при кількості спостережень – 29) AR=0,21; ризик дисліпідемії при АГ першого ступеня (кількість спостережень – 5 при кількості випадків – 2) AR=0,4, RR=1,9 (достовірно каппа 95%) та етіологічної частки (EF, %) АГ у 47,4%; При АГ другого ступеня (кількість спостережень – 88 при кількості випадків – 75) AR=0,85, RR=4,0 (достовірно каппа 95%) та EF=75%. Тобто найбільший ризик дисліпідемії у хворих на АГ другого ступеня.

При підрахунку ІА залежно від наявності ХОЗЛ (кількість спостережень – 125 при кількості випадків – 60) атрибутивний ризик (AR) становив 0,48. При наявності АГ за відсутності ХОЗЛ (кількість спостережень – 30, кількість випадків – 23) AR=0,77. Залежно від стадії ХОЗЛ виявлено, що при ХОЗЛ першої стадії (кількість спостережень – 43 при кількості випадків – 21)

AR=0,48, (достовірно каппа 95%); При ХОЗЛ другої стадії (кількість спостережень – 49 при кількості випадків – 39) AR=0,79, RR=1,03 та EF=3% (достовірно каппа 95%). Тобто найбільший ризик дисліпідемії у хворих на ХОЗЛ другої стадії.

ПІДСУМОК

Найбільший ризик дисліпідемії у працівників підземного видобування залізної руди, що мають АГ другого ступеня та ХОЗЛ другої стадії. Визначення ризику дисліпідемії дає підставу для подальшої розробки методів своєчасної діагностики та впровадження комплексу заходів, спрямованих на запобігання розвитку дисліпідемії як основного з факторів розвитку атеросклерозу та ІХС у працівників основних професій гірничо-металургійної промисловості.

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RISK FACTORS IN PATIENTS WITH ATRIAL FIBRILLATION AND CORONARY HEART DISEASE

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Atrial fibrillation (AF) is one of the most common forms of arrhythmias, which leads to acute stroke and has a negative social significance. Every fifth case of stroke is due to the presence of atrial fibrillation. It is known, that spread of comorbidity is associated with age. According to literature, the prevalence of atrial fibrillation is also increasing with age: almost 10% of people over the age of 80 suffer from AF. The study of risk factors and comorbidity in patients with atrial fibrillation of non-valvular genesis requires a detailed analysis.

The aim of the study was to evaluate the risk factors and the incidence of comorbidity in patients with coronary heart disease depending on the presence of atrial fibrillation.

MATERIALS AND METHODS

A retrospective analysis of 222 case histories of illnesses of patients with coronary heart disease who undergo inpatient treatment, aged from 39 to 88 years, has been conducted. Depending on the presence of atrial fibrillation, all patients were divided into 2 groups: group 1 (main) – patients with coronary heart disease with atrial fibrillation (n=105), group 2 (comparison) – patients with coronary heart disease without atrial fibrillation (n=117).

RESULTS AND DISCUSSION

In the group of patients without AF, the proportion of patients with inherited exacerbations of coronary heart disease was 64.29%, while in the main group – 25.0%, the differences did not reach the statistically significant level, but this relationship is confirmed by the results of the rank correlation analysis – between the presence AP and heredity there was revealed a significant weak feedback – c= –0.21 (p<0.05). The diseases that were observed in the examined patients with coronary artery disease present acute violation of cerebral circulation, angina pectoris, acute myocardial infarction, hypertension, diabetes, pathology of the kidneys and the thyroid gland, diastolic dysfunction and obesity. The groups differed in the proportion of patients with stroke – in the group with AF, It was significantly (p=0.002) higher – 23.81%, as compared to 8.55% in the comparison group.

CONCLUSIONS

The presence of atrial fibrillation in patients with coronary heart disease is associated with a high degree of comorbidity. First of all, with the combination of coronary heart disease and atrial fibrillation, a high incidence of hypertension, diabetes mellitus, obesity, acute stroke, kidney disease and thyroid gland is established.

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L.V. Mikulets

STATIN THE RAPY FOR THE PREVENTION OF CARDIOVASCULAR DISEASE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Cardiovascular disease (CVD) is a major cause of mortality in rheumatoid arthritis (RA). In the literature are conflicting data on the use of statins in patients with RA, indicating a lack of attention to the issue of prevention of CVD in this category of patients.

The aim of the study was to improve the efficiency of the treatment of rheumatoid arthritis by including basic treatment rosuvastatin.

MATERIALS AND METHODS

The study included 43 patients with RA. A survey conducted by the protocol patients (DAS28 index, visual analog scale (VAS), morning stiffness). The study of lipid metabolism include: determining the level of total cholesterol (total cholesterol), HDL cholesterol (HSLPVSCH) and low density (HSLPNSCH), atherogenic index (AI), triglycerides (TG). Total cardiovascular risk assessment was performed using a table SCORE. Surveyed patients divided into groups: primary (n=20) (basic therapy and rosuvastatin, 10 mg 1 time per day) and comparison (n=23) (basic therapy that included methotrexate, nonsteroidal anti-inflammatory drugs, glucocorticoids in medium therapeutic doses).

RESULTS AND DISCUSSION

As a result of the treatment found that patients with a primary and group comparison, there was a positive dynamics of clinical indicators of inflammatory activity (DAS28, VAS, morning stiffness). In the study group experienced a significant decrease (p<0.05) at the same time as in the comparison group had a tendency to decrease. Noted a reduction parameters: CRP ($\Delta_1$37% main group and the comparison group $\Delta_2$21%), ESR ($\Delta_1$39% and $\Delta_2$26% respectively). Also noted the changes in the lipid profile. Significantly decreased in the study group performance total cholesterol ($\Delta_1$31% versus