



щоденно впродовж 13 діб *per os* (за допомогою зонда) вводили ДР в дозі 1 мг/кг. Тварин забивали шляхом декапітації з дотриманням норм «Європейської конвенції з захисту хребетних тварин, яких використовують в експериментальних та інших наукових цілях» (Страсбург, 1986).

Активність глюкозо-6-фосфатази [КФ3.1.3.9] визначали в центрифугатах 5% гомогенатів печінки та нирок щурів (на 50 мМ трис-НСІ буфері, рН=7,4) Про активність фермента судили за вмістом утвореного в ході реакції ферментативного гідролізу Рн (за М.А. Swanson). Статистичну обробку результатів здійснювали з використанням t-критерію Стьюдента після проведення попередньої перевірки розподілу величин у вибірках, згідно критерію Shapiro-Wilk. Достатнім рівнем вірогідності розбіжностей вважали $p \leq 0,05$.

Згідно отриманих результатів, рівень БГ у щурів із декаметазиновим діабетом у 3,3 рази перевищував показники інтактних щурів, що узгоджуються з літературними даними (А.В. Стефанов, 2002). Дослідження рівня БГ в щурів, які на фоні введення дексаметазону щоденно отримували ДР, показало, що уміст глюкози в крові таких щурів хоча і відрізнявся вірогідно від тварин контрольної групи, проте був у 1,8 разів нижчим від показників щурів із діабетом, які не отримували жодних засобів корекції. Активності глюкозо-6-фосфатази у печінці та нирках діабетичних тварин були у 2,5 рази вищими, ніж у інтактних тварин. Активності глюкозо-6-фосфатази – термінального ферменту глікогенолізу та глюконеогенезу - в печінці та нирках щурів, яким впродовж 14 днів крім дексаметазону щоденно перорально вводили ДР, хоча і були вищими, ніж у інтактних щурів, проте вірогідно знизилися (відповідно у 1,7 та 1,8 рази) порівняно з показниками діабетичних щурів, які не отримували медикаментозної корекції.

Отже, щоденне пероральне введення етилового естеру 4{2-етокси-2-оксоетиліден-4-оксо-1-(4-дифлуорметоксіфеніл-тіазолідин-2-іліден]гідразоно}-1-метил-піразол-3-карбонової кислоти в дозі 1 мг/кг на фоні дексаметазинового діабету запобігає наростанню глікемії та сприяє зниженню активності глюкозо-6-фосфатази в печінці та нирках щурів.

СЕКЦІЯ 6

АКТУАЛЬНІ ПИТАННЯ ВНУТРІШНЬОЇ МЕДИЦИНИ НА ПЕРВИННІЙ ТА ВТОРИННІЙ ЛАНКАХ МЕДИЧНОЇ ДОПОМОГИ

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WAYS OF OPTIMIZATION OF CHRONIC HEART FAILURE THERAPY IN PATIENTS WITH ATRIAL FIBRILLATION

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Optimization of chronic heart failure (CHF) treatment remains one of the most topical issues of cardiology due to its high prevalence, negative impact on quantitative and qualitative indicators of life. One of the important directions is the use of cardiac glycosides for patients with CHF and atrial fibrillation (AF). Current recommendations include only the drug digoxin, but its long-term use is often complicated by a large number of side effects, especially with hypokalemia against the background of diuretics, including due to difficult control by a doctor in the outpatient treatment. A certain alternative is the use of combined preparations of a plant origin containing glycoside factors.

The aim of the study was to study the effect of the drug Homviocorin-N on the clinical course, diuresis and indices of echocardiography in patients with heart failure and AF at the outpatient phase of treatment.

45 patients with CHF of ischemic genesis of the IIA stage II-II functional classes with normo- and tachysitolic forms of AF were examined. They were receiving the same therapy at the inpatient stage of treatment (bisoprolol, lisinopril, spironolactone, statins, acetylsalicylic acid *per os* and digoxin, asparkam and furosemide on parenteral, parenterally). At the outpatient stage patients were divided into 3 groups. I group continued to receive tablets from the inpatient stage and furosemide with asparkam as needed. In the second group the drug digoxin in a dosage of 0.25 mg



per day for 5 days was additionally prescribed, then 2 days break. Patients of group III instead of digoxin took homviocorin-N 15 drops three times a day. All the patients were examined for 6 months.

We determined that in group III in comparison with group I the period was increased when patients did not need re-hospitalization. This was manifested by a more stable regression of clinical manifestations: shortness of breath, palpitations, oedema. The heart rate decreased significantly. In some patients of group II digoxin administration required adjustment in the direction of dose reduction first to 0.125 mg and then 0.0625 mg, and drug withdrawal in 23% of patients in the first month of follow-up and in 35% - in the second due to the development side effects (bradycardia, depression of the ST segment). Atrial and ventricular arrhythmias occurred in 30% of patients. Additional administration of hoviokorin-N did not require correction in the outpatient phase, as no side effects were reported. This can be explained by lower doses of glycosidic factors in the herbal medicine and its mild diuretic effect, which reduced the need of patients for loop diuretics in comparison with group II. These effects led to reducing the risk of hypokalemia and, consequently, arrhythmia. The assessment of echocardiography in group III revealed a slight increase in the emission fraction, but the changes were only tendentious.

Therefore, the drug homviocorin-N should be prescribed to patients with CHF and AF at the outpatient phase, because with long-term use it improves the well-being of patients, reduces clinical manifestations of the disease, does not cause unwanted side effects and simplifies physician control over therapy.

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FORMATION OF CHES ON THE BASIS OF DEVELOPMENT OF ENDOTHELIAL DYSFUNCTION IN PERSONS WITH SUBCLINICAL ATHEROSCLEROSIS

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Today, the main reason for the development of coronary heart disease (CHD) - atherosclerosis - is regarded as one of the forms of chronic inflammation, which is based on the disturbance of cholesterol metabolism. CHD occurs in men in the absence of explicit risk factors, usually at the age of 55 years. Due to not always known causes of its occurrence it is possible and at an earlier age. Recent studies have undeniably proved that inflammation is one of the main pathogenetic mechanisms of atherosclerosis, starting with the first manifestations of the vessel wall damage and ending with the rupture of the atherosclerotic plaque and the onset of the acute coronary syndrome. Therefore, the study of atherogenesis will make it possible to detect patients at the subclinical stage of atherosclerosis by studying the intima-media complex, and the application of various therapies (metabolic, hypolipidemic) objectivizes the therapeutic approach that is more effective in the treatment and prevention of early atherosclerosis, which will enable to prevent the development of severe vascular diseases of the cardiovascular system and central nervous system.

The main purpose of the work is to determine the early signs of endothelial dysfunction and increase the thickness of the intima-media complex (TCIM) of the carotid arteries and to objectify the level of inflammation markers in subjects with subclinical atherosclerosis, the effect of treatment.

The following research methods were used: a detailed collection of complaints and anamnesis, a thorough objective examination, laboratory, biochemical, and instrumental research methods. In 2003, experts of the European Society of Hypertension and the European Society of Cardiologists determined the optimal values of TCIM <0.9 mm; an increase is considered to be TCIM of 0.9 mm to 1.3 mm, and criterion of atherosclerotic plaque - TCIM \geq 1.3 mm.

A total of 45 young men with the phenomena of subclinical atherosclerosis were examined, at the beginning of treatment and after 3 months of treatment. The colored duplex scan (CDS) was examined by the internal right and left carotid artery (ICA) TCIM. Before the treatment with hypolipidemic drugs TCIM was - <0.9 mm, which was diagnosed for right asthma in 26.7% of cases among the examined patients, 0.9-1.3 mm - in 33.3% of the subjects, > 1.3 mm in 40 % of