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НАЦІОНАЛЬНИЙ ФАРМАЦЕВТИЧНИЙ УНІВЕРСИТЕТ

**TOPICAL ISSUES OF NEW MEDICINES
DEVELOPMENT**

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Topical issues of new medicines development: матеріали XXVI Міжнародної науково-практичної конференції молодих учених та студентів (10-12 квіт. 2019 р., м. Харків). – Харків: НФаУ, 2019. – 504 с.

Збірка містить матеріали науково-практичної конференції молодих учених та студентів «Topical issues of new medicines development», які згруповано за провідними напрямками науково-дослідної та навчальної роботи Національного фармацевтичного університету. Розглянуто теоретичні та практичні аспекти синтезу біологічно активних сполук і створення на їх основі лікарських субстанцій; стандартизації ліків, фармацевтичного та хіміко-технологічного аналізу; вивчення рослинної сировини та створення фітопрепаратів; сучасної технології ліків та екстемпоральної рецептури; біотехнології у фармації; досягнень сучасної фармацевтичної мікробіології та імунології; доклінічних досліджень нових лікарських засобів; фармацевтичної опіки рецептурних та безрецептурних лікарських препаратів; доказової медицини; сучасної фармакотерапії, соціально-економічних досліджень у фармації, маркетингового менеджменту та фармакоекономіки на етапах створення, реалізації та використання лікарських засобів; управління якістю у галузі створення, виробництва й обігу лікарських засобів; інформаційних технологій у фармації та медицині; основ педагогіки та психології; суспільствознавства; філології.

Для широкого кола наукових і практичних працівників фармації та медицини.

Book of Abstracts includes materials of Scientific and Practical Conference of Young Scientists and Students «Topical issues of new medicines development». Materials are grouped according to the main directions of scientific, research and educational work of the National University of Pharmacy. Theoretical and practical aspects of the synthesis of biologically active compounds and development of medicinal substances on their basis; standardization of drugs, pharmaceutical and chemical-technological analysis, the study of raw materials and herbal remedies development, modern drug technology and extemporal recipe; biotechnology in pharmacy, modern advances in pharmaceutical microbiology and immunology, clinical trials of new drugs, pharmaceutical care for prescription and OTC-drugs, evidence-based medicine, modern pharmacotherapy, socio-economic studies in pharmacy, marketing management and pharmacoconomics during the development, implementation and use of drugs, quality management in development, production and trafficking of drugs; information technologies in pharmacy and medicine; basics of pedagogy and psychology; social science; philology are presented.

For a wide audience of scientists and pharmaceutical and medicinal employees.

This disease can be complicated by the presence of HER2 expression. That's why exist special agents for treatment HER2-positive breast cancer (trastuzumab, ado-trastuzumab emtansine, lapatinib, pertuzumab, ambrubicin, dasatinib).

Conclusions. Adjuvant treatment of breast cancer involves a variety of chemotherapeutic and biological agents. It is aimed at reducing the risk of future recurrence, thereby reducing this disease – related morbidity and mortality.

MODERN PHARMACOTHERAPY OF INSECT ALLERGY

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Introduction. Insect allergy (IA) – is allergic reaction that occurs on contact with insects or products of their livelihoods (bites, inhalation of insect body particles, ingestion of the gastrointestinal tract, etc.). 0.4-6.0% of the population of the globe suffers from hypersensitivity to stinging of the hymenoptera. In different countries of the world the mortality rate from insect stings ranges from 0.09 to 0.45 deaths per 1 million population. From 15% to 25% of the population are sensitized to the venom of the hymenoptera. The insect poison is a complex of biologically active substances: polypeptides, macromolecular proteins, enzymes and low molecular compounds.

Aim. Study of modern Ukrainian and foreign standards of medical care for patients with insect allergy.

Materials and methods. We conducted an analysis of articles, an adapted clinical guideline based on evidence, a unified clinical protocol providing medical care to patients with insect allergy.

Results and discussion. In order to prevent the emergence of an IA, perform elimination measures. Elimination measures are a set of measures aimed of elimination or limiting contact with the respective allergens of individuals who are contingent of the risk of IA. In case, if IA runs as a local allergic reaction, it is necessary: to apply a tourniquet on the limb above the bite site; remove the sting left in the skin of the patient, without injuring a bag with a poison; put ice on the bite; cover the bite with a 0.1% solution of adrenaline in a dose of 0.3-0.5 ml per 4.5 ml of isotonic sodium chloride solution; to introduce antihistamines for system using of the intravenous when a human have a normal blood pressure; to continue receiving antihistamines for oral administration for 2-3 days; topically apply ointments containing glucocorticosteroids 2 times a day, and antihistamines for local application 2-4 times a day. If system manifestations develop, it is necessary: intravenously to take glucocorticosteroids (dexamethasone 4-8 mg, prednisolone 30-60 mg); intravenously administer antihistamines – at normal blood pressure; take oral antihistamines for system using during 7 days; if there is broncho-obstructive syndrome, use albuterol. If there is an anaphylactic shock, then take measures according with the protocol of medical care for anaphylactic shock.

Conclusion. So, we have studied and analyzed the current standards of medical care for patients with IA, according to which we can prevent the occurrence of IA, we can help with the development of a local and system allergic reaction.

MODERN PHARMACOTHERAPY OF PSORIASIS

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Introduction. Psoriasis is a systemic chronic immune-mediated disease, which is mainly affects the skin and joints. According to various sources, the disease is characterized by long-term relapse, total or partial loss of ability to work, high levels of disability and social and psychological maladaptation of

patients. According to the International Federation of Associations of Psoriasis, its prevalence in the world ranges from 1.2 to 5% in the general population. Psoriasis can begin at any age, but the peak is between 20-30 years.

Aim. Study of modern standards of medical care for patients with psoriasis.

Materials and methods. We conducted an analysis of articles, an adapted clinical guideline based on evidence, a unified clinical protocol providing medical care for patients with psoriasis.

Results and discussion. The main symptom of psoriasis is the flat inflammatory papule, which is covered with silvery-white scales, and is often localized on the scalp, exfoliating surfaces of the elbows and knees, the buttocks (often in the gluteal fold), and in the genital area. Also, lesions of the nails, skin in the area of eyebrows, armpits, navel can be affected.

For the treatment of psoriasis, it is necessary to determine the severity of the disease. Mild plaque psoriasis can be treated with emollients, keratolytics (salicylic acid), topical corticosteroids (betamethasone, triamcinolone), vitamin D3 analogs (calcipotriol), calcineurin inhibitors (pimecrolimus) or topical retinoids (tazarotene). Moderate to severe plaque psoriasis should be treated with topical agents and either phototherapy or systemic agents. Systemic therapy includes the following groups of drugs: antimetabolites (methotrexate), systemic retinoids (acitretin), immunomodulators (cyclosporine), tumor necrosis factor inhibitors (infliximab, etanercept, adalimumab), phosphodiesterase-4 enzyme inhibitors (apremilast), interleukin inhibitors (secukinumab, ixekizumab, brodalumab, ustekinumab, guzelkumab, tildrakizumab). Immunosuppressants are used for quick, short-term control and for the most severe disease. Immunomodulatory agents are used for moderate to severe disease unresponsive to other agents.

Conclusion. Thus, we have studied and analyzed the current standards of medical care for patients with psoriasis, according to which treatment is performed according to the severity of the disease.

PHARMACOTHERAPY OF ACUTE OTITIS MEDIA PURULENT

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Introduction. Acute purulent otitis media is a Purulent inflammation of the mucous membrane of all the cavities of the middle ear, but mainly the mucous membrane of the tympanic cavity, and clinically expressed by fever, pain in the ear, the feeling of laying, noise in the ears, syndrome of intoxication.

The most common organisms are *Streptococcus pneumoniae*, nontypeable *Haemophilus influenzae*, *Moraxella (Branhamella) catarrhalis*, less common causes are group A β -hemolytic streptococci and *S. aureus*. The most common among children aged 3 months-3 years.

In Ukraine, the prevalence and incidence of acute the average purulent otitis media in 2014 was 25.82 cases per 1,000 population, and in 2015 – 25.36.

Depending on the severity, an algorithm for its treatment is chosen. At treatment of acute purulent otitis media can be used as a medical and surgical approaches.

Aim. The aim of our study was to study the pharmacotherapy of acute otitis media purulent in international medical practice.

Materials and methods. Pharmacological treatment of acute otitis media purulent consists of in the application of antibiotics that affect the pathogen. All patients are shown the appointment of analgesics. In order to remove swelling in the pharyngeal mouth of the auditory tube are shown local decongestant drugs. Antihistamines may improve eustachian tube function in people with allergies but should be reserved for the truly allergic.

Results and discussion. Although 80% of cases resolve spontaneously, antibiotics are often given. Antibiotics relieve symptoms quicker and may reduce the chance of residual hearing loss and labyrinthine or intracranial sequelae. However, with the recent emergence of resistant organisms, pediatric organizations have strongly recommended initial antibiotics only for certain children (eg, those who are younger or more severely ill) or for those with recurrent AOM (eg, ≥ 4 episodes in 6 mo). Others,

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