



glucose tolerance disorders (OR = 2,42, 95% CI [1,13-5,17]) with NASH and comorbid obesity and osteoarthritis was significantly higher than for NASH without OA ($p < 0,05$).

Olinyk O.Ju.

METABOLIC SYNDROME IN RHEUMATOID ARTHRITIS PATIENTS

Department of Internal Medicine and Infectious Diseases

Bukovinian State Medical University

The prevalence of metabolic syndrome (MS) among rheumatoid arthritis patients is 37%, which almost corresponds to the prevalence of metabolic syndrome among patients with coronary heart disease-41% and occurs with greater frequency than in the population (10-30%). Insulin resistance is an essential feature of the metabolic syndrome that has been linked to rheumatoid arthritis (RA). Understanding how inflammation arising in one tissue affects the physiology and pathology of other organs remains an unanswered question with therapeutic implications for chronic conditions including obesity, diabetes mellitus, atherosclerosis, and RA.

The aim of our study was to investigate some criteria of MS (based on criteria recommended by the International Federation of Diabetes, 2005) in patients with RA.

The study involved 30 patients with RA who were hospitalized in the rheumatology department of Chernivtsy regional clinical hospital. The control group consisted of 20 healthy individuals. Clinical examination of each patient included general clinical and special studies. For the study of carbohydrate metabolism conducted laboratory studies of blood to the definition of indicators of blood glucose and insulin levels. The level of insulin resistance (IR) was calculated using the formula HOMA-IR. Waist circumference measured by tape at the navel.

Increased waist circumference (central obesity type) in women > 80 cm in men > 94 cm was observed in 40% of women and 36.7% of men in patients with RA. In the control group-25 and 20%, respectively ($p < 0,05$). Elevated serum triglycerides level ≥ 1.7 mmol/L were present in 52 % of the patients ($p < 0,05$). IR is observed in 20% of patients with RA, diabetes type 2-3.3% increase in fasting blood glucose > 5.6 mmol/l-in 23.3% of patients with RA in the control group IR 5% and improving fasting blood glucose by 10% ($p < 0,05$). Increased blood pressure ($> 130/85$ mm Hg) and/or the use of antihypertensive therapy was found in 46.7% of patients with RA and 10% in the control group ($p < 0,05$).

The above studies represent small, but significant advances in the effort to understand the complex interplay between MS and RA. The prevalence of MS has been reported to be significantly higher in patients with RA as compared to the general population. Combined course of disease requires attention from clinicians to develop a differentiated approach to the prevention of metabolic syndrome among patients with rheumatoid arthritis.

Palibroda N.M.

GASTROINTESTINAL MOTILITY DISORDERS IN PATIENTS WITH METABOLIC SYNDROME: A WAY OF CORRECTION

Department of Internal Medicine and Infectious Diseases

Bukovinian State Medical University

Metabolic syndrome (MS) has attracted increasing attention of the medical community as a burgeoning global problem, with an increasing prevalence in urban populations. Approximately one fourth of the adult European population is estimated to have this disorder. The main components of the cascade of metabolic disorders or metabolic syndrome-abdominal obesity, hyperlipidemia, tissue insulin resistance, hypertension are closely related to the functional state of the digestive system. Gastrointestinal motility disorders occur in 70-80% of patients with MS that significantly affects their quality of life.

The aim is to study the efficacy and tolerability of itopride hydrochloride in patients with MS and gastrointestinal motility disorders compared to domperidone.

The study involved 30 patients with metabolic syndrome and digestive tract motility disorders. Patients were randomly and equally divided into two groups: Group 1 received Itopride