

TERAPIJSKI PRISTUP OSTEOARTROZAMA

THERAPEUTIC APPROACH TO OSTEOARTHRISIS

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SAŽETAK

Artroze su česte, primarno ne zapaljenske, hronične, sporo napredujuće bolesti zglobova, sa najčešćom lokalizacijom na zglobu kolena koje su i glavni uzrok hronične onesposobljenosti.

Osteoartritis je degenerativno oboljenje zglobova čije su glavne karakteristike oštećenje i

gubitak zglobne hrskavice, zgušnjavanje kosti neposredno ispod hrskavice (subhondralna kost) i hipertrofija kosti na rubovima zgloba.

Zbog toga što do sada ni jedan primenjen farmakološki agens nije pokazao zadovoljavajuće rezultate u zaustavljanju artrozičnog procesa ili prevenciji bolesti, lečenje osteoartrisa (OA) je uglavnom usmereno ka suzbijanju simptoma, očuvanju kvaliteta života i očuvanju funkcije zgloba. Specifično i efikasno lečenje osteoartrisa, još uvek je relativno ograničeno i predmet je daljih istraživanja.

Cilj lečenja osteoartrisa (OA) je ublažiti bol i smanjiti gubitak fizičke funkcionalnosti pacijenta. Terapija se sastoji od nefarmakoloških mera, farmakoterapije i hirurije. Mada nefarmakološki pristup predstavlja osnovu lečenja OA, farmakoterapija je važan dodatak lečenju. Lekovi koji se primenjuju u ovoj bolesti, mogu se davati per os, topikalno ili intraartikularno. Kamen temeljac u farmakoterapiji OA čine neopioidni analgetici. Analgetici i nesteroidni

antiinflamatorni lekovi (NSAIL) su efikasni u suzbijanju bolnih kriza u OA. Kod težih formi OA koje su indikovane za hirurško lečenje, ova grupa lekova je manje efikasna. Intraartikularna primena kortikosteroida nije uvek dovoljna za suzbijanje simptoma, a njihova česta ponovljena primena se ne preporučuje, zbog mogućeg štetnog dejstva na zglobnu hrskavicu. Hirurško lečenje je važno kod teških oštećenja zglobova u OA i neuspeha ostalih oblika lečenja. Pored simptomatskih lekova u lečenju OA, primenjuju se i „antiartrozični“ lekovi i „strukturomodulatori“ hrskavice ili hondroprotektori.

Poslednjih godina, brojne studije pokušavaju novim metodama ispitivanja da procene protektivno delovanje ovih lekova na hrskavicu. Nove metode lečenja osteoartrisa, treba da zaustave kataboličke procese u osteoartritičnoj hrskavici inhibicijom produkcije interleukuna 1, azot oksida i stimulisanjem faktora inhibicije metaloproteaze.

Danas i u budućnosti, cilj lečenja osteoartrisa je da stimulira anaboličke procese u hrskavici primenom faktora rasta (TGF...) i da u izlečenju defekta hrskavice koristi biokompatibilni matriks, usadivanjem kompetentnih ćelija, naročito hondrocita radi neosinteze matriksa hijaline hrskavice.

Ključne reči: osteoartrisa, hijalina hrskavica, zglob

ABSTRACT

Arthrosis is a common, primarily noninflammatory, chronic, slowly progressing disease of the joints, with the most common localization in the knee joint, which is the main cause of chronic disability. Osteoarthritis of joints is a degenerative disease whose main characteristics are damage and loss of articular cartilage, thickening of the bone just beneath the cartilage (subchondral bone) and hypertrophy of bone at the edges of the joint.

None of the so far administered pharmacological agents has shown satisfactory results in stopping the arthrotic process or prevention of the disease, treatment of osteoarthritis (OA) is mainly directed towards the control of the symptoms, maintaining the quality of life as well as the function of joints. Specific and effective treatment of osteoarthritis is still relatively limited and it is the subject of further investigation.

Goal of osteoarthritis (OA) treatment is to relieve the pain and to reduce the loss of patient's physical functionality. Therapy consists of nonpharmacological measures, pharmacotherapy and surgery. Although nonpharmacological approach represents a basis of OA treatment, pharmacotherapy is an important adjunct. Medicaments that are used in this disease can be administered orally, topically or intra-articular.

Non-opioid analgesics represent a corner stone in OA pharmacotherapy. Analgetics and non-steroid antiinflammatory drugs - NSAIDs are effective in stopping painful crisis in OA. In more serious forms of OA, which are indicated for surgical treatment this group of drugs is less effective. Intraarticular administration of corticosteroids is not always sufficient for stopping the symptoms, but their frequent repeated administration is not suggested because of the possible deleterious effect on the joint cartilage. Surgical treatment is important for heavy joint damage and in the case of failure of other treatment modalities. Besides symptomatic drugs, in the treatment of osteoarthritis „antiarthrotic“ drugs and „strukturomodulators“ of the cartilage or chondromodulators are administered as well. Lately numerous studies have tried to estimate protective effect of these drugs on cartilage by new methods of investigation. New methods of treatment of osteoarthritis should stop catabolic processes in osteoarthritic cartilage, by the inhibition of Interleukin 1 production, nitrogen oxide and by stimulating the factors of metalloprotease inhibition.

The objective of the OA treatment both today and in the future is to stimulate anabolic processes in the cartilage by the application of the growth factor (TGF...) and that in the healing of the cartilage defect uses biocompatible matrix, implanting competent cells, especially chondrocytes because of the neosynthesis of the matrix of the hyaline cartilage.

Key words: Osteoarthritis, hyaline cartilage, joint