

**MODERN PHARMACOTHERAPY
OF PREMATURE VENTRICULAR CONTRACTIONS**

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Introduction. Premature ventricular contractions (PVS) are the disorder of the implementation of the impulse in the myocardium, which leads to the second spontaneous depolarization, often the outside by the conducting system, and the rapid reduction of heart rate. To explain the appearance of PVS with the appearance of an ectopic focus of critical inconvenience, and the re-entry mechanism, when the

electric impulse is not extinguished, it's free to go through a closed stake in myocardium a bit. The frequency of the PVS occupy the leading position – 62,6%.

Aim. Analysis and researching Ukrainian and foreign recommendations for pharmacotherapy PVS.

Materials and methods. Order of Ministry of Health of Ukraine No. 667 of November 20, 2008, AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death (2017) has been analysed.

Results and discussion. For symptomatic PVS in patients with postinfarct, cardiac sclerosis is most appropriate to use B-adrenergic blockators: amiodarone abo sotalol. People with heart failure (HF), ACE inhibitors, potassium-sparing diuretic, peripheral vasodilators using provides indirect antiarrhythmic effect due to hemorrhagic neurodevelopmental disorder. But, heart glikosydes and loop diuretics can provide arrhythmogenesis. When amiodarone with digoxin are combined, the dose of the digoxin should be reduced by half to evolve the risk of glucose-toxic intoxication. By recommendation of the Ukrainian Association of cardiologists people with malignant PVS who have a reduced ejection fraction of the left ventrycle and HF amidaron withs mall amount of B-adrenergic medication indicated.

Conclusions. The main strategy of treatmant people with PVS, and advisability its elimination by the antiarrhythmic drugs are determined depending on the ratio of the potential benefits of treatment for the elimination of arrhythmias, improvement in the prognosis of survival and the risk of arrhythmogenic and other side effects of pharmacotherapy.

MODERN APPROACHES TO PHARMACOTHERAPY OF SCHIZOPHRENIA

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Introduction. Schizophrenia is a chronic and severe mental disorder that affects how one thinks, feels, and behaves. It may seem to sick people that they have lost touch with reality. The disorder arises on the basis of hereditary predisposition, has a continuous or impulsive course and leads to peculiar changes of personality in the form of disintegration of the psyche, autism, emotional impoverishment and decreased activity. The prevalence of schizophrenia is about 1% in the world. The average age at onset is early to mid 20s in women and somewhat earlier in men.

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

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 schizophrenia.

Results and discussion. Schizophrenia may progress through several phases, although duration and patterns of phases can vary. Generally, symptoms are categorized as positive: delusions, hallucinations; negative: blunted affect, poverty of speech, anhedonia, asociality; disorganized: thought disorders, bizarre behavior; cognitive: deficits in information processing and problem solving.

Treatment of schizophrenia includes antipsychotic drugs, rehabilitation with community support services, and psychotherapy in order to reduce symptoms. Conventional antipsychotics: chlorpromazine, thioridazine, trifluoperazine, fluphenazine or second-generation antipsychotics should be used in the first episode of schizophrenia. At the stage of active therapy, second-generation antipsychotics are preferred: amisulpride, olanzapine or risperidone, starting with the minimum doses. Then it is possible to reduce the dose of the antipsychotics or prescribe long-acting antipsychotics at the stage of stabilization therapy. During supportive therapy, the minimum therapeutically effective doses of antipsychotics used at the previous stages of therapy are recommended. Clozapine should be offered for patients who have treatmentresistant schizophrenia.