

PHARMACOTHERAPY OF NAUSEA AND VOMITING

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Introduction. 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

forceful expulsion of gastric contents caused by involuntary contraction of the abdominal musculature when the gastric fundus and lower esophageal sphincter are relaxed. Nausea and vomiting occur in response to conditions that affect the vomiting center. Causes may originate in the GI tract or CNS or may result from a number of systemic conditions. The most common causes of nausea and vomiting are the following: gastroenteritis, drugs, toxins.

Aim. Searching for scientific literature on current approaches to pharmacotherapy of nausea and vomiting

Materials and methods. Information search modern drugs and treatment approaches were conducted on the basis of information posted on the Internet. Data was obtained from the following worldwide sources: MSDManual, Medscape.

Results and discussion. Treatment for nausea and vomiting is symptomatic. You need to find out the cause of these conditions. Treatment is carried out by a wide group of drugs. Specific conditions, including dehydration, are treated. Even without significant dehydration, IV fluid therapy (0.9% saline 1 L, or 20 mL/kg in children) often leads to reduction of symptoms. Choice of agent varies somewhat with the cause and severity of symptoms. Typical use is the following:

Motion sickness: antihistamines, scopolamine patches, or both mild to moderate symptoms: prochlorperazine or metoclopramide severe or refractory vomiting and vomiting caused by chemotherapy: 5-HT₃ antagonists. Very often used ondansetron, metoclopramide in clinical practice. It is also important infusion wires. Cannabiod-based drugs are used in some countries. Dronabinol and Nabilone have good antiemetic properties.

Conclusions. At present, there are enough drugs available on the pharmaceutical market for the treatment of vomiting and nausea, given the different severity. New drugs are being introduced in treatment (Nabilone, Dronabilon). Many episodes have an obvious cause and benign examination and require only symptomatic treatment.

MODERN PHARMACOTHERAPY OF SEXUALLY TRANSMITTED DISEASES

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Introduction. Sexually transmitted diseases are infectious diseases, combined into one group by their transmission – are mainly sexual. They are among the most socially significant diseases due to their spread and serious consequences, both for the patient's body and for society as a whole. Over the last 3-5 years, the number of reported cases in the CIS countries is up to 200% per year for some nosological forms. Today, more than 1 million cases of sexually transmitted diseases occur every day around the world.

Aim. Study of modern standards of medical care for patients with sexually transmitted diseases.

Materials and methods. We conducted an analysis of articles, an adapted clinical guideline based on evidence, a unified clinical protocol providing medical care to patients with sexually transmitted diseases.

Results and discussion. The main direction of treatment of patients with sexually transmitted diseases is the appointment of etiotropic antibacterial therapy. For the treatment of chancroids, azithromycin 1.0 g orally is recommended once from the macrolide group; from the third generation cephalosporin group ceftriaxone 250 mg IM may be used; from the macrolide group erythromycin 500 mg 4 times a day for 7 days is recommended; or from the group of fluoroquinolones ciprofloxacin 500 mg 2 times a day for 3 days is used. Etiotropic antibiotic therapy for venereal lymphogranuloma includes tetracyclines (doxycycline 100 mg 2 g / day or tetracycline 500 mg 4 times a day for three weeks (21