

or precede menses by 1 to 3 days. Pain tends to peak 24 h after onset of menses and subside after 2 to 3 days. The statistic in the USA says that dysmenorrhea may affect more than 50% of menstruating women, and its reported prevalence has been highly variable (45-90%). In the world it is 15,8 – 89,5%. Ukraine has 43 – 90%.

Aim. Study of modern standards of medical care for patients on dysmenorrhea.

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 dysmenorrhea.

Results and discussion. Symptoms of dysmenorrhea include abdominal pain, headache, nausea, sometimes vomiting; diarrhea; pain at the bottom of the back; accelerated urination. By degree of severity, the following forms of the disease are distinguished: light, moderate, heavy.

Treatment of dysmenorrhea is aimed at providing symptomatic relief as well as inhibiting the underlying processes that cause symptoms. To date, pharmacotherapy has been the most reliable and effective treatment for relieving dysmenorrhea. For the treatment of dysmenorrhea are used NSAIDs, combined contraceptives, analgesics, vitamin therapy and antioxidants. In patients with refractory symptoms, a multidisciplinary approach may be indicated.

The most popular in this list are diclofenac, indomethacin, ibuprofen, nimesulide. Among analgesics are paracetamol and aspirin.

The use of combined estrogen-progestogen-containing monophasic contraceptives and contraceptives containing only progestogen leads to a decrease in the concentration of estrogen, and hence GHG, and the disappearance or reduction of the severity of symptoms of dysmenorrhea. Surgery is done when patients do not respond to drug therapy.

Conclusion. Thus, we have studied and analyzed the current standards of medical care for patients who have dysmenorrhea and came to the conclusion which groups of drugs are most effective in combating this disease and understood that modern pharmacotherapy is aimed at eliminating the symptoms of the disease.

THE MODERN DIRECTIONS OF BREAST CANCER MEDICATION

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Introduction. Breast cancer is the most frequently diagnosed life-threatening cancer in women and the leading cause of cancer death among women. WHO statistic shows that breast cancer is the most widespread cancer worldwide. In Ukraine it is also the leader among women's oncological disease and has a steady tendency to grow. According to the Cancer Institute, every 7-8 woman has some problems with the breast. At the first examination a fourth of women has metastatic disease stages that are extremely difficult to treat. Early detection of the disease will help to change the situation as at the first stage of breast cancer 95% of women are cured. Furthermore breast cancer can affect men too, but it is rare cases. According to the National Chancellery in 2017 a diagnosis of breast cancer was established in 14170 Ukrainians. Every week 110 Ukrainians die from this disease.

Aim. The major aim was studying modern directions of medication and prevention methods of breast cancer in women.

Materials and methods. Research was carried out by studying foreign scientific medical sources and generalization of the studied information.

Results and discussion. Research has shown that nowadays there are more modern methods of screening such as magnetic resonance imaging, nuclear imaging, positron emission tomography, which are more sensitivity and specificity than traditional methods such as mammography and ultrasonography.

The main types of pharmacotherapy are used in the treatment of breast cancer: chemotherapy (CDK-inhibitors, oral fluoropyrimidines, antimicrotubules, anthracyclines, PARP-inhibitors, monoclonal antibodies, antimetabolites) and hormone therapy (tamoxifen, anastrozole, letrozole, exemestane, fulvestrant, megestrol).

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