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Morbidity of Chronic Polyarthritis in Women in the Second Half of Life

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Abstract: Polyarthritis refers to the involvement of five or more joints, regardless of the underlying etiology. Arthritis typically manifests with joint pain and stiffness. Often, these symptoms are accompanied by inflammatory signs such as swelling, redness, and, in later stages, deformity.

Keywords: Polyarthritis, inflammatory and non-inflammatory, joint, deformity, acute, subacute, chronic.

Introduction: At the onset of the disease, patients are often characterized by a defensive and rejecting attitude, which complicates treatment. They tend to struggle with the chronic nature of their condition, frequently changing physicians. The paroxysmal course of the disease causes them significant distress.

Women at advanced stages of deforming arthritis often present with striking similarities. No patients are more patient and friendly than they are; they rarely complain or reproach, even if treatment proves ineffective.

Extensive studies by Cobb (1959, 1962) on intrafamilial influences in chronic polyarthritis revealed the following: many female patients reported having a cold, pretentious, and authoritarian mother alongside a weak father dominated by the mother. From childhood, these patients often experienced fear of and dependence on their mother, accompanied by suppressed rebellious impulses. Accustomed from adolescence to strict emotional self-control, they tended to dominate those around them — from submissive spouses to whom they were attracted, to their children, toward whom they displayed extreme severity. Family histories of male patients demonstrated similar findings, adjusted for gender roles.

According to Alexander (1951), the core psychodynamic mechanism underlying chronic polyarthritis is a state of latent rebellion filled with hostility. In its early stage, patients attempt to control aggression through self-restraint or channel it into acceptable forms. Feelings of hostility often lead them to intense physical activity at home, in the garden, or in sports. At later stages, aggression is sublimated into a willingness to help others. However, this compensation is fragile: aggressive impulses, perceived as threatening, become increasingly difficult to control. In this psychically constrained state, progressive rigidity of the musculoskeletal system develops — like donning a straitjacket as a defense against aggressive drives.

Classification of Polyarthritis

Polyarthritis is classified according to several clinical parameters, which are essential for understanding the disease etiology and selecting appropriate diagnostic and therapeutic strategies:

By duration of symptoms:

- **Acute polyarthritis** — lasting up to 4 weeks
- **Subacute polyarthritis** — lasting 4 to 12 weeks
- **Chronic polyarthritis** — symptoms persisting for more than 12 weeks

By symmetry of involvement:

- **Symmetrical polyarthritis** — at least half of the affected joints are involved bilaterally (e.g., inflammation of the 2nd and 3rd finger joints of both hands). Rheumatoid arthritis is a classic example.

- **Asymmetrical polyarthritis** — joints are affected on only one side, or different joints are involved on each side (e.g., right knee and left wrist). Osteoarthritis often follows this course, gradually affecting most joints.

By clinical course:

- **Migratory polyarthritis** — pain shifts from one group of joints to another within days; typical of acute rheumatic fever.
- **Additive polyarthritis** — progressive involvement of multiple joints over time; seen in psoriatic arthritis.
- **Intermittent polyarthritis** — joint pain comes and goes, as in gout.

Diagnosis

The diagnosis of polyarthritis requires a comprehensive medical history and physical examination. Depending on the suspected etiology, the following investigations may be performed:

- Complete blood count
- Biochemical blood analysis, including uric acid levels
- Urinalysis
- Inflammatory marker testing
- Autoantibody testing
- Radiography of the joints
- Joint ultrasound
- Magnetic resonance imaging (MRI)
- Joint aspiration for synovial fluid analysis

Treatment

Once a diagnosis of polyarthritis is established, both pharmacological and non-pharmacological treatment approaches are applied. Depending on the etiology, therapy may include antibiotics, non-steroidal anti-inflammatory drugs (NSAIDs), or corticosteroids. In autoimmune arthritis, disease-modifying antirheumatic drugs (DMARDs) and biologic therapies serve as the cornerstone of treatment, providing immunosuppressive and anti-inflammatory effects. In gout, urate-lowering therapy is indicated.

During acute pain episodes, patients are usually advised to temporarily reduce physical activity and minimize joint strain. As inflammation subsides, a program of therapeutic exercises (physical therapy) is prescribed to strengthen muscles and prevent joint stiffness. Pain control in polyarthritis can also be supported by physiotherapy, which is particularly effective in osteoarthritis.

Conclusion

Many acute forms of arthritis resolve spontaneously without long-term consequences. Rheumatologic arthritides can be difficult to control, but modern pharmacological therapies achieve significant clinical improvement in most patients. Osteoarthritis is generally not life-threatening but requires medical management to alleviate pain and improve quality of life.

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