is rarely performed, as long as it is used, antibodies are formed. In addition, in the treatment of hypoparathyroidism, the convulsive syndrome is prevented, which occurs when there is insufficient secretion of parathyroid hormone.

Results and discussion. The main place in the treatment of hypoparathyroidism belongs to preparations of vitamin D (cholecalciferol, alfacalcidol, colcalciferol) in combination with calcium preparations (calcium carbonate, calcium gluconate, calcium chloride). After reaching normocalcemia, patients are transferred to a diet with an elevated calcium content), which allows to reduce the dose of calcium preparations, which often have irritating effect on the gastrointestinal tract. In the treatment of hypocalcemia, it is necessary to continuously monitor not only the calcium content in blood serum, but also the levels of phosphorus and magnesium, combining therapy so that their concentration in the blood is kept within normal limits. In order to reduce the hyperphosphataemia that occurs with hypoparathyroidism, a phosphorus-binding preparation without calcium is used - sevelamer (800-2400 mg 3 times a day inwards with food). Lanthanum carbonate can also be used. It is prescribed in doses of 500-1000 mg 3 times a day inwards with food. For tetany, intravenous administration of 10 ml of 10% calcium chloride solution or calcium gluconate is used (within 10 minutes).

Conclusions. To date, the treatment of patients with hypoparathyroidism, which includes correction of hypocalcemia by the administration of calcium and vitamin D, is the most effective. In order to monitor the effectiveness of therapy for hypoparathyroidism, an endocrinologist should be observed once every 3-4 months.

PATHOGENETIC PHARMACOTHERAPY OF MULTIPLE SCLEROSIS

Dolzhko D. V.
Scientific supervisor: assoc. prof. Zhabotunska N. V.
National University of Pharmacy, Kharkiv, Ukraine
dolzhko10@mail.ru

Introducing. Multiple sclerosis (MS) – is an immune-mediated inflammatory disease of the central nervous system, destroying the myelin, affecting both the brain and spinal cord. MS ranks second among disabling diseases of the central nervous system. The prevalence of MS in Ukraine amounted to 3.4 thousand per 100 000 population.

The **aim** of our work is to study the recommendations based on the evidence regarding the conduct of pathogenetic pharmacotherapy of MS.

Materials and method. We analyzed the Unified clinical protocol of primary, secondary (specialized) and tertiary (highly specialized) medical care: MS, approved by the Ministry of Health of Ukraine in 2016, Guidelines NICE: Management of MS 2014, 2016, materials from Medscape 2017.

Results and discussion. Pathogenetic pharmacotherapy is aimed at modifying the course of the disease, used to prevent relapses and, ultimately, to reduce the accumulation of disability. It consists of first-line drugs: cytokines/immunomodulators and interferons, and the second line: monoclonal antibodies and selective immunosuppressants. To the group of drug of cytokines and immunomodulators belong to Glatiramer acetate. To the interferon group refer interferon beta-1alpha, interferon beta-1 beta. The use of drugs in the second line is indicated in the case of insufficient first-line treatment in patients with relapsing-remitting MS, if the course of treatment did not show a therapeutic effect when receiving the first-line drug during the year; in the aggressive course of relapsing-remitting MS; patients with secondary progressive MS. To the group of the second line of pathogenetic pharmacotherapy belong selective immunosuppressants: Mitoxantrone, Fingolimod (Gilenya), monoclonal antibodies: Natalizumab (Tysabri). The second line drugs recommended by the European guidelines for the pharmacotherapy of relapsing-remitting MS but not registered in Ukraine include: selective immunosuppressants – Teriflunomid (Aubagio), Dimethylfumarate (Tecfidera), and monoclonal antibodies – Alemtuzumab (Lemtrada), Daclizumab (Zinbryta).

Conclusions. According to the Ukrainian and European recommendations for pathogenetic pharmacotherapy of MS used cytokines/immunomodulators, interferons, monoclonal antibodies, selective immunosuppressants.