

proposed measures 23,5% were fully completed; 28.4% partially implemented; 37.0% uncompleted; and there are 11.1% which continue to be implemented until the time of analysis. In the last three years the Government has not issued documents on implementing the SDP.

However, the analysis of the State drug policy content showed that 95% of the objectives are current nowadays and need only some changes and completions.

**Conclusion:** The research highlighted the degree of implementation of the State drug policy. The effectiveness of implementation is unsatisfactory, it equals with 34,6%. That is why, it is necessary to make some changes and additions to the State drug policy of the Republic of Moldova, to adjust it to the national health policy and to fortify its implementation.

## SOME ASPECTS OF CONTEMPORARY HEART FAILURE PHARMACOTHERAPY

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**Introduction:** Heart failure is a clinical syndrome with complex etiology, being the cause of hospitalization for one in three people on average, and the main cause of hospitalization for people aged over 65 years. The average incidence is 3.7% per year in men and 2.5% in women, depending on the age the incidence is doubling for each decade, starting from 45 to 75 years. The aim of the study was to analyze the fundamental principles of contemporary pharmacotherapy of heart failure.

**Materials and methods:** Studying medical records of patients with heart failure of different genesis and severity. Statistical processing of data by using T-Student criterion.

**Results:** We studied records of observation of 49 patients, of whom 21 (43%) women and 28 (57%) men; most patients aged over 51 years (93.9%). Study showed that disease prevalence increases rapidly age-matched. Of the 49 patients, 24.5% were disabled, 38.8% were retired, 6.1% were unemployed and only 30.61% were employed. Most people were suffering from heart failure for 2-5 years (75.5%). The analysis using the NYHA criteria reveals prevalence of functional classes II-III in 93.9% of patients. Laboratory findings detected substantial deviation of the following relevant indicators: cholesterol to 34,7% and LDL to 95,9%, dyslipidemia increases the risk of atherosclerotic complications. High values of sodium were detected in 10.2% patients, even though they have followed diuretic therapy. After analyzing observational records we established that contemporary pharmacotherapy of heart failure includes a large variety of preparations, which are indicated with a wide frequency. The main medications: 1. converting enzyme inhibitors (lisinopril, ramipril) 39 (79.6%) to patients; 2.  $\beta$ -adreno-blockers (bisoprolol, metoprolol, carvedilol, betaxolol) to 29 (59.2%) patients; 3. diuretics (furosemide, torasemid, indapamide, spironolactone) to 48 (98%) patients; 4. cardiac glycosides to 13 (26.5%) patients. Adjuvant medications include: organic nitrates-46,9%, calcium channel blockers-28,6%, antiaggregators-69,4%, anticoagulants-67,3%, cardioprotectors-49%, anxiolytics and sedative-49%, statins -25%. In therapy of concomitant diseases were used: antibiotics-36,7%, antimycotics-16,32%, vitamins and minerals-85,71%, peripheral vasodilators-28,6%, oral hypoglycaemic-12,2%, bronchodilators-14.3% and others.

**Conclusion:** Contemporary treatment of heart failure is a complex and individualized process for each patient, including an extensive complex of preparations and pharmacological hygienic-dietary measures. Converting enzyme inhibitors,  $\beta$ -adreno-blockers, diuretics and cardiac glycosides are essential for treatment.