



going to investigated the value of adiponectin and visfatin in development of atherosclerosis in patients with angina stable and obesity.

The purpose of the present research is to improve the treatment efficiency for patients having angina stable and obesity which will be based on the study of character changes of adipose tissue hormones (adiponectin and visfatin) depending on level of immune inflammation factor -neopterin and estimations of cardiovascular risk.

Research problems: 1. To explore the hormone levels of adipose tissue (adiponectin and visfatin) and to identify the characteristics of lipid metabolism in patients with angina stable and obesity. 2. To identify the rate and type of diastolic dysfunction for patients with angina stable and obesity, in respect of the obesity level. 3. To identify the rate of immune inflammation impact on neopterin level of cardiovascular risk, taking into account the degree of adiponectin and visfatin in patients who have angina stable and obesity. 4. To define the character of interaction between parameters of adipose tissue hormones, lipid profile and cardiac of our patients. 5. To explore the dynamics of adipose tissue hormone level of changes, lipid profile, cardiac performance for patients having obesity and angina stable.

Materials and methods. It is planned to investigate 110 patients having obesity and angina stable. During the study they will be used some subjective (complaints, history of disease and life) and objective methods (examination, palpation, percussion, auscultation, blood pressure, BMI). Clinical and laboratory research shall include determination of the following indicators: indicators showing the lipid profile; ELISA determined: neopterin, visfatin, adiponektin; research implementation instruments like an electrocardiography, echocardiography, coronarography and daily monitoring of blood pressure. All patients will be treated with standard therapy methods with add mexicor.

Results: Examination of character changes of adipose tissue hormones (adiponectin and visfatin) depending on level of immune inflammation factor - neopterin and estimations of cardiovascular risk. . The new study approach will include the research of diastolic dysfunction for patients with angina stable and obesity, where it will be taken into account the degree of obese tissue hormones. The research will also include a new data in order to evaluate the cardiovascular risk taking into consideration the dynamics of neopterin for patients having obesity and angina stable .

Conclusion. The research will be based on the comprehensive assessment of the neurohormonal indicators dynamics against standard treatment of patients having obesity and angina stable and using mexicor.

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THE INFLUENCE OF SMOKING AND ALCOHOL CONSUMPTION ON METABOLIC DISORDERS IN PATIENTS WITH ESSENTIAL HYPERTENSION

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Introduction: Influence of smoking and alcohol consumption on disorders of lipid methabolism in patients with essential hypertension was chosen as a subject of interest.



Aim: to estimate the role of smoking and alcohol consumption in the intensity of metabolic disturbances (dyslipidemia, glycemia, body mass index, waist circumference) in male patients with essential hypertension (EH).

Materials and methods: An intensity of smoking was evaluated by a quantity of daily cigarettes (less or more 20) as well as alcohol consumption by daily dose of ethanol (less or more 30 g) in 98 males with EH of the 1st-2nd stages aged 23 to 93 years old (average age $47,5 \pm 1,1$ years old).

Results: Total cholesterol (TC) was increased in smokers vs non-smokers by 13.6 % (< 0.05) due to increase of low density lipoproteins (LDL) by 27.7 % (< 0.001). Smoking led to decrease of high density lipoproteins (HDL) by 15 % (< 0.01), and in turn to increase of non-HDL cholesterol by 21.2 % (< 0.001). Patients with daily smoking more than 20 cigarettes had average level of HDL 20.3 % less (< 0.01) compared vs less intensive smokers. Alcohol consumption resulted in increase of TC by 12 % (< 0.05) at the expense of increase of very low density lipoproteins (VLDL) by 58.1 % (< 0.001) due to increase of triglycerides (2.04 ± 0.19) mmol/l vs (1.29 ± 0.10) mmol/l; < 0.001). Level of LDL in drinkers had a trend to increase by 8.1 % (> 0.05) vs non-drinkers. Non-HDL cholesterol was increased by 14.2 % (< 0.01) vs non-drinkers.

Conclusion: Smoking compared with alcohol is shown to make a greater contribution to a degree of metabolic disturbances in male patients with EH.

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PREVALENCE OF TYPICAL AND ATYPICAL SYMPTOMS OF GASTROESOPHAGEAL REFLUX DISEASE DEPENDING ON GRADE OF EROSIVE LESIONS OF ESOPHAGUS

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Introduction: atypical symptoms of gastroesophageal reflux disease (GERD) can mask real picture of esophageal lesion and lead to hypodiagnostics of GERD.

Aim: to estimate the prevalence of typical and atypical symptoms of GERD according to erosive and non-erosive character and severity of esophageal lesions.

Materials and methods: 62 patients with suspected GERD were given questionnaire according to typical and atypical symptoms and underwent upper endoscopy to reveal esophageal lesions.

Results: according to results of upper endoscopy non-erosive GERD (NGERD) was revealed in 25 patients (40.3%), erosive GERD (EGERD) in 23 patients (53.2%); Barrett's esophagus was diagnosed in 4 persons (6.5%). In patients with EGERD grade A of reflux-esophagitis was diagnosed in 3 patients (13 %), grade B in 12 patients (52.2 %), grade C in 4 patients (17.4 %), and grade D in 4 patients. Prevalence of NGERD was significantly less than EGERD ($P < 0.01$). While difference in prevalence of esophageal presentations of GERD (heartburn, acid regurgitation, dysphagia) was non-significant between NGERD and EGERD (73 %