Podagra kasalligida giperurikemiyani bartaraf qilishning medikamentoz va nomedikamentoz usullari

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Annotatsiya: Podagra kasalligini davolashdan asosiy maqsad giperurikemiyani bartaraf qilish bo'lib hisoblanadi, bunda SK miqdorining 450 mkmol/l va undan pasayishiga erishish, retsidivlar soni va davomiyligini kamaytiradi hamda tofuslar sonini kamayishiga samarali ta'sir ko'rsatadi. Bizning tekshiruvlarimizda bemorlarga dastlabki tekshiruvdan so'ng febuksostat dori vositasi davolash yoki SK miqdorini normallashtirish maqsadida buyurildi. Podagra kasalligi metabolik sindrom bilan birgalikda kechganda davolashning samaradorligini baholash uchun bemorlar 6 oydan so'ng qayta tekshiruvdan o'tkazildi. Davolash samaradorligi yil davomidagi retsidivlar soni, davomiyligi, SK miqdori hamda MS ning asosiy ko'rsatkichlari orqali baholandi. Barcha bemorlar 2 guruhga ajratildi: 1-guruhdagi bemorlarga febuksostat dori vositasi qabul qilgan bemorlar kiritildi. 2- guruhdagi bemorlarga allopurinol dori vositasi qabul qilgan bemorlar kiritildi.

Kalit so'zlar: giperurikemiya, metabolic sindrom, lipidlar spektri, febuksostat, allapurinol, surunkali yurak yetishmovchiligi, arterial gipertenziya, yurak qon-tomir zararlanishlari, SCORE shkalasi, qandli diabet

Medication and non-medication methods to eliminate hyperuricemia in gout

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Abstract: The main goal of the treatment of gout is to eliminate hyperuricemia, in which achieving a decrease in the amount of SK to 450 μmol/l or less, reduces the number and duration of relapses, and has an effective effect on reducing the number of tophi. In our studies, patients were prescribed febuxostat for treatment or for normalization of CK levels after the initial examination. Patients were re-examined after 6 months to evaluate the effectiveness of treatment when gout was accompanied by metabolic syndrome. The effectiveness of the treatment was evaluated by the number of relapses during the year, duration, amount of SC and main indicators of

MS. All patients were divided into 2 groups: patients in group 1 included patients who received the drug febuxostat. Group 2 included allopurinol-treated patients.

Keywords: hyperuricemia, metabolic syndrome, lipid spectrum, febuxostat, allapurinol, chronic heart failure, arterial hypertension, cardiovascular damage, SCORE scale, diabetes

Mavzuning dolzarbligi: Podagra kasalligini o'rganish dolzarbligi, uning tibbiy va ijtimoiy muammo sifatida kasallanish darajasining yildan yilga oshib borishi va insonlar mehnatga layoqatlilik qobilyatining kamayishi bilan ham izohlanadi. Turli mualliflarning fikriga ko'ra, podagra kasalligi bilan kasallanish yevropa mamlakatlari erkak aholisining 1% ni tashkil etadi. Kasallik o'rta yoshli erkaklar orasida bo'g'im yallig'lanishi bilan kechadigan kasalliklar ichida asosiy o'rinni egallaydi. Podagra kasalligini o'rganishga bo'lgan qiziqishning oshib borishi sabablaridan yana biri, bu kasallikning organizmdagi metabolik jarayonlarning buzilishi bilan chambarchas bog'liqligi bilan ham izohlanmoqda. Butun jahon sog'liqni saqlash tashkilotining ma'lumotlarida podagra kasalligi semizlik gipertoniya kasalligi, 2-tip qandli diabet, metabolik sindrom bilan bir qatorda keltirilgan. Bu holatdan ko'rinib turadiki, yurak qon-tomir zararlanishlari xavfining podagra kasalligida giperurikemiya sababli oshib borish darajasi yuqori hisoblanadi. Bu holatda yurak qon-tomir asoratlarining asosida aterosklerotik o'zgarishlar asosiy o'rinni egallaydi. Ushbu holatlarni inobatga olgan holda aytish mumkinki, yurak qon-tomir zararlanishlari, metabolik sindrom va podagra kasalligining birgalikdagi rivojlanishi aniq bir bemorda muddatdan oldin nogironlikka va har xil asoratlar sabab erta o'limga olib keladi. Podagra kasalligi bilan kasallangan bemorlarda giperurikemiya sababli yurak qon-tomir zararlanishlarining ko'p uchrashi, kasallikni kompleks o'rganish muhimligini ko'rsatib turibdi.

Ishning maqsadi: Podagra kasalligida giperurikemiyani klinik kechuvini va giperurikemiya ta'sirida rivojlanadigan yurak qon tomir kasalliklarini o'rganish. Podagra kasalligida medikamentoz va nomedikamentoz davolash usullarini tadbiq qilgan holda giperurikemiyani maqsadli ko'rsatkichlargacha normallashtirish va bu orqali bemorlarda koranar xavf omillarini kamaytirish.

Tekshiruv materiallari va usullari: Bemorlarni tekshirish va davolash Samarqand davlat Tibbiyot Universiteti 1-klinikasi kardiologiya, revmatologiya bo'limlarida olib borildi. Tekshiruvlardan 37 nafar podagra kasalligi bilan kasallangan bemorlar o'tkazildi. Bemorlarda umum klinik tekshiruvlar bilan birgalikda antropometrik tekshiruvlar ham o'tkazildi.

Olingan natijalar: Bizning tekshiruvimizdagi bemorlar orasidan 15 (40,54%) nafari febuksostat buyurildi 22 (59,46%) nafar bemor esa allopurinol qabul qildi.

Febuksostat va allopurinol bilan davolashdan 6 oy keyingi podagraning klinik - laborator ko'rsatkichlar dinamikasi 1-jadvalda keltirilgan. Ikkala guruhda ham retsidivlar chastotasi va davomiyligi, hamda SK miqdori va S - reaktiv oqsili ($p< 0.001$) kamayganligi ishonchli tarzda qayd etildi.

1- jadval

6 oydan so'ng podagra kechishining klinik-laborator ko'rsatkichlari.

Ko'rsatkichlar	«Febuksostat qabul qilgan bemorlar» (n=15)		«Allopurinol qabul qilgan bemorlar» (n=22)	
	6 oy oldin	6 oydan so'ng	6 oy oldin	6 oydan so'ng
6 oy davomidagi retsidivlar soni	3,62 [2,1 - 4,5]	1,01 [0,0 - 2,5]	4,1 [2,0 - 6,0]	2,51** [1,0-4,02]
Eng so'nggi retsidiv davomiyligi (hafta)	6,1 [3,0-7,5]	2,5 [0,02 - 4,0]	7,0 [4,0-14,2]	4,5** [3,01-8,5]
Tofuslar soni	2,2 [0,0 - 2,0]	2,0 [0,01 - 2,0]	2,0 [0,09 - 2,0]	2,0 [0,09 - 2,0]
SK, mkmol/l	493,77± 82,36	331,64±38,27	553,72±84,99	441,8± 59,52***
S-reaktiv oqsil, mg/l	2,812[1,69-3,58]	1,27[0,87-2,12]	3,871[1,21-15,14]	2,13* [1,08-4,4]
Fibrinogen, g/l	4,45 ± 0,943	2,54 ± 0,92	4,31 ±1,57	2,75 ± 1,3

*Eslatma: «Febuksostat qabul qilgan bemorlar» guruhi bilan taqqoslanganda aniq farq kuzatildi * - $p < 0,05$, ** - $p < 0,01$, *** - $p < 0,001$.*

Umumiy tofuslar soni 2 guruh bemorlarda ham o'zgarmadi. Bemorlarda ko'rsatkichlar taqqoslanganda retsidivlar soni va davomiyligi, umumiy tofuslar soni va S reaktiv oqsili aniq farq qilinmadi, faqatgina "Allopurinol qabul qilgan bemorlar" guruhini boshqa guruhga taqqoslaganda zardobdagi SK konsentratiyasi yuqori. O'rtacha 15 nafar bemorlar sutkalik 100 mg dozada febuksostat qabul qilishdi. 22 nafar bemorlar esa sutkalik 200 mg dozada allopurinol qabul qilishdilar. "Febuksostat qabul qilgan bemorlar" guruhida SK miqdori maqsadli ko'rsatkichlargacha kamaygan, retsidivlar soni va davomiyligi 6 oy ichida allopurinol qabul qilgan bemorlarga qaraganda aniq kamaygan ($p < 0.01$). Bu ko'rsatkichlar oxirgi retsidivlar davomiyligida ham kuzatib borildi ($p < 0.01$). Qon zardobidagi SK konsentratsiyasi 360 mkmol/l dan kam bo'lgan bemorlarda S reaktiv oqsili sezilarli kamaydi. Bu faktni hisobga olgan holda podagrani kechishidagi oxirgi ko'rsatkichlar ikkala guruhda ham taqqoslanadigan darajada bo'ldi, SK miqdorini hisobga olmagan holda ham taqqoslanayotgan guruhlar o'rtasida asosiy klinik farqlar kuzatildi.

2-jadval

Taqqoslanayotgan guruhlar o'rtasida xavf omillarini korreksiyalashga erishish uchun bemorlar tomonidan amal qilish ko'rsatkichlari

Giperurikemiyani oshiruvchi faktorlar	« Febuksostat qabul qilgan bemorlar » (n=15)		« Allopurinol qabul qilgan bemorlar » (n=22)	
	Birlamchi ko'rikda	6 oydan so'ng	Birlamchi ko'rikda	6 oydan so'ng
Semizlik (%)	9 (60%)	7 (46.7%)	18 (81,8%)	16(72.7%)
Chekish (%)	4 (26.6%)	3 (20%)	8 (36,36%)	9 (40.9%)

Spirtli ichimliklar (%)	11 (73.3%)	6 (40%)	17 (77,3%)	8(36,36%)
Dieta (%)	4 (26.6%)	14 (93.3%)	5 (22.73%)	18 (81,8%)

Febuksostatni davolashga ishlatishdan tashqari, asosiy xavf omillarini korreksiya qilishda ham ta'sirini o'rganish tavsiya etildi. Aniq namoyon bo'luvchi giperurikemiya sababli paydo bo'luvchi modifikatsiyalangan xavf omillarini korreksiyasini bemorlar tomonidan tavsiyalarga amal qilinish darajasi va shunga bog'liq holda SK miqdorining maqsadli ko'rsatkichlari 2-jadvalda ko'rsatilgan. Bunda guruhlar o'rtasida aniq farq kuzatilmadi, lekin allopurinol qabul qilgan guruh bemorlarida tana massasining kamayishiga erishish kam % larda kuzatilib, bu guruhdagi bemorlarning hammasi chekishda davom etishdi.

3-jadval

Febuksostat va allopurinol bilan davolashda metabolik sindromning asosiy parametrlari dinamikasi

Ko'rsatkichlar	«Febuksostat qabul qilgan bemorlar» (n=15)		«Allopurinol qabul qilgan bemorlar» (n=22)	
	Hozirgi vaqtdagi	6 oydan so'ng	Hozirgi vaqtdagi	6 oydan so'ng
TMI, kg/m2	29,88 [20,78 - 35,4]	28,55**[20,33-32,7]	29,344 [20,8 - 34,65]	29,44*** [20,24- 31,4]
BA, sm	94,1 [92,0- 101,0]	95,2***[92,5 -101,0]	95,88[93,2- 101,3]	95,24*** [93,5- 99,3]
SAQB mm.Hg.ust	154,0 [148,0- 160,0]	131,0*** [130,0-137,54]	144,0[141,0-53,5]	136,1*** [128, - 141,0]
Glikemiya, mmol/l	5,592 ± 0,678	5,143 ±0,613***	5,968 ± 0,945	5,641 ±0,82**
PZLPXS mmol/l	3,762 [3,37 - 4,75]	3,126*** [3,0-3,4]	3,861 [3,381 - 4,75]	3,28*** [3,13-3,87]
YuZLP XS mmol/l	1,073[0,973-1,18]	1,146* [1,012 - 1,232]	1,018 [0,89- 1,252]	1,14[1,0-1,23]
TG, mmol/l	2,762 [1,8-3,575]	2,179*** [1,73-2,541]	2,39[1,531-3,18]	1,99** [1,78-2,435]

*Eslatma: Dastlabki ma'lumotlar bilan taqqoslanganda aniq farq kuzatildi * -p< 0,05, ** - p < 0,01, *** - p < 0,001.*

Febuksostat dori vositasi bilan davolash effektivligiga bog'liq bo'lgan metabolik sindromning klinik va laborator ko'rsatkichlari dinamikasi 3-jadvalda ko'rsatilgan.

Ikkala taqqoslanayotgan guruhda ham aniq ko'rsatkichlarda TMI, bel aylanasi, SAQB, PZLP XS, TG konsentratsiyasi, glikemiyani nisbatan kamayganligi kuzatildi. YuZLPXS konsentratsiyasining ko'payishi faqat febuksostat qabul qilgan bemorlarda kuzatildi.

Ishonchlilik koeffitsiyenti statistik jihatidan "Febuksostat qabul qilgan bemorlar" guruhida TG kamayishi yaqqol namoyon bo'ldi (p <0.001) va TMI ning kamayish tendensiyasi kuzatildi. (p< 0.05).

Shuni aytish kerakki, taqqoslanayotgan bemorlar o'rtasida MS parametrlarida febuksostat dori vositasi bilan davolashda glikemiya darajasidan tashqari 6 oydan

keyin aniq farq bo'lmadi. Allopurinol qabul qilgan bemorlarda glikemiya darajasi yuqoriligi kuzatildi ($p<0.05$). Febuksostat dozasining korreksiyasi MS ko'rsatkichlariga yaqqol ta'siri kuzatilmadi, ammo AQB darajasining pasayishi va febuksostat miqdori o'rtasida kuchli korellyatsion bog'liqlik kuzatildi ($p = 0.21$).

Podagra bilan kasallangan bemorlarda metabolik buzilishlarni bartaraf qilish maqsadida chekishni tashlash, diyeta, tana massasini kamaytirish tavsiya qilindi.

AQB hamda lipid va uglevodlar almashinuvining buzilishini medikamentoz korreksiyasi o'tkazildi. Asosiy antropometrik ko'rsatkichlar dinamikasi o'tkazilgan davolashlardan keyingi SAQB darajasi, zardobdagi glyukoza va lipid konsentratsiyasi o'zgarishlari 4-jadvalda ko'rsatilgan.

6 oy o'tib bemorlarni qaytadan tekshirganimizda tana massasining aniq kamayishi ($p<0.001$), TMI har bir bemorda o'rtacha 0.72kg/m^2 ga kamaydi, bel aylanasi o'rtacha ko'rsatkichlari o'zgarmadi. Abdominal tipdagi semirish, TMIga nisbatan taqqoslaganda farq juda kam bo'ldi.

Tavsiya etilgan davolash SAQB, PZLPXS, TG ($p<0.001$) miqdorining aniq kamayishiga ta'sir ko'rsatdi, bunda triglitseridlarning o'rtacha qiymati-0.631 mmol/l maksimal darajada kamayishi aniqlandi.

YuZLPXS lar o'rtacha miqdorining oshishi 0.042mmol/l ($p<0.05$) ni tashkil qildi.

4-jadval

Podagra bilan kasallangan bemorlarni davolashda nazorat muddatida asosiy xavf omillari dinamikasi

Ko'rsatkichlar	6 oy oldin	6 oydan so'ng
Tana massasi, kg	101,25 [90,21-110,67]	97,62 [84,0- 106,0]***
TMI, kg/m2	31,63 [28,0-32,0]	31,28 [28,7-33,8]***
Bel aylanasi, sm	97,0 [93,0-102,0]	95,0 [93,0-103,0]
SAQB mm.Hg.ust	146,0 [142,0-159,5]	133,0 [131,0-138,0]***
Umumiy XS mmol/l	5,97 ± 1,24	5,067 ±0,71***
PZLPXS mmol/l	3,79 [3,37-4,71]	3,24 [3,1-3,83]***
YuZLPXS mmol/l	1,045 [0,933-1,291]	1,141[1,013-1,231]*
TG, mmol/l	2,36 [1,672-3,57]	1,882 [1,77-2,3]***
Glikemiya, mmol/l	5,93 [5,12-6,12]	5,341 [4,93-6,1]***

*Eslatma: Dastlabki ma'lumotlar bilan taqqoslanganda aniq farqlar kuzatildi * - $p < 0,05$, *** - $p < 0,001$.*

Olingan natijalarga ko'ra, bemorlarda tadqiqotlar nazoratga olingan muddatida yurak qon-tomir kasalliklarida xavf omillari pasayishi SCORE shkalasi bo'yicha baholandi. Bu shkala bo'yicha baholash ahamiyati 5-jadvalda ko'rsatilgan.

Bu baholash mezonlarida yurak qon-tomir kasalliklarining xavf omillari yaqqol o'zgarganligi kuzatildi ($p<0.001$). Bunda SCORE mezonlari bo'yicha xavf febuksostat dori vositasini qabul qilgan bemorlarda yuqoridan - o'rta va past darajagacha, allopurinol qabul qilgan bemorlarda esa o'rtachadan past darajagacha tushganligi kuzatildi.

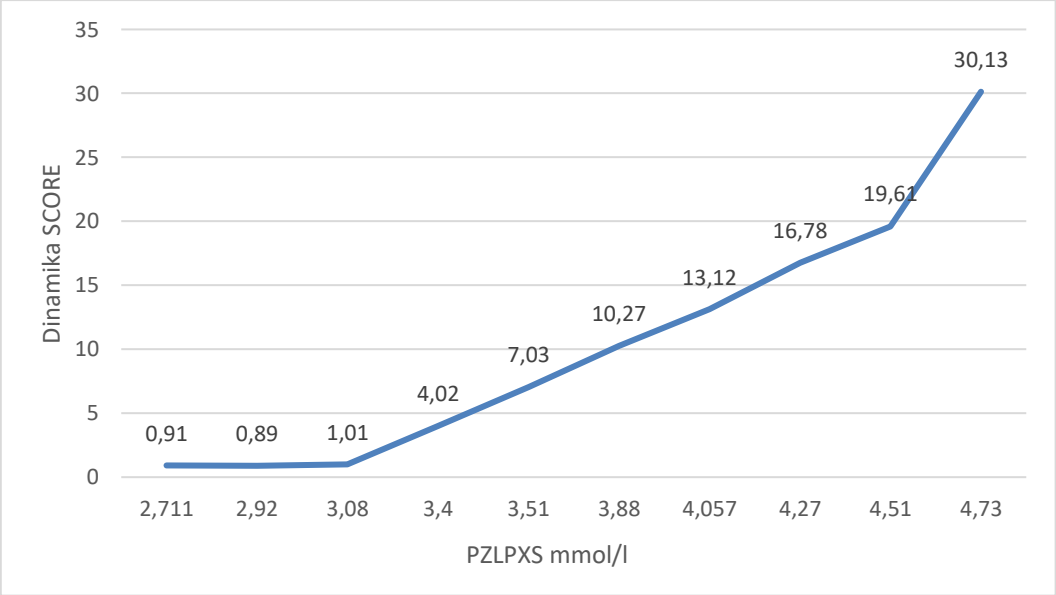
5-jadval

Podagra bilan kasallangan bemorlarda nazorat muddatida SCORE shkalasi bo'yicha xavf omillarini baholash dinamikasi

YuQT kasalliklari xavfini baholash	6 oy oldin	6 oydan so'ng
Febuksostat qabul qilgan bemorlar (n=15)	6,73 [4,03-8,84]	2,18 [0,96 - 3,74]***
Allopurinol qabul qilgan bemorlar (n=22)	13,35 [5,76-22,9]	5,67 [3,74 - 10,19]***

*Eslatma: Dastlabki ma'lumotlar bilan taqqoslanganda aniq farq kuzatildi *** - p< 0,001.*

Ushbu faktni hisobga olgan holda, davolash fonida 6 oydan keyin qayta tekshiruvlarda barcha faktorlarning ishonchli pasayganligi aniqlandi, tanlangan shkala bo'yicha xavfni baholashni hisobga olgan holda korrelyatsion analiz o'tkazildi, ushbu analiz yurak qon-tomir kasalliklarida xavf omillarni pasayishini aniq ko'rsatib berish uchun amalga oshirildi.



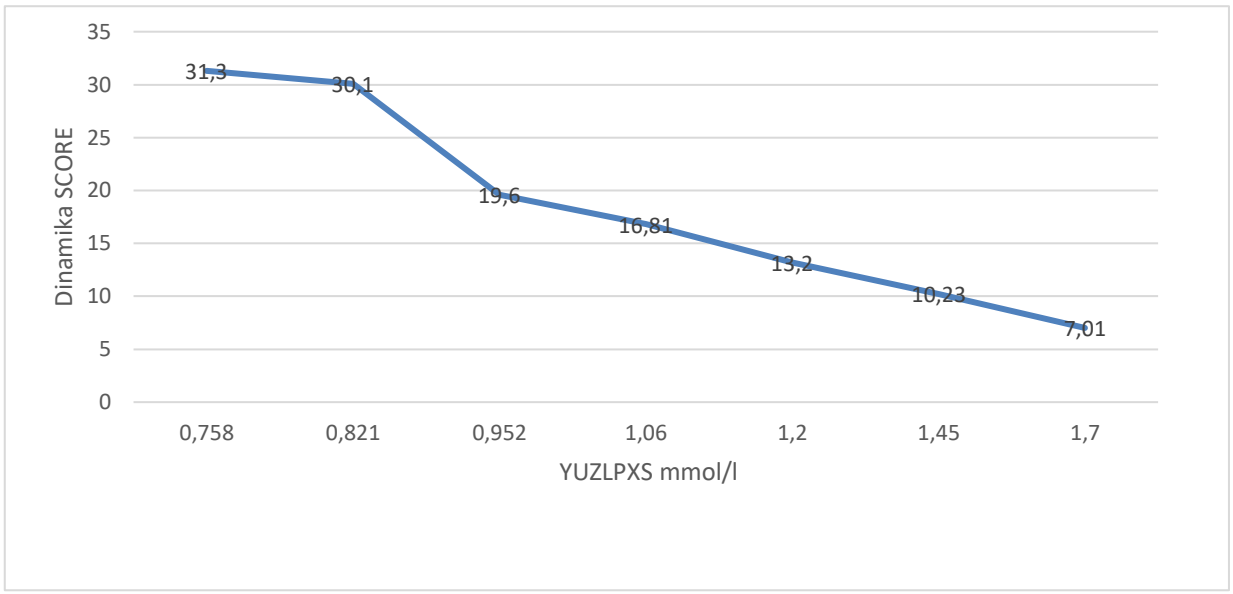
1 - rasm. YuQT kasalliklari xavf omillarining SCORE shkalasi bo'yicha va PZLPXS darajasi o'rtasidagi korrelyatsion bog'liqligini o'rganish.

Eslatma: Korrelyatsiya koeffitsienti R=0,43, p < 0,01.

SCORE shkalasi bo'yicha yaqqol korrelyatsion bog'liqlik aniqlandi. Nazorat muddatida keltirilgan shkalada jamlangan xavf omilining kamayishini asosiy hissasini febuksostat qabul qilgan bemorlar guruhidagi chekmaydigan, 51.07±10.43 yoshdagi bemorlar tashkil qildi.

Bu bog'liqlik PZLPXS miqdori kamayishi va YuZLPXS miqdori oshishi, nazorat muddatida febuksostat qabul qilgan bemorlarda aniq namoyon bo'ldi.

Taxmin qilish mumkinki, febuksostat bilan davolash orqali zardobdagi SK miqdori kamayishi, PZLPXS miqdori kamayishiga va YuZLPXS miqdori ko'payishiga olib keldi. Buning natijasida yurak qon-tomir kasalliklari jamlangan xavf omili SCORE shkalasi bo'yicha kamayishiga olib keldi (p<0.001).



2-rasm: YuQT kasalliklari xavf omillarining SCORE shkalasi bo'yicha va YuZLPXS darajasi o'rtasidagi korrelyatsion bog'liqligini o'rganish.

Eslatma: Korrelyatsiya koeffitsient R= - 0,35, p < 0,05.

XULOSA: Shunday qilib podagra kasalligi va MS birgalikda kechgan bemorlarda kompleks yondashish bilan birgalikda gipourikemik terapiya maqsadida febuksostat ishlatilishi SK miqdorining maqsadli ko'rsatkichlarigacha (SK<450mkmol/l) erishish uchun titrlangan dozalarni buyurish shart.

Podagra kasalligida febuksostat dori vositasining qo'llanilishi bemorlarda AQB ko'rsatkichlarining normallashuviga, lipid spektorining yaxshilanishiga allopurinol dori vositasiga qaraganda effektivligi yaxshiroq ekanligi aniqlandi.

Bundan tashqari, AG va lipidlar almashinuvining buzilishini korreksiyalash maqsadida medikamentoz davo usullaridan tashqari tana massasini kamaytirish, chekishni tashlash va spirtli ichimliklarni ichishni to'xtatishni tavsiya etish lozim.

Bu yondashish podagra bilan kasallangan bemorlarning hayot sifatini yaxshilash, retsidivlar soni va davomiyligining kamayishi hamda yurak qon-tomir kasalliklari jamlangan xavf omillarining kamayishiga olib keladi.

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