SECONDARY PREVENTION OF ACUTE RHEUMATIC FEVER

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Introduction. Acute rheumatic fever (ARF) and chronic rheumatic heart disease (CRHD) is the complications of nasopharyngitis or tonsillitis caused by beta-hemolytic streptococcus group A (GABHS), which arise as a result of delayed immune response to streptococcal infection. CRHD is a consequence of rheumatic fever transferred to the formation of heart disease as a result of inflammation.

According to WHO, the incidence of ARS ranges from 0.55 to 11 per 1,000 population and most often affects the age group of 5-15 years. Death rates from in the world from CRHD range from 4.5 (in Europe) to 8.2 (in China) to 100 thousands population. In Ukraine, the incidence of rheumatic fever in recent years, ranges 0.03 per 1000 children (aged 0-17 years), the incidence of rheumatic fever is 0.05 per 1,000 children (0-14 years) and 0.07 per 1000 (0-17 years).

The objective of our research was to investigate how it's performed secondary prevention of rheumatic fever in the international medical practice.

Materials and methods. Secondary prevention is a long-term use of antibiotic therapy in patients who have had rheumatic fever or patients with CRHD to prevent colonization of the upper respiratory tract of GABHS and repeated attacks and rheumatic disease progression.

Results and conclusions. The basis of the secondary prevention is the use medications of long-acting penicillin. In accordance with international recommendations, benzathine benzylpenicillin-G is assigned by deep intramuscular injection once every 4 weeks (in some cases, once every 3 weeks). Children weighing 20-30 kg injected a dose of 600 units, and for all other age patient groups injected dose of 1200000 units.

If the patient has allergy to penicillin, macrolides secondary prevention is carried out in cycles of 10 days each month Children who have had rheumatic fever without carditis, secondary prevention is carried out for 5 years or until the age of 21 years old. In the presence of carditis without CRHD, secondary prevention is carried out for 10 years or up to 21 years longer or more. In the presence of carditis with CRHD, secondary prevention is carried out for 10 years or until age 40 or longer.

Unfortunately, the appointment of any pharmacotherapy for the treatment of ARS (except for the treatment of heart failure in the case of necessity) does not reduce the frequency and severity of carditis, but adequate antibiotic therapy and antibiotic prophylaxis is the main factor preventing replay attacks, which contribute to a more rapid and severe heart failure.