

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

norepinephrine reuptake inhibitors (duloxetine), tricyclic and heterocyclic antidepressants (amitriptyline) Paroxetine, Escitalopram, Sertraline and Fluoxetine. With insufficient effectiveness of therapy 1, you can go to drugs of the 2nd row: neuroleptic agents, monoamine oxidase inhibitors and antihistamines. However, as a rule, the patient does not tolerate selective serotonin reuptake inhibitors (Paroxetine or Escitalopram), serotonin reuptake inhibitors and norepinephrine (Duloxetine) to identify antiepileptic drugs (Pregabalin). Foreign colleagues use Hydroxysin, Pregabalin, Quetiapine, Vortioxetine, Imipramine, Buspirone, Benzodiazepines (Diazepam Clonazepam). In addition, US doctors recommend alternative methods of using generalized anxiety disorder: to use medicines used as valerian medicinal and passionflower.

Psychotherapeutic use should be carried out in relaxation therapy, non-reactive psychotherapy, behavioral psychotherapy, cognitive psychotherapy, cognitive-behavioral psychotherapy.

Psychosocial therapy – psychoeducational work with preservation and its family with the use of their conscious essential developments and therapeutic process, updating functional functioning.

Conclusions. However, pharmacotherapy for generalized anxiety disorder has an extraordinary ability to apply Ukrainian and foreign actions. Ukrainian protocols usually list drugs. At the same time, paying attention, the drug Buspirone in our protocols is included in the 1st therapy, and the Americans – 2 lines, in addition, the FDA does not require the use of the drug.

Increasingly, Ukrainian figures need to update the protocol that generalized the anxiety disorder.

PHARMACOTHERAPY OF DRUG-INDUCED TOXICODERMA

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Introduction. Drug-induced toxicoderma is a pathological response to drugs used in the body. According to the State Expert Center of the Ministry of Health, 15 890 cases of hypertension were recorded for the period from 01.01.2011 to 31.12.2013.

Aim. Familiarize yourself with the protocols of drug-induced toxicoderma.

Materials and methods. We have reviewed and compared Medscape medical recommendations, Msdmanuals and Ukraine activity protocols.

Results and discussion. The pharmacotherapy technique is to detect pathological reactions to medicines and to improve the patient's standard of living. Pharmacotherapy of drug-induced toxicoderma has been used for all glucocorticosteroid counteracting, anti-allergic and antitussive activity. There are also antihistamines II and III, which contain a large number and use the most severe symptoms of allergic reactions. Foreign actions are highly recommended by depressants. They have identified in the skin hypersensitivity listening type and atopic type. The Ukrainian protocols use topical antiseptics in the Dextran or Peroxide area for the topical use of affected oral mucous membranes of the mouth and forbidden to improve the microflora. The preparations of silver and Dexpanthenol were used for the affected skin areas. With regard to US guidelines, desensitization is used to detect drug toxicity, but this type of therapy should be performed in a hospital with experts, and may be considered to be considered to be a therapeutic dose. In order to recommend the European community, they support tricyclic antidepressants in their cream. It is applied to the damaged area of the skin for six hours and has improved skin.

Conclusions. Pharmacotherapy of drug-induced toxicoderma is pathogenetic and symptomatic therapy.