



RHEUMATOID ARTHRITIS — ETIOLOGY, CLINICS, CLASSIFICATION,
DIAGNOSIS AND TREATMENT METHODS

To'laganova Nigora

Sa'dullayeva Dilfuza

Teachers of the Technical College of Public Health named after Abu Ali ibn Sino

Abstract: *Rheumatoid arthritis is a systemic disease of connective tissues of the type of erosive-destructive polyarthritis of uncertain etiology with complex autoimmune pathogenesis, which mainly involves damage to small joints.*

About rheumatoid arthritis

The name of the disease is derived from the ancient Greek language, rheûma - flow, the suffix - like, similar, árthron - joint and the suffix -it (Greek - itis) gives the meaning of inflammation.

Today, the causes of the development of the disease are unknown. Indirect data: an increase in the number of leukocytes in the blood and the erythrocyte sedimentation rate (ESR) indicates that the process is of an infectious nature. It is assumed that the disease develops as a result of an infection that causes a violation of the immune system in individuals with a genetic predisposition; in this, immune complexes (consisting of antibodies, viruses, etc.) are formed, which are stored in the tissues and cause damage to the joints. But the ineffectiveness of treatment of rheumatoid arthritis with antibiotics, perhaps, indicates that this assumption is incorrect.

The disease is characterized by high disability (70%) that occurs very early. The main causes of death due to the disease are infectious complications and kidney failure.

Rheumatoid arthritis treatment is mainly aimed at relieving pain, slowing down the progression of the disease, and restoring damaged tissues with the help of surgical intervention. If the disease is detected early with the help of modern tools, the damage it can cause to joints and other tissues is significantly reduced.

The disease manifests itself for the first time during severe physical stress, emotional shock, fatigue, hormonal adjustment, as a result of the influence of unpleasant factors or infection.

EPIDEMIOLOGY

Rheumatoid arthritis is widespread throughout the world and affects all ethnic groups. The prevalence is 0.5-1% (up to 5% in the elderly). Every year, 5-50 people out of 100,000 people get the disease. In 2010, about 49,000 people died from rheumatoid arthritis.

The average age at which the disease begins is 40-50 years for women, and a little more for men. Women are affected by this disease 3-5 times more often than men.

ETIOLOGY

As in most autoimmune diseases, three main factors (rheumatological triad) can be identified in the development of rheumatoid arthritis:

1. Genetic (hereditary) predisposition



Hereditary predisposition to autoimmune reactions.

A specific antigen of MHC class II: HLA-DRI, DR4 is observed more often in carriers

2. Infectious factor: Hypothetical triggers of rheumatic diseases

Paramyxoviruses - mumps, measles, respiratory syncytial infections, viruses;

Hepatoviruses — hepatitis B virus;

Herpesviruses are simple herpes viruses, ringworm, cytomegalovirus;

Epstein-Barr virus;

Retroviruses are T-lymph tropic viruses.

3. Initiating factors

Hypothermia, hyper insolation, poisoning, mutagenic drugs, endocrinopathies, stress, etc.

In women, the duration of breastfeeding reduces the likelihood of developing rheumatoid arthritis. Breastfeeding for 24 months or longer halves the risk of developing RA.

SYMPTOMS

Rheumatoid arthritis can start in any joint, but it most often starts in the small joints of the fingers, hands, and wrists. Usually, joint damage is symmetrical, that is, if a joint on the right hand hurts, then the same joint on the left should also hurt. The more joints are damaged, the more advanced the stage of the disease.

Other common symptoms include:

Fatigue, asthenovegetative syndrome;

Limited movement in the morning. Usually, the longer the limitation lasts, the more active the disease.

Weakness;

Flu-like symptoms, including a slight fever;

Pain when sitting for a long time;

Flares of the disease accompanied by remission;

Muscle pain;

Loss of appetite, depression, weight loss, anemia, sweating and/or tingling of palms and feet;

Malfuction of the salivary and lacrimal glands, resulting in their deficiency, is observed.

REFERENCES:

1. M.F.Ziyayeva. Z.O.Rizayeva. “Bolalarda hamshiralik parvarishi”. Toshkent, “Fan va texnologiya” 2012 yil.

2. X.N Fayziyev. « Сестринский уход за детьми » Toshkent, «Ilm ziyo» nashriyoti, 2008 yil

3. K.S Inomov. «Pediatriyada hamshiralik ishi» Toshkent, 2007 yil

4. www.ziyonet.uz

5. <https://mymedic.uz/>