МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ ДЕПАРТАМЕНТ ОХОРОНИ ЗДОРОВ'Я ЧЕРНІВЕЦЬКОЇ ОБЛАСНОЇ ДЕРЖАВНОЇ АДМІНІСТРАЦІЇ

ГРОМАДСЬКА ОРГАНІЗАЦІЯ «АСОЦІАЦІЯ ТЕРАПЕВТІВ БУКОВИНИ»



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THE RISK OF DEVELOPING GASTROPATHY IN ELDERLY PATIENTS IN THE TREATMENT OF OSTEOARTHRITIS

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ACTUALITY OF THEME

- The incidence of erosions and ulcers in patients receiving NSAIDs is 10-30%, which is significantly higher than the average frequency of this pathology in the population of people not taking NSAIDs.
- Old age is the most significant risk factor. In the process of aging, the risk increases linearly by 4% each year.
- The frequency of gastropathies in elderly patients taking NSAIDs exceeds the frequency of erosions and ulcers in patients with gastroenterological profile.
- The elderly have a tendency not only to the rapid onset (within the first 30 days) of NSAID gastropathy, but also to the rapid development of its complications bleeding and perforation.

THE AIM OF THE STUDY

• To identify the effect of various drugs from the group of NSAIDs on the upper gastrointestinal tract (GI tract) in the elderly and senile in the treatment of osteoarthritis in the first month of treatment.





MATERIAL METHODS OF RESEARCH

- The 39 patients, aged 65 to 79 years with osteoarthritis
- The patients had no history of gastrointestinal pathology as well as no clinical and endoscopic data indicating pathology of the upper gastrointestinal tract at the time of examination.

All patients were divided into three groups:

group 1 - 12 patients receiving non-selective COX-2 inhibitor diclofenac

group 2 - 14 patients receiving selective COX-2 inhibitor movalis group 3 - 13 patients who did not receive NSAIDs in treatment regimens.

The treatment lasted for 1 month.

All patients underwent gastroduodenofibroscopy before after treatment, and all were consulted by a gastroenterologist.





THE RESULTS OF THE STUDY

- In patients of group 3 in 30.7% of cases at the end of treatment were found changes in the gastric mucosa, which are not associated with NSAIDs and clinically manifested by nothing.
- In the 1st group, NSAIDs caused inflammatory, erosive and ulcerative changes in the mucous membrane of the stomach and duodenum in all patients, in the 2nd in 71.4% of patients.
- Signs of bleeding from ulcerative defects were found in 5 patients receiving diclofenac.



- *Basic drug therapy in elderly and senile patients with osteoarthritis can lead to damage to the mucous membrane of the gastroduodenal area, which is often asymptomatic.
- * The appointment of NSAIDs in this category of patients, even selectively and with short-term use, increases the risk of gastro- and duodenopathy and requires the simultaneous appointment of drugs with cytoprotective action.