torpid course of AS, required the coordination of the medicines' compatibility and complicated the realization of complex treatment of AS and comorbid disorders.

Therefore, comorbid pathology should be detected and treated earlier in order to reduce its negative impact on disease outcome, to provide better control of the AS activity and prevent possible complications.

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COMPLEX HEART RATE CONTROL IN PATIENTS WITH ACUTE CORONARY SYNDROME
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One of the main factors influencing a short-term and remote prognosis of patients experienced acute myocardial infarction is heart rate. Administration of Ivabradine decreases HR at the expense of inhibition of electric activity of the sinoatrial node (Keith-Flack node) resulting in reduction of heart rhythm, increase of diastolic time during perfusion as a result of decreased oxygen supply to the myocardium without any harmful changes – arterial pressure values, coronary blood supply and contractile capacity of the myocardium. 135 patients with ACS were included into the study. The possibility to improve treatment and clinical-prognostic role of ACS reduction was assessed with administration of Ivabradine. Pharmacological therapy correlated with the national recommendations concerning management of patients with ACS. The rates of HR, BP, ECG indices were assessed after admission to the hospital: during an acute period (on the 2- 4 th day, the 3rd day on an average), during subacute period (on the 14th day) of staying in the hospital. The patients were divided into two groups: the one included patients receiving Bisoprolol with the aim of control HR (group I, 93 patients), and another one - patients receiving Bisoprolol in combination with Ivabradine (group II, 42 patients). Analysis of the main parameters of the clinical-instrumental examination was not indicative of reliable differences between the patients of the examined groups at the beginning of treatment. The target levels of SP and DP were achieved in all the patients of the examined groups. The patients with complicated course of ACS (subgroup A) demonstrated reliably lower decrease of HR, than those without variant angina and/or relapse of MI (subgroup B) during all the stages of the hospital investigation. Similar dynamics of HR changes can be found in both groups of HR correction. Maximal decrease of HR was found since the first days of the study, which was similar for both groups in comparison. Considering selective decrease of HR without loss of the myocardial contractility, Ivabradine can be recommended as an effective agent to treat ACS without decrease of ejection fraction.

Monotherapy with Bisoprolol is indicative of an effective control of the heart rhythm in patients with ACS, but after a combined therapy with Ivabradine and Bisoprolol better results were found during the first 3-4 days of treatment. Insufficient decrease of HR in patients with ACS during the first 3-7 days of hospitalization is associated with an increased risk of post-infarction angina or relapse of myocardial infarction.

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COMBINATION OF CHRONIC PANCREATT WITH ISCHEMIC HEART DISEASE; DIAGNOSTIC VALUE OF C-REACTIVE PROTEIN AND CITOKIN LINK
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The purpose and tasks of the study. To evaluate the role of C-reactive protein (CRP), proinflammatory cytokines, interleukin 1β, tumor necrosis factor-alpha (FNP-α), type 1 vascular endothelial adhesion molecule in comorbidity with chronic pancreatitis for coronary heart disease as a marker of chronic systemic inflammation, which is a unifying mechanism in their flowing.

We examined 40 patients with chronic pancreatitis (Group I), 40 patients with comorbidity of chronic pancreatitis with ischemic heart disease (II group). To study the characteristics of the chronic low-intensity generalized inflammatory reaction, levels of CRP, IL-1β, TNF-α and sVCAM-1 were determined using the immunoassay method.

In patients with a comorbidity of chronic pancreatitis with ischemic heart disease (IHD), significant hyperproduction of proinflammatory cytokines (interleukin1β, tumor necrosis factor, sVCAM-1 and CRP compared with the isolated course of chronic pancreatitis and results in practically healthy individuals as shown in Table) was established.

Table

The content of C-reactive protein (C-RB), interleukin-1β (IL-1β), tumor necrosis factor alpha (TNF-α), vascular endothelial adhesion molecule (VCAM) in the serum of the examined individuals. (M ± m)

Indicators	Practically healthy (n=20)	Patients with chronic pancreatitis (CP) (n=40)	Patients with CP with concomitant IHD (n=40)
CRP (mg/ml)	1,13±0,35	2.37±0.11*	7.31±0.37*/**/
TNF-α (pg/ml)	4.12±0,17	5.86±0.14*	6.83±0.28*/**
IL-1β (pg/ml)	8.63±0,54	24,11±1.82*	31.57±1.05*/**/
sVCAM-1 (ng/ml)	368,3±20.21	791.18±27.68*	1220.83±39,46*/**

Notes: * - the reliability of the difference (p <0.05) as compared to those of practically healthy individuals; ** - reliability of difference (p <0.05) in comparison with the indices in patients with CP.