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COGNITIVE AND SOMATIC SUBSCALES VIOLATION DEPENDING ON THE FUNCTIONAL CLASS OF CHRONIC HEART FAILURE IN PATIENTS WITH METABOLIC DISORDES

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Kharkiv National Medical University

Department of Internal Medicine No. 2, Clinical Immunology and Allergology named after
academician L.T. Malaya

Scientific advisor: prof. Kravchun Pavlo

Aim is to assess the presence and character of changes in the components of the emotional status in patients with coronary artery disease (CAD) and concomitant diabetes mellitus 2 type or its combination with obesity depending on the functional class of chronic heart failure (CHF).

Materials and methods. 42 patients with II-IV functional class CHF of ischemic genesis with concomitant diabetes mellitus 2 type and obesity were investigated. Patients were divided into three groups according to functional class of CHF. Group 1 included patients with CHF of II functional class (n=16), group 2 – the patients with CHF of III functional class (n=14), the 3rd group - the patients with CHF of IV functional class (n=12). The Beck Depression Inventory was used to assess the presence and nature of depressive disorders. Cognitive and somatic subscales were used.

Results. The characteristics of the components of the emotional status, namely cognitive and somatic subscale in patients with II-IV functional class CHF and concomitant diabetes mellitus 2 type and obesity showed differences. In patients with CHF of the II functional class and the combination of diabetes and obesity cognitive subscale were lower than in patients of the III functional class ($7,85 \pm 0,29$ versus $9,69 \pm 0,44$, $p < 0,01$) and IV functional class ($7,85 \pm 0,29$ versus $14,43 \pm 0,49$, $p < 0,01$). Similar differences were noted regarding the scores of the somatic subscale in patients with CHF in combination with diabetes mellitus 2 type and obesity. Somatic subscale in patients with CHF of II functional class significantly decreased when compared with III functional class ($5,38 \pm 0,29$ versus $7,57 \pm 0,27$, $p < 0,01$) and IV functional class ($5,38 \pm 0,29$ versus $11,07 \pm 0,39$, $p < 0,01$). i.e., an increase in the scores of the depression scale for both, either cognitive or somatic subscale, was found in proportion to the increase in the functional class of CHF.



Conclusion. Thus, the deterioration of the emotional status, both on the side of the cognitive and somatic subscales, is observed on the background of increasing manifestations of CHF in patients with CFD and concomitant type 2 diabetes and obesity.

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ACUTE MYOCARDIAL INFARCTION IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Topic relevance. Acute myocardial infarction (AMI) is one of the most common diseases in population. Type 2 diabetes mellitus (T2DM) is a serious risk factor for the occurrence of AMI, as well as in 30% of cases T2DM is comorbidity in patients who were hospitalised with AMI. This issue is relevant since T2DM and AMI can lead to disability, which is a significant social and economic problem.

Materials and Methods. During the investigation it has been surveyed 34 people aged from 60 to 65, 10 women (29,4%) and 24 men (70,6%). All the patients were divided into two clinical groups with patient with AMI and concomitant T2DM in the first and patients with AMI and without T2DM in the second group. The first clinical group contains 11 patients, 6 men (54,5%) and 5 women (45,5%). The second clinical group contains 9 patients, 6 men (66,6%) and 3 women (33,4%). The control group contains 7 practically healthy people. In the present research there has been examined prevalence of bad habits among patients, presence of obesity and complaints associated with cardiovascular system disorders.

Results. In the first group it has been revealed that 2 patients (18,2%) smoke or had been smoking for a long time, in the second group there are 2 patients (22,2%) who smoke or had been smoking for a long time comparing to 0 patients (0%) in control group. Among the patients of the first group 4 people (36,4%) have obesity, among