ТҰЖЫРЫМ

О.А. МИТКОВСКАЯ

Алматы мемлекеттік дәрігерлер біліктілігін жетілдіру институты

ИНФЕКЦИЯЛАР АЯСЫНДА ПОЛЛИНОЗДЫҢ КЛИНКАЛЫҚ ӨТУІ

Аллергиялық қабыну мен инфекциялық үрдістің коррелятивтік байланысы бірдей емес. Бірнеше жылдар бойы туберкулез, жұқпалы гепатит, ауруына шалдыққандардың жұқпалы аурулары мен кейінгі жылдары поллиноз кезіндегі аллергиялық қабынудың дамуының өзара ықпалдасуы зерттелген. Поллиноз бен поллиноз + туберкулез, поллиноз + ХВГВ. ауруларының өтуінің айырмашылықтарын анықтауға бағытталған клиникалық және зертханалық зерттеулер өткізілді. Бактерялы жұқпалы ауру мен вирустық жұқпалы аурулардың және атопиялық аурулардың (поллиноз) арасындағы кері коррелятивті байланысы анықталды.

Негізгі сөздер: *атопия, бактериялы инфекция, вирусты инфекция поллиноз гепатиті, ринит, шөптік демікпе.*

SUMMARY

O.A. MITKOVSKAYA

Almaty State Institute of Postgraduate Medical

THE CLINICAL COURSE OF THE POLLINOSIS ON THE BACKDROUND OF THE INFECTIONS

Correlative bond of allergic inflammation and infectious process is far from being unambiguous. For a number of years the authors have been examining the mutual impact between infectious diseases in patients with tuberculosis, infectious hepatitis, other infections and the development of allergic inflammation in case of pollinosis in subsequent years. The clinical and laboratory studies have been carried out to determine the difference in the course of pollinosis and pollinosis + tuberculosis, pollinosis + ХВГВ. The reverse correlative bond between bacterial infections, viral infections and atopies (pollinosis) has been determine

Key words: *atopy, bacterial infection, viral infection, hepatitis, pollinosis, rhinitis, pollen asthma.*

УДК 616-056.5

Zh.A. BEYSENBEKOVA, A.S. TOLEUOVA, Z.K. GUSEINOVA, R.Zh. TOYNBEKOVA

Karaganda State Medical University, Department of internal diseases N1, Karaganda c., Kazakhstan

THE ESTIMATION OF METABOLIC SYNDROME MANIFESTATION AND THEIR CORRECTION WAYS

It was studied patients with metabolic syndrome. At all patients were investigated anthropometric data with the calculation of body mass index and abdominal obesity indicators according to the MS criterion. It was investigated BP, cholesterol, triglycerides and fasting glucose level and spent questioning. With the purpose of blood lipid specter correction it was spent patients' treatment with mexidol and estimated lipid exchange indicators in dynamics.

Key words: *Abdominal obesity, metabolic syndrome, hypercholesterolemia, adherence, mexidol.*

Introduction. Currently the world is under the threat of their metabolic disease epidemic, obesity and diabetes, the effects of which can cause greater damage to the health of the many countries' populations in the world, than the epidemic of life-threatening infections [2]. In their clinical practice the doctors of different specialties are increasingly faced with metabolic syndrome (MS), which is a cluster of hormonal and metabolic disorders, united by «deadly Quartet». In patients with MS are higher risk of coronary heart disease (CHD) in 3-4 times, ischemic stroke in 2 times, diabetes mellitus in 3 times in comparison with healthy people [3].

Currently revised and approved by more stringent criteria MS in connection with the fact that it is quite a complex clinical situation that requires immediate medical attention to prevent severe cardiovascular complications. The main diagnostic criteria for MS, adopted by the International diabetes Federation (IDF) in 2005: waste volume in men not more than 94 cm, females – not exceeding 80 cm, TG 1.7 > mmol/l, HDL cholesterol < of 1.03 mmol/l for men, women – not less than 1.29 mmol/l, arterial hypertension (AH) systolic blood pressure SBP >130 mm Hg, diastolic blood pressure DBP> 85 mm Hg, fasting glucose not more than 5.6 mmol/L.

The aim of research was to study the clinical and laboratory manifestations of MS and its correction.

Materials and methods. Examined 43 patients emergency admitted to hospital with hypertonic crisis. The 27 of them (62%) were women and 16 (37%) were men in the age from 36 to 56 years. At all patients studied anthropometric data with calculation of body mass index and the index of abdominal obesity (figure 1), as well as the measurement of blood pressure, the level of cholesterol, triglycerides, fasting blood sugar, and questionnaires. According to the criteria of MS, in patients are diagnosed abdominal obesity: waist volume in men – 119.5 cm, females on average – 114.5 cm, according to body mass index (BMI) in 17 (39.5%) patients were diagnosed (I) degree of obesity (BMI 27%), 15 (34.8%) patients – II degree (BMI 35%) and 11 (25.6%) patients – III degree of obesity (BMI 43%), that is diagnosed with morbid obesity. Figure 1. Anthropometric data and indicators of the waist volume and hips on the sample of one patient with abdominal obesity.

At the 19 (44.2%) of the patients are diagnosed impaired glucose tolerance, blood sugar at 6.1-6.7 mmol/l, at the other 24 (55.8%) patients sugar levels remained within normal limits – 4.2-5.7 mmol/L. Patients with «prediabetes» were given recommendations for changes of lifestyle and diet.

Elevated levels of total cholesterol were detected in 27 (62.3%) entities. By the arterial hypertension prevalence analyzing it was found that the arterial hypertension has a defined age dynamics of both as as men and as women. Arterial hypertension at 9 (20.9%) patients corresponded as the I degree, at the 13 (30.2%) patients – II degree and at the 21 (48.8%) patients – III degree.

According to electrocardiographies at a one (2.32%) patient revealed heart rhythm disorder as atrial fibrillation tachisystolic form, at 39 (90.6%) patients were found




the electric axis left deviation with the left ventricular hypertrophy, and myocardium diffuse changes. At the 5 (11.6%) patients were marked sinus bradycardia with heart rate within 56-60 per min, at 13 (30.2%) – sinus tachycardia with heart rate within 88-102 per minutes.

All respondents received antihypertensive therapy. It was corrected at 20 patients of the main group disturbed nutrition and lifestyle through individual discussions. Additionally they are accepted Mexidol with antihypoxant and antioxidant purpose in a daily dose of 300 mg, another 23 patients of the control group received only medication. According to a questionary result in the main group 12 patients previously never thought about their health, their lifestyle and their diet and thought, that they overweight associated with the hereditary predisposition. In the questionnaire were included questions with the patient's lifestyle, regularity hypotensive drug intake , data about the BP and body mass control, and issues relating the patient confidence to a doctor. The results were assessed on a ball system (table. 1).

Questionnaires were performed before treatment in main group patients. After questioning the number of balls were summarized. If the patients gained 16-18 balls, they have good adherence to their health, if 8-9 balls – satisfactory commitment, less than 3-4 points – low adherence.

According to the survey among the 20 patients of main group 4 (20.0%) gained more than 16 balls, they have good adherence to their health, the 7 (35.0%) recorded 8-9 balls – satisfactory commitment, 9 (45.0%) patients marked less than 4 points – low adherence to their health.

Table 1 – **Questionnaire for the patient with MS**

Question	Answer
How often do you visit the doctor?	Seldom-0 Once a year 1 Once a month-2
How often do you control of your body weight?	Seldom-0 Once a year 1 Once a month-2
How often do you eat easily digestible carbohydrates (sweets, rolls, cooking, cakes etc.)?	Rarely-2 1-2 times a week-1 Daily-0
How many times a day do you eat?	4 times a day-2 3 times a day-1 Each time differently-0
Do you keep dietary requirements?	Yes 2 No-0
Do you exercise and daily walks?	Yes 2 No-0
How often do you control your blood pressure?	Seldom-0 Once a week-1 Daily-2
How regularly you are taking antihypertensive drugs?	Only in a hospital-0 Situationally-1 Daily-2
How often do you control the sugar and cholesterol level?	Only hospital -0 1 year-1 Monthly-2

Results and discussion. In patients of main and control groups were approximately same anthropometric data: their weight, BMI, waist volume, systolic and diastolic pressure is not much different. In both groups of lipid profile were initially higher than the norm. The cholesterol level analysis showed that in men hypercholesterolemia peak (6.1 mmol/l) falls in 40-49 years old aged group, at women the hypercholesterolemia detection percentage increases with age, reaching a maximum in 50-56 years old.

In the main group as a result during the 2 weeks treatment with Mexidol, a level of total cholesterol and triglycerides were decreased, marked a tendency to the LDL reduction (table. 2).

Table 2 – **Main indices of lipid metabolism in the treatment dynamics**

Indicator	Main group		Control group	
	Before treatment	After treatment	Before treatment	After treatment
Cholesterol (mmol/l)	6.7±0.98	5.4±0.69	6.2±0.78	5.9±0.52
Triglycerides (mmol/l)	2.7±0.44	1.7±0.64	2.6±0.31	1.9±0.61
LDL (mmol/l)	4.7±0.08	3.9±0.28	4.3±0.44	4.1±0.33

Taking into account obtained balls by the persons with low commitment were advised a healthy lifestyle, hypocaloric, hypolipidemic diet, daily exercise with the change of rhythm and walk duration of 45-60 min, BP monitoring at morning and evening with a daily intake of antihypertensive drugs, control of glucose and lipid profile quarterly.

MS develops gradually. The increasing dismetabolic violations before the type 2 diabetes clinical manifestations, cardiovascular disease associated with complications is crucial for the adipose mass tissue increase, especially the visceral area that can be easily identified on practice using a simple method – waist circumference measurement. Diagnostics of persons with MS in the early stages of development and timely preventive measures to reduce the likelihood of the development and progression of type 2 diabetes and cardiovascular disease.

LIST OF LITERATURE

1 Коц Я.И. Комплаентность как фактор повышения эффективности лечения больных с хронической сердечной недостаточностью /Я.И. Коц, И.С. Митрофанова //Рос. мед. журн. – 2007. – №4. – С. 4-7

2 Мазуров В.И. Роль и место Мексидола в лечении метаболического синдрома /В.И. Мазуров, М.Е. Болотова //Рус. мед. журн. – 2008. – Т. 16. – С. 23-26

3 Шестакова М.В. Метаболический синдром как предвестник развития сахарного диабета 2-го типа и сердечно-сосудистых заболеваний /М.В. Шестакова, А.С. Бутрова, О.Ю. Сухарева // Терапевт. арх. – 2007. – №10. – С. 5-8

Т Ұ Ж Ы Р Ы М

Ж.А. БЕЙСЕНБЕКОВА, А.С. ТӨЛЕУОВА, З.К. ГУСЕИНОВА, Р.Ж. ТОЙЫНБЕКОВА

Қарағанды мемлекеттік медициналық университеті, Қарағанды қ.

МЕТАБОЛАЛЫҚ СИНДРОМ БЕЛГІЛЕРІН БАҒАЛАУ ЖӘНЕ ОНЫ ТҮЗЕТУ ЖОЛДАРЫ

Клиникалық тәжірибеде түрлі мамандықтар дәрігерлері көбінесе метаболалық синдроммен ұшырасып жатады.

Зерттеудің мақсаты – МС клиникалық және зертханалық белгілері мен оны түзету жолдарын зерттеу.

Материалдар мен әдістер. Біз метаболалық синдромы бар 43 науқасты тексердік. Барлық науқастардың МС критерийлеріне сай антропометрикалық деректері зерделенді, сондай-ақ АҚ өлшенді, холестерин деңгейі мен ашқұрсақ кезде қандағы қанты анықталды және сауалнама жүргізілді. Нәтижелер мен талқылау. Екі топта да липидтік бейіндегі зертханалық деректер әуелден нормадан жоғары болған. Қанның липидтік спектрін түзету мақсатында мексидол препаратымен емдеу жүргізілді және липидтік айырбастың динамикадағы көрсеткіштері бағаланды.

Қорытындылар. МС шалдыққан тұлғаларды ерте даму кезеңінде диагностикалау және сауықтыру шараларын уақтылы жүргізу 2 типтегі ҚД мен жүрек-қан тамырлары ауруларының дамуы мен өршуі ықтималдылығын азайтуға септігін тигізеді.

Негізгі сөздер: *метаболалық синдром, науқастар, емдеу, мексидол.*

Р Е З Ю М Е

Ж.А. БЕЙСЕНБЕКОВА, А.С. ТОЛЕУОВА, З.К. ГУСЕИНОВА, Р.Ж. ТОЙЫНБЕКОВА

Карагандинский государственный медицинский университет, г. Караганда

ОЦЕНКА ПРОЯВЛЕНИЙ МЕТАБОЛИЧЕСКОГО СИНДРОМА И ПУТИ ЕГО КОРРЕКЦИИ

В клинической практике врачи разных специальностей все чаще сталкиваются с метаболическим синдромом.

Цель исследования – изучение клинических и лабораторных проявлений МС и пути его коррекции.

Материал и методы. Нами обследованы 43 больных с метаболическим синдромом. У всех больных изучены антропометрические данные согласно критериям МС, а также измерение АД, определение уровня холестерина, триглицеридов и сахара крови натощак и анкетирование.

Результаты и обсуждение. В обеих группах лабораторные данные липидного профиля изначально были выше нормы. С целью коррекции липидного спектра крови проводили лечения препаратом мексидол и оценивали показатели липидного обмена в динамике.

Выводы. Диагностика лиц с МС на самых ранних стадиях развития и своевременное проведение профилактических мер позволит уменьшить вероятность развития и прогрессирования СД 2 типа и сердечно-сосудистых заболеваний.

Ключевые слова: *метаболический синдром, больные, лечение, мексидол.*