We examined 52 patients who were divided into appropriate groups. The group of almost healthy patients (AHP) consisted of 10 people (men-5 (50%), women - 5 (50%). The first group consisted of 21 patients with CP with dyslipidemia (men-15 (71.5%), women – 6 (28,5%). The second group consisted of 21 patients with CP and coronary heart disease (13 men (61.9%), women-8 (38.1%)). The age of patients ranged from 31 to 69 years. The diagnosis of CP was established in accordance with the clinical protocol in order of the Ministry of Health of Ukraine dated 13.06.2005 №271. "Cardiology".

In patients with isolated CP the indicators of common cholesterol increased by 1.34, triglycerides by 1.65,-LDL cholesterol by 1.53 times, the atherogenic index increased by 1.97 compared with those in the group of almost healthy individuals. HDL cholesterol decreased 1.26 times. In the combined course of CP with coronary heart disease before treatment, the indicators of common cholesterol increased by 1.52, triglycerides - by 1.77, LDL cholesterol - by 1.83, atherogenic index - 1.52 times compared with those in the AHP group. HDL cholesterol levels increased 1.15 times. It was not possible to achieve positive results only in the indicators of LDL cholesterol.

Thus, in the combined course of CP with coronary heart disease, the administration of policosanol in combination with atorvastatin in starting doses makes it possible to achieve a broader and more significant effect on all parts of the disturbed cholesterol spectrum than in the treatment with statins alone.

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CORRECTION OF METABOLIC DISORDERS IN NON-ALCOHOLIC STEATOHEPATITIS AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE, EFFICIENCY OF ANTRAL

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A significant increase in the incidence of non-alcoholic steatohepatitis (NASH) in obese patients with chronic obstructive pulmonary disease (COPD) in the world requires the study of the mechanisms of their mutual weighting and correction, metabolic components of pathogenesis and the consequences of concomitant pathology.

Objective – assessing of the effectiveness of antral and the combination of antral with phytostatin usage regarding to the effect on the state of blood lipid spectrum, glycemia, the degree of insulin resistance in patients with non-alcoholic steatohepatitis (NASH) against the background of obesity with comorbidity with chronic obstructive pulmonary disease (COPD). 90 NASH patients with obesity of I degree and COPD 2-3 D were examined: 25 patients (group 1 – control group) received basic NASH therapy (Esentsiale forte N (Sanofi Avensis / Nutterman and Cie GmbH) 300 mg, 2 caps., 3 times per day) 60 days and COPD therapy (Symbicort Turbuhaler (budesonide 160 mg/d + formoterol fumarate 4,5 mg/s) (AstraZeneca AB, Sweden) inhaled 2 times per day for 60 days, Berodual (ipratropium / fenoterol (250/500 mg/ml) (Institute de Angele Italy / Boehringer Ingelheim International GmbH) nebulizer inhalation 2 times per day, azithromycin (Azithro Sandoz, Ukraine Sandoz) 500 mg, 1 time per day for 10 days). The second group (basic group, 2) consisted of 35 NASH patients with obesity of I degree and COPD 2-3 D, in addition to the same basic COPD therapy, they received Antral (Farmak, Ukraine) 200 mg, 3 times per day for 60 days as a hepatoprotector. The third group (basic group, 3) included 30 NASH patients with obesity of I degree and COPD 2-3 D, except the same basic COPD treatment, they received Antral (Farmak, Ukraine) 200 mg, 3 times per day as a hepatoprotector, and Phytostatin (Polyconazole) (OmniFarma LLC, Ukraine) 20 mg after dinner during 60 days. The average age of patients was (55,7 ± 3,22) years. The control group consisted of 30 apparently healthy individuals (AHP).

The concentration of total lipids in blood of the patients from the 1st group after treatment has not decreased significantly and exceeded the normative data ($p<0.05$), while in patients of the 2nd and 3rd groups it has decreased in 15,6% and 23,3%, respectively ($p<0,05$). The total cholesterol level indicated a significant decrease in all groups in 9,2%, 19,3% and 23,9% ($p<0,05$)

in comparison with the pre-treatment data, still exceeding the AHP ($p<0,05$). The increased pre-treatment triacylglycerol's blood level significantly reduced only in patients of the 2nd and 3rd groups in 22,2% and 31,5%, respectively ($p<0,05$), but did not reach normative data. At the same time, in patients of the 1st group, changes in treatment dynamics were not significant ($p<0,05$). Analysis of postprandial glycemia in patients of the 1st, 2nd and 3rd groups showed a decrease in glucose levels by 10,6%, 21,3% and 21,9%, respectively ($p<0,05$) compared with the pre-treatment parameters ($p<0,05$) with the normalization of the indicator. The HOMA IR index was reduced on an empty stomach (respectively in 11,1%, 46,2%, and 46,8% ($p<0,05$)).

Thus, antral and phytostatin (polyconazole) have a strong effect on the correction of lipid distress syndrome with a probable decrease of total cholesterol level, triacylglycerols, low-density lipoprotein cholesterol ($p<0,05$), which was accompanied by a significant decrease of liver steatosis degree. In the dynamics of treatment with antral and phytostatin for 60 days, NASH patients with concomitant COPD and obesity significantly decreased the insulin blood level which was rised before treatment, normalized postprandial glucose in blood, and the degree of insulin resistance significantly decreased ($p<0,05$).

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PECULIARITIES OF GOUT IN PATIENTS WITH METABOLIC DISORDERS

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One of the features of gout at the present stage is its manifestations on the background of metabolic disorders.

The objective of the research is to study the course of gout on the background of metabolic disorders. Observations were performed in 66 patients with gout aged 40–78 years, of whom 64 were men. Clinical, laboratory-biochemical, instrumental, radiological methods of verification of the diagnosis were used. It was found that in 43 (61.63%) people gout was manifested on the background of metabolic syndrome. However, the latter in patients under 45 years of age (10 patients) was manifested mainly by stage I hypertension, overweight, steatohepatosis and insulin resistance, and only in type 4 diabetes mellitus, as well as significant hyperuricemia (378.60 ± 4.13) μmol / l). Gout was manifested by attacks of acute gouty arthritis or with minimal radiological changes in the bones of the affected joints, without tofu. At the age of over 45, especially 60 years, the course was observed mainly by the type of chronic tofus gout, more often there were lesions of the knee and elbow joints, recurrence of the disease with less significant provocative food defects and minimal physical provoking factors.

Metabolic syndrome also had its own characteristics: obesity II. detected in 2/3 of patients, there was hypertension of II degree, over the years increased and increased manifestations of coronary heart disease (CHD), diabetes mellitus (in 21 (39.23%) of 45 patients in this age group), radiologically gouty joint damage was combined with the phenomena of osteoarthritis. With age-related osteoarthritis, the course of gout became torpid, sometimes exacerbation of gout with forced use of small doses of aspirin, diuretics in coronary heart disease. That is, the more significant severity of the metabolic syndrome acquired signs of obvious comorbidity with gout and required consideration of the interaction of these diseases of a medicinal nature. Although the degree of hyperuricemia in this group of patients was lower (457.50 ± 6.21 μmol / l), the frequency of exacerbations of gout and coronary heart disease increased markedly with the phenomena of mutual burden.

Thus, the metabolic syndrome in patients with gout is a common phenomenon that has its differences in adults (milder manifestations) and in elderly and senile patients (severe manifestations, promoting more frequent relapses and torpidity of the course, the effect of mutual burdening with comorbid processes). These features should be taken into account in the implementation of comprehensive treatment of gout and these comorbid processes.