

assessment anxiety scale Charles D. Spielberger – Y.L Hanin, the Scale of Internality in relation to health and illness, the study of the self-esteem of mental states by H.J. Eysenck, the study of the level of depression by the *Beck Depression Inventory*), mathematical and statistical methods were used.

Results. According to the results of the MMAS survey, three groups of patients were selected - with high (22.2%), middle (33.3%) and low (44.55%) levels of adherence to the combined therapy of hypertension. Socio-demographic factors in patients with low adherence to treatment were determined by low level of education and absence of marital relations. Clinical characteristics of patients with low compliance level included the presence of 3rd degree of severity of arterial hypertension, I stage of this disease, high frequency of exacerbations, comorbidity in the form of Diabetes Mellitus II, Chronic Obstructive Pulmonary disease, Ischemic Heart disease, tobacco smoking. According to the psychopathological and psycho-diagnostic examination, patients with an internal type of personality control, low anxiety and depression showed, for the most part, a low level of compliance and a more frequent aggressiveness in the self-esteem of mental states ($p < 0.05$).

Conclusions. Thus, elderly patients with arterial hypertension very often (up to 78%) show an insufficient level of adherence to treatment. Socio-demographic, clinical and psychopathological factors significantly affect the level of compliance in these patients. Improving the effectiveness of therapy of arterial hypertension in elderly patients is possible due to optimization of treatment regimens, wide introduction of psycho-diagnosis and psycho-correction with the involvement of psychologists into this process.

COMBINATION OF RHEUMATOID ARTHRITIS AND IRRITABLE BOWEL SYNDROME AS COMORBIDITY WITH AUTONOMIC NERVOUS SYSTEM DISORDERS

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Introduction. Disorders of the autonomic nervous system often accompany the course of rheumatoid arthritis (RA). Moreover, there is a well-founded opinion about the specific role of autonomic dysfunction in the etiopathogenesis of RA. Irritable bowel syndrome (IBS) is a functional disease without a clear morphological background. IBS is often regarded as a psycho-autonomous syndrome. Patients with IBS have an imbalance of the autonomic nervous system with a decrease in the proportion of people with eutonia and an increase in the proportion of patients with sympathicotonia and parasympathicotonia. Thus, comorbidity of RA and IBS is a combination of two diseases with disorders of the autonomic nervous system in its pathogenesis.

Objective: to investigate the condition of the autonomic nervous system in patients with RA with concomitant IBS in comparison with patients with isolated course of RA.

Materials and methods. 52 patients with RA were examined. The average age of patients was 45 ± 3.84 years, women prevailed (31). 27 patients with RA complicated by IBS, constituted the main group. The diagnosis of RA preceded the occurrence of IBS in all cases. 25 RA patients with no signs of concomitant IBS formed a comparison group. Both groups were representative of each other by the main features (age, gender, seropositivity, duration of the disease, etc.).

The investigation of the autonomic nervous system condition was carried out according to the “Standardized questionnaire for identifying signs of autonomic disorders” (recorded by the patient himself) and “Survey scheme for identifying signs of autonomic disorders” by A. Wayne (recorded by the doctor). Autonomic disorders occurred if the total score exceeded 15 for the “Standardized questionnaire ...” and 25 for the “Survey Scheme ...”. Statistical processing of the results was carried out using parametric (Student's t-test) and non-parametric (χ^2) methods.

Results and discussion. Questioning patients according to the “Standardized questionnaire ...” (subjective self-assessment) revealed more frequent autonomic disorders in patients with the combination RA and IBS (21 patients out of 27) as compared with patients with isolated RA (12 patients out of 25). These differences were statistically significant ($df = 1$, $\chi^2 = 4.96$; $p = 0.026$). At the medical examination (objective assessment by “Survey Scheme ...”), signs of autonomic disorders were found in 20 (74.1%) patients of the main group and in 12 (48.0%) of the comparison group. These differences were also significant ($df = 1$, $\chi^2 = 4.88$; $p = 0.027$). More pronounced autonomic dysfunction in patients of the main group was also confirmed by significant differences in the total number of points both in the subjective assessment (respectively 18.37 ± 0.871 and 15.44 ± 0.874 , $t = 2.372$; $p = 0.022$) and in the objective assessment (respectively, 31.37 ± 1.772 and 26.08 ± 2.011 , $t = 2.020$; $p = 0.024$).

The autonomic nervous system is anatomically and functionally integrated with visceral sensory pathways. Therefore, involvement of autonomic nervous system disorders in the formation of visceral complications of RA in the form of IBS is logical.

Conclusions. Comorbidity of RA and IBS exists predominantly against the background of an autonomic imbalance, which becomes generalized in these patients. The formation of IBS in patients with RA can be considered as an autonomic visceral dysfunction that occurs as a result of a disturbance in the regulatory effect of the autonomic nervous system.