

## TOPICAL $\alpha$ -ADRENOMIMETICS FOR CHILDREN IN UKRAINE: CLINICAL AND PHARMACOLOGICAL ANALYSIS

Nemych V. A.

Scientific supervisor: assoc. prof. Propisnova V. V.  
National University of Pharmacy, Kharkiv, Ukraine  
vvp70@i.ua

**Introduction.** Colds are one of the most frequent pathological conditions in pediatric practice. Colds include such symptoms as the cough, fever, sore throat, and, especially, runny nose. The mucous membrane of the paranasal sinuses is involved into the pathological process in 90% of cases of children with acute respiratory viral infections. Thus, vasoconstrictive drugs and decongestants are necessarily included in the complex of anti-cold treatment. However, when it concerns the child, parents often do not pay attention to the composition, the dose, the dosage form and the possible side effects of drugs that are especially dangerous for the child's body.

**Aim.** Study the vasoconstrictors and decongestants and determine the possibility of their use in children of different ages in Ukraine.

**Materials and methods.** A descriptive method for comparing vasoconstrictors and decongestants was used. Instructions for the medical use of vasoconstrictors and decongestants registered in Ukraine were the objects of study.

**Results and discussion.** In Ukraine, topical agents for the treatment of runny nose are presented by two main groups: vasoconstrictors and a combination of vasoconstrictors with decongestants, predominantly H1-blockers of histamine receptors. Separately, a group of drugs based on a hypotonic 0.65% solution of sodium chloride should be noted. Vasoconstrictors are mainly presented by xylometazoline preparations (45%), oxymetazoline (34%), naphazoline (8%), tramazoline (1%) and phenylephrine (12%). Almost each active substance is registered in two dosage forms – nasal drops or spray. There is a topical gel of xylometazoline and, an emulsion of naphazoline. Most drugs are registered in at least two and some – in three concentrations. It was found that there is no clear relation between the concentration of the active substance and the possibility of drug usage in children. So for babies the phenylephrine is allowed in the concentration of 0.125% and oxymetazoline of 0.01% only. The xylometazoline which is widely available on the market is allowed to children only after the first year in the nasal drops of 0.05% concentration.

**Conclusions.** It is necessary to take into account the age limitations for the use of topical vasoconstrictors and their side effects. The pharmacist must strictly control and prevent parents' attempts to use drugs for child independently, without pediatrician's consultation. If necessary, the use of hypotonic solution of sodium chloride or low-dose vasoconstrictors with labels "for children", "kids", "baby" is possible.

## CLINICO-PHARMACOLOGICAL APPROACHES TO TREATMENT OF ANEMIA IN PREGNANT WOMEN IN ANTENATAL CLINICS

Pyrlyk D. O.

Scientific supervisor: assist. Tymchenko Yu. V.  
National University of Pharmacy, Kharkiv, Ukraine  
darinka.pirlik@gmail.com

**Introduction.** For many countries, anemia is a medical and social problem, since it leads to a violation of a condition of patients, reducing their efficiency and causes functional changes in the organs and systems of the body. Of particular importance, this problem gets during pregnancy, due to the high rate of pregnancy complications.

**Aim.** To analyze the clinical and pharmacological action of oral iron drugs used for anemia in pregnant women's clinic.

**Materials and methods.** To conduct a clinical assessment 47 women attended the antenatal clinic Outpatient Department The «University Clinics» Scientific Center Kharkov National Medical University