



Teleki J.M.

QUALITY OF LIFE IN PATIENTS WITH CHRONIC PANCREATITIS: THE ANALYSIS OF RESULTS

*Department of Internal Medicine and Infectious Diseases
Higher Educational Establishment of Ukraine
"Bukovyna State Medical University"*

The life quality is one of the important indicators of adaptation abilities in patients (including those with chronic pancreatitis (CP) to the social conditions of life.

The aim of the study - to study the features of the life quality (LQ) in patients with CP.

32 patients with CP at the acute stage at the age of 29 to 61 years (men - 21 women - 11) were examined. The diagnosis was verified on the basis of a thorough medical history, objective methods of research, laboratory, immunoassay and instrumental data. LQ was estimated by using the SF-36 test «Health Status Survey» where 100 points correspond to a perfect health condition. The results were compared with the control group (20 almost healthy persons). Patients with CP had their physical and role functioning significantly reduced ($67,5 \pm 8,2$ points and $32,9 \pm 9,2$, respectively) compared with the control group ($96,3 \pm 2,4$ and $87,5 \pm 7,5$). The vital activity was limited to $47,0 \pm 10,4$ points, whereas in almost healthy patients it showed $77,5 \pm 4,2$ points. A sleep disturbance was fixed in 45.6% and 43.7% patients, the ones coping badly with stress. Thus, the obtained data confirm the features of the life quality disorders during the CP exacerbation that must be taken into account in therapeutic practice.

Viligorska K.V.

EFFECT OF MAGNESIUM AND PYRIDOXINE (VITAMIN B6) NUTRITIONAL SUPPLEMENTATION ON LEVELS OF OXALIC UROLITHIASIS IN PATIENTS WITH CHRONIC PYELONEPHRITIS AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases
Higher state educational establishment of Ukraine
"Bukovinian State Medical University"*

Comorbidity of chronic obstructive pulmonary disease (COPD) and chronic pyelonephritis (CP) with oxalaturia is a widespread but insufficiently studied problem. It is necessary to optimize therapy and solve an important pathogenetic problem of combination of these pathologies, namely, deposition of oxalate salts with the development of urolithiasis (UL) and respiratory oxalosis, which significantly aggravates the course of COPD. It is advisable to add magnesium ions to the complex therapy of COPD and CP alongside with pyridoxine, which controls metabolism of oxalic acid.

Aim was to determine the effectiveness of complex treatment of chronic pyelonephritis with urolithiasis and comorbid chronic obstructive pulmonary disease with addition of magnesium and vitamin B6 (pyridoxine) supplement.

The study was conducted with the involvement of 63 patients who were treated at the pulmonology and urology departments of Emergency Hospital-University Clinic, Chernivtsi. Study groups: group I - 20 patients with CP and UL who received treatment in accordance with the clinical protocol for the management of patients with urolithiasis; group II - 20 patients with isolated COPD who received treatment according to the COPD treatment and diagnostic protocol; group III-23 patients with combined CP, UL and COPD, who, in addition to standardized treatment, received the combined supplement of magnesium lactate dihydrate at a dose of 470 mg equivalent to magnesium 48 mg, and pyridoxine hydrochloride at a dose of 5 mg per os 3 times a day for 30 days. Control group - 20 practically healthy people. The clinical examinations of all groups of patients were performed: daily urine analysis with determination of the presence of oxalate salts, determination of the level of creatinine ($\mu\text{mol/L}$), urea (mmol/L), glomerular filtration rate (ml/min), magnesium level (mmol/l level of free calcium (mmol/l) in serum, spirometry. The statistical analysis was conducted in the IBM SPSS Statistics v.20.

Data analysis showed that in patients of group III, the level of magnesium before treatment was (0.65 ± 0.11) mmol/l , which is 1.4 times lower than in control group - ($2.1 \pm 0,08$) mmol/l . The spirometry data in the patients of group III prior to the treatment with magnesium and pyridoxine were: forced expiratory volume in 1 second (FEV1) ($62 \pm 1,5\%$, FEV1/FVC ratio ($68,3 \pm 2,1$),% ($p < 0.05$), and in patients of group II who received standard COPD treatment FEV1 was ($64.4 \pm 1.5\%$, FEV1/FVC ratio ($70.1 \pm 0.5\%$) ($p < 0.05$). After 30 days of treatment with the combination of magnesium and pyridoxine in addition to the main treatment, the FEV1 value in patients in group III was ($67.7 \pm 1.4\%$) ($p < 0.05$), while in patients of group II who received treatment only according to the COPD protocol, the level of FEV1 was ($64.7 \pm 1.4\%$) ($p < 0.05$). After combined treatment in patients of group III, the level of magnesium was ($1,51 \pm 0,08$) mmol/l . Glomerular filtration rate (GFR), ml/min in patients with comorbid pathology, before treatment was ($79.2 \pm 4,9$) ml/min . ($p < 0.05$), which indicates a significant reduction in renal function due to the presence of oxalic UL. After treatment with magnesium and pyridoxine, GFR in patients of group III was (90.7 ± 5.04) ml/min . ($p < 0.05$), which compared to the value of this indicator before treatment, means significant improvement of the renal function ($p < 0.05$).

The use of the combined magnesium and pyridoxine supplement, along with the baseline treatment of COPD and CP, improves the general condition of patients with such comorbidity and prevents the progression of nephropathy.