Analysis of the dynamics of the total score of the KOOS scale confirmed the positive effect of including cholecalciferol in the complex therapy of OAC. Such dynamics indicates not only the effectiveness of the treatment, but also the stability of its effect, provided that the level of vitamin D is corrected.

Conclusions. Adding cholecalciferol to the treatment of OAC in patients with its deficiency improves the clinical condition, reduces pain, increases functional activity and quality of life.

5. INTENSITY OF NIGHTTIME ARTHRALGIA AND THE RADIOGRAPHIC GRADE OF GONARTHROSIS: IS THERE A LINK?

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Osteoarthritis (OA) is the most common joint disease, affecting approximately 600 million people worldwide. Knee joint damage (gonarthrosis — GA) is the most common form of OA. The most distressing symptom of GA is arthralgia. About a quarter of patients with GA complains of night pain in the knee joints. Nighttime arthralgia is poorly relieved by nonsteroidal anti-inflammatory drugs (NSAIDs), disrupts sleep, and causes depression. The presence of nighttime arthralgia indicates a more unfavorable course of GA and is used as one of the criteria for knee arthroplasty.

The aim. To identify the intensity of nighttime arthralgia in patients with GA of various radiographic grades (by Kellgren-Lawrence).

Materials and methods. The study included 32 patients with GA accompanied by nighttime arthralgia, aged 48±3.21 years, predominantly women (22). Group 1 consisted of 18 patients with GA, grade 3. Group 2 consisted of 14 patients with GA, grade 4. The intensity of nighttime joint pain was assessed using a 10-point visual analog scale (VAS), where level 1 corresponded to the absence of pain, and level 10 corresponded to the very severe pain that could not be tolerated. Statistical processing of the obtained results was carried out using the nonparametric chi-square criterion (2), which indicated the differences between the empirical and theoretical frequencies of variables.

Results. Among patients in group 1, nighttime arthralgia of low intensity (from 2 to 4 points by VAS) was observed in 2 cases, average intensity (from 5 to 7 points by VAS) was observed in 8 cases, and high intensity (from 8 to 10 points by VAS) was observed in 8 cases. Nighttime arthralgia of varying intensity was present among patients of group 2 in 7, 4 and 3 cases, respectively. Statistically significant (x2=6.193, df=2, p=0.045) differences in the severity of nighttime arthralgias depending on the grade of GA between the groups of patients were identified. In patients with GA, grade 3, high and moderate intensity nighttime arthralgias predominated; low and moderate intensity arthralgias were more frequently observed in patients with GA, grade 4. This fact can be explained by a more limited motor regimen in patients with the terminal grade 4, in which mechanical irritation of the joints was less intense compared to that in patients with GA, grade 3.

The impact of nighttime arthralgia goes beyond the knee joint, affecting the patient's adaptation, quality of sleep and quality of life. It is known that in a person coexisting with chronic pain syndromes, poor sleep aggravates pain, reduces the pain threshold, and, ultimately, leads to a worsening of the disease. From this position, the influence of nocturnal joint pain on the sleep of patients with GA was considered. Sleep disorders in the form of disturbances in the process of falling asleep and/or frequent nocturnal awakenings were detected in 14 (77.8%) patients with GA, grade 3 and in 13 (92.9%) patients with GA, grade 4. There were no statistically significant differences between the frequency of insomnia detection and the radiographic grade of GA in patients with nighttime arthralgias (x2=1.358, df=1, p=0.243). All patients used NSAIDs to relieve night joint pain. Adaptive non-drug methods of relieving nighttime arthralgia were used by 15 (83.3%) patients with GA, grade 3 and 11 (78.6%) patients with GA, grade 4 in addition to NSAIDs. A pillow or a blanket placed between the knees was most frequently used. These patients noted a positive effect of adaptive methods, complementing the action of NSAIDs.

Conclusions. There is a link between the severity of nighttime arthralgia and the radiographic grade by Kellgren-Lawrence in patients with GA. Nighttime arthralgia in patients with GA grade 3 is more intense than arthralgia in patients with GA grade 4. These arthralgias negatively affect the sleep of patients regardless of the radiographic grade of GA. The use of non-drug adaptive methods for relieving nocturnal joint pain is an effective addition to NSAIDs.

6. ВПЛИВ ЦЕНТРАЛЬНОЇ СЕНСИТИЗАЦІЇ НА ЕФЕКТИВНІСТЬ ЛІКУВАННЯ ТА ПЕРЕБІГ РЕВМАТОЇДНОГО АРТРИТУ

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Центральна сенситизація (ЦС) є ключовим чинником хронізації болю при ревматоїдному артриті (РА), пов'язаним із персистуванням центральних нейропластичних механізмів. Цей феномен визначає індивідуальні відмінності клінічної відповіді та потребує врахування при виборі терапевтичної стратегії у таких пацієнтів.

Мета: оцінити вплив ЦС на ефективність лікування РА та особливості перебігу захворювання залежно від її вираженості.

Матеріали та методи. Обстежено 122 пацієнти із діагнозом РА (ACR/EULAR, 2010). Активність захворювання оцінювали за DAS-28, CDAI, SDAI, а інтенсивність болю — за візуально-аналоговою шкалою (ВАШ) за суб'єктивною думкою пацієнта й оцінкою лікаря. Наявність ЦС встановлювали за допомогою ва-