

Table 3 — Distribution by level of hernia

Hernia	Abscent	1st stage	2nd stage	3rd stage
Number of patients	5 (31.25 %)	10 (62.5 %)	1 (6.25 %)	0

Based on the results, more than half of patients with erosive GERD have at least first-degree esophageal hernia.

In therapy of erosive GERD all groups of drugs according to clinical recommendations of the Ministry of Health of the Republic of Belarus were used. All patients received antisecretory drugs from the group of proton pump blockers. About half of patients (56.25 %) had pain syndrome and a quarter of patients (25 %) had heartburn complaints against erosive GERD, which decreased with antisecretory therapy. Of the 7 patients with grade A esophagitis, 3 patients (42.85 %) received additional therapy with antacids, and 4 patients (57.14 %) with prokinetics. Of the 8 patients with grade B esophagitis, 50 % of patients received additional antacid therapy. At the same time, a patient with grade C esophagitis received additional therapy only with antacids, which was most likely due to the absence of a clinic in this patient.

### **Conclusion**

As an output we can say that patients are more exposed to develop GERD when they are getting older than 50 years. Most commonly, erosive grade A-B GERD develops, which in half of the cases may be associated with the presence of a hernia of the esophageal orifice of the diaphragm. These patients were treated according to the clinical protocols of the Ministry of Health of the Republic of Belarus (MH RB). Treatment of these patients was performed according to the clinical protocols of MH RB and in half of the cases required the prescription of additional therapeutic options, such as antacids and prokinetics, in addition to antisecretory drugs.

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## **STRUCTURE OF HOSPITALIZED PATIENTS WITH PARKINSON'S DISEASE AND FEATURES OF THEIR THERAPY**

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### **Introduction**

Parkinson's disease (PD) is a neurodegenerative disorder that mainly affects people greater than 60 years of age. Parkinson's disease occurs when nerve cells in the basal ganglia, an area of the brain that controls movement, become impaired

and/or die. Normally, these nerve cells, or neurons, produce an important brain chemical known as dopamine. When the neurons die or become impaired, they produce less dopamine, which causes the movement problems of Parkinson's. Scientists still do not know what causes cells that produce dopamine to die [1]. The significance of the disease occurring is around 160 per 100,000 in people aged 75–89. However, Parkinson's disease can occur much earlier. PD in patients less than 50 years are referred to as young onset Parkinson's and for patients who experience symptoms of PD before 20 years are called as juvenile Parkinson's disease. The incidence of Parkinson's is also relatively higher among males compared to females [2]. Parkinson's disease signs and symptoms can be different for everyone. Early signs may be mild and go unnoticed. Symptoms often begin on one side of your body and usually remain worse on that side, even after symptoms begin to affect both sides.

Parkinson's signs and symptoms may include tremor, slowed movement (bradykinesia), rigid muscles, impaired posture and balance, loss of automatic movements, speech changes, writing changes [3].

### **Goal**

To study of structure of hospitalized patients with parkinson's disease and their treatment.

### **Material and method of research**

The retrospective analysis of medical records of 23 patients with PD who were treated in the neurology department of Gomel regional clinical hospital for the period from 2021 year to 2022 was carried out. All patients were diagnosed on the basis of standard methods of investigation. Depending on the dominance of one or another symptom in the clinic, there are three clinical forms: akinetic and rigid, tremor, mixed. A generally accepted classification according to severity is the Hen-Yar classification. It includes five stages (stage 0 — no motor symptoms; stage 1 — unilateral manifestations of the disease; stage 2 — bilateral symptoms without postural instability; stage 3 — moderate postural instability, and independent mobility possible; stage 4 — significant loss of mobility, but patient is able to move; stage 5 — patient is bedridden or wheelchair bound without assistance) [4].

### **The result of the research and their discussion**

Patients with PD were found to be represented by 13 males (56.52 %) and 10 females (43.48 %). Their age range ranged from 40 to 69 years (Me = 58.26 ± 7.19). The age distribution of patients is shown in Table 1. Distribution of patients according to clinical forms is presented in Table 2.

Table 1 — Distribution by age

Age	40–49	50–59	60–69
Number of patients	2 (8.7 %)	12 (52.17 %)	9 (39.13 %)

Table 2 — Distribution by clinical forms and gender

Sex (M/F)	Mixed form	Akinetic-rigid form	Trembling form
M-13 (56.52%)	M-8 (34.19 %)	M-2 (8.70 %)	M-3 (13.04%)
F-10 (43.48 %)	F-6 (26.09 %)	F-4 (17.39 %)	F-0 (0 %)

Based on the above, the mixed form occurs in about a third of both male and female patients. At the same time, the akinetic and rigid form is more prevalent in women and the tremor form in men. Patients were classified according to severity according to Table 3.

Table 3 — Classification according to severity by the Hen-Yar

Stage	1	1–2	2	2–3	3	3–4	5
Number of patients	7 (30.4 %)	3 (13.0 %)	4 (17.4 %)	2 (8.7 %)	5 (21.7 %)	1 (4.4 %)	1 (4.4 %)

The most common degrees of severity are first and third.

Drugs for the treatment of Parkinson's disease that affect the activity of the dopaminergic system are the drugs of choice. These include dopamine precursor (Levodopa (in combination with carbidopa/benserazide), dopamine receptor agonists (Bromocriptine; Pramipexol), MAO-B inhibitors (Selenium), COMT inhibitors (Entacapone; Tolcapone), glutamate (NMDA receptor) antagonists (Amantadine). Patients in our study received 3 main groups of drugs as treatment for Parkinson's disease (dopamine precursor, dopamine receptor agonists, glutamate antagonists), both monotherapy and combination therapy. Most patients (61 %) received combination therapy, of whom 12 patients (52.2 %) received dual therapy and 2 patients (8.8 %) received triple therapy. At the same time dopamine receptor agonists were used as treatment in 15 patients (65.2 %), dopamine precursors — 12 patients (52.17 %), glutamate antagonists — 11 patients (47.8 %).

### **Conclusion**

An increase in the incidence of Parkinson's disease occurs after the age of 50. The most common clinical form of PD is the mixed form. In most cases, the severity of the disease ranges from first to third degree. In order to slow down the progression of the disease, combination therapy is often used, and the group to start with is dopamine receptor agonists / dopamine precursors.

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