

peculiar pathological structures are formed - neurofibrillar glomeruli, which consist of another variety of protein - tau protein. Blocks complete the death of cells.

The basis of the pharmacotherapy of Alzheimer's Disease is the following groups of drugs, such as cholinesterase inhibitors (ACh inhibitors), anxiolytics, antiepileptic drugs (for their effects on behavior), antipsychotics, antidepressants, beta-blockers. One of the drugs for the treatment of Alzheimer's disease is Memantine. Memantine is an N-methyl-D-aspartate antagonist. Memantine is recommended as an alternative to Alzheimer's for people with moderate Alzheimer's disease who do not tolerate ACh inhibitors or have contraindications to their use or with severe Alzheimer's disease.

Conclusion. Thus, we have studied and analyzed the current standards of medical care for Alzheimer's patients, which has proven that Memantine is the most effective medication for the treatment of patients with Alzheimer's disease. Special drugs used to treat Alzheimer's disease do not exist yet. However, new drugs are being sought.

NEW APPROACHES IN THE TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA

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Introduction. Lymphocytic leukemia is the most common variant of leukemia in western countries. The incidence of chronic lymphocytic leukemia (CLL) increases with age, in 75% of cases the disease is detected in patients older than 60 years. CLL in 2 times more often affects men. Despite the development of CLL, some patients have no clinical symptoms for several years, indications before treatment is the progression of the disease and the occurrence of symptoms. For a long time the only sign of chronic lymphatic leukemia can be lymphocytosis up to 40-50%, a slight increase in one or two groups of lymph nodes. In the extended period, lymphadenitis takes the generalized form: not only peripheral, but also mediastinal, mesenteric, retroperitoneal nodes increase. There is spleno- and hepatomegaly; It is possible to compress the choledochus with enlarged lymph nodes with the development of jaundice, as well as the upper hollow vein with the development of edemas of the neck, face, hands.

Aim. The purpose of our study was to study the pharmacotherapy of chronic lymphocytic leukemia in international medical practice.

Materials and methods. Today, the main and most effective direction of CLL pharmacotherapy is chemotherapy, which includes:

1. Fludarabine therapy consists of FCD (fludarabine, cyclophosphamide and rituximab) and FV (fludarabine and rituximab). Both schemes are assigned every 28 days.
2. Chlorambucil therapy (every 28 days for 12 cycles).
3. Pentostatin therapy (pentostatin, cyclophosphamide, rituximab) every 21 days with increased support factor and against infectious prophylaxis.
4. Endomyelating terapi (endomastin and rituximab) are administered every 28 days.
5. Therapy with alemtuzumab.

Results and discussion. Treatment is usually impossible, the goal of treatment is to reduce the symptoms of the disease and prolong life.

Conclusions. For a long time, the standard of treatment for CLL was alkylating drugs such as chlorambucil. However, it has recently been shown that fludarabine is more effective. When using the combination of fludarabine, cyclophosphamide and rituximab, full remission is achieved more often, lengthening the duration of remission and prolonging life expectancy.