Pain and inflammatory edema can mask manifestations of congestion in the large circulation circuit in case of chronic heart failure. Hypodynamia that is the result of pain facilitates development of obesity, which, in its turn, switches on a lot of additional molecular interactions worsening the course of underlying pathology.

Hence, AH and OA are comorbid pathology: they are related pathogenetically. Clinical manifestation of any of the couple worsens the second one.The search of criteria of early diagnostics and prediction of complications remains a topical task of medicine nowadays.

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METABOLIC SYNDROME IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Rheumatoid arthritis and metabolic syndrome are considered to be diseases with common traits that can increase the risk of cardiovascular disease incidence. The prevalence of metabolic syndrome (MS) among rheumatoid arthritis (RA) patients is 37%, which almost corresponds to the prevalence of metabolic syndrome among patients with coronary heart disease - 41% and occurs with greater frequency than in the population (10-30%). Patients with rheumatoid arthritis have an increased risk and a higher mortality from cardiovascular diseases, the rheumatologist should be aware of those MS risk factors and attempt to modify them.

The aim of our study was to investigate some criteria of MS (based on criteria recommended by the International Federation of Diabetes, 2005) in patients with RA.

The study involved 30 patients with RA who were hospitalized in the rheumatology department of Chernivtsy regional clinical hospital. The control group consisted of 20 healthy individuals. Clinical examination of each patient included general clinical and special studies. For the study of carbohydrate metabolism conducted laboratory studies of blood to the definition of indicators of blood glucose and insulin levels. The level of insulin resistance (IR) was calculated using the formula HOMA-IR. Waist circumference measured by tape at the navel.

Increased waist circumference (central obesity type) in women> 80 cm in men> 94 cm was observed in 40% of women and 36.7% of men in patients with RA. In the control group - 25 and 20%, respectively ($p <0,05$). IP is observed in 20% of patients with RA, diabetes type 2 - 3.3% increase in fasting blood glucose> 5.6 mmol/l - in 23.3% of patients with RA in the control group IR 5% and improving fasting blood glucose by 10% ($p <0,05$). Increased blood pressure (> 130/85 mm Hg) and / or the use of antihypertensive therapy was found in 46.7% of patients with RA and 10% in the control group ($p <0,05$).

So, signs of metabolic syndrome in patients with rheumatoid arthritis are significantly more likely than in the control group. Combined course of disease requires attention from clinicians to develop a differentiated approach to the prevention of metabolic syndrome among patients with rheumatoid arthritis.

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QUALITY OF LIFE IN PATIENTS WITH CHRONIC HEART FAILURE AND DIABETES MELLITUS TYPE 2 AND POSSIBILITY OF ITS CORRECTION

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Diabetes mellitus (DM) is one of the leading medical-social problem of the modern society due to its high incidence, frequent comorbidity with concomitant pathology, increased mortality, high risk of chronic vessel complications. In Ukraine, same as in the world, the number of diabetic patients is continuously increasing mainly due to people with diabetes mellitus type 2, the number of which totally in the population of patients with this disease is around 90% (Pankiv V.I., 2010).

The aim of the research was to determine the impact of chronic heart failure and diabetes mellitus type 2 on the quality of life of elderly and senile patients.

A comprehensive survey of 108 patients with chronic heart failure (HF) of ischemic origin and DM type 2 was conducted. The average age of the patients was $76,04\pm1,84$ years. All examined patients according to their comorbidities were randomized into the following subgroups: I – patients with HF without DM type 2 (n=32), II – patients with HF, complicated by concomitant DM type 2 (n=76). The control group for comparative studies comprised 24 people without HF and DM type 2, whose age was not significantly different from the average age of the patients of the experimental groups. All patients received basic therapy of the main and concomitant diseases. Moreover to achieve the objective of the investigation telmisartan was prescribed additionally. Therefore, patients with heart failure and diabetes mellitus type 2 were randomized into subgroups according to the prescribed treatment: IIA subgroup – patients who received only basic therapy (26 people); IIB subgroup (30 patients) – those for whom in the scheme of the standard treatment substitution of ACE inhibitor by angiotensin II receptor blocker telmisartan (MIKARDIS®, Boehringer Ingelheim) was conducted. Telmisartan was prescribed in the daily dose of 40 mg after meals. Duration of hospital treatment was 21-24 days, in addition, it was recommended to continue treatment with telmisartan up to 3 months. Quality of life was determined by Mezzich J. E., Cohen M., Ruiperez N. et al. questionnaire.