

MODERN PHARMACOTHERAPY OF SCHIZOPHRENIA

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Introduction. Schizophrenia is a clinical diagnosis. Schizophrenia is characterized by psychosis, hallucinations, delusions, disorganized speech and behavior, flattened affect, cognitive deficits, and occupational and social dysfunction. People with schizophrenia have lower rates of employment, marriage, and independent living compared with other people. The lifetime prevalence of schizophrenia has generally been estimated to be approximately 1% worldwide. The average age at onset is early to mid 20 years in women and somewhat earlier in men; about 40% of males have their first episode before age 20. About 5 to 6% of patients with schizophrenia commit suicide, and about 20% attempt it. Suicide is the major cause of premature death among people with schizophrenia and explains, in part, why on average the disorder reduces life span by 10 yr.

Aim. Study of modern standards of the medical care of patients with schizophrenia.

Materials and methods. We conducted an analysis of articles, an adapted clinical guidelines based on evidence, a unified clinical protocol providing medical care to patients with schizophrenia.

Results and discussion. Treatment of schizophrenia requires integration of medical, psychological, and psychosocial inputs. Antipsychotic medications diminish the positive symptoms of schizophrenia and prevent relapses. Drugs are divided into conventional antipsychotics (chlorpromazine, fluphenazine, haloperidol, thiothixene) and 2nd-generation antipsychotics (olanzapine, clozapine, quetiapine, asenapine) based on their specific neurotransmitter receptor affinity and activity. There is no clear antipsychotic drug of choice for schizophrenia. The choice of which drug to use for treatment of a patient with schizophrenia depends on many issues, including effectiveness, cost, side-effect burden, method of delivery, availability, and tolerability. At the beginning of therapy, the appointment of one antipsychotic is recommended. In the absence of a therapeutic effect within 4-12 weeks, it is necessary to switch to the use of another antipsychotic or to enhance the antipsychotic effect. After reaching the expected results of active treatment at the stage of stabilizing therapy, a decrease in the dose of antipsychotic may be achieved.

Conclusion. Thus, we have studied and analyzed the current standards of medical care of patients with schizophrenia, according to which therapy of antipsychotic medications.

MODERN PHARMACOTHERAPY FOR MENOPAUSE

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Introduction. Menopause, by definition, is the final menstrual period. It is a universal and irreversible part of the overall aging process as it involves a woman's reproductive system. Menopause is diagnosed after 12 months of amenorrhea and is characterized by a myriad of symptoms that include changes from regular, predictable menses; vasomotor and urogenital symptoms such as vaginal dryness and dyspareunia; and sleep and mood dysfunction. Factors that can lower the age of physiologic menopause include the following: smoking, hysterectomy, oophorectomy, fragile X carrier, autoimmune disorders, living at high altitude, history of receiving certain chemotherapy medications or undergoing radiotherapy.

Aim. Studying the methods of providing medical care to women during menopause.

Materials and methods. We analyzed many scientific articles from various adapted clinical settings, studied specialized medical literature, which described effective methods of providing medical care during the menopause.

Results and discussion. As ovaries age, their response to the pituitary gonadotropins follicle-stimulating hormone (FSH) and luteinizing hormone (LH) decreases, initially causing a shorter follicular phase, fewer ovulations, and decreased progesterone production. The number of viable follicles decreases;