chronic non-calculous cholecystitis at a dose of 100 mg 2 times per day, correction of hypertension was performed by Berlipril.

Results and discussion. It is established that at the stage of clinical observation, the combination of these diseases has an adverse effect on each of them and potentiates the prolongation of the exacerbation stage. The severity of clinical manifestations depends not only on the inflammatory process in the gallbladder, but also hemodynamic changes due to the increase in blood pressure. The use of Mebeverine hydrochloride in the comprehensive treatment of chronic non-calculous cholecystitis in patients with concomitant hypertension allowed to control the pain and dyspeptic syndrome, and also have a significant effect on the level of hypertension, which was confirmed by a decrease in the dose of antihypertensives by 30-50%. This effect of the drug is the result of its antispasmodic effect and in addition explains its ability to block the flow of calcium ions to smooth muscle cells through potentially dependent channels and through the effect on receptor-dependent receptor neuron receptors.

Conclusions. The usage of Mebeverine hydrochloride in the complex treatment of patients with chronic non-calculous cholecystitis in combination with hypertension is pathogenetically justified and can be recommended for widespread use for patients with this comorbid pathology.

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ADIPOCOCIN'S IMBALANCE IN PATIENTS WITH HYPERTONIC DISEASE AND DIABETES MELLITUS

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The most common example of comorbidity is a patient with hypertension (AH) and type 2 diabetes mellitus (T2D). These diseases are associated with the early development of target organ lesions and subsequent cardiovascular accidents. AH and T2D have many common pathogenic mechanisms which influence the progression and course of comorbidity. Insulin resistance (IR) is a major pathogenic component of T2D and a factor in progression of cardiovascular complications.

The purpose of the research is to study the imbalance of adipokines (leptin and adiponectin) in patients with comorbidity of hypertension and diabetes mellitus.

Material and methods. The study comprised 441 patients, including 320 patients of the main group (with hypertension and diabetes mellitus); 90 patients of the comparison group (with hypertension, but without T2D); and 31 apparently healthy humans (control group).

As a result of adipokine level assessment, it was revealed that adiponectin in the main group was significantly lower (6.633 ± 0.016 ng/ml, $p<0.001$) than in the comparison group (7.977 ± 0.046 ng/ml, $p<0.001$). The leptin level was significantly higher in case of comorbidity of AG and T2D as compared to hypertensive patients without T2D (16.346 ± 0.142 ng/ml and 12.306 ± 0.185 ng/ml, respectively, $p<0.001$). Patients with hypertension and diabetes demonstrated close relationship between changes in adipokine levels and increase in body mass index (BMI).

Patients with BMI of 25-34.9 kg/m^2 had significantly higher leptin levels (17.766 ± 0.085 ng/ml) as compared to patients with normal body weight (13.080 ± 0.149 ng/ml), which may indicate the presence of leptin resistance in patients with excessive weight and first-degree obesity. The adiponectin level in patients with normal body weight was significantly lower than in patients with BMI 25-34.9 kg/m^2 (6.315 ± 0.022 and 6.770 ± 0.013 ng/ml, respectively, $p<0.001$), which can be regarded as its counter-regulatory increase at the initial stages of weight gain. In patients with hypertension without T2D, the adipokine imbalance was similar to the group of patients with concomitant diabetes. However, in patients with hypertension without T2D, but with IR, adiponectin tended to decrease, but decrease thereof was not significant (unlike the comorbidity group). At the same time, the other adipose tissue hormone, leptin, was significantly higher in patients with IR (13.307 ± 0.428 vs. 12.089 ± 0.198 ng /ml, $p <0.05$).

Conclusions: Based on the analysis provided, the relationship between adipokine levels and the development of IR in case of hypertension was revealed. Patients with hypertension and concomitant T2D are characterized by hyperleptinemia and hypoadiponectinemia, the severity of which differs depending on BMI.

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ASPECTS OF COMORBIDITY OF DEPRESSIVE DISORDERS AND SOMATIC DISEASES

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Depressive disorders are a condition that is often found in primary medical practice. It is proved that with somatic diseases the prevalence of depressive disorders is from 22 to 33% (pathology of the cardiovascular, endocrine system, neurological diseases, oncopathology, obstetric and gynecological conditions). The prevalence of depressive disorders in the population is currently increasing.

Common risk factors for depressive disorders relate to patients with somatic diseases. These are genetic, family, personality factors, as well as