



BOOK OF ABSTRACTS



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281. Factors affecting the mortality of terminal cancer patients

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Introduction: It is extremely important to know the predictors of mortality of cancer patients. Due to knowledge about this problem we can extend patients' life and increase quality of it. The predisposing factors of mortality of terminal cancer patients need further exploration.

Aim: The goal of our study was to determine factors connected with mortality in patients with terminal cancer.

Materials and methods: 242 terminal cancer patients admitted to Palliative Care Unit were retrospectively analyzed. Detailed physical examination, medical history including history taken from family and care givers was taken upon admission. Laboratory parameters including morphology, sodium, potassium, total and ionized calcium, LDH were taken on admission. We used univariate and multivariate logistic regression analysis to determine factors connected with mortality of cancer patients.

Results: For 56,61% of patients death was the endpoint of hospitalization. They patients had more often dyspnea (OR=Odds Ratio=1,938, CI95%=Confidence Interval 95%=:1,112-3,376; p=probability value=0,0195), dyselectrolytemia (OR=2,973, CI95%=1,737-5,089, p=0,0001), dehydration (OR=2,533, CI95%=1,459-4,397, p=0,001) and neuropsychiatric symptoms during hospitalization (OR=1,923, CI95%=1,026-3,607, p=0,0414) than patients without such symptoms. The patients also were treated with opioids more often (OR=1,972, CI95%=1,074-3,624; p=0,0286) and had more often oxygen therapy (OR=2,987, CI95%=1,16-7,694, p=0,0234). Multivariate logistic regression analysis after adjustment for possible confounders revealed that higher PS scale note (OR=4,17, CI95%=2,674-6,504; p=0,0000000003), lower albumin concentration (OR=0,882, CI95%=2,073-10,422; p=0,0001), anxiety at admission (OR=4,648, CI95%=2,073-10,422; p=0,0002), cachexia (OR=3,146, CI95%=1,521-6,508; p=0,002), more often nausea and vomiting during hospitalization (OR=2,224, CI95%=1,08-4,579; p=0,03) remained independently associated with death.

Conclusions: Higher PS scale note, lower albumin concentration, anxiety at admission, more often nausea and vomiting during hospitalization are risk factors of death.

282. Effectiveness of Dapagliflozin in Patients with Diabetes Mellitus Type 2 and Essential Hypertension

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Introduction: Diabetes mellitus type 2 (DM2) and essential hypertension (EH) are interrelated diseases which increase the risk to atherosclerotic cardiovascular disease, requiring the search for effective treatment regimens.

Aim: To investigate effects of *Dapagliflozin*, a Sodium-Glucose Linked Transporter 2 (SGLT-2) inhibitor in patients with DM 2 and EH.

Materials and Methods: The study involved 42 patients (19 females and 23 males) with DM 2 and EH degree 1-2, stage II; average age (58.6 ± 5.2) years. All patients were divided into two groups: 22 patients treated with Metformin 1500 mg/day, Diabeton® MR 60 mg/day and Ramipril 5-10 mg/day Group I (GI); 20 patients treated with Metformin 1500 mg/day, Diabeton® MR 60 mg/day, Ramipril 5-10 mg/day and Dapagliflozin 10 mg/day Group II (GII) for three months. Groups were randomized based on age, sex and BMI. Gen. clinical exam, HbA_{1c}, microalbuminuria (MAU), GFR, total cholesterol (TC), triglycerides (TG), low density lipoprotein (LDL), high density lipoprotein (HDL) tests were performed in all patients.

Results: After treatment, HbA_{1c} in GII was decreased to (7.67±0.59)% vs. (9.48±0.72)% before treatment (p<0.05), in GI to (8.93±0.64)% vs. (9.65±0.81)% (p<0.05) before treatment. MAU was decreased in 70.0% GII patients to (20.5±1.83)mg/l vs. (32.2±2.76)mg/l before treatment (p<0.05) and increased in 18.2% GI to (33.2±2.58)mg/l vs. (31.7±2.69)mg/l before treatment (p>0.05). GFR increased in 22.7% GII patients (p<0.05) and decreased in 9.1% GI patients (p<0.05). BP in all GII patients did not exceed 160/90 mmHg, which were noted in GI patients.

Conclusion: The use of Dapagliflozin increases the effectiveness of complex treatment in patients with DM 2 and concomitant EH.

283. Dynamics of structural and functional state of endothelium in patients with coronary heart disease and nonalcoholic fatty liver under the influence of combined therapy with the use of UDCA and L-arginine

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Introduction: According to current research nonalcoholic fatty liver disease is an unfavorable cardiovascular factor. Cardiac diseases at the same time are leading cause of death in patients with NAFLD. One of the basic mechanisms that lead to progression of NAFLD and atherogenesis is endothelial dysfunction. Thus, pharmacological correction of endothelial dysfunction found in patients with coronary heart disease associated with nonalcoholic fatty liver disease is a promising research direction.

Aim: To investigate changes in the vascular endothelium state in patients with coronary heart disease (CHD) and the concomitant nonalcoholic fatty liver disease (NAFLD) under influence of combined therapy with ursodeoxycholic acid (UDCA) and L-arginine.

Methods: Study involved 59 patients, the primarily selected group consisted of 27 patients, mean age 58 (44; 64) with documented CHD, stable angina combined with NAFLD; comparison selected group: 32 patients, mean age 60.5 (50.5; 65) with coronary artery disease without NAFLD. Patients with CHD and NAFLD (n=27) were divided into two groups: group 1 (n=13) received basic therapy; group 2 (n=14) - in addition to the basic treatment was administered 4.2% solution of L-arginine hydrochloride by intravenous infusion of 100 mL per day for 5 days, followed by oral use of "Tivortin aspartate" in 5 ml (1g) and UDCA in a dose of 20 mg/kg body weight per day. Duration of treatment - 3 months.

Results: In patients with CHD associated with NAFLD, there was valid (p<0.05) increase in ADMA levels compared to healthy individuals for 42% and CHD patients without structural and functional changes in the liver for 21%, CRP levels were 8 times increased in comparison to healthy people and 2.81 times - compared to patients with CHD (p<0.05). The intima-media thickness (IMT) significantly prevailed in patients with comorbid disorders: 1.12 compared to 0.98 in patients with CHD and 1.12 compared to 0.77 in healthy subjects (p<0.05). After 3 months of observation patients with CHD and NAFLD had a statistically significant decrease in the concentration of ADMA by 37% (p<0.05) CRP by 14% (p<0.05). IMT did not differ significantly after treatment.

Conclusions: Basic therapy with the addition of L-arginine and UDCA after 3 months of treatment leads to decrease of ADMA and CRP levels, which indicates a positive impact on the endothelial function and decrease of systemic inflammation activity in patients with coronary heart disease associated with the nonalcoholic fatty liver disease.

POSTER SESSION

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284. Risk and complication factors of ischemic heart disease

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Introduction: The given study evaluates the attitude of patients with ischemic heart disease (IHD) in past history to behavioural factors.

Aim: The aim is to evaluate the attitude of patients with ischemic heart disease (IHD) in past history to behavioural factors.

Research methods: The survey and examination of 120 men (age range 45 to 69 years, III dispensary group of IHD patients) were conducted in the settings of municipal polyclinics. From the moment of registration with cardiovascular disease at the dispensary, every patient was interviewed about modifying risk and complication factors for ischemic heart disease. Patients had been registered at dispensary with ischemic heart disease for 1-5 years.

Results: The survey showed presence of significant behavioural risk and complication factors of ischemic heart disease in patients enrolled. According to the analysis of data on eating behaviour obtained by means of DEBQ-questionnaire and Stunkard three-factor eating questionnaire, we determined that 87,5 % of patients did not follow the optimal diet. 73,3 % consumed high-calorie foods with significant animal fats content, 48,3 % showed high content of saturated fatty acids. 83,3 % of the patients involved in the survey reported low intake of fruit and vegetables, 27,5 % were diagnosed with "night eating syndrome". According to "7-day PAR" questionnaire, 82,5 % of patients reported low physical activity. Moreover, low levels of physical activity dominated in the age group of 45-55. Of the 120 patients enrolled, 65,0 % smoked. Currently, 20,8 % of patients continue to smoke in spite of the awareness of the increase in complications risk. According to Fagerström test, they showed high dependence. It is known, that out of all the patients who quit smoking, 29,5 % did so after interviews with doctors, 14,7 % did it on their own. Approximately 49,2 % of patients consumed alcoholic beverages with different frequency: 21,7 % of them drink alcohol 1 time in 2-3 months, 17,5 % - 1-2 times a month, 10,0 % - more than once in a week. 50,8 % of patients reported not to have taken alcoholic beverages after the onset of the disease.

Conclusion: Due to the high presence of behavioural risk and complication factors for ischemic heart disease, it is necessary to strengthen information support about the benefits of reducing diet, active life style, and hazards of nicotine and alcohol addiction.