

ISSN : 2746-8402

Indexed by:

ROAD



zenodo

INTERNATIONAL VIRTUAL CONFERENCE ON

LANGUAGE AND LITERATURE PROCEEDING

Publisher: Malang, Politeknik Negeri Malang
Medium: Online
Country: Indonesia



Editorial Team

Dr. Oro Cabanas

Available at <http://ivicollpolinema.com/index.php/ll>

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International Virtual Conference on Language and Literature Proceeding.

Conference form: correspondence Internet conference.

Working languages: Indonesian, Russian, Uzbek, and English.

Indexed Google scholar, Zenodo

Part 1 <https://doi.org/10.5281/zenodo.6992044>

Indonesia 2022

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Quality of life in women with gouty arthritis in combination with metabolic syndrome

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Introduction. Gouty arthritis in some way is characterized by a pronounced pain syndrome, clear signs of inflammation, which leads to dysfunction of the joints and negatively affects the quality of life. Also, a decrease in quality-of-life indicators is facilitated by an increase in body mass index in patients with abdominal obesity and the presence of various components of the metabolic syndrome. An increase in the duration of the existence of individual components of the metabolic syndrome and their progression leads to a decrease in such indicators as physical activity, emotional state, general and psychological health. It is possible that a combination of articular pathology and metabolic syndrome will lead to a more pronounced decrease in the quality of life.

Purpose of the study. To establish the influence of the metabolic syndrome on the quality of life of patients with gouty arthritis in women.

Materials and methods. The study included 20 women with significant gouty arthritis (recommendations ACR / EULAR, 2015): group 1 - 10 women with gout without signs of metabolic syndrome, group 2 included female patients with gouty arthritis, with symptoms metabolic syndrome. The mean age of the patients was 61 years. The average duration of the disease was 7.3 ± 4.6 years. Family history was traced in 16 women. QoL was assessed using the Medical Outcomes Study Short Form (SF-36) questionnaire, which includes 36 questions reflecting 8 concepts (scales) of health. The physical component of health (PHC) includes the first 4 scales: physical functioning (FF), role physical functioning (RFF), pain intensity (B) and general health (OH). The psychological component of health (PKH) combines the following 4 scales: resilience (W), social functioning (SF), role emotional functioning (REF) and mental health (Ph). The indicators for each category of QOL were assessed on a 100-point scale.

Results and discussions. All patients were treated in the department of rheumatology and cardio-rheumatology of the multidisciplinary clinic of the Tashkent Medical Academy. The debut of gouty arthritis was observed at an average of 41.2 ± 5 years. In 10 (50%) patients, the tophi form was diagnosed, 10 (50%) did not have tophi. At the time of the initial examination, hypouricemic therapy - allopurinol was received by 15 (75%) patients at a dose of 100-300 mg per day. In patients with isolated gout, the waist in women is 92.1 cm. In the 2nd group, the average waist in women was 90 cm. In the 1st group, 10 (50%) patients had obesity of the 1st degree; - 5 (25%) patients, 1 (5%) patient were diagnosed with stage III obesity, 10 (50%) patients were overweight; in the 2nd group: 75% (15 patients) were overweight, obesity I st. had 5% (1 patient), obesity II st. - 25% (5 patients), obesity III st. - 25% (5 patients). Body weight in patients of the 2nd group was 98.0 kg; in the group of patients with no signs of metabolic syndrome - 89.0 kg. Among the criteria of the metabolic syndrome, in addition to abdominal obesity, in the 2nd group the most common were: arterial hypertension, hypertriglyceridemia, impaired carbohydrate metabolism. The level of uric acid in the blood serum of patients of the 1st group varied from 242.5 to 557.9 $\mu\text{mol/l}$, in the 2nd group: 402.3-586.5 $\mu\text{mol/l}$. The average level of glycemia on an empty stomach in the 1st group: 5.1 ± 1.2 mmol/l, in patients with signs of the metabolic syndrome 9.5 ± 1.8 mmol/l. 3 patients had type 2 diabetes mellitus, 17 had impaired glucose tolerance (IGT), 14 patients had impaired fasting glycemia. The average level of glycosylated hemoglobin was $8.5 \pm 0.7\%$. The average level of alanine transaminase in patients with metabolic syndrome was 72.2 ± 3 U/l, aspartic aminotransaminase - 63.8 ± 6 U/l. 16 women had signs of steatosis, 10 (50%) female patients had steatohepatitis. A slight increase in serum creatinine (115-130 $\mu\text{mol/l}$) was observed in: 10 (50%) patients in the 1st group, 5 (25%) patients in the 2nd group; 5 with isolated gout (25%). The study revealed a slight decrease in glomerular filtration rate (GFR) according to the CKD-EPI formula in the 1st group - 81.2 ml/min/1.73 m², in the 2nd group a moderate decrease in GFR - 63.01 ml/min/1.73 m². The average level of arterial pressure in the 1st group was $135 \pm 10 / 80 \pm 5$ mm hg. art., in patients in the 2nd group -

160+10/85+5 mm Hg. Art. In the 1st group arterial hypertension of the 1st degree was diagnosed in 10 (50%) patients, arterial hypertension of the 2nd degree was diagnosed in 10 people. The presence of pain and metabolic syndrome had a negative impact on all parameters of the quality of life of patients. From the analysis of the scales of the SF-36 questionnaire, there is a tendency to a decrease in the quality-of-life indicators in patients with gout who have signs of the metabolic syndrome. Indicators of psychological health changed to a greater extent ($p=0.001$).

Conclusions. Thus, as a result of the study, it was found that the QoL parameters according to the SF-36 questionnaires were reduced both in patients with gouty arthritis with signs of the metabolic syndrome and without MS. But in the MS group, these changes were more pronounced.

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