

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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**COURSE OF HYPOTHYREOSIS IN PATIENTS WITH TYPE 2 DIABETES
COMBINED WITH OBESITY**

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Introduction. It is known that the presence of thyroid diseases in women aged 45–55 years increases the risk of developing components of the metabolic syndrome (MS) during the next five years, especially in the presence of progressive obesity in combination with hyperglycemia, bilateral ovariectomy, and burdened heredity for DM, obesity, and arterial hypertension (AG). The thyroid gland also undergoes changes in the syndrome of insulin resistance.

The aim of the study. To evaluate indicators of the functional state of the thyroid gland in patients with type 2 diabetes mellitus with obesity, to substantiate the clinical significance and feasibility of early diagnosis of thyroid disorders in such patients.

Material and methods. The total number of examined patients was 25 (15 women and 10 men). Patients with type 2 diabetes mellitus and obesity were included in the study, the average age of patients was 57.24 ± 2.49 years. According to the results of the examination, the patients were divided into two groups: the first group – patients with type 2 diabetes without thyroid dysfunction (10 people) and the second group – patients with type 2 diabetes and obesity in combination with overt or subclinical hypothyroidism (15 people). The average age of two examined groups did not differ.

Results. Against the background of obesity in patients with type 2 DM of the first and second groups, hypertension was most often diagnosed: its frequency was 81.9% (15 people) in the first group, 71.7% (10 people) in the second group). It is known that the BP indicator is closely related to the level of insulin in the blood and the degree of insulin resistance. In the second group of patients, after hypertension, hypertriglyceridemia was most often registered (12 patients – 40.3%). We found a pronounced positive correlation between TSH and TG indicators both in the second group of subjects ($r=0.47$; $p<0.05$) and in the first group of patients ($r=0.41$; $p<0.05$), which indicated an increase in the level of TG against the background of an increase in the content of TSH. In the second group of patients, a pronounced negative correlation between vT_4 and TG indicators was obtained ($r=-0.94$; $p<0.05$), which confirmed the increase in the level of TG with a decrease in the content of vT_4 inherent in hypothyroidism.

Conclusions. In patients with type 2 diabetes mellitus and obesity in combination with hypofunction of the thyroid gland, multicomponent variants of the metabolic syndrome occur more often.

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**EFFECTIVENESS OF ANTRAL IN CORRECTION OF METABOLIC DISORDERS IN
PATIENTS WITH NON-ALCOHOLIC STEATOHEPATITIS AND CHRONIC
OBSTRUCTIVE PULMONARY DISEASE**

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Introduction. The steady increase in the incidence of comorbidity of chronic obstructive pulmonary disease (COPD) and non-alcoholic steatohepatitis (NASH) against the background of obesity in people of working age in Ukraine and the world stipulates the need for investigation of the mechanisms of interconnection and the search for new factors of the pathogenesis of progression of this comorbid pathology.

The aim of the study. Determination of the effectiveness of antral usage regarding the effect on the state of blood lipid spectrum, glycemia, the degree of insulin resistance in patients with non-alcoholic steatohepatitis (NASH) against the background of obesity with comorbidity with chronic obstructive pulmonary disease (COPD).

Material and methods. 100 NASH patients with obesity of I degree and COPD 2 D were examined: 45 patients (group 1 – control group) received basic NASH therapy (Esensiale forte N