



aggregation and a significant increase in the content of the XIII factor of coagulation were detected. The proteolytic activity of plasma is significantly altered by the level of azoalbumin and azocasein with a decrease in the level of proteolysis in the case of the carrier of the "protective" H1 allele ($p < 0.05$).

Received data have suggested the hypothesis of the presence a dependency in the increase of the possible thrombotic complication in patients who are the carriers of "risk genotype". This group of patients should be provide more careful and serious antithrombotic prophylaxis.

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**THE COLLAGEN-INDUCED PLATELET AGGREGATION AND ARTERY STATUS
IN PATIENTS WITH ARTERIAL HYPERTENSION AND HEART FAILURE
WITH PRESERVED EJECTION FRACTION**

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Atherotrombosis is one from the recent complications of arterial hypertension (AH). The crucial role in the development of it played thrombocyte activation. Different studies have shown controversial results in blood platelet functionality profiles due to the influence of cardiovascular continuum due to the state of vessels in different places of arterial bed.

The objective of the research was to set the the types and relationship of the thrombocyte activation inducted by collagen in the clinical course of AH and heart failure with preserved ejection fraction (HFpEF). In the study we have included 102 patients (62 women and 40 men, aged 52 to 74 years) with AH with HFpEF. The 3 indexes of collagen-induced platelet aggregation (the level (LA), time (TA) and rate of aggregation (RA)) and the plasma level of NO-metabolites, the indexes of systemic vascular resistance were measured.

Using multivariate nonparametric analysis of variance we have set the significant increase of the level and rate of aggregation ($p < 0,05$) in the group of AH with HFpEF. There was not significant difference between the TA in all groups ($p > 0,05$). As for the interrelationship between the aggregation and level of NO-metabolites we have found a reliable negative correlation between the LA and NO-metabolites ($R = -0,31$; $p = 0,045$) and RA and NO-metabolites ($R = -0,26$; $p = 0,019$). Also we have set the association between the increase of general vascular resistance index and the level of collagen aggregation ($R = 0,31$; $p = 0,005$) and general vascular resistance index and the rate of aggregation ($R = 0,23$; $p = 0,04$).

So, the AH with HFpEF followed by the activation of thrombocytes, which directly deal with changes of functionality of the arteries in different places of riverbed.

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**INVESTIGATION OF THE RESPIRATORY FUNCTION CHARACTERISTICS OF
PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE COMBINED
WITH ISCHEMIC HEART DISEASE**

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WHO statistics suggests that chronic obstructive pulmonary disease (COPD) ranks 4th place in the world among causes of death, and its prevalence worldwide reaches about 210 million patients. Ministry of health of Ukraine determines the prevalence of COPD in the country is about 3000 per 100 thousand people and growing every year. Approximately 61.7% of patients with Ischemic heart disease (IHD) have comorbidity with COPD. In developed countries, COPD and cardiovascular diseases take the leading place among causes of mortality, and in recent years the clinical importance of comorbid conditions increases. In turn, the presence of comorbidity in patients with COPD causes more severe course of the disease and has more unfavorable outcomes. Acute cardiovascular events are the common cause of death in patients with COPD, while in patients with COPD reduced FEV₁ by 10% increases cardiovascular mortality by 28%.