compared to women with the same genotype of the control group. The distribution of patients by gender and BMI showed that female patients with EH AA genotype carriers had significantly higher BMI compared with healthy representatives of the same genotype at 23,94% ($p<0,001$). Burdened heredity by EH as a risk factor was observed in the vast majority (77%) of individuals in both groups, and in C allele carriers this parameter met 14% more often than in carriers of AA genotype (84% vs. 70%). Type 2 diabetes mellitus (DM 2) was detected in one third of patients with C allele and AA genotype, while this pathology was not observed in the examined of control groups at all. Smokers were 4,1 times more likely to be found in patients with the AA genotype than in patients in the control group of the same genotype (25% vs. 6%). The results of analysis of blood pressure levels showed that the value of SBP and DBP in patients carriers of AA genotype and patients carriers of C allele exceeded the ones of control group ($p<0,001$): in patients carriers of the AA genotype, SBP and DBP were higher by 29,68% and 20,41%, respectively; in patients with C allele carriers - by 38,72% and 31,47%, respectively. In addition, in the group of patients carriers of the C allele, blood pressure was higher than that of carriers of the AA genotype ($p<0,05$).

Consequently, the results of the analysis of blood pressure levels taking into account the AGTR1 A1166C polymorphism showed that the values of SBP and DBP in the group of patients C allele carriers were higher than in carriers of AA genotype: SBP – by 5,38%, DBP – by 5,15%. However, the A1166C polymorphism of the AGTR1 gene was not associated with BMI, burdened heredity, DM 2 and smoking. Thus, the data obtained were ambiguous regarding the effect of mutations in the AGTR1 gene (A1166C) on the clinical current of EH and the association with individual clinical and demographic indicators.

Slyvka N.O.

MODERN WAYS TO IMPROVE DIAGNOSIS FOR ALCOHOLIC LIVER DISEASE

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By an assessment of the WHO in 2005, 4% of the burden of disease and 3.2% of all deaths globally were attributable to alcohol. The prevalence of alcoholic liver disease (ALD) takes over 40% of the whole hepatic pathology. The mortality related to ALD increases every year. Despite dramatic advances in medical technologies, current diagnostic context still requires a substantial improvement, especially in timely decision making for liver transplantation.

The aim of present study was to improve present diagnostic methods for ALD, using the combination of clinical and pathomorphological scales.

The total number of ALD patients was 40, aged 25 to 55 years, 32 male, 8 female, with an average duration of the disease about 5.5 years. The patients were divided into two groups according to MELD score (Model for End-Stage Liver Disease): group 1 - MELD≤30 (n=20); and group 2 - MELD≥30 (n=20). Examination methods included physical examinations, biochemical lab tests and liver biopsy. Obtained data were analyzed statistically using the Kaplan-Meier method.

METAVIR score was as following: group 1 - 45% of patients have shown A3 stage of histological activity index (HAI), due to the much expressed inflammatory process in liver. The number of patients with A1-A2 HAI A1 and A2 was 52% in this group. There was only one patient with no signs of inflammation at all (3%). At the same time, 34% of these patients were defined with cirrhosis, and 66% - mild stages of liver fibrosis: F0 (no fibrosis) - 13%, F1 (minimal fibrosis) - 22% and F2 (moderate fibrosis) - 31%.

The majority of patients of group 2 (84%) had high values of HAI - A3, as compared to group 1 ($r<0.05$). The number of patients with HAI A1 and A2 was 9% and 7% correspondingly, which is significantly higher, than in group 1 ($r<0.05$). 100% of group 2 patients where having the last stage of fibrosis, i.e. they were cirrhotics.

The Kaplan-Meier survival curve has demonstrated that one-, two- and three-months survival in group 1 was respectively 83%, 72% and 58%, while in group 2 these figures were significantly lower: 65%, 21% and 14% ($r<0.05$).

Here, we reviewed the available evidence for the clinical value of new diagnostic methods of ALD in various stages of its progress. In summary, we emphasize the following point: combination of MELD and METAVIR scoring systems is the most reliable diagnostic method for ALD patients.

Stupnytska G.Y.

ASSESSMENT OF THE CLINICAL COURSE AND QUALITY OF LIFE IN PATIENT WITH COMORBID ASTHMA, COPD AND OBESITY

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The aim was to assess the symptoms, control level and quality of life in patients with coexisting bronchial asthma, COPD and obesity.

The study population consisted of 30 patients defined as asthma-COPD overlap (ACO) divided into obese (BMI≥30, n=15) and 15 non-obese patients (normal body mass index (BMI 18,5–24,9), n=8 and overweight (BMI<25–29,9), n=7) groups. The quality of life (QOL) of patients was monitoredusing Ukrainian version of the Short-form 36(SF-36) questionnaire and St. George's Respiratory Questionnaire (SGRQ). Asthma-control test (ACT) and COPD Assessment Test (CAT) were evaluated.

Baseline demographic characteristics were not significantly different between groups. Most of the patients were in moderate and severe persistent group according to ACT questionnaire. Obese and overweight patients were found to have more severe airflow obstruction compared to normal BMI patients. Clinical manifestations of asthma and COPD were more significant in obese group. F-36 scores highly statistically significant correlatedwith SGRQ.Physical activity score was significantly lower (by 43,6%) in obese group as well as limitations in usual role activities due to physical problems (role-physical) (by7,6%), social functioning (by 26%) and general mental health score (by 44%) with predisposition to depression and anxiety. Energy and fatigue (vitality) were found to be decreased in all participants, no difference was observed between groups.Overall quality of life was significantly lowerin obese group according to the SGRQ.

Clinical manifestations of asthma and COPD overlap are more significant and overall quality of life is significantly lower in patients with obesity. The impact of symptoms on the patient's quality of life was demonstrated by changes in the physical and mental component of the questionnaire, limiting the social activity of a person and clearly reflected on the mental state of personality with a predisposition to depression and anxiety.

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GLOMERULAR FILTRATION RATE AND LIPIDS' METABOLISM DISORDERS IN HYPERTENSIVE PATIENTS DEPENDING ON ALDOSTERONE SYNTHASE GENE CYP11B2 (-344C/T) POLYMORPHISM

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The cytochrome 11B2 aldosterone synthase gene (CYP11B2) one of the possible encoding genes that relates to changes of aldosterone and blood pressure regulation.

The aim of the study is to analyse the lipids profile changes in arterial hypertensive patients (EAH) depending on glomerular filtration rate (GFR) and gene CYP11B2 (-344C/T) polymorphism.

One-hundred hypertensive patients with hypertensive-mediated target-organ damaging (2nd stage), moderate, high or very high cardiovascular risk were enrolled in the case-control study. Mean age 59.87±8.02 y.o. Chronic Kidney Disease (CKD) was diagnosed in 29 persons according to the National Kidney Foundation recommendations (2012) after glomerular filtration rate (GFR) decline <60 ml/min/1,73m^2 for ≥3 months (measured by CKD-EPI equations). Lipids profile assessed by total cholesterol level (TC), triglycerides (TG) and low / high density level cholesterol (LDL-C, HDL-C) in serum. Also, calculated waist-hip ratio (WHR) for abdominal obesity