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ADDITIONAL THERAPY WITH DAPAGLIFLOZIN IN PATIENTS WITH TYPE 2 DIABETES WHO HAVE INADEQUATE GLYCEMIC CONTROL

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Patients with type 2 diabetes often require intensification of treatment to maintain glycemic control. Dapagliflozin is a novel glucose-lowering medication that reduces hyperglycemia by increasing urinary glucose excretion independent of insulin.

Study objectives: to assess the efficacy of dapagliflozin in patients with poorly controlled type 2 diabetes receiving metformin and sulfonylurea.

Methods: 42 patients with type 2 diabetes, obesity and inadequate glycemic control defined as HbA_{1c} $\geq 7.0\%$ and $\leq 9.0\%$ took part in this study. Before randomization they were on stable dose of metformin (2g/day) and gliclazide (30-60 mg/day) or glimepiride (2-4 mg/day) for 12 weeks. 20 patients of the 1st group continued treatment by metformin combined with sulfonylurea. 22 patients of the 2nd group had used dapagliflozin at 10 mg/day in addition to metformin and glimepiride/gliclazide (triple therapy). All patients received dietary and lifestyle advice. 20 healthy persons were in control group.

The levels of glycosylated haemoglobin (HbA_{1c}), fasting plasma glucose (FPG), postprandial glucose (PG), triglycerides, low density lipoproteins cholesterol (LDL-C) were explored. Statistical processing of results was carried out using licensed Microsoft Office 2000.

Results: Patients of the both groups were representative of the duration of diabetes, body mass index, mean baseline HbA_{1c}.

In 3 months of treatment reduction in body weight on (1.8 \pm 0.21) kg/m² kg was observed in the 2nd group compared with (0.7 \pm 0.07) kg in the 1st group ($p < 0.05$).

The levels of triglycerides, LDL-C were (2,0 \pm 0,79), (3,8 \pm 0,54) mmol/l respectively in patients from the 1st group, (1,3 \pm 0,90), (3,2 \pm 0,74) mmol/l in patients from the 2nd group ($p > 0.05$).

Triple antihyperglycemic therapy with dapagliflozin lead to reductions in levels of HbA_{1c} from (8,1 \pm 0,12) to (7,1 \pm 0,11) % ($p < 0.05$). 57% of patients from the 2nd group achieved an HbA_{1c} $< 7\%$, FPG < 6 mmol/l, PG < 8 mmol/l compared with 36% of patients from the 1st group ($p < 0.05$). Treatment with dapagliflozin appeared well tolerated, there was 1 case of non-severe hypoglycaemia.

Conclusion: Adding a dapagliflozin to background metformin/sulfonylurea therapy in poorly controlled patients had led to greater improvements in glycemic control, significant reduction in body weight than dual therapy with metformin/sulfonylurea.

DYNAMICS OF COGNITIVE FUNCTION IN OLDER PATIENTS AFTER INTRAVENOUS ANESTHESIA

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It is projected that patients older than 60 years will become the largest segment of the surgical population by 2020. Postoperative cognitive dysfunction (POCD) is increasingly recognized as an appearance after surgery. Older age is a strong preoperative risk factor of POCD.

Aim. To define the effect of various drugs for total intravenous anesthesia (TIVA) on cognitive function (CF) in older patients.

Materials and methods. Were examined 25 patients aged from 60 to 74 years, mean age 66,9 \pm 4,3 years. Among them were 15 men and 8 women, who met the standard of the ASA I-II. All patients had routine abdominal operations. Cognitive function was assessed on day before operation, day 3 and 7 after operation using the Montreal Cognitive Assessment (MoCA). A score of ≤ 24 was indicative of cognitive dysfunction. Patients were divided into 3 groups depending of the method of anesthesia. In 1st group (7 patients) anesthesia was introduced by TIA based on ketamine, in 2nd (8 patients) - based on propofol, in 3rd (8 patients) – on thiopental sodium. Analgesia was provided in