

RATIONAL ANTIBACTERIAL THERAPY OF RESPIRATORY DISEASES AMONG ELDERLY PATIENTS

S. L. Kassenova

Kazakh National University named after S. D. Asfendiarov, Almaty, Kazakhstan

The respiratory diseases occupy a large proportion within morbidity structure of elderly. This is connected with morphological, structural and functional changes in the respiratory system during aging. The bronchitis, chronic obstructive pulmonary disease, pneumonia and bronchiectasis are more frequently found among elderly patients. Treatment of respiratory tract infections includes antibiotics. The irrational use of antibacterial drugs leads to the development of antibiotic resistance, reduces the effectiveness of treatment and increases the risk of complications.

Aim. Study of the empirical and rational antibiotic therapy in elderly patients with respiratory diseases.

Subjects and Methods. Thirty elderly patients (12 men and 18 women), aged 65 to 76 years old suffering from pneumonia (36 %), COPD exacerbation (52 %) and bronchiectasis (12 %) were examined in the clinic of Internal Medicine of KazNMU named after S. D. Asfendiarov. The clinical picture and polymorbidity of pathology with concomitant diseases of the heart, kidney, liver and diabetes complicated the diagnosis of diseases. Identification of pathogens and determination of their sensitivity were carried out according to the bacteriological seeding of sputum of patients to antibiotics.

Results. The starting antibiotic therapy was carried out generally by a broad spectrum of antibiotics (cephalosporins, beta-lactam drugs, the fluoroquinolones). According to the results of bacteriological sputum analysis, the most frequent pathogens in the elderly were *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Streptococcus pyogenes*, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, etc. The obtained data allowed reveal the sensitivity of pathogens to antibiotics and prescribe rational and often combined antibacterial therapy. Administration of antibiotics to patients over 65 years was carried out in accordance with the clinical protocol of the Republic of Kazakhstan on the diagnosis and treatment of respiratory diseases (2015).

Conclusion. The respiratory diseases in elderly patients develop in conditions of anatomic lung parenchyma changes and ventilation disturbances. Timely diagnosis of these diseases includes: identification of pathogens and choice of proper antibiotics. Rational antibiotic therapy increases effectiveness of treatment, prevents transition of respiratory diseases into chronic stage and improves life quality of elderly patients.

SELECTION OF ANTIHYPERTENSIVE THERAPY IN GERIATRIC PRACTICE

S. L. Kassenova, A. A. Yuldashev, E. R. Rysbekov, Zh. A. Abdimoldaeva

Kazakh National University named after S. D. Asfendiarov, Almaty, Kazakhstan

Aim. Optimization of the selection of antihypertensive drugs in outpatient practice.

Subjects and Methods. Measurement of blood pressure (BP), daily monitoring of blood pressure, electrocardiogram (ECG), intracranial pressure (ICP), cerebral perfusion pressure (CPP), echoencephalography (EPS), oximetry bullets study lipid profile, psychotherapeutic training — adaptation of older persons to modern living conditions and individual selection of classical music pieces for the spiritual relaxation. The study group included 45 patients aged 65–92 years: 14 women and 15 men aged 65–75 and 9 women and 7 men aged 75–92. Among those examined there were 25 pts with 2nd stage and 20 pts with 3rd stage arterial hypertension (AH), 45 pts with coronary heart disease, 20 pts with myocardial infarction, 30 pts with IIA and 15 with IIB chronic heart failure (II- III NYHA functional class), cerebrovascular diseases: stroke with residual symptoms (20 pts), dyscirculatory encephalopathy (45 pts), chronic obstructive pulmonary disease (COPD, 45 pts), 1st stage respiratory failure (20 pts), and 2nd stage respiratory failure (25 pts). The treatment included beta-blockers, angiotensin converting enzyme inhibitors, calcium channel blockers, alpha-blockers, saluretics, metabolic action medications, statins, cerebroprotectors, anticoagulants and antiplatelet agents, as well as group classes with the psychologist.

Results. In view of effect of monotherapy with a minimum dosage and chronological steps, and with the addition of drugs — adjuvants (basic drugs enhancing effect) in all cases achieved a reduction in the system pressure levels. The target systolic and diastolic blood pressure was achieved more efficiently. The musical repertoire was selected on the basis of intelligence and individual personality traits. The diet restricted in animal and vegetable fats, proteins, refined sugar, and edible salt liquid.