



patients, II - 22. The average age was 42 ± 9.1 years. The disease duration ranged from 2 to 12 years. To determine RA activity assessment of clinical (QPJ - quantity of painful joints, QSJ - quantity of joints with swelling, duration of morning stiffness) and laboratory (CRP - C-reactive protein, ESR - erythrocyte sedimentation rate) indices was used, DAS28 index was calculated, estimation of the functional health status (HAQ) was carried out as well. Determination of pain intensity was conducted by visual analogue scale (VAS). To study the mechanical properties of ventilation apparatus of lungs spirometry, determining flow-volume-hour relationships in the process of implementation of quite and forced respiratory movements, was conducted. Patients underwent general clinical, spirometric, radiological and laboratory investigation. Statistical data processing was performed using the PAST program.

Among RA patients under study ventilation violations were detected in 35.9%. Obstructive type of ventilation violation was found in 50.0% patients, restrictive type - in 28.9%, mixed type - in 21.4% patients. When analyzing spirometry data, depending on QPJ, the tendency to reduction of all respiratory volumes in patients with a large number of painful joints was revealed. The statistical reliability of the results was observed only by FEV1 (forced expiratory volume 1), PVR (peak volume rate), MEF75 (maximal expiratory flow at 75%), MEF50 indices. When analyzing spirometry and QSJ, VAS indices and the presence of signs of systemic rheumatoid inflammation the same clinical presentation was also found. However, when assessing the relationship of signs of activity and decrease in respiratory volumes, reliable changes were found only in relation to FEV1 index ($p < 0.05$). When comparing the indices of spirometry depending on DAS28 value a reduction of fulminant indices of the respiratory volumes was found.

Thus, in patients with rheumatoid arthritis ventilation violations of obstructive type, which can indicate the presence of subclinical latency obliterative bronchiolitis in these patients, were observed. Analysis of the relationship of clinical rates of active rheumatoid arthritis activity and spirometry parameters showed a tendency to respiratory volumes decrease. However, statistically reliable differences were found only for FEV1 index.

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DEMOGRAPHIC, EPIDEMIOLOGICAL PECULIARITIES OF PATIENTS WITH OSTEOARTHRITIS OF CHERNIVTSI REGION

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Osteoarthritis (OA) is a leading pathology among those ones affecting locomotor system in elder people. Epidemiological data including onset age, gender aspects, localization of afflicted joints, concomitant pathology in the target population of patients suffering from OA are important.

Data collection and summarization on onset age, gender aspects, localization of afflicted joints, concomitant pathology in patients with OA who were hospitalized to Rheumatological Department of 3rd City Clinical Hospital of Chernivtsi or Regional Clinical Hospital and agreed to participate in different research programs in 2009-2015 were the aim of present investigation.

Data of 270 patients were analysed. An average age of the examined patients with OA was 54.9 ± 12.8 years. Duration of the disease ranged from 2.0 to 26 years, an average disease duration was 8.04 ± 6.61 years. Females represented the majority of the target population, female:male ratio was 4:1. Frequency of joints affliction varied basing on their localization. Knee joints affliction was observed in 81.6% of patients with OA, degenerative changes of vertebral column were met in 38.4% cases, ankle joints - in 39.5%, hip joints - in 23.7%, shoulder joints - in 18.5%, elbow joints - 16.2%, wrist joints - 9.5%, interphalangeal joints of hands - 28.9%, and interphalangeal joints of feet had signs of OA in 2.6%.

In addition to OA, nearly all examined patients had concomitant pathology. 77.3% of investigated people had overweight or obesity. Gastrointestinal diseases were detected in 56.2%, cardiovascular pathology - in 79.2% of all cases (arterial hypertension and ischemic heart disease manifesting as diffuse myocardial sclerosis were prevalent ones). Endocrine disorders (diabetes mellitus, endemic goiter) were found in over 30%.

Physical overloading, especially under low temperature and increased humidity conditions was associated with OA in 62.8% cases. Systemic prolongation of working day or shift-work were reported by 29.1% patients. Traumatic injuries preceded OA development in 8% of the examined individuals. Marked relationship of OA onset to hormonal imbalance was detected in 53.4% of all females reporting occurrence of early symptoms of OA during climacteric period. 22.9% of patients reported presence of disease in their ancestors.

All the above mentioned data should be taken into account by researchers when planning clinical trials requiring involvement of patients with specific demographic and epidemiological profiles.

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ROLE OF ECG HOLTER MONITORING IN DIAGNOSTICS OF SYNCOPE CONDITIONS

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Electrocardiogram Holter monitoring (ECG HIM) is a convenient and informative non-invasive method of diagnostics, evaluation of clinical progression and treatment rates of cardiac rhythm disorders, cardiac conduction, and cardiac muscle ischemia. ECG HM results have important diagnostic meaning in identifying reasons of syncope conditions (SCs).