RESULTS AND DISCUSSION

In the group of patients without AF, the proportion of patients with inherited exacerbations of coronary heart disease was 64.29%, while in the main group – 25.0%, the differences did not reach the statistically significant level, but this relationship is confirmed by the results of the rank correlation analysis – between the presence AP and heredity there was revealed a significant weak feedback – c= –0.21 ($p<0.05$). The diseases that were observed in the examined patients with coronary artery disease present acute violation of cerebral circulation, angina pectoris, acute myocardial infarction, hypertension, diabetes, pathology of the kidneys and the thyroid gland, diastolic dysfunction and obesity. The groups differed in the proportion of patients with stroke – in the group with AF, It was significantly ($p=0.002$) higher – 23.81%, as compared to 8.55% in the comparison group.

CONCLUSIONS

The presence of atrial fibrillation in patients with coronary heart disease is associated with a high degree of comorbidity. First of all, with the combination of coronary heart disease and atrial fibrillation, a high incidence of hypertension, diabetes mellitus, obesity, acute stroke, kidney disease and thyroid gland is established.

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STATIN THE RAPY FOR THE PREVENTION OF CARDIOVASCULAR DISEASE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Cardiovascular disease (CVD) is a major cause of mortality in rheumatoid arthritis (RA). In the literature are conflicting data on the use of statins in patients with RA, indicating a lack of attention to the issue of prevention of CVD in this category of patients.

The aim of the study was to improve the efficiency of the treatment of rheumatoid arthritis by including basic treatment rosuvastatin.

MATERIALS AND METHODS

The study included 43 patients with RA. A survey conducted by the protocol patients (DAS28 index, visual analog scale (VAS), morning stiffness). The study of lipid metabolism include: determining the level of total cholesterol (total cholesterol), HDL cholesterol (HSLPVSCH) and low density (HSLPNSCH), atherogenic index (AI), triglycerides (TG). Total cardiovascular risk assessment was performed using a table SCORE. Surveyed patients divided into groups: primary (n=20) (basic therapy and rosuvastatin, 10 mg 1 time per day) and comparison (n=23) (basic therapy that included methotrexate, nonsteroidal anti-inflammatory drugs, glucocorticoids in medium therapeutic doses).

RESULTS AND DISCUSSION

As a result of the treatment found that patients with a primary and group comparison, there was a positive dynamics of clinical indicators of inflammatory activity (DAS28, VAS, morning stiffness). In the study group experienced a significant decrease ($p<0.05$) at the same time as in the comparison group had a tendency to decrease. Noted a reduction parameters: CRP ($\Delta_1$37% main group and the comparison group $\Delta_2$21%), ESR ($\Delta_1$39% and $\Delta_2$26% respectively). Also noted the changes in the lipid profile. Significantly decreased in the study group performance total cholesterol ($\Delta_1$31% versus

$\Delta_2$15%), HSLPNSCH ($\Delta_1$19% against $\Delta_2$8%) and IA ($\Delta_1$29% and $\Delta_2$16% respectively).

CONCLUSIONS

Inclusion in the complex therapy of patients with RA statins contributes to a significant reduction in total cholesterol, LDL cholesterol, and positively affects the activity of the process, reducing the levels of acute phase proteins. Additional indications for the purpose of statins have high activity process and late onset. The use of statins in RA, given their lipid-lowering and anti-inflammatory effects, may be an effective means for the successful prevention of cardiovascular complications.

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THE COMBINATION OF GASTROESOPHAGEAL REFLUX DISEASE WITH CORONARY ARTERY DISEASE: A NON-INVASIVE METHOD OF DIAGNOSIS

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Nowadays, by a base for development of base recommendation for diagnostics and therapy of internal disease the international results of medical science and practice must be integrated from authentication of combinations (comorbidity) most widespread chronic non-communicable disease, that have serious consequences at level population.

Objective - it is proved that the combination of gastroesophageal reflux disease (GERD) and coronary artery disease (CAD) is mutually aggravating pathological conditions that negatively affect such indicators as sleep and psycho-emotional state of the patient.

MATERIALS AND METHODS

We have examined 94 patients with isolated GERD and GERD in combination with coronary heart disease (CHD). All patients were divided into two groups: the first included 65 patients with a combination of GERD and CHD, the second - 29 patients with isolated GERD. The first group included 54 men (83%) and 11 women (17%). The age of patients in the first group varied from 32 to 89 years; the mean age (61.57±11.37) years. The second group included 17 men (59%) and 12 women (41%). The age of patients in the second group varied from 34 to 79 years; the mean age was (59.52±11.18) years.

In the process of research there were used clinical and instrumental, laboratory-biochemical and statistical methods.

RESULTS AND DISCUSSION

Sleep disorders are found in 61.54% patients with a combination of GERD and CAD and depend on the age, length of CAD, body mass index (BMI) and the severity of GERD. In 73.84% of patients with comorbid pathology obstructive sleep apnea (OSA) was diagnosed, which severity depends on the age, BMI, the severity of clinical, endoscopic manifestations of GERD and CAD length. With the combination of GERD and CAD significant violations of dopplerographic parameters of blood flow in the area of the lower esophageal sphincter are observed: reducing of speed performance and increased resistance indices of the arteries responsible for its blood supply – the celiac trunk and the superior mesenteric artery. The received data prove that chronic ischemia of the lower third of the esophagus caused by CAD affects the morphological state of its mucous and muscular walls and endoscopic form of GERD.