

COMPARATIVE STUDY OF TREATMENT STANDARDS HELICOBACTER PYLORI INFECTION IN GEORGIA AND EUROPE

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The end of the twentieth century. took a significant step towards changing the principles le-tion of gastric ulcer (GU) and duodenal ulcer (DU). The success of modern approaches to treatment is associated with the recognition of etiology and logical role Helicobacter pylori (HP), which was proved in 95% of the PUD, 90% of non-drug GU and 60-70% of cases stomach cancer, as well as the use of new circuits and antisecretory drugs HP eradication. However, the selection of the most effective treatment of H. pylori infection is still an important issue. Modern approaches to the treatment of H. pylori infection, which meet the requirements of evidence-based medicine are given in Recommendation IV-th (2010) Maastricht consensus

The aim of the work was a comparative study regimens Helicobacter-associated diseases in Georgia and Europe.

Materials research is the history of the disease in patients with gastric ulcer and duodenal ulcer, chronic and erosive gastritis, gast-roezofagealnoy reflux disease who were treated in 3 croup-Nation health facilities in Batumi (Georgia): Regional Centre lo Mein Medicine, Naval Medical Center and Health center.

Conducted the study showed that the scheme therapy of H. pylori in Georgia correspond to the scheme proposed in the IV-th Maastricht Consensus. But in Europe, it is recommended Duration of treatment of 14 days, which increases the effectiveness of eradication of HP by 12%, while in Georgia, 80% of the duration of treatment is 7-10 days. The recommendations I and 2nd Maastricht consensus to suppress gastric secretion were recommended proton pump inhibitors (PPIs) in appropriate doses 1 time a day, but in Recommendation IV-th (2010) Maast-rihtskogo consensus PPI recommended 2 times a day. It is proved that took away chenie doses of PPIs standard protocols triple therapy is accompanied by increased effectiveness of eradication, but increases the cost of treatment. Pharmacoeconomic is optimal to use double dose PPIs (omeprazole for - 40 mg 2 times a day) using a 1-week protocol, which allows to achieve eradication rates comparable to that at 2 weeks of treatment.

Conclusions: Based on the foregoing, it should be more actively work to supplement and implement treatment protocols in Georgia Correspondingly-dance with international standards.

1. Therapy of H.pylori-infected patients should be carried out in accor-dance with the recommendations of the Maastricht 4-2010.

2. In the first part of the base line therapy of H.pylori antibiotic in all cases be clarithromycin 500 mg 2 times a day, as second preference should be given antibiotic amoxicillin (1000 mg two times a day); nitroimidazoles (metronidazole, ornidazole) unwillingness to use-enforcement.

3. Compliance with these recommendations can significantly improve ef ciency therapy of H.pylori and the frequency of eradication of Hp infection.