

PHARMACOTHERAPY FOR ACUTE PANCREATITIS

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Introduction. Acute pancreatitis is acute inflammation of the pancreas (and, sometimes, adjacent tissues). The rate of acute pancreatitis in different countries ranges from 4.9 to 73.4 cases per 100,000 population. In Ukraine, the incidence rate in the GP is 67-69.5 per 100 thousand population. There is a tendency to increase the incidence. Total lethality in acute pancreatitis ranges from 4% to 15%, while in necrotic form it is 24-60%, postoperative lethality reaches 70%.

Aim. The purpose of our study was to study the pharmacotherapy of acute pancreatitis in international medical practice.

Materials and methods. International recommendations and Orders of the Ministry of Health of Ukraine for the treatment of acute pancreatitis were studied.

Results and discussion. Early aggressive IV fluid resuscitation improves pancreatic perfusion and helps prevent serious complications such as pancreatic necrosis. The 2013 American College of Gastroenterology (ACG) guidelines recommend that early aggressive hydration, defined as 250 to 500 mL/h of isotonic crystalloid solution (ideally lactated Ringer's solution), should be provided to all patients during the first 12 to 24 h.

Adequate pain relief requires use of parenteral opioids which should be given in adequate doses. Antiemetic drugs should be given to relieve nausea and vomiting.

Enteral or parenteral nutrition to patients with acute pancreatitis results in a lower risk of death than if no supplemental nutrition is given. However, total parenteral nutrition should be avoided because infectious complications can result.

According to the 2013 ACG guidelines, prophylactic antibiotics are not recommended in patients with acute pancreatitis, regardless of the type or disease severity. Antibiotics should be started if patients develop an extrapancreatic infection or infected pancreatic necrosis. In patients with infected necrosis, antibiotics known to penetrate pancreatic necrosis, such as carbapenems, fluoroquinolones, and metronidazole, are recommended.

Conclusions. Treatment of acute pancreatitis is typically supportive. Patients who develop complications may require specific additional treatment. The management of patients with severe acute pancreatitis and its complications should be individualized using a multidisciplinary approach including therapeutic endoscopists, interventional radiologists, and a surgeon.

MODERN PHARMACOTHERAPY OF ALZHEIMER'S DISEASE

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Introduction. Alzheimer's Disease is a brain degenerative disease that manifests itself in the form of a progressive decrease in intelligence. Alzheimer's disease affects people regardless of their socio-economic status, nationality or other factors that are inherent in them. The earliest age of this disease has been observed in a 28-year-old patient, but Alzheimer's disease is predominantly manifested after 40 years. Alzheimer's is the sixth leading cause of death in the United States, accounting for 3.6% of all deaths in 2014. In general, 1.72% of women and 1.32% of men have a diagnosis of Alzheimer's disease.

Aim. Study of modern standards of medical care for patients with Alzheimer's Disease.

Materials and methods. We conducted an analysis of articles, an adapted clinical guidelines based on evidence, a unified clinical protocol for medical care to patients with Alzheimer's Disease.

Results and discussion. Between neurons plaques were discovered interrupting intercellular functional connections. Blisters consisted of a protein binding of β -amyloid. In abandoned neuronal bonds,