

ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

2023 №5

2011 йилдан чиқа бошлаган

TOSHKENT TIBBIYOT AKADEMIYASI
AXBOROTNOMASI



ВЕСТНИК
ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ

Тошкент

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ОЦЕНКА КЛИНИЧЕСКИХ ОСОБЕННОСТЕЙ ПОДАГРЫ У БОЛЬНЫХ ЖЕНСКОГО ПОЛА

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Abstract: To assess the clinical features of gout in female patients. The study included 40 patients with gout (20 men and 20 women), examined in 2022 in the department of rheumatology and cardio-rheumatology of the multidisciplinary clinic of the Tashkent Medical Academy. The main group consisted of women, the comparison group - men. The average age of women was 61.7 ± 05.1 years, men - 59.9 ± 8.6 years, disease duration was 5.2 years for women and 6.1 years for men.

In the group of women, the median duration of the first attack of arthritis was 15 days, in the comparison group - 9 days ($p=0.001$). Chronic arthritis was in 70.1% of women and 29.9% of men ($p<0.0001$), its formation in women was faster. The median number of joints affected during the disease was 15 in women and 8 in men ($p=0.0002$). Tophi in women formed earlier than in men (median duration of the disease before their occurrence was 3.5 and 5 years, respectively; $p=0.0002$), their number was higher (median 6 and 3, respectively; $p=0.002$). Women were more likely than men to have type 2 diabetes mellitus (DM) ($p=0.02$), chronic kidney disease ($p<0.0001$), higher serum cholesterol levels ($p=0.02$). Women more often than men took diuretics (61% versus 19%; $p<0.0001$), but less often consumed alcoholic beverages (63 and 31%, respectively; $p<0.0001$; 30 and 7%; $p<0.0001$). In women, gout is more severe; they are more likely than men to have type 2 diabetes, chronic kidney disease, higher cholesterol levels; Women are more likely than men to take diuretics and consume less alcohol.

Keywords: gout; women; arthritis; tophi.

Xulosa: Tadqiqotga Toshkent tibbiyot akademiyasi ko'p tarmoqli klinikasi revmatologiya va kardio-revmatologiya bo'limida 2022-yilda tekshiruvdan o'tgan 40 nafar podagra (20 erkak va 20 ayol) bemor ishtirok etdi. Asosiy guruhni ayollar, taqqoslash guruhini erkaklar tashkil etdi. Ayollarning o'rtacha yoshi $61,7 \pm 05,1$ yoshni, erkaklarniki $59,9 \pm 8,6$ yoshni, ayollarda kasallikning davomiyligi 5,2 yoshni, erkaklarniki 6,1 yoshni tashkil etdi. Ayollar guruhida artritning birinchi xurujining o'rtacha davomiyligi 15 kun, taqqoslash guruhida - 9 kun ($p=0,001$). Surunkali artrit ayollarning 70,1 foizida va erkaklarning 29,9 foizida ($p<0,0001$), ayollarda uning shakllanishi tezroq edi. Zararlangan bo'g'imlarning o'rtacha soni ayollarda 15 ta va erkaklarda 8 tani tashkil etdi ($p=0,0002$). Ayollarda tofi erkaklarnikiga qaraganda ertaroq shakllangan (kasallikning o'rtacha davomiyligi ular paydo bo'lishidan oldin mos ravishda 3,5 va 5 yil; $p=0,0002$), ularning soni yuqoriroq (mos ravishda o'rtacha 6 va 3; $p=0,002$). Ayollarda erkaklarnikiga qaraganda 2-toifa qandli diabet ($p=0,02$), surunkali buyrak kasalligi ($p<0,0001$), qon zardobidagi xolesterin darajasi ($p=0,02$) ko'proq bo'lgan. Ayollar erkaklarnikiga qaraganda diuretiklarni qabul qilish ehtimoli ko'proq (61% ga nisbatan 19%; $p<0,0001$), lekin spirtli ichimliklarni kamroq ichishgan (mos ravishda 63% va 31%; $p<0,0001$; 30% va 7%; $p<0,0001$). Ayollarda podagra og'irroq kechadi; ular erkaklarga qaraganda 2-tip diabet, surunkali buyrak kasalligi, yuqori xolesterin bilan kasallanish ehtimoli ko'proq; Ayollar erkaklarga qaraganda ko'proq diuretiklarni qabul qilishadi va spirtli ichimliklarni kamroq ichishadi.

Kalit so'zlar: podagra; ayollar; artrit; tofus.

Introduction. There is evidence that in women the development of gout is more often preceded by the use of diuretics, they take alcohol less frequently and in smaller quantities [1–5]. According to L. Harrold et al., they were significantly more likely to have arterial hypertension (AH), dyslipidemia, coronary heart disease (CHD), peripheral vascular disease, type 2 diabetes mellitus (DM), renal pathology.

However, to date there is no consensus regarding the possible features of gout in women. The claim that gout is more severe in them than in men is based on only a few small studies [6-8], and some studies did not show any gender differences in the clinical picture.

The aim of this study was to evaluate the clinical features of gout in women.

Material and methods The study included 40 patients with gout (20 men and 20 women) examined in 2022 in the department of rheumatology and cardio-rheumatology of the multidisciplinary clinic of the Tashkent Medical Academy. The main group consisted of women, the comparison group - men. The average age of women was 61.7 ± 05.1 years, men - 59.9 ± 8.6 years, disease duration was 5.2 years for women and 6.1 years for men. All study participants signed an informed consent to participate in the study.

Inclusion criteria: a diagnosis of gout meeting the 1977 American College of Rheumatology (ACR) criteria, age over 18 years. In all patients, the diagnosis was confirmed by the detection of sodium monourate crystals

in the synovial fluid or in the contents of subcutaneous tophi using polarizing microscopy.

Clinical assessment included the characterization of arthritis, which was considered chronic for more than three months of its continuous course, an assessment of the frequency of gouty attacks in the calendar year preceding the study. The number of joints affected during the disease, the number of subcutaneous tophi and the number of swollen joints at the time of the study were counted.

Anthropometric parameters were assessed: height, body weight, body mass index (BMI) according to the Kettle formula (kg/m²), waist circumference (WC). Obesity was diagnosed according to the scheme recommended by the World Health Organization (WHO) in 1997. The diagnosis of hypertension and coronary artery disease was established in accordance with the criteria of the All-Russian Scientific Society of Cardiology (VNOK) of 2009. The diagnosis of type 2 diabetes was made in accordance with the WHO criteria. All patients were determined indicators of lipid metabolism. Clinical diagnosis of metabolic syndrome (MS) was based on the working criteria of experts from the US National Institutes of Health. Chronic kidney disease was defined as a decrease in glomerular filtration rate (GFR) <60 ml/min.

The amount of alcohol taken by patients was measured in conventional units (c.u.). For 1 u. e. 10 g of ethanol was taken. Statistical analysis was carried out using the Statistica 8.0 software package (StatSoft, Inc., USA) for descriptive statistics. The results are presented as mean values and standard deviations (M±SD) for quantitative traits with a normal distribution, in other cases - the median and interquartile interval. The Mann-Whitney test was used to compare two independent groups. Differences were considered significant at p<0.05.

Results In the group of women, the median duration of the first attack of arthritis was 15 days, in the comparison group - 9 days (p=0.001). Most often, the first attack of arthritis was characterized by a lesion of the I metatarsophalangeal joint (MPJ) in both men and women, but if in women - only in half of the cases (55%), then in men - in more than 2/3 of cases (75%; p=0.005). In women, compared with men, the onset of the disease was more often manifested by arthritis of the knee joint (p=0.01). The onset of the disease from the joints of the upper limbs in women was slightly more common than in men (respectively, 2.5 and 6.1% of cases, but these differences are not significant). The frequency of development of arthritis of other localization at the first attack had no gender differences. In 5 (25%) women, chronic arthritis developed initially, while among men, the frequency of chronic arthritis from the onset of gout was only 0.5% (p=0.005). Prolonged duration of the first attack of arthritis was also registered in women much more often than in men (p<0.00001).

The second attack of arthritis was characterized by the involvement of new joints in 50.2% of women and 27.3% of men (p=0.01). In women, it was most often the ankles (20.1%), in men - I PFS (10.2%). After the second

attack of arthritis, I PFS was already involved in 83% of men and only in 58.3% of women (p=0.005). The tendency to rapid involvement of the joints of the upper extremities in women persisted: after the second attack of arthritis, they were affected in 26% of women and 5.3% of men (p=0.02); interphalangeal joints of the hands - respectively in 12% of women and 2.2% of men (p=0.01). The median interval between the first and second attacks of arthritis was 5 months in women and 7 months in men (p=0.05).

Thus, gout in women more often occurred in the sixth decade of life; in addition to PFS I, at the onset of the disease, women often affected the knee, ankle and joints of the upper extremities. In women, the duration of the first attack of arthritis was longer than in men, and the onset of the disease was more often characterized by chronic arthritis. The mean values of the serum level of UA in the groups did not differ, amounting to 548.0±153.5 μmol/l in men and 486.2±75.6 μmol/l in women. Women were more likely than men to take allopurinol (30% and 16%, respectively; p=0.05). The median duration of treatment was 28 weeks for women and 18 weeks for men (p=0.2). Non-steroidal anti-inflammatory drugs were taken by 65% of women and 30% of men (p=0.05).

The median number of joints affected during the disease was 15 in women and 6 in men (p=0.0002). Most often during the years of illness in women, the ankle and I PPJ were involved (respectively, in 90.2 and 78.6% of patients).

In women, significantly more often than in men, the interphalangeal joints of the feet, ankle joints, shoulder joints, wrist joints, metacarpophalangeal, proximal interphalangeal joints of the hands and distal interphalangeal joints of the hands were affected: 55 and 28%, respectively (p=0.02); 91.2 and 83.3% (p=0.02); 30.5 and 18% (p=0.02); 58.0 and 37.2% (p<0.00001); 70.2 and 42.0% (p=0.01); 56 and 25.8% (p<0.001); 56.3 and 18.0% (p<0.00001). In men, more often than in women, 1 PFS was involved (respectively 96.3 and 78%; p=0.05). The frequency of involvement of other joints did not differ significantly.

Subcutaneous tophi were found in women and men with almost the same frequency (41.2 and 39.8% of cases, respectively), but their formation in women occurred much earlier than in men (median interval from the onset of the disease to the appearance of tophi, respectively, 2 and 5 years; p<0.001). The average number of subcutaneous tophi detected at the time of examination was also large in women: 5 tophi versus 2 tophi in men (p=0.005).

In women, tophi were most often detected in the area of small joints of the hands and feet, in men - in the area of large joints (knee, elbow, ankle, shoulder) (Table 1). In 72.3% of women with gout, the course of arthritis at the time of examination was chronic, in the remaining 27.7% it was recurrent. In men, chronic arthritis occurred in 42%, recurrent - in 58% of cases (p<0.0001). In women with chronic arthritis, its formation during the first 5 years from the onset of gout occurred in four out of five cases (82%), while in men it occurred in less than half of such cases (41.3%;

$p < 0.00001$). During the first year of illness, chronic arthritis developed in 35% of women and only in 6.5% of men ($p = 0.0002$).

In recurrent gout, the median frequency of arthritis attacks was 8 in 20 women and 5 per year in 20 men, but these differences were not statistically significant. At the same time, the duration of the last (prior to inclusion in the study) exacerbation in women was significantly longer than in men; $p = 0.005$.

Thus, in women, the disease is characterized by rapid, in comparison with men, the formation of chronic arthritis and subcutaneous tophi, the defeat of a greater number of joints.

Women with gout were significantly more likely than men to have type 2 diabetes, chronic kidney disease, and higher serum cholesterol (CH) and basal glucose levels (Table 2). Women more often than men took

diuretics and hypoglycemic drugs (61 and 19%, respectively, $p < 0.0001$; 20 and 5%, $p < 0.0001$). Men were more likely than women to drink alcoholic beverages, > 7 c.u. e. per week ($p < 0.0001$). In 15 (75%) women, menopause had already occurred at the time of inclusion in the study. In 10 (50%) of them, the development of menopause preceded the onset of gout.

Discussion To date, only a few studies have been published on the analysis of gender differences in gout [4,6]. They had in common a significantly higher average age of women with gout, which predetermined a higher frequency of detection of some risk factors for hyperuricemia, gout, and comorbid diseases in them. A feature of our work was the comparable mean age and age of gout onset in men and women included in the study.

Table 1.

Comparative characteristics of subcutaneous tophi in patients with gout

Compared parameter	Women (n=20)	Men (n=20)	p
Presence of tophi, n (%)	15 (75)	10 (50)	0,05
Number of tophi	8	5	0,005
Localization of tophi, n (%):			
Area of large joints	12	15	0,01
Area of small joints	3	4	0,01
Auricles	3,5	5	0,0001

Only in one study [8] the average age of onset of female joints, it should be stated that gouty gout in 18 women was comparable to that in men, they had a more severe course. According to these authors, it is detected

in gout in women more often than in men, but only in two of them, it was comparable with our results (52%) of the study, these differences were statistically significant.

Table 2.

Comparative clinical characteristics of women and men with gout

Compared parameter	Women (n=20)	Men (n=20)	p
Comorbid diseases and conditions, n (%): AH	16	14	0,02
myocardial infarction, stroke	3	9	0,06
Type 2 diabetes	18	10	0,02
chronic kidney disease (GFR <60 ml/min)	16	12	<0,0001
urolithiasis	14	12	0,5
MS	20	12	0,3
TG level ≥ 150 mg/dL	19	12	0,1
HDL-C <50 mg/dl in women <40 mg/dl in men	16	13	0,0001
SBP ≥ 135 mmHg Art. and/or DBP ≥ 85 mmHg Art.	13	10	0,02
glucose level ≥ 6.1 mmol/l	18	13	0,02
Anthropometric indicators: body weight, kg, M \pm SD	87,8 \pm 20,0	94,9 \pm 15,2	0,0052
BMI, kg/m ² , M \pm SD	29,7 \pm 7,9	30,4 \pm 4,3	<0,0001
obesity (BMI >30 kg/m ²), n (%)	17	13	0,70
Laboratory parameters: MK, μ mol/l, M \pm SD	521,0 \pm 172,1	491,6 \pm 112,6	0,12
glucose, mg/dl, M \pm SD	102,7 \pm 23,2	96,9 \pm 18,0	0,034
CS, mg/dL, M \pm SD	253,9 \pm 67,3	227,9 \pm 52,7	0,022
Creatinine, μ mol/l, Me	87,4	94,0	0,12
GFR, ml/min, Me [25th; 75th percentile]	64,3 [42,0; 87,0]	113,0 [83,3; 140,0]	<0,0001

Note. TG - triglycerides, HDL cholesterol - high-density lipoprotein cholesterol, SBP - systolic blood pressure, DBP - diastolic blood pressure.

In summary, it should be noted that gout in women is more severe than in men, is characterized by the rapid development of chronic arthritis and the formation of subcutaneous tophi, especially in the area of small joints of the hands and feet, the involvement of a large number of joints, a longer duration of arthritis attacks, frequent involvement of the joints of the upper extremities. Women with gout are more likely to have type 2 diabetes, chronic kidney disease, higher cholesterol levels, and they are more likely to take diuretics.

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ОЦЕНКА КЛИНИЧЕСКИХ ОСОБЕННОСТЕЙ ПОДАГРЫ У БОЛЬНЫХ ЖЕНСКОГО ПОЛА

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Резюме: В исследование включено 40 больных подагрой (20 мужчин и 20 женщин), обследованных в 2022 году в отделении ревматологии и кардиоревматологии многопрофильной клиники Ташкентской медицинской академии. Основную группу составили женщины, группу сравнения - мужчины. Средний возраст женщин составил $61,7 \pm 0,5,1$ года, мужчин - $59,9 \pm 8,6$ года, длительность заболевания у женщин - 5,2 года, у мужчин - 6,1 года. В группе женщин медиана продолжительности первого приступа артрита составила 15 дней, в группе сравнения - 9 дней ($p=0,001$). Хронический артрит был у 70,1% женщин и 29,9% мужчин ($p<0,0001$), его формирование у женщин происходило быстрее. Медиана числа пораженных при заболевании суставов составила 15 у женщин и 8 у мужчин ($p=0,0002$). Тофусы у женщин формировались раньше, чем у мужчин (медиана длительности заболевания до их возникновения 3,5 и 5 лет соответственно; $p=0,0002$), их количество было выше (медиана 6 и 3 соответственно; $p=0,002$). У женщин чаще, чем у мужчин, встречались сахарный диабет (СД) 2-го типа ($p=0,02$), хроническая болезнь почек ($p<0,0001$), более высокий уровень холестерина в сыворотке крови ($p=0,02$). Женщины чаще, чем мужчины, принимали диуретики (61% против 19%; $p<0,0001$), но реже употребляли алкогольные напитки (63 и 31% соответственно; $p<0,0001$; 30 и 7%; $p<0,0001$). У женщин подагра протекает тяжелее; они чаще, чем мужчины, страдают сахарным диабетом 2 типа, хронической болезнью почек, повышенным уровнем холестерина; Женщины чаще, чем мужчины, принимают диуретики и меньше употребляют алкоголь.

Ключевые слова: подагра; женщины; артрит; тофусы.

