

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

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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.