Thus, the clinician should be aware of the drugs that have strong associations with fibrosis, consideringthe difficulty of making the differential diagnosis. Awareness of drug-induced forms of scleroderma is important because some of them can be reversed by withdrawal of the drug indicated early.

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THE USE OF ROSUVASTATIN AND EZETIMIBE COMBINATION FOR CORRECTION OF DYSLIPIDEMIA IN PATIENTS WITH HIGH CARDIOVASCULAR RISK (ISCHEMIC HEART DISEASE AND TYPE 2 DIABETES MELLITUS)

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Approximately 80% of cardiovascular disease-related deaths are associated with patients suffering from coronary atherosclerotic heart disease. Atherosclerosis is a complicated chronic inflammatory process which primary essence includes an excessive inflammatory response and lipid accumulation. Patients with type 2 diabetes have a significantly increased risk of developing cardiovascular disease. Atherosclerosis kills more diabetic patients than all other causes combined. Statin treatment markedly reduces the incidence of acute coronary events in patients with coronary atherosclerosis. Special features of pharmakinetics, mechanism of action of statins (rosuvastatin) and ezetimibe and their effect on the correction of dyslipidemia have been introduced. A good combination of statins with ezetimibe has been proven, which is that statins reduce the synthesis of cholesterol in the liver, and ezitimibe, localized in the brush border of the small intestine, prevents cholesterol absorption. These lead to a decrease in the intake of cholesterol from the intestine into the liver, lowering cholesterol in the liver and, accordingly, increase its excretion from the blood. In addition, ezetimibe in combination with statins reduces the levels of total cholesterol, low-density (LDL) cholesterol, triglycerides (TG) and increases high-density lipoprotein (HDL) cholesterol in patients with hypercholesterolemia significantly more effectively than monotherapy.

The aim of the study was to compare the effect of rosuvastatin with combination therapy of rosuvastatin and ezetimibe. The study group comprised 36 patients (20 women and 16 men) with chronic ischemic heart disease and type 2 diabetes mellitus. The blood lipid profile of the patients was determined before the beginning of the study and after 4 and 12 weeks of rosuvastatin use and its combination with ezetimibe. The patients were divided into 2 groups. Patients of the first group received rosuvastatin alone in the dose of 20 mg and patients of the second group received combination of rosuvastatin and ezetimibe (10 mg + 10 mg). Within 4 weeks of observation, group 1 showed insufficient reduction in LDL levels (9,6%), while in the second group there was a decrease of 12,6%.

The use of combination therapy for 4 weeks made it possible to achieve the target level of LDL and reduced it by 54,4% compared with 25,3% of rosuvastatin monotherapy. The initial dose of rosuvastatin (20 mg) was effective in achieving cholesterol targets in 71,2% of patients after 12 weeks and in achieving LDV targets in 71,3%. In patients of the 2nd group this parameter was 21% higher. The combination of ezetimibe and rosuvastatin decreased total cholesterol, low-density lipoprotein cholesterol, triglycerides and increased high-density lipoprotein. And compared with rosuvastatin alone group, the primary endpoint decreased more effectively in combination group.

Ezetimibe combined with low- or intermediate-intensity statin therapy possesses lipid-lowering efficacy comparable to or better than that of high-intensity rosuvastatin monotherapy. The results of the present study indicate that the combination treatment with ezetimibe is beneficial in that it permits dose reduction of rosuvastatin without compromising the lipid-lowering efficacy of rosuvastatin.