

proven themselves well, were used as materials. Also the article about Addison disease from International Journal of Endocrinology was chosen as the representative of Ukrainian medical publications.

Results and discussion: The only way to treat Addison disease is a continuous replacement therapy. Due to chronic insufficiency of the adrenal cortex it is necessary to compensate for the lack of mineralocorticoids and glucocorticoids.

In order to replace glucocorticoids Hydrocortisone is most commonly used. Normally, cortisol is maximally secreted in the early morning and minimally at night. Thus, hydrocortisone (identical to cortisol) is given in 2 or 3 divided doses with a typical total daily dose of 15 to 30 mg. One regimen gives half the total in the morning, and the remaining half split between lunchtime and early evening (e.g., 10 mg, 5 mg, 5 mg). Others give two thirds in the morning and one third in the evening. Doses immediately before bed should generally be avoided because they may cause insomnia.

Less often glucocorticoids are replaced by Prednisone or Prednisolone. Prednisone is a prodrug of Prednisolone with no significant difference in its action, so any of these two drugs can be used for treatment. Alternatively, prednisone 5 mg orally in the morning and possibly an additional 2.5 mg orally in the evening may be used.

Fludrocortisone 0.1 to 0.2 mg orally once a day is recommended to replace aldosterone as the main representative of mineralocorticoids. The easiest way to adjust the Fludrocortisone dosage is to ensure that the renin level is within the normal range and that blood pressure and serum potassium level are normal.

In the pharmaceutical market of Ukraine, Fludrocortisone is represented by the drug CORTINEF in tablets of 0.1 mg AT Adamed Pharma, Poland.

An «adrenal crisis» or «Addisonian crisis» is a constellation of symptoms that indicates severe adrenal insufficiency. It is a medical emergency and potentially life-threatening situation requiring immediate emergency treatment. Standard therapy involves intravenous injections of glucocorticoids and large volumes of intravenous saline solution with dextrose. This treatment usually brings rapid improvement. If aldosterone is deficient, maintenance therapy also includes oral doses of fludrocortisone acetate.

Conclusions. Pharmacotherapy of Addison disease includes rather small amount of drugs. For the treatment of Addison's disease hormone replacement therapy is prescribed. With a lack of cortisol hydrocortisone is prescribed, and with a low content of aldosterone fludrocortisone acetate tablets are prescribed.

The main difficulty in therapy can be only the regularity in taking medicine to avoid adrenal crisis.

RADIATION HAZARD AND PROTECTION OF POPULATION AT RADIATION DAMAGE

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Introduction. Radiation damage is an important problem of today. It is a dangerous factor that harms the environment and can cause irreversible changes in the human body. The provision of first aid in the event of a radiation accident and implementation of phased evacuation are the main factors for saving health of people.

Aim. To study actions for protection and evacuation of the population in case of radiation damage.

Materials and methods. We have conducted an analysis of state laws, orders and Code of Civil Protection of Ukraine for the protection of the population from radiation exposure in case of radiation accident.

Results and discussion. The main actions to protect people from radiation exposure in case of radiation accident includes notification of the accident; providing the population with personal protective equipment and shelter; evacuation or resettlement of citizens.

Pre-medical aid includes evacuation of patients from the active radiation zone, treatment and bandaging of open wounds, washing of the upper gastrointestinal tract, administration of enterosorbents, protection of the respiratory tract with the help of a respiratory or improvised protectants, fast transportation for qualified medical care.

Specialized medical care is provided in therapeutic hospitals. Hemosorption, bone marrow transplantation, placement of patients in aseptic wards, probe or parenteral nutrition, leukocyte's concentrate and platelet transfusions can be carried out.

Medical sorting is really important. Person who was affected with radioactive substances has to be separated at sorting post and sent to site for partial sanitary treatment. All others are examined by a doctor who is a part of the medical brigade at the sorting.

Conclusions. Radiation damage is a factor that spreads rapidly and causes great destructive changes in the body. That is why emergency medical care should be provided as soon as possible, evacuation should be organized quickly and carried out step-by-step in order to save the health of the population or minimize the negative impact of radiation.

THE CURRENT STANDARDS OF MEDICAL CARE IN THE TREATMENT OF DEPRESSION

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Introduction. Depression is a common and serious disease. A patient feels depressed for a long time (at least two weeks), loses interest in activities that have previously been satisfying, and cannot do the daily chores. According to the World Health Organization (WHO), about 300 million people worldwide suffer from depression. In Ukraine, depression is the most common problem among mental disorders. One cause of depression cannot be named because depression develops as a result of a complex interaction of social, psychological and biological factors.

Aim. The aim of the report is systematization of data on pharmacotherapy of depression in international and Ukrainian medical practice.

Materials and methods. We conducted analysis of the Ukrainian unified protocol providing medical care to patients with depression, information from American Psychiatric Association and WHO, NICE guidelines, Medscape and SIGN, concerning pharmacotherapy of depression.

Results and discussion. For the diagnosis of major depression, more than 5 of the following signs should be present almost daily for the same 2-week period, and one of these signs should be mood-depressed or loss of interest: significant (> 5%) weight loss/weight gain or decreased/increased appetite; insomnia or hypersomnia; observed by others psychomotor excitation or inhibition; fatigue or loss of energy; feelings of futility or excessive guilt; reduced ability to think, concentrate or indecision; repeated thoughts of death, suicide or suicide attempt.

In all patient populations, the combination of medication and psychotherapy generally provides the quickest and most sustained response. Drugs used for treatment of depression include the following:

- selective serotonin reuptake inhibitors: Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Vilazodone and Vortioxetine;
- Serotonin/norepinephrine reuptake inhibitors: Venlafaxine, Desvenlafaxine, Duloxetine and Levomilnacipran;