The current statistics on the risk factors and epidemiology of neurological diseases are mainly based on research in North America or Europe. And about developing countries, including Egypt, there are only single publications. In particular, the prevalence of neurological disorders was established at 4.6%, i.e. much more than in developed countries. Therefore, the increasing effectiveness of the treatment of these diseases is especially important for Egypt. In particular, through the rational use of drugs of neurological orientation.

Aim. The aim of the study was to evaluate the rationality of the use of drugs from the group of neuroprotectors for the treatment of neurological diseases in accordance with the approved protocols of its conduct and further development of appropriate practical recommendations. As part of the research objectives the following tasks: 1) Collection of data on the use of certain neuroprotective drugs in the treatment of neurological diseases in departments of one of the major hospitals in Cairo (Egypt); 2) Analysis of cases of irrational use of neuroprotective drugs among patients with concomitant diseases and conditions that could have a similar negative effect; 3) Develop recommendations on the provision of pharmaceutical care to doctors and patients to improve the effectiveness and safety of the use of neuroprotective drugs.

Materials and methods. To accomplish this goal, a clinical and pharmaceutical analysis of 127 case histories of patients with neurological diseases (mainly discirculatory encephalopathy – DE) aged 50 to 75 years (35 men and 92 women) in inpatient treatment in the neurological and therapeutic departments of one of the major hospitals in Cairo (Egypt). Patients were hospitalized in the medical departments for the second half of 2017.

Results and discussion. In 55.1% of the examined DE developed against a background of arterial hypertension, and in 59.8% the factor of cerebral arteriosclerosis predominated, respectively, 20 and 57.1%. In addition to the corresponding etiotropic drug therapy, all 127 examined patients used neuroprotectors. Overall, 334 preparations of this group were prescribed, an average of 2.6 per patient. In 32 patients (25.2%) four or more drugs were prescribed, which indicates a polypharmacy and leads to an increased risk of side effects. In the medical literature, it is noted that this is a common mistake, which increases in frequency with the age of the patient.

Conclusions. In general, irrational use of neuroprotectors was detected in 70 cases out of 334 (21.0% of prescriptions), and in 48 cases (14.4% of patients), the development of side effects was noted. In the overwhelming majority of cases, given the patient's concomitant pathology and taking certain drugs, it was possible to prevent. Undoubtedly, in order to increase the rationality of drug therapy with the use of neuroprotectors, a careful analysis of the planned and correction of the ongoing pharmacotherapy is necessary. All this justifies the need for the clinical pharmacist to participate in the therapeutic process of patients with neurological pathology.

COMPARATIVE ANALYSIS OF MEDICAL PRESCRIPTIONS OF ANTIHYPERTENSIVE DRUGS IN UKRAINE AND NIGERIA

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Introduction. Practical prescriptions of antihypertensive drugs in different country depend on the national guidelines, race condition and adherence of doctors to follow standards of treatment. Ukraine has national recommendation for treatment hypertension; it is corresponds to ESC guidelines. Nigeria use BHS recommendation.

The **aim** of our research was to compare practical prescriptions of antihypertensive drugs in Ukraine and Nigeria to evaluate adherence of doctors to choose rational pharmacotherapy of hypertension.

Material and methods. We have analyzed 40 Case History of Caucasian race patients from therapeutic hospital in Kharkov, Ukraine and 60 Case History of Black patients from Nigeria Light Hospital. All patient had Essential Hypertension as main disease.

Results and discussion. Monotherapy was prescribed to 47.5% patient in Ukraine and to 16.67% patient in Nigeria. As monotherapy patients received group A (ACE inhibitors or ARBs) in 35% cases and

group B (β-blockers) in 12.5% cases in Ukraine; but only group C (CCBs) was administrated in Nigeria as monotherapy.

Combined treatment was prescribed to 47.5% patients in Ukraine and 83.33% patients in Nigeria. There were combination A+D (diuretic) in 10%, B+D in 5%, A+B in 2.5%, A+C in 2.5%, A+C+D in 5%, A+B+D in 12.5 %, A+B+C in 2.5%, A+B+C+D in 5 % patients in Ukraine. Nigerian patients were administrated combinations C+D in 11.66%, A+C in 25 %, A+C+D in 38.33%, C+α-blockers in 6.66%, D+α-blockers in 1.67%. B-blocker were not prescribed to Nigeria patients, and α-blockers were not administrated in Ukrainian cases.

The most common mistake for Ukrainian cases was no prescription antihypertensive drugs for 5% cases, combination ARB and ACE inhibitors in 2.5%, combination CCB and BB in 2.5% cases. The most common mistake for Nigerian cases was prescription of amlodipine and nifedipine to the same patients 13.33% cases, combination of ARB and ACE in 8.33%, using antiplatelet for patient who has only hypertension in 6.67% cases. Adherence of doctors to follow national guidelines was in 57.5 % Ukrainian cases and in 61.66% Nigerian cases.

Conclusions. There are significant differences in practical prescriptions of antihypertensive treatment (as mono as combined) in Ukraine and Nigeria, which could not be explained only racial conditions.

DESIGN AND DEVELOPMENT OF GUIDELINES FOR PHARMACEUTICAL CARE IN PATIENTS WITH CORONARY ARTERY DISEASE IN UKRAINE

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Introduction. Cardio-vascular diseases (CVD) take 37.1% of the morbidity and the first leading cause of premature mortality in Ukraine that amounted 66.3%. Morbidity rate of coronary artery disease (CAD) in combination with hypertension is about 59 % of the total CVD. Evidently, there are some factors in the healthcare system in Ukraine such as expensive medical services for averages citizen, low educational population, increasing of risk factors of CVD do not allow to reduce these rate. In the nowadays concept of responsible self-treatment decisive role must play a pharmacist, who gives informational medical help for patients with CAD.

Materials and methods. We based on literature review of symptoms of CAD, clinical pharmacology of drugs using in treatment of CAD, and we learn legislative base regarding pharmaceutical care both in Ukraine and worldwide.

Results and discussion. Symptoms of CAD mostly are characterized by chest pain. So, algorithm of pharmacist's action relate with him understanding differential diagnostic approach of coronary conditioned chest pain. The pressing nature of the chest pain, the special conditions of appearance of it will indicate to CAD. There are some another signs of CAD as dyspnoe, acrocyanosis, palpitation, edema of low extremities. Pharmacist should pay attention on medicamental anamnesis, especially side effects of drugs used before, for example withdraw effect of beta-blockers, tolerant of nitrate, gastrotoxicity of acetylsalicylic acid, etc. In case of prescription by a doctor several drugs for one case pharmacist should analyze drug-drug interaction and interaction these drugs with food, alcohol, nicotine.

We have developed an algorithm of conversation of pharmacist and patient with CAD including all mentioned issue. Special attention was paid to threatening symptoms in CAD that require urgent physician intervention. There are drop in blood pressure, loss of consciousness, chest pain last more than 30 min, increasing dyspnoe, coughing and fever, black stools, and other.

Conclusions. Pharmaceutical care in patients with CAD in the nowadays concept of responsible self-treatment should include pharmacist participation in early diagnosis of CAD, rendering first aid, counseling regarding side effects, drug-drug interactions and contraindications of drugs that prescribed by a doctor. Correct tactics of pharmacist will improve the quality of medical care for patients with chest pain; it will contribute to the early diagnostic of CAD, and it will increase lifetime of the patients with CAD.