



The aim of the study was to evaluate the correlation between leptin and the degree of weight gain in patients with DM-2.

Materials and methods. 83 patients with DM-2 and a high body mass index (BMI > 25) were examined. The course of diabetes varied from 1 to 9 years. The mean age of patients was 35-65. Height, weight of patients were measured and body mass index (BMI) was calculated. Leptin has been identified with ELISA sandwich method using a set of reagents «DRG». The control group consisted of 20 healthy individuals with BMI < 25 kg/m². The groups were comparable in age and gender.

Results. The average level of leptin was $22,3 \pm 1,4$ ng / ml ($p < 0.05$) in patients with DM-2 and $7,6 \pm 0,35$ ng / ml ($p < 0.05$) in a control group, the average BMI was $32,3 \pm 0,6$ kg/m² ($p < 0.05$) in patients, and $23,7 \pm 0,3$ kg/m² ($p < 0.05$) in a control group. The study of correlation between BMI and leptin levels was performed using the Spearman's coefficient. A highly significant correlation between leptin and BMI revealed (Spearman's coefficient of 0.89 ($p < 0.05$)).

Conclusions. A highly significant relationship between BMI and leptin level was revealed in patients with DM and excessive body mass. The level of leptin was increasing along with body mass gain. However, after achievement of BMI > 38 level of leptin didn't increase further, which is the sign of leptin resistance development.

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CHARACTERISTICS OF TRIMETAZIDINE MR INFLUENCE ON THE CDH COURSE IN PATIENTS WITH DIABETES MELLITUS TYPE 2

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Aim is to study the influence of trimetazidine MR with basic therapy on the CDH course, quality of life and short-term prognosis in patients with diabetes mellitus type 2.

Materials and methods. We examined 50 patients with CDH and diabetes mellitus type 2 (30 women, 20 men) at the age of 45 to 75 years, who received trimetazidine MR (dosage 70 mg/day) with the basic therapy during 12 months. The therapy effectiveness was estimated with the help of echocardiography, Holter monitoring, 6-minute walk test, Seattle and Minnesota questionnaires.

Results. With adding trimetazidine MR to the basic therapy after 12 months we observed reduction in the angina attacks frequency in patients who were taking trimetazidine MR. It was accompanied with the decrease in need of short-range nitrates, increase in distance passage by 17,7% ($< 0,05$), while in the group of patients who received only basic therapy without trimetazidine MR, the characteristics remained the same (according to the 6-minute walk test). Trimetazidine MR prescription was accompanied by decrease in the number of painless myocardial ischemia episodes by 38,3% ($< 0,001$) compared to the patients of control group, decrease in ventricular premature beats episodes in 31,2%, supraventricular premature beats episodes - in 25,3 (according to Holter monitoring). Echocardiography results testify the increase of ejection fraction by 13,6% ($< 0,05$), decrease of hypokinetic areas by 35,6% in trimetazidine MR group.





... showed high efficiency in the treatment of patients with CDH and diabetes mellitus type 2. The research has shown that adding trimetazidine MR (dosage 70 mg/day) to the basic therapy is advisable for tolerance increase to the physical activity and improvement of the quality of life in patients with CDH and diabetes mellitus type 2.

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**COMPARISON OF THE EFFECTIVENESS OF RAMIPRIL AND
VITAMIN E IN ETHEROSCLEROSIS**

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Aim. In a double-blind study to examine the effects of long-term therapy with an ACE inhibitor (ramipril) and vitamin E on the progression of atherosclerosis in patients at high risk.

Materials and methods. The study involved 42 patients Accepted aged \times 55 years who had cardiovascular disease or type 2 diabetes in conjunction with another by at least one risk factor, but no heart failure or low left ventricular ejection fraction. Different groups of patients administered ramipril 2.5 - 10 mg / day or vitamin E (RRR- -tocopherol acetate), or corresponding placebo. Follow-up was 6 months. Progression of atherosclerosis was assessed by ultrasound carotid artery.

Results: The average rate of increase of the maximum intima-media thickness of carotid artery was 0.0217 mm for half a year in the placebo group, 0.0180 mm for half a year in the ramipril 2.5 mg / day and 0.0137 mm for half a year in the group ramipril 10 mg / day ($p = 0.033$). The rate of progression of atherosclerosis in the application of vitamin E did not differ from that of placebo.

Conclusions: Long-term therapy with ramipril has a favorable effect on the progression of atherosclerosis, whereas vitamin E has no effect on him.

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**COMPARISON EFFICIENCY OF DIAGNOSTICS FOR LEFT
VENTRICULAR HYPERTROPHY BY ELECTROCARDIOGRAFIC AND
ECHOCARDIOGRAFIC METHODS IN PATIENTS WITH
CARDIOLOGICAL PATHOLOGY**

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Objective: investigation of sensitivity and specificity of electrocardiographic and echocardiographic methods in determining of left ventricular hypertrophy (LVH) in patients with cardiovascular pathology.

Material and methods. 30 females (from 40 to 70 years old) with cardiovascular diseases (ischemic heart disease, arterial hypertension, dilated cardiomyopathy) were involved in the study. Anthropometric examination included measurement of height, weight and calculation of body surface area (BSA). According to the standard electrocardiogram the criteria for LVH were evaluated (in this study three criteria were used: Sokolow-Lyon voltage index, Cornell voltage index, Cornell product