

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

Sereda L.R.

Scientific supervisor: assoc. prof. Kashuta V.E.

National university of Pharmacy, Kharkiv, Ukraine

sereda.Lizon@gmail.com

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

days); and macrolides (azithromycin 1 g once a week for three weeks). For alternative treatment, as well as pregnant women prescribed macrolides (erythromycin 500 mg 4 times a day for three weeks (21 days). The drugs of choice for the treatment of donovanosis are macrolide preparations (azithromycin 1 g orally 1 time per week or 500 mg / day; erythromycin 500 mg orally 4 times a day); the tetracyclines group (doxycycline 100 mg orally 2 times a day); the group of fluoroquinolones (ciprofloxacin 750 mg orally 2 times a day). Treatment for at least 3 weeks or until all the lesions are completely healed.

Conclusion. Therefore, we analyzed current standards of care for patients suffering from diseases such as chancroid, venereal lymphogranuloma, and donovanosis.

PHARMACOTHERAPY OF CONSTIPATION

Shostak O. I.

Scientific supervisor: ass. prof. Verkhovodova Yu. V.

National University of Pharmacy, Kharkiv, Ukraine

ssostak5@gmail.com

Introduction. Constipation is one of the most common digestive complaints in the world. It is a symptom rather than a disease and, despite its frequency, often remains unrecognized until the patient develops sequelae, such as anorectal disorders.

No widely accepted clinically useful definition of constipation exists. Healthcare providers usually use the frequency of bowel movements (ie, less than three bowel movements per week) to define constipation. However, the Rome criteria, initially introduced in 1988 and subsequently modified three times to yield the Rome IV criteria, have become the research-standard definition of constipation.

Aim. Study and investigate the etiology and pathogenesis of constipation, provide the list of drugs that are most commonly used to treat constipation, describe ways to prevent this disease.

Materials and methods. MEDSCAPE, MEDLINE, US National Library of Medicine resources have been applied for search and analysis up to July 2019.

Results. Medications to treat constipation include bulk-forming agents (fibers), emollient stool softeners, rapidly acting lubricants, prokinetics, laxatives and osmotic agents. Laxatives, Bulk-Producing: bulk-forming agents are used for long-term prophylaxis, treatment of constipation, or both in patients without anatomic outlet obstruction. Laxative, Stimulant; Laxative, Stool Softener: emollient stool softeners cause stool to soften; stimulants increase the peristaltic activity in the gastrointestinal (GI) system. Laxatives, Lubricant: lubricant laxatives are used for acute or subacute management of constipation. They lubricate the intestine and facilitate the passage of stool by decreasing water absorption from the intestine. Prokinetic Agents: prokinetics are promotility agents proposed for use in patients with severe constipation-predominant symptoms. Laxatives, Osmotic: osmotic agents are useful for long-term treatment of constipated patients with slow colonic transit that is refractory to dietary fiber supplementation. Fiber is arguably the best and least expensive medication for long-term treatment, although enthusiasm for the use of polyethylene glycol as first-line therapy in chronic constipation is increasing. It is important to convey to patients that bulk-forming agents generally do not work rapidly and must be used on a long-term basis.

Conclusion. Constipation is a common and often chronic disorder, with multiple symptoms for which few treatment strategies have proven effective. The goal of treatment for patients with constipation is global relief of constipation symptoms and normalization of gastrointestinal motility.