

Результаты исследования и их обсуждение

В результате исследования было выявлено, что среди 95 респондентов 70 % используют НПВС в качестве терапии приступа мигрени. 30 % отдают предпочтение препаратам амитриптилина, среди них 17 % делают такой выбор в связи с имеющимися заболеваниями желудочно-кишечного тракта, 35 % — в связи с более лучшим фармацевтическим эффектом, 40 % — в связи с большей финансовой доступностью, а 8 % — по назначению врача. Среди респондентов, принимающих НПВС, 35 % отмечают наличие у себя таких побочных эффектов, как гастралгия и тошнота. 65 % опрошенных не отмечают побочных эффектов. При исследовании спроса на НПВС было выяснено, что наиболее часто применяются Цитрамон (35 %), Анальгин (20%), Пенталгин (15 %), Нурофен (10 %), в 20 % случаев были использованы прочие препараты. Среди амитриптилинов в 100 % случаев среди опрошенных применялся Суматриптан. 24 % респондентов, отдавших свое предпочтение Суматриптану, отмечали следующие побочные эффекты: головокружение, прегодящее повышение артериального давления, тошнота.

Выводы

Проведя сравнительный анализ применения препаратов амитриптилина и НПВС, следует отметить, что большей популярностью в качестве препарата выбора при мигрени пользуется Цитрамон, несмотря на выраженные побочные эффекты, влияющие на желудочно-кишечный тракт. Очевидно, это обусловлено дешевизной препарата и быстрым фармацевтическим эффектом. Среди респондентов, использующих амитриптилины, абсолютное большинство предпочитает Суматриптан, что говорит о лучшей эффективности именно этого препарата в своей группе. Наиболее часто опрошенные сталкивались с побочными эффектами при применении НПВС.

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THERAPY FEATURES OF PATIENTS WITH EROSIIVE GASTROESOPHAGEAL REFLUX DISEASE

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Introduction

According to the classification of the World Health Organization (WHO), gastroesophageal reflux disease (GERD) is a chronic relapsing disease caused by a violation of the motor-evacuation function of the gastroesophageal zone and is characterized by spontaneous and / or regularly repeated throwing of gastric or duodenal contents into the esophagus, which leads to damage to the distal part. esophagus [1]. Occasionally, the symptoms of this disease are detected in almost half of the adult population, and endoscopic signs of esophagitis are found in 2–10 % of the examined people. Men get sick mainly from 35 to 44 years old, women — from 25 to 34 years old, and equally often. In developed countries, the incidence of GERD has been steadily increasing in recent years. For this reason, gastroenterologists call GERD is a disease of the XXI century [2]. According to Kahrilas P. J., GERD affects

up to 20 % of the population in Western countries. Later, data were presented that GERD is detected in a third of the adult population in Western countries. In the US, symptoms of GERD occur in 15–40 % of the adult population every month, in the Western world — in 10–20 %. 60 % of the US population has symptoms of GERD during the year and 20–30 % weekly [3]. The prevalence of GERD in Russia among the adult population is 40–60 %, and esophagitis is found in 45–80 % of people with GERD. Reflux episodes often develop due to a significantly weakened tone of the lower esophageal sphincter (LES), which is unable to perform a barrier function in relation to the retrograde flow of gastric contents. Patients with GERD with severe erosive esophagitis or a large hiatal hernia (HH) experience prolonged periods of low LES pressure [4]. In view of all of the above, GERD therapy may include drugs to reduce the secretion/neutralization of hydrochloric acid, as well as drugs aimed at the tone of the lower esophageal sphincter [5].

Goal

To study the specifics of therapy of patients with erosive gastroesophageal reflux disease.

Material and methods of research

The retrospective analysis of medical records of 16 patients with erosive gastroesophageal reflux disease who were treated in the gastroenterology department of Gomel regional clinical hospital for the period from 31.08.2020 till 31.08.2021 year was carried out.

In all patients, the diagnosis of erosive gastroesophageal reflux disease was made on the basis of standard clinical and instrumental research methods. The severity was determined using fibrogastroduodenoscopy (FGDS). The severity of erosive gastroesophageal reflux disease was defined according to the Los Angeles classification of esophagitis. According to this classification, grade A is distinguished (damage to the mucous membrane of the esophagus, located on the tops of the folds, each of which is no more than 5 mm long), grade B (damage to the mucous membrane of the esophagus 5 mm long or more, located on the tops of the folds and not spreading between them), grade C (damage to the mucosa of the esophagus with a length of more than 5 mm, spreading between the folds, but occupying less than 75 % of the circumference of the esophagus), grade D (damage to the mucosa of the esophagus, covering 75 % or more along its circumference) [5].

The results of the research and their discussion

Patients with erosive gastroesophageal reflux disease were found to be represented by 9 males (56.25 %) and 7 females (43.75 %). Therefore we can note that the gender distribution is about the same. Their age range ranged from 21 to 81 years ($Me = 53.56 \pm 19.31$). The age distribution of patients is shown in Table 1.

Table 1 — Distribution by age

| Age | 20–29 | 30–39 | 40–49 | 50–59 | 60–69 | 70–79 | >80 |
|--------------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|
| Number of patients | 2 (12.5%) | 2 (12.5%) | 2 (12.5%) | 3 (18.75%) | 3 (18.75%) | 3 (18.75%) | 1 (6.25 %) |

Thereby we can say that after the age of 50 years the possibility of developing erosive GERD is greater. The distribution by severity among patients with erosive GERD is shown in Table 2.

Table 2 — Distribution by grade of esophagitis

| Grade of esophagitis | A | B | C | D |
|----------------------|------------|----------|------------|---|
| Number of patients | 7 (43.75%) | 8 (50 %) | 1 (6.25 %) | 0 |

Based on the above data, we can say that patients with a mild degree A-B (93.75 %) of erosive GERD are more common. The level of hernia for patient with GERD is represented in Table 3.

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