compared to 2019 (31%) and with a lower rate than in 2018, when 40% of cases were registered. Compared to previous years (2019, 2018), in 2020 was an increase in the age range in which the maximum number of cases was recorded in men (25-29 years). As in 2018 and 2019, in 2020, the highest number of cases was registered among the socio-economically disadvantaged categories (trade and food workers, unemployed men). Based on our obtained results, the treatment performed was: Ceftriaxone, 1 g i.m. or i.v., once a day, 7 days, or Cefotaxime 1g i.v. each 8 hours. International guidelines also recommend Spectinomycin, 2 g i.m., twice a day, 7 days, but Spectinomycin is not available in Moldova. Therapeutic regimens with ceftriaxone and cefotaxime may be maintained 24-48 hours after symptoms relief and continued with cefixim 400 mg orally twice daily until at least one week of antimicrobial treatment is completed. In our study, the antibiotics of choice were: Ceftriaxone - 250-500 mg, in a single dose, i.m. (53%); Cefuroxime - 500 mg, i.m., in a single dose, or 1 g orally (21%); Cefotaxime - 1 g, i.m., in a single dose (14%); Cefixime - 400-800 mg, p.o., single dose (7%); Ciprofloxacin - 250-500 mg, p.o., in a single dose (48%); Ofloxacin - 400 mg, p.o., in a single dose (25%). The treatment of disseminated gonococcal infection lasted 7-10 days and was as follows: Ceftriaxone 1 g, i.m. or i.v., every 24 hours (57%), Cefotaxime 1 g, i / v, every 8 hours, (12%), Ciprofloxacin 500 mg, i / v, every 12 hours, (31%). The effectiveness of the treatment is attested by tests to control healing by microbiological examination: in men - over 7-10 days; if necessary, the control is performed after a food and / or drug challenge. The patient is considered treated if clinical symptoms are absent and laboratory tests do not confirm the presence of gonococci during monitoring. Bacterial resistance is the main concern about the future of antibiotic therapy. Therefore, it is considered absolutely necessary and essential to avoid the uncontrolled administration of antibiotics, in order to prevent the development of resistance and possible complications. Treatment according to the Guide of Diagnosis and Treatment of Sexually Transmitted Infections was performed in only 65% of cases in total. Treatment according to contemporary guidelines was more likely to be prescribed to patients who presented to the dermatovenerology clinic (89%) than to patients who presented to either the family doctor (32%) or a hospital with general profile (12%).

Conclusions. In our study, the antibiotics of choice in the treatment of gonorrhea were cephalosporins (ceftriaxone (53%), cefuroxime (21%) and fluoroquinolones (ciprofloxacin (48%) and ofloxacin (25%)). Treatment according to the Guide of Diagnosis and Treatment of Sexually Transmitted Infections was performed in only 65% of cases in total. Thus, the success of effective treatment of gonorrhea is the collaboration between dermatovenereologist, family doctor and clinical pharmacist.

PHARMACOTHERAPY OF HYPERTENSION

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Introduction. Hypertension is a disease of the cardiovascular system that develops as a result of primary dysfunction of higher vascular control centers, neurohumoral and renal mechanisms, characterized by increased systolic and / or diastolic blood pressure, and in severe stages - organic changes in the heart, kidneys and central nervous system. This is a stable increase in pressure up to 140/90 mm Hg.

Aim. Get acquainted with modern protocols for the treatment of hypertension.

Materials and methods. We reviewed the medical recommendations of Medscape and Ukraine activity protocols.

Results and discussion. The goal of pharmacotherapy is to lower blood pressure. According to the recommendations, the first goal in the use of drugs that reduce blood pressure should be to reduce blood pressure to <140/90 mm Hg. Art. in all patients. Given the good tolerability of treatment in most patients should use target blood pressure values ≤130 / 80 mm Hg. art., although in some groups the data are less convincing. In elderly patients (> 65 years), CAT should be in the range of 130–140 mm Hg. Art., DAT - <80 mm Hg. Art. During treatment, the level of CAT should not be reduced to <120 mm Hg. Art. Pharmacotherapy of hypertension includes the use of 5 classes of drugs: angiotensin-converting enzyme inhibitors (lisinopril, captopril, ramipril, perindopril and others), angiotensin II receptor blockers (valsartan, candesartan, telpicarreceptor and others). , verapamil, nifedipine prolonged form and others) and diuretics (thiazide, thiazide-like). Domestic protocols state that therapy should be started with diuretics. Thiazides on thiazide-like diuretics are preferred. Loop diuretics are also used, but more limited due to the high risk of hypokalemia. Angiotensin-converting enzyme inhibitors are very effective at high plasma renin concentrations, for example, with long-term use of diuretics. Concomitant use of a calcium channel blocker or diuretic significantly increases the effectiveness of the angiotensin-converting enzyme inhibitor. Antihypertensive drugs for patients with diabetes or kidney disease should always include an angiotensin-converting enzyme inhibitor or angiotensin II receptor blockers. Angiotensin receptor blockers affect the renin-angiotensin-aldosterone system. They are suitable for patients who develop adverse effects of an angiotensin-converting enzyme inhibitor, such as dry cough. Calcium channel blockers are suitable for the elderly, physically active patients and patients with coronary heart disease when beta-blockers are contraindicated. The effect of lowering blood pressure is good, especially in elderly patients. Beta-blockers are first-line antihypertensive drugs for patients with coronary heart disease or arrhythmias. They are suitable for young hyperactive patients who experience symptoms of stress, such as sweating, emotional stress and palpitations. They can also be used in combination with other antihypertensive drugs. Tolerability and efficacy are better in selective beta-blockers than in non-selective ones.

The results of studies show that combination therapy with two drugs allows you to control blood pressure in approximately ⅔ patients. Preference is given to combining an angiotensin-converting enzyme inhibitor or an angiotensin receptor blocker with a calcium channel blocker and / or a thiazide diuretic. In individuals who are unable to control blood pressure by combination therapy with two drugs, a logical option is to increase treatment to combination therapy with three drugs: usually an angiotensin-converting enzyme inhibitor or an angiotensin receptor blocker and a calcium channel blocker or ditiate calcium channel blocker. If the patient has tried all 5 groups of drugs, combinations, and a sufficient reduction in blood pressure is not detected, then move on to 2 lines of therapy.

Conclusions. For the treatment of hypertension are usually used drugs of the 1st line. At what foreign colleagues note that it is necessary to prefer combination therapies. Line 2 drugs are used only if line 1 is not effective, or if the patient has a history of benign prostatic hyperplasia (doxazosin, prozazine) or if hypertension in a pregnant woman (methyldopa). The analysis of modern protocols showed that the market has a sufficient number of drugs with an evidence base for the treatment of hypertension.