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**Difficulty of optimal therapy selection
in the case of polymorbid patient**

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Objective: studying the selection of correct diagnosis and the choice of therapy in patients with polymorbid condition.

Materials and methods. The supervision was conducted and the history of the patient's illness, which is located on the in-patient treatment in the rheumatology department of the Kharkov Regional Clinical Hospital (RCH), was analyzed.

Results. A patient N. 59 y.o. was admitted on 12.02.18 at the RCH with complaints of constant pain, swelling and limitation of the volume of movements in the knee, ankle, hip joint, which aggravates when walking, on periodic headache associated with an increase in blood pressure. She considers herself ill since 2006, when she began to note the presence of pain in the ankle and knee joints, did not seek medical help, without doctor's prescription used ointment with nonsteroidal anti-inflammatory drugs (NSAID) with a positive effect. The deterioration is noted over the past three months using NSAID wasn't effective and patient was directed to the rheumatology department of the RCH. By objective examination: BMI 39.1. Limited active, moves lame. Geberden nodes are noted in the area of distal interphalangeal joints, significant deformations of the knee joints, palpation was painful, volume of movements was significantly limited. Visually, the ankle joints are not altered, their palpation was moderately painful, the volume of movements was moderately reduced. The following studies were carried out: X-ray of the hip joints (arthritis of the I stage), knee joints (stage II by Kellgren), ECG (left ventricular myocardial hypertrophy), ultrasound examination of the heart (tricuspid regurgitation, aortocardiosclerosis), biochemical blood tests (total cholesterol 6.75 mmol/l, blood glucose 8.2 mmol/l, HbA1c – 7.2%). The following diagnosis was made: Osteoarthritis of the knee joints (disturbance of joint function (DJF) II stage), ankle joints, hip joints, small joints of the wrist. DJF I stage. Arterial hypertension II deg., "Hypertensive" heart. IHD:

diffuse cardiosclerosis, heart failure I deg. with preserved systolic function of the left ventricle. Dyslipidemia. Type 2 diabetes mellitus. Obesity 2nd-3rd stage, mixed genesis. The following treatment was prescribed: NSAIDs, structure-modifying medications, ACE inhibitors, Ca-channel blockers, statins, biguanides, PPI.

Conclusion. This clinical case showed that doctors have to consider the comorbidity exclusively as a whole, in order to select an adequate therapy, taking into account the interaction of drugs for the prevention and reduce the risk of disease complications.