

PRAĆENJE BOLESNIKA SA ZAPALENJSKIM REUMATSKIM BOLESTIMA

Jovan Nedović

Institut za lečenje i rehabilitaciju
„Niška Banja“

Praćenje bolesnika sa hroničnim zapaljenjskim reumatskim bolestima podrazumeva

1. praćenje aktivnosti bolesti radi procene efekata lečenja i
2. praćenje potencijalnih neželjenih efekata lekova.

Izlečenje hroničnih zapaljenjskih reumatskih bolesti (RA, PsA i AS) nije moguće

Cilj lečenja je:

1. postizanje remisije (odsustvo znakova zapalenja) ili
2. niske aktivnosti (minimalno prisustvo znakova zapalenja).

Procena aktivnosti bolesti

1. Broj bolnih i otečenih zglobova, subjektivne procene bolesnika i lekara pomoću tzv. VAS skale
2. Laboratorijski parametri (brzina sedimentacije Er i koncentracija CRP-a).

Kompozitni indeksi aktivnosti

1. Reumatoidni artritis: DAS28, SDAI, CDAI
2. Psorijazni artritis: DAS44, DAPSA, cDAPSA
3. Ankilozirajući spondilitis: ASDAS i BASDAI.

Enter Patient ID (for printing):

Joint Scores

Tender:

Swollen:

To enter joint scores, I prefer to:

Use Mannequin

Type totals

Additional Measures

ESR:
mm/hr

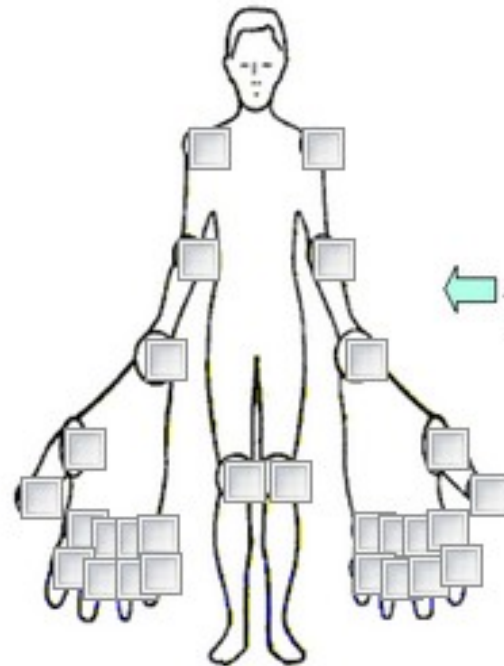
CRP: mg/l

Patient Global Health:
mm

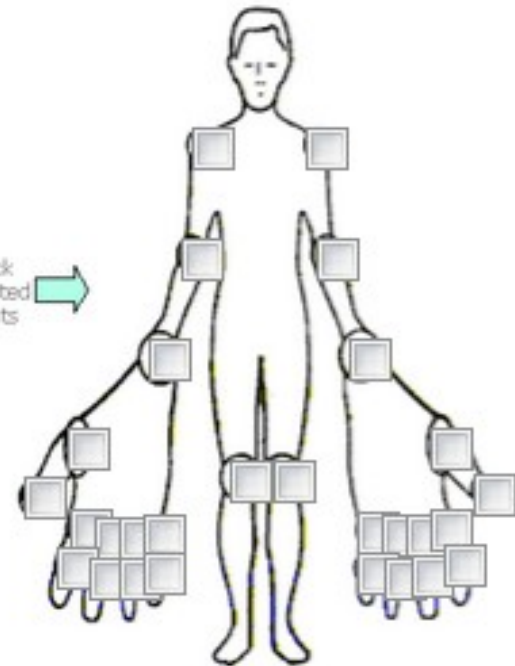


DAS28

Tender Joints



Swollen Joints

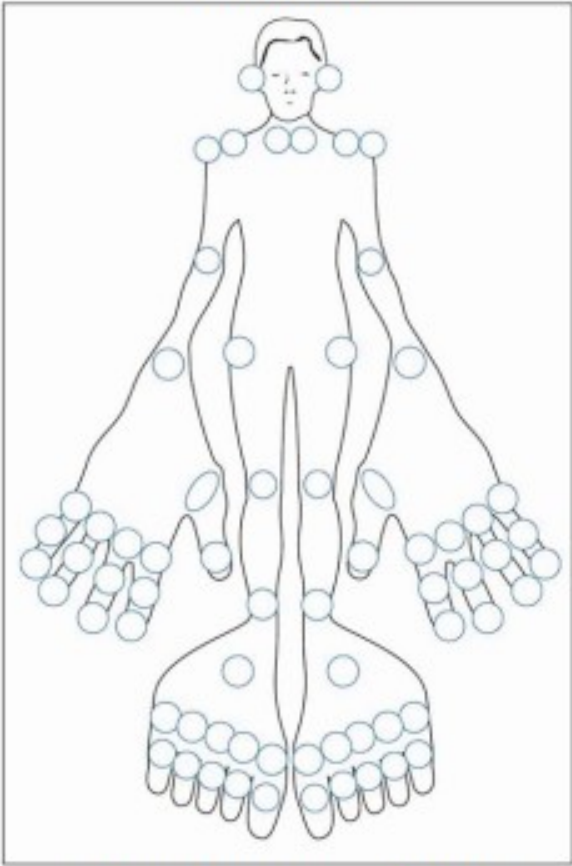
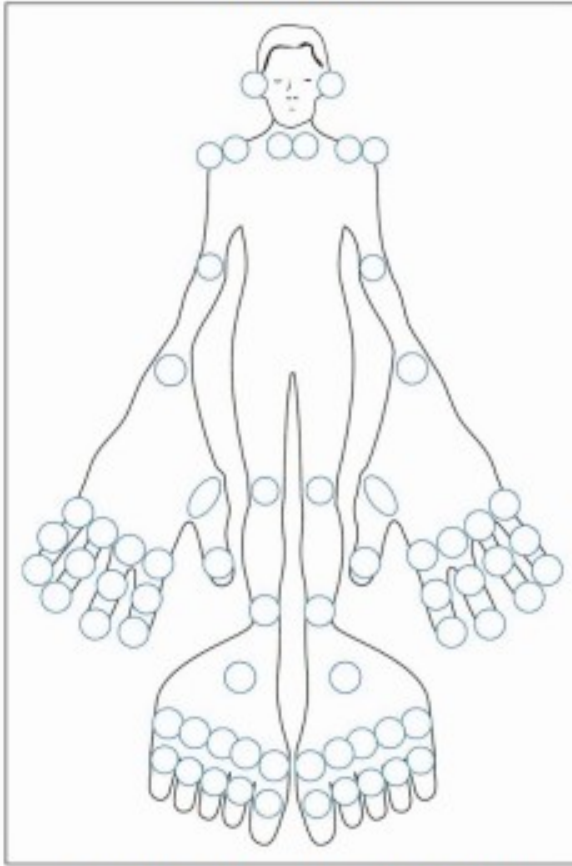


Click affected joints

Upoređivanje kompozitnih indeksa

Aktivnost	DAS28	SDAI	CDAI
Remisija	< 2.6	≤ 3.3	≤ 2.8
Niska	2.6 do 3.2	3.4 do 11.0	2.9 do 10.0
Umerena	3.2 do 5.1	11.1 do 26.0	10.1 do 22.0
Visoka	> 5.1	26.1 do 86.0	22.1 do 76.0

DAPSA (Disease Activity in Psoriatic Arthritis) Score

Tender Joints	Swollen Joints
	
1. Tender Joints Count (0-68), TJ:	2. Swollen Joints Count (0-66), SJ:
<input type="text"/>	<input type="text"/>

DAPSA (Disease Activity in Psoriatic Arthritis) Score

3. CRP (mg/dl):

4. Patient's assessment of disease activity and pain

- How active was your rheumatic disease on average during the last week?

not active 012345678910 very active

- How would you describe the overall level of joint pain during the last week?

none 012345678910 very severe

DAPSA = TJ + SJ + CRP + Activity + Pain =

Disease Activity: 0-4 Remission, 5-14 low, 15-28 moderate, >28 high Disease Activity

ASDAS



ASDAS

Ankylosing Spondylitis Disease Activity Score

Back Pain (BASDAI Question 2) [0-10]

Peripheral Pain/Swelling (BASDAI Question 3) [0-10]

Duration Morning Stiffness (BASDAI Question 6) [0-10]

Patient Global [0-10]

C-Reactive Protein mg/l mg/dl

A CRP value <2mg/l (0.2 mg/dl) is not allowed. If CRP is below the limit of detection or is <2 mg/l (<0.2 mg/dl), the fixed value of 2 mg/l (0.2 mg/dl) will be entered.

Erythrocyte Sedimentation Rate mm/hr

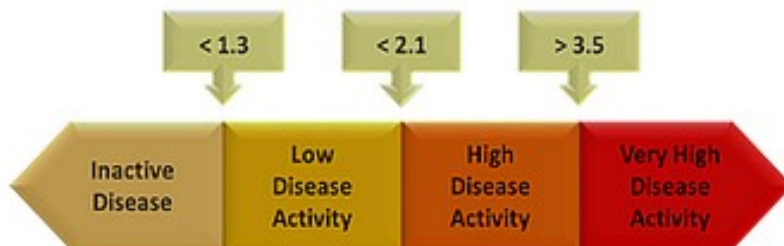
ASDAS-CRP

ASDAS-ESR

Clear

ASDAS

ASDAS disease activity states



ASDAS improvement criteria



BASDAI

BASDAI – The Bath Ankylosing Spondylitis Disease Activity Index

MOLIMO OZNAČITE KRSTIĆEM VAŠ ODGOVOR NA SVAKO PITANJE KOJE SE ODNOSI NA PRETHODNU NEDELJU:

1. Kako biste opisali ukupan nivo umora/ iscrpljenosti koji ste imali?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

BEZ

VEOMA JAK

2. Kako biste opisali sveukupni nivo bola u leđima, vratu ili kuku zbog AS?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

BEZ

VEOMA JAK

3. Kako biste opisali sveukupni nivo bola/otoka u zglobovima koji ste imali, ne računajući leđa, vrat i kukove?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

BEZ

VEOMA JAK

4. Kako biste opisali nivo nelagodnosti regije koja je bolna na dodir ili pritisak?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

BEZ

VEOMA JAK

5. Kako biste opisali nivo jutarnje ukočenosti koju ste imali od trenutka buđenja?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

BEZ

VEOMA JAK

6. Koliko dugo traje Vaša jutarnja ukočenost od trenutka buđenja?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

0

1sat

2 ili više sati

Kada određivati indekse aktivnosti?

1. Na početku bolesti i
2. Pri započinjanju lečenja tzv. lekovima koji menjaju tok bolesti (LKMTB) kao što su Metotreksat, Salazopirin, Azatioprin, Leflunomid, Chlorochin, Hidroksihlorohin i biološki lekovi.

Koliko često određivati indekse aktivnosti?

1. U početku lečenja ove indekse bi trebalo određivati na 1-3 meseca
2. Kada se dostigne cilj lečenja onda na 6 meseci

Indeksi za procenu funkcionalne sposobnosti

1. HAQ za RA i PsA i
2. BASFI za AS

HEALTH ASSESSMENT QUESTIONNAIRE (HAQ-DI)®

Name: _____

Date: _____

Please place an "x" in the box which best describes your abilities OVER THE PAST WEEK:

	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
<u>DRESSING & GROOMING</u>				
Are you able to:				
Dress yourself, including shoelaces and buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ARISING</u>				
Are you able to:				
Stand up from a straight chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>EATING</u>				
Are you able to:				
Cut your own meat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift a full cup or glass to your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open a new milk carton?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>WALKING</u>				
Are you able to:				
Walk outdoors on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb up five steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check any AIDS OR DEVICES that you usually use for any of the above activities:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Devices used for Dressing
(button hook, zipper pull, etc.) | <input type="checkbox"/> Built up or special utensils | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Special or built up chair | <input type="checkbox"/> Cane | <input type="checkbox"/> Wheelchair |
| | <input type="checkbox"/> Walker | |

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

- | | | | |
|--|----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Dressing and grooming | <input type="checkbox"/> Arising | <input type="checkbox"/> Eating | <input type="checkbox"/> Walking |
|--|----------------------------------|---------------------------------|----------------------------------|

Please place an "x" in the box which best describes your abilities OVER THE PAST WEEK:

	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
<u>HYGIENE</u>				
Are you able to:				
Wash and dry your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a tub bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>REACH</u>				
Are you able to:				
Reach and get down a 5 pound object (such as a bag of sugar) from above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend down to pick up clothing from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>GRIP</u>				
Are you able to:				
Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open previously opened jars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn faucets on and off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ACTIVITIES</u>				
Are you able to:				
Run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do chores such as vacuuming or yard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check any AIDS OR DEVICES that you usually use for any of the above activities:

<input type="checkbox"/> Raised toilet seat	<input type="checkbox"/> Bathtub bar	<input type="checkbox"/> Long-handled appliances for reach
<input type="checkbox"/> Bathtub seat	<input type="checkbox"/> Long-handled appliances in bathroom	<input type="checkbox"/> Jar opener (for jars previously opened)

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

<input type="checkbox"/> Hygiene	<input type="checkbox"/> Reach	<input type="checkbox"/> Gripping and opening things	<input type="checkbox"/> Errands and chores
----------------------------------	--------------------------------	--	---

BASFI - Bath Ankylosing Spondylitis Functional Index

Napomena: Pitanja se odnose na prethodnih mjesec dana.

Označi na dužini		udaljenost od lijevog kraja dužine (u mm)
1) Obuvanje čarapa (bez pomoći)		
bez poteškoća	nemoguće	___ mm
2) Pretklon (iz struka) i podizanje olovke s poda (bez pomoći)		
bez poteškoća	nemoguće	___ mm
3) Dohvat predmeta s visoke police (bez pomoći)		
bez poteškoća	nemoguće	___ mm
4) Ustajanje sa stolice bez rukohvata (bez pomoći)		
bez poteškoća	nemoguće	___ mm
5) Ustajanje s poda iz ležećeg položaja		
bez poteškoća	nemoguće	___ mm
6) Stajanje bez potpore kroz 10 minuta i bez osjećaja neudobnosti		
bez poteškoća	nemoguće	___ mm
7) Uspinjanje po 12-15 stuba bez držanja za rukohvat ili druge pomoći		
bez poteškoća	nemoguće	___ mm
8) Gledanje preko ramena bez okretanja trupa		
bez poteškoća	nemoguće	___ mm
9) Obavljanje fizički zahtjevnih aktivnosti (npr. gimnastika, rad u vrtu, šport)		
bez poteškoća	nemoguće	___ mm
10) Obavljanje svakodnevnih aktivnosti u kući ili na poslu u punom obimu		
bez poteškoća	nemoguće	___ mm

BASFI – rezultat:...../Zbrojiti sve vrijednosti i podijeliti s 10

Praćenje potencijalnih neželjenih efekata lekova

1. Krvna slika: broj Er, Le, Tr
2. Analize za jetru (AST, ALT), i
3. Bubrež (kreatinin i pregled mokraće):
 - rade se pre početka lečenja,
 - zatim na 1-2 nedelje narednog meseca,
 - zatim mesečno naredna 2 meseca a nakon toga na 3 meseca