



... showed high efficiency in the treatment of patients with CDH and diabetes mellitus type 2. The research has shown that adding trimetazidine MR (dosage 70 mg/day) to the basic therapy is advisable for tolerance increase to the physical activity and improvement of the quality of life in patients with CDH and diabetes mellitus type 2.

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COMPARISON OF THE EFFECTIVENESS OF RAMIPRIL AND VITAMIN E IN ETHEROSCLEROSIS

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Aim. In a double-blind study to examine the effects of long-term therapy with an ACE inhibitor (ramipril) and vitamin E on the progression of atherosclerosis in patients at high risk.

Materials and methods. The study involved 42 patients Accepted aged \times 55 years who had cardiovascular disease or type 2 diabetes in conjunction with another by at least one risk factor, but no heart failure or low left ventricular ejection fraction. Different groups of patients administered ramipril 2.5 - 10 mg / day or vitamin E (RRR- -tocopherol acetate), or corresponding placebo. Follow-up was 6 months. Progression of atherosclerosis was assessed by ultrasound carotid artery.

Results: The average rate of increase of the maximum intima-media thickness of carotid artery was 0.0217 mm for half a year in the placebo group, 0.0180 mm for half a year in the ramipril 2.5 mg / day and 0.0137 mm for half a year in the group ramipril 10 mg / day ($p = 0.033$). The rate of progression of atherosclerosis in the application of vitamin E did not differ from that of placebo.

Conclusions: Long-term therapy with ramipril has a favorable effect on the progression of atherosclerosis, whereas vitamin E has no effect on him.

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COMPARISON EFFICIENCY OF DIAGNOSTICS FOR LEFT VENTRICULAR HYPERTROPHY BY ELECTROCARDIOGRAFIC AND ECHOCARDIOGRAFIC METHODS IN PATIENTS WITH CARDIOLOGICAL PATHOLOGY

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Objective: investigation of sensitivity and specificity of electrocardiographic and echocardiographic methods in determining of left ventricular hypertrophy (LVH) in patients with cardiovascular pathology.

Material and methods. 30 females (from 40 to 70 years old) with cardiovascular diseases (ischemic heart disease, arterial hypertension, dilated cardiomyopathy) were involved in the study. Anthropometric examination included measurement of height, weight and calculation of body surface area (BSA). According to the standard electrocardiogram the criteria for LVH were evaluated (in this study three criteria were used: Sokolow-Lyon voltage index, Cornell voltage index, Cornell product



index). Echocardiography was considered as reference method and performed in M- and B-modes. Criterion of LVH was left ventricular myocardial mass indexing by $BSA > 125 \text{ g/m}^2$.

Results: LVH was found in 17 (85%) patients by echocardiography criterion. LVH was determined by Sokolow-Lyon voltage index in 4 (20%) patients, according to Cornell voltage index - in 4 (20%) patients. Only for 1 case there was agreement on both Sokolow-Lyon and Cornell voltage indexes. LVH in all patients with positive Sokolow-Lyon and Cornell voltage indexes was confirmed by echocardiography (i.e., 100% of specificity). For Sokolow-Lyon voltage index in 13 cases LVH was undiagnosed (i.e., 24% of sensitivity). There were same results for Cornell voltage index. LVH by Cornell product index was determined in 12 (65%) patients. In 4 cases there were coincidences with Cornell voltage index and in 4 cases - with Sokolow-Lyon voltage index. Moreover, comparing with results of echocardiography, in case of Cornell product index the coincidence of LVH was 14 (100% of specificity). At same time for Cornell product index in 3 cases LVH was undiagnosed (i.e., 82% of sensitivity).

Conclusion. These data suggest that both Sokolow-Lyon and Cornell voltage indexes are very specific methods, but they may recognize only pronounced left ventricular hypertrophy. Results obtained by Cornell product index not significantly differ from the ultrasound data, showing acceptable sensitivity and specificity.

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THE ROLE OF NEUROENDOCRINE DISORDERS IN PATIENTS WITH VIBRATIONAL DISEASE IN COMBINATION WITH HYPERTENSION

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Introduction. In the structure of professional diseases vibration disease occupies one of the first places. According to modern ideas, vibration disease is a systemic angiotrophoneurosis in its pathogenesis there are disorders of universal homeostatic mechanisms - neurohumoral regulation, microcirculation, tissue and cellular metabolism [Sukharevskaya T.M. 2010]. The clinical picture of vibration disease is characterized by polymorphous symptoms with involvement in the pathological process the various stages of homeostasis of many organs and systems, which in progression has a tendency to generalization. First of all, peripheral blood vessels are changed. Vibratory stimulation of vascular smooth muscle cells leads to changes in hemodynamics and angiospasm in the microcirculation. As a result there is a development of arterial hypertension (AH) and coronary heart disease, which in their turn increase the course of the underlying disease and worsen the prognosis in general.

Results. At the present stage of study vibration disease covers the following links of pathogenesis, as activation of proinflammatory cytokines. It also draws attention to dynamics of biometal, depending on the severity of vibration disease against concomitant hypertension. This direction of medical researches is perspective and actual, as the received data are enough contradictory and require a further study.

