



The objective of the study was to investigate ECG Holter monitoring efficiency in diagnostics of syncope conditions.

We have analyzed ECG HM results of 45 patients who had in their past medical history of syncope conditions or were examined concerning the occurrence of the condition and hospitalized at Municipal Establishment "City Clinical Hospital N 3" of Chernivtsi during the last five years. All the patients underwent ECG HM during 24 (66.7% of patients), 48 (22.2% of patients) and 72 (11.1% of patients) hours using DiaCard portable system, version 2.1.166 (manufactured by Solvaig, Hungary).

Having analyzed the results it should be noted that 18 (%) patients suffering from SCs were males, and 27 (%) patients were females. By their age the patients were divided into three groups: I group (young people - 18 to 44 years old) - 19 people (average age is 22.6 ± 2.98 years); II group (middle-aged people - 45 to 59 years old) - 15 people (average age is 49.7 ± 3.13 years); III group (seniors - 60 to 74 years old) - 11 people (average age is 67.9 ± 4.51 years).

In 33.33% of cases the analysis of ECG HM was informative and comparable with clinical implications. In 6.67% of cases detected changes of ECG HM can only suspect possible cardiac reasons of the SCs, however, they do not provide a clear answer as to their origin. In 60% of cases ECG HM results were informative concerning SC reasons. It should be noted that for patients of the I age group afflicted sinus syndrome was one possible reason of SC cardiac origin and tachycardia with heart rate of >150 BPMs during monitoring. As it was found out in the course of further examination the latter was manifestation of thyroid diseases. In case of middle-aged patients most frequent reasons of SCs are delayed conduction of II-III degree and supraventricular tachycardia.

In the course of further diagnostic search 2 patients (10.53%) of I group were diagnosed with epilepsy, a reason of SC was vasovagal condition for 2 patients (10.53%), for the 1 patient (5.2%) - orthostatic hypotension. In case of 1 patient (6.6%) of the II age group SC reason was the progress of aortic stenosis for the last two years. In case of 2 patients (18.2%) of the III group SC reason was transitory ischemic attacks. In case of 14 (31.1%) of all the examined patients it was impossible to identify reasons of syncope conditions.

Thus, ECG HM is a compulsory examination method for patients suffering from syncope conditions. It is informative in diagnostics of cardiac reasons of SCs. Differential diagnostics is required to be made.

Olinyk O.Ju.

COMPONENTS OF METABOLIC SYNDROME IN PATIENTS WITH RHEUMATOID ARTHRITIS

Department of Internal Medicine and Infectious Diseases

Higher State Educational Establishment of Ukraine

«Bukovinian State Medical University»

Insulin resistance is an essential feature of the metabolic syndrome that has been linked to rheumatoid arthritis (RA). Understanding a thing how the inflammation that appears in one tissue affects the physiology and pathology of other organs remains the unanswerable question which has therapeutic effects for chronic conditions including obesity, diabetes mellitus, atherosclerosis, and RA.

The prevalence of metabolic syndrome (MS) among patients with rheumatoid arthritis is 37%, which almost corresponds to the prevalence of metabolic syndrome among patients with coronary heart disease - 41% and occurs with a greater frequency than in the population (10-30%).

Aim of the study was to investigate some criteria of MS (based on the criteria recommended by the International Federation of Diabetes, 2005) in patients with RA.

The study involved 30 patients with RA who were taken to a hospital to the rheumatology department of Chernivtsi regional clinical hospital. The control group consisted of 20 healthy individuals. The clinical examination of each patient included general clinical and special studies. To study the carbohydrate metabolism laboratory blood tests were performed with the determination of glucose level indicators as well as insulin level. The level of insulin resistance (IR) was calculated according to the HOMA-IR formula. The waist is measured by a ribbon on the navel.

An increased waist size (a central obesity type) in women > 80 cm in men > 94 cm was observed in 40% of women and 36.7% of men in patients with RA. In the control group - 25 and 20%, respectively ($p < 0,05$).

The triglyceride serum level is elevated to ≥ 1.7 mmol / L ($p < 0,05$) in 52% patients. IR is observed in 20% of patients with RA, diabetes type 2 by the glucose level increase of 3.3% without eating > 5.6 mmol / l in 23.3% of patients with RA in the control group IP is 5% and the glucose level increase in blood by 10% ($p < 0,05$).

The arterial hypertension ($> 130/85$ mm Hg) and / or the use of antihypertensive therapy was found in 46.7% patients with RA and 10% in the control group ($p < 0,05$).

The above-mentioned studies, represent small but significant achievements in order to understand a complex interaction between MS and RA. As reported, the prevalence of MS was significantly higher in patients with RA as compared to the general population. A combined course of the disease requires attention of specialist doctors to develop a differentiated approach to the metabolic syndrome prevention among patients with rheumatoid arthritis.