

Materials and methods. The study included a group of 150 patients diagnosed with RA, treated with biological agents (anti-TNF α , tocilizumab, rituximab), within the Republican Clinical Hospital. Patients were evaluated initially and during treatment at regular intervals, monitoring clinical (DAS28, pain, mobility) and laboratory parameters (ESR, CRP, PLR).

Results. Biological treatment resulted in a significant decrease in inflammatory indices: ESR ($p < 0.01$), CRP ($p < 0.01$), NLR (from median 3.12 to 2.01, $p < 0.001$) and PLR (from 180.5 to 135.7, $p < 0.005$). The reduction of these markers correlated with improvement in DAS28 score, especially in the first 3–6 months of treatment. The most marked changes were observed in patients treated with tocilizumab and TNF α inhibitors. Significant correlations were identified between NLR and disease activity ($r = 0.79$, $p < 0.01$), and PLR proved useful in assessing chronic progression ($r = 0.65$, $p < 0.05$). Patients also reported a substantial reduction in pain.

Conclusion(s). Biological treatment in RA effectively reduces systemic inflammation, shown by decreased inflammatory markers and improved disease activity. NLR and PLR indices are useful, accessible biomarkers to monitor therapy effectiveness and disease progression, supporting personalized treatment plans.

Keywords: rheumatoid arthritis, biological treatment, inflammation

CONSERVATIVE TREATMENT OF OSTEOARTHRITIS – A MODERN ANALYSIS FROM THE PERSPECTIVE OF INTERNATIONAL CLINICAL GUIDELINES

Alexandr Basistii¹, Elena Pulucciu², Alexandru Bețîșor¹

¹Catedra de ortopedie și traumatologie, Facultatea de Medicină nr.1, USMF “Nicolae Testemițanu”, Republica Moldova

²Disciplina de reumatologie și nefrologie, Facultatea de Medicină nr.1, USMF “Nicolae Testemițanu”, Republica Moldova

Background. Osteoarthritis is the most common degenerative joint disease, affecting elderly individuals and negatively impacting mobility and daily function. Conservative treatment aims to relieve symptoms, maintain joint function, slow disease progression, prevent complications, and improve quality of life.

Objective(s). To evaluate modern conservative treatment approaches for osteoarthritis based on disease stage, in line with international and national clinical guidelines, with emphasis on evidence-based methods.

Materials and methods. A review of updated clinical guidelines: EULAR (2019), OARSI (2020), and the National Clinical Protocol for Osteoarthritis (2018), enabled the detailed analysis of modern conservative treatment strategies. Kellgren-Lawrence radiological classification, WOMAC, VAS, and the 6-minute walk test were used for functional evaluation.

Results. Stages I–II (early): focus on progression prevention through physical exercise, weight reduction, orthoses, paracetamol (max 3g/24h), topical anti-inflammatory drugs, chondroprotectors (min 6 months), and intra-articular hyaluronic acid injections (<65 years, without synovitis). Stage III (intermediate): systemic NSAIDs (meloxicam), intra-articular corticosteroid injections, continuation of adapted exercise programs, cane support, and physiotherapy. Stage IV (advanced): pain control with NSAIDs/opioids, intra-articular platelet-rich plasma or corticosteroids, psychological support, orthopedic devices, and preparation for joint arthroplasty.

Conclusion(s). Conservative treatment of osteoarthritis requires an individualized approach based on disease stage and combining pharmacological and non-pharmacological methods. Adapting guidelines to each patient and ensuring active involvement improves treatment effectiveness and quality of life.

Keywords: osteoarthritis, personalized management, conservative treatment