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# **TOPICAL ISSUES OF NEW DRUGS DEVELOPMENT**

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## PHARMACOTHERAPY OF GENITAL HERPES

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Genital herpes is an infectious disease caused by the herpes simplex virus (HSV) type 1 or 2. HSV is well distributed worldwide. According to WHO Genital herpes takes third place among the diseases, sexually transmitted diseases. Half a billion people worldwide are infected with herpes simplex virus type 2, which causes genital herpes. With almost 24 million new cases recorded annually. The disease occurs in all population groups, with the highest incidence was registered in the age groups 20-29 and 35-40 years. Deaths from herpes infections in second place in the structure of mortality from viral diseases and is 15.8%.

The goals of pharmacotherapy are to reduce morbidity and to prevent complications. Medical treatment of HSV infection is centered around specific antiviral treatment. Among the group of antiviral drugs recommended nucleosides and nucleotides, except reverse transcriptase inhibitors. Pharmacotherapy is carried out depending on the course of genital herpes. The drug is administered orally or parenterally depending on the severity of the disease. First episodes of genital herpes are frequently associated with a prolonged disease course. In view of the potential for more severe disease, prompt treatment with aciclovir 400 mg orally, 5 times daily for 7 to 10 days is recommended. Alternative regimens are valaciclovir 1 g orally twice daily for 5 to 10 days or famciclovir 250–750 mg orally 3 times daily for 10 days. In patients with severe cutaneous disease or systemic complications, aciclovir 5–10 mg/kg IV every 8 h should be considered. For treatment recurrent Genital Herpes recommended regimens for suppressive antiviral therapy include: aciclovir 400–800 mg orally 2 or 3 times a day; valaciclovir 500 mg orally twice daily; or famciclovir 500 mg orally twice daily. Systemic therapy with either IV foscarnet 40 mg/kg bd or tid IV has been shown to be effective for aciclovir resistant strains with the length of therapy depending on treatment response. In rare cases with aciclovir and foscarnet resistance cidofovir topically or IV 5 mg/kg weekly infusion is the preferred agent.

Thus, the modern pharmacotherapy of genital herpes will significantly reduce the number relapses of the disease.

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