан чиқа бошлаган

TOSHKENT TIBBIYOT AKADEMIYASI
AXBOROTNOMASI



В Е С Т Н И К

ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ

Тошкент



Выпуск набран и сверстан на компьютерном издательском комплексе

редакционно-издательского отдела Ташкентской медицинской академии

Начальник отдела: М. Н. Аслонов

Редактор русского текста: О.А. Козлова

Редактор узбекского текста: М.Г. Файзиева

Редактор английского текста: А.Х. Жураев

Компьютерная корректура: З.Т. Алюшева

Учредитель: Ташкентская медицинская академия

Издание зарегистрировано в Ташкентском Городском управлении печати и информации

Регистрационное свидетельство 02-00128

Журнал внесен в список, утвержденный приказом № 201/3 от 30 декабря 2013года

реестром ВАК в раздел медицинских наук

Рукописи, оформленные в соответствии

с прилагаемыми правилами, просим направлять

по адресу: 100109, Ташкент, ул. Фароби, 2,

Главный учебный корпус ТМА,

4-й этаж, комната 444.

Контактный телефон: 214 90 64

e-mail: rio-tma@mail.ru

rio@tma.uz

Формат 60x84 1/8. Усл. печ. л. 9,75.

Гарнитура «Cambria».

Тираж 150.

Цена договорная.

Отпечатано на ризографе редакционно-издательского отдела ТМА.

100109, Ташкент, ул. Фароби, 2.

Вестник ТМА №3, 2024
РЕДАКЦИОННАЯ КОЛЛЕГИЯ

Главный редактор

проф. А.К. Шадманов

Заместитель главного редактора

проф. О.Р.Тешаев

Ответственный секретарь

проф. Ф.Х.Иноятова

ЧЛЕНЫ РЕДАКЦИОННОЙ КОЛЛЕГИИ

акад. Аляви А.Л.

проф. Билалов Э.Н.

проф. Гадаев А.Г.

проф. Жае Вук Чои (Корея)

акад. Каримов Ш.И.

проф. Татьяна Силина (Украина)

акад. Курбанов Р.Д.

проф. Людмила Зуева (Россия)

проф. Метин Онерчи (Турция)

проф. Ми Юн (Корея)

акад. Назыров Ф.Г.

проф. Нажмутдинова Д.К.

проф. Саломова Ф.И.

проф. Саша Трескач (Германия)

проф. Шайхова Г.И.

Члены редакционного совета

проф. Акилов Ф.О. (Ташкент)

проф. Аллаева М.Д. (Ташкент)

проф. Хамдамов Б.З. (Бухара)

проф. Ирискулов Б.У. (Ташкент)

проф. Каримов М.Ш. (Ташкент)

проф. Маматкулов Б.М. (Ташкент)

проф. Охунов А.О. (Ташкент)

проф. Парпиева Н.Н. (Ташкент)

проф. Рахимбаева Г.С. (Ташкент)

проф. Хамраев А.А. (Ташкент)

проф. Холматова Б.Т. (Ташкент)

проф. Шагазатова Б.Х. (Ташкент)

<i>Mirxamidov M.V., Muhammadiyeva S.M., Shiranova Sh.Sh., Raxmonov D.N. REVMA TOID ARTRITL BILAN OG'RIGAN BEMORLARDA BUYRAK DISFUNKTSIYASINI O'RGANISH</i>	<i>Mirxamidov M.V., Mukhammadieva S.M., Shiranova Sh.Sh., Raxmonov D.N. STUDY OF RENAL DYSFUNCTION IN PATIENTS WITH RHEUMATOID ARTHRITIS</i>	125
<i>Мухаммадиева С.М., Мирхамидов М.З., Уроқова З.У., Исраилов А.А. ВЗАИМОСВЯЗЬ МЕЖДУ ВИТАМИНОМ D И МАРКЕРАМИ АКТИВНОСТИ РЕВМАТОИДНОГО АРТРИТА</i>	<i>Mukhammadieva S.M., Mirkhamidov M.Z., Uroqova Z.U., Israilov A.A. RELATIONSHIP BETWEEN VITAMIN D AND MARKERS OF RHEUMATOID ARTHRITIS ACTIVITY</i>	129
<i>Nabieva D.A., Tashpulatova M.M. ASSESSMENT OF FEATURES OF THE CLINICAL COURSE OF GOUT IN ELDERLY WOMEN</i>	<i>Nabiyeva D.A., Tashpulatova M.M. KEKSA AYOLLARDA PODAGRANING KLINIK KECHISH XUSUSIYATLARINI BAHOLASH</i>	133
<i>Nabiyeva D.A., Muhammadiyeva S.M., Nurmuxamedova N.S., Kengesbaeva M.S., Muxtorova S.K., Shomuxitdinov Sh.Sh. AKSIAL SPONDILOARTRIT KASALLIGIDA UVEIT RIVOJLANISHIGA BAZIS YALLIG 'LANISHGA QARSHI DAVO VOSITALARINING TA'SIRINI BAHOLASH</i>	<i>Nabieva D.A., Mukhammadieva S.M., Nurmuxamedova N.S., Kengesbaeva M.S., Muxtorova S.K., Shomuxitdinov Sh.Sh. ASSESSMENT OF THE INFLUENCE OF BASIC ANTI-INFLAMMATORY DRUGS ON THE DEVELOPMENT OF UVEITIS IN AXIAL SPONDYLOARTHRITIS</i>	137
<i>Нажмутдинова Д.К., Мирахмедова Х.Т., Худайбергенова Д.Х. ВЛИЯНИЕ ГУМОРАЛЬНОГО ИММУНИТЕТА НА ТЕЧЕНИЕ ХРОНИЧЕСКОЙ БОЛЕЗНИ ПОЧЕК У БОЛЬНЫХ САХАРНЫМ ДИАБЕТОМ 2-ГО ТИПА, ПЕРЕНЕСШИХ COVID-19</i>	<i>Nazhmutdinova D.K., Mirakhmedova Kh.T., Khudaybergenova D.Kh. THE ROLE OF HUMORAL IMMUNITY ON THE COURSE OF CKD IN PATIENTS WITH TYPE 2 DIABETES WHO HAVE HAD COVID-19</i>	140
<i>Po'latova Sh.B., Nabieva D.A., Sagatova D.R., Mirzadjonova G.S. MINERAL ALMASHINUVI BUZILGAN ANKILOZLOVCHI SPONDILOARTRIT BILAN OG'RIGAN BEMORLARDA YURAK SHIKASTLANISHINI BAHOLASH</i>	<i>Pulatova Sh.B., Nabieva D.A., Sagatova D.R., Mirzadjonova G.S. ASSESSMENT OF CARDIAC DAMAGE IN PATIENTS WITH ANKYLOSING SPONDYLITIS WITH DISORDERS OF MINERAL METABOLISM</i>	143
<i>Rasulova N.R., Muxsimova N.R., Shiranova Sh.A. МИОПИК О'ZLI SPORTCHILARNING KO'RUV A'ZOLARI SHIKASTLANISH ASORATLARINI PROFILAKTIKASINI OPTIMALLASHTIRISH</i>	<i>Rasulova N.R., Mukhsimova N.R., Shiranova Sh.A. OPTIMIZATION OF THE PREVENTION OF VISUAL INJURIES IN ATHLETES WITH MYOPIC REFRACTION</i>	147
<i>Rakhimova M., Rakhimov S. CARDIOVASCULAR EVENTS IN PATIENTS WITH ANKYLOSING SPONDYLITIS AFTER COVID-19</i>	<i>Rahimova M., Rahimov S. COVID-19 O'TKAZGAN ANKILOZLOVCHI SPONDILOARTRIT BILAN KASALLANGAN BEMORLARDA YURAK-QON TOMIR HODISALARI</i>	149
<i>Rakhimova M., Akhmedov Kh., Rakhimova O. ENDOTHELIAL DYSFUNCTION IN PATIENTS WITH ANKYLOSING SPONDYLITIS AFTER COVID-19</i>	<i>Rahimova M., Axmedov X., Rahimova O. COVID-19 O'TKAZGAN ANKILOZLOVCHI SPONDILIT BILAN KASALLANGAN BEMORLARDA ENDOTELIAL DISFUNKSIYA</i>	154
<i>Рахматов А.Б., Расулова Н.А. БИОЛОГИЧЕСКАЯ ТЕРАПИЯ ПСОРИАТИЧЕСКОГО АРТРИТА</i>	<i>Rakhmatov A.B., Rasulova N.A. BIOLOGICAL THERAPY FOR PSORIATIC ARTHRITIS</i>	158
<i>Sadikova N.G., Miraxmedova X.T., Botirova N.A. 2 TUR QANDLI DIABET BILAN OG'RIGAN BEMORLARDA DIABETIK NEFROPATIYA RIVOJLANISHIDA KLOTNO OMILINING AHAMIYATI</i>	<i>Sadikova N.G., Miraxmedova X.T., Botirova N.A. THE IMPORTANCE OF THE CLOTHO FACTOR IN THE DEVELOPMENT OF DIABETIC NEPHROPATHY IN PATIENTS WITH TYPE 2 DIABETES</i>	164
<i>Сибиркина М.В., Маруфханов Х.М. СОСТОЯНИЕ ЖЕЛУДОЧНО-КИШЕЧНОГО ТРАКТА И МИКРОБИОЦЕНОЗА У РЕВМАТОЛОГИЧЕСКИХ БОЛЬНЫХ НА ФОНЕ ПРИЕМА НПВП</i>	<i>Sibirkina M.V., Marufkhanov Kh.M. CONDITION OF THE GASTROINTESTINAL TRACT AND MICROBIOCENOSIS IN RHEUMATOLOGICAL PATIENTS DURING NSAID TAKE</i>	167
<i>Solixov B.M., Narziyev N.M., Srojidinov S.Sh. ERTA REVMA TOID ARTRIT KASALLIGIDA BAZIS DAVO FONIDA QONDAGI LIPIDLAR HOLATI</i>	<i>Solikhov B.M., Narziyev N.M., Srojidinov S.Sh. BLOOD LIPID PARAMETERS DURING BASIC THERAPY FOR EARLY RHEUMATOID ARTHRITIS</i>	172
<i>Султанова М.Х., Зияева Ф.К., Хидоятова М.Р., Рустамов Р.Ш. СОСТОЯНИЕ ФУНКЦИОНАЛЬНОГО ПОЧЕЧНОГО РЕЗЕРВА И КАНАЛЬЦЕВЫХ ФУНКЦИЙ ПОЧЕК У БОЛЬНЫХ СИСТЕМОЙ КРАСНОЙ ВОЛЧАНКОЙ И ХРОНИЧЕСКИМИ ГЛОМЕРУЛОНЕФРИТАМИ</i>	<i>Sultanova M.Kh., Ziyeva F.K., Khidoyatova M.R., Rustamov R.Sh. THE STATE OF FUNCTIONAL RENAL RESERVE AND RENAL TUBULAR FUNCTIONS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND CHRONIC GLOMERULONEPHRITIS</i>	175
<i>Xaytimbetov J.Sh., Solixov M.U., Boqiev J. N. REVMA TOID ARTRITDA REVMA TIK KACHEKSIYANING KLINIK VA LABORATORIYA BELGILARI</i>	<i>Khaitimbetov Zh.Sh., Solikhov M.U., Bokiev Zh.N. CLINICAL AND LABORATORY MARKERS OF RHEUMATIC CACHEXIA IN RHEUMATOID ARTHRITIS</i>	179
<i>Khaitimbetov J.Sh., Khudaybergenova D.Kh. QUALITY OF LIFE IN PATIENTS WITH PSORIATIC ARTHRITIS DEPENDING ON THE THERAPY RECEIVED</i>	<i>Xaytimbetov J.Sh., Xudaybergenova D.X. PSORIATIK ARTRITLI BEMORLARNING HAYOT SIFATI QABUL QILINGAN TERAPIYAGA BOG'LIQLIGI</i>	183

QUALITY OF LIFE IN PATIENTS WITH PSORIATIC ARTHRITIS DEPENDING ON THE THERAPY RECEIVED

Khaitimbetov J.Sh., Khudaybergenova D.Kh.

КАЧЕСТВО ЖИЗНИ БОЛЬНЫХ ПСОРИАТИЧЕСКИМ АРТРИТОМ В ЗАВИСИМОСТИ ОТ ПОЛУЧАЕМОЙ ТЕРАПИИ

Хайтимбетов Ж.Ш., Худайбергенова Д.Х.

PSORIATIK ARTRITLI BEMORLARNING HAYOT SIFATI QABUL QILINGAN TERAPIYAGA BOG'LIQLIGI

Haytimbetov J.Sh., Xudaybergenova D.X.

Tashkent Medical Academy

Цель: оценка качества жизни больных псориатическим артритом (ПсА) в зависимости от назначенной базисной терапии. **Материал и методы:** под наблюдением находились 26 больных (15 (57,7%) женщин и 11 (42,3%) мужчин, средний возраст $49,2 \pm 2,8$ года) с выраженным ПсА (CASPAR, 2006) и 20 практически здоровых лиц (75% женщин, 25% мужчин). Длительность суставного синдрома варьировала от 2-х месяцев до 30 лет ($7,3 \pm 1,6$), длительность псориаза кожи – от 6 месяцев до 57 лет ($15,2 \pm 2,9$). **Результаты:** при поступлении на стационарное лечение показатели качества жизни по ВАШ, HAQ, SF-36 были снижены у всех больных, но более выраженное снижение наблюдалось у пациентов, не получавших базисные препараты. Показатели, характеризующие физическое состояние здоровья, у больных снижались в большей степени, чем показатель психологического самочувствия. **Выводы:** базисная терапия приводит к более значительному улучшению качества жизни больных ПсА, чем применение нестероидных противовоспалительных препаратов.

Ключевые слова: псориатический артрит, качество жизни, спондилоартрит, суставной синдром, психоэмоциональное состояние.

Maqsad: psoriatik artrit (PsA) bilan og'rig'an bemorlarning hayot sifatini belgilangan asosiy terapiyaga qarab baholash. **Material va usullar:** 26 bemor (15 (57,7%) ayollar va 11 (42,3%) erkaklar, o'rtacha yoshi $49,2 \pm 2,8$ yil) og'ir PsA (CASPAR, 2006) va 20 amalda sog'lom odam (75% ayollar, 25% erkaklar). Artikulyar sindromning davomiyligi 2 oydan 30 yilgacha ($7,3 \pm 1,6$), teri psoriaz kasalligining davomiyligi 6 oydan 57 yilgacha ($15,2 \pm 2,9$) o'zgargan. **Natijalar:** kasalxonaga yotqizilgandan so'ng, VAS, HAQ, SF-36 bo'yicha hayot sifati ko'rsatkichlari barcha bemorlarda kamaydi, ammo asosiy dori-darmonlarni qabul qilmagan bemorlarda sezilarli pasayish kuzatildi. Bemorlarning sog'lig'ining jismoniy holatini tavsiflovchi ko'rsatkichlar psixologik farovonlik ko'rsatkichidan ko'ra ko'proq darajada kamaydi. **Xulosa:** asosiy terapiya steroid bo'lmagan yallig'lanishga qarshi dorilarni qo'llashdan ko'ra PsA bilan og'rig'an bemorlarning hayot sifatini sezilarli darajada yaxshilashga olib keladi.

Kalit so'zlar: psoriatik artrit, hayot sifati, spondiloartrit, artikulyar sindrom, psixoemotsional holat.

Quality of life (QOL) is one of the main concepts of modern rheumatology. According to WHO recommendations, quality of life is defined as the individual relationship between an individual's position in society and the individual's goals, plans, capabilities and degree of disorder. In other words, QoL is a subjective indicator of the satisfaction of personal needs in life, reflecting the degree of comfort of a person both within himself and within his society [4].

The health-related quality of life survey is a new and effective tool for assessing the patient's condition before, during and after treatment. At the same time, quality of life is considered as an important integral criterion for the effectiveness of treatment. The importance of assessing health-related quality of life as a prognostic factor has been proven. Data on the quality of life obtained before treatment can be used to predict the development of the disease, its outcome, and thus help the doctor in choosing the most effective treatment program.

Psoriatic arthritis (PsA) is a form of inflammatory seronegative spondylarthritis and is a systemic progressive disease associated with psoriasis, which leads to the development of erosive arthritis, bone resorption, mul-

tle entheses and spondylarthritis. The incidence of PsA in the population reaches 1%, and the prevalence of arthritis in patients with psoriasis ranges from 13.5% to 47.5% [3].

PsA is comparable to rheumatoid arthritis in terms of the rate of progression, disability, and deterioration in the quality of life of patients. The combination of skin and joint syndromes inevitably causes changes not only in the patient's physical condition, but also affects the vegetative and psycho-emotional sphere, causing domestic, professional and social restrictions, disrupting the quality of life of patients. Therefore, basic therapy should not only improve basic clinical indicators, but also have a positive effect on the quality of life, psycho-emotional state and vegetative status of patients. Often, from the very beginning, PsA occurs with pronounced exudate in the affected joints, maximum activity of the inflammatory process, and is characterized by a rapidly progressive course with the development of persistent functional insufficiency of the musculoskeletal system within the first two years of the disease [5]. All this ultimately significantly worsens the quality of life of patients due to constant pain and limited mobility, ag-

gravating the life of the patient himself, his family and society as a whole [2].

Purpose of the study

The purpose of the work was to assess the quality of life in patients with PsA depending on the prescribed basic therapy.

Materials and methods

In the city of Tashkent under observation were 26 patients with definite PsA (CASPAR, 2006) [1] and 20 practically healthy individuals (75% women, 25% men). Among the patients there were 15 women (57.7%) and 11 men (42.3%), mean age 49.2 ± 2.8 years. The duration of articular syndrome varied from 2 months to 30 years (7.3 ± 1.6), the duration of skin psoriasis - from six months to 57 years (15.2 ± 2.9). Family history was traced in 11 patients, of whom 5 were men and 6 women. In the majority of patients - 21 people (80.7%), skin psoriasis preceded the development of articular syndrome. In 3 patients, skin and joint syndromes developed simultaneously (11.5%), in 2 patients PsA began with articular syndrome (7.7%).

The polyarthritic variant of the disease predominated in women (9 out of 14), spondylarthritis - in men (8 out of 12). All patients had generalized articular syndrome of 2 (73.1%) and 3 (26.9%) degrees of disease activity. 20 people (76/9%) had vulgar limited and 6 (23.1%) had widespread psoriasis in the stationary stage.

Pain syndrome, duration of morning stiffness and the patient's own health index (PHI) were assessed using a visual analogue scale (VAS from 0 to 100, where 0 is the minimum severity of pain, 100 is the maximum, in mm) by the patients themselves.

Quality of life was assessed using the Medical Outcomes Study Short Form (SF-36) questionnaire, which includes 36 questions reflecting 8 health concepts (scales): physical functioning (PF), influence of physical condition on daily activities (role physical functioning - RFP), intensity pain (B), general health (OH), vital activity (V), social functioning (SF), role-emotional functioning due to emotional state (REF), mental health (MH). In general, the questionnaire questions form two components of health: physical and psychological. The physical health component (PHC) includes the first 4 scales: physical functioning, role physical functioning, pain intensity and general health. The psychological compo-

nent of health (PCH) combines the following 4 scales: vitality, social functioning, role-emotional functioning and mental health. The calculations give values for each QOL category from 0 to 100 points, with a higher score indicating a higher level of QOL, and 100 points representing complete health.

Functional status was assessed using the HAQ (Health Assessment Questionnaire). The HAQ includes 20 questions related to the patient's activities of daily living, grouped into 8 scales of 2-3 questions each. HAQ is equal to the arithmetic mean of the sums of the maximum responses on each scale, taking into account additional questions. The minimum value can be 0, the maximum can be 3 points.

All patients underwent general clinical, laboratory and instrumental examination.

All patients received non-steroidal anti-inflammatory drugs in moderate therapeutic doses - without any visible effect. 30.8% of patients received glucocorticosteroids in a dose of 10 to 30 mg of prednisolone. 18 patients took methotrexate at a dose of 10 to 15 mg per week (69.2%). 3 patients took sulfasalazine at a dose of 2 g per day (11.5%). 5 patients did not receive basic therapy (19.2%): 2 patients noted severe side effects (nausea, vomiting), 3 patients had an increase in transaminases in the blood test.

Statistical data analysis was performed using the Statistica 6.0 software packages. Sample characteristics were expressed as mean (M). Calculation of 95% confidence intervals (CI) was used as a measure of uncertainty. The critical significance level p when testing statistical hypotheses in the study was taken as 0.05.

Results and discussion

The presence of pain and functional limitations negatively affected all parameters of the quality of life of patients. In general, in all patients with PsA, pain and quality of life scores according to the VAS, HAQ and SF-36 questionnaires before hospital treatment were reduced compared to the control group ($p = 0.002$), especially before hospital treatment. As can be seen from table. 1, the average pain value according to VAS at the time of examination was 69.3 mm, the average value according to the HAQ questionnaire was 1.37; the average value on the SF 36 questionnaire is 34.6. After inpatient treatment, the mean values were 42.1, 0.72 and 38.7, respectively (Table).

Dynamics of quality of life indicators in patients with PsA

Table

		Indicators before treatment M (DI)	Indicators after treatment M (DI)
Pain assessment according to VAS		69.3 (57,6...71,2)	42,1 (40,1...45,2)
NAQ Questionnaire		1.37 (1,2...1,43)	0,72 (0,65...0,78)
SF 36 Questionnaire	PhCH	14,1 (13,8...14,2)	17,3 (16,8...17,5)
	PsCH	20,5 (19,5...21,2)	21,4 (20,5...22,4)

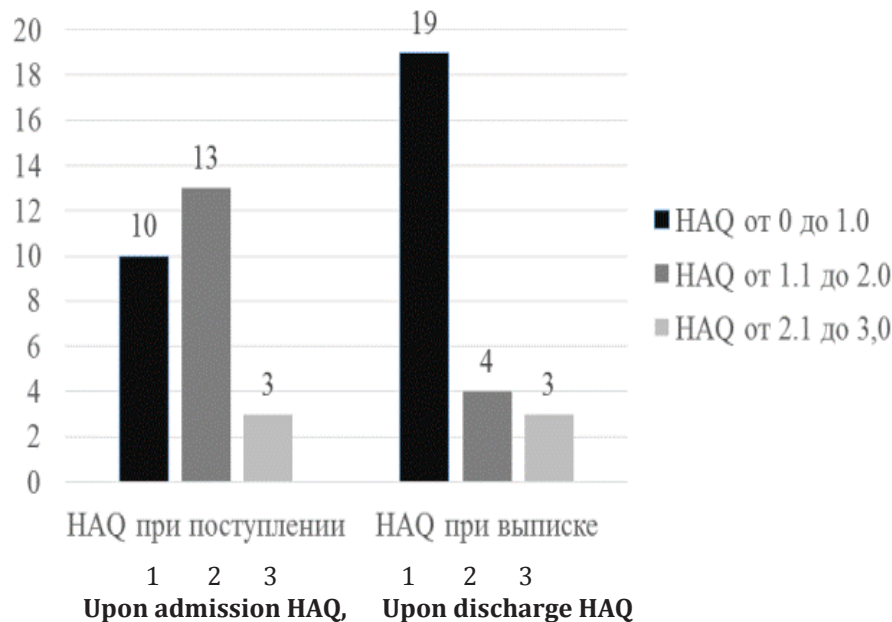
Note. M - mean value, CI - confidence interval.

An analysis of the SF-36 questionnaire scales showed that all indicators of quality of life in patients with PsA were significantly worse than in the control group, and a decrease in quality of life was also observed in those pa-

tients who did not receive basic therapy. Physical health indicators (FF, RFF, B, OZ) changed the most. RFF was reduced by 61.7%, B indicator by 42.5%, FF indicator by 66.3% compared to healthy individuals. In general, the

FCI in the group of patients with PsA was 27.9 ± 1.16 , and in the control group – 51.4 ± 1.44 ($p < 0.001$). Among the QoL indicators characterizing psychological health (F, SF, REF, PZ), REF was reduced to the greatest extent - by 54.2% and F - by 43.6%. In general, PCV in the group of patients with PsA was 36.8 ± 1.74 compared to the control group – 47.2 ± 1.96 ($p = 0.002$).

10 patients had HAQ values from 0 to 1.0 at the time of admission (minimal decrease in quality of life, all receiving basic therapy); from 1.1 to 2.0 – 13 patients (moderate decrease in quality of life, of which 9 people receive basic therapy); from 2.1 to 3.0 – 3 patients (maximum decrease in quality of life, did not receive basic drugs). 19 patients had HAQ values before discharge from 0 to 1.0 (of which 16 are receiving basic therapy); from 1.1 to 2.0 - 4 patients (receiving basic therapy); from 2.1 to 3.0 – 3 patients not receiving basic drugs (Figure.).



1. HAQ from 0 to 1.0, 2. HAQ from 1.1 to 2.0, 3. HAQ from 2.1 to 3.0,

Conclusions

1. As a result of the study, it was revealed that the initial parameters of quality of life according to the VAS, HAG, SF-36 questionnaires were reduced in all patients with PsA upon admission to hospital treatment. However, a more pronounced decrease was observed in patients not receiving basic drugs.

2. It was also found that quality of life indicators on all scales of the SF-36 questionnaire in patients with PsA were significantly lower than in the control group. Parameters characterizing the physical state of health in these patients decreased to a greater extent than the values of the psychological state of health.

3. It was also found that patients with psoriatic arthritis who do not receive basic therapy have lower quality of life scores than patients taking basic medications.

4. Basic therapy leads to a more significant improvement in the quality of life of patients with PsA than the use of non-steroidal anti-inflammatory drugs.

References

1. Корсакова Ю.Л., Денисов Л.Н. Эффективность и безопасность нового препарата для лечения псориаза и псориатического артрита – апремиласта // Науч.-практ. ревматол. – 2016. – Т. 54, №5. – С. 572-578.
2. Филимонова О.Г., Симонова О.В. Качество жизни и психоэмоциональный статус больных псориатическим артритом // Науч.-практ. ревматол. – 2019. – №3. – Р. 25-28.
3. Чамурлиева М.Н., Логинова Е.Ю., Коротаева Т.В. Выявляемость псориатического артрита у больных псориазом в дерматологической клинике // Соврем. ревматол. – 2016. – Т. 10, №4. – С. 47-50.

4. Braun J. Therapy of spondylarthritis // Adv. Exp. Med. Biol. – 2019. – Vol. 649.

5. Eder L., Haddad A., Rosen C.F. et al. The incidence and risk factors for psoriatic arthritis in patients with psoriasis: a prospective cohort study // Arthritis Rheum. – 2016. – Vol. 68. – P. 915-923.

QUALITY OF LIFE IN PATIENTS WITH PSORIATIC ARTHRITIS DEPENDING ON THE THERAPY RECEIVED

Khaitimbetov J.Sh., Khudaybergenova D.Kh.

Objective: To assess the quality of life of patients with psoriatic arthritis (PsA) depending on the prescribed basic therapy. **Material and methods:** 26 patients (15 (57.7%) women and 11 (42.3%) men, average age 49.2 ± 2.8 years) with severe PsA (CASPAR, 2006) and 20 practically healthy individuals (75% women, 25% men). The duration of articular syndrome varied from 2 months to 30 years (7.3 ± 1.6), the duration of skin psoriasis - from 6 months to 57 years (15.2 ± 2.9). **Results:** Upon admission to hospital treatment, quality of life indicators according to VAS, HAG, SF-36 were reduced in all patients, but a more pronounced decrease was observed in patients who did not receive basic drugs. Indicators characterizing the physical state of health in patients decreased to a greater extent than the indicator of psychological well-being. **Conclusions:** Basic therapy leads to a more significant improvement in the quality of life of patients with PsA than the use of non-steroidal anti-inflammatory drugs.

Key words: psoriatic arthritis, quality of life, spondylarthritis, articular syndrome, psycho-emotional state.