

13. ANEMIA MANAGEMENT IN CHRONIC HEMODIALYSIS PATIENTS

Sasu Dorian

Academic Adviser: **Rotaru Larisa**, M. D., associate professor, Department of Internal Medicine, Rheumatology and Nephrology, State Medical and Pharmaceutical University "Nicolae Testemitanu", Republic of Moldova

Introduction: Anemia is one of the most important consequences of chronic kidney disease. It is caused by a defect in erythropoietin regulation. Anemia can have an early onset, but the severity and the prevalence increases with the progression of the kidney disease.

Purpose and Objective: To do a complex examination of the treatment of anemia in Republic of Moldova and the efficacy of the methods used in the hemodialysis departments.

Materials and Methods: This is a retrospective study, analyzing the patient documentation of 47 patients from the department of Nephrology and Hemodialysis of the Municipal Hospital "St. Trinity" and from the department of Hemodialysis of the Republican Clinical Hospital.

Results: In Republic of Moldova, Reocormon[®] is used for the treatment of anemia in chronic hemodialysis patients. Neither of the 47 patients examined had been treated with the necessary dosage and for the right period of time due to financial problems. Only 5 of the 47 patients have reached the recommended targeted hemoglobin level. This could be the result of an inadequate dosage, a poor control of iron levels or because of an associated chronic disease, such as a chronic inflammation of the kidney or the urinary tract.

Conclusions: Anemia is relatively rare in the incipient stages of kidney disease (1-3 stages KDOQI). The prevalence of anemia starts to increase significantly when the glomerular filtration rate < 60 mL/min. Iron level should be checked before administering an erythropoiesis-stimulating agent.

Keywords: Anemia, chronic kidney disease, erythropoietin, erythropoiesis

14. DETERMINATION OF LEVEL OF LEPTIN IN PATIENTS WITH OBESITY AND COMPONENT OF METABOLIC SYNDROME

Sekret Tatiana

Academic adviser: **Sokur Svetlana**, Assistant Professor, Candidate of Science, Vinnitsa National Pirogov Memorial Medical University, Vinnitsa, Ukraine

Introduction: Obesity is the chronic polyetiological disease, which is associated with some genetic and neurological factors, changes of functions of the endocrine system, one of the serious factors of occurrence of diabetes II, essential hypertension, dyslipidemia, cardiovascular disease, reproductive disorders. In the basis of disorders of metabolic processes and occurrence of listed above conditions lies the resistance to insulin. Leptin has links with weight of adipose tissue, effect on insulinemia and resistance to insulin.

Aim of study: Analyze BMI, level of leptin, cholesterol and triglycerides in blood in patients with obesity (I, II, III lvl.) with components of metabolic syndrome, such as: diabetes II and essential hypertension.

Materials and methods: Since 2013 to 2014 we examined the 28 patients aged from 38 to 65 years old (19 female and 9 male). In this group the 11 patients were ill with obesity of first level, 9 patients - obesity of second level and 8 patients - obesity of third level. All patients were ill with moderate diabetes in phase of subcompensation. During the examination in all patients was the condition of metabolism of carbohydrate, lipid, protein, electrolyte and instrumental examination.

Discussion results: On the basis of examination, in the patients with obesity of first level, the BMI was $32,00 \pm 0,38 \text{ kg/m}^2$, level of leptin - $34,84 \pm 6,40 \text{ ng/ml}$, level of cholesterol - $5,89 \pm 0,31 \text{ mmol/l}$ and level of triglycerides - $2,36 \pm 0,9 \text{ mmol/l}$. In the patients with obesity of second level, the BMI was $39,20 \pm 0,49 \text{ kg/m}^2$, level of leptin - $35,48 \pm 6,34 \text{ ng/ml}$, level of cholesterol - $5,35 \pm 0,36 \text{ mmol/l}$ and level of triglycerides - $270 \pm 0,41 \text{ mmol/l}$. In the patients with obesity of third level, the