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Introduction. The frequent combination of COPD with co-morbidities is the main factor in predicting its effects. Some of these diseases develop independently of COPD, others have a causal relationship: either the diseases have common risk factors, or one disease increases the risk of another [GOLD, 2016]. The association of COPD with non-alcoholic steatohepatitis (NASH) and hypertension (HTN) with the inclusion of certain parts of the metabolic syndrome (MS) is relevant and little studied.

Objective: to study the clinical features of the disease and to investigate the lipid profile of the blood in patients with COPD with co-morbid NASH and HTN on the background of obesity.

Materials and methods. The study included 90 patients with COPD GOLD 2B, who were hospitalized in the pulmonology department of the A&E hospital in Chernivtsi in 2016 due to infectious exacerbations. The average age of patients was (61.5 ± 1.01) years. Among the patients, there were 50 (55.5%) men and 40 (44.5%) women. Of these, 35 patients with COPD GOLD 2B were diagnosed with NASH – Group 1, 30 patients had COPD together with NASH and HTN stage II - Group 2, Group 3 consisted of 25 patients having COPD with co-morbid NASH, HTN stage II and grade I obesity.

The duration of the disease ranged from 2 to 8 years. The control group consisted of 20 practically healthy persons (PHP) – Group 4. A full range of general clinical studies was carried out: general clinical blood and urine test, the syphilis RDT, glycemic, lipid profile of the blood, chest photofluorography, ECG, coprology examination, biochemical tests with functional tests of the liver, daily monitoring of blood pressure, ultrasound of the abdominal cavity, pulse oximetry, computer spirometry to determine the functions of external respiration (FER).

Results and discussion. The blood concentration of general lipids in Groups 1 and 2 patients exceeded the norm by 27.3% and 38.3% ($p < 0.05$), respectively, and in Group 3 – to the maximum extent when comparing with other groups with the probable statistical difference between the groups ($p < 0,05$). The content of total cholesterol (cholesterol) in the blood was also increased in comparison with PHP - by 37.5% ($p < 0.05$) in patients of Group 1, 46.8 in Group 2, however, the highest was observed in patients of Group 3 - 53.8% ($p < 0.05$).

Significantly increased probable changes in the concentration of triacylglycerides (TG) (respectively 1.9, 2.1, and 3.2 times ($p < 0.05$)) were registered in Groups 1, 2 and 3. That is, the blood levels of TG in the co-morbid course of NASH with COPD and GC on the background of obesity were probably higher than in patients with NASH and COPD. The concentration of low-density lipoprotein (LDL) in patients of Group 1 was significantly higher than in the control group - 1.6 times ($p < 0.05$), in patients of Group 2 the probable increase in LDL was 1.8 ($p < 0.05$), and in patients of Group 3 - 2.3 times in accordance with the probable statistical difference between the groups ($p < 0.05$). High concentrations of cholesterol, LDL and triglycerides with low levels of high-density lipoprotein (HDL) can be considered as one of the predictors of metabolic syndrome formation.

Conclusions. Blood lipid spectrum in non-alcoholic steatohepatitis with co-morbid COPD, HTN and obesity is characterized by a significant increase in general cholesterol, low-density lipoprotein cholesterol, triglycerides and atherogenic index. The NASH disease on the background of obesity and COPD on the background of high blood pressure is accompanied by the formation of the most atherogenic types of

dyslipidemia according to Frederickson. The results of the study can be regarded as indicators for stratification of cardiovascular risk in patients with COPD grade II in the acute phase in combination with HTN stage II and NASH on the background of obesity.