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АКТУАЛЬНІ ПИТАННЯ ТЕРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical Medicine

Збірник тез доповідей
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the 50 % of persons and the second stage of it is presented also for the 50 % of participants from the II group. There was no connection between stage of obesity, OH and the levels of UA.

Conclusions. In our clinical trial we determined the absence of interrelation between stage of obesity, stage of OH and the levels of UA. Even primary changes of metabolism stimulate the appearance and development the symptoms of OH. The higher levels of UA, AI, stage of obesity we determined for patients with OH.

HYPERURICEMIA AS CARDIOVASCULAR RISK FACTOR IN PATIENTS WITH HYPOTHYROIDISM

Chukwunonso Arinze, Obinna Nwokiea Chukwuma
Scientific adviser – G.A. Fadieieva, MD
Sumy State University, Department of Internal Medicine postgraduate education

Thyroid dysfunction is associated with dyslipidemia, a well-known cardiovascular risk factor. Besides dyslipidemia, thyroid dysfunction can induce insulin resistance, hypertension, endothelial dysfunction.

Study objectives: to determine prevalence of hyperuricemia and association with lipid profile in patients with hypothyroidism.

Methods: The study included 58 patients with hypothyroidism and a control group of 20 healthy euthyroid volunteers. The following measurements were made in all participants: thyroid-stimulating hormone (TSH), free thyroxin (FT4) concentration, thyroid peroxidase antibodies, total cholesterol (TC), low-density lipoprotein (LDL) cholesterol, high-density lipoprotein (HDL) cholesterol, triglycerides (TG), uric acid. The 1st group included 47 patients with hypothyroidism and normal serum uric acid level, the IInd group – 11 hypothyroid patients with hyperuricemia. Hypothyroidism was defined as a TSH > 4.0 mU/L with a decreased free T_4 level, hyperuricemia – serum uric acid > 420 μmol/l for men and >360 μmol/l for women.

Results: The mean age of patients was 66.3±3.25 years. Prevalence of hyperuricemia in hypothyroidism is 18,9%.

Patients from the 1st group had total cholesterol (5.4±0.77) mmol/l, LDL-cholesterol (3.5±0.45) mmol/l, triglycerides (2.0±0.28) mmol/l.

Hyperuricemia in hypothyroid patients from the 2nd group is accompanied by more elevated total cholesterol concentrations (6.7±0.83) mmol/l ($p<0.05$), LDL cholesterol (4.3±0.63) mmol/l ($p<0.05$), triglyceride (2.4±0.32 mmol/l).

Conclusion: In case of hyperuricemia patients with hypothyroidism have more pronounced changes in atherogenic lipid profile that require special attention in practical medicine.

ATHEROSCLEROSIS PROGRESSION FOR PATIENTS WITH TYPE 2 DIABETES MELLITUS AND DYSLIPIDEMIA

Efremova O.A., Demikhova N.V., Bamisile Adebayo (group 119)**
Belgorod State University, RF; Sumy State University, Ukraine*

The main cause of death for patients with diabetes mellitus (DM) in Europe is connected with cardiovascular diseases. There is the correlation between them and hyperglycemia.

Aim. To diagnose atherosclerosis in early stages, to develop measures for prevention its progression for patients with type 2 DM and dyslipidemia.

Materials. **S**tudy involved 61 patients with type 2DM. They were divided into 2 groups. Group 1 (30) - (22 – with defragment intima and media thickening, 8 – with formed atherosclerotic plaques without changes of vessel diameter), group 2 (31) – with qualitative changes of intima media complex (IMC) (19 people - defragmentation intima and media thickening, 12 – with atherosclerotic plaques without changes the diameter of the vessel). Combined therapy included 20 mg of atorvastatin. The clinical picture was confirmed by the level of HbA1c <7%. For determination the features of atherosclerosis we used complex clinical, laboratory and instrumental methods, including daily monitoring of blood glucose; definition of glycated hemoglobin