

**SUMMARY
AND
CONCLUSION**

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Our study was carried out on 45 patients suffering from rheumatoid arthritis according to the American College of Rheumatology Criteria (ACR; formerly, the American Rheumatism association).

These patients were classified into a study group (A) and a control group (B).

Group (A): Included 30 patients suffering from RA. They were 27 females (90%), and 3 males (10%), whose ages ranged between 18-54 years with a mean age of 39.8 ± 10.8 years. These patients received oral MTX therapy (7.5 - 12.5 mg/week) for 3 months.

Group (B): Included 15 control patients treated with other drugs rather than methotrexate. They were 13 females (86.7%), and 2 males (13.3%), whose ages ranged between 23 - 55 years with a mean age of 39 ± 9.8 years.

All patients were subjected to the following :

- Full history taking.
- Clinical examination with stress on the locomotor system.
- Blood analysis, including the following :

Erythrocyte sedimentation rate, haemoglobin concentration, red blood cells platelets count, total leucocytic count, latex fixation test for rheumatoid factor and measurement of serum liver enzymes (SGOT, SGPT, AP).

Patient's clinical examination and laboratory investigations were done on initial assessment and 12 weeks of therapy.

A highly significant difference was encountered in the patients treated with MTX for 3 months as regards : duration of morning stiffness ($P < 0.001$), articular index scoring ($P < 0.001$), mean grip strength ($P < 0.001$), ESR ($P < 0.001$), levels of SGOT ($P < 0.001$) and SGPT ($P < 0.001$), while a significant difference was obtained for the level of AP ($P < 0.05$).

A significant difference was observed on comparing patients on MTX and controls as regards to : duration of morning stiffness ($P < 0.005$), articular index scoring ($P < 0.005$), ESR ($P < 0.005$), levels of SGOT ($P < 0.005$) and SGPT ($P < 0.005$).

A nonsignificant difference was obtained for the mean grip strength ($P > 0.05$) as well as level of AP ($P > 0.05$).

Reported MTX toxicity in our patient was limited and discontinuation of therapy was considered only in 3 patients with highly elevated liver transaminases.

From our study it is concluded that MTX is an effective drug for RA. A low-dose once-weekly regimen is accompanied by a relatively low incidence of serious side effects. The mechanism of action of MTX in RA needs further studies and clarifications.