

ACTUAL PROBLEMS OF SCIENCE AND PRACTICE

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Abstracts of XIV International Scientific and Practical Conference

Stockholm, Sweden
27-28 April 2020

ACTUAL PROBLEMS OF SCIENCE AND PRACTICE

Library of Congress Cataloging-in-Publication Data

UDC 01.1

The 14 th International scientific and practical conference «ACTUAL PROBLEMS OF SCIENCE AND PRACTICE» (27-28 April, 2020). Stockholm, Sweden 2020. 673 p.

ISBN - 978-1-64871-632-4

Published on **Bookwire™**
by Bowker
<https://www.bookwire.com/>

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The recommended citation for this publication is:

Albul S., Formation of an integrated approach to the legislative regulation of the operatively-search activities of the national police of ukraine // Actual problems of science and practice. Abstracts of XIV international scientific and practical conference. Stockholm, Sweden 2020. Pp. 18-22.

Url: <http://isg-konf.com>

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ACTUAL PROBLEMS OF SCIENCE AND PRACTICE
COMPLIANCE OF PATIENTS AS AN IMPORTANT
FACTOR OF IMPROVING PHARMACOTHERAPY
EFFICIENCY

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Today, there is ample evidence that patient adherence to pharmacotherapy – compliance is a very important factor in improving the effectiveness of pharmacotherapy. According to the Oxford English Dictionary, compliance is an action in compliance with a request or command, obedience. In the medical sense, compliance is the patient's willingness to follow the physician's recommendations, their honesty and their propensity to treatment. According to US studies, about 33% of patients do not follow the doctor's recommendations. Moreover, 1 hour after communicating with the doctor, 60% of patients cannot recall and say that their doctor specifically recommended them. On the other hand, studies on assessment of adherence to treatment have clearly shown a direct correlation between the number of pills and adherence to treatment.

Current guidelines on the pharmacotherapy of various diseases place first on the recommendations for the use of two or more drugs contained in a single dosage form, such as a capsule or tablet (fixed-dose combination). Such tablets are called polypill. In July 2019, the World Health Organization (WHO) reviewed recommendations for the use of fixed-dose combination of antihypertensive drugs, followed by their inclusion in the WHO List of Essential Medicines [1]. The main advantage of fixed-dose combination in one tablet as conventional pharmacotherapy is that patients can receive one, two or three medicines, while remaining in a simple treatment with a single tablet. Initiation of treatment in most patients with a single tablet containing two drugs is improved the speed, effectiveness and predictability of disease control. In addition, the combination of two or more drugs in one tablet allows you to influence different mechanisms of the disease, which certainly increases the effectiveness of pharmacotherapy. It was found that the use of two or more drugs in one tablet is safe and well tolerated, with some adverse events leading to termination of infrequent pharmacotherapy.

The undisputed leader in the fixed-dose combination recommendation is the Guideline for the management of arterial hypertension [2]. In most patients, even starting therapy is recommended to begin with two-drug antihypertensive therapy. It is important to note that the level of evidence of initiation of treatment with a fixed combination (one-pill strategy) belongs to class IB.

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Current Guidelines for pharmacotherapy for chronic viral hepatitis C also include the use recommendations of use a combination of three direct-acting antiviral agents, and this treatment is known as the 3D regimen. The researchers report that six previously conducted phase 3 trials have shown the stable virologic response rates of 92% to 99% in patients infected with hepatitis C genotype 1 [3].

The use of fixed-dose combinations of drugs applies not only to tablets but also to inhaled forms of drugs. Updated GINA-2019 recommendations show that the use of fixed combinations of inhaled corticosteroids with short- or long action beta-agonists reduces the incidence of bronchial asthma exacerbations and improves disease control [4].

By reducing the number of pills a person must take each day, fixed-dose combination drugs can help improve compliance of patients to pharmacotherapy regimen which in turn will increase the effectiveness of pharmacotherapy

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