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.