



RHEUMATOID ARTHRITIS: JOINT INFLAMMATION CAUSES, CLINICAL SYMPTOMS, CONSEQUENCES, AND MODERN TREATMENT APPROACHES.

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<https://doi.org/10.5281/zenodo.14508981>

Abstract: Rheumatoid arthritis (RA) is a chronic systemic autoimmune inflammatory disease of the connective tissue, mainly characterized by erosive-destructive polyarthritis of the peripheral joints. RA is a chronic autoimmune disease characterized by joint inflammation, damage, and loss of function. This article reviews the etiology, pathogenesis, clinical features, diagnosis, and treatment of RA. It also discusses the impact of the disease on quality of life and future research directions as well as modern treatment approaches

Key words: rheumatoid arthritis, autoimmune, erosive-destructive changes in joints, inflammation, treatment.

Introduction. Rheumatoid arthritis (RA) is a chronic autoimmune disease characterized by joint inflammation, damage, and loss of function. Until now, the single etiological factor that caused the development of rheumatoid arthritis has not been found. Therefore, at the meeting of the WHO working group, it was clarified that rheumatoid arthritis is a chronic systemic disease of unknown etiology. RA affects approximately 1% of the global population and is 2-3 times more common in women than in men. The disease usually begins at the age of 40-60, but it can occur in people of any age. RA affects not only the joints, but the whole body, which has serious medical, social and economic consequences.

METHODS AND LITERATURE ANALYSIS To prepare this article, the PubMed, Scopus, and Google Scholar databases were searched for the keywords "rheumatoid arthritis," "autoimmune," "joints," "inflammation," and "treatment." literature search was carried out. Preference was given to research results and articles in leading scientific journals.

RESULTS. Rheumatoid arthritis etiology and pathogenesis: The exact cause of RA is unknown, but genetic and environmental factors are believed to play a role in the development of the disease. Environmental factors such as smoking, infections, and psychological stress can also increase the risk of developing RA. The pathogenesis of RA is related to the loss of tolerance of the immune system to its own tissues. This process leads to the activation of T and B lymphocytes in the synovial membranes, the release of pro-inflammatory cytokines and the development of inflammation in the joints. Chronic inflammation eventually leads to cartilage and bone destruction, joint deformity and loss of function.

Clinic. Most often, the disease begins in an acute or subacute form, first there is symmetrical damage to the proximal interphalangeal joints of the hands and feet. Later, other large-wrist-palm, calf-heel and knee, shoulder, pelvis-hip joints are added.

Slight swelling of the joints, local temperature increase, hyperemia, and pain on palpation are detected.

In most patients, joint syndrome appears in the mornings, numbness of the whole body or joints that passes after active movement, arthralgia, general weakness, weight loss, profuse sweating, subfebrile fever, ECHT is slightly begins with the rise.

Joint damage in rheumatoid arthritis can be divided into two categories:

1. Potentially reversible synovitis (in the early stages)
2. Irreversible structural changes (in late stages)

Rheumatoid arthritis diagnostic criteria recommended by the American Association of Rheumatologists: morning sickness, symptoms of arthritis in three or more joints, arthritis of paw joints, symmetrical arthritis, rheumatoid nodules, detection of rheumatoid factor in blood serum, X-ray o 'changes.

RA is diagnosed based on clinical signs, blood tests, and imaging studies. Antibodies against rheumatoid factor (RF) and cyclic citrullinated peptide (anti-CCP) are specific autoantibodies for RA. X-rays, computer tomography and magnetic resonance imaging help to identify structural changes in the joints. Treatment Approaches The primary goals of RA treatment are to reduce inflammation, prevent joint damage, and improve quality of life. The treatment approach may include medication, physical therapy, and surgery.

Nonsteroidal anti-inflammatory drugs (NSAIDs) and glucocorticoids are used for short-term management of inflammation and pain. Disease-modifying antirheumatic drugs (DMARDs), including methotrexate, leflunomide, and sulfasalazine, are prescribed as first-line treatment to slow disease progression. Biologic agents, such as TNF-alpha inhibitors and IL-6 receptor blockers, are used in patients who do not respond to conventional DMARDs. Physical therapy can help patients with RA maintain joint mobility and improve function in daily activities. Surgical procedures, such as synovectomy and arthroplasty, may be used to treat severely damaged joints.

ANALYSIS AND DISCUSSION. Impact of RA on Quality of Life RA has a negative impact on patients' quality of life due to symptoms such as decreased physical function, pain, and fatigue. The disease also affects mental health, social interaction and ability to work. Mental disorders such as depression and anxiety are more common in patients with RA. Future Research Directions A better understanding of the pathogenesis of RA may help identify new therapeutic targets and develop targeted treatment strategies. A personalized medicine approach may allow choosing more optimal treatment regimens for patients with RA. Also important is research to identify biomarkers for disease prevention and early detection

CONCLUSION. In conclusion, we can say that, unfortunately, there are no effective ways to prevent the onset of rheumatoid arthritis. Actions should be aimed at eliminating the cause of the disease and its serious consequences. Rheumatoid arthritis is a chronic autoimmune disease characterized by joint inflammation, damage, and loss of function. The exact cause of the disease is unknown, but genetic and environmental factors are believed to play a role in its development. The pathogenesis of RA is related to the loss of tolerance of the immune system to its own tissues. The main goal in treatment is to reduce inflammation, prevent joint damage and improve quality of life. Medications, physical therapy, and surgery are components of the treatment approach. Future research should focus on identifying new therapeutic targets for RA, developing personalized medicine approaches, and identifying biomarkers for disease prevention and early detection.

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