Materials and methods. Modern protocols of Ukraine have been considered and compared with foreign ones, which were published in the Medscape database.

Results and discussion. The goal of pharmacotherapy is to eliminate acute symptoms and prevent the disease relapse in future. Treatment of allergic rhinitis takes place in 2 stages. The therapy at the first stage is completely directed to acute symptoms of the disease eliminating. For this purpose, the effect of pathogenic allergens is eliminated and antihistamines and sorbents are prescribed. In turn, antihistamines effectively eliminate such symptoms such as sneezing, runny nose, itching and tearing. Such preparations are widely used in combination with decongestants that eliminate nasal congestion. Doctors often prescribe eye drops to relieve redness, itching and tearing. The second stage of allergic rhinitis treatment is aimed at disease relapse preventing in future and increase the body's resistance. For this purpose, corticosteroid preparations are used together with antihistamines. They help to eliminate the symptoms of allergic rhinitis, because they are the most effective remedies for most people. Also intranasal anticholinergic remedies (that reduce rhinorrhoea), mast cell stabilizers (which inhibit mast cell degranulation and affect the granulocyte chemotaxis), leukotriene receptor antagonists (alternative to oral antihistamines), anticongestant remedies and decongestants that stimulate vasoconstriction by direct activation of α-adrenergic receptors of the respiratory mucous membrane, are used. One of a few methods of allergy treatment that allows to ensure a stable health condition for many years is allergy-specific immunotherapy. This method prevents the symptoms appearance and "switches" the mechanisms of the human immune system.

Conclusions. The patients' proper treatment with allergic rhinitis provides complete control of the disease.

MODERN PHARMACOTHERAPY OF ANAPHILAXIS

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Introduction. Anaphylaxis (anaphylactic shock) is a systemic generalized immediate-type response to allergen re-administration due to massive IgE-mediated mediator release. Every year the number of anaphylactic reactions increases, especially to drugs, which can reach 0.5-1.6% of patients.

Aim. Analysis and research of ukrainian and foreign recommendations regarding complex pharmacotherapy of anaphylactic shock.

Materials and methods. We have compared ukrainian Unified clinical protocol for primary, emergency, secondary (specialized) and tertiary (highly specialized) care: medical care "Drug allergy, including anaphylaxis" with similar recommendations from NICE, SIGN.

Results and discussion. To provide emergency medical care, epinephrine should be administered intramuscularly in the middle of the outer thigh at a dose of 0.01 ml / kg body weight to a maximum total dose of 0.5 ml. When using an autoinjector with epinephrine, patients weighing 7.5 kg to 25 kg should receive 0.15 mg; 25-30 kg – 0.3 mg. The dose can be repeated after at least a 5-minute interval. After administration of epinephrine it is necessary to stop action of the trigger of anaphylactic reaction. Next, a patient with anaphylaxis should be placed on his back with his lower limbs raised if he has circulatory instability, transferred to a sitting position if he has respiratory failure, or to a rescue position on his side if the patient has lost consciousness.It is then necessary to

provide intravenous fluids to patients with cardiovascular instability. Electrolytes are injected bolus 20 ml / kg (5-10 ml / kg in the first 5-10 minutes – an adult; 10 ml / kg – a child). Inhaled short-acting β2-agonists salbutamol (2 breaths 1-2 times), fenoterol (1 breath 1 time) can be additionally administered to relieve the symptoms of bronchospasm. Antihistamines may be recommended for a patient with anaphylaxis with stable hemodynamics. It is preferable to use blockers of H1-histamine receptors of the second generation – loratadine, cetirizine, fexofenadine. Glucocorticosteroids (GCS) are widely used in anaphylaxis to prevent prolonged symptoms of anaphylaxis, especially in patients with concomitant asthma, as well as with a biphasic reaction. Parenteral corticosteroids may be prescribed immediately after the use of epinephrine and antihistamines.

Conclusions. Thus, according to modern protocols for the pharmacotherapy of anaphylactic shock, the use of epinephrine, electrolyte solutions, antihistamines and corticosteroids is recommended.

IN VIVO STUDY OF ANTICONVULSANT ACTIVITY AND RELATED PSYCHOTROPIC PROPERTIES OF 5-[(*Z*)-(4-NITROBENZYLIDENE)]-2-(THIAZOL-2-YLIMINO)-4-THIAZOLIDINONE

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Introduction. The problem of epilepsy treatment is one of pressing issue in modern neurology and psychopharmacology. The prevalence of epilepsy reaches 1% of worldwide population but 1/3 of patients do not achieve control of seizures. Thiazolidinone derivatives are promising for the creation of compounds with neurotropic properties, including anticonvulsants.

The aim. To identify a leader compound among thiazolidinone derivatives, to study its anticonvulsant activity and related psychotropic properties.

Materials and methods. Objects of study: 31 new thiazolidinone derivatives synthesized under the guidance of prof. R. B. Lesyk at Danylo Halytsky Lviv National Medical University. Albino mice were used, that were kept according to conditions of the Europian Directive for experimental animals. For screening two basic seizure models with different mechanism were selected: pentylenetetrazole (PTZ) and maximal electroshock (MES) test. The neurotransmitter activity profile of test compound was determined in seizure models induced by thiosemicarbazide, strychnine, picrotoxin, camphor and caffeine. Related psychotropic properties were studied in an open field test, elevated plus maze, tail suspension test, passive avoidance test and swimming test with a load of 10% by weight of the animal.

Results and discussions. At the first stage of screening, the leader compound 5-[(*Z*)-(4-nitrobenzylidene)]-2-(thiazol-2-ylimino)-4-thiazolidinone was determined from 31 synthesized derivatives. The effectiveness of the compound in PTZ and MES indicates a stimulating effect on GABA-ergic receptors and blockade of Na^+-channels. At the second stage of study the compound 5-[(*Z*)-(4-nitrobenzylidene)]-2- (thiazol-2-ylimino)-4 thiazolidinone was found to be highly effective in picrotoxin and caffeine seizure models. This indicates an active counteraction to the blockade of the chloride channel of the $GABA_A$-complex by picrotoxin and the strengthening of adenosynergic mechanisms with the intensification of inhibitory processes in the CNS. An in-depth study of the psychotropic properties of 5-[(*Z*)-(4-nitrobenzylidene)]-2-(thiazol-2-ylimino)-4 thiazolidinone has shown no effect on behavioral and emotional reactions, muscle tone and