PHARMACOTHERAPY FOR ACUTE PANCREATITIS

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Introduction. Acute pancreatitis is acute inflammation of the pancreas (and, sometimes, adjacent tissues). The rate of acute pancreatitis in different countries ranges from 4.9 to 73.4 cases per 100,000 population. In Ukraine, the incidence rate in the GP is 67-69.5 per 100 thousand population. There is a tendency to increase the incidence. Total lethality in acute pancreatitis ranges from 4% to 15%, while in necrotic form it is 24-60%, postoperative lethality reaches 70%.

Aim. The purpose of our study was to study the pharmacotherapy of acute pancreatitis in international medical practice.

Materials and methods. International recommendations and Orders of the Ministry of Health of Ukraine for the treatment of acute pancreatitis were studied.

Results and discussion. Early aggressive IV fluid resuscitation improves pancreatic perfusion and helps prevent serious complications such as pancreatic necrosis. The 2013 American College of Gastroenterology (ACG) guidelines recommend that early aggressive hydration, defined as 250 to 500 mL/h of isotonic crystalloid solution (ideally lactated Ringer's solution), should be provided to all patients during the first 12 to 24 h .

Adequate pain relief requires use of parenteral opioids which should be given in adequate doses. Antiemetic drugs should be given to relieve nausea and vomiting.

Enteral or parenteral nutrition to patients with acute pancreatitis results in a lower risk of death than if no supplemental nutrition is given. However, total parenteral nutrition should be avoided because infectious complications can result.

According to the 2013 ACG guidelines, prophylactic antibiotics are not recommended in patients with acute pancreatitis, regardless of the type or disease severity. Antibiotics should be started if patients develop an extrapancreatic infection or infected pancreatic necrosis. In patients with infected necrosis, antibiotics known to penetrate pancreatic necrosis, such as carbapenems, fluoroquinolones, and metronidazole, are recommended.

Conclusions. Treatment of acute pancreatitis is typically supportive. Patients who develop complications may require specific additional treatment. The management of patients with severe acute pancreatitis and its complications should be individualized using a multidisciplinary approach including therapeutic endoscopists, interventional radiologists, and a surgeon.

MODERN PHARMACOTHERAPY OF ALZHEIMER'S DISEASE

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Introduction. Alzheimer's Disease is a brain degenerative disease that manifests itself in the form of a progressive decrease in intelligence. Alzheimer's disease affects people regardless of their socio-economic status, nationality or other factors that are inherent in them. The earliest age of this disease has been observed in a 28-year-old patient, but Alzheimer's disease is predominantly manifested after 40 years. Alzheimer's is the sixth leading cause of death in the United States, accounting for 3.6% of all deaths in 2014. In general, 1.72% of women and 1.32% of men have a diagnosis of Alzheimer's disease.

Aim. Study of modern standards of medical care for patients with Alzheimer's Disease.

Materials and methods. We conducted an analysis of articles, an adapted clinical guidelines based on evidence, a unified clinical protocol for medical care to patients with Alzheimer's Disease.

Results and discussion. Between neurons plaques were discovered interrupting intercellular functional connections. Blisters consisted of a protein binding of β-amyloid. In abandoned neuronal bonds,

peculiar pathological structures are formed - neurofibrillar glomeruli, which consist of another variety of protein - tau protein. Blocks complete the death of cells.

The basis of the pharmacotherapy of Alzheimer's Disease is the following groups of drugs, such as cholinesterase inhibitors (ACh inhibitors), anxiolytics, antiepileptic drugs (for their effects on behavior), antipsychotics, antidepressants, beta-blockers. One of the drugs for the treatment of Alzheimer's disease is Memantine. Memantine is an N-methyl-D-aspartate antagonist. Memantine is recommended as an alternative to Alzheimer's for people with moderate Alzheimer's disease who do not tolerate ACh inhibitors or have contraindications to their use or with severe Alzheimer's disease.

Conclusion. Thus, we have studied and analyzed the current standards of medical care for to Alzheimer's patients, which has proven that Memantine is the most effective medication for the treatment of patients with Alzheimer's disease. Special drugs used to treat Alzheimer's disease do not exist yet. However, new drugs are being sought.

NEW APPROACHES IN THE TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA

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Introduction. Lymphocytic leukemia is the most common variant of leukemia in western countries. The incidence of chronic lymphocytic leukemia (CLL) increases with age, in 75% of cases the disease is detected in patients older than 60 years. CLL in 2 times more often affects men. Despite the development of CLL, some patients have no clinical symptoms for several years, indications before treatment is the progression of the disease and the occurrence of symptoms. For a long time the only sign of chronic lymphatic leukemia can be lymphocytosis up to 40-50%, a slight increase in one or two groups of lymph nodes. In the extended period, lymphadenitis takes the generalized form: not only peripheral, but also mediastinal, mesenteric, retroperitoneal nodes increase. There is spleno- and hepatomegaly; It is possible to compress the choledochus with enlarged lymph nodes with the development of jaundice, as well as the upper hollow vein with the development of edemas of the neck, face, hands.

Aim. The purpose of our study was to study the pharmacotherapy of chronic lymphocytic leukemia in international medical practice.

Materials and methods. Today, the main and most effective direction of CLL pharmacotherapy is chemotherapy, which includes:

1. Fludarabine therapy consists of FCD (fludarabine, cyclophosphamide and rituximab) and FV (fludarabine and rituximab). Both schemes are assigned every 28 days.
2. Chlorambucil therapy (every 28 days for 12 cycles).
3. Pentostatin therapy (pentostatin, cyclophosphamide, rituximab) every 21 days with increased support factor and against infectious prophylaxis.
4. Endomyelating terapi (endomastin and rituximab) are administered every 28 days.
5. Therapy with alemtuzumab.

Results and discussion. Treatment is usually impossible, the goal of treatment is to reduce the symptoms of the disease and prolong life.

Conclusions. For a long time, the standard of treatment for CLL was alkylating drugs such as chlorambucil. However, it has recently been shown that fludarabine is more effective. When using the combination of fludarabine, cyclophosphamide and rituximab, full remission is achieved more often, lengthening the duration of remission and prolonging life expectancy.