МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ’Я УКРАЇНИ
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

101 – ї
підсумкової наукової конференції
професорсько-викладацького персоналу
Вищого державного навчального закладу України
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»
10, 12, 17 лютого 2020 року

Чернівці – 2020

УДК 001:378.12(477.85)
ББК 72:74.58
М 34

Матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м. Чернівці, 10, 12, 17 лютого 2020 р.) – Чернівці: Медуніверситет, 2020. – 488 с. іл.

ББК 72:74.58

У збірнику представлені матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м.Чернівці, 10, 12, 17 лютого 2020 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

Загальна редакція: професор Бойчук Т.М., професор Іващук О.І.,
доцент Безрук В.В.

Наукові рецензенти:
професор Братенко М.К.
професор Булик Р.Є.
професор Гринчук Ф.В.
професор Давиденко І.С.
професор Дейнека С.Є.
професор Денисенко О.І.
професор Заморський І.І.
професор Колоскова О.К.
професор Коновчук В.М.
професор Пенішкевич Я.І.
професор Сидорчук Л.П.
професор Слободян О.М.
професор Ткачук С.С.
професор Тодоріко Л.Д.
професор Юзько О.М.
професор Годованець О.І.

ISBN 978-966-697-843-4

© Буковинський державний медичний університет, 2020

Liakhovych O.D.

PECULIAR FEATURES OF GLUCOSE HOMEOSTASIS IN PATIENTS SUFFERING FROM NON-ALCOHOLIC STEATOHEPATITIS WITH COMORBID OBESITY AND OSTEOARTHRITIS ON THE BACKGROUND OF THE USE OF METADOXINE AND GUAR GUM

Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases
Higher state educational establishment of Ukraine
"Bukovinian State Medical University"

Many researchers have confirmed that one of the important problems of modern medicine is the study of comorbidity as one of the promising ways of solving personalized treatment, improving the overall results of therapy and reducing the large-scale socio-economic consequences of population nature.

Today, non-alcoholic fatty liver disease (NAFLD) is one of the most common diseases in hepatology, which leads to poor quality of life, reducing its duration. With regard to the etiology of NAFLD, it is quite diverse, although its close relationship with insulin resistance (IR) is noted. The liver is a major target of lesions in conditions characterized by IP, which is a factor in the risk of progression of liver steatosis in NASH, with an inherent risk of progression to cirrhosis.

Because the development of NAFLD is associated with metabolic disorders, the purpose of treatment is to eliminate them or significantly reduce their negative effects. The drugs used in the complex therapy of NASH should have not only anti-inflammatory, antioxidant, hypolipidemic, hypoglycemic, hepatoprotective effect, but also have antifibrotic activity.

The objectives of the study was to determine the probable effect of methadoxine and guar gum on glucose homeostasis during the comorbid flow of NASH with obesity and OA. 60 patients (30 men and 30 women) with the indicated comorbidity were examined and divided into three groups: patients of group 1 - control (C) (n = 20) took Essentiale H 1 capsule 3 times a day, patients in group 2 - main group 1 (M1) (n = 20) - received methadoxine (Liveria IC) at 0.5 g twice daily, in 3 - main group 2 (M2) (n = 20) - in addition to methadoxine, patients received guar gum (Guarem) 1 sachet (5 g) 2 times a day. The groups were randomized to age, sex, obesity and cytolytic syndrome activity. The control group consisted of 30 practically healthy individuals of the same age and gender. The average age of patients was (62,3 ± 5,7) years.

Thus, methadoxine and guar gum in the complex treatment of patients with the comorbid flow of NASH with obesity and OA contributed to rapid compensation of carbohydrate metabolism with impaired carbohydrate tolerance, resensitization of insulin receptors, and elimination of insulin resistance syndrome (guar gum - reducing the absorption of carbohydrates, fermentation products in the gut, toxins of intestinal bacteria with increasing their excretion, reducing the degree of endogenous intoxication, oxidative stress, methadoxine - due to the ability to correct metabolism, reduce oxidative modification of receptors, restore sensitivity of insulin receptors of the liver to the action of insulin - as a result reduce the IR, to restore glucose uptake by cells of insulin sensory organs by increasing the deposition of glycogen as an energy substance).

Nemish I.L.

THE DIAGNOSTIC VALUE OF THE COPD ASSESSMENT TEST AND EXACERBATIONS FREQUENCY IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ISCHEMIC HEART DISEASE AND OBESITY

Department of Internal Medicine and Infectious Diseases
Higher state educational establishment of Ukraine
«Bukovinian State Medical University»

COPD, IHD, and obesity occupy the leading positions in mortality and morbidity structures nowadays.

Objectives: to determine the correlation between the CAT test and exacerbations frequency in patients with COPD, IHD and obesity stage 1 and in patients with COPD only.

79 COPD patients (mean age 60±11.1), groups C with symptoms of exacerbations had completed the CAT test. We divided them into 2 groups: G1: 39 patients with COPD, IHD and obesity stage 1 (mean BMI (kg/m2) 31.7±1.33)) and G2: 40 COPD patients with 18.5<BMI<24.9.

Patients with COPD, IHD and obesity had higher CAT scores (mean 21.1 1±3.4) and frequent of exacerbations (mean 2.63±1.03), compared with COPD patients (CAT scores (mean 16.65±1.6)) ($p<0.0001$), (exacerbations frequency (mean 1.02±0.6921)) ($p<0.0001$). CAT test scores were positively correlated with an increase exacerbations frequency in G1 ($r=0.584$. $p=0.009$) and in G2 ($r=0.611$, $p=0.004$).

Thus, CAT test scores, exacerbations frequency were significantly higher in COPD patients with IHD and obesity stage 1, compared with COPD patients only. But correlations between CAT test and exacerbations frequency were statistically significant in both groups of patients.

Olinyk O.Yu.

HEALTH ASSESSMENT QUESTIONNAIRE AS A DISABILITY MEASURE IN PATIENTS WITH RHEUMATOID ARTHRITIS

Department of Internal Medicine and Infectious Diseases
Higher state educational establishment of Ukraine
«Bukovinian State Medical University»

Rheumatoid arthritis (RA) continues to have deleterious consequences on pain, physical function, depression and associated psychological features and disability despite treatment. Pain and fatigue do not necessarily progress over the course of RA. But disability, which is a consequence of pain, active synovitis and joint damage, worsens in most cases. It is usually assessed by self-reported questionnaire; the Health Assessment Questionnaire (HAQ) which remains the dominant disability measure, although Short Form-36 and Nottingham Health Profile provide similar information.

The aim of the study was to determine the quality of life in patients with rheumatoid arthritis with HAQ.

The study involved 25 patients with a reliable diagnosis of RA (criteria EULAR/ACR'2010). All patients were examined and treated at the Chernivtsi Regional Clinical Hospital, the rheumatologic department. Among patients with RA predominated women - 17 (68%) and there were 8 (32%) men. The average age ranged from 29 to 63 years, 41,2±8,4 years. In order to establish the stage of the RA, they were determined by O. Steinbroker (1941). The algo-functional index of Leken was determined by the method of polling the patient about the nature of the pain syndrome (time of occurrence, maximum walking distance without pain, duration of morning stiffness of joints, difficulties in self-care); answers were evaluated in points.

In early RA, HAQ gives a 'J-shaped' curve; the initial fall is due to the immediate benefits of treatment and the subsequent gradual rise due to the inability of therapy to fully suppress the disease or prevent progressive joint damage. In established RA HAQ scores increase by 1-2%. Disease modifying drugs and biologics both significantly reduce HAQ scores. This reduction is seen in both early and established disease. Early steroid therapy has immediate symptomatic treatment, but does not have long-term benefits. Although the outcome of RA can be markedly improved by treatment with DMARDs and biologics, therapy is not ideal.

Thus, many RA patients still have significant symptoms and considerable disability. HAQ is recommended to be used in practice as a main measure of disability in patients with RA. More needs to be done and achieving better results will depend on routinely measuring the impact of the disease in routine practice.