In the experimental third group of white rats in the lymphoid plaque, the lymph nodules averaged 23.52 ± 0.32 , in the fourth group the number of lymph nodes in the Peyer's plaque was 19.32 ± 0.42 .

Conclusions. The effect of polypharmacy, namely, when using a large amount of antiinflammatory drugs, affects the intestinal-associated lymphoid tissue. In the wall of the jejunum, it was accompanied by a decrease in the density of single lymphoid nodules by 1 sm2 and in the number of lymphoid nodules in the lymphoid plaque, depending on the use of amounts of drugs.

PHARMACOTHERAPHY OF OSTEOPOROSIS

Nasteka M.V. Scientific supervisor: Kireev I.V., Tsemenko K.V. National University of Pharmacy, Kharkiv, Ukraine nastekamaria@gmail.com

Introduction. Osteoporosis is a systemic skeletal disease characterized by a decrease in bone mass per unit volume and a violation of bone microarchitecture, which leads to an increase in bone fragility and a high risk of their fractures. In Ukraine, 2,500,000 women and 900,000 men. 50% of patients become disabled due to20% die from complications of this disease. The results show that osteoporosis in our country is becoming an unpredictable epidemic, which can be prevented if a national programme for the diagnosis, prevention and treatment of the disease and its complications.

Aim. Optimization of pharmacotherapy of osteoporosis, joke of the involved methods of diagnosis of that pharmakoterap i ï.

Materials and methods. We have considered modern evidence-based treatment protocols for osteoporosis. Diagnosis of osteoporosis includes: clinical from the collection of history (interviewing, objective examination, physical examination with anthropometry) radiation (radiographic, tomographic and densitometric methods) diagnosis; biochemical studies, biopsy studies, FRAX diagnostics.

Results and discussion. Pharmacotherapy of osteoporosis consists of calcium preparations, vitamins of group D (D_2 , D_3), the use of basic anti-osteoporetic agents: bisphosphonates (alendronate, ibandronate, zolendronicrisedronic acids), menopausal hormone therapy (raloxifene, bazedoxifen, thibolone), human monoclonal ab (denosmal antibody). Prevention includes: nutrition, including intake of calcium, vitamin D, vitamin K, magnesium, proteinsisoflavones; physical exercises; prevention of falling; smoking cessation avoiding alcohol.

Conclusions. Diagnosis and pharmacotherapy of osteoporosis is still quite expensive and not quite available in Ukraine.

HARMACOTHERAPY OF HYPERTENSION CRISIS.

Pismenchuk K.S Scientific supervisor: Tolmacheva K.S National University of Pharmacy, Kharkiv, Ukraine pismenchuk20@gmail.com

Introduction. Hypertensive crisis - a sudden increase in blood pressure to individually high numbers, accompanied by deepening or the emergence of new signs of cerebral or coronary circulation with the development of neurovascular and humoral changes and associated with a sharp excitation of the sympathetic-adrenal system.

Aim. Get acquainted with modern protocols for the treatment of hypertensive crisis.

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

Results and discussion. The goal of pharmacotherapy is a rapid reduction in blood pressure. Hypertensive crises are classified as uncomplicated (without acute or progressive damage to target organs, require normalization of blood pressure within an hour) or day and complicated (with acute or progressive damage to target organs, require a decrease in blood pressure within an hour). Treatment of uncomplicated hypertensive crisis depends on its form. In the neurovegetative form, it is appropriate to use Nifedipine at a dose of 180 mg per day, in the absence of effect, use Clonidine to achieve the required blood pressure; with insufficient effect - loop diuretic - Furosemide 40 mg; in case of emotional stress, Diazepam 5-10 mg orally, IV or IV is additionally recommended; while maintaining tachycardia - Propranolol 20-40 mg under the tongue or inside. In the water-salt form, a combination of the diuretic Furosemide 40-80 mg orally once and Nifedipine 10 mg sublingually every 30 minutes is used. to stabilize blood pressure or Furosemide 20 mg orally once and Captopril + Hydrochlorothiazide 6.25 mg under the tongue or orally, and then 25 mg every 30-60 minutes. to normalize blood pressure. With insufficient effect: Furosemide 20-40 mg intravenously; at the expressed neurologic symptomatology intravenous administration of 240 mg of Theophylline can be effective. The convulsive form of the crisis is treated with the following drugs: Diazepam 10-20 mg intravenously slowly until the seizure is eliminated, in addition, you can prescribe Magnesium sulfate 2.5 g intravenously very slowly; Furosemide 40-80 mg intravenously slowly. According to the recommendations of the Ukrainian Association of Cardiologists, the treatment of complicated hypertensive crises includes the following drugs: weight loss in case of overweight or obesity. Delayed treatment of a hypertensive crisis can cause irreversible consequences or death.

Conclusions. For the treatment of hypertensive crisis, different groups of drugs are used to rapidly reduce blood pressure. Pharmacotherapy depends on the form of hypertensive crisis (neurovegetative, water-salt or convulsive)

PHARMACOTHERAPY OF ACUTE CYSTITIS

Pugach N. Scientific supervisor: Tsemenko K.V. National University of Pharmacy, Kharkiv, Ukraine natali.pugach89@gmail.com

Introduction. Cystitis is inflammation of the lining of the bladder. Acute cystitis is one of the most common urological diseases characterized by periodic exacerbation of symptoms. The most common cause is bacteria, especially E. coliklebsiella (Klebsiella spp), staphylococcus (Staphylococcus saprophyticus). Before clinical symptoms appear: increased painful urination in small portions, pain in the supralobic, nicturia (night urination), feeling of incomplete emptying of the bladder, general malaise

Aim. Optimization of pharmacotherapy of acute cystitis, search for the most modern methods of diagnostics, pharmacotherapy and prevention of acute cystitis

Materials and methods. We have considered modern evidence-based treatment protocols for acute cystitis.

Results and discussion. Antibacterial preparations are used for treatment in accordance with the sensitivity of the isolated flora (phosphomycin trometmol 3 g per os). Also, the preparation of choice is nitrofurantoin (100 mg 2 times a day for 5 days). The antibacterial drug co-trimoxazole