treatment regimen. The study of the effect of the choice of drugs for antihypertensive therapy on patient compliance can be useful in the search and development of new mechanisms to increase patient adherence to the treatment of hypertension.

Aim. Study the influence of the choice of antihypertensive therapy on the compliance of patients with AH.

Materials and methods. We conducted a survey of 68 men and women suffering from AH of the I-III stage at the age from 48 to 82 years. The questionnaire was compiled on the basis of the Hill-Bone Scales questionnaire, developed specifically to assess the compliance of patients with hypertension. The questionnaire also included questions about the history of the disease and the nature of pharmacotherapy (drugs, regimen, etc.) that the patients received. In addition, the questionnaire contained questions regarding the reasons for not following the doctor's recommendations.

Results and discussion. As a result of the study, it was revealed that 100% of patients receive antihypertensive therapy with the main recommended groups of drugs. In this case, 42% of patients receive monotherapy with ACE inhibitors or angiotensin II receptor blockers (ARB II), or calcium antagonists (CA), or B-blockers. 46% of patients receive combined two-component therapy (combination of ACE inhibitors with CA, ARB with CA, ACE inhibitors with B-blockers, ACE inhibitors with diuretics). 12% of patients received a three-component combination therapy, consisting mainly of ACE inhibitors or ARB II, CA and B-blockers or diuretics). Compliance of patients receiving combination therapy with one tablet was significantly ($p \leq 0.05$) higher than that of patients on monotherapy and a regimen of drug intake 2 or more times a day.

Conclusions. Thus, an improvement in the compliance of patients with hypertension is achieved by using a two- or three-component antihypertensive therapy with one tablet. These results correspond to the current recommendations for blood pressure control given in the recommendations of the European Society for Arterial Hypertension and the European Society of Cardiology

PHARMACOTHERAPY OF ACUTE TONZILLITIS

Ivanova E. O.
Scientific supervisor: Zhabotynska N.V.
National University of Pharmacy, Kharkiv, Ukraine

Introduction. Acute tonsillitis is a rapid onset infectious inflammation of tonsils that is the third most common infection after influenza and other acute respiratory infections in etiological structure of infectious morbidity. Tonsillitis means the pharyngeal tonsils are inflamed which caused by bacteria, viruses and other immunologic factors, like Group A streptococci, Staphylococcus aureus was also reported as the commonest and the principal causative agent. In the last 10 years, the diagnosis of “tonsillitis” became widespread both in Ukraine and in the world. According to World Health Organization (WHO) data among the world’s population about 616 million cases of streptococcal tonsillitis are diagnosed annually

Aim. Study of epidemiology, clinical signs, additional laboratory examination methods and of variants of etiotropic and symptomatic pharmacotherapy of acute tonzillitis.

Materials and methods. Monitoring information of electronic and paper literary sources, systematization, data generalization, logical analysis. Detailed analysis of modern literature sources. Collect information from the clinical protocol of primary and secondary medical care. Using additional sources of information that are hosted based on Google Scholar.

Results. Acute primary tonsillitis for the frequency of occurrence ranks second after influenza and accounts for 3-7% of all infectious diseases. The peak of acute tonsillitis occurs at

school age, the percentage of young people aged 17 to 30 among patients with acute tonsillitis is up to 70%. It is believed that viral forms of acute tonsillitis predominate in children under 3 years (70-90%), after 5 years, bacterial forms become more frequent (up to 30-50%). The main causative agent of tonsillitis is beta-hemolytic streptococci group A.

About pathogenesis. When an inflammatory process occurs in the tonsils, toxins, and products of the inflammatory reaction are absorbed into the bloodstream, which in turn causes fever and intoxication of the whole body, possibly affecting the heart, joints, and kidneys.

The incubation period, as a rule, does not exceed 1-2 days. The onset of the disease is acute, accompanied by an increase in body temperature to febrile or high numbers, headache, aches in the muscles of the arms and legs, general weakness. Against this background, there is a sore throat and a feeling of discomfort when swallowing.

Diagnostics include an examination of tonsils, a general blood test with formula, blood sugar, general urine test, bacterioscopy, and bacteriological culture of smears from inflammatory foci to determine the pathogen and sensitivity to antibiotics.

Pharmacotherapy includes general and local treatment. General treatment includes etiotropic antibacterial therapy. The following groups of drugs are recommended: inhibitor-protected penicillins: penicillin antibiotics: amoxicillin 500 mg every 12 hours for 10-14 days; amoxicillin clavulanate 625 mg orally with an interval of 8-12 hours. In the presence of contraindications to the use of penicillins, the recommended II generation cephalosporins: cefuroxime axetil 0.5 g orally after meals with an interval of 12 hours; cefaclor 0.5 g orally every 8 hours; cefprozil 500 mg once a day for 10 days; III generation cephalosporins – cefixime 400 mg once a day and cefdinir 600 mg once a day for 10 days. Reserve drugs in the treatment of acute tonsillitis in case of intolerance to β-lactam antibiotics or their ineffectiveness are macrolides: azithromycin – 0.5 g orally with an interval of 24 hours; clarithromycin – 0.25-0.5 g orally with an interval of 12 hours for 10 days. Locally appoint for the throat with disinfecting warm solutions: furacilin, ethacridine lactate, infusions of sage, chamomile. Symptomatic pharmacotherapy to lower the temperature: antipyretic drugs – acetomonophen 500 mg 3-4 times a day, ibuprofen – 200-400 mg every 6 hours. For prevention: shows active dispensary observation within a month after the disease; hardening of the body (sports and physical education, the correct mode of work and rest), the elimination of foci of infection contributes to the prevention of tonsillitis.

Conclusions. The core of the tonsils is a storehouse for many bacteria. of different genera were recorded in our study. Children and people under 30 have there is a high probability of infection for many reasons. We always need future research in the war of resistance to antibiotics used in human treatment.

PHARMACOTHERAPY OF ALLERGIC RHINITIS

Maslivets I.I.
Scientific supervisor: Tryshchuk N.M.
National University of Pharmacy, Kharkiv, Ukraine
iramaslivets@ukr.net

Introduction. Allergic rhinitis is intermittent or persistent inflammation of the nasal mucous membrane and nasal sinuses due to allergens action. Atopic IgE-mediated allergic rhinitis affects approximately 25–30% of the adult population in Western Europe. Besides, approximately 10% of adults have chronic non-allergic rhinitis caused by hypersensitivity.

Aim. Get acquainted with modern protocols of allergic rhinitis treatment.