Materials and methods. For our research, as materials, were used: the SMN that contains 5137 drugs, available on Medicines and Medical Devices Agency (amed.md) and also the scientific literature and guides on the classification of hepatoprotective products.
Results. Hepatoprotective products have a lot of 2.1% of the total number of medicine from the nomenclature (5137), the first in the list are the drugs with vegetal origins: Silymarin products - 31, followed by ursodeoxycholic acid products -18, amino acid products -17, phospholipids products -9, and other different groups own an amount of 32 products. At the moment, the following products are absent from the pharmaceutical market: amino acid derivatives: Betaina citrat, Ornitin aspartat; drugs which contain phospholipids: Fosfolip, Lipin, Eplir; drugs with a animal origins: Sirepar, Vitogepat; and also synthetic drugs. According to the pharmaceutical forms, the hepatoprotective can be presented in capsules-55%, followed by tablets-26%, injectable solution-11%, oral solutions-7% and just 1% for vegetal products. We mention that reported to the manufacturing, 43% of hepatoprotective products are produced by EU, and 16% are produced in R. Moldova, etc.
Conclusion. The National Program to combat the viral hepatitis for the years 2017-2021 provides a reduction of 50% till 2021 of the incindence and prevalence for the acute and chronic hepatitis, including through the access of pacients with hepatitis to medical products and to quality treatment services.
Key-words: hepatoprotective, products, hepatitis

238. APPROACHES IN THE DRUG-INDUCED LUPUS ERYTHEMATOSUS

Author: **Nicolae Demenciuc**
Scientific adviser: Tatiana Rakovskaia, MD, PhD, Associate professor, Department of pharmacology and clinical pharmacology
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Drug-induced lupus erythematosus (DILE) is an autoimmune syndrome similar to systemic lupus erythematosus (SLE), caused by the long-term administration of certain drugs. The management of the disease is an important issue, because the pathogenesis and clinic manifestations of the disease have remained unclear.
Aim of the study. Analysis of literature and new results regarding disease pathogenesis, clinical and laboratory manifestations, treatment and comorbidities in drug-induced lupus erythematosus. Material and methods. Selection and analysis of new literature in clinical practice, diagnostic and therapeutic approaches of drug-induced lupus erythematosus.
Results. Over 80 drugs have high potential to induce DILE. The most common are; procainamide, hydralazine and quinidine. Drugs' metabolism by the means of myeloperoxidase, their deacetylation of acetyl groups and the apoptosis with antinucleosomal antigen release are the basic links in the DILE pathogenesis. Diagnosis is made by determination of antinuclear and/or antihistronic antibodies. Most commonly used drugs for DILE control are: mycophenolate mofetil, cyclophosphamide, methylprednisolone, rituximab, belimumab, and blisibimod, indicated according to treatment schemes.
Conclusions. The use of drugs must be individualized on the base of their efficacy and harmlessness. Recommended drugs in DILE treatment are prescribed according to their efficacy, accessibility, and evidence-based medicine and represent: glucocorticoids, immunosuppressants and B-cell blockade.
Key words: drug-induced lupus erythematosus, systemic lupus erythematosus

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239. BIOIMPEDANCE ANALYSIS IN MEDICINE