



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.

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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 \geq 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 monitored using 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 correlated with 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) (by 7,6%), 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 lower in 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 \pm 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/1,73m² for \geq 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