

dementia cases. Alzheimer's is not a normal part of aging. The greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older.

**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 guideline based on evidence, a unified clinical protocol providing medical care for patients with Alzheimer's disease.

**Results and discussion.** The most common early symptom of Alzheimer's is difficulty remembering newly learned information because Alzheimer's changes typically begin in the part of the brain that affects learning. As Alzheimer's advances through the brain it leads to increasingly severe symptoms, including disorientation, mood and behavior changes; deepening confusion about events, time and place; more serious memory loss and behavior changes. Medications for treatment of Alzheimer's disease called cholinesterase inhibitors are prescribed for mild to moderate Alzheimer's disease. These drugs may help reduce some symptoms and help control some behavioral symptoms. The medications are galantamine, rivastigmine, and donepezil. Scientists do not yet fully understand how cholinesterase inhibitors work to treat Alzheimer's disease, but research indicates that they prevent the breakdown of acetylcholine, a brain chemical believed to be important for memory and thinking. As Alzheimer's progresses, the brain produces less and less acetylcholine; therefore, cholinesterase inhibitors may eventually lose their effect. A medication known as memantine, an N-methyl D-aspartate (NMDA) antagonist, is prescribed to treat moderate to severe Alzheimer's disease. This drug's main effect is to decrease symptoms, which could allow some people to maintain certain daily functions a little longer than they would without the medication.

**Conclusion.** Thus, we have studied and analyzed the current standards of medical care for patients with Alzheimer's disease, according to which treatment is performed according to the severity of the disease.

## PHARMACOTHERAPY OF BIPOLAR AFFECTIVE DISORDER

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**Introduction.** Bipolar affective disorder (BAR) – a complex affective mental disorder characterized by periods of prolonged and profound depression alternating with periods of excessively elevated or irritable mood known as mania. Worldwide prevalence of bipolar disorder is 0.3–1,5%.

**Aim.** Get to know the protocols for treating of bipolar affective disorder etiology, pathogenesis and clinical symptoms of the disease.

**Materials and methods.** During the study, we reviewed medical advice Medscape.

**Results and discussion.** The etiology of bipolar disorder is not clearly defined, however, there are several etiological factors: hereditary burdening affective psychoses, constitutional-typological factors (pionic structure of the body), psychological personality type (predominance of traits cicloid, hyper - or hypothetical type), sharp dysfunction of the endocrine glands caused by puberty, pregnancy, childbirth, menopause, psychoreactive issues related to severe mental trauma.

In the pathogenesis of the disease plays an important role insufficiency diencephalic, hypothalamic brain structures that are involved in the regulation of emotional states. Also undeniable importance in the development of BAR have neurochemical changes in the system of monoamines (catecholamines and indolamines). Some authors have reported a role in the Genesis of this form of psychosis opioid peptides, in particular 3-endorphin and leuencephalin.

The clinical picture of bipolar affective disorder are two phases, each of which has its own symptoms. The first is called mania. In this phase, observed: reduced sleep time, speech pressure, increased libido, reckless behavior without regard for consequences, grandiosity, and frustration thoughts, psychosis. Second –

depression is characterized by the following symptoms: depressed mood, markedly reduced pleasure and interest in almost all activities, significant loss or weight gain or significant loss or increase in appetite, hypersomnia or insomnia, psychomotor delay, loss of energy, fatigue, feeling of worthlessness or excessive guilt, decreased ability to concentrate or marked indecisiveness and her fascination with death or suicide.

The clinic BAR, there are three different types of manifestations of the disease. The first is characterized by a predominance of depressive phase is a state of prolonged, deep depression that occasionally alternating periods of mania, much less at the time. The second type, by contrast, is characterized by a predominance of manic phase with the corresponding symptoms and episodes of depression are periods Homan. The third type is mixed, and includes periodic episodes of depression and mania, which are expressed approximately equally. active therapy manic or mixed episode.

The treatment process includes different phases of the disease. Active therapy manic or mixed episode has the purpose of relief of the acute condition, duration - 3-4 months. It includes monotherapy valproate, lithium salts, II generation antipsychotics as first line and carbamazepine as the second. Under severe conditions use a combination of: valproaty in combination with antipsychotic means II generation or lithium salts are also antipsychotics of the second generation. The purpose of active treatment of a depressive episode - mild acute conditions, the duration of 3-4 months. In the first line of drugs are used: antidepressants group of SSRI and mood stabilizers (valproaty, salts of lithium, antipsychotics of the second generation). The second lithium salt and lamotrigine (monotherapy or combination). If no effect after 3-4 weeks prescribe antidepressants – SSRI. For maintenance and preventive care, whose main task – the prevention of repeated episodes of bipolar disorder, using lithium salts. With the lack of tolerability or effectiveness lithium salts -valproaty (prevention of both poles of the affective pathology), lamotrigin (primarily effective in preventing depressive phases), antipsychotics II generation (the evidence base in relation to their prophylactic efficacy in the prevention of both poles of the affective pathology).

**Conclusions.** BAR – it is a significant burden for patients, their families, health professionals, and society. The rate of suicide in these patients is high among psychiatric disorders, 29% of patients. Pharmacotherapy of disorders depends on the type and phase of disease.

## PHARMACOTHERAPY OF GENERALIZED ANXIETY DISORDER

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**Introduction.** Generalized anxiety disorder is a work-in-progress condition that has to be expressed and continued in different different situations, or which do not occur in certain cases or situations. According to the epidemiology of generalized anxiety disorder in Europe, 38% of cases suffer from different mental disorders, with each being a generalized anxiety disorder.

**Aim.** Familiarize yourself with Ukrainian and foreign protocols with a common anxiety disorder During the study, the American Academy of Family Physicians examined Ukraine's activity protocols and recommendations

**Materials and methods.** To consider the Order of the Ministry of Health of Ukraine dated 05.02.2007 No. 59 "Clinical protocol of medical care for patients with generalized anxiety disorder" and guidelines American Academy of Family Physicians.

**Results and discussion.** Pharmacotherapy of generalized anxiety disorder is manifested in pharmacological, psychotherapeutic and psychosocial isolation and effective therapy (duration of 6 weeks), using therapy (up to 6 weeks) and especially effective therapy (duration – 1 year). With attention to Ukrainian protocols, drug therapy generalized anxiety disorder is offered with drugs 1, capturing monotherapy. The first proposal includes: selective serotonin reuptake inhibitors (Paroxetine or Escitalopram), serotonin and