

people fall ill with chlamydia annually in the world. The prevalence of chlamydial infection in the population varies depending on age, with the highest incidence (approximately 70%) observed in people under 25 years of age. In Ukraine, there is a high incidence of chlamydia infection (in 2015, 20048 cases).

Aim. Study of modern standards of medical care for patients with chlamydia infection.

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 chlamydia infection.

Results and discussion. Among patients with STIs, a subjectively asymptomatic course of the disease is observed in 70% of women. In the presence of clinical manifestations, the following symptoms in women can be: mucopurulent cervicitis, vaginal discharge, lower abdominal pain, postcoital or intermenstrual bleeding, dysuria. In approximately 75% of cases, urogenital infection in men proceeds with the following symptoms: urethritis, dysuria, urethral discharge. Diagnosis is achievable only through nucleic acid amplification testing (NAAT).

Treatment for *C. trachomatis* is indicated in case of identification of *C. trachomatis* in clinical specimens or on an epidemiological basis. Chlamydia infection can be treated with antibiotic groups such as tetracyclines (doxycycline), macrolides (erythromycin, clarithromycin, azithromycin, josamycin), fluoroquinolones (ofloxacin, ciprofloxacin). Recommended treatment for uncomplicated infection are doxycycline or azithromycin. However, recent studies have shown a decrease in the effectiveness of treatment of patients with azithromycin to 92%. An alternative therapy in case of contraindications includes erythromycin or ofloxacin.

Conclusion. Thus, we have studied and analyzed the current standards of medical care for patients with chlamydia infection, according to which treatment is performed according individual course of the disease, drug resistance and contraindications.

FIRST PRE-MEDICAL AND PREVENTIVE PHARMACOTHERAPY OF DOGS AND CATS BITES

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Introduction. In Ukraine, the epidemic of rabies has been volatile for the last 30 years. Single cases of diseases are recorded; but there are conditions for their spread. The source and reservoir of rabies are wild and domestic animals of the mammalian class. A person may become infected with rabies from an infected animal through bites or scratches.

Goal. Analysis of literature sources on the provision of first pre-medical aid in the bites of dogs and cats and further antibacterial pharmacotherapy to prevent the development of infection in the bitten wound.

Materials and methods. We have analyzed the Orders of the Ministry of Health of Ukraine № 205 of April 15, 2004; Recommendations from the American Veterinary Medical Association for the prevention of Dog Bite, 2018; Guideline WHO. Rabies vaccines and immunoglobulins: WHO position, 2019.

Results and discussion. Most animal bite wounds can be treated in the hospital's receiving compartment. A thorough examination of the bitten wound is performed to detect deep damage and necrotizing tissue. In order to determine the type of bacteria and their sensitivity to antibacterial drugs, it is recommended to carry out bacterial seeding of the content of the bitten wound.

The key method of infection prevention is irrigation with saline solution or povidone iodine solution. A preventive pharmacotherapy antibacterial agent includes amoxicillin-clavulanate, ampicillin-sulbactam, ticarcillin-clavulanate, piperacillin-tazobactam or carbapenems (imepenem-cilastatin, meropenem), cefuroxime with clindamycin or metronidazole, fluoroquinolones with clindamycin or metronidazole, trimethoprim sulfamethoxazole with clindamycin or metronidazole.

Vaccination is recommended for the prevention of rabies. For this purpose, the vaccines Indirab and Sparrow are used. Vaccination is carried out for 28 days, divided into 5 doses.

Conclusions. For the prevention of rabies it is necessary to carry out comprehensive measures, which include timely first pre-medical aid, preventive pharmacotherapy with antibacterial agents and carrying out vaccinations.

MODERN PHARMACOTHERAPY OF DEEP VEIN THROMBOSIS

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Introduction. Deep vein thrombosis (DVT) remains relevant disease, and the problem of their occurrence, prevention and treatment is still not resolved and debatable in many aspects. In Ukraine, they register annually about 260 cases of DVT and their complications per 100,000 population the mortality rate from pulmonary embolism is 20-25%. There are several risk factors for DVT: over 40 years of age, obesity, history of lower extremity immobilization, stroke, long flight (> 6-8 h, in a sitting position), varicose of lower extremity veins (for people over 60, especially under 45). There are main signs of DVT: edema, pain along the thrombus veins, hyperesthesia of the skin, local fever or erythema of the skin over the area of DVT.

Goal. Analysis of foreign literary sources on the modern pharmacotherapy of DVT.

Materials and methods. We have studied and analyzed American Society of Hematology 2018 Guidelines for venous management thromboembolism: diagnosis of venous thromboembolism

Results and discussion. Anticoagulant pharmacotherapy remains the basis of DVT treatment as it has a number of advantages, low risk complications and the results of its use show a decrease in frequency morbidity and mortality. First line pharmacotherapy consists of direct oral anticoagulants, vitamin K antagonists and low-molecular weight heparin (LMWH). In this case, the preference is given to direct oral anticoagulants before vitamin K. Antagonists oral anticoagulants include Rivaroxaban, Dabigatran, Apixaban. Rivoraxaban is recommended by Food and drug administration (FDA) for treatment DVT or pulmonary embolism and to reduce the risk of recurrent thrombosis after initial treatment. Dabigatran has been approved by the FDA for reduction risk of stroke and systemic embolism in patients with atrial fibrillation. FDA approves Apixaban for Prevention of DVT and pulmonary embolism in adults who have underwent hip or knee replacement surgery. LMWH (Dalteparin, Enoxaparin) is recommended for use when DVT is associated with malignancy. Patients with recurrent DVT who are on anticoagulation treatment, should be transferred to the treatment of LMWH. Patients suffering from recurrent DVT during LMWH therapy should receive an increased dose of LMWH.

Conclusion. The main objectives of DVT pharmacotherapy are prevention pulmonary embolism, reducing the incidence of disease and preventing or minimizing the risk of post-thrombotic syndrome.

PHARMACOTHERAPY OF NAUSEA AND VOMITING

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Inroduction. Nausea, the unpleasant feeling of needing to vomit, represents awareness of afferent stimuli (including increased parasympathetic tone) to the medullary vomiting center. Vomiting is the