coincides with the onset of driving, non-compliance with traffic rules, as well as the largest proportion of car accidents in this age group.

At the same time, the increased prevalence of proximal fractures in women may be associated with early osteoporosis under the influence of sex hormones, pregnancy and requires further research.

Tkachenko Maryna, Kadykova Olga

RISK FOR THE DEVELOPMENT OF ATRIAL FIBRILLATION IN PATIENTS WITH ARTERIAL HYPERTENSION AND DIABETES MELLITUS TYPE 2

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.

Introduction. Arterial hypertension (AH) and diabetes mellitus (DM) type 2 are common comorbid diseases with significantly interrelated pathogenic pathways. AH is a well-known risk factor for the development of cardiovascular disorders including coronary heart disease, heart rhythm disorders, stroke, nephrosclerosis, and retinopathy. Thus, coexistence of AH and DM type 2 increases the risk of cardiovascular pathology up to 6 times compared to AH without DM.

The aim of this study was to evaluate the risk for the development of arrhythmias with a focus on the atrial fibrillation in patients with arterial hypertension and concomitant diabetes mellitus type 2.

Materials and methods. A total of 106 elderly individuals, both males and females, with confirmed AH were enrolled in this study. They were divided into 2 groups depending on the presence of concomitant DM type 2. Group 1 (n=52) included patients diagnosed with AH and DM type 2. Group 2 (n=54) was formed by patients with AH without DM. A 12-lead standard ECG was performed for all patients to evaluate the presence and clinical forms of heart rhythm disorders. Data were statistically analyzed using Statistica 8.0 software and Fisher’s criterion.

Results. Heart rhythm abnormalities were found in 46.1% of patients with AH with DM type 2. They were represented by atrium fibrillation (AF) – 34.6% and extrasystoles – 11.5%. Therefore in individuals with isolated AH, arrhythmias were diagnosed in 35.0% of cases on the account of AF and extrasystoles for 11.1% and 23.9% respectively. Analyses by Fisher`s criterion showed that the risk for the development of heart rhythm abnormalities was significantly higher in patients with AH and DM type 2 than in those without DM ($F=0.042$, $p<0.05$) mostly due to AF ($F=0.005$, $p<0.05$).

Conclusion. Our findings indicate that the risk for the development of heart rhythm disorders is higher in patients with concomitant course of arterial hypertension and diabetes mellitus type 2 due to a significantly higher prevalence of atrium fibrillation in this cohort of patients.

Tymoshenko Galyna

WAYS TO OPTIMIZE THE TREATMENT OF BILIARY SYSTEM DISORDERS IN PATIENTS WITH TYPE 2 DIABETES

Kharkiv National Medical University
Department of Internal Medicine No.3 and Endocrinology
Kharkiv, Ukraine
Scientific advisor: prof. Zhuravlyova Larysa

The aim is to evaluate the effectiveness of complex therapy involving ursodeoxycholic acid and α-lipoic acid in patients with a combination of type 2 diabetes mellitus (DM) and chronic noncalculous cholecystitis (CNC) based on the study of the dynamics of cholecystosonography parameters (in examination and the dynamic variants).

Materials and methods. The study involved 62 patients with a combination of type 2 diabetes mellitus and CNC, who were treated at the Municipal noncommercial establishment of Kharkiv Regional Council "Regional Clinical Hospital". The patients were representative by age and gender. All patients on admission to the hospital underwent a thorough examination using conventional clinical, laboratory and instrumental studies. In order to study the changes in the motor-evacuatory and