

випадки – це гіперемія, по 1 випадку – слезотеча, свербіж, першіння у горлі. При прийомі Цефазоліну виникли ще по 1 випадку – висип на шкірі та сухість у роті, а Цефепіну – гіпотонія та набряк. На препарати Цефікс, Цефосульбін, Цефодокс (цефалоспорины III покоління) надійшли поодинокі випадки побічних реакцій у вигляді висипів на шкірі та на Цефосульбін – першіння у горлі. На препарат Цефуроксим (цефалоспорин II покоління) надійшла карта-повідомлення з відсутністю ефекту.

Висновки. Дослідження випадків побічних реакцій при прийомі цефалоспоринів у Харківському регіоні показало, що у 2020 р. надійшло 57 карт-повідомлень. За кількістю побічних реакцій препарати можна розташувати у наступному порядку: Цефтріаксон (53 випадки), Цефотаксим (11 випадків), Цефазолін та Цефепін (7 випадків), Цефосульбін (3 випадки), Цефікс та Цефодокс (1 випадок). Побічні реакції розвивались переважно у вигляді висипів на шкірі (34 випадки), першіння у горлі (10 випадків), свербіж шкіри (9 випадків). Дані побічні реакції класифікуються як несерйозні типу А та після відміни препаратів зникають.

EXPERIMENTAL SUBSTANTIATION OF THE USE OF *IRVIGIA GABONENSIS* IN THE TREATMENT OF METABOLIC SYNDROME

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Introduction. Metabolic syndrome is a set of disorders such as obesity, hypertension, high sugar and cholesterol, which increases the risk of cardiovascular disease, type 2 diabetes and a number of other diseases. It is characterized by an increase in the mass of visceral fat, decreased sensitivity of peripheral tissues to insulin, which cause disorders of carbohydrate, lipid, protein metabolism and the formation of hypertension. In developed countries, the CU is a serious threat. Very often, in the United States, it can occur in more than 40% of the population over 50 years. Metabolic syndrome can develop in all age groups, including children and adolescents, but no statistics have been conducted in these age groups. The clinical value of recognizing the metabolic syndrome as a separate pathology is questionable. Obviously, the individual clinical features that make up the syndrome predict clinical consequences, but the question of whether combining these features together under the auspices of the metabolic syndrome adds diagnostic, therapeutic and prognostic value remains a matter of constant debate. This leads to scientific research with the further development of herbal medicines as a complex pharmacotherapy

Aim. The purpose of the work is an experimental study of the new phytosubstance *Irvigia gabonensis* in the treatment of metabolic syndrome.

Materials and methods. pharmacological (studies of antihypercholesterolemic, hypotensive action) biochemical (determination of glucose and lipid profile), anthropometric (length and body weight, abdominal circumference.), on the basis of which various coefficients were calculated (body mass index, ratio of abdominal circumference to body length, etc.).

Results and discussion. The study of the pharmacological properties of the new was conducted for the first time phytosubstance *Irvigia gabonensis*.

Conclusion. Today, the purposeful search for phytopreparations that have undeniable advantages remains relevant: they do not have the side effects that are characteristic of statins, and in turn have pronounced antihypercholesterolemic, hypolipidemic, antihypertensive, antihyperglycemic properties.

THE USE OF ANTIHISTAMINES FOR THE TREATMENT OF ALLERGIC DERMATOSES

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Introduction. Today, allergic diseases are a significant medical and social problem worldwide. In Ukraine, about 25% of the population suffers from allergic diseases, of which 3-7% of people have allergic skin diseases (allergic dermatoses). Allergic dermatoses are a group of acute and chronic skin diseases, which include diseases such as allergic contact dermatitis, eczema, toxicoderma, atopic dermatitis, etc. The increase in the incidence of allergic dermatoses is due to the increased impact on the skin of exogenous harmful factors (chemical, physical, biological factors) against the background of changes in the human body (for example, changes in immunological reactivity, neuroendocrine regulation, diseases of the digestive system, chronic focal infections, etc.), and also a hereditary predisposition to allergies.

Aim. Study of the use of antihistamines for the treatment of allergic dermatoses.

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 a allergic dermatoses.

Results and discussion. Antihistamines occupy a leading place in the treatment of allergic dermatoses. The mechanism of action of antihistamines is based on the blockade of the binding of histamine to the H1 receptor, expressed on the surface of endothelial cells. As a result of the action of antihistamines, itching and swelling are reduced. According to the classification adopted by the EAACI, all antihistamines are divided into two generations depending on their effect on the central nervous system. The 1st generation H1 antagonists penetrate the blood-brain barrier and can such as stimulate as suppress the central nervous system. Drugs of this group, in addition to histamine H1 receptors, block receptors for acetylcholine, adrenaline, serotonin, dopamine and ion channels. It causes many side effects: tachycardia, dry mucous membranes, increased viscosity of sputum. Antihistamines of the 2nd generation practically do not penetrate the blood-brain barrier and do not cause a sedative effect. Recently, antihistamines of the 2nd generation are being considered for the treatment of allergic dermatoses. However, the main international documents recommend short-term intermittent use of sedative antihistamines in the treatment of patients with atopic dermatitis. The therapeutic value of 1st generation antihistamines lies mainly in their sedative properties by normalizing night sleep and reducing the intensity of itching. And also drugs of the 1st generation are available in solutions for injections, which can be used to quickly relieve itching.

Conclusions. Thus, modern standards of medical care for patients with allergic dermatoses have been studied and analyzed, according to which the use of antihistamines is justified.