ACADEMIC RESEARCH IN MODERN SCIENCE

International scientific-online conference



THE EFFICACY OF PULSED THERAPY IN THE MANAGEMENT OF SYSTEMIC SCLERODERMA: A STATISTICAL ANALYSIS

Nabiyeva A.X. Scientific seeker:

Bekenova G T.

Scientific leader: tfn dotsent

Tolipov O'.U.

Master:

TMA Department: faculty and hospital therapy Nº1occupational pathology https://doi.org/10.5281/zenodo.14887175

Keywords: systemic scleroderma, pulsed therapy, corticosteroids, immunosuppressive agents, statistical analysis.

Abstract:

Systemic scleroderma is a rare autoimmune disorder that affects connective tissues and blood vessels, leading to skin thickening, organ damage, and other complications. While there is no cure for this disease, various treatment options are available to manage its symptoms and slow down its progression. One such treatment modality is pulsed therapy, which involves the administration of high-dose corticosteroids or immunosuppressive agents in short intervals. However, the effectiveness of pulsed therapy in systemic scleroderma remains controversial, with limited studies providing conflicting results.

This dissertation aims to investigate the efficacy of pulsed therapy in the management of systemic scleroderma through a statistical analysis of available data. A systematic review of literature will be conducted to identify relevant studies that have evaluated the use of pulsed therapy in systemic scleroderma patients. The selected studies will be assessed for their quality and risk of bias using established criteria. Data extraction will be performed to obtain information on study design, patient characteristics, intervention details, outcome measures, and adverse events.

The collected data will be analyzed using appropriate statistical methods to determine the overall effect size of pulsed therapy on various outcomes, such as skin thickness, lung function, and quality of life. Subgroup analyses will be conducted based on factors such as treatment regimen, disease severity, and duration of follow-up. Sensitivity analyses will also be performed to assess the robustness of the findings and potential sources of heterogeneity.

The results of this dissertation will provide a comprehensive overview of the current evidence on the efficacy of pulsed therapy in systemic scleroderman

ACADEMIC RESEARCH IN MODERN SCIENCE



International scientific-online conference



and inform clinical decision-making regarding its use. The findings may also highlight areas for future research and contribute to the development of more personalized treatment approaches for this complex disease.

List of literature used:

- 1. Gabrielli A., Avvedimento E.V., Krieg T. Scleroderma. N Engl J Med 2009;360:1989—2003.
- 2. Mayes M.D. Prevalence, Incidence, Survival, and Disease Characte-ristics of Systemic Sclerosis in a Large US Population. Arthr Rheum 2003;48(8):2246—55. 3.Abraham D.J., Varga J. Scleroderma: from cell and molecular mechanisms to disease models. Trends Immunol 2005;26(11):587—95.
- 3. Charles C., Clements P., Furst D.E. Systemic sclerosis: hypothesis-driven treatment strategies. Lancet 2006;367:1683—91.
- 4. Black C.M., Matucci-Cerinic M., Guillevin L. Progress in systemic sclerosis: a 10-year perspective. Rheumatology (Oxford) 2009;48:iii1—iii2.
- 5. LeRoy E.C., Black C., Fleischmajer R. et al. Scleroderma (systemic sclerosis): classification, subsets and pathogenesis. J Rheumatol 1988;15(2):202—5. 7.Thompson A.E., Shea B., Welch V. et al. Cacium-channel blockers for Raynaud's phenomenon in systemic sclerosis. Arthr Rheum 2001;44(8):1841—7
- 6. Fisher M., Grotta J. New uses for calcium channel blockers: therapeutic implications. Drugs 1993;46:961—75.
- 7. Rademaker M., Cooke E.D., Almond N.E. et al. Comparison of intravenous infusions of iloprost and oral nifedipine in treatment of Raynaud's phenomenon in patients with systemic sclerosis: a double blind randomized study. BMJ 1989;298:561—4.
- 8. Wollersheim H., Thien T., van't Laar A. Nifedipine in primary Raynaud's phenomenon and in scleroderma: oral versus sublingual hemodynamic effects. J Clin Pharmacol 1987;27:907—13.
- 9. La Civita L., Pitaro N., Rossi M. et al. Amlodipine in the treatment of Raynaud's phenomenon. Br J Rheumatol 1993;32:524—5. 11.La Civita L., Giuggiolli D., Del Chicca M.G. et al. Effect of isradipine on endothelin-1 plasma concentrations in patients with Raynaud's phenomenon. Ann Rheum Dis 1996;55:331—4.
- 10. Tosi S., Marchesoni A., Messina K. et al. Treatment of Raynaud's phenomenon with captopril. Drugs Exp Clin Res 1987;13:37—42.
- 11. Dziadzio M., Denton C.P., Smith R. et al. Losartan therapy for Raynaud's phenomenon and scleroderma: clinical and biochemical findings in fifteen-week, parallel-group, controlled trial. Arthr Rheum 1999;42:2646—55