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MELDONIUM IN COMBINED THERAPY OF STABLE ANGINA OF TENSION AND GASTROESOPHAGEAL REFLUX DISEASE

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Introductions. Management of patients with stable tension angina (SAS) – one of the most controversial problems of modern cardiology. After all, from oneside in modern therapeutic standards quite clearly defined tactics, and on the other hand, standardized tactics must be modeled taking into account presence of comorbid pathology. One of the most common comorbidities coronary heart disease is gastroesophageal reflux disease (GERD).

Aim. To learn the meldonium effect on the course of gastroesophageal reflux disease (GERD), GERD clinic, indicators endoscopy of the esophagus and its pH monitoring with comorbid stable angina of tension.

Material and methods. The study included 88 patients with stable angina of tension I-II FC with comorbid endoscopically positive GERD (A, B, C) aged 48 to 79 years. At baseline and after 30 days of treatment all patients were conducted (complaint questionnaire GSRS (Gastrointestinal Symptom Rating Scale)) and instrumental (esophagogastroduodenofibroskopy and 24-hour pH-measuring lower third of the esophagus) in order to identify the state of the esophageal mucosa, the frequency of occurrence, an amount, length and type (acid, alkaline) of gastroesophageal reflux. All patients involved in the study were divided into two groups: 1st (n=43) took the basic therapy for the treatment of stable angina of tension

(nitrates, beta-blockers, statins, clopidogrel) and GERD (proton pump inhibitors, prokinetic, antacid) in medium therapeutic doses, 2nd group (n=45) received the same basic therapy, except for nitrates, and, in addition, meldonium 500 mg 2 times a day for 30 days.

Results. Analysis of the results showed that patients in 2 group which had meldonium to base treatment leads to a reduction of severity of gastrointestinal symptoms, restoring the clearance of the esophagus with a significant decrease of occurrence, quantity per day, duration of acid gastroesophageal reflux, compared with those patients that received only basic therapy treatment of stable angina of tension and GERD, where the clinical symptoms of GERD contrary strengthened.

Conclusions. In patients with stable angina of tension and gastroesophageal reflux disease was found increased frequency of occurrence, quantity per day, duration of acid gastroesophageal reflux, changes of esophageal clearance.