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Матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м. Чернівці, 10, 12, 17 лютого 2020 р.) – Чернівці: Медуніверситет, 2020. – 488 с. іл.

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У збірнику представлені матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м.Чернівці, 10, 12, 17 лютого 2020 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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PECULIAR FEATURES OF GLUCOSE HOMEOSTASIS IN PATIENTS SUFFERING FROM NON-ALCOHOLIC STEATOHEPATITIS WITH COMORBID OBESITY AND OSTEOARTHRITIS ON THE BACKGROUND OF THE USE OF METADOXINE AND GUAR GUM

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Many researchers have confirmed that one of the important problems of modern medicine is the study of comorbidity as one of the promising ways of solving personalized treatment, improving the overall results of therapy and reducing the large-scale socio-economic consequences of population nature.

Today, non-alcoholic fatty liver disease (NAFLD) is one of the most common diseases in hepatology, which leads to poor quality of life, reducing its duration. With regard to the etiology of NAFLD, it is quite diverse, although its close relationship with insulin resistance (IR) is noted. The liver is a major target of lesions in conditions characterized by IP, which is a factor in the risk of progression of liver steatosis in NASH, with an inherent risk of progression to cirrhosis.

Because the development of NAFLD is associated with metabolic disorders, the purpose of treatment is to eliminate them or significantly reduce their negative effects. The drugs used in the complex therapy of NASH should have not only anti-inflammatory, antioxidant, hypolipidemic, hypoglycemic, hepatoprotective effect, but also have antifibrotic activity.

The objectives of the study was to determine the probable effect of methadoxine and guar gum on glucose homeostasis during the comorbid flow of NASH with obesity and OA. 60 patients (30 men and 30 women) with the indicated comorbidity were examined and divided into three groups: patients of group 1 - control (C) (n = 20) took Essentiale H 1 capsule 3 times a day, patients in group 2 - main group 1 (M1) (n = 20) - received methadoxine (Liveria IC) at 0.5 g twice daily, in 3 - main group 2 (M2) (n = 20) - in addition to methadoxine, patients received guar gum (Guarem) 1 sachet (5 g) 2 times a day. The groups were randomized to age, sex, obesity and cytolytic syndrome activity. The control group consisted of 30 practically healthy individuals of the same age and gender. The average age of patients was (62,3 ± 5,7) years.

Thus, methadoxine and guar gum in the complex treatment of patients with the comorbid flow of NASH with obesity and OA contributed to rapid compensation of carbohydrate metabolism with impaired carbohydrate tolerance, resensitization of insulin receptors, and elimination of insulin resistance syndrome (guar gum - reducing the absorption of carbohydrates, fermentation products in the gut, toxins of intestinal bacteria with increasing their excretion, reducing the degree of endogenous intoxication, oxidative stress, methadoxine - due to the ability to correct metabolism, reduce oxidative modification of receptors, restore sensitivity of insulin receptors of the liver to the action of insulin - as a result reduce the IR, to restore glucose uptake by cells of insulin sensory organs by increasing the deposition of glycogen as an energy substance).

Nemish I.L.

THE DIAGNOSTIC VALUE OF THE COPD ASSESSMENT TEST AND EXACERBATIONS FREQUENCY IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ISCHEMIC HEART DISEASE AND OBESITY

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COPD, IHD, and obesity occupy the leading positions in mortality and morbidity structures nowadays.

Objectives: to determine the correlation between the CAT test and exacerbations frequency in patients with COPD, IHD and obesity stage 1 and in patients with COPD only.