THE ROLE OF BIOLOGICAL THERAPY VERSUS CLASSICAL THERAPY IN IMPROVING THE QUALITY OF LIFE IN RHEUMATOLOGICAL PATIENTS WITH EYE DISEASE

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The administration of expensive therapy supported by the state requires a complex approach of clinical, biological, material aspects and not lastly, of ethical aspects of rheumatic diseases. Beside each patient's medical right, a whole series of aspects (economical, demographic, educational, etc.) interfere, which limit the administration of these therapies. Currently, the selection of patients who benefit by the expensive rheumatic therapies is done on the basis of preset clinical and biological criteria, the sole subjective criteria being the disease pain/activity scale reported only by the patient who is proposed to receive the respective treatment.

The revolution of biological therapy conditioned, in addition to a better understanding of the pathogenesis of rheumatic diseases, the obtaining of significant results in their treatment. However, close monitoring of safety and efficiency of these therapies is imposed. The occurrence of severe infections and even tuberculosis was observed in patients with rheumatic diseases who were following biological therapy and therefore the followed diagnostic and therapeutic behavior, requires interdisciplinary supervision.

Treatment in rheumatoid arthritis (RA) has been a great success since the initiation of biological therapy. After an unsatisfactory response, the replacement of anti-TNF biologic preparation with another of the same therapeutic class or definitive renouncing on biologicals represents a great challenge for rheumatologists, and classic eye treatment without taking into account contextual systemic rheumatic diseases, cannot be a success.

In the elaborated paper, we've brought, alongside rheumatic studies, the point of view and targeted research of eye disease, as well as the effect upon this body of modern biological therapies.

In the first part of the thesis, the general chapter, we presented the basics of anatomy of the eye to then associate clinical aspects related to rheumatic diseases. The main rheumatic diseases of the patients in the study were rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis. In the last part of the general chapter we described the specific eye disease known so far in rheumatic diseases, namely sicca syndrome, episcleritis, scleritis, former iridocyclitis.

In the second part we presented in the special chapter, personal research performed on patients analyzed. In our study were involved 299 patients diagnosed with rheumatoid polyarthritis, ankylosing spondylitis and psoriatic arthritis, classically treated, and 299 patients with the same diagnosis being treated biologically, hospitalized in Rheumatology Clinic in Tg-Mures and requiring interclinical consultation in Ophthalmology Clinic Tg-Mures.

The studies started from concrete established objectives, we presented the obtained clinical and statistical results, following in parallel other similar studies done by other authors and presented in discussions. The results of our research were presented in the conclusions of the paper:

- ocular lesions were more common in rheumatoid arthritis.
- biological treatment with TNF- α blockers has brought significant improvements in PR and less in SA and PA.

- therapeutic results of eye lesions in SA and PA are similar in patients receiving standard treatment and those with biological therapy.
 beneficial effect of biological therapy not only on joint damage but also on eye lesions.