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АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

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NUTRITIONAL INTERVENTION IN OVERWEIGHT AND OBESE PATIENTS*Posea Mihaela, PhD**National Institute of Diabetes, Nutrition and Metabolic Diseases "N. C. Paulescu", Bucharest*

Background and Aims. Obesity is a major risk factor for type 2 diabetes, cardiovascular diseases, cancer, pulmonary diseases, osteoporosis. Our study aimed to evaluate the caloric intake, vitamins and minerals from food before a nutritional intervention to overweight and obese patients.

Material and methods. We evaluated the content of food before running a nutritional intervention program of 124 overweight and obese patients. We assessed the kilocalories, vitamins and minerals from intake food using a 7-day weighed food self-records; measured resting metabolic rate after eight hours fasting with an indirect calorimeter and parameters like weight, body mass index, body fat, percent of body fat, abdominal circumference and arterial tension.

Results. Considering a normal percent of body fat (PBF) for women between 20 and 30 and for men between 15 and 20, the mean value of PBF in group B, was significant higher in women than men ($p < 0.00001$). Also women have significantly more often values of abdominal circumference over normal. Overweight and obese patients had an excessive intake of sodium, iron and selenium. They had an inadequate intake of D and E vitamins (less than 90% of recommended daily intake) and A, B1, B2, B3, B5, B6, B12 and C vitamins (more than 110% of recommended daily intake). After the nutritional intervention, overweight and obese patients had significantly lower level of intake carbohydrates ($P = .018$), lipids ($P = .002$), B1 vitamin ($P < .001$), B3 vitamin ($P = .02$) and E vitamin ($P = .016$). There is a significantly increased level of proteins ($P < .001$). The intake levels of following's decreased: sodium ($P < .001$), magnesium ($P = .006$), zinc ($P = .035$), copper ($P = .002$), manganese ($P < .001$). Phosphorus is the only mineral of which the intake level increased significantly ($P < .001$). All the anthropometric parameters decreased significantly: weight ($P < .001$), body mass index ($P < .001$), body fat ($P < .001$), percent of body fat ($P < .001$), abdominal circumference ($P < 0.001$), systolic arterial tension ($P < .001$), diastolic arterial tension ($P = .002$).

Conclusions. All the patients had imbalanced intake of vitamins and minerals both before and after intervention. We need to pay more attention to food quality and quantity during low caloric diet, thus to assure the recommended daily intake for vitamins and minerals.

COMPARISON OF EFFICACY AND SAFETY OF LONG-TERM WARFARIN THERAPY IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION*Romaniuk S.A., Opolonskaja N.A., Kysenko E.V.**Scientific research supervisor: Pristupa L.N., professor**Sumy State University, Department of Internal Medicine postgraduate education*

Introduction: Anticoagulation with vitamin K antagonist (VKA) has been an enduring gold standard for stroke prevention in atrial fibrillation (AF). But the potential for serious bleeding complications of the drug remains a problem for the safe use of drug

Aim: Examine the prevalence of thromboembolic and bleeding complications in patients with non-valvular atrial fibrillation who receiving warfarin.

Materials and methods: A total of 40 patients with non-valvular atrial fibrillation were recruited between July 2015 and January 2016 and were provided written informed consent. They were divided on two groups: firsts group of patients who did not take warfarin and second group of patients who took warfarin. We used CHA₂DS₂VASc score to assess the risk of thromboembolic complications (TEC), scale HAS-BLED to assess the risk of bleeding, control of laboratory parameters. Patients who taking warfarin, was calculated time spent in the target range (TTR) of International Normalized Ratio (INR). Participants also completed a questionnaire about their vitamin K-rich beverage and food intake.

Results: The majority of patients (72%) were aged from 65 to 70 years. Patients, who taking warfarin, INR time (2-3) arranged from 78 to 82%. Patients with high risk of thromboembolic complications (more than 5 points) of CHA₂DS₂VASS scale was significantly more in patients, who were not taking warfarin (18%) compared with patients, who received warfarin ($p = 0.011$). The majority of patients had a high risk of bleeding (more than 3 balls) on a HAS-BLED scale.