

Results: Following the administration of combined therapy with trimetazidine it was found a significant decrease in the frequency of ischemic episodes by 33,6% ($p < 0,05$) and in the frequency of dysrhythmias by 30,7% ($p < 0,05$), while in the control group positive evolution was not statistically significant. It was determined a significant reduction of MDA by 1,85 ($p < 0,05$), with the increase in SOD activity by 2,6 ($p < 0,05$) and catalase by 1,5 ($p < 0,05$), in the control group also being determined a positive, but insignificant, increase. It was determined the improvement of myocardial contractibility, the ejection fraction increasing by 11,8% ($p < 0,05$), while in the control group the increase was insignificant. Respiratory function indexes in both groups improved, but there were no significant differences ($p > 0,1$). During the study, the drug showed a good tolerance.

Conclusion: Trimetazidine has a pronounced anti-ischemic, antiarrhythmic and antihypoxanth effect. The obtained results allow us to recommend the combined therapy with trimetazidine in the treatment of patients with COPD associated with ischemic cardiopathy.

Key words: COPD, ischemic cardiopathy, trimetazidine, oxidative lipid peroxidation, ischemia, arrhythmias.

CARDIOVASCULAR RISK ESTIMATION IN PATIENTS WITH INTRACLINIC ATHEROSCLEROSIS

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Introduction: Cardiovascular diseases are currently the leading cause of death in industrialized countries and are expected to become so in emerging countries by 2020. Among these, coronary artery disease (CAD) is the most prevalent manifestation and is associated with high mortality and morbidity. Quantitative assessment of risk is useful for clinical decision making. Several scores have been developed to estimate ischaemic and bleeding risks, with different outcomes and time frames (GRACE, TIMI, Duke).

Objectives: Cardiovascular risk assessment in patients with unstable angina pectoris and their stratification for the appropriate management election.

Materials and methods: The study was made in the period of december 2010 - april 2011 and included 80 patients with the diagnostic of unstable angina pectoris based on the clinical, electrocardiographic and echocardiographic evaluation. There have been assessed anginal syndromes, factors for cardiovascular risk, hemodynamic parameters at hospital admission, the results of the laboratory investigation. Duke score was calculated by the equation: Score = feature of angina x (1 + frequency of angina outbreaks/24h) + ST/T abnormalities. Depending on the total points, the risk was stratified in 3 groups: low, moderate, high.

Results: The mean age of the patients included in the study was $60,72 \pm 0,89$ years. Most of the patients showed angina pain at the admission. Clinical signs were dyspnoea (93,75%), palpitations (63,75%), pre-syncope. At the admission, 68,75% of the patients showed high blood pressure. Crucial risk factors were: arterial hypertension (91,25%), overweight/obesity (91,25%), dyslipidemia (38,75%), diabetes mellitus (28,75%). Echocardiographic atherosclerotic changes of aorta and valves were registered in 98,75% of cases. The assessment of Duke score has been established that 2,5% of the patients had low cardiovascular risk, 23,75% - moderate and 73,75% - high risk that correlates with a death rate of over 2% in one year.

Patients with high risk were older, they required a longer hospitalization, they had higher blood pressure values and showed more pronounced changes in the lipid metabolism.

Conclusions: Most of the patients with unstable angina pectoris have a high risk of cardiovascular events, which correlates with a death rate over 2% per year. Assessment of cardiovascular risk allows choosing of an adequate treatment (drug therapy or revascularization) which would increase the survival rate.

Keywords: atherosclerosis, cardiovascular risk, angina pectoris, Duke score.

THE ATRIAL NATRIURETIC PROPEPTIDE PLASMA LEVELS IN PATIENTS WITH NONVIRAL LIVER CIRRHOSIS OF DIFFERENT AGE

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Introduction: Atrial natriuretic propeptide (proANP) is one of the most reliable markers of heart failure and independent predictor of cardiovascular risk in cardiac patients. The role of this cytokine in the development of hepatologic diseases is less investigated.

The aim: Our study purpose was to study possible age-related features of proANP plasma content in patients with nonviral liver cirrhosis and its relationship with biochemical blood parameters.

Materials and Methods: Our study involved 48 patients with nonviral liver cirrhosis. All the patients were divided according to age: first group (30–44 years) included 14 patients, second group (45–59 years) – 18 patients, third group (60–74 years) – 16 patients. Control group consists of 8 healthy volunteers. ProANP plasma content together with plasma activities of aspartataminotransferase (AST), alaninaminotransferase, total laktatdehydrogenase (LDH), alkaline phosphatase, gammaglutamiltransferase and plasma contents of glucose, cholesterol, tryglycerides, urea, creatinine, bilirubin and albumin were studied.

Results: ProANP plasma concentration was significantly higher in patients with liver cirrhosis of all age groups compared with the healthy individuals. In the first group it was $1,51 \pm 0,20$ nmoll/l, in the second group – $1,56 \pm 0,22$ nmoll/l, in the third group – $1,85 \pm 0,37$ nmoll/l, while the control levels were $0,31 \pm 0,04$ nmoll/liter. There was also a trend towards a gradual increase of the proANP blood level with age. For patients with liver cirrhosis established a direct correlation between the plasma content of proANP and urea, creatinine concentrations, AST and total LDH activities.

Conclusions: The plasma content of proANP increases in patients with liver cirrhosis of all ages. This increase correlates with the activity and severity of liver cirrhosis and is the highest in older patients with decompensated liver cirrhosis.

Key words: liver cirrhosis, atrial natriuretic propeptide.

EVALUATION OF OSTEOARTHRITIS DURATION ON THE BONE MINERAL DENSITY

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