

Щодо можливої конкуренції між лікарями та клінічними фармацевтами з питань призначень, на нашу думку підстав для конкуренції не має бути, оскільки ніхто не обмежує повноваження лікарів, адже саме лікуючий лікар відповідальний за призначення ЛЗ пацієнту, а клінічний фармацевт лише модеруватиме та визначатиме межі даних призначень. Тобто йдеться не про обмеження діяльності лікаря, а про дотримання певних рамок, за якими слідкує клінічний фармацевт.

Крім того, впровадження ефективної моделі страхової медицини дозволить розширити функціональний спектр діяльності клінічних фармацевтів і вивести цю ланку охорони здоров'я на новий рівень якості, що полегшить євроінтеграцію сфери охорони здоров'я України.

## THE PHARMACIST'S ROLE IN OPTIMIZING MEDICATION MANAGEMENT IN PATIENTS WITH CHOLELITHIASIS

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**Introduction.** Gallstone disease and complications from gallstones are a common clinical problem. The most common form of gallbladder disease is cholelithiasis (gallstones). The clinical presentation ranges between being asymptomatic and recurrent attacks of biliary pain requiring elective or emergency treatment. Bile duct stones are a frequent condition associated with cholelithiasis. The most frequent symptom is biliary pain, which is usually constant rather than discontinuous and appears when the gallbladder exit is obstructed by a stone. Most often it occurs in the right upper quadrant but can occur in the epigastrium, retrosternal area, or also the upper left quadrant. This pain has a typical irradiation to the ipsilateral scapula. Pain may be associated with vomiting, and it usually resolves completely but is often associated with other symptoms including flatulence, dyspepsia, and abdominal bloating.

**The aim of the study.** Study the role of the pharmacist in optimizing medication management in patients with cholelithiasis.

**Materials and methods.** General scientific and theoretical research methods were used.

**Results.** Pharmacists play an integral role in the management of patients with cholelithiasis. They are in a unique position to provide patient education and management of risk factors associated with cholelithiasis development and recurrence. Nutrition and lifestyle changes may be beneficial for the prevention and treatment of cholelithiasis. Because obesity is associated with an increased risk of cholelithiasis, weight loss may help prevent gallstone formation. However, excessively rapid weight loss may promote gallstone formation. Dietary factors that may help prevent gallstone formation include polyunsaturated fat, monounsaturated fat, fiber, and caffeine. Fish oil and moderate alcohol consumption have been shown to lower triglycerides, lessen bile cholesterol saturation, and increase HDL. Asymptomatic patients generally do not require treatment. Surgery is the most

common treatment, but nonsurgical alternatives are available for patients who cannot or are unwilling to undergo surgery.

Oral bile acids used for the dissolution of gallstones include chenodeoxycholic acid and ursodeoxycholic acid. Oral bile acids are most effective for small gallstones (0.5-1 cm) and may take up to 24 months to clear the stones. Ursodeoxycholic acid is the most commonly used oral bile acid, secondary to its safer side-effect profile compared with chenodeoxycholic acid. Chenodeoxycholic acid is associated with dose-dependent diarrhea as well as with hepatotoxicity, hypercholesterolemia, and leukopenia, all of which limit its use.

**Conclusions.** Pharmacists can play a role in the treatment of gallbladder disease by educating patients about the risk factors for gallbladder disease – particularly cholelithiasis – and about how the risk can be reduced with proper nutrition, diet, exercise and rational use of medications.

## **ALGORITHMS FOR IMPROVING PHARMACEUTICAL CARE WHEN USING A GROUP OF ANTIPSYCHOTIC DRUGS**

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**Introduction.** Persistent indicators of the prevalence of mental disorders, pathological conditions and mental illnesses occupy a significant place among the causes of inefficiency, disability and mortality of the population in all developed countries of the world. The realities of today are such that a protracted war is raging in our country – "endless February". These factors lead to the development of stress, psychological trauma, persistent crisis situations associated with military operations. A pronounced trend towards an increase in mental disorders and morbidity among people of working age determines the great social significance and relevance of this problem in modern clinical medicine. Doctors, pharmacists and clinical pharmacists constantly use psycholeptic drugs in their practice and use the principles of pharmaceutical care. Pharmaceutical care in the use of rational therapy is the basis for successful treatment of patients with a neuropsychiatric profile and ensuring the prevention of possible complications. Improvement of the main criteria of pharmaceutical care concerns increasing the effectiveness of the use of medicines, as well as reducing their side effects, negative effects, which are necessary conditions for high-quality therapy and are relevant from the standpoint of clinical pharmacy.

**Aim research.** Modern improvement and optimization of the algorithm of pharmaceutical care when prescribing a group of antipsychotic drugs (neuroleptics) in patients with neuropsychiatric pathology.

**Materials and methods.** Conducting a clinical and pharmaceutical study to optimize the modern use of pharmaceutical care when prescribing a group of antipsychotic drugs with the analysis and clinical processing of questionnaire data for patients with neuropsychiatric pathology.

**Results.** The processed and systematized results of the clinical and pharmaceutical analysis of the use of antipsychotic drugs in the treatment of common