outcomes and prognosis representing all ICF components, medical variables, and health-related quality of life in CHD patients.

PECULIARITIES OF PSYCHO-SOMATIC STATUS AND QUALITY OF LIFE IN PATIENTS WITH COPD

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Chronic Obstructive Pulmonary Disease (COPD) is a topical problem of pulmonology due to its high morbidity, mortality and impact on the patients' quality of life.

Our investigation aimed at the analysis of psycho-somatic status and quality of life (QL) of patients with COPD.

65 male patients with COPD were randomized into two groups according to the degree of disease severity: group A – 30 patients with COPD II (FEV1=58,8±2,11%), group B – 35 patients with COPD III (FEV1=41,3±3,62%). Control group comprised 24 healthy individuals of the same age and gender. Assessment of psycho-somatic status was based on the Test of Patient's Differential Self-assessment, which includes analysis of well-being (WB), activity (A) and mood (M). QL was determined by Mezzich J. E., Cohen M., Ruiperez N. questionnaire.

In group A psycho-somatic status was lower compared to healthy individuals, WB decreased significantly (4,3±0,18 against 3,5±0,16, $p<0,05$). In group B all components of psycho-somatic status were lower than in patients of group A (WB – 2,1±0,09 against 4,3±0,18, A – 2,5±0,11 against 3,9±0,12, M – 2,0±0,22 against 3,8±0,07, $p<0,05$ in all cases) and compared to healthy individuals. Overall perception of QL in patients of group A was lower by 23%, and in patients of group B – by 42% correspondingly compared with control group ($p<0,05$ in both cases). Indices of WB, M and QL correlated directly with FEV1 ($p<0,05$).

So, prolonged course of COPD is accompanied by changing of the psycho-somatic status and worsening of patients' QL, which directly correlates with COPD degree of severity.

CLINICAL ASPECTS OF COMORBID COURSE OF CORONARY ARTERY DISEASE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Chronic obstructive pulmonary disease (COPD) aggravates clinical manifestation of coronary artery disease (CAD). Our investigation aimed at the analysis of the peculiarities of the clinical course of CAD in patients with comorbid COPD.

72 patients were randomized into 2 groups: A – experimental group – 40 patients with CAD (stable angina of physical exertion) with comorbid COPD (groups B and C) and B – control group – 32 patients with CAD without COPD in anamnesis.

Frequency of angina attacks was significantly higher and its duration was significantly longer in the patients of experimental group ($p<0,05$). All patients of experimental group (100%) used nitroglycerin to reduce pain during angina attack. In control group only 12 patients (37,5%) used short-acting nitrates for angina attack treatment, those who took them needed significantly less daily dose than patients of the experimental group ($p<0,05$). Comorbid COPD resulted in prolongation of patients' hospital treatment due to CAD and increasing of frequency of their hospitalization during the year ($p<0,05$).

So, COPD aggravates the clinical course of CAD as it leads to the increased frequency of the angina attacks, increased need for nitrates during the attack, such patients are hospitalized more frequently due to exacerbation of the main disease and duration of their hospital treatment is longer.

GLUCOCORTICOID FUNCTION OF ADRENAL GLANDS IN PATIENTS WITH CHRONIC HEART FAILURE, DIABETES MELLITUS TYPE 2 AND ANEMIA

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Progression of chronic heart failure (CHF), anemia and diabetes mellitus type 2 (DM) is determined by activation of neuro-humoral systems as a response to chronic stress impact. Our investigation aimed at determining of cortisol levels in patients with CHF, DM and anemia.

40 patients with CHF with DM and anemia of different degrees of severity were under investigation. Control group comprised 12 patients with CHF without comorbid pathology.

Cortisol level in control group was 390,8±52,67 nmol/l being within physiological norm. Significant changes of glucocorticoid function of adrenal glands in case of comorbid course of CHF and DM were not found (cortisol content was 476,7±39,11 nmol/l ($p>0,05$). In patients with CHF and anemia cortisol content was 2,02 times higher ($p<0,05$) and was 966,2±66,51 nmol/l. In case of CHF, DM and anemia cortisol content in blood was slightly lower (897,4± 8,43 nmol/l), which differed significantly from control group ($p<0,05$) and patients with CHF and DM without anemia ($p<0,05$).

Thus, both in patients with CHF and anemia, same as in case of CHF and anemia, complicated by DM, activation of glucocorticoid function of adrenal glands occurs due to hypoxia as a stress factor at anemia and CHF.

In case of CHF and DM with comorbid mild anemia statistically significant increase of cortisol content in serum was found in 2,07 times ($p<0,05$ compared to