

pharmaceutical audience persona (demographic and socio-psychological portrait of the consumer); 4. Mapping out the patient, HCP, or caregiver journey (patient may be on one of following stages: early education & awareness on the disease or medical condition, medical diagnosis & and confirmation, seeking treatment, or, finally, living with condition), 5. Choosing advertising platforms that match customers' habits and journey; 6. Determining pharmaceutical advertising campaign spend.; 7. Setting a project timeline.

Thus, a well-rounded, data-driven, and intentional digital advertising strategy empower marketing team to effectively develop, execute, and measure the success of pharmaceutical brand's advertising campaigns.

ANALYSIS OF THE STATE OF PHARMACEUTICAL SUPPORT OF OTOLARYNGOLOGICAL PATIENTS IN MOROCCO AND THE WORLD

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Introduction. Analysis of the literature has shown that sore throat is a symptom of inflammation of the nose, oropharynx and / or tonsils and one of the most common reasons for people to go to the pharmacy to buy drugs that have a rapid symptomatic effect. Much less often, a sore throat prompts the patient to consult a general practitioner to clarify the cause and prescribe etiopathogenetic therapy. For example, in the United States, about 15 million people see a doctor every year with a sore throat. Sore throat is one of the first symptoms of acute respiratory diseases (ARI), which usually affect adults 2-4 times a year and children - 6-8 times a year.

The goal of the work. Analysis of the state of pharmaceutical support of otolaryngological patients in Morocco and the world.

The most common causes of sore throats are viruses: 85-95% of adults, 70% of children aged 5-16 years and 95% of children aged <5 years. All over the world there is a tendency to increase herpesvirus infections (caused by herpes simplex virus (HSV) 1-, 2-, 4th (infectious mononucleosis), 5th (cytomegalovirus infection type)). Of these, one of the first places is occupied by diseases of the ENT organs, arising from the reactivation of HSV type 1 and 2. Herpetic lesions of the mouth and pharynx are accompanied by attacks of severe pain with irradiation along the branches of the trigeminal nerve. The effectiveness of treatment is largely determined by the complexity of therapy, which is primarily aimed at eliminating the etiological factor. However, severe pain is the main complaint and should be adequately alleviated by prescribing symptomatic therapy.

Bacteria, in particular β -hemolytic group A streptococcus, cause fewer cases of sore throat: about 10% in adult patients, about $\frac{1}{3}$ in children aged 5-15 years, and about 10% in cases of sore throat in children in age <5 years. In a small number of cases, sore throats can be caused by fungi and protozoa.

Causes of pain, in addition to infectious inflammation caused by viruses, bacteria, fungi, may also be non-infectious factors: smoking, irritants, low temperature, etc ..

Research results. Manifestations of sore throat vary not only from patient to patient, but also in each patient during the disease and even during the day. Symptoms may not be severe at the beginning of the disease, but progress with the transition from itching and irritation to sharp pain and swelling. Some patients complain of only one manifestation of sore throat, while others may experience a number of symptoms at the same time.

According to clinical data, sore throat often goes untreated after 7-10 days. Therefore, patients should be given recommendations for rational self-medication, namely: rest, adequate fluid intake (≥ 2.5 l / day), the use of symptomatic over-the-counter drugs with proven efficacy and safety.

Despite the fact that the leading etiologic factor in sore throat is a viral infection, widespread use of antibiotics by patients both in self-medication and on the advice of a doctor. This is due to the fact that doctors, not being able to conduct bacteriological and virological studies for each patient and fearing complications, prescribe antibiotics without determining and taking into account the sensitivity of the microflora, which leads to increased resistance of pathogens.

Analysis of the literature showed that antibiotics are prescribed not only to prevent possible complications, but also to save time at the reception, so as not to explain to the patient for a long time the lack of effect of antibiotic therapy on viral infection. C.B. Del Mar and co-authors (2000), analyzing the results of 25 clinical trials examining the effectiveness of antibiotics for sore throats, concluded that 90% of patients lost their symptoms after 1 week, regardless of whether they took antibiotics or not.

Conclusions. Currently, there are specific recommendations for the use of antibiotics for sore throat, based on the principles of evidence-based medicine. Prescribing antibiotics is indicated only for patients who have relevant risk factors: belonging to the newly grouped contingent (children's contingent, educational institutions, army); the presence of a family member with chronic rheumatic heart disease (rheumatism) and glomerulonephritis; the presence of fever, enlarged and painful on palpation of the submandibular lymph nodes, purulent-exudative manifestations in the tonsils on the background of no cough.

Due to the fact that sore throat in most cases is caused by a viral infection, empirically selected antibiotic therapy is often ineffective. However, even in cases of diseases caused by streptococcus, antibiotics do not provide immediate relief. According to some authors, the intensity of symptoms begins to decrease only 16 hours after starting the antibiotic.

Antibiotic therapy for fungal infections of the upper respiratory tract is contraindicated and can significantly worsen the disease.

In the absence of the above risk factors for the use of antibiotics for sore throat can be considered insufficiently justified. Symptomatic treatment is recommended as first-line therapy, while antibiotics should be kept in reserve for patients at high risk of complications (with compromised immune systems, chronic lung disease, etc.) or for those patients whose health condition causes fears from the beginning of 2014. Symptomatic therapy can be both systemic and topical, but local treatment (in the form of lollipops, sprays, rinses) allows the active substances to have a therapeutic effect directly in the source of infection and provide a rapid therapeutic outcome.

The main requirements for topical drugs for symptomatic treatment of sore throat are: a wide range of antimicrobial action, preferably in combination with antiviral and antifungal activity; low rate of absorption through the mucous membrane and low risk of toxic effects; low allergenicity; no irritating effect.

Analysis of the literature has shown that most drugs for the symptomatic treatment of sore throat are available in the form of tablets, spray for irrigation or rinsing, lozenges and lozenges for absorption. Dosage forms for absorption (tablets, lozenges, lozenges) are the most effective for creating the required concentration of active substances in the throat after use. Analysis of the literature showed that the dosage form of lollipops is particularly effective due to the additional emollient and calming effect. The results of a study using radioluminescent indicators showed that the active substances of the lollipop remain in the mouth and throat longer compared to such sprays and rinses. Representatives of over-the-counter drugs for the symptomatic treatment of sore throat are lollipops containing a combination of two antiseptics: amyl metacresol (AMK) and 2,4-dichlorobenzyl alcohol (DHBS). Analysis of the literature showed that the effectiveness of the drug Strepsils® for sore throat has been proven in a number of clinical studies. The data of these studies show that the combination of AMK + DHBS effectively and rapidly reduces the intensity of sore throat in ARI of viral etiology and is safe for adults and children aged ≥ 6 years.