



According to the presence of obesity and chronic kidney disease all patients were divided into three groups. The first group comprised of patients with 2 stage CKD without concomitant obesity (17 persons), The second group included stage 1 obese patients with stage 2 CKD (24 persons), group 3 consisted of 19 patients with stage 2 CKD and stage 2 concomitant obesity. Body mass index (BMI) was calculated by the formula:  $BMI = \text{body weight in kg} / (\text{height in meters})^2$ . The control group consisted of 20 practically healthy individuals. Statistical analysis of the material was performed by the methods of variation statistics with the definition of averages ( $M$ ), the average error ( $m$ ). By taking a probable difference parameters at  $p < 0.05$ .

Analysis of the results of the study showed that the renal function in the evaluation of patients with the second degree CKD and without concomitant obesity as compared with the healthy subjects showed the presence of proteinuria and deterioration of glomerular filtration rate ( $p < 0.05$ ). However, in the groups of patients with obesity these figures as compared with the patients without concomitant obesity were reliably lower ( $p < 0.05$ ) and were dependent on the degree of obesity.

So, the analysis of clinical and laboratory parameters revealed the presence of an imbalance in fat metabolism in obese and non-obese patients with chronic kidney disease. However, the changes in patients with II degree obesity were more significant. In this same group the patients showed a more pronounced impairment of renal function, indicating a more severe course of disease in obese patients. It means that this variant of the disease is more unfavorable.

**Bezruk T.O., Bezruk V.V.\***

#### **FAMILY ENTEROBACTERIACEAE SPP. ANTIBIOTIC RESISTANCE AS THE MAIN PATHOGEN OF THE URINARY TRACT INFECTIONS AMONG ADULTS**

*Department of the Internal Medicine and Infectious diseases  
Department of Pediatrics, Neonatology and Perinatal Medicine\*  
Higher State Educational Establishment of Ukraine  
«Bukovinian State Medical University»*

A growing antibiotic resistance among the pathogens of infectious and inflammatory diseases is an extremely serious problem in medicine and nephrology, in particular. Awareness on regional bacterial resistance of pathogens of urinary tract infections is the «basis» of a differentiated approach to empirical antibacterial treatment, as a pathogenetic treatment of this pathology.

The aim of the article is to set the range and dynamics of the family *Enterobacteriaceae* antibiotic resistance as dominant among different groups of pathogens of the urinary tract infections in the adult women of the Chernivtsi region. A retrospective analysis of the bacteriological examination of 396 urine samples of the adult women of the Chernivtsi region (2009–2013) was conducted with the purpose of verification of the diagnosis «Urinary Tract Infections» (UTI).

99 strains of the family *Enterobacteriaceae* (except *Proteus*) were extracted in etiologically significant quantities. Dynamics (2009–2013) of the *Enterobacteriaceae* family strains resistance (except *Proteus*) as the main pathogen of the urinary tract infections in women (89 strains of the family *Enterobacteriaceae* (except *Proteus*)) living in Chernivtsi region was largely dependent on the group of antibacterials and mostly characterized by «undulatory» varied nature.

Results of the study show that uropathogen *E.coli* extracted from the women living in this region retains sensitivity to penicillin series antibiotics ( $\chi^2 = 3.89$ ;  $p < 0.05$ ), fluoroquinolones ( $\chi^2 = 9.15$ ;  $p < 0.01$ ) and chloramphenicol ( $\chi^2 = 5.37$ ;  $p < 0.05$ ). A clear tendency to reduce antibiotic resistance strains of *E.coli* to cephalosporins of the 1st generation and presence of «undulating curve» resistance to cephalosporins of the 3rd generation is traced as well.

**Bobkovych K.O.**

#### **THE WAYS OF THERAPEUTIC OPTIMIZATION IN PATIENTS WITH GOUT**

*Department of Propedeutics of Internal Diseases  
Higher State Educational Establishment of Ukraine  
«Bukovinian State Medical University»*

The topicality of medical treatment of gout is high due to increasing incidents in recent decades. Administration of the hypouricemic drug Allopurinol is often accompanied by severe side effects. Therefore, it is necessary to search for new drugs that have a positive impact on gout including extra-articular symptoms.

The aim of the study was to enhance the efficacy of treatment in patients with gout in exacerbation stage and concomitant disorders of the hepatobiliary system by means of herbal medicine – Urocholum.

50 patients with goat in exacerbation stage of arthritis and concomitant disorders of the hepatobiliary system were examined. The age of the investigated persons was  $53,4 \pm 1,10$ . The patients of the control group took a basic complex (diet №6, ibuprofen, local anti-inflammatory therapy). 30 persons were included into the research group. They took a basic complex with the additional medicine Urocholum in the dosage 20 drops three times a day 30 minutes before meals for 15-18 days.

Administration of the remedy investigated promoted a rapid regression of clinical symptoms of hepatobiliary disorders (painful feeling during palpation in the right upper quadrant of the abdomen, bloating, bitterness and dryness in the mouth), normalization of the bilirubin concentration, uric acid, urea, liver enzymes activity as compared to patients of the control group. Urocholum affected diuretic indices. The concentration of uric acid in the urine increased



and daily urine output was 30.0% more in the first 3-5 days of treatment under the influence of this drug. These clinical effects were caused by well-matched and complementary components of the remedy. Saint-John's-wort was proved to have antioxidant, analgesic, anti-inflammatory properties, and reduce blood cholesterol levels. Hepatoprotective, analgesic, anti-inflammatory and antioxidant actions are inherent for horsetail and wild carrot. Knotweed has antioxidant and anti-inflammatory properties. Diuretic properties of the drug are caused by the presence in its composition buds of birch, knotweed, horsetail, elderberry and corn stigmas.

Therefore, indication of Urocholum promotes rapid regression of clinical and laboratory manifestations of gout, concomitant disorders of the hepatobiliary system. This medicine reduces doses of standard treatment in the research group of patients.

**Garazdiuk O.I., Olynyk O.Yu., Garazdiuk I.V., Kokoshchuk O.V.**

**MONOTHERAPY WITH ANGIOTENSIN-CONVERTING ENZYME INHIBITORS AND COMBINED ANTIHYPERTENSIVE THERAPY IN PATIENTS WITH DIABETIC NEPHROPATHY AND OBESITY: RETROSPECTIVE STUDY**

*Department of Internal Medicine and Infectious diseases  
Higher State Educational Establishment of Ukraine  
«Bukovinian State Medical University»*

Diabetes and hypertension are affect heart, kidneys, brain and blood vessels of the retina. End-stage renal disease with a combination of these pathologies is the commonest cause of disability and mortality.

Combined therapy used to decrease blood pressure in patients already receiving angiotensinconverting enzyme inhibitors (ACEI) or angiotensin receptor blockers (ARBs) - is often diuretics, calcium channel blockers (CCBs), beta-blockers. The possible combination of these medications are studied in detail, there is a picture of the so-called optimal combinations of antihypertensive drugs.

The aim was to compare the efficacy of monotherapy with ACE inhibitors at high doses and combination therapy (ACE inhibitor and moxonidine or ACE inhibitor and indapamide) in patients with hypertension on the background of diabetic nephropathy and obesity.

We analyzed 68 cards inpatients who were hospitalized in the Regional Clinical Endocrinology Center and Nephrology Department of Chernivtsi Regional Clinical Hospital and 34 blood pressure diaries. The first group of patients represented by 16 patients who received only ACE inhibitor (enalapril or lisinopril) at a dose of 20-60 mg/day, the second group - 27 patients treated with the combination of enalapril or lisinopril (10-20 mg/day) with moxonidine (3-4 mg / day), III group - 25 patients treated with the combination of ACE inhibitors (as in the second group) and inadapamid at a dose of 1.5 mg/day.

It was proved more pronounced effect in the second group (blood pressure after treatment was  $130 \pm 4$  (systolic) and  $85 \pm 3$  mm Hg (diastolic) vs.  $136 \pm 4$  and  $88 \pm 2$  in the first group and  $133 \pm 3$  and  $80 \pm 2$  in the second group ( $P < 0,05$ ), respectively, and found a positive effect in the second group on heart rate ( $70 \pm 3$  beats/min in the second group vs  $80 \pm 6$  in the first group and  $83 \pm 4$  beats/minute in the third group ( $P < 0,05$ )), which positively changed quality of patients' life.

Thus, the use of combined therapy with ACE inhibitors and moxonidine in patients with diabetes and hypertension demonstrates higher clinical efficacy and a favorable safety profile.

**Glubochenko O.V.**

**ANEMIC SYNDROME IN PATIENTS WITH RHEUMATOID ARTHRITIS**

*Department of Propedeutics of Internal Diseases  
Higher State Educational Establishment of Ukraine  
"Bukovinian State Medical University"*

Rheumatoid arthritis (RA) is a systemic autoimmune disease with unknown etiology, characterized by chronic symmetric erosive arthritis and progressive joint destruction that releases most prominent manifestations in the diarthrodial joints with systemic extra-articular manifestations (Michael et al., 2010, Kovalenko V.M. et al., 2013).

Anemia is a systemic (extra-articular) manifestation of this chronic inflammatory process. In some cases anemia may be as concomitant diseases, or as complications against the background of therapy (Galushko EA, 2009; Wahle M., 2012). A systematic search of scientific literature estimated the level of anemia in rheumatoid arthritis ranging from 30 to 70% in various cross-sectional studies.

We have examined 47 patients with rheumatoid arthritis. Seropositive RA was detected in 38 (68.09) patients, respectively seronegative variant in 9 (19.1%) patients. 35 patients (74.5%) as a basic treatment received methotrexate in combination with folic acid; 12 (25.5%) patients took leflunomide. 40 (85.1%) patients received corticosteroid therapy. All the patients, if necessary, periodically took nonsteroidal anti-inflammatory drugs (nimesil, meloxicam).

The survey results demonstrated that 32 patients (68%) out of 47 examined patients with RA were diagnosed with anemia of various severity. Anemia of chronic disease was diagnosed in 21 (44.7%) patients, iron deficiency was found in 9 (19.1%) patients, and 2 (4.26%) patients had B12- folic-deficiency anemia. According to its severity - mild anemia (hemoglobin level of 91-110 g/L) was found in 27 (84.3%) patients, moderate (hemoglobin level of 71-90 g/L) - 4 (12.5%) patients, severe (hemoglobin level of 65 g/l) in 1 (2.1%) patient.

A direct correlation between the degree of anemia syndrome, activity of inflammatory process, the number of joints involved in pathological process and disease duration has been detected.