

52. THE USE OF ENZYME REPLACEMENT PREPARATIONS: SYMPTOMS AND CAUSES.

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Introduction. Exocrine pancreatic insufficiency is a public health problem due to morbidity, precipitating factors, poor symptomatology and inappropriate use of enzyme replacement preparations. Information and education in the rational use of enzyme replacement preparations can improve the quality of life of patients.

Aim of study. To identify respondents' level of awareness of diversity of medicinal forms, indications, mode of administration and criteria for efficacy of enzyme replacement therapy in the exocrine insufficiency of the pancreas.

Methods and materials. Respondents were interviewed online on the Google Forms platform based on the questionnaire with the following analysis of the data regarding the aspects of use of the enzymatic preparations for substitution therapy.

Results. The obtained data showed that 96 out of 125 respondents (77%) used pancreatic enzyme preparations. The most common symptoms that led them to use such preparations were: heaviness (51%), flatulence (26%), pain (15%), diarrhea (7%), weight loss (1%). The most common reasons for taking enzyme preparations were: overeating (70%), acute pancreatitis (16%), chronic pancreatitis (13%), hepatitis / hepatic cholecystitis (1%). 98% of respondents prefer monocomponent preparations and only 2% combined. Depending on the dose, 71% of respondents administered the preparations in a dose of 10,000 IU, 21% - 8000 IU, 7% - 20,000 IU and 1% - 1500 IU. Regarding the time of administration of enzyme preparations 43% of respondents administered before the meal, 43% - during the meal, 11% - 30 minutes after the meal and 3% - 30 minutes before the meal. It was found that 97% of respondents had no side effects and 3% reported dyspeptic reactions.

Conclusion. Heaviness, flatulence, pain syndrome, diarrhea and weight loss were the most frequent symptoms which led the respondents to use enzyme replacement preparations and overeating was the most common cause. Monocomponent preparations were preferred in small doses (up to 10,000 IU) with their administration before or during a meal.