



of acute heart failure was found in 38.5 % of persons, Class II – in 19.2 % of persons, Class III – in 26,9 % of persons, Class IV – in 11,5 % of persons.

In addition, abnormality of heart rhythm and conductivity was found in 57.7 % of patients, while 23 % of them had detected combinations of cardiac arrhythmias. The most frequent cardiac arrhythmias were: sinus tachycardia, which occurred in 26.9 % of persons; atrial fibrillation – 23.1 %; supraventricular and ventricular extrasystole – 11.5 %. Violation of conductivity in the form of blockade of the bundle of His left branch – 11.5 %; AV-blockade was diagnosed in 7.7 % of patients.

Indicators of blood pressure on admission of patients to the hospitals averaged 178/100 mm Hg. Moreover, on admission to the hospital 38.5 % of patients had blood pressure higher than 140/90 mm Hg.

Analysis of the left ventricular systolic function by Ejection fraction (EF) parameter determined the presence of EF subgroups more and less than 40 %. In 76.9 % of patients EF was above 40 %, its average indicator was equal to 49.8 %; in 23.1 % of persons EF was below 40 %, its average indicator was equal to 32.7 %.

Conclusions. Thus, the research showed that the complication of the hospital period of acute myocardial infarction is widespread among the patients with type 2 diabetes, that makes this issue relevant for cardiologists, endocrinologists and medical representatives of other fields and requires further study of the pathogenetic mechanisms of this comorbid condition for the choice of modern methods of therapeutic measures.

EVALUATION OF VALSARTAN THERAPY EFFECT ON QUALITY OF LIFE IN PATIENTS WITH CORONARY ARTERY DISEASE AND TYPE 2 DIABETES MELLITUS

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Introduction. Coronary artery disease (CAD) continues to occupy a significant place in the structure of morbidity and mortality in Ukraine. Type 2 Diabetes mellitus (DM) is one of the most common comorbidities in patients with CAD due to high pathogenetic affinity.

Purpose. To assess the quality of life of patients with coronary artery disease and type 2 diabetes mellitus and the effectiveness of valsartan therapy exposure on it.

Materials and methods. The examination involved 70 patients with CAD and type 2 DM, among whom 3 subgroups were allocated: 1 subgroup were patients with a mild course of type 2 DM (n=21), 2 – patients with a medium course of type 2 DM (n=28), and 3 – patients with a severe course of type 2 DM (n=21). All study participants were offered a standard questionnaire SF-36 twice: for the first time during the primary examination, and for the second time a year after valsartan therapy. The questionnaire is used to assess the quality of life of a patient and contains 36 questions grouped into the following eight scales: physical functioning (FF), role physical functioning (RPF), pain intensity (PI), general health (GH), viability (V), social functioning (SF), role emotional functioning (REF) and mental health (MH). The results mathematical processing was carried out by means of the Statistica software package 8.0 (StatSoft Inc, USA).

Results. Our study found that a year after valsartan therapy, patients' quality of life increased significantly. The greatest impact was revealed in the field of REF, the indicator of which increased in 15.3 points ($p < 0.05$). The RPF (increased in 10.9 points), PI (increased in 8.7 points), SF (increased in 7.7 points), GH and FF (increased each in 6.1 points), V (increased in 5.6 points) and MH (increased in 4.8 points). None of the



indicators of quality of life turned out to be inert to valsartan therapy show less positive dynamics.

Conclusions. Thus, it can be argued that therapy with valsartan in patients with coronary artery disease and type 2 diabetes mellitus reliably positively affects the quality of life in such patients, increasing largely role-based physical functioning, and the least effect is demonstrated on the mental health of patients. Such results give reason to consider valsartan a drug of choice for patients with coronary artery disease and type 2 diabetes mellitus.

CHANGES IN FIBROSIS MARKERS DEPENDING ON THE LEVEL OF GLOMERULAR FILTRATION RATE IN PATIENTS WITH CARDIORENAL SYNDROME TYPE 2 ON THE BACKGROUND OF CHRONIC HEART FAILURE AND COMBINED TYPE 2 DIABETES MELLITUS

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Introduction. Chronic heart failure (CHF) is one of the most common complications of cardiovascular disease. It is known that CHF affects various organs and tissues, which leads to a violation of their functions, sometimes so significant that it becomes the direct cause of death. One such target organ is the kidney. Bilateral heart-kidney relationship, in which a pathophysiological disorder in one of them can lead to dysfunction of the other, is defined by the concept of "cardiorenal syndrome" (CRS).

Goal. The aim of the study was to analyze changes in monocyte chemo attractant protein-1 as a marker of fibrosis and matrix metalloproteinase-9 as an indicator of fibrolysis in patients with type 2 cardiorenal syndrome on the background of chronic heart failure and type 2 diabetes depending on the level of glomerular filtration rate.

Materials. In patients with bovine type 2 on the background of CHF and type 2 diabetes found significant no increase in the concentration of MCP-1 in the presence of GFR > 60 ml / min, and in the presence of GFR < 59 ml / min when compared with patients without type 2 diabetes. The data obtained show that growth of signs of renal dysfunction is accompanied by excessive activity of fi-

brotic factor MCP-1, which is more pronounced when reducing GFR < 59 ml / min. In patients with cattle type 2 on the background of CHF and type 2 diabetes with a GFR level > 60 ml / min the presence of GFR < 59 ml / min revealed a significant increase in MMP-9 compared with patients without type 2 diabetes. However, a comparison of MMP-9 levels in patients with GFR levels > 60 ml / min, and in the presence of GFR < 59 ml / min among themselves showed a tendency to increase, which is not reaches the level of probability ($p < 0,05$). Further increase in renal dysfunction is characterized by is characterized by a proportional increase in MCP-1 in the absence of such in MMP-9 that indicates an imbalance of fibrosis and fibrolysis at GFR < 59 ml / min

Results. Progression in patients with type 2 cardiorenal syndrome on the background of chronic heart failure and type 2 diabetes is associated with an increase in the fibrotic marker monocyte chemo-attractant protein-1, which indicates its participation in tubulointerstitial kidney disease. High levels of metalloproteinase-9 in patients with