

with STA with Q-MI - against patients without MI (115.60 ± 5.28), against (94.37 ± 2.98) $\mu\text{mol} / \text{l}$, respectively ($p < 0.001$) and not Q-MI - against patients without MI (115.19 ± 8.78), against (94.37 ± 2.98) $\mu\text{mol} / \text{l}$, respectively ($p < 0.05$). There was a probable increase in the levels of NT-pro NUP - (365.28 ± 52.03), against (191.16 ± 29.23) pg / ml , respectively ($p < 0.01$) and CRP - ($13, 60 \pm 1.18$), against (6.77 ± 0.40) mg / l , respectively ($p < 0.001$). There was no difference in these biomarkers depending on the presence in the history of transferred Q- and non-Q-MI. The concentration of CRP in patients without MI, after Q- and non-Q-MI (10.34 ± 1.19), against (11.34 ± 0.86), against (12.76 ± 5.50) mg / l , respectively (in all cases $p > 0.5$) did not have a reliable position.

In contrast, the level of triglycerides (TG) does not significantly depend on the severity of STA - (2.33 ± 0.07), against (2.16 ± 0.12) mmol / l , respectively ($p > 0.5$), nor from the transferred Q- and not Q-MI. The level of TG in patients without MI, after Q- and non-Q-MI is (2.28 ± 0.13), against (2.31 ± 0.07), against (2.09 ± 0.08) mmol / l , respectively (in all cases $p > 0.5$).

Analyzing the results, it should be noted that the higher functional class of stable angina involves an increase in total cholesterol, levels of amino-terminal propeptide natriuretic peptide and C-reactive protein, regardless of the presence of a history of Q- and non-Q-myocardial infarction.

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ADJUVANT THERAPY OF METEOROSENSIVITY PATIENTS WITH ISCHEMIC HEART DISEASE

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The existing standards for the treatment of age-related vascular pathologies of the heart and brain do not provide the correction in weather-dependent patients, so there is a problem of finding drugs with multiorgan action, among which herbal medicines have undeniable advantages.

The aim of the investigation is to study the clinical efficacy of Krateprovin (Bovios Pharm, Ukraine) and its effect on left ventricular ischemia in the complex treatment of patients with coronary heart disease (CHD) in the inpatient and outpatient stages. Krateprovin consist of ginkgo biloba leaf extract (EGB) 50 mg, hawthorn fruit extract 150 mg, periwinkle extract 60 mg, pueraria root extract 50 mg. 98 patients with coronary heart disease, stable angina pectoris II-III functional class, aged 47-75 years were examined. Patients in the comparison group (23 people 23.47%) received standard treatment (angiotensin-converting enzyme inhibitor, beta-blocker, nitrate, if necessary - diuretic), patients in the control group - (75 people, 76.53%) - additional drug Krateprovin (2 capsules per day regardless of meals for 2-4 months). Daily ECG monitoring was performed using a portable complex "Solvaig" (Hungary). Examinations were performed in the first two days on a drug-free background and 14-16 days after the course of treatment. It was found that all patients had different degrees of meteorological dependence, 76 people (77.55%) had increased cardiac manifestations, which were accompanied by headache, sleep disturbance, irritability, arthralgia, which neurologists assessed as manifestations of dyscirculatory encephalopathy I-II degree. The seasonal manifestations of meteorological dependence in the late autumn and early spring periods were clinically more significant and longer than in the winter and summer periods.

The use of Krateprovin in the complex treatment of patients with coronary heart disease significantly contributed to accelerate the regression of clinical manifestations of coronary heart disease by 2 –5 days. The results of Holter ECG monitoring show that the reduction of ischemia manifestations in patients with coronary heart disease was achieved by taking Krateprovin- the number of ischemic episodes decreased from 7.2 ± 0.58 to 3.1 ± 0.21 ($p < 0.05$), the duration of ischemic episodes decreased from 46.7 ± 4.08 to 21.2 ± 2.01 min ($p < 0.05$), respectively, with a significant difference compared to similar parameters of the comparison group.

This effect Krateprovin demonstrates, probably, due to the content of flavonoids (quercetin, isoquercetin, rutin, triterpene compounds, ginkgolides A, B, C, J and bilobalides) - the main active substances of EGB and pueraria. They determine the antispasmodic, capillary-strengthening, anti-inflammatory and membrane-stabilizing properties of the drug. The vasoprotective properties of

flavonoid glycosides of the extract are stem from the dilatation of arterioles and narrowing of veins, due to which the filling of the venous system is regulated.

After the conducted inpatient treatment, patients continued to take Krateprovin at the outpatient stage for two (persons under 55 years) - four (persons over 55 years) months in the early spring and late autumn period, and in the period between them, episodic 2-5 days according to calendar of meteorological days.

Domestic phytopreparation Krateprovin - is an effective therapeutic and prophylactic drug, which can help with a correction of meteorological dependence in patients with age-related atherosclerotic lesions of the heart and brain, as well as has a positive effect on the dynamics of clinical symptoms, exhibits significant antiischemic and antihypertensive properties.

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CARDIOVASCULAR RISK AS A COMORBIDITY PHENOMENON
IN PATIENTS WITH GOUT

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In last ten years, the growth rate of gout is 0.5 to 2-3.5% in the world. The study of the peculiarities of the formation of comorbidity processes in patients with gout, depending on its stage and age, is the object of attention of scientists of the last decade, especially through the prism of evaluation of cardiovascular risks.

Objective - to assess the risk of cardiovascular events in gout patients, depending on the level of comorbidity in the age aspect. The study included 115 patients with primary gout at the age of 37-74 years, among which men dominated (99 people - 86.09%). The calculation of total cardiovascular risk was performed on the scale SCORE (2007), according to which one can calculate a 10-year risk of occurrence of major coronary events.

It has been established that in men the gout is progressing slowly, with the increase of the phenomena of polymorbidity and comorbidity from the first (interval gout) to the second stage (chronic gouty arthritis), among which the manifestations of the metabolic syndrome (MS) were dominant. Only 4 males (3.49%) did not detect concomitant and comorbid diseases.

In patients with a second stage of gout, the manifestations of MS were noted in 63 patients (54.8%) and were more pronounced (AG II st., Obesity II-III, steatohepatosis or steatohepatitis, CHD in more significant forms, diabetes II type, higher levels of dyslipidemia).

In accordance with the European guidelines for the use of SCORE in clinical practice, we evaluated the total 10-year risk of cardiovascular events in the examined patients. According to this analysis, it is found that in the majority of patients with gout there is a high (more than 5%) level of cardiovascular risk (101 patients - 87.8%). Of these, the probability of developing a severe form of coronary artery disease (cardiovascular risk more than 20%) noted in 23 (20.1%) people. Only in 26 (22.6%) patients the level of development of a fatal cardiovascular event was low and average (1-4%).

In the age-old aspect, in the elderly patients, the percentage of total cardiovascular risk increased: at the age of 51-60 years - up to 7-9%, 61-70 years - up to 14-16%, over 70 years - more than 20%. That is, in the age aspect in patients with gout the level of cardiovascular and cardiovascular risk is significantly increased.

In patients with gout with increasing stage, severity of its course, level of comorbidity and age of patients, the level of total cardiovascular risk increases significantly. To prevent the development of cardiovascular events can be considered timely and adequate treatment of comorbidity processes and the improvement of anti-aggregate therapeutic complexes.