Таблица 2 — Уровень депрессии и тревоги у пациентов с подагрой в зависимости от выраженности болевого синдрома

VAS (боль)	HADS (балл)					
	тревога			депрессия		
	0–7	8–10	> 11	0–7	8–10	> 11
Слабая	—	—	—	—	—	—
Умеренная	n = 1 (3,3 %)	—	—	n = 1 (3,3 %)	—	—
Сильная	n = 11 (36,7 %)	—	—	n = 10 (33,3 %)	n = 1 (3,3 %)	—
Очень сильная	n = 8 (26,7 %)	n = 7 (23,3 %)	—	n = 4 (13,3 %)	n = 6 (20 %)	n = 5 (16,8 %)
Невыносимая	—	n = 1 (3,3 %)	n = 2 (6,7 %)	—	n = 2 (6,7 %)	n = 1 (3,3 %)
∑	n = 20 (66,6 %)	n = 8 (26,7 %)	n = 2 (6,7 %)	n = 15 (50 %)	n = 9 (30 %)	n = 6 (20 %)

Выводы

1. В период обострения подагры 36,7 % пациентов отмечали боль как сильную, 50 % — очень сильную, а 10 % — как невыносимую. Клинически выраженная тревога выявлена у 6,7 % пациентов с невыносимой болью, клинически выраженная депрессия — у 16,8 % с очень сильной и у 3,3 % — с невыносимой болью.

2. Субклинические и клинические симптомы депрессии в период обострения подагры выявлены у 50 % пациентов, тревожные расстройства имели 33,4 % пациентов. Имеется тенденция к появлению зависимости между степенью выраженности болевого синдрома и появлением тревожно-депрессивных расстройств, что следует учитывать при оказании медицинской помощи пациентам в период обострения подагры.

ЛИТЕРАТУРА

1. *Смулевич, А. Б.* Депрессии при соматических и психических заболеваниях / А. Б. Смулевич. — М.: МИА, 2015. — 640 с.
2. *Максудова, А. Н.* Подагра / А. Н. Максудова, И. Б. Салихов, Р. А. Хабиров. — М.: МИА, 2008. — 96 с.
3. Ревматология. Клинические рекомендации / под ред. акад. Е. Л. Насонова. — М.: ГЭОТАР-Медиа, 2010. — 752 с.

УДК 616.12-008.313:615.22

ORAL ANTICOAGULANTS IN HIGH RISK PATIENTS WITH ATRIAL FIBRILLATION

Alchabawi A. H., Mathunny Tharakan B.

Supervisor: PhD, Associate Professor *E. G. Malaeva*

Educational institution
«Gomel State Medical University»
Gomel, Republic of Belarus

Introduction

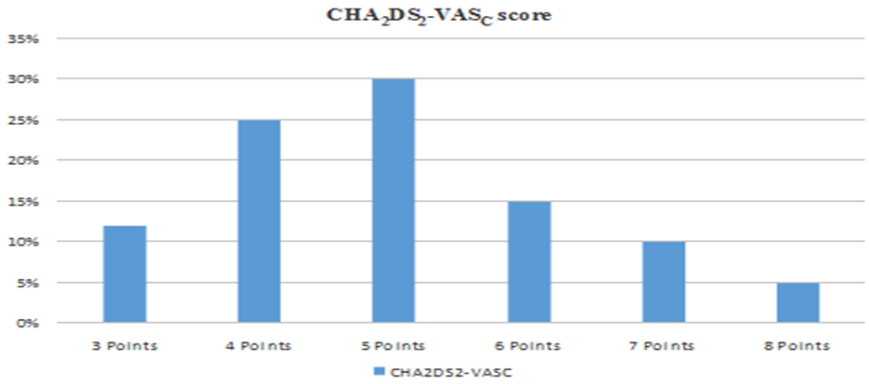
Atrial fibrillation (AF) is characterized by an irregular and often rabid heart beat and is associated with other cardiovascular diseases such as heart failure, coronary artery disease, valvular heart disease, diabetes mellitus and hypertension. AF being the most common arrhythmia has led to higher incidence of stroke and often thromboembolic events. Vitamin K antagonists (eg. Warfarin), direct thrombin inhibitors (Dabigatran) and factor X_a inhibitors (Rivaroxaban, Apixaban, Edoxaban) have been FDA approved and also been recommended by AHA/ACC/HRS 2019 guidelines for prevention of thromboembolic accidents in AF.

Purpose

Summarize the use of oral anticoagulants and consideration of high risk patient populations with prior stroke or TIA and high stroke or bleeding risk.

Materials and methods

The data generated involve 35 patients in the Gomel City Hospital No. 3 over a period of 3 months. Patients with AF are at high risk of death and major cardiovascular accidents. Patients at high risk of stroke are identified using the CHA_2DS_2-VAS_c risk classification tool (picture 1).



Picture 1 — Patients identified >2 for males, >3 for female

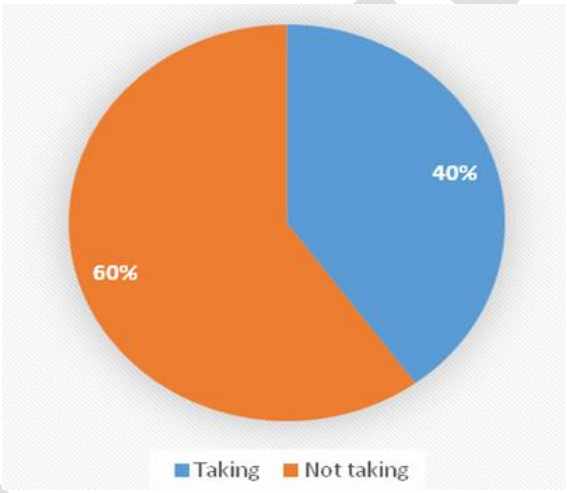
Research results and discussion

The identified population had a low rate of oral anti-coagulants use only 40 % are taking oral anticoagulants (picture 2) and 6 % had stroke or myocardial infarction after the presentation of AF within 6 months. The long term use of novel oral anticoagulant agents has reduced the risk of repeating such accidents and hospitalization in this group.

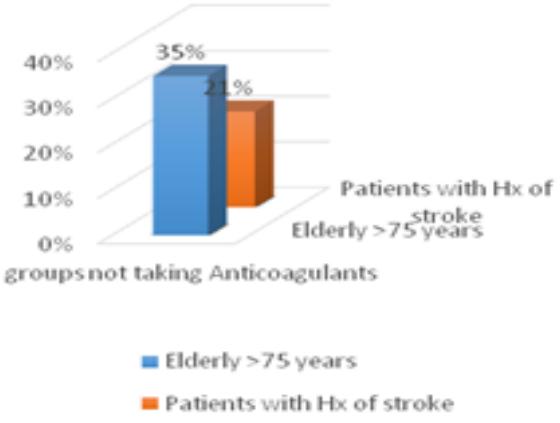
Elderly patients with AF have very high risk of thromboembolic events and given a consistent relative risk reduction with anticoagulation, are population that has some of the largest benefits from anticoagulation. Despite the benefits, these patients tend to be regulated due to concerns of bleeding. Only 35 % of the elderly (over the age of 75 years) has initiated this treatment while the rest refused to take it considering the price and bleeding risks (picture 3). While 7 % of the identified group presented with bleeding (not major), with the use of Rivaroxaban, they showed better prognosis after replacing it with Warfarin under good INR control.

The remaining 93 % did not have bleeding risk even though the age and underlying diseases increased its risk according to HAS-BLED score.

The most important observations and discoveries so far have been the underuse of oral anticoagulants to prevent stroke and the high risk of stroke in elderly.



Picture 2 — Oral Anticoagulants



Picture 3 — Risk groups not taking Anticogulants

Conclusion

Adequate patient education regarding the risks and benefits of oral anticoagulant agents is very demanding in this situation. If Rivaroxaban is unaffordable, Warfarin use with INR control is recommended.