PHARMACOTHERAPY OF PSYCHIC AND BEHAVIORAL DISORDERS
AFTER THE USE OF PSYCHOACTIVE SUBSTANCES
Stronskaya V.V.
Scientific supervisor: ass. prof. Verkhovodova Y.V.
National University of Pharmacy, Kharkiv, Ukraine
stronskayavv@gmail.com

Introduction. Substance-induced mental disorders are mental changes produced by substance use or withdrawal that resemble independent mental disorders. Manifestations are categorized into impaired control over use, social impairment, risky use, and pharmacologic symptoms. Treating substance use disorder is challenging and includes one or more of the following: acute detoxification, prevention and management of withdrawal, cessation (or rarely, reduction) of use, maintenance of abstinence. Different treatment phases may be managed with drugs and/or counseling and support. Specific measures and issues are discussed under the specific substance elsewhere in The Manual, including Alcohol Use Disorders and Opioid Use Disorder.

Purpose of the study. Explore the best pharmacotherapy methods for treating mental and behavioral disorders. And the selection of effective drugs for disorders and their symptoms.

Materials and methods: MEDSCAPE, MEDLINE, USA guidelines.

Results: For alcoholism treatment: Disulfiram (Lidevin). For 125-500 mg 2 g / day After 7-10 days of therapy disulfiram alcohol test (20-30 ml of 40% vodka after receiving 500 mg of the drug), with a weak reaction increase the dose of alcohol by 10-20 ml (maximum dose is 100 – 120 ml). Esperal Gel – solution (1300 mg). It is implanted in the form of a prick under the shoulder blade. The duration of the drug is determined by its dosage and ranges from 6 months to 5 years.). Campral (acamprosate). Patients weighing more than 60 kg are prescribed 2 tabs 3 g / day. Patients weighing less than 60 kg are prescribed 4 tabs / day (2 tabs in the morning and 1 tab in the day and evening). The duration of the recommended treatment period is 1 year. For the treatment of barbiturate overdose: Benzodiazepine receptor antagonist 0.2 mg v / v for 30 sec; 0.3 mg can be given after 30 seconds and then 0.5 mg every 1 min to a total of 3 mg. For the treatment of cocaine overdose: Lorazepam 2 - 3 mg i / v for 5 min is titrated to effect. High doses and continuous infusion may be required. For the treatment of tobacco dependence: Varenicline 0.5 mg once daily for 3 days, then 0.5 mg 2 times daily for 4 days, then 1 mg twice daily for 12-24 weeks.

Conclusions: The results of the studies showed that these drugs are better to fight physiological disorders after taking psychoactive substances. And found wide application in the world.

MODERN PHARMACOTHERAPY OF ADDISON DISEASE
Suiarko B. R.
Scientific supervisor: assoc. prof. Savokhina M.V.
National University of Pharmacy, Kharkiv, Ukraine
dana.suyarko@gmail.com

Introduction. Addison disease, also known as primary adrenal insufficiency and hypocortisolism, is a long-term endocrine disorder in which the adrenal glands do not produce enough steroid hormones. Addison disease is a rather rare pathology, so creating new guidelines and drugs to cure it is not prioritized. However, pharmacotherapy of Addison disease changes with time and a really good medical specialist should know about latest ways of treatment even for such uncommon disease.

Aim. To review treatment protocols of Medscape, MSD Manuals and International Journal of Endocrinology to determine the drugs and dosages, which are the most commonly used nowadays.

Matheerals and methods: Were used for research methods of search, collection, systematization, comparison, analysis and information processing. Foreign treatment protocols from the sources, that have