



hypersensitivity to abacavar, atazanavir, efaverens (with the development of pneumonia and hepatitis).

Thus, as a rule, the clinical symptoms of kidney damage regress the level of creatinine in the blood serum through a few weeks after administration of the antiretroviral drug in HIV-infusion forged return to normal. At the same time, in some patients there were irreversible changes - a gradual loss of kidney function, possibly due to the transformation of acute disorders into chronic.

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COGNITIVE IMPAIRMENT IN PATIENTS WITH HIV INFECTION

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The objective is to establish the frequency and features of cognitive impairment in patients with HIV infection.

116 patients with HIV infection were examined in different clinical stages of the disease. All patients underwent neuropsychological examination which included testing using a number of scales and tests. Before neuropsychological testing all respondents were offered questionnaires to assess the presence and severity of depressive symptoms (Beck depression scale - Beck A. T. et al., 1961) and assessing the level of situational (reactive) anxiety (Spielberger-Khanin test, 1976). Character accentuation was determined by the Leonhard K test, personal characteristics according to the multifactor questionnaire Kettell R.B. (1949). The control group consisted of 39 practically healthy volunteers that are fully comparable in age and gender with the study group.

Regardless of the clinical stage of HIV infection, patients complained of memory impairment. HIV-infected people were also concerned about headache and dizziness of a non-systemic nature. All HIV-infected people did not have any organic diseases, that is the cause of neuropathy was HIV infection.

Clinical signs of HIV-associated CNS lesions are found in 22.4% of HIV patients in the form of a moderate decrease in neurocognitive functions. Moreover with increasing degree of immunodeficiency, the number of people with mild cognitive impairment increases.

HIV infection is the cause of minimal focal neurological symptoms in the form of symptoms of oral automatism and vestibular-atactic disorders ($P < 0,05-0,001$). Almost every second patient with mild cognitive impairment has vestibulo-cerebral syndrome, pyramidal syndrome (less often), extrapyramidal syndrome (even less often). The difference in the frequency of all these neurological symptoms is statistically significant - $P < 0,05-0,001$ in comparison with healthy people.

Assessment of disorders of higher cortical functions in the I-II clinical stage of HIV infection proved predominant changes in somatosensory gnosis, memory, attention, significant changes in dynamic praxis. HIV-infected in stage III-IV almost always inferior in the ability to focus, write, read, memorize (first of all series of numbers), count, in visual, somatosensory, auditory gnosis, dynamic praxis as well as in intelligence ($P < 0,05-0,001$).

In the III-IV clinical stages of HIV infection, most patients were in a state of subdepression, accompanied by a high level of anxiety (compared with relatively healthy individuals $P < 0,001$).

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NEW APPROACHES TO COMPREHENSIVE TREATMENT OF PSORIASIS

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Psoriasis is a chronic recurrent genetically determined dermatosis of multifactorial nature, characterized by hyperproliferation of keratinocytes and violation of their differentiation, inflammatory reaction in the dermis, immune disorders and damage to the skin, nails, joints and other organs. The aim of the work is to study the effectiveness of Enterogermina forte and hepatoprotector Chophytol drugs in complex treatment of Psoriasis. We examined 54 psoriatic patients 36 male and 18 females, aged 20 to 60 years old and with duration of dermatosis from 10 to 15 years. We explored that 19 patients have a progressive phase of dermatosis and other 35 patients