АКТУАЛЬНІ ПИТАННЯ ВНУТРІШНЬОЇ МЕДИЦИНИ. ВІД КЛІНІЧНИХ ДОСЛІДЖЕНЬ ДО КЛІНІЧНОЇ ПРАКТИКИ

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тиску (так- 1, ні- 0) та значення глікозильованого гемоглобіну у відсотках. Низька eGDR була запропонована, як міра резистентності до інсуліну (K.V. Williams, J.R. Erbey, 2010). Визначення інсулінорезистентності за eGDR є простим, доступним та не потребує спеціального оснащення.

Важливість визначення наявності інсулінорезистентності у пацієнтів, хворих на ЦД 1 типу, що мають надлишкову вагу та гіперглікемію, яка важко контролюється, не залишає сумнівів. Однак питання корекції інсулінорезистентності залишається відкритим. На теперішній час доступним залишається перегляд дієти, схем інсулінотерапії та фізичної активності, оскільки ЦД 1 типу є протипоказанням для призначення медикаментозних засобів, що знижують інсулінорезистентність.

HEMODYNAMIC FEATURES IN PATIENTS WITH CHRONIC HEART FAILURE AND PRESERVED EJECTION FRACTION

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The aim of the study was to determine the clinical features and hemodynamics in patients with CHF with preserved ejection fraction depending on age.

Methods: retrospective analysis of 198 patients with heart failure and preserved ejection fraction. The average EF (M±m) – (63,8±6,3) %. 53,5 % were males (n=106), 46,5 % – females (n=92). Patients were divided into 3 groups according to age: 1st – 40–59 years old (n=74), 2nd – 60–75 (n=73), 3rd – >75 years old (n=51). Indicators of hemodynamics were assessed by echocardiographic examination on the unit «VIVID 3», GE Medical Systems – USA at B, M, 2D, CFM, PW – pulse sensor modes 3 S (3,5 MHz) in the left lateral position. Measurements were carried out according to the recommendations of the American Society of echocardiography. Statistic processing was conducted using the methods of biostatistics implemented in the software package STATISTICA v. 6.1.

Results. Hypertension was diagnosed among 169 patients (85,4 %). 17 (23 %) patients from the first group had a myocardial infarction in anamnesis (over six months), 23 (31,5 %) – in the second group and 12 (23,5 %) – in the third group. Conduction (block) were in 11 (14,9 %) patients from the first group, in 5 (6,8 %) – from the second group and in 11 (21,6 %) from the third group. Extrasystole was in 11 (14,9 %) patients from the first group, in 15 (20,5 %) from the second group and in 7 (13,7 %) from the third group. Atrial fibrillation was detected in 6 patients (8,1 %) from the first group, in 17 (23,2 %) from second group, in 7 (13,7 %) from the third group. Level of indicators such as myocardial infarction history, extrasystole, atrial fibrillation increases with age, but the highest in the age 60–75 years.

Significant structural and functional changes of hemodynamics were observed among patients with CHF with preserved ejection fraction from different age groups.

It was found that significantly increases with age those indicators as average pulmonary artery pressure (21,4±7 mmHg in the 1st and 33,2±4,3 mmHg in the 3rd group), and frequency of registration changes of aortic root (83,8 % in the 1st and 96 % in the 3rd group). The size of the left atrium significantly increased in accordance with age (3.8±0,4sm in the 1st and 4,4±0.4 sm in the 3rd group) (p<0,05). But, further analyzing hemodynamic showed that they vary differently with age. Thus, the second group of patients in the range of 60–75 years compared with patients of the first group was significantly increased end-systolic volume (LV ESV) to 21,3 % (p<0,05) and end-systolic size (LV ESS) to 41,8 % (p<0,05). However, in the age group over 75 years there were no LV ESV and LV ESS increase registered. Increase in LV ESV and LV ESS may indicate a poor prognosis in the age group of 60 to 75 years.

Conclusion. Significant structural and functional changes of hemodynamics were found in patients with CHF and preserved ejection fraction depending on age which may indicate a poor prognosis in patients of this category.

RISK AND PREDICTORS OF THE DEVELOPMENT OF PROTEINURIA IN PATIENTS WITH SYSTEMIC SCLEROSIS IN THE FIVE-YEAR OBSERVATION

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Introduction and aims. Systemic sclerosis (SSc) is a disease of connective tissue, accompanied by increased accumulation of collagen, immune and vascular disorders. Proteinuria has shown to be a useful marker of vascular damage and a powerful predictor of mortality in patients with SSc. The Aim. To investigate risk and predictors of development of proteinuria in patients with SSc.

Methods. We have perfomed five-year long prospective study of patients with SSc who are in the local registry. 67 patients were enrolled to the study (3 men and 64 women, mean age – 43,5±1,1 years). Patients met ACR (1980) and ACR/EULAR (2013) Classification criteria for Scleroderma and were treated according to EULAR and local standards. To define risk and predictors of development of proteinuria we used Kaplan-Meier procedure and Cox univariate regression model. We have investigated influence of several factors on the risk of development of proteinuria. These factors were: diffuse cutaneous subset of SSc (compared to limited cutaneous subset of SSc), presence of Raynaud phenomenon, tightness of the skin of the hands, arthritis, pulmonary fibrosis, arterial hypertension, anemia, erythrocyte sedimentation rate>25 mm/h, C-reactive protein (CRP)>5 mg/l, rheumatoid factor (RF)>14 IU/ml. To investigate influence of age on the risk of AH appearance patients were dichotomized by the mean age of 43,7 years.