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**EXPERIMENTAL STUDY OF PHARMACOLOGICAL PROPERTIES OF A NEW
HERBAL PREPARATION OF ALTABOR SUPPOSITORIES**

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Nowadays, prostate diseases, in particular, chronic prostatitis is considered to be one of the acute medical and social problems. It prevails among urological diseases and causes infertility, impotence. According to recent studies, approximately 30-45% of men suffer from chronic prostatitis. In other words, almost every third middle-aged man in Ukraine is diagnosed with inflammation of the prostate. This problem is extremely serious as there is the tendency of the number of patients with chronic prostatitis to increase, which, in turn, takes place due to the decrease in the immunoresistance of a body and increased exposure to adverse environmental conditions.

Pharmacocorrection is etiopathogenetic in nature and involves the use of drugs of different pharmacological groups (antibacterial, muscle relaxants, antispasmodics, 5- α -reductase inhibitors, α -blockers, herbal drugs, etc.) The leading mechanisms of prostate pathology are not precisely established. That is why the effectiveness of many drugs has not been confirmed in terms of evidence-based medicine. Prostate protectors are especially highlighted in the list of drugs used to treat prostatopathy. These drugs have a cytoprotective effect, inhibit the process of excessive peroxidation, improve microcirculation in prostate tissues, provide high resistance to the development of inflammatory reactions, hyper- and neoplasia in the prostate etc.

The choice of domestic prostate protectors is rather limited in Ukraine. That is why people use imported drugs for the treatment of prostatitis. Unfortunately, this type of treatment remains unaffordable for many people. As a consequence, the development and implementation of effective and safe domestic drugs are absolutely essential for the treatment and prevention of prostatitis.

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**CHARACTERISTICS OF HYPERTENSION IN PATIENTS WITH DIABETIC
NEPHROPATHY**

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Hemodynamic disturbances, occurring early or late as response to any pathological processes in the kidneys, are of great significance nowadays in the development of progressiveness of chronic kidneys disease (CKD). Dystrophic and scleral pathological processes that have more or less pronounced diffuse character, considered to acquire steady progression just due to stable hemodynamic changes. Kidney Doppler ultrasonography as relatively new ultrasound method of investigation of the organ bloodcirculation, occupied deserving place in cardiology, obstetrics and gynecology, vascular surgery and transplantology.

The aim of this abstract was to make better diagnostics and dynamic control of the quality of treatment of patients suffering from chronic kidney disease with arterial hypertension presence by means of color duplex Doppler ultrasonography investigation of the renal organ blood flow. The study involved 55 men (41.98%) and 76 women (58.02%) aged 29-65 years (mean age 46.50 ± 2.25 years) with the 5-10 year history of CKD and hypertension. All patients underwent Doppler ultrasound renal scanning to evaluate morphological changes of kidney structure and patterns of the renal vascularization. Investigation was carried out in the triplex regimen (B-mode ultrasound, colour duplex scanning, mapping, and spectral analysis of Doppler shift frequency) with measurement of the peak systolic velocity (V_s), end-diastolic velocity (V_d), time-averaged maximum blood flow rate (TAMX) in *interlobaris*, and calculation of the volume velocity (V_{vol}) and renal resistive index ($RRI = (V_s - V_d) / V_s$). All values were calculated automatically.

Some patients (from 69) with AH during this period of time received lisinopril at a dose of 10 mg and amlodipine at a dose of 5 mg (39 patients) with the object to normalize AP and the

remaining 35 patients received monotherapy with lisinopril 10 mg 1- 2 times a day (individually selected doses) and, if necessary, diuretics .During one-year follow-up, the stage of CKD changed to CKD stage III in 11 patients from the group under observation. The treatment of nephrological pathology carried out in accordance with the existing principles of therapy of the detected nephrological diseases. The indices of the renal blood flow against a background of 6-month treatment with the use of antihypertensive pathogenetic therapy combination of lisinopril and amlodipine, veritably decreased in many cases at the level of a. segmentalis. In patients with CP, all indices did not differ from normal values of almost healthy individuals ($p < 0.05$), except index Vd. In patients with CKD, Vd ($p < 0.05$) and IR ($p < 0.05$) values probably decreased but did not differ from the normal values. And in DN group of patients with hypertension, the indices were torpedoed and did not respond to 6-month therapy of the combined use of lisinopril at a dose of 10 mg and amlodipine at a dose of 5 mg once a day. Patients, who were taking lisinopril as monotherapy for renal hypertension, did not show significant changes in the renal blood flow during the 6-month treatment period ($p > 0.05$).

Thus, it has been determined that the combined use of lisinopril at a dose of 10 mg and amlodipine at a dose of 5 mg per day in the complex therapy of CKD stage I-II patients with AH stage II during a year contributes to the probable improvement of the renal blood flow indices (Vs, Vd, Vvol, TAMX, IR) ($p < 0.05$) of the small renal vessels (at the level of a.interlobaris).

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FEATURES OF PHARMACEUTICAL EDUCATION ABROAD

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Over the past two decades, the pharmaceutical market has grown significantly, and revenues from drugs worldwide in 2020 amounted to 1.27 trillion US dollars. The United States has become the world's leading pharmaceutical market. European countries (Germany, France, Great Britain) are not the last in their contribution to the pharmaceutical industry. The results of the pharmaceutical organization largely depend on the qualifications and educational level of staff. After all, only high-quality education contributes to personal and professional development, as well as social, cultural, economic, political and environmental development of the country as a whole.

The purpose of the study was the analysis of educational programs for students of leading foreign universities in the field of pharmacy.

The results of the analysis were obtained after exploring the educational programs of the following universities: University of Bonn (Federal Republic of Germany), University of Nantes (France), University of Birmingham (United Kingdom), University of Florida (United States of America), Niigata University of Pharmacy and Applied Life Sciences (Japan).

Curricula of European universities (Federal Republic of Germany, France, Great Britain) have minimal differences from the education of pharmaceutical students in Ukraine.

Upon graduation from French universities, students, in addition to a diploma of higher education, receive a certificate confirming the level of English language proficiency.

The 4-year education in the UK is the shortest of the European pharmaceutical degrees. The internship at the University of Great Britain begins at the end of the first year of study. After graduation, a year-long internship outside the university on public and industrial pharmacy is mandatory, after which there is an exam in the Royal Pharmaceutical Society to confirm professional qualifications. An interesting fact is the lack of refresher courses for pharmaceutical workers in the UK because every pharmacist must adhere to the Standards of Continuing Professional Development made by the General Pharmaceutical Council. Perhaps this helps to increase the self-awareness of pharmaceutical workers in terms of self-education.

There aren't any possible ways to enter one of the higher educational complexes in the USA immediately after graduation from school. Firstly, a student must complete a 2-3 year pre-pharmacy or pre-professional preparatory course, which serves as a preparatory cycle of education. You can attend them in any regional accredited technical (Technical), municipal (Community Colleges) or