

Low bone mineral density and comorbidities in patients with rheumatoid arthritis.

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It's known, the rate and extent of bone loss in RA can be influenced by various factors associated both with the RA and other diseases.

The purpose was to study influence of common comorbidities on prevalence of osteoporosis (OP) in patients with RA in clinical practice.

Through of the national program we analyzed data of Dual-energy X-ray absorptiometry (DXA) in lumbar spine, femoral neck and forearm on 691 patients. Two groups of patients were formed: with and without OP 196(28%) and 495 (72%), respectively. In both groups, the number of women pre-

vailed, the average age of 60,9±2,8 in group 1, 56,1±2,1 in group 2 [p>0,05]. 81% and 69% women had menopause, respectively [p<0,05]. The average duration of RA was 17±2,1 years, 15,4±7,1, respectively [p <0,05]. 51% and 41% of patients had one or more comorbidities, respectively [p<0,05].

To select the high risk group of OP and fractures among patients with RA in clinical practice should keep in mind such factors as age, menopause, duration of RA and comorbidities

Group with OP	Group without OP
22% EP ¹ (87% TD ² , 11% diabetes type 2)	15% EP ¹ (79% TD ² , 19% diabetes type 2)
66% CVD ³ (64% H ⁴ , 26% CHD ⁵ , 2% ⁶ MI, 8% stroke)	49% CVD ³ (77% of H ⁴ , 19% CHD ⁵ , 2% ⁶ MI, 2% stroke)
14% RP ⁷ (57% COPD ⁸ , 14% asthma, 4% tuberculosis, 4% sarcoidosis, 21% PF ⁹)	14% RP ⁷ (80% COPD ⁸ , 12% asthma, 4% tuberculosis, 4% PF ⁹)
27% GIP ¹⁰ (38% SU/DU ¹¹ , 36% CG ¹² , 2% cirrhosis, 2% GERD ¹³ , 5% VH ¹⁴ , 2% GSD ¹⁵)	27% GIP ¹⁰ (35% SU/DU ¹¹ , 45% CG ¹² , 1% GERD ¹³ , 1% VH ¹⁴)

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