levels, from the average value of 45.1±1.8 pg/ml in group 1 to 46.6±1.6 and 52.5±2.6 pg/ml in men from group 2 and 3, respectively. The prevalence of clinical manifestations of sexual dysfunction in men from group 1 was 36.4%, in men from group 2 and 3 was 61.5% and 88.8%, respectively.The most common clinical manifestations are decreased libido (9.1-27.8%) and erectile dysfunction (18.2-44.4%).

Conclusions: The prevalence of androgen deficiency increases with the obesity's degree from 45.5% to 100%. In the same time, there is not a compensatory secretion of LH. The androgen deficiency is associated with the linearly increasing of estradiol levels, from the average value of 45.1±1.8 pg/ml in first degree of obesity to 52.5±2.6 pg/ml in third degree of obesity ($p<0.05$, $r=-0.92$). Sexual dysfunctions are more frequent in men with severe obesity 88.8%. The most common clinical manifestations are decreased libido (9-22%) and erectile dysfunction (18-44%).

Keywords: Obesity, androgen deficiency, testosterone, decreased libido, erectile dysfunction

49. QUALITY OF LIFE OF PATIENTS WITH RHEUMATOID ARTHRITIS AND METABOLIC SYNDROME

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Introduction: Metabolic syndrome (MS) – syndrome, which is based on insulin resistance – impaired insulin-mediated glucose utilization by peripheral tissues. Rheumatoid arthritis (RA) – an autoimmune rheumatic disease of unknown etiology, which belongs to the group of the most common chronic inflammatory diseases. RA is one of the most often causes of disability, not just temporary - more than half of patients consistently incapacitated in 5-10 years from onset. Metabolic syndrome was the focus not only rheumatologists, but also cardiologists, endocrinologists, gynecologists, forcing allied professionals actively cooperate.

Aims and Objectives: Study was to examine the clinical status based on the study of quality of life (QL) in patients with rheumatoid arthritis (RA), depending on the presence of metabolic syndrome (MS).

Methods and Results: The study involved 20 patients who were hospitalized in the department of Rheumatology of Chernivtsi Regional Hospital. I group consisted of 10 patients with rheumatoid arthritis. The II group included 10 patients with RA combined with MS. The control group consisted of 10 healthy individuals. QL assessment was carried out by questionnaire HAQ (Health Assessment Questionnaire). Articular status was assessed according to pain, joint, inflammatory indices, as well as the status of local joints Ritchie. Statistical analysis of the data was carried out using the program Statistica 6.0. It was established, that patients with RA had lower ($p < 0.05$) articular indices and local status than in patients of main group where RA was combined with MS, which is possible due to persistent inflammation and decreased immune status. Index HAQ (survey to assess the health status) in the group of patients with combined lesions was 20.2% higher ($p < 0.05$).

Conclusion: In patients with rheumatoid arthritis, the presence of concomitant metabolic syndrome leads to worsening of clinical picture and quality of life.

Key words: Metabolic syndrome, rheumatoid arthritis

50. THE SOCIAL SUPPORT FOR PATIENTS WITH KNEE OSTEOARTHRITIS

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Introduction: The knee osteoarthritis (OA), the most common chronic illness, has the potential to compromise the health and quality of life of not only in the patient but also affect family members. The burden of disease determines the need to provide socio-emotional support and task assistance to the patient.

Purpose and objectives: To determine de social support to the patients with knee OA.

Material and methods: Patients were eligible for inclusion in this trial that had experienced clinical symptoms of osteoarthritis (OA) in the knee at least 3 months before inclusion into study. All patients were required to fulfill the American College of Rheumatology classification criteria for knee OA. We used data for the Knee Injury and Osteoarthritis Outcome Score (KOOS) to assess patient's self-reported knee pain, function and quality of life. The social support was evaluated by Interpersonal Support Evaluation List (ISEL) 12, consisting in 3 subscales (appraisal, belonging, tangible). This study was conducted according to the principles of the Declaration of Helsinki (1996) and good clinical practice.

Results: We examined 29 patients with OA, mean age 62.52 ± 7.92 years, (range 55-70), 86.2% women. For the entire sample, knee pain was present in the majority (100%) of patients. The radiographic characteristics: KL II-15 (51.72%) patients, KL III - (44.82%) and the most severe form in just one case. The KOOS results showed that Pain level was 71.99%, Symptoms 74.28%, Activity Daily Living (ADL) – 61.14%, the possibility to practice sport was the worse score 45%, and the QoL – 60.33% qualified as middle. The social support was 31.2 points appreciated satisfying, the high score was ISEL – appraisal-12, tangible-9.8 points and belonging-9.3 appreciated the worse. There were significant indirect correlation between the age of patients and ISEL total $r = -0.71$ ($p<0.001$) and mild correlation between social support and symptoms, functionality of knee and pain $r = 0.51$ to 0.54 ($p<0.05$). Also, moderate correlation were found between the QoL and ISEL total $r = -0.52$ ($p>0.06$).

Conclusion: Pain as a common symptom of knee osteoarthritis had a substantial influence on the degree of social support perceived by the patients. The age and disease manifestation determined the level of social support and decreased directly the quality of life.

Key words: Knee osteoarthritis, social support

51. CHARACTERISTICS OF ARTERIAL HYPERTENSION IN ELDERLY

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Introduction: Cardiovascular diseases are responsible for about 17 million of deaths per year worldwide, representing almost a third of total mortality. Of these, 9.4 million of deaths a year are caused by complications of high blood pressure (hypertension). Hypertension causes at least 45% of deaths from cardiovascular disease and 51% of deaths from strokes celebration. In some populations, the number of hypertensive exceeds 50% between people over the age of 60 years.

Purpose and objectives: Determination of the clinic-evolutionary features of hypertension in the elderly.

Materials and methods: The study was conducted on a sample of 90 patients' currents during October 2013–January 2014.

Results: Based on the established goal we assigned patients into two groups: the first group is the active patients of working age to 65 years and the second group is represented by patients older than 65 years. Distribute these groups by sex was determined that both groups of woman sex prevail: in the group with patients up to 65 years – 63% and in the group of elderly patients – 53%. Following the distribution of patients with hypertension by age observed that patients aged up to 65 years represent – 33.4%, but patients over 65 years represent – 66.6%. Analyzing triggers hypertension in both groups was revealed that in patients up to 65 years predominate multiple factors (stress, coffee, alcohol) – 46.6%, the second factor is stress – 40% in elderly multiple factors predominate (stress, coffee, excessive consumption of food) – 86.6%, stress as single – factor as 10%. HTA values is divided as follows: in patients up to 65 years dominate HTA of first degree 30% and second degree 40%, a controversy is observe in elderly patients where prevails hypertension of the third grade – 36.6% and hypertension isolated systolic – 41.6%. As concomitant diseases are prevalent in elderly patients –