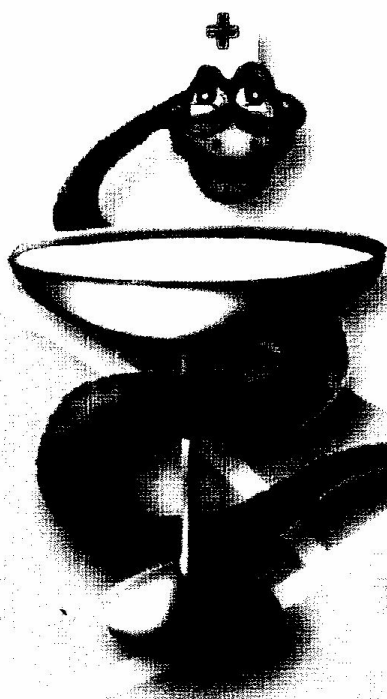


ABSTRACT BOOK

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concomitantly. Some studies found that obesity may increase the risk or worsen the severity of asthma.

Aim. Our goal was to analyze the relationship of body mass index (BMI) and QOL in patients with asthma.

Material and methods: 72 patients with asthma (F- 48.1% and M - 51.9%) age group, from 17 to 71 years old participated in the study. Asthma diagnosis was defined as the presence of reversible airway obstruction ($FEV_1 > 12\%$) and/or a history of physician diagnosed asthma with use of inhalation medication. Ukrainian version of Short Form Health Survey-36 (SF-36) questionnaire, socio-demographics and clinical parameter characteristics were administered to patients with asthma.

Results. 39.4% patients had normal BMI ($<24.9 \text{ kg/m}^2$), 21.2% had overweight (BMI 25-29.9 kg/m^2) and 39.4% had obesity (BMI $>30 \text{ kg/m}^2$). Well controlled asthma was diagnosed in 55% patients and not controlled asthma – in 45% patients. Results report significantly worse quality of life for people with asthma compared to the general population, especially regarding physical functioning and well-being. Patients with overweight or obesity and hypertension had strongly reduced role physical and role emotional functioning, social functioning and vitality. General mental health score did not differ except patients older 60 years. They had better mental health and social adaptation then younger patients. When stratified by gender, QOL, was worse among females, especially physical functioning.

Conclusion. This study found that asthma significantly impacts QOL and general health status. QOL decreased as asthma severity increased. High body weight is associated with decreased QOL in asthmatic patients. SF-36 is a valuable assessment tool for evaluating patient functioning and monitoring response to treatment.

Pionova O., Odunlami Akinbo

CARBOHYDRATE METABOLISM DISORDERS IN OBESE HYPERTENSIVE PATIENT

Kharkiv National Medical University, Kharkiv, Ukraine

Materials and methods: 102 patients with AH were examined. According to the criteria of IDF, 2005 abdominal type of obesity with waist circumference in men ≥ 94 cm, women ≥ 80 cm. Carbohydrates metabolism was evaluated with fasting glucose, insulin, glycated hemoglobin levels. Oral glucose tolerant test and glycated hemoglobine was used to exlude patients with 2 type DM

Results: patients were matched in age and sex. Average age - $54,9 \pm 9,94$. According to the value of waist circumference hypertensive patients were divided into 2 groups depending on the presence of abdominal obesity (IDF, 2005). 1gr. - 82 persons were with abdominal obesity, the average waist circumference was $103,07 \pm 12,52$ m, while in women $99,68 \pm 11,84$ m, and men - $106,93 \pm 9,09$, 2gr. - 20 patients with hypertension without abdominal obesity, the average waist circumference was $80,00 \pm 9,52$ m in women - $71,83 \pm 4,40$ and men - $83,50 \pm 9,01$ m. Normoglycemia detected in 17 (80.95%) patients with hypertension compared

with a group of hypertensive patients with abdominal obesity - in 56 (69.13 individuals ($p < 0.05$); impaired of fasting glycemia were found in 3 (14.28 hypertensive patients without abdominal obesity while 19 (23.45%) hypertensive patients with abdominal obesity ($p < 0.05$); Impaired glucose tolerance in 1 (4.76 hypertensive patients without abdominal obesity while in 6 (7.40%) hypertensive patients with abdominal obesity ($p < 0.05$).

Conclusion: this investigation revealed that the development and progression disorders of carbohydrate metabolism in hypertensive patients influences presence of abdominal obesity.

Prosolenko K., Shalimova A., Chernyak E.

PAIN AND SELENIUM DEFICIENCY IN CHRONIC PANCREATITIS

Kharkiv National Medical University, Kharkiv, Ukraine

Kharkiv Medical Academy of Postgraduate Education, Kharkiv, Ukraine

Introduction: Patients with chronic pancreatitis (CP) are at high risk of antioxidant deficiencies. Pain is a frequent symptom in CP patients and difficult to treat.

Purpose: to determine the feasibility of sodium selenite (SS) in the treatment of patients with CP.

Material and methods: 40 patients with CP and 20 healthy subjects (HS) were included into the study. The dynamics of pain on 3-point Likert scale were analyzed in the beginning and every 5th day for 30 days. The content of selenium in plasma was studied at the beginning and at the 30th day of study. Patients were divided into two groups. The first group received standard therapy (ST): prifiniy bromid, pantoprazole, pancreatin. The second group was receiving ST and SS 300 μg / day for 5 days, then 200 μg / day for 30 days.

Results: The average selenium plasma of patients with CP was $64,99 \pm 3,2 \mu\text{g/l}$ which was below the average in the control group $83,3 \pm 3,26 \mu\text{g/l}$ ($p < 0,001$). On the 5th, 10th and 15th days of treatment significant differences in the pain characteristic were revealed. The patients of second group had better results in 1,25 time ($p < 0,05$) in 2,42 time ($p < 0,001$) and in 2,43 time ($p < 0,001$), respectively. On the 30th day the selenium content in second group was increased up to $96,5 \pm 3,29 \mu\text{g/l}$ ($p < 0,001$).

Conclusions: SS is an effective drug in treatment of selenium deficiency and could be used in initial complex therapy for pain relief in CP.

Rudenko M.

CORONARY HEART DISEASE AND DIABETES, LIPID-LOWERING THERAPY

Kharkiv National Medical University, Kharkiv, Ukraine

The purpose of the study - to study the influence of lipid-lowering drug atorvastatin on lipid metabolism in patients with coronary heart disease (CHD) and diabetes mellitus (DM) II-type.

Material and methods. The study in the dynamics of eight weeks' treatment with atorvastatin 24 patients (group 1) and 28 patients with ischemic heart disease and