

Rheumatoid Arthritis in the Elderly

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ABSTRACT

Introduction: Rheumatoidarthritis (RA) is the most common inflammatory arthropathy world wide. It is a chronic, complex, and heterogeneousautoimmunedis-ease. Onset of rheumatoidarthritis (RA) in an elderly person is common. If the reality of a real difference in clinical presentation between young and old subjects is discussed, the main point remains that the prognosis is not better for the elderly.

Our work aimed to study the epidemiological, clinical, radiological, evolutionary and therapeutic aspects of the RA in elderly age in inernal medicine department.

Methods: We conducted a retrospective study of RA in the elderly aged 65 and over. We've compiled nine cases hospitalized over a period of 4 years in an Internal Medicine department.

Results: There are 9 patients, 8 women and 1 man. The average age was 68.7 years old. The average of Disease Activity Score 28 was 5.38. Articular manifestations were oligoarthritis in 6 patients and polyarthritis in 1 patient. Rhizomelic involvement was found in 3 cases. A biologic inflammatory syndrome was present in 5 cases. Rheumatoid factor was positive in 4 cases. Anti-CCP antibodies were positive in Five cases. 7 patients were classified as stage II and 2 patients as stage I according to the classification of patients according to Steinbrocker radiological. Treatment was based on analgesics, non-steroidal anti-inflammatory drugs and methotrexate in all cases. The evolution was favorable in all cases.

Conclusion: Late-onset RA is a heterogeneous setting in which several clinical forms deserve to be individualized, and this diversity must be taken into account, rather than approaching the problem of RA after 60 years too broadly.