

PHARMACOTHERAPY FOR ALLERGIC CONTACT DERMATITIS

Kapelka I. G.

Scientific supervisor: assist. Cemenko K. V.
National University of Pharmacy, Kharkiv, Ukraine
kig1997@gmail.com

Introduction. Allergic contact dermatitis (ACD) is a delayed type of induced sensitivity (allergy) resulting from cutaneous contact with a specific allergen to which the patient has developed a specific sensitivity.

It is the most important skin disease for the general population. Overall, in the general population the prevalence of contact allergy to at least one allergen is 21.2%. It is more common in women than in men. This predominantly is a result of allergy to nickel, which is much more common in women than in men.

The main role in treatment plays detecting exact allergen. It is really important to avoid trigger agent to achieve good results via pharmacotherapy.

Aim. An aim of our research was to study pharmacotherapy of ACD in international medicine practice.

Materials and methods. Topical corticosteroids are the mainstay of treatment due to their ability to decrease inflammation by inhibition the activity of phospholipase A2 and immunosuppressive effect. Also, there are a variety of symptomatic treatments that can provide short-term relief of pruritus. Immunosuppressive agents can be used in recalcitrant cases of severe chronic widespread contact dermatitis or severe hand dermatitis that prevents the individual from working or performing daily activities.

Results and discussion. An aim of the treatment of ACD is to decrease inflammation and to prevent further contacts with allergen. That's why the question of detecting right allergen is really important. Approximately 25 chemicals appear to be responsible for as many as one half of all cases of ACD. These include nickel, preservatives, dyes and fragrances. In most cases it isn't hard to identify the allergen, because inflammation appears exactly in the same place where contact has been and has the same shape, as a shape of contact. In cases where we can't identify right allergen by common medical examination, we have to use patch testing. A patch test is a method used to determine a specific substance causes allergic inflammation. It consists of tiny quantities of 25-150 materials in individual square plastic or round aluminium chambers. It has to be applied to the upper back for at least 48 hours. After that we can determine the right allergen by a local allergic reaction on a small area of the patient's back. Patch testing is most cost-effective and reduces the cost of therapy in patients with ACD.

In some severe cases, detoxification therapy has to be provided. Disulfiram and sodium thiosulfate can be used to decrease level of allergen in organism.

Symptomatic treatment can be used to relief pruritus. Topical soaks with cool Burow solution (1:40 dilution), emollients and sedating oral antihistamines may help in this purpose.

Conclusions. Topical corticosteroids are the mainstay of pharmacotherapy of ACD, however, the definitive treatment of disease is the identification and removal of any potential causal agents. Otherwise, the patient is at increased risk for chronic or recurrent dermatitis.

PHARMACOTHERAPY OF CHRONIC PANCREATITIS

Khanina N.

Scientific supervisor: assoc. prof. Savokhina M. V.
National University of Pharmacy, Kharkiv, Ukraine
lucky820.ua@gmail.com

Introduction. Chronic pancreatitis is usually accompanied by enzyme deficiency. For normal digestion, the patient needs substitution therapy with enzyme preparations. The main active ingredients in most of the drugs are lipase, protease and amylase of pancreatin. In addition to the properly selected preparation, an adequate dose assignment plays an important role.

Aim. The aim of the study was to analyze the pharmacotherapy of chronic pancreatitis with poly-enzyme preparations. Justify the use of the preparation "Creon" as the most rational alternative pharmacotherapy.

Materials and methods. The international recommendations and orders of the Ministry of Health of Ukraine on the treatment of chronic pancreatitis with poly-enzyme preparations have been studied. The pharmacokinetics and pharmacodynamics of the poly-enzyme preparations existing on the Ukrainian market were studied according to the literature data.

Results and discussion. In the case of steatorrhea, as one of the most striking symptoms of chronic pancreatitis, therapy is performed with drugs with a high lipase content. According to the order of the Ministry of Health of Ukraine No. 638 dated 10.09.2014 "Unified clinical protocol. Chronic pancreatitis " for the elimination of symptoms of exocrine insufficiency prescribe medications for 25,000-40,000 units of lipase for the main meal and 10,000-20,000 units of lipase for non-essential admission. However, in practice, often used drugs with a lipase content in one tablet (dragee) in the range of 3,500-6,000 units. Accordingly, the minimum effective single dose for correction of steatorrhea will be taking 5-8 tablets (dragees).

If the patient is predominantly a secondary mechanism of development of pancreatic insufficiency, then it should be borne in mind that most of the lipase can be inactivated or not activated. In this case, you should already talk about 20-30 tablets per meal, which is impossible for psychological reasons.

Conclusions. The preparation "Creon" is characterized by a high content of lipase and, depending on the form of release, can exhibit medium or high lipolytic activity. To date, of all the polyenzymatic drugs used in pancreatitis, "Creon" is considered the most progressive, having proven clinical effectiveness in pancreatitis. Thus, a high content of lipase provides a more simple and convenient reception, which allows us to distinguish "Creon" as the drug of first choice for rational pharmacotherapy of chronic pancreatitis.

MODERN PHARMACOTHERAPY OF DIABETES INSIPIDUS

Lukauskas A. A.

Scientific supervisor: assoc. prof. Zhabotunskaya N. V.

National University of Pharmacy, Kharkiv, Ukraine

annalukauskas@gmail.com

Introduction. Diabetes insipidus is a rather rare endocrine disorder caused by the deficiency of the antidiuretic hormone vasopressin. The disease occurs both in women and in men (40:60), more often in the age of 20-40 years, but can occur at any other age, including children. In the world, 1-3 cases of diabetes insipidus per 100,000 population are recorded. There are about 500 children and adolescents with diabetes insipidus in Ukraine.

The **aim** of our investigation is to study existing recommendations for the pharmacotherapy of diabetes insipidus.

Materials and methods. We analyzed the Protocol for the provision of medical care to children suffering from diabetes insipidus, approved by Order № 254 of the Ministry of Health of Ukraine, as well as European Guidelines on the pharmacotherapy of this disease.

Results and discussion. Diagnosis of diabetes insipidus is based on clinical symptoms (polyuria, polydipsia etc.) and additional methods of investigation of X-ray examination, CT or MRT of the brain. The main direction of pharmacotherapy of central and idiopathic forms of diabetes insipidus is the appointment of substitution pharmacotherapy with the drug antidiuretic hormone – desmopressin. There are several forms of this drug. Desmopressin in pills (Minirin) contains in one tablet 100 or 200 micrograms. The daily dose is from 1 to 4 pills, which take 30-40 minutes before a meal or 2 hours after a meal. This form of desmopressin contains a dose of the active substance 10 times higher, because it is a partial destruction under the influence of peptidases in the gastrointestinal tract. Treatment starts with minimal doses, with a gradual increase in the dose of the drug depending on the clinical manifestations of the disease. The soluble form of desmopressin is presented as drops in the nose (Adiupressin) or nasal spray (N-desmopressin spray). For day, patient need 2-8 drops in the nose or 1-4 spray doses (10-40 µg). Before