

ТЕЗИ НАУКОВО-ПРАКТИЧНОЇ КОНФЕРЕНЦІЇ «ВСЕУКРАЇНСЬКИЙ РЕВМАТОЛОГІЧНИЙ ФОРУМ–2024 З МІЖНАРОДНОЮ УЧАСТЮ», 23–25 ЖОВТНЯ 2024 Р.

1. PECULARITIES OF DRUG THERAPY OF CORONARY ARTERY DISEASE IN COMBINATION WITH POSTMENOPAUSAL OSTEOPOROSIS

N.S. Mykhailovska¹, I.O. Stetsiuk²

¹Department of general practice — family medicine and internal diseases

²Zaporizhzhia State Medical Pharmaceutical University Zaporizhzhia, Ukraine

Aim of the study. To evaluate the clinical effectiveness of the supplementary inclusion of a combination of sodium alendronate and L-arginine hydrochloride to a basic treatment in women with coronary artery disease (CAD) comorbid with postmenopausal osteoporosis (PMOP).

Investigation methods. The sub-sectional open, transverse, monocentric clinical study in parallel groups included 58 postmenopausal women with a diagnosis of CAD: stable angina pectoris of II-III functional class, and PMOP (mean age 71 (65; 77) years). Using the method of randomization, the patients were divided into two groups: 1 group consisted of 27 women who received standard basic therapy; group 2 included 31 women, who, in addition to basic therapy, were prescribed a combination of sodium alendronate and L-arginine hydrochloride according to the scheme. In all patients (before treatment and after 3 months of therapy), the level of biomarkers of bone (osteoprotegerin, osteocalcin) and vessel remodeling (homocysteine, VEGF-A) was assessed, additional ECG monitoring and heart echocardiography were performed.

Results. When compared the indicators of the structural and functional state of the heart and blood vessels, in patients of the 2nd group, after 3 months of treatment, a significant change in the size of the IMC of the right CCA was revealed by 7.95%, a change in the size of the LA by 16.83% if compared to the initial data ($p < 0.05$). The dynamic study in two groups after 3 months of treatment revealed a significantly greater change in the size of the IMC of the right CCA in group 2 — by 5.68% ($p < 0.05$), in LA size — by 6.22% ($p < 0.05$).

After 3 months of monitoring the results of preliminary ECG monitoring in patients of group 2, there was a significant change in the number of tachycardia episodes per day (1.8 times; $p < 0.05$), an increase in RMS-SD (by 74.36%; $p < 0.05$), decrease in LF (by 54.69%; $p < 0.05$), increase in HF (by 73.71%; $p < 0.05$). In both groups of patients there was a significant change in the number of episodes of supraventricular extrasystole per day (by 11.54% and by 34.52% respectively; $p < 0.05$) and the correlation between LF/HF in active

and passive period. Patients of the 2nd group if compared to those of the 1st group, after 3 months of treatment there showed fewer episodes of ventricular and supraventricular extrasystoles, a greater decrease in LF, and also a significantly greater increase in HF.

When assessing the level of bone and vascular biomarkers under the treatment in patients with CAD and PMOP, which received basic therapy, a significant decrease in the level of VEGF-A was observed (by 20.09%; $p < 0.05$). In patients who received the combination therapy, there was a decrease in the level of VEGF-A (by 25.41%; $p < 0.05$), as well as homocysteine (by 10.72%; $p < 0.05$), osteoprotegerin (by 2 times; $p < 0.05$). After 3 months of therapy, in patients of the 2nd group, if compared to the patients of the 1st group, osteocalcin, VEGF-A and osteoprotegerin levels were significantly lower.

Conclusions. In postmenopausal women who have a combined course of CAD and PMOP, the use of a combined treatment regimen has a positive effect on the condition of the endothelium and indicators of structural remodeling of the heart, on the processes of autonomic regulation of cardiac activity, and reduces the imbalance of bone and vascular biomarkers. Therefore, it is advisable to use the indicated treatment scheme in order to reduce the risk of developing cardiovascular complications and osteoporotic fractures in postmenopausal women.

2. STATE OF ENDOTHELIAL FUNCTION AND ITS CORRECTION IN PATIENTS WITH RHEUMATOID ARTHRITIS

O.I. Palamarchuk, S.L. Podsevahina, I.M. Fushtey

Zaporizhzhia State Medical and Pharmaceutical University, Faculty of Postgraduate Education Department of internal diseases, Zaporizhzhia

Systemic inflammation and dysfunction of the immune system are among the leading factors in the development of cardiovascular pathology in rheumatoid arthritis (RA), and the endothelium is the primary target of inflammation mediators. The positive effects of omega-3 polyunsaturated fatty acids (omega-3 PUFA) has been proven in many multicenter clinical studies, which have revealed a clear relationship between the level of intake of these acids in the human body and a decrease in morbidity and mortality from cardiovascular pathology, primarily from acute coronary syndrome and stroke. At present, it is of interest to assess their impact on such pathogenetic aspects as immune-inflammatory reactions and endothelial dysfunction in patients with systemic inflammatory diseases, in particular RA. There are data in the literature that ω -3 PUFAs partic-