PHARMACOTHERAPY FOR PANIC DISORDER

Belikova A.
Scientific supervisor: assoc. prof. Savokhina M. V.
National University of Pharmacy, Kharkiv, Ukraine
belikovainsarder@gmail.com

Introduction. Panic disorder (episodic paroxysmal anxiety) is anxiety disorder, when periodic panic attacks arise, are not limited to specific circumstances and places, that is, they are unpredictable. The prevalence of panic disorder (PR) in adults in the United States varies from 2.0% to 6.0%. According to the Ukrainian World Mental Health Survey, in our country, the prevalence of panic disorder throughout life is about 2% (women - 2.91%, men - 0.76%). Women are 2-3 times more likely to suffer than men.

Aim. The purpose of our study was to investigate the pharmacotherapy of panic disorder in international medical practice.

Materials and methods. The treatment of PR includes the following steps: panic attacks (PA), stabilization therapy and prophylaxis. At the stage of acupuncture of PA, the leading role in the treatment of PR belongs to antidepressants, β-adrenoblockers and benzodiazepines. At present, selective serotonin reuptake inhibitors (SSRIs) have been identified as preparations for the first line of treatment for the treatment of panic disorder.

Results and discussion. The purpose of effective pharmacotherapy is the reduction of clinical symptoms for at least 6 months and the stability of the mental state for 6 months.

Sertraline is a potent and specific inhibitor of neuronal seizure of serotonin (5-HT) thereby increasing the amount and enhances neurotransmission of serotonin. Sertraline will not allow the development of drug abuse or sedative and psychomotor disorders. Sertraline is registered in Ukraine under the trade name ZOLOFT®. The initial dose of the drug is 25 mg, once in the morning or in the evening, orally, regardless of food intake. If necessary, the dose is increased after 1 week to 50 mg once a day. It has been established that such a dosage regimen reduces the incidence of developmental effects in the early stages of the treatment of side effects that are characteristic of panic disorder.

Conclusions. According to four double-blind studies, the treatment of panic disorder with sertraline leads to a reduction in the number of panic attacks and an improvement in the quality of life. The response rate was independent of the dose. In addition to decreasing the frequency of panic attacks by about 80% (vs. 45% for placebo) and decreasing general anxiety, sertraline resulted in improvement of quality of life on most parameters.

PHARMACOTHERAPY OF HYPOPARATHYROIDISM

Chervyak S.
Scientific supervisor: assist. Tsemenko K. V.
National University of Pharmacy, Kharkiv, Ukraine
veta4039@gmail.com

Introduction. Hypoparathyroidism is a pathology that develops as a result of a lack of parathyroid hormone secreted by the parathyroid glands or a violation of the receptor tissue sensitivity to it. Reduction in the functional activity of parathyroid glands of different genesis is observed in 0.3-0.4% of the population and can occur at any age, leading to a disruption in the exchange of calcium and phosphorus. In Denmark, the prevalence of hypothyroidism is 22 per 100 000 people, in the United States - 37 per 100 000 people. The true prevalence of hypoparathyroidism in Ukraine is not specified. According to statistics, the level of hospitalization for hypoparathyroidism in women is 3 times higher than that of men. Depending on the type of hypoparathyroidism, an algorithm for its treatment is chosen. In the treatment of hypoparathyroidism, medicated and non- medicated approaches (diet therapy) can be used.

Aim. The aim of our study was to study the pharmacotherapy of hypoparathyroidism in international medical practice.

Materials and methods. Treatment of patients with hypoparathyroidism includes correction of hypocalcemia by administration of calcium and vitamin D. Substitution therapy with parathyroid hormone