

Results and discussion. The Food and Drug Administration (FDA) has confirmed that the drug of choice is the drug Fluoxetine (Prozac) – dual action, because apart antidepressant, has also a stimulating effect. Fluoxetine (Prozac): Initial dose 20 mg/d with advance over 1-2 weeks to 60 mg/d in the morning as tolerated. Some patients may need to begin at a lower dose if side effects are intolerable. A maximum dose of 80 mg/d may be used in some cases.

Conclusions. Fluoxetine belongs to a group of antidepressants called selective serotonin reuptake inhibitors. This group is considered to be third generation antidepressants, quite easily tolerated and without significant

ANALYSES OF MODERN APPROACHES TO PHARMACOTHERAPY OF HEPATITIS C

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Introduction. Hepatitis C (HC) is a disease caused by the hepatitis C virus (HCV) that attacks the liver and leads to inflammation, has a predisposition to chronicity, further development of cirrhosis and hepatocellular carcinoma. The World Health Organization (WHO) estimates about 71 million people globally have chronic HC, with approximately 399000 dying from this infection. Unfortunately, Ukraine is one from 28 countries with high prevalence of the disease. Infection is most often transmitted through blood, primarily among addicts during using the same needles, from infected mother to a child or sexually. However, tattoos, piercings, manicure salons, medical institutions (through reuse or insufficient sterilization of equipment) can be very dangerous too.

Aim. The aim of the thesis is the systematization of data about pharmacotherapy of HC in international and domestic medical practice.

Materials and methods. We analyzed the Ukrainian unified protocol providing medical care to patients with infectious diseases and information from foreign and international institutions (American Association for the Study of Liver Diseases and WHO), guidelines of National Institute for Health and Care Excellence and Medscape concerning pharmacotherapy of HC.

Results and discussion. There are 6 main genotypes of the HCV. Genotyping should be conducted to determine the prognosis of the disease, the effectiveness of antiviral therapy and the determination of the duration of the course of therapy. By 2011, Interferon and Ribavirin combinations were used worldwide for the treatment of chronic HC from 12 to 72 weeks, depending on the HCV genome. But the side effects of these drugs have been widespread. They often cause side effects such as memory and concentration impairment, headaches and depression.

Nowadays, for patients with chronic HC, therapy with antiviral drugs of direct action without Interferon is recommended. The schemes use inhibitors of replication of three HCV proteins: NS3/4A proteases, NS5A interferon-resistant proteins and NS5B polymerases.

For the treatment of HC genotype 1a/1b and 4 are used Zepatier, Mavyret, Harvoni, Epclusa. In scheme of the therapy of genotype 2 and 3 are used Mavyret and Epclusa. In case of genotypes 5 and 6 Mavyret, Epclusa, Harvoni are effective.

Also specialists can use alternative schemes of pharmacotherapy. They are effective, but compared to the recommended ones, they have potential disadvantages: restrictions for use for some patients and less accompanying data. Monocomponent medicines (Sovaldi, Olysio, Daklinza) or combined medicines (Technivie, Viekira Pak) for such purposes are used alone or in combination.

Given the importance of preventing viral hepatitis, WHO recommends the following list of preventive measures: hand hygiene, proper medical injections, testing of donor blood for HC, training of medical staff, refusal of injecting narcotics and promoting correct use of condoms.

Conclusions. Thus, we have studied and analyzed the current standards of medical care in the treatment of chronic HC.