

RHEUMATOID ARTHRITIS AND OBESITY - CLINICAL RELEVANCE.

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Introduction

Rheumatoid Arthritis(RA) is a chronic, autoimmune disease. It affects synovial joints, producing symmetrical arthritis and it leads to damage and deformity. The obesity is a significant risk factor for the development of RA.



Figure 1. Etio-pathogenic factors and disease evolution in rheumatoid arthritis.(Mohammed, Reem. 2020).

Keywords Rheumatoid Arthritis, obesity, Aged, Body Mass Index.

Purpose The goal is to determine the impact of obesity in evolution of RA

Material and methods

Through the PubMed, NCBI, NIH databases Jrheum and ScienceDirect et al. 50 publications were selected on the subject.

Results

It appears that obesity seems to affect several aspects of the life of RA patients. Obese individuals are an increased risk of developing RA. The accumulation of white adipose

tissue contributes to given that this tissue secretes adipokines, leptin, adiponectin, resistin, and visfatin, all of which may be involved in immunity and inflammation. Obesity in RA has been associated with an increased risk of mortality ,cardiovascular comorbidity, total joint replacement, work disability, high medical costs, and impaired quality of life. There are less likely response to anti-tumor necrosis factor α agents (anti-TNFs), is associated with a decreased likelihood of reaching remission in RA patients treated with anti-TNFs, decreased treatment response to combination therapy with synthetic disease modifying anti-rheumatic drugs. Patients, who are extremely obese experienced a more rapid decline in function, as well as more rapidly progressing disability and pain, however, greater weight loss in persons with RA who were already underweight was linked to increasing disability, possibly due to age-related fragility.

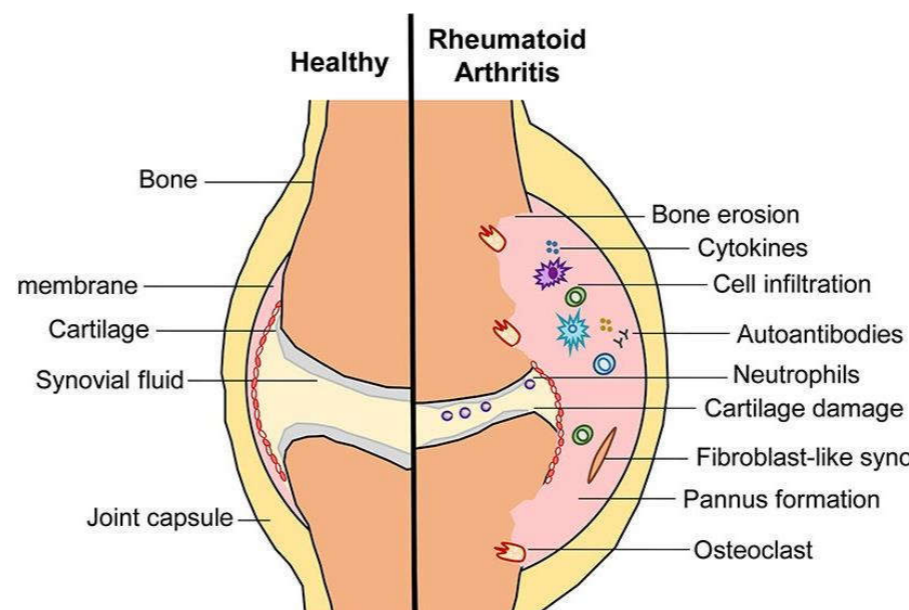


Figure 2 Pathological changes in a rheumatoid arthritis joint. (Unterberger S, Davies KA, Rambhatla SB, Sacre S. Contribution of Toll-Like Receptors and the NLRP3 Inflammasome in Rheumatoid Arthritis Pathophysiology.)

Conclusions

Obesity could explain 52% of the recent rise in incidence of RA. Obese patients with RA are less likely to respond to different combination therapy.