

## MODERN PHARMACOTHERAPY OF ALZHEIMER'S DISEASE

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**Introduction.** Alzheimer's disease is a type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks. Alzheimer's disease accounts for 60 percent to 80 percent of

dementia cases. Alzheimer's is not a normal part of aging. The greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older.

**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 guideline based on evidence, a unified clinical protocol providing medical care for patients with Alzheimer's disease.

**Results and discussion.** The most common early symptom of Alzheimer's is difficulty remembering newly learned information because Alzheimer's changes typically begin in the part of the brain that affects learning. As Alzheimer's advances through the brain it leads to increasingly severe symptoms, including disorientation, mood and behavior changes; deepening confusion about events, time and place; more serious memory loss and behavior changes. Medications for treatment of Alzheimer's disease called cholinesterase inhibitors are prescribed for mild to moderate Alzheimer's disease. These drugs may help reduce some symptoms and help control some behavioral symptoms. The medications are galantamine, rivastigmine, and donepezil. Scientists do not yet fully understand how cholinesterase inhibitors work to treat Alzheimer's disease, but research indicates that they prevent the breakdown of acetylcholine, a brain chemical believed to be important for memory and thinking. As Alzheimer's progresses, the brain produces less and less acetylcholine; therefore, cholinesterase inhibitors may eventually lose their effect. A medication known as memantine, an N-methyl D-aspartate (NMDA) antagonist, is prescribed to treat moderate to severe Alzheimer's disease. This drug's main effect is to decrease symptoms, which could allow some people to maintain certain daily functions a little longer than they would without the medication.

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

## PHARMACOTHERAPY OF BIPOLAR AFFECTIVE DISORDER

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**Introduction.** Bipolar affective disorder (BAR) – a complex affective mental disorder characterized by periods of prolonged and profound depression alternating with periods of excessively elevated or irritable mood known as mania. Worldwide prevalence of bipolar disorder is 0.3–1,5%.

**Aim.** Get to know the protocols for treating of bipolar affective disorder etiology, pathogenesis and clinical symptoms of the disease.

**Materials and methods.** During the study, we reviewed medical advice Medscape.

**Results and discussion.** The etiology of bipolar disorder is not clearly defined, however, there are several etiological factors: hereditary burdening affective psychoses, constitutional-typological factors (pionic structure of the body), psychological personality type (predominance of traits cicloid, hyper - or hypothetical type), sharp dysfunction of the endocrine glands caused by puberty, pregnancy, childbirth, menopause, psychoreactive issues related to severe mental trauma.

In the pathogenesis of the disease plays an important role insufficiency diencephalic, hypothalamic brain structures that are involved in the regulation of emotional states. Also undeniable importance in the development of BAR have neurochemical changes in the system of monoamines (catecholamines and indolamines). Some authors have reported a role in the Genesis of this form of psychosis opioid peptides, in particular 3-endorphin and leuencephalin.

The clinical picture of bipolar affective disorder are two phases, each of which has its own symptoms. The first is called mania. In this phase, observed: reduced sleep time, speech pressure, increased libido, reckless behavior without regard for consequences, grandiosity, and frustration thoughts, psychosis. Second –