



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 ± 4 (systolic) and 85 ± 3 mm Hg (diastolic) vs. 136 ± 4 and 88 ± 2 in the first group and 133 ± 3 and 80 ± 2 in the second group ($P < 0,05$), respectively, and found a positive effect in the second group on heart rate (70 ± 3 beats/min in the second group vs 80 ± 6 in the first group and $83 = 4$ 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.