

flavonoid glycosides of the extract are stem from the dilatation of arterioles and narrowing of veins, due to which the filling of the venous system is regulated.

After the conducted inpatient treatment, patients continued to take Krateprovin at the outpatient stage for two (persons under 55 years) - four (persons over 55 years) months in the early spring and late autumn period, and in the period between them, episodic 2-5 days according to calendar of meteorological days.

Domestic phytopreparation Krateprovin - is an effective therapeutic and prophylactic drug, which can help with a correction of meteorological dependence in patients with age-related atherosclerotic lesions of the heart and brain, as well as has a positive effect on the dynamics of clinical symptoms, exhibits significant antiischemic and antihypertensive properties.

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**CARDIOVASCULAR RISK AS A COMORBIDITY PHENOMENON**  
**IN PATIENTS WITH GOUT**

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In last ten years, the growth rate of gout is 0.5 to 2-3.5% in the world. The study of the peculiarities of the formation of comorbidity processes in patients with gout, depending on its stage and age, is the object of attention of scientists of the last decade, especially through the prism of evaluation of cardiovascular risks.

Objective - to assess the risk of cardiovascular events in gout patients, depending on the level of comorbidity in the age aspect. The study included 115 patients with primary gout at the age of 37-74 years, among which men dominated (99 people - 86.09%). The calculation of total cardiovascular risk was performed on the scale SCORE (2007), according to which one can calculate a 10-year risk of occurrence of major coronary events.

It has been established that in men the gout is progressing slowly, with the increase of the phenomena of polymorbidity and comorbidity from the first (interval gout) to the second stage (chronic gouty arthritis), among which the manifestations of the metabolic syndrome (MS) were dominant. Only 4 males (3.49%) did not detect concomitant and comorbid diseases.

In patients with a second stage of gout, the manifestations of MS were noted in 63 patients (54.8%) and were more pronounced (AG II st., Obesity II-III, steatohepatosis or steatohepatitis, CHD in more significant forms, diabetes II type, higher levels of dyslipidemia).

In accordance with the European guidelines for the use of SCORE in clinical practice, we evaluated the total 10-year risk of cardiovascular events in the examined patients. According to this analysis, it is found that in the majority of patients with gout there is a high (more than 5%) level of cardiovascular risk (101 patients - 87,8%). Of these, the probability of developing a severe form of coronary artery disease (cardiovascular risk more than 20%) noted in 23 (20.1%) people. Only in 26 (22.6%) patients the level of development of a fatal cardiovascular event was low and average (1-4%).

In the age-old aspect, in the elderly patients, the percentage of total cardiovascular risk increased: at the age of 51-60 years - up to 7-9%, 61-70 years - up to 14-16%, over 70 years - more than 20%. That is, in the age aspect in patients with gout the level of cardiovascular and cardiovascular risk is significantly increased.

In patients with gout with increasing stage, severity of its course, level of comorbidity and age of patients, the level of total cardiovascular risk increases significantly. To prevent the development of cardiovascular events can be considered timely and adequate treatment of comorbidity processes and the improvement of anti-aggregate therapeutic complexes.