Acute articular syndrome as a cause of disability

Abstract
The purpose of the study is to explain the newly system of acute articular syndrome (AAS) management in Saint-Petersburg. This system provides a purposeful routing for AAS patients from outpatient centers and ambulances directly to the Institute of Emergency Care with a goal to their concentration in the multispeciality hospital for differential diagnostics procedures with simultaneous beginning of symptomatic and pathogenetic therapy. We analyzed the main principles of differential diagnostics of AAS and groups of nosological forms. Recommendations on optimizing the algorithm of examination of patients were revealed.

Acute pain syndrome as the main reason of patient’s disability. There are different nosological forms lead to hospital admission, but the most often are ASS in osteoarthritis, rheumatoid arthritis and goat attack.

Keywords: acute articular syndrome, pain, disability, emergency care, system of medical care

Introduction
Most rheumatology hospitals provide only the planned hospitalization of rheumatic patients, however, the problem of hospitalization and medical care for patients with acute articular syndrome (AAS) had not previously been solved. The publications’ review didn’t identify any data with analogs of our approach of creating the special ASS management system.

Methodology
Since 2008 in Saint-Petersburg Scientific Research Institute of Emergency Care named after I.I. Dzanelidze was developed and implemented the ASS management system. One of the system’s main purposes was to create opportunities of hospitalization for emergency indications patients not only with any nosological diagnosis, but also with a preliminary AAS as the assignment diagnosis.

This new approach was realized at the 7/24 on duty multidisciplinary emergency medicine hospital allows using all diagnostic capabilities of the emergency department, to ensure the consultation of different medical specialists.

Results
Our system provides a purposeful routing for AAS patients from outpatient centers and ambulances directly to the Institute of Emergency Care with a goal to their concentration in the multispeciality hospital for differential diagnostics procedures with simultaneous beginning of symptomatic and pathogenetic therapy.

We analyzed the main principles of differential diagnostics of AAS and groups of nosological forms. Recommendations on optimizing the algorithm of examination of patients were revealed. Acute pain syndrome as the main reason of patient’s disability. There are different nosological forms lead to hospital admission, but the most often are ASS in osteoarthritis, rheumatoid arthritis and goat attack.

The purpose of ASS management is to stop pain syndrome, so patient became to be more mobile. Simultaneously, we start or correct previous variant of ethiopathogenetic treatment to prevent disease progression. All this procedures make brakes disability pathogenetic chains and allows improving patient’s physical functioning. Complex of such methods lead to decrease hospital admission period and using of outpatient treatment possibility can minimize seek live days.

We summarized the treatment experience in our Institute from a cohort of 1658 AAS patients. The distribution features of the patients with recurrence of articular syndrome in previously verified diagnosis and newly diagnosed disease requiring clarification of nosological were focused, because they can improve our hospital algorithms and decline patient’s disability period.

Conclusion
Successful experience of creation and confirmed the effectiveness of the system of providing medical care for AAS patients allow us to recommend its widespread introduction.

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Conflict of interest
The authors declare no conflict of interest.

References


