increased by 13.4%, CA decreased to 3.9 ± 1 ,five. A study of these indicators after 3 months of treatment showed that the level of OH was 4.72 mmol/L (-28.4%), TG 1.67 mmol/L (-38.2%), LDL cholesterol 2.96 mmol/l (-10.5%), HDL cholesterol 1.28 mmol/l (+ 17.2%), spacecraft was 3.6 ± 1.2. None of the patients showed the development of adverse reactions, which indicates good tolerability of the drug.

The results obtained indicate the advisability of including rosuvastatin in the treatment regimen of patients with metabolic syndrome.

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CORRECTION OF SUBCLINICAL HYPOTHYROIDISM IN THE ELDERLY WITH STABLE ANGINA

Introduction. Hypothyroidism in people under 55 causes hypoxic changes in the myocardium, affects the activity of the heart and systemic vascular resistance. Myocardial changes are reversed when hormone deficiency is corrected. However, there is no data to evaluate the effectiveness of hormone replacement therapy in individuals over 55-60 years of age.

Purpose of study. To prove the effectiveness of subclinical hypothyroidism correction in persons over 55-60 years, as prevention of cardiovascular pathology complications.

Materials and methods. The study involved 55 patients with subclinical hypothyroidism (Thyroid-Stimulating Hormone (TSH) 8.5 ± 4.8mMe / l) and stable angina 2-3 functional class (FC) of 55-75 years old. Patients were divided into two groups. The first group include 35 people (average age 72 years). The second group was control and include 20 people (average age 74 years). Patients in the first group simultaneously with standard antiangina therapy received L-thyroxine 12.5 µg / day for 6 months. Patients of the second group did not receive L-thyroxine. Daily ECG monitoring were used to control the dynamics of stable angina.

Results. After 2 months, the average TSH level was 5.5 ± 1.3 mMe / l and clinical picture didn't change in the first group. After 6 months in 30 patients (85.7%) of the first group the TSH level decreased to 3.4 ± 1.3 mMe / l and there was a positive dynamic: according to the daily ECG monitoring, the frequency and duration of angina attacks decreased. In the second group, there were no changes in the level of thyroid hormones and clinical course of stable angina.

Conclusion. The obtained data indicate a positive change in the course of angina in patients with correction of subclinical hypothyroidism, which is consistent with Whickham studies. However, to confirm this study, it is necessary to monitor patients for a longer time.

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PREVALENCE OF RISK FACTORS OF OSTEOPOROSIS DEVELOPMENT IN PATIENTS WITH GASTROINTESTINAL DISEASES

Background. Osteoporosis (OP) is one of the common long-term complications of a number of diseases of the gastrointestinal (GI) tract. The development of OP is promoted by chronic inflammation and impaired calcium/phosphorus absorption. Comorbidity OP with GI diseases is associated with an increased risk of pathological fractures. Therefore, the timely identification patients with risk factors of OP development in case of pathology of the GI tract is very important.

Aim. To establish and analyze the risk factors for the OP development and the 10-year probability of developing osteoporotic fractures in patients with chronic GI diseases.

Materials and methods. 30 patients of the Kharkiv Regional Gastroenterological Department were conducted. All patients were divided into 3 groups, containing 10 patients, depending on the main pathology: intestine, stomach or hepatobiliary system. Detection of OP risk factors was performed using the FRAX® tool. The following clinical risk factors were evaluated: body mass index (BMI), smoking, taking glucocorticoids, alcohol intake, family anamnesis of GI diseases, etc.