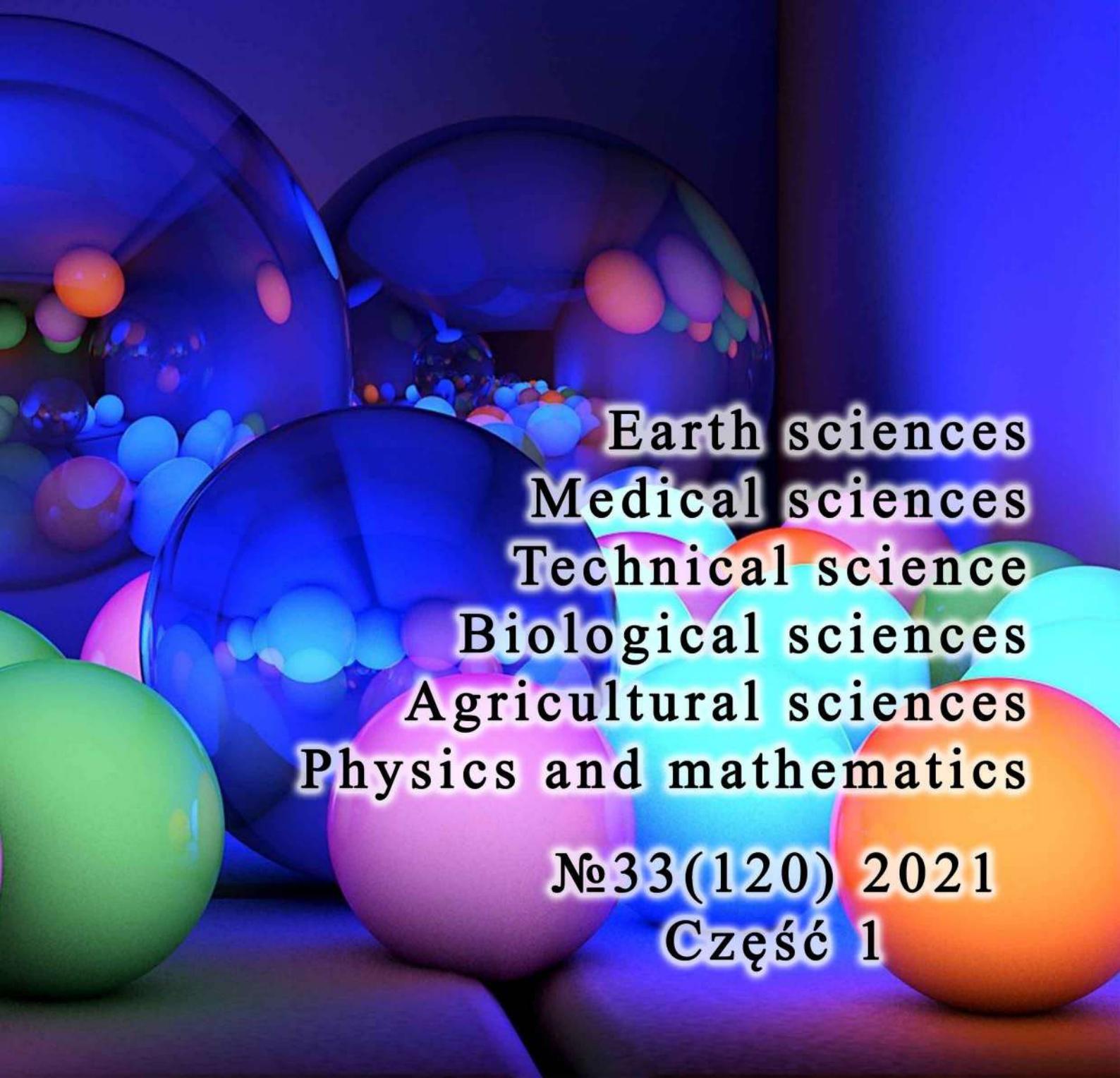




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Międzynarodowe czasopismo naukowe



A background composed of numerous semi-transparent, glowing spheres in various colors (blue, green, orange, pink) of different sizes, creating a sense of depth and motion.

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MEDICAL SCIENCES

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АКТУАЛЬНІ ПИТАННЯ ДІАГНОСТИКИ ТА ЛІКУВАННЯ МЕТАБОЛІЧНОГО СИНДРОМУ У ХВОРИХ ПОХИЛОГО ВІКУ

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TOPICAL ISSUES OF DIAGNOSIS AND TREATMENT OF METABOLIC SYNDROME IN ELDERLY PATIENTS

Резюме.

Метаболічний синдром (МС) розуміють як комплекс взаємопов'язаних порушень вуглеводного, жирового обміну та механізмів регуляції артеріального тиску (АТ), розвиток яких зумовлений зниженням чутливості тканин до інсуліну. Компоненти метаболічного синдрому є факторами ризику виникнення захворювань, пов'язаних з атеросклерозом (ішемічної хвороби серця (ІХС), інфаркту міокарда (ІМ), церебрального інсульту). Особливо актуальним є виявлення даної патології у хворих похилого віку.

Resume.

Metabolic syndrome (MS) is understood as a complex of interrelated disorders of carbohydrate, fat metabolism and mechanisms of regulation of blood pressure (BP), the development of which is due to reduced tissue sensitivity to insulin. The components of the metabolic syndrome are risk factors for atherosclerosis (coronary heart disease), myocardial infarction (MI), and cerebral stroke. The detection of this pathology in elderly patients is especially important.

Keywords: metabolic syndrome, old age, atherosclerosis, cardiovascular risk, treatment, resveratrol

Ключові слова: метаболічний синдром, похілий вік, атеросклероз, серцево-судинний ризик, лікування, ресвератрол

Metabolic syndrome (MS) is one of the most pressing problems of modern therapy. MS is a combination of abdominal obesity, hyperglycemia, dyslipidemia, hypertension (AH), hemostasis and chronic subclinical inflammation, the pathogenesis of which is the phenomenon of insulin resistance. The problem of metabolic syndrome (MS) today attracts the attention of many clinicians, due primarily to the high prevalence of MS (5-20% according to various authors) and the multicomponent manifestations of it. It should be noted that there are statistics on the prevalence of various components of MS among the population of Ukraine: overweight is determined in 37.5% of men and 29.5% of women, 14.6% of men and 23.6% of women are obese; the prevalence of hyperinsulinemia among men and women is almost the same and is 22.4 and 23%, respectively. The results of the epidemiological survey of men and women indicate a fairly high prevalence of hypertension (AH) in the urban population, the frequency of which is 35.3%. The prevalence of hypertension increases with age: from 15.8% in 25-34 years to 69.2% in 55-64 years among men and 4.8% in 18-24 years to 61.4% in 55-64 years among women . In the context of the coronavirus disease pandemic (COVID 19), the problem of MS has become especially

important. Diabetes mellitus (DM) or even impaired glucose tolerance, as one of the main risk factors for respiratory distress syndrome in patients with COVID 19 increases the probability of death threefold, it is undeniable that in patients with diabetes COVID 19 is more likely to cause fatal thromboembolism.

In all epidemiological studies, the prevalence of MS increases with age, due to biochemical changes in this symptom complex and aging. The presence of only one component of MS significantly increases the risk of its development at a later age. It is shown that a high prevalence of MS is also observed among the elderly with low levels of physical activity. The presence of MS in the elderly is more often correlated with dyslipidemia. Both short (<6 h) and long sleep (> 9 h) are associated with an increased risk of developing MS. Sleep duration can be a crucial factor in metabolic health in older patients, as it plays an important role in maintaining homeostasis of the internal environment, which can regulate physiological, hormonal and psychological processes.

Today, there is still the view that age is an important factor that allows metabolic disorders that slowly progress to fully manifest. Genes, one way or another related to aging, the regulatory systems of the

body's cells, oxidative stress and tissue malignancy can be combined in a systemic process of functioning of the body as a whole, in which energy flows play a significant role. There is no doubt that the metabolic disorders that underlie atherosclerosis and type II diabetes can be considered as a subject of gerontology. Epidemiological studies have shown that the incidence of MS increases gradually with aging, increasing sharply in people over 50 years [5]. The frequency of MS is 20-40%, increases with age in both men and women, reaching a maximum value in the age group of 60-69 years [6]. The tendency to a continuous increase in the number of people with MS, which is observed in the elderly and senile age, as if "freezes" at the mark "74 years" [7]. Currently, the WHO has described MS as a "pandemic of the XXI century" and included it in the list of diseases associated with age [8].

Based on the above pathogenetic changes in patients with MS, the approach to the treatment of this category of patients should be comprehensive, aimed at all components of the disease. The main goal of treatment of such patients is to minimize the overall risk of cardiovascular morbidity and mortality. The leading place in the treatment belongs to the measures aimed at reducing the mass of abdominal-visceral fat. This is, first of all, a balanced diet with a limit on the amount of fat to 25-30% of the daily calorie intake, a ban on alcohol, easily digestible carbohydrates. Treatment of arterial hypertension is an important component of complex therapy of patients with MS. When choosing an antihypertensive drug should take into account its metabolic effects: the effect on the lipid spectrum, IR, glucose and uric acid levels, the need in most cases of combination therapy with effects on different chains of pathogenesis of hypertension, as well as those with type 2 diabetes. with the first detected hypertension, regardless of the degree of increase in blood pressure, it is necessary to begin treatment with antihypertensive drugs, the target blood pressure level should be <130/80 mm Hg. Art., with impaired renal function - <125/75 mm rt. Art. Lipid-lowering drugs, hepatoprotectors, sugar-lowering drugs play a significant role in treatment.

For additional correction of the main manifestations of the metabolic syndrome in elderly patients, it is advisable to include the drug Resverazin® in the complex therapy, which includes resveratrol, red wine extract and grape seed extract. It is known from the literature that resveratrol is a stilbeneid (3,5,4'-trihydroxy-trans-stilbene), a natural polyphenol, phytoalexin, which is produced in 72 different species of plants in response to pests and adverse weather conditions, especially in grape peel, peanuts and Japanese hill. Resveratrol has the ability to prolong life, has a powerful antioxidant, anti-inflammatory, cardioprotective, neuroprotective, antitumor and antidiabetic effect [3]. The wine extract contains organic acids, polyphenols and minerals such as magnesium, zinc, potassium and manganese. Red wine polyphenols have antioxidant, anti-inflammatory effects, prevent platelet aggregation and improve lipid metabolism. Trace elements of wine extract are able to enhance the activity of the antioxidant defense system of the body by catalyzing antioxidant

enzymes [3]. Grape seed extract contains anthocyanidins, catechins and proanthocyanidins B, which have antioxidant, anti-inflammatory, immunostimulatory, vasodilating and antitumor effects [4]. That is why their combination (wine extract, grape seed extract) in combination with resveratrol potentiates their positive effect on the cardiovascular system. One of the most well-known effects of resveratrol is probably to reduce the risk of CVD. The studies have repeatedly noted the modulating effect of resveratrol on the development of atherosclerosis, hypertension, coronary heart disease and heart failure. In various experimental models, resveratrol lowered blood pressure. In addition, the positive effect on the cardiovascular system is due to improved endothelial function: it increases the synthesis of nitric oxide and inhibits its degradation. Together, these effects prevent the development of atherosclerosis and improve vascular blood flow. Thus, the addition to the complex treatment of metabolic syndrome of this tool is quite promising, due to its multifactorial impact on many links in the pathogenesis, which is especially relevant in elderly patients.

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АКТУАЛЬНАЯ ФАРМАКОТЕРАПИЯ ОСТРОГО ИНФАРКТА МИОКАРДА

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ACTUAL PHARMACOTHERAPY OF ACUTE MYOCARDIAL INFARCTION

Аннотация.

В статье показана классификация, клиническая картина инфаркта миокарда, а также сделан лите-
ратурный обзор на соответствующую тему: «Медикаментозная терапия острого инфаркта миокарда». На сегодняшний день заболевания сердечно-сосудистой системы являются одной из самых распространенных и основных причин смерти во всем мире. По данным использованных и проанализированных источников установлено, что ежегодно более 800.000 человек испытывают острый инфаркт миокарда, при-
чем 27% из них умирают до прибытия в больницу. В статье описаны наиболее распространенные способы
медикаментозной терапии для больных острым инфарктом миокарда.