

Manifestations of dyslipidemia were noted in all patients with MS. The patients' features with MS and hypothyroidism were found to be the most proatherogenic changes in the lipid profile, namely the increase in levels of total cholesterol and LDL cholesterol ($p < 0.05$), which is not a typical manifestation of dyslipidemia for patients with MS, which is usually characterized by elevated triglycerides (TG) and lowering high-density lipoprotein cholesterol (HDL cholesterol). The majority of patients (93%) were found to have higher than normal values of total cholesterol and LDL cholesterol, while hypertriglyceridemia and decreased levels of HDL cholesterol were observed in less than half of patients ($p < 0.05$), indicating adverse atherogenic potential. People with MS and hypothyroidism. That is, hypothyroidism through the formation of atherogenic dyslipidemia significantly contributes to the progression of atherosclerosis and is one of the most significant risk factors for cardiovascular disease.

The lipid profile in patients with MS and hypothyroidism is characterized by the largest atherogenic changes, namely elevated levels of total cholesterol and low-density lipoprotein cholesterol, which are found in 93% of patients, respectively, while the classic manifestations of dyslipidemia in MS, hypertriglycerol, were diagnosed in less than half of patients (46%).

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RELATIONSHIP BETWEEN AMYLINEMIA LEVEL AND KIDNEY FUNCTION IN PATIENTS WITH DIABETES MELLITUS AND CHRONIC KIDNEY DISEASE

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Together with insulin, β -cells of the islets of Langerhans produce another hormone - amylin or islet amyloid polypeptide. In numerous studies, amylin deposits have been found in kidneys of patients with type 2 diabetes mellitus (T2DM), as well as in brain tissue with the development of dementia disorders.

The aim of the study was to determine the correlation between amylinemia and renal function in patients with diabetes mellitus (DM) and chronic kidney disease (CKD). 145 patients with DM and CKD who were treated at the Chernivtsi Regional Endocrinology Center were examined (average age of patients - 45.5 ± 1.3 years; men - 71, women - 74; diabetic history - 11.7 ± 5.5 years). Patients were divided into groups depending on the glomerular filtration rate (GFR): G1-G4, as well as by category of albuminuria - A1-A3. Diagnosis of diabetes was established according to the recommendations of the American Diabetes Association, the diagnosis of latent autoimmune diabetes in adults (LADA) - according to the recommendations of the Immunology of Diabetes Society, GFR was determined by the formula CKD-EPI according to the recommendations of KDIGO. The amylin content was determined by enzyme-linked immunosorbent assay using Elabscience kits (normal values 4.0-25.0 pmol/l). The category of albuminuria was determined by the indicators of microalbuminuria (MAU) and the albumin-creatinine ratio (ACR) in the urine using sets of OO NPL "Granum" (Ukraine).

The amylinemia rate in patients with CKD and diabetes in G3a group was 7.7 times higher than in the control ($p < 0.05$) and 3.7 times higher than in the G1 group ($p < 0.05$), but was lower than in the G4 group 3.4 times ($p < 0.01$). Analyzing the G3b group, we found that compared to the control, the above indicator was 14.7 times higher ($p < 0.01$), it also increased 7.2 times relative to the G2 group ($p < 0.01$) and 1.9 times relative to G3a ($p < 0.01$). Serum amylin in the G4 group was significantly 26 times higher than in the control ($p < 0.01$), 12.7 times higher compared to G1 ($p < 0.01$), 6.1 times relative to G2 ($p < 0.01$), 3.4 times - relative to G3a ($p < 0.01$). In groups G1 and G2 no significant difference between amylin levels was found compared to the control. Regarding the dependence of amylin levels on the degree of albuminuria, the following trends were found: the lowest rate was recorded in patients of category A1 - it was higher than that in group A3 2.9 times ($p < 0.05$); in patients with albuminuria A2 category amylin increased 9 times compared with the control group ($p < 0.01$) and in A3 - 19 times compared with the control ($p < 0.01$). In other cases, no significant difference was found between the indicators. In patients with CKD and diabetes, there are probable positive correlations of medium strength between the content of amylin and insulin, C-

peptide, HOMA-IR index, and a weak one between the level of serum amylin and serum creatinine (p<0.05).

Amylin levels vary inversely with glomerular filtration rate and in direct proportion to albuminuria categories, indicating a role for hyperamylinemia in renal impairment in patients with diabetes.

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