

RESULTS AND PROSPECTS FOR RESEARCH ON COMPLIANCE STUDIES IN RHEUMATIC DISEASES

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ABSTRACT

Article discusses about results and prospects for research on compliance studies in rheumatic diseases.

Keywords: results, prospects, research, compliance, studies, rheumatic, diseases.

INTRODUCTION

We will consider the information on compliance in rheumatological cases. Rheumatoid arthritis (RA) is the most common severe chronic inflammatory disease of the joints, the constant symptoms of which are constant excruciating pain, deformation, destruction and dysfunction of the affected joints, which significantly worsens the quality of life (QoL) of patients and leads to their social maladjustment. The unpredictability and variability of the course of RA forces rheumatologists to recognize the etiology of this disease as unknown or hypothetical. Researchers traditionally discuss two aspects of RA – psychosomatic (in terms of etiopathogenesis) and somatopsychic (in terms of consequences and complications of RA), however, in recent years, awareness of the multifactorial nature of the disease has increased, and complex interdisciplinary studies have emerged in which various specialists collaborate. The high prevalence of Osteoarthritis (OA) and its pronounced impact on the quality of life determine the medical and social significance of this disease. OA is among the significant medical problems with a pronounced impact on the economy of society, the health and quality of life of patients and their families. X-ray signs of OA are detected in 30% of men and women over 60 years of age, a third of them have symptoms of the disease. Knee OA causes disability in approximately 10% of people over 55 years of age, and the risk of disability due to OA is higher than the risk of disability due to cardiac disease.

According to WHO, osteoarthritis will soon become the fourth most important cause of disability among women and the eighth among men.

The main drugs in the treatment of RA are basic anti-inflammatory (remission-inducing) drugs (DMARDs). Severe progressive course and early disability of patients require the earliest possible administration of DMARDs in the most effective and tolerable doses. They have a direct impact on the pathogenetic mechanisms of the disease, and therefore their therapeutic effect develops no earlier than after 2-3 months. from the start of treatment and reaches a maximum after 6-8 months. continuous therapy.

The World Health Organization recognizes inadequate adherence to treatment as “an international problem of staggering magnitude”, noting that “adherence to long-term treatment for chronic diseases varies in the range of 50%.”

Over the past 20 years, the availability and effectiveness of drugs used for rheumatological diseases such as rheumatoid arthritis (RA), osteoarthritis (OA) and osteoporosis have

improved. This led to a decrease in the number of exacerbations and a slowdown in disease progression. To obtain the maximum benefit from the prescribed treatment, patients must follow the instructions prescribed to them. However, due to the fact that prescribed therapy regimens can be complex, and treatment must be continued for a long time, various violations of the regimen are possible. In the treatment of rheumatological diseases, low adherence to treatment is revealed, which leads to worsening treatment results. The reasons for loss of disease control are multifaceted and complex. One factor that may influence the final pharmacological outcome is treatment adherence. Adherence to treatment is currently defined as the degree to which drug intake complies with the doctor's recommendations.

Adherence to therapy plays a special role among elderly patients, who often have concomitant diseases and take several drugs at once. Lack of adherence to prescribed therapy may be accompanied by disease progression, increased exacerbations and lead to disability in patients. All this is subsequently accompanied by the prescription of additional drugs or an increase in the number of hospitalizations.

Non-adherence to treatment in the first 6 months of therapy is an important predictor of higher rheumatologic disease activity.

In rheumatological practice, it is necessary to achieve remission as soon as possible in order to avoid irreversible tissue damage and enter the so-called "window of opportunity." Non-compliance with treatment requires special attention especially in the first year of treatment. Rheumatologists should first be aware that poor adherence to therapy is an important factor to consider when treating patients and assessing the effectiveness of disease-modifying drugs (DMDs).

Shared decision-making (consensus) is considered an important overarching treatment principle that was added to the European League Against Rheumatism (EULAR) guidelines for the management of RA in 2010. This is an effective way to improve treatment adherence. In daily practice, the rheumatologist must build an open and trusting relationship with the patient, in which the treatment regimen can be openly discussed.

Literature data regarding the analysis of treatment adherence in patients with RA are contradictory. Thus, some studies show a connection between the severity and activity of RA and adherence to treatment, while others failed to establish it. In a study by G. Westhoff et al. (2007) age, gender, comorbidity and disease activity did not affect adherence to treatment with basic drugs for RA. In another paper, the authors concluded that adherence was influenced by age, level of education, psychological status, severity of illness, and corticosteroid use.

In RA, adherence to treatment is highly variable and usually suboptimal. However, data on adherence to BMDS vary from 30% (underuse) to 107% (overuse). Non-adherence to the treatment regimen for BMDS is associated with a deterioration in the clinical picture and an increase in disability, and high adherence is accompanied by a decrease in disease activity.

In a study by C.A. Waimann et al. A quantitative assessment of adherence to oral therapy was carried out in patients with RA from various ethnic groups and in low-income patients using electronic monitoring of drug intake (this system is designed to track adherence to treatment and is a cap that is installed on standard bottles of medications and records the time and date of each times when the bottle is opened and closed), and the clinical consequences of low adherence to therapy were studied. A 2-year prospective cohort study included 107 patients

with RA from three public outpatient rheumatology clinics in Houston, Texas. All study participants consented to electronic monitoring of oral RA drug therapy using a drug event monitoring system. Adherence to BMDM and prednisone was defined as the percentage of days (or weeks for methotrexate) that the patient took the correct dose as prescribed by the physician. The work assessed health, disease activity according to the DAS28 (Disease Activity Score) system, quality of life and radiological changes. Adherence to the treatment regimen was determined by the percentage of correct doses. The study found that adherence to treatment was 64% for BMLS and 70% for prednisolone. Patients with better mental health have been shown to be statistically more likely to adhere. Less than two-thirds of the prescribed doses of BMDS were taken correctly. Only 23 patients (21%) had an average adherence to BMDM $\geq 80\%$. At 2 years of follow-up, these patients had significantly better mean DAS28 scores than those who were less adherent (3.28 vs. 4.09; $p=0.02$). Radiographic findings were also worse in nonadherent patients.

In a study by A. Pasma et al. a decrease in adherence to treatment with BMDS was shown with increasing duration of treatment. Only when taking prednisolone there was no decrease in adherence. Non-adherence rates were highest for sulfasalazine. Adherence to sulfasalazine therapy decreased from 80% at 3 months to 53.8% at 12 months. Adherence to methotrexate decreased from 91.2% at 3 months to 69.3% at 12 months.

In a study by I. Contreras-Yáñez et al. It was shown that poor adherence to therapy in patients with RA is associated with taking more than 3 DMARDs (odds ratio (OR) 31.5; 95% confidence interval (CI): 2.3–433.3; $p=0.009$).

A study conducted by Akhunova R.R. et al. showed that only 65.6% of patients with RA were adherent to BMLS therapy. At the same time, those patients who took BMDS more than 80% of the time from the moment of their prescription were considered adherent to treatment. A decrease in adherence was observed with increasing duration of articular syndrome.

There is evidence that the presence of OA increases the risk of overall mortality by 1.6 times compared to the general population. In a study by R.J. Cleveland et al. indicated that addressing the functional limitations and pain seen in OA could potentially reduce the increased mortality observed in these individuals. The result of OA treatment depends on many factors (drug and non-drug treatment, level of education, body weight). The problem of low adherence is of particular importance in patients with OA when prescribing drugs with a delayed effect. In a retrospective study Yu.V. Polyakova et al. The state of the musculoskeletal system and the need for nonsteroidal anti-inflammatory drugs (NSAIDs) in patients with knee OA were assessed depending on the duration of the period of therapy with drugs based on avocado and soybean unsaponifiable compounds. It was shown that patients who completed only one course of therapy showed a marked deterioration in the functional state of the joints and an increase in the need for NSAIDs in comparison with those patients who used these drugs in various regimens (regular and course regimen) for five years. With OA, there is a decrease in adherence not only to drug therapy, but also to other methods of conservative treatment. According to Maksimov D.M., adherence to therapeutic exercises was only 37%. Poor long-term adherence to exercise therapy has demonstrated a negative impact on the therapeutic effect of this treatment modality.

Thus, we can conclude that despite the fact that the management of patients with RA should be carried out by rheumatologists, the role of the therapist in improving the immediate and long-term outcomes of this severe, potentially disabling disease is obvious. Individuals with rheumatoid arthritis, like individuals with other chronic diseases, often demonstrate poor adherence to their treatment regimens. Many factors have been identified that influence compliance, including various characteristics of diseases and therapeutic regimens, as well as demographic and sociobehavioral characteristics of patients.

REFERENCES

1. Hasanova, N., Karamyan, M., Mamatova, N., & Ilkhamova, D. (2020). Research methodology and its organization of motivational valuable characteristics of the relationship with treatment of patients with diabetes. *International Journal of Pharmaceutical Research*, 12(Suppl. ry 2), 1074-1077.
2. Хасанова, Н., & Дехконбоева, З. (2023). Motivational determinants of youth involvement in fitness practices. *Ўзбекистан-2030: наука, образование и экономика в развитии*, 1(1), 81-85.
3. Хасанова, Н. А. (2023). Davolanishga sodiqlik DGU 25002.
4. Хасанова, Н. А. (2023). Психологические исследования приверженности личности лечению. *Вестник интегративной психологии*, 1(1), 454-458.
5. Хасанова, Н. А. (2022). Qandli diabetda shaxsning kasallikka va davolanishga munosabatning xususiyatlari. *UzMU*, 1(1), 190-194.
6. KIZI, H. N. A., KARAMYAN, M. K., & MUKHTOROVNA, M. N. (2022). Methodology research motivational-value characteristics attitude to treatment in diabetics and its organization. *NeuroQuantology*, 20(9), 5812.
7. Хасанова, Н. А. (2021). Surunkali kasalliklar va ularning Asoratlarini davolashda xulq-atvorning Motivatsion-qadriyatli omillari. *Infeksiya immuniteti farmakologiya*, 1(5), 297-300.
8. Хасанова, Н. А. (2020). Shaxsning davolanishga munosabatining sotsiodemografik va tibbiy omillari. *Immunologiya*, 1(1), 75-78.
9. Хасанова, Н. А. (2017). Ibn Sinoning ta'lim jarayoni va axloqiy tarbiya haqidagi qarashlari. *The Significance of the Scientific and Cultural Heritage of Ibn Sino (Avicenna)*, 1(1), 195-196.
10. Elamanovna, D. M. (2021, March). Works and environmental education. *Archive of Conferences*, 17(1), 79-80.