

## **MODERN PHARMACOTHERAPY OF ACUTE CORONARY SYNDROME**

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To create an effective system of medical care for patients with acute coronary syndrome (ACS) with ST-segment elevation and implementation of reperfusion therapy in May 2013 in Ukraine was developed Unified Clinical Protocols of medical care for acute coronary syndrome. The aim of our work is to study the features of this Protocol, which are as fundamental changes in the organization of reperfusion therapy to patients with acute coronary syndrome, and familiarization with them a wide range of student-pharmacists.

ACS – a group of clinical signs and symptoms of coronary heart disease, which give rise suspected acute myocardial infarction (AMI). Pharmacotherapy ACS consists of emergency medical care and further routine treatment. Groups of drug for emergency medical care include nitrates: nitroglycerin for sublingual using; and antiplatelet agents: acetylsalicylic acid, clopidogrel. Narcotic analgesics are use as painkillers. Medication of choice from this group is morphine. As soon as possible beta-adrenoblockers are assigning. Metoprolol and propranolol reduce myocardial oxygen demand and the area of myocardial infarction. Appointment in the early hours of the next and long-term use reduces mortality. At this stage, patients with ACS recommended control and correction of blood pressure. To reduce the high pressure (BP) is preferred dopamine, and for increasing low pressure – esmolol.

Further pharmacotherapy of patients with ACS depends on electrocardiography's data. When the diagnosis of AMI without Q wave or unstable angina using anticoagulant therapy: unfractionated heparin, enoxaparin or fondaparinux. In case of the diagnosis of AMI with ST-segment elevation and failure to conduct reperfusion therapy showed thrombolytic therapy using streptokinase and tissue plasminogen activator. All patients with AMI prescribe statins: atorvastatin, rosuvastatin, and ACE inhibitors such as lisinopril and captopril. Angiotensin receptor blocker type 2: valsartan use for patients with intolerance of ACE inhibitors. For patients with heart failure aldosterone antagonists (spironolactone or eplerenone) are used.

Percutaneous coronary intervention (PCI) belongs to one of the treatments ACS. PCI is a stent implantation and allows you to mechanically stabilize the broken plaque at the site of injury. The main directions of drug therapy before PCI are: antiplatelet dual therapy (aspirin + clopidogrel), inhibitors of receptor GP IIb / IIIa (eptifibatid), direct anticoagulants (unfractionated heparin, enoxaparin, bivalirudin).