PH. In COPD cohort, diastolic dysfunction develops in the later stages of the disease (FEV FEV1 <30%) and correlated with pulmonary obstruction (r = 0,59; p <0,05).

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USING HBA1C AND OGTT TO IDENTIFY PREDIABETES IN HYPERTENSIVE PATIENTS

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Introduction. Identifying individuals at risk for diabetes is important for preventing both diabetes and cardiovascular diseases, which is strongly associated with prediabetes. The American Diabetes Association has incorporated the use of glycated haemoglobin (HbA1c) as an additional test in the criteria for the identification of prediabetes (5,7%ï 6,4%). Because HbA1c testing is simple and can be performed regardless of prandial status, it is tempting to rely on HbA1c alone in finding such patients. But this has not been introduced into Europe.

Aim to evaluate the performance of HbA1c compared to an oral glucose tolerance test (OGTT) in a primary care population.

Materials and methods: Seventy three patients (57,6±7,6 years, females 41 (55%) males 32 (44%)) with hypertension were examined. They were further investigated by OGTT with HbA1c taken simultaneously, HbA1c 6,30±1,91%, fasting glucose 5,42±1,34 mmol/L, 2-hour glucose 6,41±1,17 mmol/L.

Results: OGTT identified 34 (46,58%) with prediabetes (12 with impaired glucose tolerance, 22 with isolated impaired fasting glycaemia) and 39 (53,42%) with normoglycaemia. Using HbA1c values to classify these categories would identify 47,05% (16/34) of those with diabetes, 5,90% (2/34) with prediabetes and 47,05% (16/34) with normoglycaemia and 46,16% (18/39) of those with prediabetes and 53,84% (21/39) with normoglycaemia. HbA1c provides a sensitivity and specificity 52,95% for identifying prediabetes. 16 subjects were misclassified as not having prediabetes and 18 as prediabetes although they were either normoglycaemic.

Conclusion: HbA1c alone is not accurate enough to screen individuals for prediabetes. Many at risk for diabetes will be missed by HbA1c values in the ADA-specified range. Screening should include fasting glucose and OGTT.

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ARTERIAL HYPERTENSION AND COMORBIDITY

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Introduction. It is known that essential hypertension is one of the most common chronic diseases of humans. According to official statistics, it is registered more than 11 million people with hypertension in Ukraine in 2007, representing 29.9% of the adult population. The same number of patients with arterial hypertension registered in other European countries and the USA. Therefore, detection of comorbidity in this category of patients is important. In modern medicine the problem of combination of

arterial hypertension with comorbidity is one of the most important due to the increasing incidence and severity of complications.

Material and methods. Comorbidity widely represented among patients hospitalized in multidisciplinary hospitals. By the World Health Organization prevention and treatment of chronic diseases identified as a priority project of the second decade of the XXI century. It is known that a number of diseases worsen the progress of arterial hypertension. For example thyrotoxicosis activates sympatho - adrenal system, insulin resistance increases Na retention in the body that promotes the development of hypertension.

Results. It was determined that one of the most frequent comorbidity state is a combination of chronic obstructive pulmonary disease and hypertension, its prevalence varies in considerably wide range from 6.8 to 70.2%, on average 34.3%. High blood pressure is found in 50-80% of patients with diabetes mellitus type 2. According to various reports, the incidence of hypertension in combination with gastric ulcer ranges from 1.1 to 15.2%.

Conclusion. Thus we see that concomitant pathomorbidity in patients with hypertension has a wide range diseases of forms and significantly worsens the disease, so the study of comorbidity is an actual problem and needs thorough revision.

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THE HUMAN LEYKOCYTE ANTIGENS AND ANKYLOSING SPONDYLITIS

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Introduction. Ankylosing spondylitis (AS) is a major subtype of a group of chronic inflammatory diseases known as spondyloarthropathies. Genetic and environmental factors play an important role in their pathogenesis of AS, those associated with the spondyloarthropathies are HLA B2702, B2704, and B2705. Confirmation of diagnosis requires characteristic X-ray findings: blurring of bony margins of joints (in early stages), bilateral sacroiliac involvement, patchy sclerosis with superficial bony erosions, eventual squaring of vertebral bodies, and bamboo spine with complete ankylosis. Diagnosis of AS is strongly suggested by typical symptoms, a positive family history, and presence of the human leukocyte antigens (HLA-B27). Recently, HLA-B27 has been used as diagnostic criteria to detect spondyloarthropathies .

Material and methods. The study included 53 patients. HLA-B27 typing was done by microlymphocytoxicity and/or by sequence specific primers (SSP) using commercial kits. Patients were categorised as Ankylosing Spondylitis (AS), Undifferentiated Spondyloarthropathy.

Results. HLA-B27 status was determined in all patients, and 49 (93%) were positive for HLA-B27. All patients were serologically tested for rheumatoid factor (RF), positive result found in 6 (12%) cases but the titers were low.