Results and discussion. One of the widely used off-label drug groups for the treatment of endometriosis-associated symptoms and the prevention of post-operative healing recurrence worldwide is combined hormonal contraceptives that are presented as oral dosage forms. The use of this group of drugs is recommended by the American Association for Reproductive Medicine. Among the combinations of ethinylestradiol, the most proven efficacy in the use of endometriosis COCs with dienogest. The results of the study of the effects of dienogest in the COC can assume that COCs which contain dienogest is different from other drugs of this group precisely due to the individual "specialized" effects of dienogest on endometriosis heterotopy, and the effect of 30 μg ethinylestradiol can be considered as a factor ensuring qualitative control of the menstrual cycle, which creates conditions for long-term administration. COC is approved by the FDA for the treatment of menstrual disorders, but these conditions are not presented in the instructions for the use of most COCs.

In the world, the use of COCs for endometriosis pain is based on the Cochrane Review, which examined the results of four different studies using COCs and compared the use for the treatment of pain associated with endometriosis: 1) COCs and placebo; 2) COC and lack of treatment; 3) COCs and other medicines (danazol, analogues of gonadotropin-releasing hormone (GnRG), progestogens, antiprogestogens, intrauterine systems with release of levonorgestrel); 4) COC and methods of conservative surgical treatment. Only one study compared the use of GnRG analogue goserelin with low dose COCs - 20 μg ethinylestradiol, 150 μg desogestrel. Against the background of both therapies at the end of the 6-month treatment period, a decrease in non-menstrual pains, dyspareunia and dysmenorrhea were observed, compared with baseline. Another study has shown that COCs were effective in preventing recurrence of postoperative treatment only in the case of long-term appointment for a long period of time - not less than 2 years, preferably up to 5 years, or in a mode with a reduced nonhormonal interval of up to 3-4 days. Thus, the noncontraceptive benefits of COCs are considered as an important aspect of their application.

Conclusions. It was found that the transfer of women with severe form of dysmenorrhea from cyclic to continuous mode of administration of drugs contributed to a decrease in the intensity of pain in 6 months by 58%, and in 2 years - by 75% ($p<0,001$). The given data is testified to the necessity of expanding the indications for the use of COCs in endometriosis and their inclusion in the national normative base of prescriptions of drugs off-label, the creation of which is an urgent task in modern conditions.

THE COMPARATIVE ANALYSIS OF PREVENTION AND TREATMENT METHODS OF HEPATITIS B IN DOMESTIC AND INTERNATIONAL GUIDELINES

Kravchenko I. V.
Scientific supervisors: assoc. prof. Misyuryova S. V., assist. Davishnia N. V.
National University of Pharmacy, Kharkiv, Ukraine
clinpharm@nuph.edu.ua

Introduction. As the degree of negative impact on human health and the extent of the incidence in our country viral hepatitis dominate in the structure of infectious diseases with influenza and acute infectious diseases of the upper respiratory tract. Hepatitis B virus (HBV) is one of the most dangerous infectious diseases affecting the hepatobiliary system. According to the WHO, approximately 257 million people have a chronic HBV infection; about 650,000 people die every year from the complications of chronic HBV. Globally, HBV accounts for about 45% of cases of hepatocellular carcinoma and 30% of liver cirrhosis. So, the questions of both treatment and, in particular, prevention of this dangerous infection are very relevant for our state and the world as a whole.

Aim. The aim of our study was to conduct a comparative analysis of treatment and prevention methods of HBV prescribed in the national Unified clinical protocols of primary, secondary (specialized), tertiary (highly specialized) care (UCPC) «Viral hepatitis B in adults» and global international strategies of the Health Care sector about the treatment and prevention of HBV, which are relevant at present.

Materials and methods. To achieve this goal, the following documents were analyzed for the subject of coincidences and differences in the field of treatment and prevention of HBV: UCPC «Viral Hepatitis B in Adults» (Ukraine, 2016), «Global hepatitis report» (WHO, 2017) «Guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection» (WHO 2015), «2017 interim

update of the 2015 BASHH National Guidelines for the Management of the Viral Hepatitides» (UK, 2017), «The U.S. National Viral Hepatitis Action Plan for 2017-2020» (USA, 2017). Also, comparative tables of major coincidences or differences were made and the congruence of UCPC to international health care norms was studied.

Results and discussion. The results of the study found that, almost, all of the statements for primary and secondary prevention of HBV, which are represented in UCPC «Viral hepatitis B in adults» comply with international guidelines. According to the domestic UCPC, the nucleos(t)ide analogues (NAs) (inhibitors of HBV DNA replication) are first line therapy of chronic HBV; treatment with these drugs is long-lasting and use for a lifetime. In all adults, as the first-line drugs NAs with high resistance barrier (tenofovir disoproxil) are highly recommended. But NAs with low resistance barrier (lamivudine, telivudine) can lead to drug resistance and are not recommended for use. For patients with confirmed or suspected antiviral resistance to lamivudine or telbivudine, tenofovir disoproxil is obviously prescribed. The second direction of therapy is recommended to use pegylated interferons alfa-2a (Peg-IFN-2a).

Most international guidelines for all adults, adolescents and children aged 12 years or older in whom antiviral therapy is indicated, the nucleos(t)ide analogues (NAs) which have a high barrier to drug resistance (tenofovir or entecavir) are recommended. Entecavir is recommended in children aged 2–11 years. NAs with a low barrier to resistance (lamivudine, adefovir or telbivudine) can lead to drug resistance and are not recommended.

The second line of recommendation for resistance to lamivudine, entecavir, adefovirda or telbivudine is the application of tenofovir and only in rare cases the application of Peg-IFN-2a.

Conclusions. Thus, it can be noted that the national Unified clinical protocols of primary, secondary (specialized), tertiary (highly specialized) care (UCPC) «Viral hepatitis B in adults» under the recommendations for prevention and treatment of HBV in most of the basic statements comply with international guidelines and sufficiently it will allow to provide effective preventive and therapeutic measures to struggle with this dangerous infection in the country.

MEDICINES AND RESULTS OF LABORATORY MEASUREMENTS: PROBLEMS OF INTERPRETATION

Krupenko O. V., Storozhenko D. S.
Scientific supervisor: assoc. prof. Misiurova S. V.
National University of Pharmacy, Kharkiv, Ukraine
ollyasmile919@gmail.com

Introduction. The main strategic direction of development of modern laboratory diagnostics is the implementation of the transition from the concept of quality assurance to the concept of continuous improvement.

The cycle of producing a qualitative laboratory «product» – the results of medical-laboratory studies – is decided to be divided into three main stages: preanalytical (from the moment of appointment of the laboratory test to the beginning of the measurement of the relevant analysis), analytical (the process of measurement or determination of analysis) and post-analytical (from the recording of measurement results to their medical interpretation). Only if the quality of the performance of all three stages is ensured we can expect to receive an excellent final product.

In the non-laboratory part of the post-analytical phase, the interpretation of the results of laboratory tests and the assessment by the physician of the clinical significance of the information received. First of all, you need to be sure of the analytical reliability of results, in the correct choice of reference intervals (normal values). The result obtained should be compared with the selected reference intervals, the corresponding data from other laboratory and instrumental studies. Medicines can be one of the essential factors that can change the reliability of the results of laboratory tests.

As a number of diseases found only or primarily through laboratory tests, the problem of influence on the results of these tests drugs as a manifestation of side effects, becomes of paramount importance. According to the State Expert Center of the Ministry of Health of Ukraine, 25-30% of cases of drug intake