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SALIVA MICROCRYSTALISATION AS A PREDICTOR OF STRESS RESISTIBILITY AND AN APPROXIMATE OVULATION TIME

O. Zayachkivska, A. Belyak

Department of Physiology, Lviv National Medical University, Lviv, Ukraine, beliachka7@gmail.com

Key words: stress-spectrum diseases, menstruation phase, saliva microcrystalisation

WHO developing the International Classification of Diseases, version 11 (ICD-11) is included *stress-spectrum diseases* in it. Moreover, acute and chronic changes and adaptation during stressful life events may trigger accelerated aging, as well as psychological disorders and oncogenesis. Determining personal stress level in real time could be of special interest in health monitoring and early prediction of stress-associated disorders. Recent data of saliva secretome has shown a growing body of evidences for its using, as easy and early diagnostic tool.

Aim: The aim of the study was to reveal the relationship between stress resistibility levels and saliva microcrystallization and to investigate whether menstruation phase has influence on the saliva microcrystalisation.

Methods: 30 people aged 19-30 were involved in the study, 26 female and 4 male.

Facies of saliva were investigated by dehydration of drops of mixed saliva. For estimation of stress resistibility levels questionnaire created by ISMA (International stress management association) was used.

To reveal the influence of menstrual phase on the microcrystalisation saliva facies were collected from women every three days during the menstrual cycle.

Results: It was discovered that the absence of microcrystalisation (4th type) was most often seen among people with low stress resistibility (44,4%), while there were 35,3% of 4th type among people with medium resistibility and no this type among people with high resistibility.

What about relationship between saliva microcrystalisation and menstrual cycle, all types of crystalisation were seen with the equal incidence with the trend of high incidence of 1st and 2nd types during the ovulation.

Conclusions: Saliva investigation can be used as an additional method of estimation of stress and as a method of the approximate detection of the ovulation and can be used for planning pregnancy. This method is very simple, cheap and noinvasive, so it can be used widely.

LIVER FUNCTION IN PATIENTS WITH CORONARY ARTERY DISEASE AND NONALCOHOLIC FATTY LIVER DISEASE ASSOCIATED WITH OBESITY

O. Bondarenko, T. Maksymets, E. Sklyarov

Department of Therapy #1 and medical diagnostics, Faculty of postgraduate education, Danylo Halytsky Lviv National Medical University, Lviv, Ukraine, olha.tyshchenko@gmail.com

Key words: obesity, coronary artery disease, statins, comorbide pathology

Introduction: Obesity is a global epidemic. It is associated with numerous comorbidities such as cardiovascular diseases, nonalcoholic fatty liver disease (NAFLD), type 2 diabetes, cancers and others. Cardiovascular disease is one of the most important causes of morbidity

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and mortality of patients with NAFLD and in the general population. Statins are considered as first-line drugs for treatment coronary artery disease (CAD).

Aims and Methods: The aim of this study is to investigate liver function during statin therapy of patients with CAD and NAFLD, associated with obesity, depending on percutaneous coronary intervention (PCI). The study included 59 patients with documented CAD and NAFLD aged 45-72 years. Patients were divided into groups: 1st group includes patients treated with PCI , 2nd group - with optimal medical therapy for 1 year. Patients with PCI were receiving higher doses of statins. Standard tests were carried out for all patients including tests for lipids, transaminases, alkaline phosphatase, gamma-glutamyltranspeptidase, glucose, uric acid, urea, creatinine.

Results: The lipid levels were nearly identical in both groups, but we noted that patients who had been treated with PCI had abnormal level of ALT (p=0,01) and AST (p=0,04). ALT and AST are elevated but are less than 3 times the upper limit of normal and did not require discontinuation of statin.

Conclusion: Patients with PCI had higher compliance with drug therapy. During the treatment of patients with CAD, NAFLD and obesity it is important to take into account the individual peculiarities of comorbide pathology to achieve high efficiency and safety of treatment. Medication adherence should be followed carefully by CAD patients treated with and without PCI.

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METFORMIN THERAPY FOR PATIENTS WITH METABOLIC SYNDROM ASSOCIATED WITH CHRONIC PANCREATITIS

O. Bondarenko, M.Sorochka

Department of Therapy #1 and medical diagnostics, Faculty of postgraduate education, Danylo Halytsky Lviv National Medical University, Lviv, Ukraine, olha.tyshchenko@gmail.com

Key words: metabolic syndrome, pancreatic steatosis

Introduction: Nowadays the problem of average increasing number of cases of peoplesuffering from inveterate non communicable diseases is discussed much. Metabolic syndrome (MS) has already reached proportions of non communicable epidemic, "epidemic of XXI c." MS represents a combination of cardiovascular risk determinants such as obesity, insulin resistance and lipid abnormalities such as hypertriglyceridemia, increased free fatty acids, low high-density-cholesterol and hypertensionWe can definitely call it a "civilization disease". Metabolic conditions giving rise to pancreatitis account for 5%-10% of cases. The causes include hypertriglyceridemia, diabetes mellitus, porphyria. In cases of metabolic pancreatitis, apart from the standard routine management of pancreatitis, careful management of the underlying metabolic abnormalities is of paramount importance. Evaluation of pancreatic steatosis should be considered for patients with pancreatitis associated with metabolic syndrome. Metformin is the drug of choice to relieve from the main symptoms of MS.

Aims and Methods: To determine the effects of metformin on the risk factors of metabolic syndrome associated with chronic pancreatitis. The study included 33 patients (10 men and 23 women) aged 38-78 years with MS, who had a concomitant diagnosis of chronic pancreatitis. Patients were divided into 2 groups:the first group (n=20) took metformin at a dose of 500 mg thrice a day for 6 months, the second group (n=13) didn't takemetformin. All patients underwent astandard therapy of chronic pancreatitis. Both groups were given recommendations as to modification of their lifestyle: healthy food, physical activity, bad habits break. All patients performed ambulatory blood pressure monitoring, measured blood glucose, HbA1c, insulin resistance indices, lipid profile and anthropometric parameters (body mass index , waist circumference , the circumference of the hips and their ratio) before treatment and 6 months after.

Results: Patients with MS associated with chronic pancreatitis, who were treated with the