

IL-10 is a regulatory cytokine with anti-inflammatory properties, potentially inhibiting the capacity of innate immune cells to produce inflammatory mediators.

Conclusions. 1. The PUFA medication has an immunomodulatory effects: they decrease of serum pro-inflammatory cytokines (IL-1 β , IL-6) levels and increase of level of the anti-inflammatory IL-10.

2. Ivabradine is caused of reduction IL-1 β and IL-6 in serum but not influence for IL-10 concentration.

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PREVALENCE OF DIFFUSE GOITER AMONG ADULTS IN LVIV REGION IN YEARS 2000-2010

***Olha Kasiyan¹, Halyna Tkachenko², Jan Łukaszewicz²,
Natalia Kurhaluk²***

¹Department of Hygiene and Preventive Toxicology, Danylo Halytsky Lviv National Medical University, Lviv, Ukraine

²Institute of Biology and Environmental Protection, Pomeranian University in Słupsk, Arciszewski Str. 22b, 76-200 Słupsk, Poland

Iodine deficiency is a common cause of endemic goitre. Recently, WHO calculated that about 740 million people, equivalent to 13% of the world's population, have goiter due to an excessively low intake of iodine. Iodine deficiency is also a major health problem in regions of western Ukraine. Now, there is an ongoing global iodination program in a collaboration between the International Council for Control of Iodine Deficiency Disorders (ICCIDD), UNICEF and WHO, with the goal of eradicating iodine deficiency throughout the world. The iodination program also includes monitoring goitres and measuring the concentration of iodine in the urine in the population as quality assurance of the program. Incidence of diffuse goitre (DG) in Ukraine is currently higher than in past decades. Therefore, the aim

of our study was the assessment of DG prevalence among adults (above 18 years old) in Lviv region (western Ukraine) in years 2000-2010.

For assessment of the DG prevalence among adults of different districts (reions) in Lviv region during years 2000-2010, the analysis of archival data from Lviv Regional Endocrinology Hospital was done. The research study covered by 20 districts (reions) of Lviv Oblast (Brody, Busk, Horodok, Drohobych, Zhydachivskiyi, Zhovkivskiyi, Zolochivskiyi, Kamianka-Buzka, Mykolaiv, Mostyska, Peremyshliany, Pustomyty, Radekhiv, Sambir, Skole, Sokal, Starosambirskiyi, Stryiskiyi, Turkivskiyi, and Yavorivskiyi districts), as well as six towns of Lviv region (Lviv, Boryslav, Drohobych, Stryi, Truskavets, Chervonograd).

The prevalence of DG (I degree) (per 10,000 individuals) among the adults of Lviv region during 2000-2010 years was presented in Fig. 1. Decrease of the DG prevalence from 307.5 to 197.2 per 10,000 individuals during 2000-2010 years was observed. A significant reduction in DG prevalence among adults from towns of Lviv region was noted. It was 133.1 per 10,000 individuals in 2000 and 99.6 per 10,000 individuals in 2010. There was a decline of DG prevalence from 231.8 to 155.3 per 10,000 individuals among adults in Lviv district during 2000-2010. In 2010, the prevalence of disease among adults from districts was higher compared to the adults from towns (197.2 compared to 99.6 per 10,000 individuals, respectively).

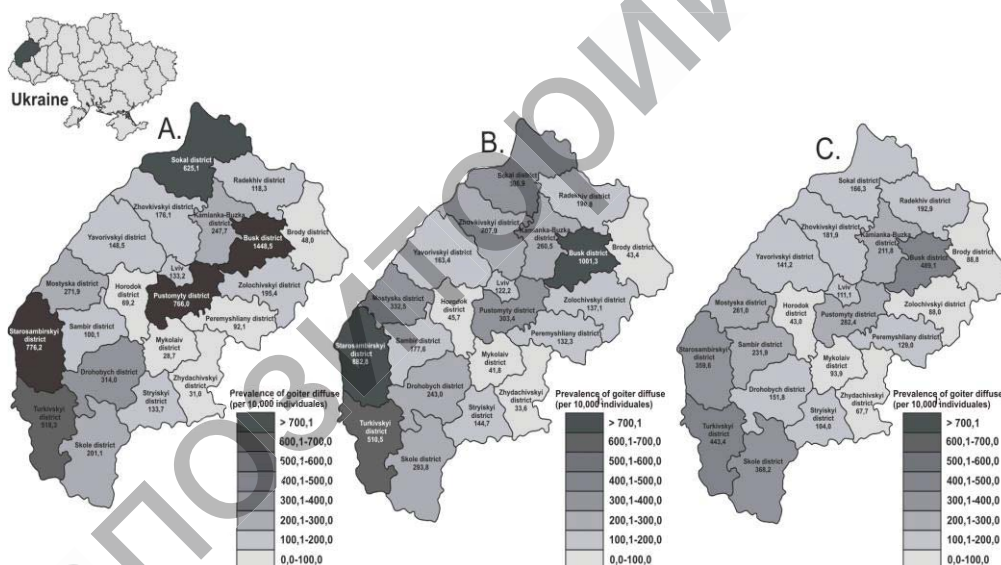


Fig. 1. Prevalence of diffuse goitre (I degree) (per 10,000 individuals) among adults in districts (reions) of Lviv region in 2000 (A), 2004 (B), and 2010 (C).

The highest prevalence of DG among adults was noted in Busk, Starosambirskiyi, Pustomyty, Sokal, Turkivskiyi districts (489.1-1448.5; 359.6-776.2, 282.4-766.0, 166.3-625.1, 443.4-518.3 per 10,000 individuals, respectively), and in Truskavets, Drohobych, and Boryslav (14.1-340.2, 61.2-218.2, 96.3-160.7 per 10,000 individuals, respectively). The increase in the DG prevalence in 7 districts (Brody, Zhydachivskiyi, Mykolaiv, Peremyshliany, Radekhiv, Sambir, Skole) among 20 districts and in 1 town

(Chervonograd) among 6 towns of Lviv region during years 2000-2010 was observed.

The prevalence of diffuse goiter (II and III degrees) (per 10,000 individuals) among the adults of Lviv region during 2000-2010 years was presented in Fig. 2. Decrease of the DG prevalence from 31.4 to 29.6 per 10,000 individuals during 2000-2010 years was observed (Fig. 2). A significant increase in DG prevalence among adults from districts of Lviv region was noted. It was 29.9 per 10,000 individuals in 2000 and 37.3 per 10,000 individuals in 2010. There was a decline of DG prevalence from 33.3 to 19.4 per 10,000 individuals among adults from town in Lviv region during 2000-2010. In 2010, the prevalence of disease among adults from districts (37.3 compared to 19.4 per 10,000 individuals, respectively) (Fig. 2).

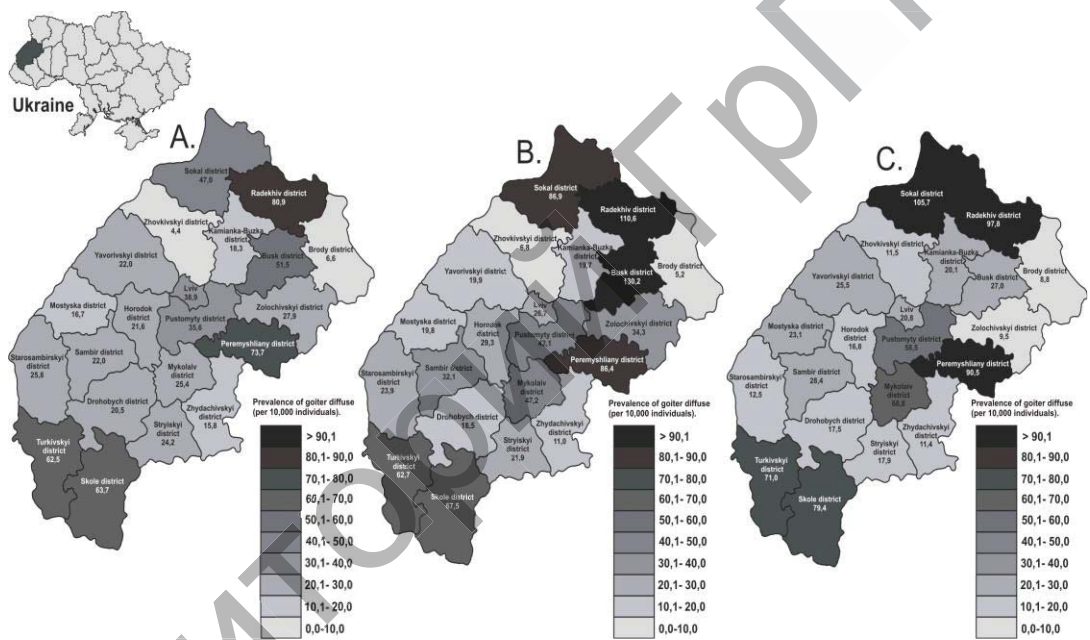


Fig. 2. Prevalence of diffuse goitre (II and III degrees) (per 10,000 individuals) among adults in districts (reions) of Lviv region in 2000 (A), 2004 (B), and 2010 (C).

Increased DG (II and III degrees) prevalence among adults of Lviv region was observed in Radekhiv, Peremyshliany, Skole, Turkivskyi, and Busk districts in 2000 (80.9, 73.7, 63.7, 62.5, 51.5 per 10,000 individuals, respectively), in Busk, Radekhiv, Sokal, Peremyshliany, Skole, and Turkivskyi districts in 2004 (130.2, 110.6, 86.9, 86.4, 67.5, 62.7 per 10,000 individuals, respectively), in Sokal, Radekhiv, Peremyshliany, Skole, and Turkivskyi districts in 2010 (105.7, 97.8, 90.5, 79.4, 71.0 per 10,000 individuals, respectively) (Fig. 2). The decrease of DG prevalence among adults in the 15 districts (Busk, Horodok, Drohobych, Zhydachivskyi, Zolochivskyi, Sokal, Starosambirskyi, Strytskyi) and all towns (except Drohobych and Chervonograd) in Lviv region was noted (Fig. 2).

Our results indicate the need to clarify the reasons for the increased DG prevalence among the population of Lviv region, the definition of the risk of thyroid pathology in each district of the region among the different age groups, which will propose measures to prevent further increase of DG incidence.

НООТРОПНЫЙ ПРЕПАРАТ В ЛЕЧЕНИИ БОЛЬНЫХ С ЭНЦЕФАЛОПАТИЯМИ РАЗЛИЧНОГО ГЕНЕЗА

Авдей Г.М., Авдей С.А.

Гродненский государственный медицинский университет

Энцефалопатия – неспецифический синдром, отражающий диффузное нарушение функции головного мозга [1]. Основными причинами энцефалопатий в позднем возрасте могут стать заболевания сердечно-сосудистой системы, дыхательная, печеночная, почечная недостаточность, эндокринопатии. Особое место в лечении занимают ноотропные и нейропротекторные препараты [2]. Тиоцетам относится к группе цереброактивных средств, обладает ноотропными, противоишемическими, антиоксидантными и мембраностабилизирующими свойствами.

Цель исследования: оценить терапевтическую эффективность и переносимость препарата Тиоцетам («Артериум», Украина) у больных с гипертонической дисциркуляторной энцефалопатией II стадии (ГДЭII) и дисметаболическими энцефалопатиями на фоне сахарного диабета и почечной патологии.

Материал и методы исследования. В исследовании участвовал 61 пациент в возрасте от 48 до 73 лет. В I группу вошло 26 больных с ГДЭII. II группу составило 20 пациентов с сахарным диабетом 2 типа (инсулиннуждающийся) с сопутствующей энцефалопатией. В III группу вошли 15 пациентов с дисметаболической энцефалопатией, обусловленной соматической патологией с преимущественным поражением почек. Все пациенты получали стандартную комплексную терапию, включающую также Тиоцетам, который вводили внутривенно капельно по 10,0 на 250 мл физиологического раствора 1 раз в сутки в течение 10 дней, а затем пациенты продолжали принимать Тиоцетам по 2 таблетке 3 раза в день за 30 минут до еды в течение месяца. Всем пациентам в динамике проводились: оценка психоэмоционального состояния по шкалам субъективных симптомов, Бека (депрессия), Спилберга-Ханина (личностная и ситуативная тревожность), Л.Д. Малковой-Т.Г. Чертовой (астеническое состояние); экспресс-методика оценки когнитивных функций; анализ качества жизни с помощью тестового опросника SF-36 (MOS 36-Item Short Form) [3, 4]. Каждый пациент проходил обследование до начала лечения и дважды в течение курса лечения – после инфузионного периода и после периода пероральной терапии (в конце лечения). Статистическую обработку полученных данных проводили с использованием критерия Стьюдента.

Результаты исследования. Подавляющее большинство пациентов отмечали улучшение самочувствия. У больных, использующих в