

## MODERN PHARMACOTHERAPY OF HERPES SIMPLEX

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**Introduction.** Herpes simplex virus (HSV) is a double-stranded, enveloped, DNA virus. Herpes simplex virus type 1 (HSV-1) and type 2 (HSV-2) belong to the family Herpesviridae, subfamily Alphaherpesvirinae. Both are closely related but differ in epidemiology. HSV-1 is traditionally associated with orofacial disease, while HSV-2 is traditionally associated with genital disease. Up to 80% of herpes simplex infections are asymptomatic. Symptomatic infections can be characterized by significant morbidity and recurrence. The prevalence of HSV infection worldwide has increased over the last several decades, making it a major public health concern. Prompt recognition of herpes simplex infection and early initiation of therapy are of utmost importance in the management of the disease.

**Aim.** Study of modern standards of medical care for patients with herpes infections.

**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 herpes simplex.

**Results and discussion.** HSV can cause either primary or reactivation (recurrent) infections. Herpes labialis this is the most common manifestation of recurrent HSV-1 infection. A prodrome of pain, burning, and tingling often occurs at the affected site, commonly the face, around the lips, followed by the development of erythematous papules that rapidly develop into tiny, thin-walled, intraepidermal vesicles that become pustular and ulcerate. Maximum viral shedding is in the first 24 hours of the acute illness but may last 5 days. In general, the treatment of herpes simplex virus (HSV) infection focuses on specific systemic and local antiviral treatment. Antiviral drugs for systemic use from the group of nucleosides and nucleotides are used - acyclovir, valacyclovir, famciclovir. Acyclovir cream and penciclovir cream are used in local antiviral therapy and they are well suited for herpes labialis (cold sores). Pharmacotherapy depends on the course of herpes. Prophylactic antiviral agents are typically given to recipients of solid organ transplants and hematopoietic stem cell transplants during the pre-engraftment phase to minimize risk of infection.

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

## IMPACT OF THE CHOICE OF ANTIHYPERTENSIVE THERAPY ON THE COMPLIANCE OF PATIENTS WITH ARTERIAL HYPERTENSION

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**Introduction.** As evidenced by the results of recent studies, only  $\approx 35\%$  of patients suffering from arterial hypertension (AH) and receiving treatment reach the target level of office blood pressure (BP). One of the reasons for insufficient blood pressure control is the low compliance of patients with hypertension. Compliance is the patient's voluntary adherence to the prescribed