

normal body weight due to the physical and psycho-emotional components of health, which indicates a significant limitation of the patient's daily activities.

Borzova-Kosse Sofia, Nahornyi Ivan
Kharkiv National Medical University
Department of Internal Medicine No.2, Clinical Immunology and Allergology named after
academician L.T. Malaya
Kharkiv, Ukraine
Scientific advisor: Prof. Kravchun P. G.

ROSUVASTATIN EFFICIENCY IN PATIENTS WITH METABOLIC SYNDROME

The prevalence of metabolic syndrome (MS) among the population, an average of 20-25%, makes the search for approaches to its treatment extremely relevant. One of the directions of treatment for patients with MS is the correction of lipid disorders. First-line drugs for normalizing lipid levels are currently statins, which have been shown to be effective in reducing cardiovascular mortality in a number of studies (GALAXY, JUPITER, STELLAR). Researchers' attention to rosuvastatin is attracted by its much more pronounced effect on the degree of lowering of low density lipoprotein cholesterol (LDL cholesterol), as well as its ability to increase the level of high density lipoprotein (HDL cholesterol) in the blood, which was confirmed in the ECEP ATP III study.

The goal is to study the effect of rosuvastatin on the state of lipid metabolism in patients with MS. We have analyzed the case histories of 48 patients aged 48 to 72 years with stage II hypertension and dyslipidemia, who were outpatiently treated in the clinical hospital "Clinical Hospital № 27". In the treatment regimen of patients, along with antihypertensive drugs, rosuvastatin in a daily dose of 5 mg was included. The follow-up was 3 months. The determination of total cholesterol (OX), triglycerides (TG), low density lipoproteins (LDL) and high density lipoproteins (HDL) was carried out by the biochemical method, and the atherogenic coefficient (CA) was calculated.

In the study of lipid levels before treatment, all showed an increase in OH by 17.6%, TG by 12.2%, LDL cholesterol by 19.2% of normal, HDL cholesterol was reduced by 24.8%, CA was $6,4 \pm 1,6$, which indicates significant violations of the lipid spectrum of the blood of patients. After 2 months from the start of rosuvastatin use, the level of OH decreased by 19.2%, TG by 7.6%, LDL cholesterol by 29.8%, and HDL cholesterol

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.

Borzova-Kosse Sofia, Ostapenko Daria, Drokin Andrii
Kharkiv National Medical University
Department of Internal Medicine No.2, Clinical Immunology and Allergology named after
academician L.T. Malaya
Kharkiv, Ukraine
Scientific advisor: Prof. Kravchun P.G.

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 ± 4.8 mMe / 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 μ g / 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.