

GLUCOSE METABOLISM IN PATIENTS WITH COMORBIDITY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND CHRONIC PANCREATITIS

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The aim of the present study was to evaluate the level of glycaemia in patients with COPD and chronic pancreatitis (CP).

Materials and methods: two groups of patients with COPD were examined: 37 patients with comorbidity of COPD and CP (main group) and 31 - with isolated course of the COPD (a comparison group). Standard values were obtained while examining 20 almost healthy patients of the same age and gender. The latter made up a control group. The carbohydrate metabolism has been determined by fasting capillary blood glucose level measurement using a portable glucometer, Roche (Germany). Statistical data has been performed on workstation by means of software "Microsoft Excel" and "Statistic 8.0".

Results: the study showed that fasting capillary blood glucose level was increased both in groups with isolated COPD and in groups with comorbidity in comparison with almost healthy patients. It has been found out that patients with comorbid pathology are characterized by the significant increase of fasting capillary blood glucose level up to $5.47 \pm 0.26 \mu\text{mol/l}$, in comparison with control group – $4.06 \pm 0.23 \mu\text{mol/l}$ ($p < 0,05$). At the same time patients with isolated COPD fasting capillary blood glucose level increase up to $4.28 \pm 0.29 \mu\text{mol/l}$ ($p < 0,05$). The comparative analysis of the examined groups has proved the significant difference ($p < 0,05$) in fasting capillary blood glucose level, reflecting significant deviations in carbohydrates metabolism in patients with comorbidity.

Conclusions: thus, as a result of the conducted study, it was found out that in the period of exacerbation of COPD, in the isolated course of disease as well as in disease combined with chronic pancreatitis, there is an observed an increase level of glycaemia. At the same time, in the patients with comorbidity of COPD and chronic pancreatitis fasting capillary blood glucose level was higher and had a significant difference from those in patients with isolated COPD, which indicates a significant intensification of metabolic disorders in this category of patients.