

**Introduction:** Among the rheumatic diseases osteoarthritis ranks first in the world and is the second spread ailment after ischemic heart disease and cerebrovascular disease in Europe (Kovalenko V. M., 2009). The gradual development of osteoporosis and its invisible clinical signs lead to disease progression and severe consequences. Involutive and pathological changes in cartilage and bone tissue lead to the development of osteoarthritis and osteoporosis which are interconnected, inter-processes and progress with age and are parallel.

**Aims:** The purpose of the work was to stress the impact of osteoarthritis duration on the bone mineral density. To achieve this goal, we examined 87 patients with primary osteoarthritis (OA), aged from 35 to 76 year ( $57,28 \pm 2,2$  year), where women predominate.

results. The average duration of osteoarthritis was ( $7,56 \pm 1,02$  year). Osteopenic syndrome was diagnosed in 41,38% ( $n = 36$ ) patients, among which 11 patients were diagnosed with primary osteoporosis.

**Results:** Study of osteoarthritis disease duration influences basic densitometric parameters of the bone showing reliable differences between groups of patients with disease duration below 5 years and over 10 years.

Bone mineral density decreases consequently with increasing of osteoarthritis disease duration, in the group with duration of OA over 10 years it is ( $0,826 \pm 0,04$ ) g/cm<sup>2</sup>, which is 14,32% less than in the group with duration of disease below 5 years and by 10,02% less than in the group with disease duration from 5 to 10 years.

Indicator Young - Adult was less in patients with disease duration more than 10 years - ( $70,33 \pm 3,38$ )%, which is 13,30% less than in patients with disease duration below 5 years and 7.43% percent less than in patients with disease duration from 5 to 10 years.

The percentage patient's BMD deviation from the average population rate is the lowest in patients with a osteoarthritis duration more than 10 years and is ( $75,67 \pm 4,98$ %), which is 13,58% less than in the group with duration of the disease of «1 - 5 years» and by 11,37% less than in the group with the duration of disease of «5 -10 years.»

**Conclusion:** Summarizing we can say that the degree of bone demineralization increases consequently with duration of OA disease.

## TEST-RETEST RELIABILITY OF PATIENTS GLOBAL ASSESSMENT, PHYSICIAN GLOBAL ASSESSMENT AND WOMAC INDEX IN KNEE OSTEOARTHRITIS

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**Introduction:** In osteoarthritis pain and physical function are the main outcome measures, and self-report questionnaires are the preferent assessment method. This is evidence suggesting that self-reports of physical function represents what people experience while performing activities rather than their ability to perform activities.

**Objective:** To study reliability characteristics for global assessments and compared test reliability of both PGA, MDGA vs. WOMAC in knee osteoarthritis.

**Methods:** Patients that were at least 40 years old and had experienced clinical symptoms of OA in the knee at least 3 months before inclusion into study were eligible for inclusion in this trial. All patients were required to fulfill the American College of Rheumatology classification criteria for OA in the knee. The

Patient Global Assessment (PGA) asked a patient to rate on the scale how they feel overall. The Physician Global Assessment (MDGA) is a similar item completed by the assessing physician. Both these measures were incorporated into other indices. To assess patient pain we used the Western Ontario and McMaster Universities Index; The WOMAC contains five pain, two stiffness, and 17 physical function items, and is available in five-point Likert (LK) and 100-mm visual analogue (VA).

**Results:** We examined 53 patients with OA of 50 years old. Patients completed the PGA, visual analog scale for pain (VAS Pain), VAS Fatigue, VAS Sleep and PGA. Physicians completed the MDGA at the time of the patient's appointment day. Test results were assessed using interclass correlations (ICC). "Substantial" reliability was between 0.69-0.79 and "almost perfect" > 0.80. As endpoint, physical function and the patient's global assessment were evaluated at baseline and at the 8 week. The Western Ontario and McMaster Universities (WOMAC) Osteoarthritis Index was used to assess physical function and pain. This study was conducted according to the principles of the Declaration of Helsinki (1996) and good clinical practice.

In the study participated three rheumatologists and 53 patients. Test reliability was 0.702 for PGA, 0.961 for MDGA, and 0.897 for WOMAC; VAS results were 0.742 for Pain, 0.741 for Fatigue, and 0.800 for Sleep. The correlation between PGA and MDGA was -0.172. The WOMAC measured pain in 50%, stiffness in 42.7% and physical function in 53.9%.

**Conclusion:** The patients with osteoarthritis had relatively low physical function and knee pain. The Patient Global Assessment, Physician Global Assessment, WOMAC index, and VAS Pain, VAS Fatigue, and VAS Sleep all showed good to excellent test-retest reliability in OA after hospitalization. MDGA was more reliable than PGA. The correlation between PGA and MDGA was low.

**Key words:** Osteoarthritis, WOMAC, PGA.

## REVIEW OF ACTUAL TREATMENT OF RHEUMATOID ARTHRITIS IN MOLDOVA

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**Introduction:** Rheumatoid Arthritis (RA) is an autoimmune disease that affects about 21 million people worldwide (0.6-1.3%). In Moldova, RA prevalence is of 1% among adult population, meaning 35000 cases. Untreated it leads to joint destruction with following deformity and disability. In the last 25 years, a better understanding of RA immunopathogenesis, along with expanding technology, has led to significant advances in drug development. Beginning with the wider use of methotrexate in rheumatology in the 1980's, improved disease management has resulted in improved functional outcomes, decreased need for surgical intervention and growing use of disease-modifying antirheumatic drug (DMARD). The next great advance began in 1998 with the introduction of biologic agents targeting the pro-inflammatory cytokines, which have enabled the application of an etiopathogenic therapy.

**Objectives and Purpose:** Our study aimed the reviewing of medication evidence currently used in RA patients from Moldova and detecting the percentage of patients treated with biologics.

**Materials and methods:** Data were extracted from 40 files of RA patients treated in the Rheumatology unit of the Clinical Hospital "Sfinta Treime", Chisinau city in the period January-July 2011.

**Results:** From 40 files of RA patients, 6 (15%) were men and 34 (85%) were women (male to female ratio 1:5). The mean age was 52.85 years, ranging from 20 to 75 years; 82.5% of patients were aged 45-70