

sarCevi

dasabuTebul i [faqtebze dafuZnebul i] medicina:

kl inikuri mtkicebul ebani

gripis antivirusul i mkurnal obis efeqtebi mozrdil ebSi

diareis mkurnal oba mozrdil ebSi

mwvave gastroenteritis mkurnal oba bavSvebSi

moamzades z. kirtavam da m. kobaL aZem

kl inikuri praqtikis rekomendaciebi

arastabil uri stenokardiis da STsegmentis el evaciis gareSe mimdinare miokardiumis

infarqtis mkurnal oba – evropis kardiol ogTa asociaciis saxel mZRvanel o

rekomendaciebis mixedviT

moamzades a. mel iam, x. j al abaZem, z. kl imiaSvil ma, k. muxigul aSvil ma

diagnostikuri l aparaskopiis SAGES-is kl inikuri praqtikis rekomendaciebi

moamzada n. raWvel iSvil ma

kl inikuri mimoxil va

SfoTvisa da depresiul i darRvevebis mkurnal oba kardiovaskul arul i sistemis daavadebis mgone pacientebSi

simon devisi, peter j eqsoni, j on potokari, devid nati

diseminirebul i sixl ZarRvSiga Sededeba (dsS) - Zvel i daavadeba, axal i imedebi

C.h. toh, m. denisi

efedras miRebis fonze ganviTarebul i koronarul i ganSreveba da Trombozi

s. sol a, t. hel mi, a. kaWarava

uwyveti samedicino ganaTI eba

uwyveti samedicino ganaTI ebis saWiroebaTa Sefasebis aucil ebl oba

j. r. normani, s. i. Senoni, m. l. merini

dargis mimoxil va

bioinformatika

moamzada nino demetraSvil ma

konferenciebi

amerikis tel emedicinis sazogadoebis 2004 wl is konferencia

zviad kirtava

CanarTi – internetis samedicino daij esti #1-2 (95-96), 2004

iumori samedicino Temaze

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dasabuTebul i medicina

gripi klinikuri mtkebul ebani

Influenza – What are the Effects of Antiviral Treatment of Influenza in adults?

Clinical Evidence, BMJ Publishing Group

2003 w. (IX gamoSveba)

moamzades m. kobaლ azem, z. kirtavam

ganmarteba

gripi gamowveul ia gripis virusiT inficirebis Sedegad. garTul ebebis gareSe mimdinare gripi xasiaTdeba temperaturis uecari matebiT, SemcivnebiT, mSral i xvel iT, mial giIT, Tavis tkivil iT, cxviridan gamonadeniT yel is tkivil iT da moTenTil obiT. gripis diagnostireba Cveul ebriv kl inikuri niSnebis safuZvel ze xdeba. gripi zogierT adamiანი usimptomod mimdinareobs. sxva paTogenebiT inficirebul adamiანებს Sesazl oa gripis msgavsi simptomebi ganviTardeT. infeqciis kl inikuri gamovl ineba adamiანTa 40-85%-Si aRiniSneba, es damokidebul ia asakze da virusis mimarT adre SeZenil imunitetze. verificireba xdeba virusul i kul turis dadgeniT, imunofl uorescenci iT, ELISA meTodiT an nazofaringeal uri, nazal uri da yel is nacxis swrafi diagnostikuri testirebiT, anda Sratis serol ogiuri testirebiT. zogierTi swrafi testi adgens mxol od A tipis grips, zogierTi – A da B tipis grips da ganasxvavebs maT erTmaneTisagan, xol o zogierTi ki adgens, magram ver ganasxvavebs A da B tipis grips erTmaneTisagan.

SemTxvevebi/gavrceleba

dedamiwis Crdil oET naxevarsferos zomieri kl imatis mqone qveynebsi, gripis gavrceleba Cveul ebriv piks aRwevs dekembris bol odan martis dasawyisamde, maSin roca, samxreT naxevarsferos zomier qveynebsi gripi piks mais-seqtemberSi aRwevs. tropikul qveynebsi gripi wel iwadis nebismier dros SeiZl eba ganviTardes. gripis SemTxvevebis wl iuri maCvenebel i yovel wel sicvl eba da nawil obriv damokidebul ia mosaxl eobis imunitetze gripis mocirkul ire virusebis mimarT. aSS-Si Catarebul i erTi l okal uri kvl evis Sedegad dadginda, rom gripis Sebrunebas simptomebis Tanxl ebiT an maT gareSe wl iurad adgil i aqvs adamiანTa 10-20%-Si wl iurad, xol o inficirebis yvel aze maRal i maCvenebel i 20 wl amde asakis adamiანebSi aRiniSneba. gavrceleba yvel aze didia saswavl o dawesebul ebebsa da xal xiT gadaWedil SenobebSi.

etiologia/ risk-faqtorebi

gripis virusebi adamiანიდან adamiანზე ZiriTadad haer-wveTovani gziT gadadis, kerZod, wveTebi gamoifrqveva daceminebis, xvel ebis da l aparakis dros.

prognozi

gripis sainkubacio periodi 1-4 dRea da inficirebul i adamiანი daavadebis gadamdebia simptomebis gamomJRavnebamde erTi dRiT adre da simptomebis gamomJRavnebidan – 5 dRis ganmavl obaSi. garTul ebis gareSe mimdinare gripis niSnebi da simptomebi Cveul ebriv erTi kviris ganmavl obaSi qreba, Tumca xvel a da moTenTil obis SegrZneba Sesazl oa ufro met xans gagrZel des. garTul ebebSi Sedis: otiti, baqteriul i sinusiti, meoradi baqteriul i pnevmonia, ufro iSviaTad ki - virusul i pnevmonia da respiratorul i ukmarisoba. garTul ebebi agreTve Sesazl oa moyves Tanmxl ebi daavadebebis gamwvavebas. yovel wl iurad aSS-Si gripis virusiT daavadebul i 110 000-ze meti adamiანი xvdeba

saavadmyofoSi, xol o gripTan dakavSirebul i sikvdil obis maCvenebel i daaxl oebiT 20 000-s udris. hospital izaciis riski yvel aze maRal ia 65 da meti asakis mqone adamianebSi, patara bavSvebSi da qronikul i daavadebebis mqone adamianebSi. bol o periodSi aSS-Si gavrcel ebul i gripis sezonuri epidemiis Sedegad gamowveul i sikvdil obis 90%-ze meti 65 da ufro maRal i asakis mqone adamianebSi aRiniSna. gripis pandemiis dros, avadobisa da sikvdil obis maCvenebel i SesaZl oa maRal i iyos ufro axal gazrda asakis mqone adamianebSiC. A tipis gripi ufro mwvaved mimdinareobs, vidre B tipis gripi.

rogoria gripis antivirusul i mkurnal obis efeqtebi mozrdil ebSi?

sasargebl o rCvebi

oral uri amantadini mozrdil ebSi A tipis gripis adreul i mkurnal obisaTvis (simptomebis xangrZl ivoba mcirdeba)

erTi sistemuri mimoxil visa da sami damatebiTi randomizebul i kl inikuri kvl evis Sedegebidan gamomdinare aRmoCnda, rom pl acebosgan gansxvavebiT, oral uri amantadini A tipis gripis simptomebis xangrZl ivobas daaxl oebiT erTi dRiT amcirebs. mkvl evarebma ver aRmoaCines amantadinis gverdiTi efeqtebi. amave dros, maTi azrit, sargebel i ar moyveba amantadiniT mkurnal obis dawyebas simptomebis gamomJRavnebidan 2 dReze ufro gvian.

oral uri rimantadini mozrdil ebSi A tipis gripis adreul i mkurnal obisaTvis (simptomebis xangrZl ivoba mcirdeba)

erTma sistemurma mimoxil vam cxadyo, rom pl acebosgan gansxvavebiT, oral uri rimantadini A tipis gripis simptomebis xangrZl ivobas daaxl oebiT erTi dRiT amcirebs. mkvl evarebma ver aRmoaCines rimantadinis mniSvnel ovani gverdiTi efeqtebi. amave dros, sargebel i ar moyveba rimantadiniT mkurnal obis dawyebas simptomebis gamomJRavnebidan 2 dReze ufro gvian.

zanamiviris oral uri aerezol i mozrdil ebSi A da B tipis gripis adreul i mkurnal obisaTvis (simptomebis xangrZl ivoba mcirdeba)

erTi sistemuri mimoxil vis Sedegad aRmoCnda, rom pl acebosgan gansxvavebiT, zanamiviris oral uri aerezol i gripis simptomebs daaxl oebiT 1 dRiT amcirebs. gverdiTi efeqtebi msgavsia zanamiviriT mkurnal obis qveS myof da pl aceboze myof adamianebs Soris. mkvl evarebma aRmoaCines, rom sargebel i ar moyveba zanamiviriT mkurnal obis dawyebas simptomebis gamomJRavnebidan 2 dReze ufro gvian.

oral uri osel tamiviri mozrdil ebSi A da B tipis gripis adreul i mkurnal obisaTvis (simptomebis xangrZl ivoba mcirdeba, SeuZl ia gamoiwvios pirRebineba)

ori, randomizebul i kontrol irebul i kvl evis Sedegad aRmoCnda, rom pl acebosgan gansxvavebiT, oral uri osel tamiviri gripis simptomebs daaxl oebiT 1 dRiT amcirebs. oral uri osel tamiviri, pl acebosgan gansxvavebiT iwvevs pirRebinebas. mkvl evarebma aRmoaCines, rom sargebel i ar moyveba osel tamiviriT mkurnal obis dawyebas simptomebis gamomJRavnebidan 1.5 dReze ufro gvian.

efeqturoba ucnobia

yvel a antivirusul i preparatiT mkurnal oba (gripis seriozul i garTul ebebis SemcirebisaTvis)

mkvl evarebma ver aRmoaCines imis damamtkicebel i sabuTi, rom antivirusul agentebs SeswevT Zal a – Seamciron gripis Sedegad ganvitarebul i seriozul i garTul ebebis riski, Tumca, maT daamtkices, rom gripis imunizacia amcirebs garTul ebebisa da sikvdil obis risks gripis Sedegad ganvitarebul i garTul ebebis maRal i risks mqone adami anebSi, maT Soris asakovan adami anebSi c.

dasabuTebul i medicina

di area mozrdi l ebSi

Diarrhoea in Adults – What are the Effects of Treatment?

kl inikuri mtkicebul ebani

Guy de Bruyn

Clinical Evidence, BMJ Publishing Group

2003 w. (IX gamoSveba)

moamzades z. kirtavam, m. kobal aZem

ganmar t eba

diarea aris wyal -wyal a an Txevadi ganaval i, masa dRiurad 200 grams aRemateba da nawl avebis moqmedebis sixSirec aseve momatebul ia. es mimoxil va exeba mozdil ebSi savaraudod infeqciuri diareis empiriul mkurnal obas.

gavrceleba

1996 wel s msofliosi diareis 4 miliardis SemTxveva dafiqsirda, ramac 2.5 milionis adamiანის სიცოცხლე იმსხვერპლა. აშშ-ში, ნაღვების ინფექციური დაავადებების მაჩვენებელი წლიურად საშუალოდ 0.44-ია ერთ ადამიანზე (1 ეპიზოდი ყოველ ადამიანში 2.3 წელიწადში), რასაც სედგად მოყვება ტიტოული პიროვნების ერთი კონსულტაცია ექიმთან საშუალოდ ყოველ 28 წელიწადში. დიდ ბრიტანეთში აქლასანს კატარებულმა მოსახლეობის კვლევამ დაადგინა, რომ 100 ადამიან-წელიწადში დიარეის 19 შემთხვევა მოდის, რომელთაგან ყოველი 3.3 შემთხვევა 100 ადამიან-წელიწადში მთავრდება ზოგადი პრაქტიკის ექიმთან ვიზიტით. მოგზაურთა დიარეის ეპიდემიოლოგია (იმ პირობების, რომლებმაც გადაკვეთეს სახელმწიფო საზღვარი) არ არის კარგად შესწავლილი. დიარეის შემთხვევათა სიხშირე უფრო მარალია განვითარებადი ქვეყნების მოგზაურ ადამიანების, მაგრამ მისი სიხშირე მნიშვნელოვნად მერყეობს ადგილმდებარეობისა და მოგზაურობის სეზონის მიხედვით.

ეტიოლოგია/რიკფაქტორები

დიარეის გამომწვევი მიზეზი დამოკიდებულია გეოგრაფიულ მდებარეობაზე, საკვების ჰიგიენის სტანდარტებზე, სანიტარულ მდგომარეობაზე, წლის მდგომარეობაზე და სეზონზე. განვითარებული ქვეყნების მოსახლეობის, სპორადული დიარეის წველებრივ იწვევს *Campylobacter*, *Salmonella*, *Shigella*, *Escherichia coli*, *Yersinia*, *Protozoa* და ვირუსები. დიარეის დაავადებულ ადამიანთა ნახევარზე მეტი ვერცერთი პათოგენის იდენტიფიცირება ვერ ხდება. სინდრომული მოგზაურთა დაავადების 50%-ში დიარეის გამომწვევი ისეტი ბაქტერიები, როგორცაა: *enterotoxigenური E coli*, *Salmonella*, *Shigella*, *Campylobacter*, *Vibrio*, *enteroadhezური E coli*, *Yersinia* და *Aeromona*.

პროგნოზი

განვითარებადი ქვეყნების, დიარეის გამომწვევი სიკვდილიანობა 5 წელიწადში ასაკის ბავშვების სიკვდილიანობის მართალია. მხოლოდ რამდენიმე კვლევა კატარებულში იმის დასადასტურებლად, რომელიც ფაქტორები განაპირობებენ სიკვდილიანობის დიარეის დაავადების შემთხვევებს. განვითარებული ქვეყნების, სიკვდილიანობის შემთხვევები ისვიატია, თუმცა შესაძლოა განვითარების სერიოზული გართულებები, მათ შორის მწვავე დეჰიდრატაცია და ტირკმლის უკმარისობა და ამის სედგად საუბრო გავრცელების პაციენტის საავადმყოფოში მოთავსება. ასაკოვანი ადამიანები სიკვდილიანობის მართალია რისკის წინაშე დგანან.

როგორია დიარეის მკურნალობის ეფექტი?

სავარაუდოდ სასარგებლოა:

- aminomJavis peroral uri rehidratirebul i xsnari (standartul prx-Tan SedarebiT)

erTi, mcire zomis randomizebul i kl inikuri kvl evis Tanaxmad aRmoCnda, rom sxva standartul peroral ur rehidratirebul xsnarebTan (prx) SedarebiT, aminomJava amcirebs diareis total ur zomas/raodenobas da xangrZl ivobas.

- brinj ze damzadebul i peroral uri rehidratirebul i xsnarebi (standartul prx-Tan SedarebiT)

erTi sistemuri mimoxil vis Sedegad aRmoCnda, rom brinj ze damzadebul i peroral uri rehidratirebul i xsnari standartul prx-Tan SedarebiT mniSvel ovnad amcirebs 24 saatis manZil ze gamoyofil i ganavl is odenobas.

efeqturoba ucnobia

- bikarbonatas peroral uri rehidratirebul i xsnari (standartul prx-Tan SedarebiT)

orma randomizebul ma kl inikurma kvl evam ver gamoavl ina mniSvel ovani gansxvaveba diareis xangrZl ivobisa da misi mocul obis Semcirebis mizniT Catarebul mkurnal obaSi bikarbonatis peroral uri rehidratirebul i xsnariT da sxva standartul i peroral uri rehidratirebul i xsnarebiT. erTi randomizebul i kl inikuri kvl evis Tanaxmad, bikarbonatis prx-iT mkurnal obasa da ql oridis prx-iT mkurnal obas Soris ar aRmoCnda mniSvel ovani gansxvaveba ganavl is mocul obisa da diareis xangrZl ivobis Semcirebis Tval sazrisiT.

- dabal i osmosurobis mqone peroral uri rehidratirebul i xsnarebi

sami randomizebul i kl inikuri kvl evis Tanaxmad, roml is drosac erTmaneTs Seadares dabal i osmosurobis mqone peroral uri rehidratirebul i xsnari da standartul i peroral uri rehidratirebul i xsnarebi, dadginda, rom standartul peroral ur rehidratirebul xsnarebTan SedarebiT, dabal i osmosurobis mqone peroral uri rehidratirebul i xsnari odnav ukeTes Sedegs iZl eva ganavl is mocul obisa da diareis xangrZl ivobis SemcirebaSi.

sargebel i da ziani savaraudod Tanabaria

- peristal tikis damaqveiTebl i (antimotilituri) saSual ebebi

randomizebul i kl inikuri kvl evebis Sedegad dadginda, rom pl acebosTan SedarebiT, l operamidis hidroql oridi da l operamidis oqsidi mniSnel ovnad amcireben diareis simptomebis moxsnis dros, magram samagierod xSirad iwveven yabzobas. peristal tikis damaqveiTebl i sxva saSual ebebi ar iZl eva msgavs Sedegs.

/

- TemSi ganvitarebul i diareis empiriul i antibiotikoTerapia

randomizebul i klinikuri kvlebebis Tanaxmad armoCnda, rom placeboTan Sedarebit, ciprofl oqsacini TemSi ganvitarebul i diareis xangrZi ivobas 12 dRiT amcirebs. kvlebebis Sedegad miRebul i iqna arasarwmuno dasabuTeba imis Taobaze, rom sxva antibiotikebi, lomefl oqsacinis gamoklebit, placeboze ufro amcireben diareis xangrZi ivobas. gverdiTi efeqtebi cval ebadia da damokidebul ia im wamal ze, roml iTac tardeba mkurnal oba.

- mogzaurebSi ganvitarebul i diareis empiriul i mkurnal oba antibiotikoTerapia

erTi sistemuri mimoxil visa da erTi damatebiti randomizebul i klinikuri kvlevis Sedegad dadginda, rom placeboTan Sedarebit, antibiotikebis empiriul i gamoyeneba mnisvnel ovdad zrdis gankurnebis sixSires/gankurnebul i adaminebis raodenobas, me-3 da me-6 dRisatvis. amave dros antibiotikoTerapia dakavSirebul ia ganaval Si baqteriul i patogenebis xangrZi ivad arsebobaTan da rezistentul i Stamebis Camoyal ibebasTan.

dasabuTebul i medicina

gastroenteriti bavSvebSi

Gastroenteritis in Children – What are the Effects of Treatment?

კლინიკური მტკიცებულება

Jacqueline Dalby-Payne and Elizabeth Elliott

Clinical Evidence, BMJ Publishing Group

2003 w. (IX გამოცემა)

მოამზადეს ზ. კირთავამ, მ. კობალაძემ

განმარტება

მშვენიერად gastroenteriti xasiaTdeba diareis swrafi dawyebiT, rasac SeiZl eba Tan axl des gul isreva, pirRebineba, temperaturis mateba da tkivil i abdominal ur midamoSi. bavSvebSi simptomebi da nisnebi Sesazl oa araspecificuri iyos. diarea ganisazRvreba rogorc araformirebul i, Txevadi ganavl is xSiri gamoyofa.

გავრცელება

მსოფლიო მასშტაბით, 5 წლამდე ასაკის ბავშვების მწვავე გασტროენტერიტის შემთხვევები აღწევს 3-5 მილიარდს (3-5 მილიარდი შემთხვევა წლიურად). ყოველწლიურად, დიდ ბრიტანეთში, ზოგადი პრაქტიკის ეკიმთან 5 წლამდე ასაკის ბავშვთა ყოველი 1000 კონსულტაციიდან 204 ეხება მწვავე გασტროენტერიტს. 5 წლამდე ასაკის ყოველი 1000 ბავშვიდან წლიურად ხდება გασტროენტერიტის მკურნალობა 7 ბავშვის ჰოსპიტალიზაციას, ხოლო აშშ-ში კი – 13 ბავშვისა. ავსტრალიაში, 15 წლამდე ასაკის ბავშვთა ჰოსპიტალიზაციის 6%-ის მიზეზი სწორედ გασტროენტერიტია.

etiologia/risk-faktორები

განვითარებულ ქვეყნებში, მწვავე გασტროენტერიტი უმეტესად გამოწვეულია ვირუსებით (87%), რომელთაგან ყველაზე ხშირად როტავირუსი გვხვდება. დანარჩენ შემთხვევებს უმეტესად ბაქტერიები, კერძოდ; *Campylobacter*, *Salmonella*, *Shigella* და *Escherichia coli* იწვევენ. განვითარებადი ქვეყნების ბაქტერიული პათოგენებით გამოწვეული გασტროენტერიტის შემთხვევები უფრო ხშირია, თუმცა როტავირუსიც ასევე ხშირ გამოწვევად რჩება.

პროგნოზი

ქვეყნებში, მწვავე გασტროენტერიტი გარკვეულ პერიოდში შემდეგ ტვინგანკურნებით მთავრდება, თუმცა მისი მკურნალობის გარეშე დათვებას შეუძლია დასრულდეს ავადობითა და სიკვდილით ყველაზე ხშირად ექვსიდან ათამდე დღის განმავლობაში. ყოველწლიურად აზიას, (გარდა ჩინეთისა), აფრიკასა და ლათინური ამერიკის ქვეყნებში, 5 წლამდე ასაკის ბავშვების მწვავე დიარეით გამოწვეული სიკვდილითობის 4 მილიონამდე შემთხვევა ფიქსირდება, ხოლო 2 წლამდე ასაკის ბავშვების სიკვდილითობის 80%-ზე მეტი სწორედ დიარეის უკავშირდება. მართალია, განვითარებულ ქვეყნებში დიარეით სიკვდილითობის შემთხვევები იშვიათია, მაინც გასტროენტერიტის შემდეგ გამოწვეული დეჰიდრატაცია ავადმყოფობის სერიოზული გამოწვევაა მიზეზს წარმოადგენს და საწარმოებს დროულ ჰოსპიტალიზაციას.

როგორია მკურნალობის ეფექტი?

სასარგებლოა:

ინტრვენური სითხეების მიწოდება სასარგებლოა, როგორც ორალური რეჰიდრატაციის უკუხსნა

ბავშვების ცატარებულ ინტენსიურ სისტემურ კვლევებში მიმოხილვის შემდეგ დადგინდა, რომ მსუბუქი და ზომიერი დიარეის ხანგრძლივობა და ჰოსპიტალიზაციის ხანგრძლივობა შემცირდება ინტრვენური სითხეებით მკურნალობის ორალური რეჰიდრატაციის უკუხსნაზე. შემდეგ ინტენსიური ანალიზების შემდეგ დადგინდა, რომ დეჰიდრატაციის მკურნალობის შემდეგ ბავშვების ცატარებულ ინტენსიურ სისტემურ კონტროლებში კვლევების თანახმად, ორალური რეჰიდრატაციის უკუხსნაზე შემდეგ ინტრვენური რეჰიდრატაცია უკუხსნაზე მნიშვნელოვნად გავლენას ახდენს დიარეის ხანგრძლივობაზე და თანაც მათი გამოყენება დაკავშირებულია იყო უფრო მეტი გვერდითი ეფექტით.

ორალური რეჰიდრატაციის უკუხსნა (მიწოდება ეფექტურია, როგორც ინტრვენური სითხეები)

ix. ინტრვენური სითხეების გამოყენება.

savaraudod sasargebl oa:

I aqtozas arSemcvel i sakvebi amcirebs diareis xangrZl ivobas

erTi sistemuri mimoxil vis Sedegad dadginda, rom I aqtozis arSemcvel i sakvebi mis Semcvel sakvebTan SedarebiT, amcirebs bavSvebSi msubuqi da mwvave xarisxis dehidrataci iT mimdinare diareis xangrZl ivobas. momdevno randomizebul ma kontrol irebul ma kvl evebma gansxvavebul i Sedegebi mi iRes.

I operamidi amcirebs diareis xangrZl ivobas, Tumca misi gverdiTi efeqtebi ucnobia

ori randomizebul i kontrol irebul i kvl evis Sedegad aRmoCnda, rom susti da saSual o xarisxis dehidrataci iT mimdinare diareis mqone bavSvebSi, I operamidi, pl acebosTan SedarebiT mniSvnel ovnad amcirebs diareis xangrZl ivobas. xol o meore randomizebul i kontrol irebul i kvl evis Tanaxmad, diareis xangrZl ivobis SemcirebaSi mniSvnel ovani gansxvaveba ar aRmoCnda I operamidsa da pl acebos Soris. mkvl evarebma ver aRmoaCines I operamidis gverdiTi efeqtebis sakmarisi damamtkicebel i sabuTi.

efeqturoba ucnobia

e.w. sufTa siTxeebisa da oral uri rehidratirebul i xsnarebis Sedareba diareis mkurnal obaSi

mwvave gastroenteritiT gamowveul i, msubuqi da saSual o simZimis dehidrataciis mqone bavSvebSi, mkvl evarebma ver aRmoaCines imis damamtkicebel i sabuTi, rom e.w. `sufTa siTxeebi" (wyal i, karbonatebis Semcvel i sasmel ebi da xil is sufTa wvenebi) ukeTesad mkurnal oben am daavadebas, vidre pl acebo.

Treatment of Non-Stabile Angina and Miocardial Infarction without ST Elevation - (European Cardiology Association Guidelines)

translated by A. Melia, Kh. Jalabadze, Z. Klimiashvili, K. Mukhigulashvili

in coordination with Georgian Cardiology Association (President – V. Chumburidze)

Acute Coronary Syndromes represent the greatest problem for public health care in most of developed countries. Two major groups must be distinguished among patients with Miocardial Infarction (MI): with

ST elevation and without ST elevation. The latter group is subject to the same management as patients with unstable angina. Patients with ST elevation do require thrombolysis or percutaneous angioplasty. Whilst patients without ST elevation are recommended to receive aspirin, low molecular heparin, clopidogrel, beta-blockers (if no contraindication) and nitrates. Risk stratification has to be based on clinical assessment, ECG and troponin level.

Two different subgroups of patients without ST elevation have to be defined:

- 1) high risk patients (with persistent or recurrent ischemia, ST depression, diabetes, troponin elevation, haemodynamic or arrhythmic instability). In case of planned angiography, patients, alongside with basic treatment, should receive GPIIb/IIIa receptor inhibitors, in case of transcatheter angioplasty – clopidogrel, which should be cancelled 5 days before planned aorto-coronary bypass surgery, or if angiography reveals no coronary occlusion.
- 2) Low risk patients, which include persons without recurrent ischemia, inverted/diminished T-wave or with normal ECG, with negative troponin. Troponin should be measured twice during 6-12 hours, and if both tests are negative, heparin can be stopped, however – aspirin, beta-blockers, clopidogrel and nitrates should be continued. before discharge or right after it stress test should be carried out and justification of coronary angiography assured based on that test. Finally aggressive methods against risk-factors are extremely needed: smoking cessation, regular exercises, etc. Aspirin, clopidogrel (during 9 months), beta-blockers (if no contraindications) and statines should be continued after discharge.

kl inikuri praqtikis rekomendaciebi

diagnostikuri I aparoskopiis kl inikuri praqtikis rekomendaciebi
moamzada nino raWvel iSvil ma,
Tssu Sinagan sneul ebaTa #1 kaTedra
ninora@nilc.org.ge

Sesaval i

გ warmodgenil i kl inikuri praqtikis rekomendacia momzadebul ia amerikis gastrointestinal uri endoskopiis qirurgების sazogadoების (SAGES) kl inikuri praqtikis standartების komitetის mier. igi erT-erTia im seriidan, romel Sic ganxil ul ia I aparoskopiis Cvenebები gavr cel ebul i kl inikuri paTol ogiebis dros. rekomendaciis pirvel i varianti 1998 wel s Sei qmna. ganvl il periodSi gamoqveynda nTel i rigi axal i informaciebi, ramac gaidl ainis gadaxedvis aucil ebl oba ganapiroba. ganaxl ebul i varianti Sei qmna I literaturul i Ziebis a da eqspert-konsul tantebis rekomendaciebis safuZvel ze. Tumca unda aRini Snos, rom kargi dizainis, prospqtul i kvl evebi am Temaze mcirerixovania, ami tom upiratesoba nieniWa did masal aze warmoebul kvl evebsa da aRiarebul i eqspertebis mier gamoqveynebul naSromebs.G

rekomendaciis ganaxl ebul i varianti SAGES-მა 2002 wl is martSi gamoqveyna. igi nowonebul iqna AaSS erovnul i gaidl ainebis sacavis (National Guidelines Clearinghouse - NGC) eqspertebis mier da 2004 wl is maisSi ganTavsda veb-gverdze am organizaciis noTxovnebis Sesabamisi formatiT.

K

Kkl inikuri aRweril oba

Ddiagnostikuri I aparoskopia warmoadgens daavadebis diagnostikis mi zni T nowodebul minimal ur invaziur qirurgiul manipul acias. es procedura saSual ebas iZl eva uSual od movaxdinoT mucl is organoebis, maT Soris RviZl is zedapiris

umetesi nawil is, naRvl is buStis, el enTis, peritoneumis, mcire menj is Rrus organoebisa da retroperitoneumis vizual uri daTval iereba. LI aparoskopiis dros SesaZI ebel ia (1,2) biofsiis warmoeba sakvl evi masal is aspiracia da kul turis aReba, agreTve l aparoskopiul i ul trabgeriT i kvl evis Catareba. l aparoskopia saSual ebas aZI evs qirurgs dasvas diagnozi da mi iRos informacia daavadebisa Tu paTol ogiuri procesis gavr cel ebis Sesaxeb, agreTve moaxdinos abdominal uri warmonaqmnebis diagnostika (3,4).

Ddiagnostikuri l aparoskopia usafrTxo da pacientebisTvis advil ad gadasatani manipul aciaa. igi tardeba zogadi aneTezi iT rogorc ambul atoriul pirobebSi, ise stacionarSi. gansakuTrebul i SemTxvevebSi daSvebul ia adgil obrivi aneTeziis gamoyenebac (5).

L diagnostikuri l aparoskia unda awarmoos eqimma, romel sac gavli il i aqvs special uri momzadeba, fl obs l aparoskopiuri teqnikiis warmoebis unar-Cvevebs da SeuZI ia droul ad gamoicnos da umkurnal os Cveul garTul ebebs. saTanado Cvenebebisas mas agreTve unda SeeZI os damatebiTi Terapiul i manipul aciebis ganxorciel ebac.

mTel i proceduris ganmavl obaSi patienti mudmivi dakvirvebis qveS unda imyofebodes (6) da SesaZI ebel i unda iyos dauyovnebel i reanimaciul i RonisZieebis ganxorciel eba. LI aparoskopia unda warmoebdes steril uri xel sawyoebiT, l aparoskopiul i teqnikiis maRal i xarisxis steril izaciis uzrunvel yofiT. zogierT patients, romel sac l aparoskopia ambul atoriul pirobebSi Cautarda, SeiZI eba sadReRamiso dakvirveba dasWirdeS. gansakuTrebul SemTxvevebSi diagnostikuri l aparoskopiis Catareba eqimis ofisSicaa SesaZI ebel i. es mxol od im SemTxvevaSia daSvebul i, Tu am proceduris ganxorciel ebisas garTul ebebis ganvitareba da damatebiTi Terapiul i RonisZieebis saWiroeba praqtikul ad gamoricxul ia.

Cvenebebi

- intraabdominal uri/retroperitoneal uri warmonaqmnebi: diagnostikuri l aparoskopia SeiZI eba gamoyenebul iyos damiznebiTi biofsiis warmoebisTvis da intraabdominal uri simsivneebis stadiis dasadgenad (7,8). LI aparoskopiul i ul trabgeriT i kvl eva SeiZI eba dagvexmaros sxvadaxxva warmonaqmnebis masebis identifikaciaSi.

- RviZI is daavadebebi: l aparoskopia naCvenebia RviZI is ciroziT daavadebul i pacientebis gamokvl evisas, rodesac standartul i biofsi iT diagnozi ver dgindeba an biofsia ver xorciel deba (mag. RviZI is mcire zoma, didi mocul obis asciti). pacientebi RviZI is daavadebebiT ufro midreki l i arian sisxl denebisadmi, magram l aparoskopiis dros biofsiis adgilidan ganvitarebul i sisxl dena SeiZI eba kontrol irebul iyos el eqtrokoagul aciiis an sxva teqnikiis gamoyenebiT (9).

- asciti: l aparoskopia gvexmareba ucnobi etiol ogiis ascitis diagnostikaSi, gansakuTrebiT ki rodesac asciti meoradia da gamowveul ia tuberkul oziT an karcinomatiziT.

- mucl is tkivil i an mwvave mucel i: l aparoskopia informatiul ia akal kul ozuri qol ecistitis, Sinagani organoebis perforaciis, mwvave apendicitis, mezenterial uri iSemiis da sxva gadaudebel i qirurgiul i mdgomareobebis diagnostikaSi, gansakuTrebiT ki mZime pacientebSi, rodesac mucl is gasinj viT niRebul i monacemebis interpretacia garTul ebul ia/araerTmniSvnel ovania.

- mucl is trauma: zogierTi specifiuri probl emis SemTxvevaSi l aparoskopi am (mag. civi iaraRiT miyenebul i wina da l ateral uri naCxvl eti Wril obebi, tangencial uri cecxl asrol i Wril obebi) SeiZI eba Tavidan agvacil os l aparatomia. l aparoskopiis informatiul oba mucl is daxurul i tramvebis dros araerTmniSvnel ovnad fasdeba (10,11).

- სხვადასხვა მდგომარეობები: I აპაროსკოპიის Catareba ნაცვენებია აგრეთვე პალ პირები
abdominal uri warmonaqmnebis diagnostikis მიზნით, მუცელსა და მენჯის რრუსი
უცნობი ეტიოლოგიის ტკივილის, ხანძამულ პაციენტებსი მწვავე და კრონიკულ მუცლის
ტკივილის, უცნობი ეტიოლოგიის ცხელიების, აგრეთვე Tandayol ილ ანომალიებზე ეწვის
SemTxvevaSi.

უკუვენებები

I აპაროსკოპიის უკუვენებებია: hemodinამიური არასტაბილურიობა, მექანიკური ან
პარალიზური გაუვალობა, არაკოაგულირებადი კოაგულირება, გენერალიზებული
პერიტონიტი, მკვეთრი კარდიოპულმონალური დაავადებები, მუცლის კედლის ინფექციები, ადრე
განხორციელებული მრავალჯერადი abdominal uri procedureბი, ორსულობის გვიანი
ვადები. თუმცა საბოლოო გადაწყვეტილება I აპაროსკოპიულ პროცედურის Catareბის
სესახებ არამხოლოდ კლინიკური სტატუსის, არამედ კირურგის მერ პაციენტის
მდგომარეობის სეფაზის საფუძველზე მიიღება (12,13).

L

I აპაროსკოპიის ტექნიკა

I აპაროსკოპიის გამოყენებულ ინსტრუმენტები, მოიცავს I აპაროსკოპს, ტროაკარს,
დამწვებებს (grasping), ბიოფსიისა და რეტრაქციულ ინსტრუმენტებს, რომლებიც საუროების
მიხედვით გამოიყენება. ინსტრუმენტის უმრავლესობის დიამეტრი 2-10 მმ მერყეობს.
პროფესიონალი სეჯება I აპაროსკოპისტის და ტრენირებულ ასისტენტისაგან, რომელიც
სისხლის არტერიულ წნევას, პულსს, სუნთქვის სიხშირეს, ჯანგბადით გაჯერებას, ეკგ-სა და
სედაციის ხარისხს აკონტროლებს. ზოგიერთ პაციენტს საუროების SemTxvevaSi
დიაგნოსტიკური I აპაროსკოპია შეიძლება I ოკალიური ანესთეზიით ინტრავენური სედაციით
შატარდეს. როდესაც ზოგადი ანესთეზია ნაცვენები, აუცილებელია პროცედურას
ანესთეზიოლოგიის დახმარებით.

საუბრაში ინტრაბდომინალური მიდგომა ვერესის ნემსით ან განაკვეთით (cut down technique)
ხორციელდება. მუცლის რრუსი აირის Catumbვა (insufflაცია) ხდება, საუროების
დამატებითი ტროაკარები გამოიყენება. სპონტანური სუნთქვის პრობემების ინსუფლაციური
წნევის I მიმართულებით იწვევს სვეტის 10მმ-ს სეადგენს. რუტინული I აპაროსკოპიული
კვლევა მოიცავს პერიტონეალური ზედაპირების, დიფრაგმის, რვილის, ელენტის, ნარვილის
ბუტის, კულის, ვრდის ნაწლავის, მსხვილი ნაწლავის, მენჯის რრუს ორგანოებისა და
რეტოპერიტონეალური ღრვილებისა და ორგანოების დატვლილებას
სატანადო ცვენებების შესამისად შეიძლება განხორციელდეს ბიოფსიური მასალის აღება,
ციტოლოგიური კვლევა, ინტრაოპერაციული ულტრაბუნებისგან, კულტურებისა და
არსებულის სიტყვის ანალიზის და/ან სხვა გამოსახულებითი დიაგნოსტიკური კვლევების
მოდირება.

გართულებები

გართულებები შეიძლება განვითარდეს პნევმოპერიტონეუმის შემნის პროცესში,
ტროაკარის შეყვანის ან უსულობის დიაგნოსტიკური კვლევის (დატვლილების) დროს. ეს
გართულებებია: არტემიები, hemodinამიური არასტაბილურიობა, რაც ვენური მოძინების
სემცირებიტაა განპირობებული, სისხლი დენა, ნარვილის კარვრა, რრუს ორგანოების
პერფორაცია, სოლიდური ორგანოების გაღებვა, სისხლი ზარბევის დაზიანება, აეროვანი
ემბოლია და Catumbული აირის კანკვეს ან ექსტრაპერიტონეალური ურადგავრცელება. თუმცა
უნდა აღინიშნოს, რომ გართულებები მხოლოდ ზემოტ გამოტვლილი იტარებენ სემოიფარგი
მრეობის ინფიცირება ან ასციტის გავრცელება (leakage) პოსტოპერაციული პერიოდში
ვითარდება. ხარვეზები (არასწორი დიაგნოსტიკა - failure) ინტრაბდომინალური
პატოლოგიის I ოკალიზაციის (extent) დიაგნოსტიკის ასევე ერთ-ერთ პოტენციურ
გართულებას წარმოადგენს.

დასკვნა

diagnostikuri laparoskopia im pacientebisTvisaa naCvenebi, rodesac daavadebis diagnozi an patol ogiuri procesis ganvrCoba gaurkvevel ia an kidev abdominal uri monacemebi araerTmniSvnel ovania. misi usafrTxod Catareba SesazI ebel ia rogorc stacionarul , ise ambul atoriul pirobebSi, rac xel s uwyobs swor diagnostikasa da mkurnal obas.

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SAGES GUIDELINES FOR DIAGNOSTIC LAPAROSCOPY

N. Rachvelishvili, Tbilisi State Medical University, Chair of Internal Medicine #1

This is one of a series of statements discussing the utilization of laparoscopy in common clinical situations. This guideline was prepared by the Standards of Practice Committee of the Society of American Gastrointestinal Endoscopic Surgeons in 1998 and updated in 2002.

Diagnostic laparoscopy is useful for patients in whom the diagnosis or extent of the disease is unclear or the abdominal findings are equivocal. It can be performed safely in an inpatient or outpatient setting, potentially expediting diagnosis and treatment.

SfoTvisa da depresiul i darRvevebis mkurnal oba kardiovaskul arul i sistemis daavadebis mqone pacientebSi

simon devisi, peter j eqsoni, jon potokari, devid nati
BMJ, 2004; 328: 939-43 ©

ra rols Tamasobs serotoninis ukuSeRwevis sel eqtiuri inhibitorebi kardiovaskul arul i daavadebis mqone pacientebSi fsiqiatრიul i avadobis mkurnal obisas? am mimoxil viT statiaSi ganxil ul ia am j gufis pacientebSi sxvadasxva antidepressantebis usafrTxoeba da efeqturoba, maTi potencial i gaaumj obeson kardiovaskul arul i daavadebis gamosaval i

SfoTva da depresiul i darRvevebi xSiria saerTo popul aciaSi da gansakuTrebiT preval irebs kardiovaskul arul i daavadebis mqone pacientebSi (cxril i 1) (1-3, w1-w3). mimovixil eT is mtkicebul ebiTi monacemebi, romelic zemoaRniSnul i kavSiris biologiur ganmartebasa da kardiovaskul arul i daavadebis mqone pacientebSi fsiqiatრიul i avadobis samkurnal od medikamentebisa da fsiqoTerapiis gamoyenebas exeba.

ZiriTadi Tezisebi
SfoTva, panikuri darRveva da depresia xSiria gul is koronarul i daavadebisa an hipertenziis mqone pacientebSi
fsiqiatრიul avadobasa da kardiovaskul arul daavadebas Soris savaraudoa biologiuri kavSiri
kardiovaskul arul i problemis mqone pacientSi aranamkurnal evi fsiqiatრიul i moSi il oba prognozs auaresebs
serotoninis ukuSeRwevis sel eqtiuri inhibitorebi (susi) usafrTxo da efeqturia kardiovaskul arul i daavadebis mqone pacientebSi fsiqiatრიul i patologiis samkurnal od; umj obesia uari vTqvaT kl asikuri tricikli uri preparetebis gamoyenebaze
susi-iT mkurnal obam SeiZleba gaaumj obesos gadarcenis sixSire im pacientebSi, romel Tac depresia aqvT da miokardiumis infarqtic gadaitanes
fsiqiatრიul i patologiis diagnostireba da mkurnal oba unda CairTos gul is koronarul i daavadebisa da hipertenziis kl inikur marTvaSi

wyaroebi da SerCevis kriteriumebi

tardeboda Sesabamisi ingl isurenovani statiebis sistematuri Zieba monacemTa bazeSi Medline (1966 wl idan 2003 wl is agvistomde) da Embase (1980 wl idan 2002 wl is oqtombramde). pirvel rigSi, Zieba xdeboda Semdegi terminebiTa da sakvanZosityvebiT: `miokardiumis infarqti~, `gul is angina~, `hipertenzia~, `insul ti~,

`cerebrovaskul arul i~, `postinsul ti~. Semdgom, ki terminebiTa da teqstiT "serotoninis ukuSeRwevis sel eqtiuri inhibitorebi" [Selective Serotonin Reuptake Inhibitors], "susi" [SSRIs] da cal keul i waml ebis saxel ebiT. warmoebda Ziebis Sedegebis kombini reba da Sesabamisi statiebis mopoveba. warmoebda miTiTebul i bibl iografiis Semowmebac _ sxva, potencial urad Sesatyvisi statiebis mosapovebl ad.

kardiovaskul arul i daavadeba da fsiqiatრიul i paTol ogia

mravl adaa monacemebi, romel Ta Tanaxmadac depresia dakavSirebul ia koronarul i arteriebis daavadebasa da hipertenziasTan; miokardiumis infarqti dan 7 dRis Semdeg Sefasebul pacientTa 16%-s aReniSneboda didi depresiis epizodis Sesabamisi simptomebi (1, w1, w2). ramdenime gamokvl eva aCvenebs, rom SfoTviTi darRvevebi kavSi rSia gul is koronarul daavadebasTan, aseve hipertenziasTanac (2).

mravl adaa monacemebi, romel Ta Tanaxmadac depresia dakavSi rebul ia koronarul i arteriebis daavadebasa da hipertenziasTan; miokardiumis infarqtidan 7 dRis Semdeg Sefasebul pacientTa 16%-s aReni Sneboda didi depresiis epizodis Sesabamisi simptomebi (1, w1, w2). ramdenime gamokvl eva aCvenebs, rom SfoTviTi darRvevebi kavSi rSia gul is koronarul daavadebasTan, aseve hipertenziasTanac (2).

cxril i 1: depresiisa da SfoTviTi darRvevebis kriteriumebi, fsiqiatრიul darRvevaTa diagnostikisa da statistikis saxel mZRvanel odan, meoTxe gadaxedva

depresia

didi depresia

sul cota 2 kviris ganmavl obaSi saqmianobaTa umravl esobisadmi interesis dakargva da mudmivad cudi guneb-ganwyoba, qvemomoyvanil idan zogierTi sxva symptomic (j amSi ara nakl eb xutisa)

- wonaSi dakl eba an momateba
- Zil is darRveva
- energiis nakl eboba
- koncentraciis unaris daqvei Teba
- agznebul oba
- daqvei Tebul i sakuTari Ri rsebis gr Znoba
- suicidal uri ideebi an gegmebi

mcire depresia

ori an meti kviris ganmavl obaSi sami an oTxi zemoTdasaxel ebul i simptomi

SfoTviTi darRvevebi

zogad maxasiaTebi ebSi Sedis

- Tvi Tagznebadoba (autonomic arousal)
- fsiqol ogiuri reaqtul oba
- tremori an caxcaxi
- acil ebiTi/TavisaridebiTi saqciel i (avoidance behaviour)
- momatebul i si fxiZl e/eWvianoba

panikuri darRveva

panikis spontanuri morecidive Setevebi, Setevebs win uswrebs SfoTvis epizodebi, mWidrod aris dakavSi rebul i agorafobiasTan.

general izebul i SfoTviTi darRveva

gadaWarbebul i Rel visa da daZabul obis gaxangrZl ivebul i periodebi

post-travmul i stresul i darRveva

travmul i stres-faqtoris moqmedebis Semdeg uecari gaxsenebebi (flashbacks), momatebul i si fxiZl e/eWvianoba, acil ebiTi/TavisaridebiTi saqciel i.

social uri SfoTviTi darRveva

sociumSi gasvl asTan dakavSi rebul i SiSebi, xasiaTdeba da frTxobiT, Zl ierad gawiTi ebiT, TavisaridebiTi saqciel i (avoidance behaviour).

fsiqiatრიul paTol ogiasa da kardiovaskul arul daavadebas Soris kavSiri SeiZl eba miwaweroT im garemoebas, rom pacientebis fsiqol ogiuri mdgomareoba diagnozis dasmis Semdeg Seryeul ia; magram es ar xsnis prospeqtul i kvl evebis Sedegebs - depresiisa da SfoTviTi darRvevebis mqone pacientebSi kardiovaskul arul i

probi emebis gaxSirebasa da uares gamosaval s. erT-erTi kvl evis Sedegebis Tanaxmad, miokardiumis infarqtis Semdgom depresiaSi myof pacientebSi sxva pacientebTan SedarebiT sikvdil obam 3.5-jer imata (1). depresia kavSirSia hipertenziis mqone pacientebSi kardiovaskul arul i garTul ebebis Camoyal ibebasTan; ramdenime prospeqtul i kvl evis Sedegebi gvafiqrebs, rom arsebobs kavSiri SfoTviT darRvevebsa da Semdgom kardiovaskul arul daavadebasa Tu uecar sikvdil s Soris (3, w3).

savaraudoa am kavSiris biol ogiuri axsna – central uri neurotransmitteris – serotoninis defeciti SeiZl eba xel s uwyobdes ara mar to fsiqiatrul paTol ogias (mas SeiZl eba vumkurnal oT serotoninis ukuSeRwevis sel eqtiuri inhibitorebiT, roml ebic sinafsebSi serotoninis xel misawvdomobas zrdis), aramed hipertenziis Camoyal ibebasa da kardiovaskul arul risksac (cxrili 2) (4-8). serotoninis ukuSeRwevis sel eqtiurma inhibitorebma SeiZl eba Seamciros kardiovaskul arul i epizodis riski imis xarj ze, rom isini amcirebs Trombocitebis aqtivacias an aRadgens gul is riTmis cval ebadobas (6, 7). mniSvnel ovani monacemebi asaxavs esenciuri hipertenziis mqone pacientebSi autonomiuri nervul i sistemis disfunqcias, rac agreTve SeiZl eba xel s uwyobdes kardiovaskul arul risks (w4). Warbi raodenobiT noradrenal inisa an adrenal inis gamoyofa naCvenebia hipertenziisa da panikuri darRvevis SemTxvevaSic (9).

fsiqol ogiurma simptomebma SeiZl eba daaqveiTos patientis unari aitanos an daiavas medikamentozuri mkurnal obis sqema da daTanxmdes Carevebs, romel Ta mizani kardiovaskul arul i riskis Semcirebaa. panikis Setevebi, SfoTva da depresia dakavSirebul ia antihipertenziul i agentebis autanl obasTan; es kavSiri yvel aze ufro gamoxatul ia maSin, rodesac gverdiTi moqmedebad aRweril i simptomebi ar aris damaxasiaTebel i waml isaTvis (10). depresiaSi myof pacientebS nakl ebad Zal uZT rekomendacias dauj eron da miokardiumis infarqtis Semdgom Seicval on Tavisi qceva da cxovrebi stil i (w5).

am monacemebis miuxedavad, pirvel adi samedicino daxmarebis rgol sa da saavadmyofoebSi SfoTviT darRvevebsa da depresias nakl ebi yuradReba eTmoba (w6). SeiZl eba Znel i iyos SfoTvisa da depresiisaTvis damaxasiaTebel i simptomebis ubral od samedicino mdgomareobis kl inikuri suraTisgan garCeva. gul mkerdis tkvil i, romel ic panikis Setevis dros Cveul ebrivi movl enaa, stenokardiisagan SeiZl eba ganvasxvavoT l okalizaciis mixedviT (gul is saproeqcio areze da ara mkerdis Zvl is qveviT), marcxena mxarsa an xel Si iradiaciis ararsebobiT, tkvil is xasiaTiT (ufro mWrel i xasiaTis, vidre zewolis magvari), varjiSis dros ardawyebiTa da maRal i xangrZl ivoba-sixSiriT dasvenebis mdgomareobaSi (11). diferencial uri diagnozis gatarebisas mxedvel obaSi unda miviRoT gul mkerdis areSi arakardiul i genezis iseTi etiol ogiis tkvil ebi, rogoricaa magal iTad mikrovascul arul i iSemia (X sindromi) da sayl apavis moZraobis sindromi (w7). diagnozis dasmias sxva xSiri sirTul ea erTmaneTisagan gardamaval i fsiqiatrul i niSnebis didi depresiisagan an SfoTviTi darRvevis simptomebisagan garCeva; aseve - didi da mcire depresiis garCeva, gansakuTrebiT imis gaTval iswinebiT, rom mcire depresiis SemTxvevaSi waml ebis efeqti nakl ebadaa gamoxatul i.

cxrili 2: im monacemebis Sejameba, romelic kardiovaskularul riskTan serotoninis deficitis kavSirzemetvel ebs

- kataSi medikamentebis im rejimiT Seyvanisas, romelic mis Tavzurgtvinis siTxeSi serotoninis dones samjer da ufro metad zrdida, parkuWebis fibrilaciis zRurbl i sagrZnobl ad iweva; aseve mniSvnel ovnad mcirdeba gul idan eferentuli simpaTiuri el eqtruli aqtivoba (4).
- iqmneba STabelWdileba, rom zurgis tvinis ventro-rostralur nawilSi napovni serotoninerguli neironebi aregul irebs simpaTiuri moqmedebis nivTierebebis gamoyofas.
- gulis riTmiscval ebadoba, romelic kardiovaskularuli reaqtuli obis markeria da SeiZleba aritmiebisa da kardiuli gartuli ebebisagan gvicavdes, panikuri darRvevis dros Semicirebul ia da umj obesdeba susi-iT mkurnal obis SemTxvevaSi (6).
- susi-ma SeiZleba dagvicvas kardiovaskularuli riskigan Trombocitebis aqtivaciis Sesustebis xarjze, im pacientebSi ki, romlebic "antiTrombocitur" Terapiaze arian (7).
- susi-is kardioproteqtorul i Tvisebebis asaxsnel ad SemoTavazebul ia Semdegi meqanizmi: serotoninis transporteris mimarT susi-is umravlesobis maRal i tropizmis xarjze TrombocitebSi mcirdeba serotoninis maragi (8).

fsiqiatriuli patologiis medikamentozuri mkurnal oba

zogadi praqtikisan saavadmyofosi momusave eqimma specialist fsiqiatrTan mimarTvis gareSec SeiZleba gamoweros Sesabamisi wamble romelime im sqemis mixedvit, romlis efeqturobac damtkicebul ia. bolodros dadginda, rom garkveuli medikamentozuri mkurnal oba ukavSirdeba miokardiumis infarqtis sixSiris Semicirebas; arsebobs monacemebi stenokardiisa da miokardiumis infarqtis fonze antidepressiuli mkurnal obis Catarebisas gadarCenis sixSiris momatebis tendenciis Sesaxeb.

zogadpopulaciaSi fsiqiatრიული patologiის mkurnal obის ეფექტურობა

arsebobs monacemTa mTel i nakrebi Sesabamis pacientebSi depresiisa da SfoTviTi darRvevebis medikamentozuri mkurnal obis Taobaze. antidepressant wambleSi Sedis susi, tricikliuri preparatebi da modifizirebuli tricikliuri preparatebi, iseve rogorc serotoninisa da noradrenalinis ukuSeRwevis inhibitorebi. Yovel i maTgani depresiis mqone pacientebis 60-70%-Si remisias ganapirobebs, Tu Terapiuli doziT 6 kviris ganmavl obaSi miiReba. zogierTi tricikliuri antidepressanti efeqturia panikuri darRvevis drosac, magram susi-ma gamodevna isini da arCevnis wamblebad iqca; serotoninisa da noradrenalinis ukuSeRwevis inhibitorebTan erTad isini efeqturia sxva SfoTviTi darRvevebis drosac, generalizebuli SfoTviTi darRvevis CaTvlit. benzodiazepinebi kvl avindeburad xSirad iniSneba yvela SfoTviTi darRvevis samkurnal od, Tumca ki eqimebs gATviTcnobierebuli unda hqondeT maTi nakl ovanebebi (w8).

usafRTxoeba

kardiovaskularuli daavadebis mqone pacientebSi tricikliuri antidepressantebis gamoyenebis mizansewoni l oba sakamatoa. es efuzneba imas, rom cxovel ebze Catarebuli kvlebebi isini cudad moqmedebda gulis kumSvadobaze; xolo adamiansi dozis

gadaWarbebis SemTxvevaSi aRiniSneboda disritmiebi da mZime hipotenzia; el eqtrokardiografiul i kvl evebi metyvel ebs am waml ebis l tipis antiaritmiul i saSual ebebis msgavs proaritmiul i moqmedebis Teoriul riskze (w9). sapirispriod amisa, epidemiol ogiuri da kl inikuri kvl evebi, marTal ia aramasStaburi, metyvel ebs imaze, rom normal ur dozebsi daniSvnis SemTxvevaSi gul is ukmarisoba ar Rrmavdeba da ar matul obs uecari sikvdil is sixSire; sxva Tu araferi, yovel SemTxvevaSi aranamkurnal ev pacientebTan SedarebiT mcirdeba miokardiumis infarqtiT ganpirobepul i sikvdil oba (w10-12). orTostatiul i hopotenzia SeiZl eba probl emas warmoadgendes, da erT-erTi kvl evis dros am gverdiTi moqmedebis gamo saWiro gaxda pacientebis naxevarSi amgvani mkurnal obis Sewyveta (w13). sxva tricikl ur preparetebTan SedarebiT sixl is wnevis mniSvnel ovan vardnas yvel aze nakl ebad SeiZl eba nortriptil ini iwvevdes (w14). Zvel i tricikl uri preparetebis gamoyeneba kvl avindeburad sakamod rCeba; ukve arsebul i kardiovaskul arul i daavadebis SemTxvevaSi upiratesoba unda mieniWos axal Semosul tricikl ur preparetebsa da susi-is – potencial urad isini nakl ebad sariskoa.

susi kardiotoqsiurobis Tval sazrisiT nakl ebad sarisko Cans, vinaidan maT ar gaaCnia antiqol inergul i moqmedeba, da maTi gamoyenebisas aritmiis SemTxvevebic iSviaTad aRiricxeba. ormag brma SedarebiT kvl evaSi gul is iSemiuri daavadebis mqone im pacientebis umravl esobas, visac susi (paroqsetini) daeniSna, depresiul i simptomebis remisია aReniSna; paroqsetinis SemTxvevaSi kardiovaskul arul i gverdiTi efeqtebi sarwmunod nakl ebi iyo (12).

mosal odnel ia, rom kardiovaskul arul i daavadebis mqone pacientebi sxva waml ebsac Rebul obdnen, pirvel rigSi hipertenziis sawinaaRmdegos, lipidebis donis damaqveitebel da antiaritmiul preparetebs; ase rom susi-is daniSvnis sagul isxmoa SesaZl o farmakokinetikuri urTierTqmedebebic. zemoCamotvl il i kl asebis mraval i preparati metabol izirdeba citoqrom P-450 fermentebiT CYP2D6 da CYP3A4. susi paroqsetini da fl uoqsetini mZl avri CYP2D6-inhibitorebia, maSin rodesac fl uoqsetini da nefazodoni CYP3A4-inhibitorebia, ase rom am preparetebma SeiZl eba gazardos pl azmaSi iseTi kardiovaskul arul i waml ebis koncentracia, rogoricaa propranol ol i, metoprol ol i, fl ekainidi, enkainidi (metabol izirdeba CYP2D6-s mier) da simvastatini; aml odipini, nifedipini, dil Tiazemi, amiodaroni (metabol izirdeba CYP3A4-s mier); Sesabamisad SeiZl eba imatos gverdiTi moqmedebis sixSirem da toqsiurobam. metoprol ol Tan dakavSirebul i gverdiTi moqmedeba xuTjer ufro xSirad aRiniSna genetikurad determinirebul i CYP2D6-is dabal i aqtiurobis mqone pacientebSi, rac imaze metyvel ebs, rom am fermentul i sistemis aqtivoba kl inikurad mniSvnel ovania (13). sertral ins, cital opramsa da tricikl ur preparetebs paroqsetinsa da fl uoqsetinTan SedarebiT mametabol izirebel i fermentebis inhibiciis mniSvnel ovnad nakl ebi potencial i aqvs (w15).

serotoninisa da noradrenal inis ukuSeRwevis inhibitori venl afaqsini SeiZl eba gamoyenebul iqnas gul is koronarul i daavadebis mqone pacientebSi. si frTxil ea saWiro maRal i dozebis gamoyenebisas (yovel dRiurad \geq 300 mg), vinaidan am preparatis miRebisas aRiniSneba arteriul i wnevis dozaze damokidebul i mateba, saSual od diastol uri wnevis vercxl iswyl is svetis 7 mm-iT momateba yvel aze maRal i dozi T miRebisas (w16).

**efeqturoba kardiovaskul arul i daavadebis mqone pacientebSi
fsiqiatriul i avadobis mkurnal obis as**

ukanasknel dromde mwiri monacemebi arsebobda kardiovaskul arul i daavadebis mqone pacientebSi fsiqiatrui i paTol ogiis mkurnal obis efeqturobis Sesaxeb. dReisaTvis ukve arsebobs Sesabamisi monacemebi susi-is umravl esobis Sesaxeb; informaciis wyaroa 5 ormagi brma meTodiT Sesrul ebul i SedarebiTi an pl aceboTi gakontrol ebul i kl inikuri kvl eva, romel Sic swavl obdnen pacientebSi miokardiumis infarqtiT, gul is iSemiuri daavadebiTa an hipertenzi iT (ix. cxril i 3) (12, 14-17). erT pl aceboTi gakontrol ebul kvl evaSi fl uoqsetinma Seamcira depresia pacientebSi, romel Tac miokardiumis infarqti gadaitanes (16). paradoqsul ia, magram fl uoqsetinis samkurnal o efeqti pl aceboze sarwmunod meti iyo mxol od msubuqi mimdinareobis didi depresi is mqone pacientebSi.

am dargSi yuradsaRebi umniSvnel ovanesi kvl evaa SADHART (sertraline antidepressant heart attack randomised trial – antidepressanti sertral ini, gul is Seteva, randomizirebul i kvl eva). am randomizirebul , ormag brma pl aceboTi gakontrol ebul kvl evaSi akvirdebodnen 369 patients, saavadmyofoSi miokardiumis infarqtiTa an arastabil uri stenokardi iT Semoyvanidan 30 dRis ganmavl obaSi (14). kvl evaSi CarTvis momentisaTvis pacientebi depresiaSi iyvnen da 24 kviris ganmavl obaSi eZl eodaT pl acebo an sertral ini yovel dRiuri doziT 50-200 mg. sertral ini iseTive usafrTxo gamodga, rogorc pl acebo; kardiul i usafrTxoebis arc erTi parametris mixedviT maT Soris sxvaoba ar aRiniSna, magram sertral ini sarwmunod ufro efeqturi iyo mZime depresi is mqone pacientebis mkurnal obaSi; pacientTa mdgomareobis Semafasebel i qul ebis mixedviT sertral ini mTel sakvl ev erTobl iobaSi sarwmunod ufro efeqturi iyo.

xuTi ormagi brma kvl evis procesSi swavl obdnen susi-is efeqturobas cerebrovaskul arul i daavadebis mqone depresiaSi myof pacientebSi (18-22). sami kvl evis mixedviT, fl uoqsetini da cital oprami pl aceboze ufro efeqturi gamodga (19, 21, 22). meoTxe kvl evaSi, fl uoqsetini pl aceboze ufro efeqturi iyo, magram kvl evis mxol od Ria katamnezuri dakvirvebis fazaSi (18). mexuTe kvl evaSi nortriptil ini depresiul i sindromebis mxriv remisi is miRwevaSi fl uoqsetansa da pl aceboze ukeTesi aRmoCnda (20). insul t-gadatanil i 137 patientis profil aqtikuri kvl evisas dadginda, rom im pacientebSi, vinc sertral ins Rebul obda da ara pl acebos, mogvianebi T depresi is ganviTarebis Sansi gacil ebiT nakl ebi iyo (23).

kardiovaskul arul daavadebaze anti depresantebi T mkurnal obis zegavl ena

5336 patientis SemTxveva-kontrol is tipis kvl evaSi fl uoqsetinis, sertral inisa Tu par oqsetinis gamoyenebis dros dadginda miokardiumis infarqtis Sansebis sarwmunod Semcirebul i Sefardeba 0.59 (8).

SADHART kvl evaSi sertral inis j gufSi aRiniSna seriozul i kardiul i movl enebis sixSiris Semcirebis gamoxatvis tendencia (22.4%-dan 14.5%-mde), rac SeiZl eba fsiqiatrui i avadobis mqone pacientebSi am preparatis kardioproteqtiul moqmedebaze metyvel ebdes (14). Ria kvl evaSi, hipertenziul pacientebSi Tanmdevi panikuri darRveviT fl uoqsetini sisxl is wnevis daqveiTebaSi antihipertenziul preparat moqsonidinze ufro efeqturic ki aRmoCnda (24). amis sawinaaRmdegod, tricikl uri preparetebi SeiZl eba zrdides kardiovaskul arul risks. erT-erT mimoxil viT kvl evaSi damabnevel i faqtorebis Sesworebis Semdeg gamovl inda, rom pacientebSi, roml ebic doTiepins iRebdnen, 67%-iT ufro mosal ondel i iyo gul is iSemiuri daavadebis dawyeba, imaTTan SedarebiT, vinc antidepressantebis ar Rebul obda (w17). Tumca, insul tis Semdgom Camoyal ibebul i depresi is kvl evaSi, 9 wl is ganmavl obaSi katamnezuri dakvirvebis qveS myof pacientebSi rogorc

nortriptil inis, aseve fl uoqsetinis miReba ukavSirdeboda pl acebosTan Sedarebi T sarwmunod ufro mcire saerTo sikvdil ianobas (25).

arafarmakol ogiuri mkurnal oba

arsebobs seriozul i monacemebi, romel Ta Tanaxmadac depresiisa da SfoTviTi darRvevebis mkurnal obaSi efeqturia SemecnebiTi qceviTi Terapia. dadginda, rom igive midgoma warmatebul ia stenokardiul i tkivil is samkurnal od im pacientebSi, romel Ta SemTxvevaSic angiografia da gul is sxva gamokvl evebi negatiur pasuxs iZl eva (w18). axl axans ganxorciel da vrcel i kvl eva, Semdegnairi SedegebiT: im pacientebSi, roml ebic depresiaSi iyvnen da subieqturad sust social ur mxardaWeras Rebul obdnen, miokardiumis infarqtis Semdgom 28 dRis ganmavl obaSi Catarebul ma kogniturma biheviolistul ma Terapiam Seamcira depresiis xarisxi da social uri izolaciad, magram kardiul i movl enebis sixSire ar Semcirebul a (26). antidepressantebis gamoyeneba ukavSirdeboda mniSvel ovsad ufro mcire sikvdil obasa an miokardiumis infarqtis aral etal uobas.

daskvnebi

eqimebma yuradReba unda miaqcion gul is koronarul i daavadebisa da hipertenziis mqone pacientebSi fsiqatriul avadobas, gansakuTrebiT ki SfoTvasa da depresiis. kavSiri maT Soris, rogorc Cans, garkveul biol ogiur safuZvel s emyareba da, fsiqatriul darRvevebs umkurnal od Tu davtovebT, maT SeiZl eba gaauareson prognozi kardiovaskul arul i probl emebis mqone pacientebSi.

depresia, panikuri darRveva da general izebul i SfoTviTi darRveva – yvel a CamoTvl il is samkurnal od efeqturia antidepressiul i preparatebi. kardiovaskul arul i daavadebis mqone pacientebSi susi-is gamoyeneba usafrTxa, Tumca ki, arapirdapiri monacemebi metyvel ebs imaze, rom jobia moveridoT kl asikuri tricikli uri agentebis gamoyenebas. Tu gaviTval iswinebT bol o monacemebis, romel Ta Tanaxmadac depresiis mqone pacientebSi susi-s SeuZl ia gazardos miokardiumis infarqtis Semdgom gadarCenis Sansi, fsiqatriul i avadobis diagnostireba da mkurnal oba aucil ebl ad unda CairTos hipertenziisa da gul is koronarul i daavadebis mkurnal obaSi.

w1-w18 aRniSnavs masal ebs internetSi, misamarTze www.bmj.com

damatebiTi informaciis wyaroebi

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Rozanski A, Blumenthal JA, Kaplan J. Impact of psychological factors on the pathogenesis of cardiovascular disease and implications for therapy. *Circulation* 1999;99:2192-217.

sainformacio resursebi pacientebisaTvis

depresia kardiul i Setevis Semdeg <http://familydoctor.org/handouts/702.html> – rCevebis furcel i

BBCi Health http://www.bbc.co.uk/health/ask_doctor/depression_heart.shtml - zogadi msj el oba depresiisa da gul is daavadebas Soris kavSiris Sesaxeb

American National Institute of Mental Health www.nimh.nih.gov/publicat/index.cfm - veb-portal i, bmul ebi sainformacio masal ebze xSiri fsiqatriul i daavadebebis diagnozisa da mkurnal obis Sesaxeb

mimdinare da momaval i kvl evebi

mimdinareobs kl inikuri kvl eva roml is mizanicaa miokardiumis infarqtis Semdeg depresiaSi myof pacientebSi axal Semosul i serotoninisa da noradrenal inis xel Semwyobi preparatis _ mirtrazapinis moqmedebis pl acebosa da susi-cital opramis efeqtTan Sedareba. (van den Brink RH, van Melle JP, Honig A, Schene AH, Grijns HJ, Lambert FP, et al. Treatment of depression after myocardial infarction and the effects on cardiac prognosis and quality of life: rationale and outline of the Myocardial INfarction and Depression-Intervention Trial (MIND-IT). *Am Heart J* 2002;144:219-25.

beikeris samedicino institutSi, mel burnSi, (avstral ia) amJamad mimdinareobs pacientebis Segroveba gul is daavadebis dros susi-is moqmedebis masStaburi kvl evisaTvis, romel ic SADHART-is gagrZel eba iqneba da mogvcems saSual ebas kardiovaskul arul i daavadebis mqone pacientebSi serotoninis xel Semwyobi preparetebis gamoyenebas ufro Rrma raodenobrivi Sefaseba mivceT.

vaSingtonis universitetSi prof. robert qernis jgufi ikvl evs Zil s kardiovaskul arul i daavadebis mqone depresiaSi myof pacientebSi. isini gegmaven Seiswavl on hipoTeza, roml is Tanaxmadac depresiaSi myof adamiandebSi gul is ritmis cval ebadobis Sencireba Rame ufro aris gamoxatul i, rac swored am dros zrdis kardiovaskul arul risks. kvl evam SeiZl eba mogvces Semdgomi informacia imis Sesaxeb, Tu rogor SeuZl ia depresias kardiovaskul arul i daavadebis mqone adamiandebSi gazardos kardiul i Setevis riski.

cxrili 3

randomizebul i ormagi brma kvleebi, romlebsic gamoiyeneboda susi kardiovaskularuli daavadebis mqone pacientebSi fsiqiatრიული avadobis samkurnalod							
kvleeva	ფსიქიატრიული პათოლოგია	კარდიოვასკულარული პათოლოგია	ვამლები (საკვლევი - საკონტროლო)	პაციენტების რიცხვი	გვერდითი მოყმედაბა კარდიოვასკულარული სისტემის მხრივ	სასარგებლო მოყმედაბა კარდიოვასკულარული სისტემის მხრივ	ფსიქიატრიული პათოლოგიის გამოსავალი
Glassman et al (SADHART) 2202 (14)	დიდი დეპრესია*	მიოკარდიუმის ინფარქტი ან სტენოკარდიული ტკივილი	სერტრალინი - პლაცებო	369	სარემონოცული ებების გარეშე	არინის არასარემონოტენდენცია, რომლის Tanaxmadac სერტრალინიცავს კარდიოვასკულარული გართულებების აგან	სერტრალინი პლაცებოზე უკეთეს გამოსავალს იძლევა დეპრესიის შემთხვევათა უმრავლესობაში
McFarlane et al 2001 (15)	დიდი დამცირე დეპრესია, სტანდარტული ტიპის მხედვით	მიოკარდიუმის ინფარქტი	სერტრალინი - პლაცებო	27	პლაცებოს ჯგუფის რიტმის სისხლის ცვლილებების დაკვირვება	სერტრალინის ჯგუფის იმთავითვე რიტმის სისხლის ცვლილებების გამო	სერტრალინი უმჯობესია პლაცებოზე დეპრესიის კვლევის შემთხვევის საფუძველზე
Strik et al 2000 (16)	დიდი დეპრესია*	მიოკარდიუმის ინფარქტი	ფლიოქსეტინი - პლაცებო	54	სარემონოცული ებების გარეშე	არინის არასარემონოტენდენცია, რომლის Tanaxmadac შემცირა კარდიული გართულებების გამო, ხელახალი ჰოსპიტალიზაციის საშუალებების სისხლის	პროქსეტინი პლაცებოზე უკეთეს გამოსავალს იძლევა დეპრესიის შემთხვევათა უმრავლესობაში
Roose et al 1998 (12)	დიდი დეპრესია*	გულის იშემიური დაავადება	პროქსეტინი - ნორტილინი	81	გულის იშემიის სისხლის მომატება და გულის რიტმის ცვლილებების დაკვირვება ნორტილინის ჯგუფის სარემონოცული ებების გარეშე; კარდიოვასკულარული სისტემის მხრივ გართულებების გამო. ტერაპიის გაუმჯობესება	-	დეპრესიის მკურნალობაში ნორტილინი უკეთეს, მაგრამ არასარემონოტენდენცია პროქსეტინის

					sarwmunod met SemTxvevaSi nortriptilin isjgufSi (17% 0%-Tan Sedarebi T)		
Strik et al 1998 (17)	didi depresia*	Nil (n=13), miokardiumis infarqti (n=5), hipertenzia (n=2)	fl uoqseti ni – fl uvoqsam ini	20	sarwmunod cvl il ebebis gareSe	gandevnis fraqciis maCvenebl i gaumj obesda orive waml iT namkurnal eb kardiovaskularul i daavadebis mqone pacientebSi	orive preparati efeqturia depresiis mkurnal ob aSi
Fruehwald et al 2003 (18)	saSual oxarixsis/mZime depresia, standart uli kiTxvaris mi xedvi T	insul ti	fl uoqseti ni – pl acebo	50	ar aris miTiTebul i zegavl ena kardiovaskularul sistemaze	–	oTxi kviris Semdgom orive jgufSi depresiis maCvenebl e bis gaumj obese ba. Ria katamnezuri Seswavis procesSi fl uoqseti ni ukeTesi gamodga
Wiert et al 2000 (19)	didi depresia*	insul ti, romel mac hemipl egia gamoiwvia	fl uoqseti ni – pl acebo	31	ar aris aRweril i sarwmunod zegavl ena kardiovaskularul sistemaze	–	depresiis mkurnal ob aSi fl uoqseti ni pl aceboze sarwmunod ukeTesia
Robinson et al 2000 (20)	didi anmcire depresia*	insul ti	fl uoqseti ni _ nortriptilin i – pl acebo	56	gul iscemis sixSiris sarwmunod ufro maRali momateba nortriptilin isjgufSi pl acebos jgufTan Sedarebi T	–	nortriptilin i fl uoqseti nsa da pl aceboze sarwmunod ufro efeqturia depresiisa da SfoTvis simptomebis mkurnal ob aSi
Dam et al 1996 (22)	depresia, standart uli	insul ti, romel mac hemipl egia	fl uoqseti ni _ maprotili	52	ar aris miTiTebul i zegavl ena	–	fl uoqseti nisa da maprotili

	kiTxvaris mi xedvi T (simZime ar aris miTiTebu li)	gamoivvia	ni – pl acebo		kardiovaskul arul sistemaze: fluoqsetinis jufi allar bebs maproti linis ada pl acebos jgufes funqci uri monace mibis mi xed vi T		nis gamoye neba ukavSi rdeb oda depre siis xaris xis sarwmu no Semci rebās
Anderse n et al 1194 (22)	saSual o xarisxis/ mZime depre sia, standar t ul i kiTxvar is mi xed vi T	insul ti	cital opr ami _ pl acebo	66	ar aris aRweri li sarwmu no zegavl ena kardio vaskul arul sistemaze	–	ukeTesi gamosa val i cital opr a mis jguf Si

* fsiqiatruiul darRvevaTa diagnostikisa da statistikis saxel mZRvanel o, meoTxe gamocema

** fsiqiatruiul darRvevaTa diagnostikisa da statistikis saxel mZRvanel o, mesame, Secvl il i gamocema

TREATMENT OF ANXIETY AND DEPRESSIVE DISORDERS IN PATIENTS WITH CARDIOVASCULAR DISEASE

Simon JC Davies, Peter R Jackson, John Potokar, David J Nutt
BMJ, 2004; 328: 939-43

Anxiety, panic disorder and depression are common in patients with coronary heart disease and hypertension. There is a plausible biological basis for the association between psychiatric morbidity and cardiovascular disease. Untreated psychiatric disorders worsen the prognosis in patients with cardiovascular problems. Selective serotonin reuptake inhibitors (SSRI) are safe and effective for the treatment of psychiatric morbidity in patients with cardiovascular disease; classic tricyclic agents are best avoided. Treatment with SSRI may improve survival after myocardial infarction in patients with depression. Diagnosis and treatment of psychiatric morbidity should be incorporated into the clinical management of coronary heart disease and hypertension.

disemini rebul i sisxl ZarRvSiga Sededeba (dsS) - Zvel i daavadeba, axal i imedebi

Ceng hok toh, maikl denisi

BMJ, 2003, 327 : 974-7

(moamzada Sorena arCuaZem)

didid xania, cnobil ia, rom dsS sefssis mqone pacientebSi l etal uri gamosavl is gazrdil risks ukavSirdeba. Tumca, amJamad arsebobs misi efeqturi mkurnal obis saSual ebebi. aRniSnul i mimoxil viTi statiis avtorebi Seecadnen mizanimarTul i mkurnal obis meTodebis SemuSavebisa da prognozis gaumj obisaTvis paTol ogiis ukeTesad codnisa da naadrevi diagnostikis mniSvnel obis demonstrirebas.

dsS pirveli kl inikuri dakvirvebebi me-19 saukuneSi iqna aRweril i. Tumca gavrcel ebul i paTol ogiuri koagul aciiT gamoxatul am garTul ebas, savaraudod, adamiansi travmisa da infeqciebis msgavsi xangrZl ivobis istoria aqvs. cxadia, dsS mraval i kl inicistisaTvis zogadad arasaxarbiel o kl inikur gamosaval Tan asociardeba da misi l aTinuri akronimi DIC (Disseminated Intravascular Coagulation) frazis "Death Is Coming"- (sikvdil i axl ovdeba-) sinonimia. miuxedavad amisa, Seqmnil ia mZime sefssis Tanmxl ebi koagul opaTiis sawinaaRmdago mizanimarTul i preparati (C-cil a), romel ic aRniSnul i mdgomareobis pirvel warmatebul samkurnal o saSual ebas warmoadgens. Cven mogawvdiT uaxl es Sexedul ebebs dsS-sa da imis Sesaxeb, Tu ratom moaswavebs misi dawyeba im gardamtex moments, rodesac adaptaciuri pasuxi araadaptaciur xasiaTs izens da pacientis sicocxl isaTvis potenciurad saxifaTod iqceva.

am procesis zusti l aboratoriul i kriteriუმebis gansazRvra am kritikul i paTol ogiis Terapiul fanj aras uzrunvel yofs, romel sac sabol oo j amSi kl inikuri Sedegebis gaumj obeseba SeuZl ia.

informaciis wyaroebi da sel eqciis kriteriუმebi

frazis "disemini rebul i sisxl ZarRvSiga Sededeba" da sxva saZiebo sityvebis mixedvit sistemurma Ziebam PubMed-Si 10262 publ ikacia gamoavl ina. maTi umetesi nawil i kl inikuri SemTxvevebisa da daavadebis paTofiziol ogiis aRweras Seexeboda. sistematuri kontrol irebul i kl inikuri kvl ebebis nakl ebobidan gamomdinare, mraval i rekomendacia eqspertTa Sexedul ebebs da saerTo SeTanxmebaze dafuznebul saxel mZRvanel o principebs eyrdnoba da mokl ebul ia sando mtkicebul ebebs. miuxedavad amisa, ukanasknel i 5 wl is ganmavl obaSi qveyndeba mzardi raodenobis randomizebul i kontrol irebul i kvl ebebis Sedegebi, roml ebic dsS diagnozisa da marTvis sakiTxebis swavl obs. isini Sesul ia winamdebare mimoxil vaSi.

gansazRvra

dsS warmoadgens mwave kl iniko-paTol ogiuri procesebis Tanmimdevrobas, romel ic sisxl ZarRvSiga Sededebis aqtivaciis kompensatorul i kontrol is an l okal izaciis mzardi daqveiTebiTa da dakargvit xasiaTdeba. mis mimdinareobaSi gamoyofen sikvdil obis mometebul i riskis mqone pacientebisaTvis damaxasiaTebel fazebis. Trombozisa da hemostazis saerTaSoriso sazogadoebis standartizaciis qvekomisiam SemogvTavaza samuSao dadgenil ebebi, roml ebic maT naadrev gamovl inebas da mkurnal obas gaaadvil ebs. kl inikurad manifestirebul da gvian stadi ebTan SedarebiT gansakuTrebiT didi yuradReba eTmoba dsS-s l atenturi stadi ebis gamovl inebas.

epidemiol ogia

dsS SeZenil i sindromia, romel sac mraVal ferovani etiopaTogenezuri safuZvl i aqvs. misi daavadebaTa hemostazur garTul ebad kl asificireba, garkveul wil ad, aufasurebs ufro central ur paTogenezur Sexedul ebebs. mis mniSvnel obas mxars uWers 2 sakvanZo dakvirveba: pirvel i – dsS ganviTareba pirvel ad daavadebasTan SedarebiT sikvdil obis riskis zrDas ganapirobebs; meore – gamomwvevi mizezis aRmofxvra yovel Tvis ver uzrunvel yofs dsS mimdinareobis SemsuBuqebas. Tumca, Cveul ebriv, orsul obis produqtebis qirurgiul i meTodebiT gamozevebas da TviTnebur mSobiarobas dsS-s sameano mizezebis ukuganviTarebamde miVyavarT, Sesazl oa, Sesafferisi antibiotikebis gamoyeneba sefssis Semdgomi gauaresebis Tavidan acil ebisaTvis arasakmarisi aRmoCndes.

kl inikuri gamovl inebebi

dsS-s paTol ogiuri sisxl ZarRvSi da Sededebis kl inikur manifestaciaTa didi mraVal ferovneba axasiaTebis dawyebul i sisxl denidan, damTavrebul i TromboziT. Tumca Trombocitebis da koagul aciuri faqtorebis deficitit gamowveul i sisxl dena tipiur kl inikur suraTs qmnis, pol iorganul i ukmarisoba dsS-s mqone pacientebisaTvis bevrad ufro damaxasiaTebel i niSans warmoadgens. autofsiis masal ebma mul tifokal uri difuzuri sisxl denebi da hemoragiul i qsovil is nekrozul i cvl il ebebi aRmoaCina. garda amisa, rogorc mcire, aseve - didi kal ibris sisxl ZarRvebSi Trombebis arseboba dadginda. dsS-is eqsperimentul cxovel Ta model ebis Seswavl am ki sxvadasxva organoebSi fibrinis dagroveba gamoavl ina, rac organoTa ukmarisobis mizezad moiazreba.

paTofiziol ogia

dsS-is paTofiziol ogiaSi ramodenime mniSvnel ovan sakiTxs gamoyofen: pirvel i - in vivo Trombinis warmoqmnis central uri rol i, meore – is faqti, rom meqanizmebi, roml ebic Trombinis warmoqmnis dawyebas da mis uwyvetobas uzrunvel yofen, paTognomuria cvl il ebaTa diseminaciisaTvis, mesame –paral el urad adgil i aqvs anTebiTi kaskadis Tanmxi eb aqtivacias, meoTxe – mikrosadinarebis endoTel iumis mniSvnel oba am procesSi.

Trombinis in vivo warmoqma - umniSvnel ovanesi makontrol irebel i faqtorია hemostazisaTvis, roml is SenarCuneba prokoagul anturi da Sededebis sawinaaRmdego aqtivobis bal ansis gziT xorciel deba. fibrinogenis fibrinad gardaqmnas Trombinis sinTezi da dagroveba moyveba, rac myisierad kontrol irdeba C-cil is antikoagul anturi regul atorul i gzis meSveobiT, roml is aqtivacias Tavad Trombini uzrunvel yofs. garda amisa, igi ramodenime potenciur rol s asrul ebs, rogor ebicaa paTogenebis gamij vna, uj redul i procesebis stimuli ireba da endoTel iumis mxridan Sesabamisi sapaSuxo signal ebis aqtivacia. dsS-s dros Trombinis generaciis kontrol is es faqizi bal ansi dakargul ia.

meqanizmebi, roml ebic Trombinis warmoqmnis gavrcel ebas da uwyvetobas uwyoben xel s

Tumca koagul aciis qsovil ovani faqtoris anu e.w. garegani gza udides rol s asrul ebs Trombinis warmoqmnis inicirebaSi, sxva procesebis stimuli acias sisxl ZarRvSi ga Sededebis diseminaci amde miVyavarT. Trombinis formirebis meoradi biZgi uzrunvel yofil ia koagul aciis Sinagani gzis meSveobiT, rac antikoagul anti regul atorul i cil ebis - C-cil a, S-cil a, antiTrombini – moxmarebas da deficits iwevs. garda amisa, uaryofiTad damuxtul fosfol ipidur zedapirebTan gazrdil i kontakti kidev ufro aadvil ebs koagul aciis kinetikis daZvrasa da gavrcel ebas. iseTi zedapirebi, roml ebic mdidaria fosfatidil seriniT, SiSvl deba uj redTa aqtivaciisa da agreTve, maTi apoptozis dros uj redul i membranebis SigniTa fenis eqsternal izaciis Sedegad. Euj redTa dazianebas, aseve Trombocitebis, monocitebis da endoTel iocitebis mikronawil ebis warmoqmnamde miVyavarT, rac koagul aciuri reaqtiebis ganviTarebisatvis xel Semwyobi mocirkul ire zedapiris farTobs zrdis. igive iTqmis fosfol ipidur zedapirebze, romel Ta wyaros Zal ian dabal i simkvrivis l ipoproteinebi warmoadgenen. mZime sefssis dros am ukanasknel Ta raodenobam Sesazl oa ramodenimejer moimatos, rac

inarCunebs da zrdis Trombinis warmoqmnas. erTad, es meqanizmebi sivrcesa da droSi ganvrcobil procesebs warmoadgenen, rac dsS-s sakvanZo momentia.

anTebasa da koagul acias Soris kavSiri - aqtivaciisTanave anTebiTi da koagul aciis gzebi erTmaneTTan urTierTqmedeben, rac SemdgomSi kidev ufro metad aZi ierebs mimdinare procesebs. erTis mxriv citokinebs da proanTebiT mediatorebs Sededebis induqcia SeuZl iaT, meore mxriv ki Trombini da sxva proteazebebi ukavSirdebian proteazebebs aqtivirebul receptorebs uj redTa zedapirze, rac xel s uwyobs aqtivaciisa da damatebiT anTebiTi reaqciebis provocirebas. general izaciis Semdgom aRniSnul i procesi Tavs arTmevs kargad ganvTarebul adgil obriv sakontrol o meqanizmebsa da maTs bal anss. es ukanasknel i iwvevs regul acias mokl ebul , umimarTul ebo pasuxs, romel ic anTebasa da Sededebas Soris Caketil i cikl is sazrdos warmoadgens.

endoTel uri uj redebis aqtivacia da disfunqcia - endoTel uri zedapirebis normal uri da adaptaciuri pasuxi uSual od ukavSirdeba koagul aciisa da anTebis regul acias. am didi endoTel ial uri organos disfunqciisa da ukmarisobas dsS-mde miyvavart, rogorc misi Sedegi da gamovl ineba. koagul opaTiis gavrcel eba damokidebul ia pacientis genetikur da sxva faqtorebze.

diagnozi

kl inikur praqtikaSi dsS-is diagnozi yovel dRiurad xel misawvdomi koagul ol ogiuri l aboratoriul i testebis kombinaciis safuZvel ze dgindeba. diagnostikuri al gorITmebi amJamad ukve xel misawvdomia. kl asikuri damaxasiaTebel i monacemebia Sededebis drois gaxangrZl iveba (mag. proTrombinis dros, aqtvirebul i parcial uri Trombopl astinis dro), fibrinis daSl is produqtebis (D-dimerebi) mateba, fibrinogenis Semcvel obis daqveiteba da Trombocitopenia. aRniSnul i testebis normis fargl ebis Sesabamisi Sedegebi ar gamoricxavs mniSvel ovani moxmarebiTi koagul opaTiis arsebobas. igi, rogorc mwvave fazis pasuxi, aqtivirebul i parcial uri Trombopl astinis drois Semokl ebasa da fibrinogenis koncentraciis zrdas iwvevs. am mizeziT, Trombozisa da hemostazis saerTasoris sazogadoebis mier adreul i, l atenturi dsS-is identifikaciis sakiTxebeze gamoqveynebul i saxel mZRVanel o principebi aramarTo paTol ogiur Sedegebs, aramed am Sedegebis paTol ogiur tendenciasac Seexeba. gansakuTrebul i yuradReba eTmoba SedarebiT specifiur testebis, romel Tac Semdegi moTxovnebi waeyenebaT: isini ufro uSual o kavSirSi unda iyon anTebasa da dsS-s procesebTan, aseve martivi da swrafad Sesrul ebadi unda iyos da mtkicebul ebaTa Zl ieri dasayrdeni unda gaaCndeT.

mkurnal oba

dsS-s martvis ZiriTad moments gamomwvevi mizezis aRmofxvra warmoadgens. Tumca, rogorc am mdgomareobasTan asocirebul i sikvdil obis maRal i maCvenebl ebiT mtkicdeba, dsS xSirad adeqvaturi mkurnal obis (mag. sefsisis dros antibiotikebis gamoyeneba) fonzec grZel deba. kontrol irebul i kvl evebis Sedegad pl azmis da Trombocitebis transfuziebiT mkurnal obis efeqturoba ar damtkicda. Tumca, aRniSnul i Terapiul i midgoma racional ur arCevans warmoadgens, gansakuTrebiT, im SemTxvevebSi, rodesac sisxl denis an misi momatebul i riskis mqone pacientebSi adgil i aqvs Sededebis pl azmuri faqtorebis da Trombocitebis deficits. ufro metic, ar arsebobs arc kl inikuri da arc eqsperimentul i monacemebi imisa, rom transfuziul i Terapiac `cecxl ze navTis dasxmas udris: dsS-is mqone pacientebis kl inikur gamosaval ze heparinis dadebiTi efeqti, romel ic Warbi Trombinis warmoqmnas Trgunavs, arasodes ganmtkicebul a kontrol irebul i kl inikuri kvl evebiT. garda amis, hepariniT dsS-s mkurnal obis usafRTxoba sisxl denebis tendenciis mqone pacientebSi did debatebs iwvevs.

mZime sefsisis mkurnal obis dros adamiannis aqtivirebul i C-cil is rekombinantul i formis maRal efeqturoba (28 dRis ganmavl obaSi sikvdil obis maCvenebl i 31%-dan 25%-mde Semcirda), imis mniSvel ovan maCvenebl s warmoadgens, rom aqtivirebul i C-cil is

gamoyeneba sefsisTan asocierebul i dsS-is mkurnal obis pirvel save etapebze unda iyos ganxil ul i (I donis sabuTi). garda antikoagul anturi efeqtisa, aqtivirebul C-cil as, agreTve, uSual od anTebissawinaaRmdego da antiapoptozuri Tvissebic axasiaTebS. es nawil obriv ganmartavs sxva endogenuri antikoagul antebis (antiTrombini da qsovil ovani faqtoris gzis inhibitori) SedarebiT dabal efeqturobas mZime sefsisis mqone pacientebSi. amJamad adamiანis aqtivirebul i C-cil is rekombinantul i forma 96-saaTiani infuziis saxiT gamoiyeneba da mwvave Trombocitopeniis mqone pacientebSi garkveul sifrTxil es saWiroebs intracerebral uri sisxl denis gazrdil i sixSiris gama. Trombocitebis raodenobis kontrol i da, saWiroebs SemTxvevaSi, maTi droul i transfuzia metad mniSvel ovania.

I licenzirebis ararsebobs miuxedavad, araaqtivirebul i (zimogen) C-cil iT mkurnal obam aCvena Tavisi dadebiTi efeqtebi meningokokuri septicemiis dros (IV donis sabuTi). Tumca, in vivo aqtivirebul cil ad gardaqmna damokidebul i unda iyos uj redebis zedapirze receptorebis arsebobaze (Trombomodul inis da endoTel ial uri C-cil is receptori), romel Ta raodenoba Sesazl oa mkveTrad SemcirdeS sefsisis dros.

claskvna

axal i informacia dsS-is paTofiziol ogiasa da mkurnal obaze sikvdil obis miuRebl ad maRal riskTan asocierebul i am paTol ogiis gaumj obesebul i prognozis axal imedebS gvaZl evs. mniSvel ovani winsvl a iseT konceptual ur cvl il ebebs saWiroebs, roml ebic xazs gausvams Trombinis warmoqmnis gavrcel ebis xel Semwyob sxvadasxva mediatorebsa da faqtorebs Soris urTierTqmedebas, gansakuTrebiT anTebasa da koagul acias Soris kavSirebis gaTval iswinebiT. damatebiTi kvl evebi axal i Sexedul ebebiT momaragebas gvpirdeba dsS-s, ara rogorc izol irebul i meqanizmis, armed upiratesad, rogorc movl enaTa koordinatoris Sesaxeb, romel ic mniSvel ovan gavl enas axdens sefsisisa da sxva kritikul i mdgomareobebis kl inikur Sedegebze.

Disseminated Intravascular Coagulation – Old Disease, New Hope

Cheng Hock Toh, Michael Dennis
BMJ, 2003, 327: 974-7

Disseminated Intravascular Coagulation (DIC) is caused by the enhanced and abnormally sustained generation of thrombin. DIC is highly relevant to outcome in patients with sepsis; the first successful treatment in sepsis is by targeting generation of thrombin with activated protein C. DIC exemplifies multifaceted interactions between the inflammatory and coagulation pathways. DIC indicates the transition from localized, adaptive, and compensated coagulation process into maladaptive responses. Identifying circulating biomarkers that propagate generation of thrombin may indicate the timing of dissemination and be as tool for therapeutic targeting.

kl inikuri ganxil va da SemTxvevis aRwera

efedras miRebis Sedegad ganviTarebul i koronarul i ganSreveba da Trombozi

srikant sol a, tarek hel mi, andro kaWarava*

atl antis veteranTa samedicino centris kardiol ogiuri ganyofil eba, emoris universitetis samedicino skol is Sinagan sneul ebaTa kaTedra

Sesaval i

N naxevar saukuneze metia aSS-Si efedras al kal oidis Semcvel i dieturi danamatebi farTod gamoiyeneba wonis dakl ebis, energiis momateba-aRdgenisa da sportul i miRwevebis gaumj obesebis mizniT. am danamatebis moxmarebasTan mTel i rigi arasasurvel i Tanamovl enebi aris asocierebul i, maT Soris arteriul i hipertenzia, miokardiumis infarqti, insul ti, aritmiebi, gul yra da sikvdil i. mas Semdeg, rac ramdenime iseTi sportsmenis sikvdil i dafiqsirda, vinc efedras Semcvel dietur danamats iRebda, masmedia daiinteresda am nivTierebis miRebiT gamowveul i SesaZl o riskiT da wamoiWra mTel i rigi SekiTxvebisa maTi usafrTxoebis Sesaxeb (1,2).Fpreparatebis gamoyenebasTan dakavSirebiT aSS sakvebisa da samkurnal o saSual ebebis saagentos (FDA) mraval j eradi gafriTxil ebis miuxedavad, am tipis sakvebi danamatebi j er kidev farTod gamoiyeneba da yovel wl iurad mraval mil ionian Semosavl is wyaros warmoadgens.

A naSromSi Cven warmovadgineT SemTxvevis aRwera, agreTve l iteraturis mokl e mimoxil va am preparetebis miRebiT gamowveul i garTul ebebis Sesaxeb.

SemTxvevis aRwera

50 wl is afro-amerikel i qal i Semovida gadaudebel i daxmarebis ganyofil ebaSi Civil iT mZime tkivil ze mkerdis Zvl is areSi, roml is xangrZl ivoba daaxl oebiT 2 saaTs Seadgenda. avadmyofi manamde Tavs j anmrTel ad Tvl ida da mkurnal obis mizniT arc erTi medikamenti ar hqonda daniSnul i. anamnezSi dadgenil i arteriul i hipertenziis gamo adre mkurnal obda Tiaziduri diuretikis mcire dozebiT. mkurnal oba Sewyvetil iqna 10 wl is win, mas Semdeg, rac SesaZl ebel i gaxda arteriul i wnevis kontrol i dietiTa da varj iSiT.

Pzogadi praqtikis eqimTan misi ukanasknel i vizitis dros, momarTvamde sami TviT adre, normal uri arteriul i wneva iqna dafiqsirebul i. anamnezSi ar aRiniSneboda diabeti, hiperl ipidemia, Tabaqos weva da/an gul is daavadebis oj axuri istoria. momarTvamde ori dRiT adre man daiwyo urecepto gayidvaSi arsebul i efedris

* - Andro Kacharava, M.D., Ph.D. Atlanta Veterans Affairs Medical Center, Division of Cardiology, Emory University, Atlanta, Georgia. E-mail: akachar@emory.edu

Semcvel i dieturi danamatis, kerZod qsenadrin RFA-1 dRiurad 1 tabl etis miReba (es preparati Seicavs ma huangs, romel ic 20 mg efedrinis eqval enturia, Cytodine Technologies).

pacientis fizikuri gasinj viT arsebiTi paTol ogia ar gamovl inda. Semosvl isas gadaRebul ekg-ze dafiqsirda sinusuri riTmi, l ateral ur ganxrebi ST segmentisa da T kbil is araspeciuri cvl il ebebiT. gadaudebel i daxmarebis ganyofil ebaSi avadmyofs aReniSna aramdgradi parkuWovani taqikardiis epizodi, romel ic spontanurad gadavida normal ur riTmSi, rasac Semdgom mohyva aCqarebul i idioventrikul uri riTmis ramdenime epizodi. gul is fermentebis maCvenebl ebi momatebul i aRmoCnda, ris gamoc pacienti gadayvani l iqna kardiol ogiur ganyofil ebaSi ST segmentis el evaciis gareSe mimdinare miokardiumis infarqtis mkurnal obis mizniT. Sardis toqsikol ogiurma kvl evam kokainsa da amfetaminze uaryofiTi Sedegi aCvena. ekg-ze dinamikaSi dafiqsirda normal uri sinusuri riTmi da ST segmentisa da T kbil is araspeciuri cvl il ebebi wina ganxrebi. transTorakal uri eqokardiogramis monacemebiT gandevis fraqciam 45-50% Seadgina, aRiniSna agreTve wina-septal uri kedl is zomieri hipokinezia. mogvianebiT pacients ganuviTarda ganmeorebiTi tkivil i gul mkerdis areSi el eqtrokardiografiul i cvl il ebebis gareSe, Tumca aRiniSna fermentebis donis mniSvel ovani mateba.

...Gul is kaTeterizaciiT gamovl inda marcxena wina daRmaival i arteriis (LAD) Sua distal uri segmentis spontanuri ganSreveba da pirvel i bl agvi marginal uri totis (OM₁) srul i okl uzia, es arteriebi ki marcxena parkuWis l ateral uri kedel is udides nawil s amarageben (sur. 1). amave dros OM₁ totis okl uziis ubanSi aRiniSna axal warmoqmnil i Trombis angiografiul i niSnebi. marj vena koronarul i arteria da marcxena Semomxvevi arteriis danarCeni ubnebi angiografiul ad normis fargl ebSi iyo. gandevis fraqciam 50% Seadgina.

Cvens mcdel obebs intrakoronarul i Trombol izuri saSual ebebis da angiopl astikis meSveobiT OM₁ ubanSi sisxl is nakadis aRdgenis mimarTul ebiT, warmateba ar mohyol ia. SemTxvevis sirTul e ganpirobebul i iyo imiTac, rom pacients proceduris msvl el obisas aReniSneboda gamoxatul i hiperkoagul acia, ramac gamoiwvia bal onis mraival j eradi "miwebeba" kaTeterze, miuxedavad hepariniT srul i antikoagul aciuri Terapiisa, gl ikoproteinis IIb/IIIa bl okerebis gamoyenebisa da instrumentebis Secvl isa. Mmarcxena wina daRmaival i arteriis Sua segmentis ganSrevebis mkurnal oba garTul da misi mwvave Trombul i okl uziis gamo. pacients gadaudebel i Cvenebis gamo saswrafod Cautarda aorto-koronarul i Suntireba OM₁ arteriaze, marcxena wina daRmaival i arteria ki mTI ianad iyo okl uzirebul i, ris gamoc misi Suntireba ver ganxorciel da. postoperaciul i transTorakal uri eqogramiT gamovl inda gandevis fraqciis daqveiteba (25-30%) miokardis wina kedl is gamoxatul i hipokineziiT. qirurgiul i Carevis damTavrebisTanave pacientis zogadi mdgomareoba damakmayofil ebel i iyo, Tumca Camoyal ibda refraqterul i gul is ukmarisoba, ris gamoc mimdinareobs misi kvl eva gul is gadanergvis mizniT.

ganxil va

efedris al kal oidebi bunebrivi nivTierebebia, roml ebic Seicaven efedrins, fsevdoefedrins, norfsevdoefedrins, meTil fsevdoefedrins, meTil efedrinsa da norefedrins. es amfetaminis msgavsi nivTierebebi kardiovaskul ur

sistemaze zemoqmedeben rogorc uSual od beta-1, beta-2 da al fa-1 adrenergul i receptorebis stimula ciis gziT, ise arapirdapiri gziT - Tavis tvinsa da gul Si arsebul i sinafsebsi norepinefrinis gamoyofis stimula ciis meSveobiT.

efedrinis mcenareul i wyaro ma huangi sadReisod aSS-Si gavr cel ebul da moxmarebul dietur danamatebSi am nivTierebebis yvel aze xSiri resursia. samwuxarod, komerciul gayidvaSi arsebul i ma huangi mniSvnel ovdad gansxvavdeba dozirebis erTeul Si efedrul i al kal oidis Semcvel obis mixedviT. uaxl esi kvl evebis Tanaxmad, ma huangis Semcvel i 20 dieturi danamatidan, erTi da igive l otidan Seswavl il sxvadasxva kafsul aSi efedris al kal oidis Semcvel obis mniSvnel ovani meryeoba aRiniSna (0.0-18.5 mg dozirebis erTeul ze). aseve mniSvnel ovani meryeobaa efedrinis, fsevdofedrinisa da meTefedrinis Semcvel obaSi sxvadasxva l otebidan aRebul nimuSebs Soris: Sesabamisad - 180%, 250% da 100% (3,4).

efedris al kal oidebis komerciul i preparetebis gamoyeneba asocierebul ia kardiovaskul ur gverdiT efeqtebtan, maT Soris arteriul hipertenziasTan, insul tTan, miokardiumis infarqtTan, miokarditTan da taqiaritmiiebTan. A arakardiovaskul uri garTul ebebidan aRsaniSnavia gul yra, hiperaqtiuroba, SfoTva, tremori, gul isreva da faRaraTi. Samuel, Link, et al. gaanal izes da Seafases aSS sakvebisa da samkurnal o saSual ebebis saagentosaTvis (FDA) 1995-1997 wl ebSi miwodebul ia informacia ma huangis SesaZl o toqsiuri gavl eniT gamowveul i 926 gverdiTi efeqtis Sesaxeb. gamovl inda 37 pacienti, romel Ta mier ma huangis gamoyeneba dakavSirebul i iyo iseT seriozul kardiovaskul ur gamovl inebebtan, rogoric aris insul ti (16 SemTxveva), miokardiumis infarqti (10 SemTxveva) da uecari sikvdil i (11 SemTxveva). sxva (5) kvl evis Tanaxmad, 1997 wl is 1 ivnisidan 1999 wl is 31 martamde sakvebisa da samkurnal o saSual ebebis saagentosaTvis (FDA) gverdiTi efeqtebis Sesaxeb miwodebul i informaciis safuZvel ze aRweril iqna 140 gverdiTi movl ena, romel ic dakavSirebul i iyo efedrinis Semcvel i dieturi danamatebis miRebasTan. avtorebis daskvnebis mixedviT, iseTi gverdiTi reaqsiebis 31%, rogoric aris insul ti, mocimcime aritmia Tu taqikardia, arteriul i hipertenzia Tu gul yra, danamdvil ebiT an savaraudod ganpirobebul i iyo efedris al kal oidit, xol o SemTxvevaTa 31%-Si ganvitarebul i Tanamovl enebi SesaZl oa dakavSirebul i yofil iyo am nivTierebis miRebasTan. 10 SemTxveva l etal uri gamosaval iT damTavrda, xol o 13 pirovneba samudamod dainval idda (6). aRweril ia agreTve efedris al kal oidebis Semcvel i preparetebis miRebis fonze ganvitarebul i l etal uri SemTxvevebi, miokardiumis infarqti da parkuWovani taqikardia axal gazrda pacientebSic, romel Tac manamde gul is daavadebebi ar aReniSnebodaT (7,8,9).

L Cven warmovadgineT SemTxveva, rodesac 50 wl is qal s efedris al kal oidis Semcvel i dieturi danamatis miRebis Sedegad miokardiumis infarqti ganvitar da. am SemTxvevis Tavisebureba imaSi mdgomareobs, rom patients erTdroul ad aReniSneboda marcxena wina daRmaval i arteriis spontanuri ganSreveba, ramac SesaZl oa iSemiis pirvel i epizodi gamoiwvia, da OM₁-is mwwave Trombozi, rac ganmeorebiTi iSemiuri epizodis mizezad mogvevl ina. amastanave qirurgiul i manipul aciebis Catarebisas patients aReniSneboda gamoxatul i hiperkoagul acia, ris gamoc intrakoronarul i Trombol izi warumatebel i aRmoCnda da, miuxedavad srul i antikoagul aciuri Terapiisa da gl ikoproteinis IIb/IIIa bl okerebis gamoyenebisa, ganvitar da marcxena wina daRmaval i arteriis mwwave Trombozi. aRsaniSnavia, rom patients warsul Si aReniSneboda zomieri arteriul i hipertenzia, romel ic aRar saWi roebda medikamentur mkurnal obas da kargad

kontrol irdeboda dietiTa da varj iSiT. mas ar aReniSneboda gul is iSemiuri daavadebis risk-faqtorebi, xol o bol o ramdenime Tvis ganmavl obaSi igi arc sxva medikaments an danamats ar iRebda. Mniuxedavad imisa, rom mxol od erTi SemTxvevis safuZvel ze SeuZl ebel ia mizezobrivi kavSiris damtkiceba, erTdroul ad mwave Trobozisa da koronarul i arteriis ganSrevebis ganviTareba, iseve rogorc savaraudo kavSirurTerToba pacientis mier efedras miRebasa da ganviTarebul miokardiumis infarqts Soris, gvaZl evs azris gamoTqmis SesaZl o asociaciuri kavSiris arsebobis Sesaxeb efedris al kal oidsa da mwave koronarul paTol ogias Soris.

M Tanamedrove meta-anal iziT, romelic ikvl evda efedris efeqturobas wonis dakl ebisa da sportul i miRwevebis gaumj obesebis mxriv, gamovl inda rom es nivTierebebi xel s uwyoben wonis mxol od zomier dakl ebas (0,9kg-iT meti TveSi pl acebosTan SedarebiT). ar moipoveba agreTve monacemebi xangrZl ivi dakvirvebis Sesaxeb wonis kl ebis mimarTul ebiT, iseve rogorc mtkicebul ebebi, roml ebic sportul i miRwevebis gaumj obesebis Sesaxeb msj el obis saSual ebas mogvcemda (10). warmodgenil i monacemebis mixedvit es nivTierebebi mcire efeqtiTa da mniSvnel ovani riskiT xasiaTdebian, ris gamoc efedris gamoyeneba unda SeiZRudos.

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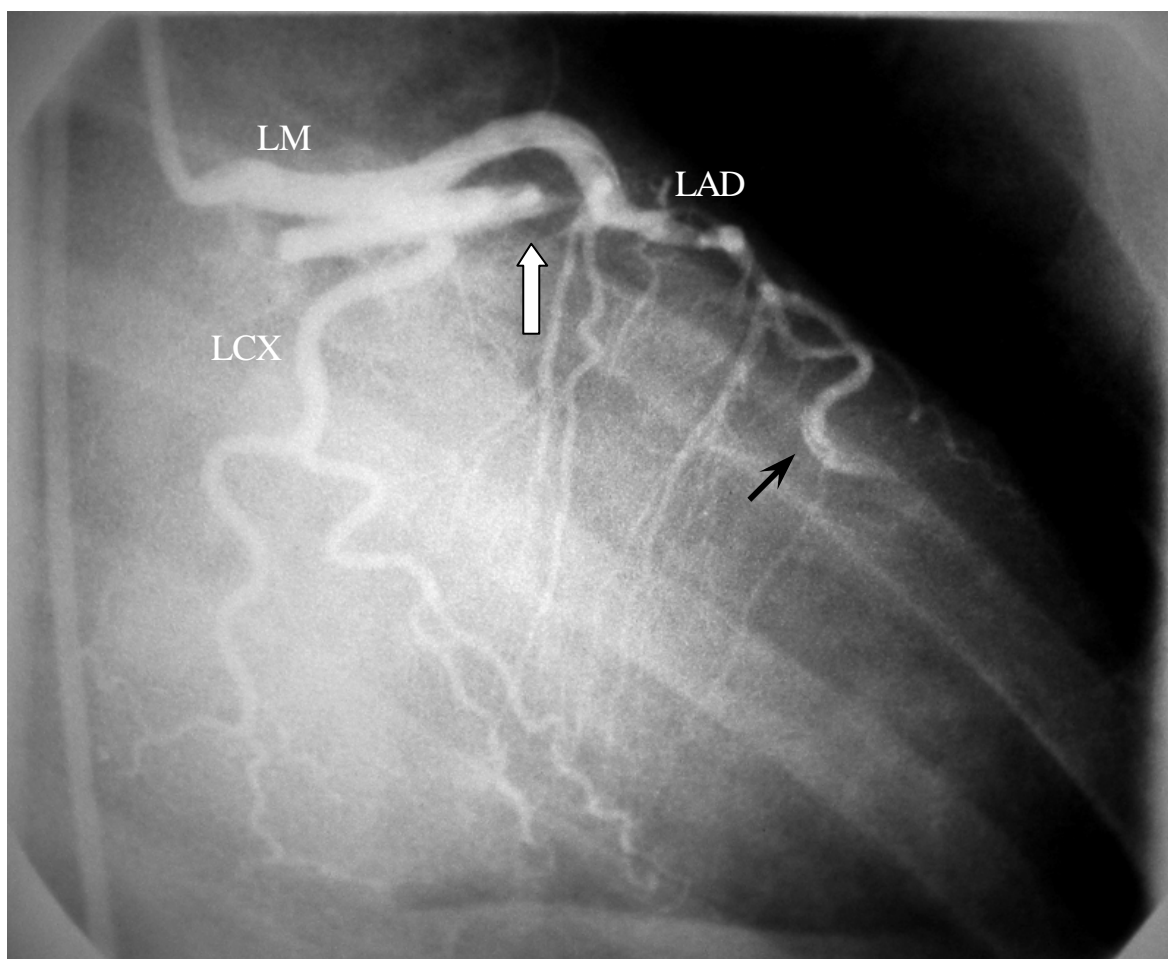
Coronary Dissection and Thrombosis After Ingestion of Ephedra

Srikanth Sola, M.D., Tarek Helmy, Andro Kacharava,
Division of Cardiology, Emory University, Atlanta, Georgia

Over the counter dietary supplements that contain ephedra alkaloids are widely used in the United States for weight loss, energy enhancement, and to boost athletic performance. Several adverse reactions have been associated with the use of these supplements, including hypertension, myocardial infarction, stroke, arrhythmias, seizures, and death. The deaths of several athletes who took dietary supplements containing

ephedra alkaloids have brought media attention to the possible risks of these compounds and have led some to question their safety. Despite warnings from the Food and Drug Administration (FDA) regarding the use of these compounds, such supplements are still widely used and have become a multi-billion dollar a year industry. In this article we present a case report and a brief review of the literature of the adverse effects of these compounds.

The case regards a 50-year-old female who developed a myocardial infarction after taking an over-the-counter supplement containing an ephedra alkaloid. This case is unusual in that the patient developed both a spontaneous LAD dissection (probably causing the initial episode of ischemia) as well as acute OM₁ thrombosis (causing the recurrent ischemic episode), and that she was in a hypercoagulable state during coronary intervention resulting in failure of intracoronary thrombolysis and acute thrombosis of the LAD, despite use of full anticoagulation and glycoprotein IIb/IIIa blockers. Although the patient had a history of mild hypertension in the distant past, this had been well controlled without medications on a regimen of diet and exercise. She did not have any other risk factors for coronary artery disease, nor had she been taking any other medications or supplements for several months prior. While it is not possible to prove causation based on a single patient case, we feel that the occurrence of both an acute thrombus and an arterial dissection, as well as the temporal relationship of the patient's ephedra ingestion to her myocardial infarction, suggest an association between ephedra alkaloid ingestion and her acute coronary event.



sur. 1 marcxena koronarul i arteriis ganSreveba da Trombozi

marcxena koronaruli arteriis koronaruli angiograma, romel zec aRiniSneba pirveli marginaluri arteriis totaluri okluzia (TeTri isari) da marcxena wina daRmaval i arteriis ganSreveba (Savi isari).

LAD - marcxena wina daRmaval i arteria

LM - marcxena ZiriTadi arteria

LCX - marcxena Semomxvevi arteria

uwvyeti samedicino ganaTI eba

uwvyeti samedicino ganaTI ebis saWiroebaTa Sefasebis aucil ebl oba (usg)

Jeffrey R. Normani, Siuzan I. Senoni, Maikl I. Merini
Makmasteris universiteti, Hamiltoni (Ontario, Kanada)

BMJ 2004, 328:999-1001[©]

(moamzades n. demetraSvi l ma da z. kirtavam)

Sesavali

profesiuli kompetenturobis SenarCuneba profesionalizmis kritikulad mniSvelovan komponentis warmoadgens. tradiciuli metodebi, romel ebic eyrdnoba individualuri TviTsefasebas, sadReisod araadekvaturia. amavdroul ad, aranaki ebrTulia kanonmdebrivi resertifikaciis programebis individualizireba, romel ebic xSirad aRiqmeba rogorc dromowmul i. amitom saWiroa SemuSavdes standartizebul individualuri saWiroebaTa Sefasebis ukeTesi metodebi. Cven gTavazobT ramdenime Sesazlo strategias.

winaistoria

yvela profesiis msgavsad, medicinas sazogadoebis mier miniWebuli aqvs profesiuli avtonomia, im dasvebit, rom masSi momusave praktikosebi micneulni iqnebian kompetenturebad praktikuli saqmianobis dawyebisas da SenarCuneben am kompetencias praktikuli saqmianobis ganxorciel ebis manZilze. tradiciulad, es aris individualuri pasuxismgebloba, rom praktikosma akeTos yvel aferi, rac saWiroa imistvis, raTa SenarCunos kompetenturoba¹.

warsuli kompetenturobis SenarCuneba ar iyo probl ematuri sakiTxi, vinaidan saTanado axali codnis akumul ireba nel a mimdinareobda. dResdReobit ki eqims ar unda hqondes imedi, rom darCeba kompetenturi umaRlesi saswavi ebis damTavrebidan xutwelze meti xnis manZilze. am probl emis erT-erTi pasuxi moizebneba uwvyet saganmanaTI ebl o programebSi, gansakutrebit – probl emaze orientirebul midgomaSi. kerZod ki, unda fokusireba xdebodes TviTsefasebis unarisa da TviTsemwavi eli unar-cvevebis ganvitarebaze, raTa moxdes samedicino

[©] - statiis gamoqveyneba SeTanxmebuli BMJ-s redaqciasTan

¹ - amave dros qveynebis umravlesobas gaaCnia specialuri regulatoruli sistemebi am kompetenturobis periodul ad gansasazRvavad, Tumca isini xSirad gansxvavebulia.

kursdamTavrebul ebSi kompetenturobis SenarCunebis moTxovnil ebis Camoyal ibeba da maTi saTanado unariT aRWurva. sxvadasxva (Tumca aramraVal ricxvovani) monacemebis mixedviT, es iyo praqtikul ad ganuxorciel ebadi sakiTxi. ver vityviT, rom probl emaze dafuznebul i swavl agavl ili medikosebi ukeT inarCueneben kompetencias wl ebis gamavl obaSi. metic, aSkaraa, rom TviTsefaseba aris imaze ufro rTul i, vidre Cven vfiqrobdiT. da bol os, TviTsefaseba ar aRmocenda umaRl esi ganaTl ebis damTavrebis Semdeg, rogorc cval ebadi praqtikis moTxovnis Sedegi. sibl isa da Tanaavt. dakvirvebebis mixedviT, praqtikosebs midreki l eba aqvT miiRon ganaTl eba im sferoSi, romel Sic isini isedac sakmaod kargad erkveian, maSin roca Tavs arideben im sferoebis, sadac namdvil ad ar arian srul yofil ni. dakvirvebebis mixedviT, TviTmonitorirebis programebi, iseTebi, rogoric aris kompetenturobis SenarCunebis programa (kSTp), romel ic tovebs praqtikosebs maT xel Sive arsebul saSual ebebTan, Sesazl oa uimedod optimisturi iyos. norcinis mixedviT, moxal iseobrivi reserTifikaciis strategiis yvel a mcdel oba, romel ic ganxorciel da samedicino special istebis amerikul i sabWos wevrebis iniciativiT, Cavarda da sabol ood mainc Seicval a saval debul o procedurebiT.

aqedan gamodinare didi mcdel oba iqna Cadebul i kompetenturobis SenarCunebis ufro formal izebul (standartul) midgomebze. amis ramodenime model i arsebobs - magal iTad, formal uri dakvirvebiTi recenzia (formal peer review), da, sadac saWiroa, remediacia (remediation - koreqtivebis Setana), anda - weril obiTi reserTifikaciis gamocda. yvel a maTgani Zviria. formal uri dakvirvebiTi recenzia, romel Ta individual izireba aucil ebel ia, gansaxorciel ebl ad rTul ia im masStabiT, romel ic saWiroa adekvaturi monitoringis uzrunvel sayofad farTo iurisdicciis pirobebSi. rogorc norcini miuTiTebis, standartul i auditis gamoyeneba Sesazl ebel ia mxol od SedarebiT erTnair pirobebTan/mdgomareobebTan mimarTebaSi, maSin roca special istTa umravl esobis praqtika mniSvnel ovanwil ad mimarTul ia iSviaT, magram kl inikurad mniSvnel ovan mdgomareobaTa diagnostikasa da mkurnal obisaken. gamocdebs aqvT masStabis ekonomia (rac metia monawil e, miT nakl ebia TiToeul maTganze danaxarjebi), magram maTi Sesabamisoba arsebul kompetenturobasTan an individual uri praqtikis saWiroebebTan saeWvoa, da Tanac, testebis Seqmna da ganaxl eba ZviradRirebul ia. da bol os, orive es strategia mowodebul ia l icenzirebis kanonis fargl ebSi operirebisatvis, da amgvarad, nakl ebad savaraudoa maTi nebayofl obiTi miReba.

ra aris sadReisod saWiro? iseTi midgomis gamozebna, romel ic oqros Sual edi iqneba `TviTsefasebis anarqiasa- da `ufrosi Zmis- (cenzoris) midgomebs Soris; strategiebi, roml ebic danaxul i iqnan rogorc mxardamWeri da individual uri strategiebi, kvl av miznobrivad rCebian. bol o drois fokusireba uwyveti samedicino ganaTl ebis (usg) swavl ebis saWiroebebis Sefasebaze imedis momcemia.

Semaj amebel i Tezisebi
uwyveti samedicino ganaTl ebis tradiciul i midgomebi, roml ebic dafuznebul ia praqtikosebis mier maTi codnis TviTsefasebasa da TviTseswavl aze, savaraudod araefeqturni arian
central izebul i meTodebi, iseTebi, rogoricaa regul arul i rel icenzireba an reserTifikaciis gamocdebi individual uri praqtikis maxasiaTebl ebisadmi rTul ad mosargebia da praqtikosi

medikoseb is mier aRiqmeba rogorc safrTx e
aucil ebel ia saWiroeb eb is Sefaseb is inovaciuri strategi eb i
ganxil ul ia ramdenime strategia, maT Soris - praqtikul i auditisa da standartizebul i Sefaseb eb is strategi eb i.

ratom aris mniSvnel ovani uwyveti samedicino ganaTI eb is saWiroebaTa Sefaseba

usg sabol oo mizani mdgomareobs imaSi, rom eqimeb is praqtikul i qceveb is Secvl iT gaumj obesdes Sedegi pacientisaTvis – daavadeb is diagnostikisa da mkurnal obis maqsimal urad usafrTxo da efeqturi axal i, dasabuTebul i meTodeb is gamoyeneb isa da moZvel ebul i meTodeb is praqtikidan droul ad amoReb is meSveobiT. I literaturis sistematuri mimoxil vebidan Cans, rom uwyveti samedicino ganaTI eb is programeb i, roml eb ic momzadebul ia saWiroebaTa kargad momzadebul Seswavl aze dayrdnobiT, efeqtur ni arian eqimeb is qceveb is Secvl aSi. am aRmoCeneb is Sesabamisad cvl il eba moxda uwyvet samedicino ganaTI ebaze, mis miznebsa da efeqturobaze Sexedul ebebSi. arasaganmanaTI ebl o mizneb is mqone dawesebul eb eb is mier uwyveti samedicino ganaTI eb is SemoTavazebeb is pasiur mimRebad yofnis nacvl ad, adgil i aqvs eqimeb is met iniciativas, rom maT aqtiurad moaxdinon imis SerCeva, Tu ra unda iswavl on, rogor unda iswavl on da rom moxdes Seswavl il is Sedegze asaxva. TviTSeswavl is midgomis saWiroeb eb is dasakmayofil ebl ad gafarTovda uwyveti samedicino ganaTI eb is formati, raTa moicvas seminareb i, mcire praqtikaze dafuZnebul i saswavl o jgufeb i, kompaqtdiskeb is meSveobiT miwodebul i individual izirebul i programeb i, veb-gverdeb i, samuSao wigneb i, Jurnal eb i, praqtikul i gaidl aineb i, sarencenzio konsul tacieb i da "akademiuri detal izireba". kursis formatis aseTi gziT gavrcel eba dRemde wadmoadgens codnis miwodeb is meTodeb is erT-erT nairsaxeobas. miuxedavad prezentaciis formatisa, SeTavazebebi SesaZl ebel ia iyos araefeqturi, Tuki ar moxda maTi Sinaarsis safuZvl iani Seswavl a da gamarTI eba specifiuri saWiroeb eb is Sefaseb is meSveobiT.

swavl is saWiroeb eb i gansxvavdeba saganmanaTI ebl o saWiroeb eb isagan

sadReisod Rrma napral i rCeba individual uri praqtikosis swavl eb is saWiroeb eb isa da kurseb is SemomTavazebel i usg uwyeb eb is mier gansazRvrul saganmanaTI ebl o saWiroeb eb is prioritetebs Soris. es ori erTmaneT is sinonimi ar aris. swavl eb is saWiroeb eb i aris personal uri, specifiuri da ganisazRvreb a individual uri Semswavl el is mier miRebul i praqtikul i gamocdil eb iT, dasmul i kiTxvebiT, praqtikul i audit iT, TviTSefaseb is testeb iTa da wyaroebiT. Tumca Teoriul ad eqimeb i unda iyenebdnen am meTodeb is, raTa Seqmnan TviTswavl eb is gegmeb i, magram praqtikaSi eqimeb is umravl esobisaTvis aseTi ram ar SeiniSneba. saganmanaTI ebl o saWiroeb eb i ki SesaZl oa ganisazRvros rogorc mTel i miznobrivi auditoriis intereseb is gamoxatul eba an aRqmul i saWiroeb eb i, da SiZl eba dadgindes Semowmebeb is, fokusuri jgufeb is, regional uri praqtik is nimuSeb is anal izisa da usg programeb is Sefasebeb is meSveobiT. isini ufro zogad xasiaTs atareben, vidre swavl eb is saWiroeb eb i da SesaZl oa mimarTul i iyon rogorc monawil eTa cnobismoyvareobisa da akademiuri intereseb is, aseve - kargad gansazRvrul i individual uri swavl eb is saWiroeb eb is dasakmayofil ebl ad. saganmanaTI ebl o saWiroeb eb is Sefasebeb is magal iTi aris gansxvavebaTa anu

napral is analizi, roml is drosac adgili aqvs sadReiso (real urad moqmedi) praqtikul i qcevis Sedarebas praqtikis ideal ur an miRebul standartebTan. amis sapirispitod, individual ur SemTxvevaTa magal iTze im sakiTxebis Seswavl am, roml ebmac Seqmnes es interval i, SesaZl oa gansazRvros swavl ebis saWiroebebi.

romel ia winmsvl el i gza?

Tu eqimebs ar SeuZl iaT saimedod Seafason Tavianti sakuTari swavl ebis saWiroebebi, xol o didi masStabis gamokitxvebs Zal uZT Seafason mxol od saganmanaTl ebl o saWiroebebi, ra iqneba winmsvl el i gza? Cven gvWirdeba gavzardoT swavl ebis saWiroebebis Sefasebebis obieqturoba, imavdroul ad adgili unda hqondes usg procesis gamartivebas, raTa eqimebma regul arul ad gaiaron es programa. mcirericxvovani kvl evebia Catarebul i, roml ebic mimarTul i iqneboda saWiroebebis Sefasebis teqnol ogiis gaumj obesebisaken.

damtkicebul i strategiebi

erT-erTi midgoma xorciel deba ufro metad struqturuli praqtikis auditis meSveobiT. perol ma da Tanaavt. aCvenes, rom eqimebma, roml ebic awarmoebdnen swavl ebis sakiTxebis saofiso vizitebis dRiurs, SeZl es SeeqmnaT swavl ebis ufro specifiuri miznebi, vinem imaT, vinc amas ar akeTebda. am dakvirvebebis mniSvnel obas ukavSirdeba bergusis da Tanaavt. daskvna, rom kl inikuri sakiTxebis struqtura warmoadgens konsul tantebisagan sasargebl o pasuxebis mopovebis gasaRebs. kifma da Tanaavt. aRmoacines, rom praqtikul i auditis ukukavSiri kombinirebul i samagal iTo recenzentebis SedarebasTan da "miRwevad" niSnul ebTan, aumj obesebs zogadi praqtikis eqimTa, TerapevtTa da endkrinol ogTa j gufis mzrunvel obis Sedegebs diabetian pacientebSi.

al ternatiul ad, swavl ebis saWiroebebis ukeTesi ganmsazRvrel ebi SesaZl oa miRebul i iqnas standartizirebul i Sefasebebis savarjiSoebidan. kohenma da Tanavt. gamoigones savarjiSo, romel ic Sedgeboda 10 nawil isagan da saWiroebda 25 wuTs. is model irebul iqna obieqtur struqturul kl inikur gamocdaze. maTi samedicino praqtikis saeqimo Sefasebis (PAMP) savarjiSo dagegmil i iyo faqtiuri sazogadoebrivi kl inikuri praqtikis sakiTxebis asaxvisaTvis, ramac aCvena misaRebi fsiqometriul i Tvisebebi, Tumca amavdroul ad Rirda daaxl oebiT 250 dol ari erT eqimze. es midgoma uzrunvel yofs eqimTa efeqturobis mdidar ukukavSirs, magram unda viwrod fokusirdes im masStabze, romel ic SesaZl ebel ia da l ogikuria samarTavad. gl obal uri Sefasebebi, roml idanac eqimebs SeuZl iaT Camoayal ibon Tavianti swavl ebis saWiroebebi, SesaZl oa mopovebul i iqnas ase wodebul 360 gradusiani SefasebebiT. masoni da Tanaavt. aRwerdnen am midgomis pil otur swavl ebas, maT Soris 20 eqims. monawil eebis Sesaxeb komentarebis farTo diapazoni iqna mopovebul i, magram maRal i fasi da dro - 5 saaTi erT eqimze, SesaZl oa seriozul i winaRoba aRmoCndes am strategiis danergis gzaze, roca saqme did saavadmyofos exeba.

potenciuri strategiebi

saWiroebebis Sefasebis es strategiebi Sefasebul i iqna rogorc sakmaod efeqturi. Cven gvj era, rom Rirs sxva strategiebis Seswavl ac. el eqtronul i samedicino

istoriebi praqtikis profil is anal izis SesaZl ebl obis Tval sazrisiT sakmaod saimedo Cans. saTanadod dagegmil i sistemis dros, eqimebs SeuZl iaT Caataron TavianTi diagnostikuri unar-Cvevebisa da Terapiul i spqtris sakuTari miznobrivi anal izi. SesaZl ebel ia procesis ise avtomatizireba, rom SerCeul kl inikur probl emebze profil ebi iqmnebodes gansazRvrul i interval ebiT. aseTi anal izi SesaZl ebel ia wardgenil i iqnas ganxil vaze uwyveti samedicino ganaTl ebis adgil obriv akademiur erTeul ebSi an maregul irebel uwyebaSi, rogorc Sefasebis niSani da gamoyenebul i iqnas uwyveti ganaTl ebis kreditebisaTvis. maSin, rodesac anal izi warmoSobs wminda informaciul sakiTxebis, praqtikis profil ebi SesaZl oa el eqtronul ad emTxveodnen Sesabamis praqtikul gaidl ainebs an mimoxil viT statiebs da eqimTan gadagzavnil Sesabamis dokumentebs. swavl ebis unikal ur sakiTxebSi uwyveti samedicino ganaTl ebis adgil obrivma akademiurma erTeul ebma SesaZl oa daxmareba gauwion Taviant eqimebs ganavitaron personal izirebul i saganmanaTl ebl o gegmebi. aseTi anal izis sawarmoebl ad el eqtronul samedicino Canawerebis gamoyenebas gaaCnia efeqturobis upiratesoba da obieqturoba, vinaidan anal izi dafuznebul ia yvel a Sesabamis pacientze.

rogorc perol is praqtikis dRiuris meTodis gagrZel eba (gafarToeba), eqimebs SeuZl iaT Seinaxon Canawerebi maTTvis saintereso da probl ematur `daraj - (sentinel) pacientebze. unda SemuSavdes kompiuterul i programebi (software), raTa daxmareba gaewios pacientebis Sesaxeb arsebiTi informaciis struqturul i gziT `daWeras- da uzrunvel yofil iqnas Canawerebis kodirebis saSual ebebi samomavl o ZiebisaTvis da informaciis amosaRebad.

uwyveti samedicino ganaTl ebis akademiur erTeul ebs SeuZl iaT Seqmnan mokl e, TiToTemiani savarjiSoebi praqtikis auditis mizniT, rac eqimebs an maTi ofisis TanamSroml ebs SeeZl ebaT Seavson. Sevsebul i profil i, romel ic isev unda Sedardes maRal i xarisxis dasabuTebul mimoxil vebs an kl inikuri praqtikis gaidl ainebs, SeiZl eba ukan daubrundes eqims gasacnobad. uwyveti ganaTl ebis kreditebi SesaZl oa mopovebul iqnas auditis nakrebis dasrul ebiT anda damatebiTi kreditebiT, romel ic miReba savarjiSoebis dinamikaSi keTebiT. es meTodi iZl eva al ternatiul meTods, im SemTxvevaSi, roca recenzirebis monacemebi xel misawvdomi ar aris.

es midgomebi warmoadgenen mcdel obas, rom swavl ebis saWiroebebis Sefasebebi gaxdes ufro obieqturi, SedarebiT martivi da gansaxorcil ebl ad arc ise Zviri. rasakvirvel ia, sxva midgomebic iarsebebs, roml ebic Cven ar gangvixil avs. moiazreba uwyveti samedicino ganaTl ebis akademiuri erTeul ebis ori gansxvavebul i roli. tradiciul i kursebis momzadebis damatebiT, akademiurma ganyofil ebebma SesaZl oa Secval on eqimebisadmi Tavianti daxmarebis mcdel oba swavl ebis saWiroebebis Sefasebis vargisiani saSual ebebis gamoyenebisa da swavl ebis gegmebis ganvitarebis mimarTul ebiT. amis dafinanseba SeiZl eba ganxorciel des cal ke anda erTobl ivad eqimebis, maTi maregul irebel i uwyebebis, special obaTa sazogadoebebis da mTavrobis mier. zogierTi iurisdiciiT, maregul irebel uwyebes (mag. j andacvis saministroebs) SesaZl oa surdeT SeinarCunon mxol od maregul irebel i roli, xol o saganmanaTl ebl o roli datovon uwyveti samedicino ganaTl ebis akademiuri erTeul ebis kompetenciaSi. sxvagan ki, maregul irebel uwyebes SeiZl eba surdeT daitovon orive zemoTaRniSnul i funqcia. sabol oo j amSi nebismier qveyanaSi unda gamomuSavdes

iseTi midgoma, romel ic gaiTval iswinebs adgil obriv Taviseburebebs, eqimTa raodenobas, da sakanonmdebl o bazas.

swavl ebis saWiroebaTa gansazRvris potenciuri strategiebi:

1. periodul i Sida auditi el eqtronul i ofisis Canawerebis gamoyenebi T,
2. individual izirebul i auditis Sedegebis Sedareba mimdinare l iteraturasTan ankl inikuri praqtikis gaidl ainebTan,
3. individual izirebul i auditis Sedegebis Sedareba samagal iTorecenziebTan (niSnul ebis- meTodi),
4. iTosakiTxiani auditis savarjiso, momzadebul i uwyveti samedicino ganaTlebis adgil obrivi akademiuri ganyofil ebis mier,
5. "guSagi" pacientebis Sesaxeb Canawerebis warmoeba da gansja.

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The Need for Need Assesment in Continuing Medical Education

G.R Norman, S.I. Shannon, M.L. Marrin
BMJ 2004, 328: 999-1001

Maintenance of professional competence is a critical component of professionalism. Traditional approaches to continuing education that reply on self assessment and self training are likely to be ineffective. Centralised methods, such as regular relicensure or resertification examinations, are difficult to tailor to the characteristics of individual practices and are perceived as threatening by physicians. Innovative strategies for needs assessment are needed. Several strategies are reviewed, including: periodic internal audits by using electronic office records, individualised audit results compared with current literature or practice guidelines, individualised audit results compared with exemplary peers (benchmarking), single issue audit tools developed by local academic units for continuing medical education, and facilitated notekeeping and reflection around sentinel patients.

bioinformatika

nino demetraSvili,
erovnul i sainformacio saswavl o centri

nino_demetrashvili@nilc.org.ge

ram ganapiroba bioinformatikis disciplinis Camoyal ibeba?

Tanamedrove biologiisa da genuri teqnologiis ganvitarebam warmoqmna informaciis siuxve. ramdenime samodelo organizmis STamomavl obiti informaciis kvl eva sistematurad mimdinareobs rodesac maTi genomis sruli nukleotiduri mwkrivi aris gansazRvruli. udaoa, rom yvela am eqsperimentalur monacemebis da misgan warmoqmnil informaciis udidesi zegavl ena eqneba biologiis yvela disciplinaze, maT Soris medicinaze. am sferosi monacemebis marTvisa da analizisaTvis gaCnda maTematikis, statistikisa da kompiuteruli mecnierebis gamoyenebis mzardi moTxovnil eba. dasaxel ebuli disciplinebis kopl eqsuri codnis moTxovnil ebam ganapiroba bioinformatikis Camoyal ibeba.

rogor exmareba bioinformatika biologiis ogebs?

biologia 21 saukunesi ganicdis transformacias winda laboratoriazე dayrdnobili mecnierebidan informaciuli mecnierebisaken. mol ekul uri biologiis mZl avrma winsvl am bol o ramdenime wl is ganmavl obaSi, maT Soris genomis kvl evis mudmivad mzardma monacemebma migviyvana didi mocul obis biologiur informaciis dagrovebamde, rac rTuli gasaSiFria samecniero sazogadoebis mier. bioinformatika moicavs monacemebis miRebas, organizebas, analiza da Senaxvas, rac moitXovs kompiuteruli meTodebis daxmarebas. sxvadasxva meTodebis meSveobit is advil ad xel misawvdoms xdis informaciis swored im eqstraqtis amoRebas, romelic biologs swirdeba. amgvarad, bioinformatikis umTavresi amocana mdgomareobs sxvadasxva tipis monacemebis analiza da interpretaciaSi, maT Soris-nukleotiduri da aminomJavuri mwkrivebis, cil ebis sferosa da cil ebis struqturebis amocnobaSi. es sabol ood exmareba biologebs uj reduli moqmedebebis Sesaxeb amomwuravi suraTis miRebaSi.

vin SeiZl eba gaxdes bioinformatikosi?

nebismieri biologiis mtkice codnit, umj obesia sabunebismetyvel o mecnierebis magistri, romel sac gaacnia am sferosaTvis saTanado kompiuteruli codna da unar-Cvevebi. bioinformatika aseve moitXovs logikur msjel obasa da gadawvyetil ebis miRebis karg unars.

ra aris bioinformatikis kvl evis are?

kvl eva bioinformatikaSi moicavs iseTi unar-Cvevebis ganviTarebasa da ganxorciel ebas, romel ic iZl eva sxvadasxva tipis informaciisadmi efeqturad xel misawvdomobis saSual ebas. kvl evis meore are moicavs iseTi al goritmebis Seqmnas, romel ic prognozirebas gaukeTebis sxvadasxva biol ogiur monacemebs rogoric aris genebi, cil is funqcia, cil is struqtura da sfero, aseve Seafasebs farTo monacemebs Soris arsebul damokidebul ebas. dResdReobiT Zal ian xSirad mecnierebi axorciel eben Ziebebs monacemTa bazeSi, imisaTvis rom ganxorciel on hipoTezebis formul ireba da farTo masStabis eqsperimentebis dizaini. genomis, proteomikis sferom gaiara grZel i gza, rac bioinformatikul i analizis xel SewyobiT xdeboda.

ra aris SedarebiTi genomi?

SedarebiTi genomi moicavs sxvadasxva organizmebis genomis Sedarebas, genetikur doneze maTi konservaciis Seswavl asa da nimuSebis mopovebas, ramac SesaZl oa moamzados axal i genebis aRmoCena da evol uciuri damokidebul ebebis dadgena.

adamianis genomis proeqti mimdinareobda 1990-2003 wl ebSi, romel sac koordinirebas uwevda energiisa da janmrTel obis erovnul i institutis departamenti. adamianis dnm-is Tanmimdevrobis dadgenis proeqtis dasrul eba daemTxva vatsonisa da krikis mier dnm-is fundamental uri struqturis aRweris 50 wl isTavs. adamianis genomis proeqti moicavda iseT sakiTxebs, rogoric aris genetikuri da fizikuri rukebis Sedgena, dnm-is Tanmimdevrobis dadgena, dasrul ebul i Tanmimdevrobis simZl avrisa da Rirebul ebis garkveva, genebis identifikacia, samodel o organizmebis genomis Tanmimdevrobis dasrul eba, genebis funqcional uri anal izi.

bioteqnologiis informaciis erovnul i centris (bioc, National Centre for Biotechnology Information (NCBI) Sesaxeb

senatorma kl audi peperma Seicno kompiutizirebul i informaciis damuSavebis meTodebis aucil ebl oba biosamedicino kvl ebebis CatarebisaTvis, ramac ganapiroba bioteqnologiis informaciis erovnul i centris daarseba 1988 wl is 4 noembers. es dawesebul eba warmoadgens janmrTel obis erovnul i institutis (NIH) medicinis erovnul i bibliotekis (NLM) danayofs. medicinis erovnul i biblioteka iyo SerCeul i imis gamo, rom mas gamocdil eba hqonda biosamedicino monacemTa bazebis Seqmnasa da SenaxvaSi. Bbioc-is misia aris axal i sainformacio teqnologiiebis ganviTareba, rac xel s Seuwyobs iseTi fundamental uri mol ekul uri da genetikuri procesebis codnas, roml ebiC akontrol eben janmrTel da daavadebul organizmebs. ufro zustad ki, bioc xel mZRvanel obas uwevs mol ekul uri biol ogiis, bioqimiisa da genetikis Sesaxeb arsebul i codnis Senaxvasa da analizisaTvis avtomaturi sistemebis Seqmnas; samecniero sazogadoebis mier am monacemTa bazebis gamoyenebis xel Sewyobas; bioteqnologiis informaciis erovnul da saerTaSoriso doneze Segrovebis koordinirebul mcdel obas; da kvl evis Catarebas kompiuterze dayrdnobil i informaciis damuSavebis mowinave meTodebiT, raTa dadgindes biol ogiurad mniSvnel ovani mol ekul ebis struqtura da funqcia.

sad gamoiyeneba bioinformatika da rogor?

bioinformatikis saSual ebebi gamoiyeneba evol uciur biol ogiaSi, cil ebis model irebaSi, genomis rukis Sedgenasa da funqcional ur genomSi.

evol uciuri biol ogiidan Tu daviwyebT, sakmaod saintereso iqneboda sxvadasxva organizmebs Soris arsebul i nimuSebisa da evol uciuri damokidebul ebebis dadgena, risTvisac saWiroa dnm-sa da cil ebis Tanmimdevrobis dadgena. cil ebs, roml ebic gviCveneben mniSvnel ovnad dakonservebul Tanmimdevrobas, ganekuTvnebian erTsa da imave oj axs. cil ebis nakecebisa (protein folds) da oj axebis Seswavl iT, mecnierTaTvis Sesazl ebel i gaxdeba aRadginon or saxeobas Soris arsebul i damokidebul eba, aagon evol uciuri xeebi.

dResdReobiT cil ebis struqturebis dadgenis sami ZiriTadi gza arsebobs: rentgenis sxivebiT kristal ografia, birTvul -magnituri rezonansi da kompiuterul i model ireba. es bol o meTodi iyenebs eqsperimental urad dadgenil i cil ebis struqturebs (Sabl ons), raTa prognozi gaukeTos axal i cil is struqturas, romel ic Sedgeba msgavsi amonomJavebis Tanmimdevrobisagan (sami zne).

kristal ografiis meTodi sakmaod ZviradRirebul i da metad zusti saSual ebaa cil is struqturis dasadgenad, Tumca is ver gamoiyeneba yvel a cil is SemTxvevaSi, vinaidan yvel a cil a ar kristal deba. kompiuterul i model ireba aris nakl ebad zusti danarCen or meTodTan SedarebiT, Tumca imavdroul ad bevrad iafi da gamoyenebadi yvel a cil is SemTxvevaSi. maTematikuri statistikis el ementebi ki gvexmareba imis dadgenaSi, Tu ramdenad zustad moxda cil is struqturis winaswarmetyvel eba (model is Sesafasebl ad).

genomis rukis dadgenis sakiTxi SeiZl eba iTqvas amowurul ia, vinaidan gaSifrul ia iseTi rTul i organizmis genetikuri kodi, rogoric aris adamiani. magram ras iZl eva kodis gaSifrva (nukl eotidebis Tanmimdevrobis codna), Tu ar dadginda romel i geni an genebis j gufi ra funqciazea pasuxismgebel i? amaze pasuxs scems *funqcional uri genomi*. genebis funqciebis amocnobis mraval i gza arsebobs. genebis gamoxatul eba (eqspresia) Seiswavl eba sxvadasxva qsovil ebsa da SemTxvevebSi. bioqimiisa da kompiuterul i biol ogiis meSveobiT xdeba cil ebis struqturisa da urTierTqmedebis dadgena. bunebrivad an eqsperimental urad momxdari genis mutaciis Seswavl a metad mniSvnel ovania funqciebis dasadgenad.

kompl emental uri dnm-is (kdnm) mikroCifsi (complementary DNA microarray - cDNA), rogorc genebis funqciebis dadgenis erT-erTi farTod gavrcel ebul i teqno ogia:

uj redi Seicavs genebis srul kompl eqts. biol ogiis central uri dogmidan cnobil ia, rom cil is warmoqmnis procesi Semdeg el ementebis moicavs:

geni

transkripcia (transcription)

mrnm mesinj eri rnm (messenger RNA)

translacia (translation)

cil a

transkripciiis procesi aris uarresad regul irebul i da genebis is kompl eqti, romelic eqspresirdeba uj rediis sxvadasxva tipis mier da sxvadasxva fiziologiuri zewolis dros varirebs. TiToeuli genisaTvis, mrnm-is odenoba, romelic transkripcirdeba am genis mier, ganisazRvrebatorgorc misi eqspresiiis done. eqspresiiis donis Seswavi is mniSvneloba mdgomareobs imaSi, rom swored misi cval ebadoba da sxvaoba asaxavs uj rediis funqciebis sxvaobas.

kdnm mikroCifsis analizi aris erTerTi im metodTagani, romelic izi eva saSual ebas winaswargansazRvruli genebis kompl eqtisaTvis ganisazRvros eqspresirebis done, e.w. transkripciiis profili. am metodis upiratesoba mdgomareobs imaSi, rom is Sesazi ebl obas izi eva ganisazRvros eqspresirebis done genebis farTo kompl eqtisaTvis zomier faSi. genebis kompl eqtis "mTel i suraTi" warmodgenilia erT Cifsze, am teqnologiis gaaCnia maRal i mwarmoebl uroba.

Bioinformatics – review

N. Demetrashvili, National Information Learning Centre

nino_demetrashvili@nilc.org.ge

The development in modern biology and gene technology has generated a wealth of information. The hereditary information of several model organisms are systematically examined as the complete nucleotide sequences of their genomes are being determined. There is no doubt that all this experimental data and the information derived from it will have a tremendous impact on all disciplines of biology, including medicine. For the management and analysis of data in this field there is a growing demand for tools provided by mathematics, statistics and computer science. Bioinformatics was established as a discipline to meet the growing demand of complex knowledge of aforementioned disciplines.

How does bioinformatics help biologists?

Biology in the 21st century is being transformed from a purely lab-based science to an information science as well. Major advances in the field of molecular biology over the past few years including the evergrowing genomic data have led to a large amount biological information which is difficult to decipher by the scientific community. Bioinformatics is all about retrieving, organizing, analyzing and storing data which will require the help of computational methods. It delivers easy access of information and projects a method for extracting only that information that is specifically asked by the biologists. Therefore, the field of bioinformatics has evolved such that the most pressing task involves the analysis and interpretation of various types of data, including nucleotide and amino acid sequences, protein domains, and protein structures. This ultimately helps the biologist to obtain a comprehensive picture of the cellular activities.

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konferenci ebi

amerikis tel emedicinis asociaciis me-9 yovel wl iuri konferencia (tampa, fl orida, 2-5 maisi, 2004 w)

zviad kirtava, erovnul i sainformacio saswavl o centris direqtori

zkirtava@nilc.org.ge

28 april idan 9 maisamde vimyofebodi mi vl inebi T aSS-Si – vaSingtonsa da tampaSi - prezentaciebi T tel emedicinis da distanciuri swavl ebis sferoSi. aRniSnul i mi vl ineba da finansda Sveicarul i organizaciis `saerTaSoriso urTierTobaTa da usafrTxoebis qsel is- (International Relations and Security Network – ISN) mier, romel Tanac erovnul i sainformacio saswavl o centri TanamSroml obs 2000 wl idan distanciuri swavl ebis programul i pl atformis ganviTarebis sferoSi.

29 april s vaSingtonSi, aSS-Si Sveicariis sael CoSi Catar da prezentacia, sadac Cems mier warmodgenil i iqna j andacvis tel ematikis (tel emedicinis da distanciuri swavl ebis) sferoSi saqarTvel oSi ganxorciel ebul i proeqtebi da samuSaoebi. amave seminarze Cveni meore partnori organizaciis - aSS-is `partnioroba mSvi dovisaTvis sainformacio marTvis sistemi s- (Partnership for Peace Information Management System – PIMS) warmomadgenl is q-n meripat mol eris mier warmodgenil i iqna tel emedicinis pil oturi proeqti uzbekeTSi, xol o rumineTis armiis tel emedicinis koordinatoris aurel ian morarus mier – tel emedicinis sferoSi rumineTis gamocdil eba. seminars, garda Sveicariis sael Cos warmomadgenl ebisa, daeswrnen ital iis da rumineTis sael Coebis, aseve - vaSingtonSi arsebul i tel emedicinis organizaciebis warmomadgenl ebi.

2-5 maiss tampaSi (fl oridis Stati) Catar da amerikis tel emedicinis asociaciis (ata) yovel wl iuri konferencia, romel sac 1200-ze meti del egati eswreboda. 1 maiss aqve Catar da erTdRiani winasakonferencio seminari, romel ic organizebul i iyo aSS armiis tel emedicinis da uaxl esi teqnoL ogiebis kvL evebis centris (Telemedicine and Advanced Technology Research Centre – TATRC) mier. swored am seminarze, romel ic wel s aRmosavl eT evropas mieZRvna deviziT – `SevxvdeT samedicino probl emebs cval ebad samyarosi!- - warmodgenil 8 Tematur moxsenebas Soris erT-erTi iyo Cemi moxsenebac – `distanciuri swavl ebis meTodebi saqarTvel osaTvis-, romel ic sakmao interesiT iqna miRebul i auditoriis mier. prezentaciis Semdeg gadmomeca armiis tel emedicinis da uaxl esi teqnoL ogiebis kvL evebis centris direqtoris, aSS armiis general -l eitenant l ester martines-l opesis prizi da samaxsovro medal i.

ata-s konferencia oficial urad 2 maiss gaixsna tampas SexvedraTa (konvenciebis) centris SenobaSi asociaciis prezidentis, tusonis universitetis profesor is

ronal d vainSteinis mier. konferenciis msvl el obaSi Catarda 4 pl enarul i da 60 paral el uri seqcia, romel ic ZiriTadad Semdeg special ur interesis j gufebs moicavda: tel ej anmrTel oba binaze (tel emonitoringi), teqnoI ogiebi, tel edermatol ogia, mental uri tel ej anmrTel oba, tel epaTol ogia, tel eeQTnoba, tel erabil itacia, biznesi da finansebi, adamanuri faqtori/treiningi, saerTaSoriso TanamSroml oba.

warmodgenil i iyo 200-mde gamosvl iTi da 100-ze meti posterul i prezentacia. konferencias eswrebodnen 50-ze meti qveynis warmomadgenl ebi. Sexvedris sponsorebs Soris iyvnen tel emedicinis aparaturisa da teqnoI ogiebis msxvil i mwarmoebI ebi: AMD Telemedicine, Apollo Telemedicine, American Telecare, Polycom, GE Medical Systems, Health Care Vision, Phone DoctorX, Nortel Networks, Verizon, ViTelNet, Viterion, MedWeb, IBM Life Sciences, HomMed, Samsung, Siemens Medical, SHL Telemedicine, TeleDoc, Tandberg, da sxv.

konferenciaze warmodgenil i iqna uamravi saintereso proeqti. veteranTa binaze monitoringis qsel i mraVal qronikul daavadebaTa gamwvavebis prevenciis mizniT (aSS veteranTa administracia da Health Hero Network); tel epaTol ogiis erTiani sistema didi tbebis 12 hospital s Soris, romel ic saSual ebas iZl eva morfol ogiuri daskvnebis konsul tacias wamyvan eqspertebTan, rac droisa da xarj ebis ekonomiisa (25 da 67%-iT) da maRal i xarisxis miRwevis saSual ebas iZl eva (apolo telemedicine da didi tbebis regionis veteranTa saavaadmyofoebis qsel i); tel eradiol ogiis sistema retgenis suraTebis konsul taciis mizniT karibis kunZul antiguas saavadmyofoebTan (Med Web da antiguas mTavroba); diabeturi retinopaTiis tel eskriningi saSiS garTul ebaTa droul ad prevenciis mizniT (Canon da `kaizer permanente-), videokonferenciebis sistema 130 daSorebul i dawesebul ebebis kl ivl endis universitetis hispital Ta gaerTianebidan konsul taciis mizniT (Polycom da kl ivl endis universiteti), tel esonografia garTul ebul orsul obaTa bol o trimestris tel emonitoringis mizniT (HealthCare Vision da Crdil oet texasis j andacvis dawesebul ebaTa qsel i); pediatriul i gadaudebel i daxmarebis ukeT warmasarTavad tel emedicinis gamoyeneba (kal iforniis universitetis da saavadmyofoebis qsel i), sasofl o regionebsi travmatizmis msxverpl Ta swrafi mobil izaciis da konsul taciis sistema (vermontis samedicino kol ej i, texasis universiteti da aSS samxedro qirurgiul i kvl ebebis instituti); eqstremal ur garemoebesSi (kunZul i diego garsia, kunZul i oahu, havaize, da monRol eTis udabnoebSi) tel emedicinis saSual ebaTa gadatanisa da aRWurvis gamocdil eba (total uri miRwevis centri, fort gordoni, j orj ia da virj iniis Tanamegobrobis universitetis tel emedicinis centri) da sxv.

konferenciis sagamofeno darbazSi gansakuTrebul i yuradRebiT sargebl obdnen mobil uri komunikaciis sistemebi - gasaSl el i mcire zomis satel ituri antenebi da am antenebiT aRWurvil i saswrafo daxmarebis manqanebi tel emedicinis srul i SesaZl ebl obebiT, robotul i qirurgiis mowyobil oba manZil ze rTul i operaciebis Catarebis SesaZl ebl obiT, aSS samxedro Zal ebis qveITTa sabrZol o manqanis `straikeris- brZol is vel ze da eqstremal ur pirobebSi samedicino daxmarebis varianti, mobil uri sameTauro punqti, romel sac tel emedicinis da uaxl esi tel ekomunikaciebis aparaturis garda meti mimzidvel obisaTvis mcire zomis samwvade mayal ic hqonda damontaJebul i (amerikel ebi qarTvel ebze nakl eb yuradRebas ar uTmoben mwvadis momzadebas!). amas Tan erTvoda Tavad qal aq tampus da misi zRaprul i yuris sil amaze, roml is srul ad daTval ierebis saSual eba, saintereso da datvirTul i programis gamo, samwuxarod, ar momeca.

gansakuTrebIT dasamaxsovrebil i iyo ori l eqcia: Sraineris bavSvTa saavadmyofoebis qsel is Sesaxeb (piter armstrongi) da kenet berdis xsovnisadmi miZRvniil i rCeul i l eqcia, romel ic mistvis Cveul i brwyinval e iumorIT da natif stil Si waikiTxa amerikis tel emedicinis asociaciis sapatio prezidentma, prof. j ei sandersma (gl obal uri tel emedicinis j gufi).

konferenciis mimdinareobisas mqonda Sexvedrebi tel emedicinis sxvadasxva centrebis (virj iniis, arizonis, karol inis) da organizaciebis – armiis tel emedicinis centris, tel emedicinis saerTaSoriso sazogadoebis, l uqsemburgis evropis tel emedicinis qsel is tel e-med-is warmomadgenl ebTan, amerikis tel emedicinis asociaciis sapatio prezident j ei sandersTan, prof. ronal d merel Tan (virj iniis Tanamegobrobis universiteti), dr. ron poropatiCTan (uol ter ridis samxedro saavadmyofo), prof. maikl akermanTan (nacional uri samedicino bibl ioTeka), dr. devid l emTan (nato), prof. maikl nerl ixTan (tel emedicinis saerTaSoriso sazogadoebis prezidenti, germaniis tel emedicinis asociacia), dr. frenk l iuvenSTan (l uqsemburgis tel emedicinis saerTaSoriso gamofena), dr. Carl z dornTan (cincinatis universiteti), prof. butC roserTan (kal iforniis universiteti), dr. rifat l atifisTan (arizonis tel emedicinis centri), dr. ivica kl apanTan (xorvatiis tel emedicinis asociaciis prezidenti) da sxva cnobil eqspertebTan.

konferenciis daxurvisadmi miZRvniil i sadil i moewyo amerikul i fexburTi adgil obrivi gundis ` tampa beis mekobreTa- reimond j eimsis saxel obis stadionze.

American Telemedicine Association 9th Annual Meeting, Tampa, FL, May 2-5, 2004

Z. Kirtava, Director, National Information Learning Center, Tbilisi, Georgia

An observation of ATA recent meeting in Tampa. Dr. Z. Kirtava made presentation at concurrent workshop organized by Telemedicine and Advanced Training Research Center. Dr. Kirtava's trip was sponsored by International Relations and Security Network (ISN, Switzerland) and American International Health Alliance (AIHA).

www.atmeda.org

internetis samedicino daij esti

Internet Medical Digest

#1-2 (95-96)

31.03.2004*

- did britaneTSi daibada bavSvi, romel sac gul i sxeul is gareT aqvs
- kardiol ogebi swavl oben gul is daavadebis skringis axal meTods
- sisxl Si qol esterinis donis saganmanaTI ebl o erovnul ma programam ganaaxl a mozrdil Ta mkurnal obis panel is III gaidl ainebi
- gul is ukmarobiT avadmyofebSi beta-bl okerebi kargi efeqturobiT da sakmarisi amtanobiT xasiaTdebian
- meoradi insul tis ganviTarebis maRal i riski aspirinTan SedarebiT gacil ebiT efeqturad mcirdeba varfarinis Sesafetisi doziT mkurnal obis Sedegad
- tvinis infarqtis zoma ufro mcirea da gamosaval ic ufro ukeTesi, rodesac iSemiur insul ts win uswrebs xanmokl e iSemiuri Setevebi
- arasteroidul i anTebis sawinaaRmdego waml ebis gamoyeneba amcirebs miokardiumis infarqtis risks im pacientebSi, roml ebic profil aqtikur aspirins ar iReben. Tumca, isini damatebiT damcvel rol s ar asrul eben aspirinis momxmarebl ebSi
- acetaminofenis kavSiri asTmasTan
- axal i gaidl aini asTmis mqone orsul i qal ebis mkurnal obis Sesaxeb
- zogierTi gamoTvl is Tanaxmad, ruseTSi 1 mil ioni adamiania inficirebul i aiv virusiT, an daavadebul ia SidsiT
- aSS-s SidsTan brZol is saerTaSoriso sazogadoebam ganaaxl a antiretrovirusul i mkurnal obis rekomendaciebi

- Baby born with heart outside body
- Cardiologist Studying New Method of Screening for Heart Disease
- The National Cholesterol Education Program (NCEP) has updated their Adult Treatment Panel (ATP) III guidelines
- Beta-blockers are effective and tolerated well enough in patinets with heart failure
- High risk of a secondary stroke is reduced more effectively by treatment with adjusted-dose warfarin than with aspirin
- Brain infarct size is smaller and outcomes are better when ischemic strokes are preceded by transient ischemic attacks
- NSAIDs appear to reduce the risk of myocardial infarction (MI) in patients not taking prophylactic aspirin. However, they do not seem to provide any extra protection to aspirin users
- Acetaminophen relation with Asthma
- New guidelines have been issued for treating asthmatic women during pregnancy
- Researchers estimate over one million Russians to be having HIV/AIDS

* - teqnikuri mizezebis gamo Jurnal i da daij esti daibeWda 2004 wl is ivniSsi

- International AIDS Society–USA has updated their recommendations for antiretroviral management

did britaneTSi daibada bavSvi, romel sac gul i sxedul is gareT aqvs

did britaneTSi daibada gogona Zal ze iSviaTi paTol ogiiT – misi gul i mdebareobs ara gul mkerdis RruSi, aramed mis gareT, ityobineba BBC. miuxedavad amisa, axal Sobil i Carl i sauzerni (Charli Southern) gadarCa da is kvl avac eqimTa meTval yureobis qveS imyofeba.

bavSvi daibada vadamde 7 kviriT adre mdgomareobiT, romel sac medicinaSi gul is eqtopia (Ectopia cordis) ewodeba. gul is eqtopia Cveul ebriv aris mkerdis Zvl isa da perikardiumis ganuviTarebl obis Sedegi, roml is drosac gul is midamoSi arsebul i naoWebi ver ixureba saTanadod da gul i rCeba gul mkerdis gareT. Cveul ebriv, aseTi axal Sobil ebi maSinve iRupebian sisxl Si Jangbadis ukmarisobisa da ganviTarebul i infeqciebis gamo.

eqimebma Carl is gadarCenis Sansebi Seafases rogorc erTi mil ionTan, Tumca man kargad gadaitana ori urTul esi operacia da saqme iqamde midis, rom momaval Si gaxdeba Cveul ebrivi bavSvi yovel gvare probl emebis gareSe.

gul is kedl is defeqtis Canacvl eba moxda kaniT da special uri sinTetikuri masal isagan damzadebul i firfitiT (Gore-tex). ufro mozdil asakSi, Carl is kidev erTi operacia el odeba, roml is drosac moxdeba mkerdis Zvl is rekonstruqcia. amJamad, 6 kviris gogonas damoukidebl ad sunTqvac ki SeuZl ia.

`roial brisbenisa da qal Ta hospital is" eqimebi Carl is `patara saocrebas" uwodeben.

kardiol ogebi swavl oben gul is daavadebis skringis axal meTods

mul ticentrul i kvl evis Tanaxmad, romel sac veiq forestis universitetis baptistTa samedicino centris kardiol ogi, medicinis mecnierebaTa doqtori, devid heringtoni (David M. Herrington) xel mZRvanel obs, adreul i stadiis aTeroskl erozis skringisaTvis arteriebis gasqel ebis xarixis gazomva SesaZl oa warmoadgendes gul is daavadebisa da insul tis maRal i riskis mqone adamienebis identificirebis erT-erT axal gzas.

heringtonis kvl eva daibeWda amerikis gul is asociaciis samedicino Jurnal is `sergul eiSen" el eqtronul versiaSi.

`es kvl eva gvTavazobs im adamienebis identificirebis axal gzas, roml ebic dganan gul is koronarul i daavadebis riskis winaSe", Tqva heringtonma. `mamakacebis 50, xol o qal ebis 64%-Si, roml ebic uecrad gardaicval nen gul is koronarul i daavadebiT, daavadebis aranairi kl inikuri simptomi adre ar SeimCneoda".

im adamienebSi, roml ebSic aTeroskl erozi ganviTarebis adreul stadiaze imyofeba, gul mkerdis SigniTa kedl is sisxl ZarRvebze fol aqebis warmoqmnis Sedegad, TandaTanobiT xdeba sisxl ZarRvTa gasqel eba. am daavadebis dasadgeni arainvaziuri testis gamoyenebiT, SesaZl ebel i gaxdeba mkurnal obis gacil ebiT adre dawyeba da, Sesabamisad, kardiovaskul arul i daavadebis da garTul ebebis ganviTarebis riskis Semcireba.

kvl evam, romel Sic monawil eobas iRebda 267 adamieneb, aCvena, rom iseTi zomebis miRebiT, rogoricaa sisxl is wnevis gasazomi aparatis msgavsi testi da magni turbirTvl i rezonansi, kargad ganisazRvreboda aortis aTeroskl erozis xarixi. mowyobil oba zomavda sisxl is mocul obas fexSi, afasebda ra arteriis gasqel ebis xarixs.

“veiq forest”-is universitetis garda, kvl eva Catarda atl antis veteranTa samedicino centrSi, kol umbiis universitetis samedicino centrSi da maiamis samedicino centrTan arsebul j eksonis memorial ur hospital Si.

bevrma adamanma ar icis, rom mas aqvs gul is daavadebis adreul i stadia da misi mkurnal oba Sesazl ebel ia”, Tqva heringtonma. Cven yvel afers vakeTebT imisaTvis, rom vipovoT aseTi adami nebis identificirebis axal i gzebi, ise rom maT CautardeT preventul i mkurnal oba rac SeiZl eba mal e da amiT Tavidan acil ebul iqnas miokardiumis infarqti an insul ti”.

rogorc heringtonma aRniSna, testi kvl avac ganviTarebis qveS imyofeba da is j er ar aris mzad kl inikuri gamoyenebisatvis. magram rogorc man Tqva, saWiro iqneba testis damatebiTi Seswavl a. heringtonis xel mZRvanel obiT Catarebul kvl evaSi aseve monawil eobas iRebdnen: medicinis mecnierebaTa doqtori atl antis veteranTa samedicino centridan, virj il brauni (W. Virgil Brown), kol umbiis universitetis samedicino centr is medicinis mecnierebaTa doqtori, Lori moska (Lori Mosca), atl antis veteranTa samedicino centr is medicinis mecnierebaTa doqtori, uoren devisi (Warren Davis) da medicinis mecnierebaTa doqtori maiamis samedicino centridan, gregori handl i (W. Gregory Hundley).

amerikis gul is asociaciis Tanaxmad, am qveyanaSi mcxovreba adami nebsi, sikvdil obas yvel aze metad gul is koronarul i daavadeba iwvevs. daaxl oebiT yovel 26 wamSi, aSS-Si erT adami ans mainc aqvs koronarul i Seteva, xol o yovel wuTsi, erTi adami ani mainc i Rupeba am daavadebi T.

sisxl Si qol esterinis donis saganmanaTI ebl o erovnul ma programam ganaaxl a

mozrdil Ta mkurnal obis panel is III gaidl ainebi axl axans Catarebul i statinebis kvl evis SedegebiT da gamoaqveyana isini Jurnal is “serqul eiSen” 12 ivl isis nomerSi.

2001 wl is gaidl ainebsi, maRal i riskis mqone adami nebsi, dabal i simkvrivis I ipoproteinebis qol esterinis doniT – sul mcire 130mg/dl , rekomendirebul i iyo misi daweva 100 mg/dl -mde.

ganaxl ebul gaidl ainebsi igive rekomendaciaa mocemul i. Tumca, dabal i simkvrivis I ipoproteinebis qol esterinis donis daweva 100 mg/dl -ze qvemoT, warmoadgens mkurnal obis mizans miokardiumis infarqtis an sikvdil obis Zal ze maRal i riskis mqone pacientebSi. am j gufSi Sedian kardiovaskul arul daavadebasTan erTad diabetis mqone adami nebi, mudmivi mwevel ebi, is adami nebi, roml ebSic hipertenzia faqtiurad araa kontrol irebul i, metabol uri sindromis xel Semwyob sxvadasxva risk-faqtorTa erTobl ioba (trigl iceridebis maRal i koncentracia, maRal i simkvrivis I ipoproteinebis qol esterinis dabal i done, simsuqne) da agreTve is adami nebi, roml ebmac axl o warsul Si gadaitanes miokardiumis infarqti.

saSual oze maRal i riskis mqone adami nebs miokuTvnebian mraval i risk-faqtoris mqone adami nebi, roml ebSic miokardiumis infarqtis riskisa da gul is daavadebis Sedegad gamowveul i sikvdil obis al baToba 10-20%-ia 10 wl is manZil ze. am pacientTa mkurnal oba unda moxdes maSin, Tu dabal i simkvrivis I ipoproteinebis qol esterinis done 130 mg/dl - ia, an ufro maRal ia; maSin, roca medikamentozuri mkurnal oba al ternatiul ia, roca dabal i simkvrivis I ipoproteinebis qol esterinis done 100-129mg/dl fargl ebSi meryeobs.

maRal i da saSual oze maRal i riskis mqone pacientebSi Catarebul i mkurnal obis mizania dabal i simkvrivis I ipoproteinebis qol esterinis donis 30-40%-iT Semcireba. dabal i da saSual o riskis mqone adami nebis mkurnal obis rekomendaciebi ar Secvl il a da igivea, rac mocemul ia 2001 wl is gaidl ainebsi. statinebis axl axans Catarebul i kvl evis Sedegebidan gamomdinare, arsebobs myari safuZvel i imisa, rom asakis miuxedavad moxdes mkurnal obis Catareba, vinaidan qol esterinis dasaqveitebel i intervencia xSirad efeqturia da gamarTI ebul ia asakovan adami nebsic.

randomizebul i kl inikuri kvl evebis axl axans Catarebul i gadasinj vis Tanaxmad, aRmoCnda, rom **miuxedavad beta-bl okatorebis gverdiTi efeqtebisa, gul is ukmarisobis mqone pacientebi mTI ianobaSi am waml ebs kargad itanen.**

Jurnal is "anal s ov internal medisin" 12 ivl isis nomerSi, mul ticentrul i j gufi, torontos universitetis profesor, denis kos xel mZRvanel obiT (Dennis T. Ko), aqveynebs 1966-2002 wl ebSi Catarebul i kl inikuri kvl evebis anal izs, sadac gul is ukmarisobis mqone pacientebS randomizebul ad daunisnes beta-bl okatorebiT an pl aceboTi mkurnal oba.

mkvl evarTa j gufma aRmoaCina, rom beta-bl okatorebiT mkurnal oba namdvil ad iyo dakavSirebul i hipotenziis, Tavbrusxvevisa da bradikardiis riskis wl iuri maCvenebl is mniSvnel ovan zrdaSTan, Tumca, maT aseve aRmoaCines, rom am medikamentebiT mkurnal oba dakavSirebul i iyo nebismieri mizeziT gamowweul i sikvdil obis, gul is ukmarisobis Sedegad hospital izaciis da gul is ukmarisobis gauaresebis SemTxvevaTa ricxvis SemcirebasTan.

winagul ovani fibril aciis, xanmokl e iSemiuri Setevisa da msubuqi xarisxis insul tis mqone pacientebSi **meoradi insul tis ganviTarebis maRal i riski aspirinTan SedarebiT gacil ebiT efeqturad mcirdeba varfarinis Sesafetisi doziT mkurnal obis Sedegad,** Tanaxmad Jurnal is "sTrouq" april is nomerSi gamoqveynebul i statiisa.

iSemiur insul tTan SedarebiT, xanmokl e iSemiuri Setevebi ufro iSviaTad aris dakavSirebul i winagul ovan fibril aciasTan, ramac SeiZl eba gvafiqrebinos, rom winagul ovani fibril aciis dros antiTrombol izur Terapiaze pasuxi gansxvavebul i iqneba xanmokl e iSemiuri Setevebis mqone da iSemiuri insul tis mqone pacientebSi, ganmartaven prof. robert harti (Dr. Robert G. Hart) da misi kol egebi. am Teoriis ukeT gamosakvl evad, maT gamoiyenes winagul ovani fibril aciis evropul i kvl evisa da insul tis prevenciis kvl evis monacemebi.

prof. hartma da misma kol egebma aRmoaCines, rom xanmokl e iSemiuri Setevebis mqone pacientebSi iSemiuri insul tis sixSire aspiriniT mkurnal obisas wl iurad saSual od 7%-s udrida, xol o im pacientebSi, roml ebsac adre msubuqi xarisxis insul ti hqondaT gadatanil i - 11%-s. varfariniT mkurnal obisas es maCvenebl i Sesabamisad 3%-s da 4%-s Seadgenda. "ori didi randomizebul i kl inikuri kvl evis monawil eTa anal izma ver gamoavl ina imis damantkicebel i sabuTi, rom xanmokl e iSemiuri Setevebis Semdeg ganviTarebul i winagul ovani fibril aciis mqone pacientebSa da iSemiuri insul tis Semdeg ganviTarebul i winagul ovani fibril aciis mqone pacientebSi mkurnal oba sxvadasxvanairad unda Catardes.²

tvinis infarqtis zoma ufro mcirea da gamosaval ic ufro ukeTesi, rodesac iSemiur insul ts win uswrebs xanmokl e iSemiuri Setevebi, aqveyneben germanel i mkvl evarebi Jurnal is "sTrouq"-is martis nomerSi. birTvul -magnituri rezonansis Sedegebidan gamomdinare, warmatebul i efeqti mosdevs endogenur neiroproteqcias. wina kvl evebis mixedviT, xanmokl e iSemiurma Setevebma Sesazl oa uzrunvel yon neiroproteqcia iSemiuri tol erantobis xel SewyobiT. Tumca dacvis es meqanizmi dRemde ucnobi iyo.

² - es ki dev erTxel adasturebs Cvens wina mimoxil vaSi gamoTqmul mosazrebas (ix. "internetis samedicino daij esti" - #3(94-95), 2003), rom xanmokl e iSemiuri Setevis iSemiuri insul tisagan cal ke nozol ogiurad gamoyofas mcire praqtikul i sargebel i Tu moaqvs, al baT umj obesia igi iSemiuri insul tis mimdinareobis variantad ganvixil oT (ix Semdegi referensi).

amis gamo, prof. siuzen wegenerma (Dr. Susanne Wegener) da misma kol egebma gansazRvres perfuzia da qsovil ebis dazianeba insul tis mqone pacientebSi. 10 patients wina 4 kviris manZil ze hqonda gadatanil i xanmokl e iSemiuri Seteva, 6 maTgans – 5 kviriT adre, xol o 49 patients arasodes ar hqonia gadatanil i xanmokl e iSemiuri Seteva. birTvul -magnituri rezonansi Catar da simptomebis dawyebidan 12 saatS ganmavl obaSi da Semdgom – 3-7 dReSi. perfuziis SezRudvis, rekanal izaciisa da okl uziis tipebis xarisxi da simwvave ar gansxvavdeboda j gufebs Soris, rac mkvl evarebis azriT imas miuTiTebS, rom damcvel obiTi efeqti ar mosdevs xanmokl e iSemiuri Setevebis mier gamowveul ukeTes vaskul arul momaragebas da kol ateral ur cirkul acias.

bol o birTvul -magniturma rezonansma acvena, rom infarqtis mocul oba saSual od 9.1 ml iyo xanmokl e iSemiuri Setevebis anamnezis mqone pacientebSi, xol o 36.5 ml - am Setevebis armqone pacientebSi. im 10 patients Soris, roml ebSic xanmokl e iSemiuri Setevis ganviTarebidan 4 kviraze nakl ebi dro iyo gasul i, infarqtis mocul oba Seadgenda 5.6 ml .erTaderTi faqtori mravl obiTi xazovani regresiis anal izSi, romel ic gansazRvravda infarqtis sabol oo zomas, iyo prodromal uri xanmokl e iSemiuri Seteva. insul tis macvenebel ic gacil ebiT dabal i iyo im xanmokl e iSemiuri Setevebis mqone pacientTa j gufSi, roml ebic droul ad moaTavses saavadmyofoSi. "Tumca xanmokl e iSemiuri Seteva sagangaSo niSania, bunebrivad SeZenil i iSemiuri tol erantobis damatebiTma gamokvl evam Sesazl oa momaval Si axal perspeqtiul neiroproteqciamde da mwvave insul tis Terapiamde migviyvanos", dasZenen mkvl evarebi.

aspirinis arSemcvel i arasteroidul i anTebis sawinaaRmdego waml ebis gamoyeneba, rogorc Cans. amcirebs miokardiumis infarqtis ganviTarebis risks im pacientebSi, roml ebic profil aqtikur aspirins ar iReben. Tumca, isini damatebiT damcvel rol s ar asrul eben aspirinis momxmarebl ebSi, aqveyneben mkvl evarebi "j ornel ov de ameriqen kol ej ov kardiol oj i"-s 17 martis nomerSi. pensil vaniis universitetis profesorma da kvl evis mTavarma avtorma fil adel fiaSi, prof. stiven kimmel ma (Dr. Stephen Kimmel) Reuters Health-Tan interviuSi ganacxada, rom "arasteroidul i anTebis sawinaaRmdego waml ebi Sesazl oa amcirebdnen miokardiumis infarqtis risks, magram isini ar unda iqnan gamoyenebul i am mizniT. miokardiumis infarqtis prevenciisaTvis mxol od aspirinis gamoyeneba SeiZl eba".

prof. kimmel ma da misma kol egebma gamoikvl ies zogierTi agentis, gansakuTrebiT ibuprofenis gavl ena miokardiumis infarqtis riskze, aspiriniT mkurnal obis dros da mis gareSe. mkvl evarebma Caatares SemTxveva-kontrol irebul i kvl eva. masSi monawil eoba mi iRO 1000-ze metma adamianna, roml ebsac gadatanil i hqondaT arafatal uri miokardiumis infarqti, sakontrol o j gufSi ki 4j er meti adamianni iRebda monawil eobas. im pacientebSi, roml ebic ar iRebdnen aspirins, arasteroidul i anTebis sawinaaRmdego waml ebis gamoyenebam mniSvnel ovnad Seamcira miokardiumis infarqtis riski (riskis fardoba udrida 0,53). Sedegebi msgavsi iyo ibuprofenisa da naproqsenis gamoyenebis dros. amave dros im pacientebSi, roml ebic iRebdnen aspirins, magram ara aspirinis arSemcvel arasteroidul anTebis sawinaaRmdego waml ebs, Sesabamisi riskis fardoba udrida 0,79. Tumca, aspirinis Semcvel i da misi arSemcvel i arasteroidul i anTebis sawinaaRmdego waml ebis erTdroul ma gamoyenebam ar ganapiroba miokardiumis infarqtisagan ufro meti dacva.

Tanmxl eb saredaqcio statiaSi, prof. j epta kertisi (Dr. Jephtha P. Curtis) da harl an krumhol ci (Dr. Harlan Krumholz) iel is universitetis medicinis skol idan, eTanxmebian im mosazrebas, rom sakiTxi j erj erobiT ar aris srul ad gadaWril i. Tumca isini miuTiTeben imaze, rom "pacientebs, roml ebic ibuprofens aniWeben upiratesobas, xol o saWi roeben aspirins, eqimebma unda auxsnan, rom kvl evis Sedegebi srul ad ar adastureben im mosazrebas, TiTqos es kombinacia sazianoa".

adre Catarebul i ramodenime kvl evis Tanaxmad, acetaminofenis gamoyeneba dakavSirebul ia asTmasTan, xol o axl a prospeqtul i kvl evis Sedegebi ufro metad amtkiceben am asociaciis arsebobs.

asTmis riskze acetaminofenis gavl enis Sesafasebl ad prof. grem barma (Dr. R. Graham Barr) da misma kol egebma gaaanal izes eqTanTa j anmrTel obis kvl evis Sedegebi, prospeqtul i kvl eva, romel Sic monawil eobda 120,000-ze meti qal i. acetaminofenis gamoyenebis sixSire uSual od iyo dakavSirebul i asTmis riskTan ($p=0,006$), naTqvamia statiaSi. im pacientebSi, roml ebic TveSi 14 an ufro meti dRis ganmavl obaSi iRebdnen preparats, 63%-iT ufro maRal i iyo asTmis ganviTarebis riski im qal ebTan SedarebiT, roml ebic ar iRebdnen acetaminofens.

“j erj erobiT naadrevia imis rekomendacia, rom asTmis mqone pacientebma ar miRon acetaminofeni, magram saWiroa damatebiTi kvl evis Catareba fil tvebze acetaminofenis zegavl enis dasadgenad, raTa damtkicdes an uaryofil iqnas es aRmoCena da moxdes pacientTa im qvej gufis identificireba, roml ebSic asTma modificirebul ia [ganpirobepul ia] acetaminofeniT”, acxadebs prof. baris j gufi.

gamoica axal i gaidl aini asTmis mqone orsul i qal ebis mkurnal obis Sesaxeb,

roml ebic gansxvavdeba 2 wl is win gamocemul i gaidl ainisagan. asTma orsul i qal ebis daaxl oebiT 7%-s emarTeba da, zogierTi kvl evis Tanaxmad, es qal ebi dganan preekl ampsiis momatebul i riskis winaSe, anda arsebobs naadrevi mSobiarobis, axal Sobil is dabal i woniT dabadebisa da misi perinatal uri sikvdil is safrTxe.

axal i gaidl aini ZiriTadad xazs usvams asTmis mqone orsul i qal ebis intensiur monitorings TveSi erTxel da pacientTaTvis asTmis kontrol is mniSvel obis axsnas. aseve juradReba unda mieqces asTmis dozis damaqveiTebl Terapias, Cveul ebrivze ufro metad unda moxdes gamvwavebebis prevencia, an mkurnal obaSi dozis daqveiTebase Tavi unda iqnas Sekavebul i orsul obis dasrul ebamde.

axal i rekomendaciebis Tanaxmad:

- msubuqi simZimis intermisiul i asTmis dros orsul qal ebs unda daeniSnos xanmokl e moqmedebis mqone SesunTqvadi beta₂-agonistebi, upiratesad al buterol i. adre rekomendebul i wamal i iyo terbutal ini.
- susti xarisxis mudmivi asTmis dros, orsul qal ebs unda umkurnal on dabal i dozis SesunTqvadi kortikosteroidebiT, upiratesad budezonidiT. Tavdapirvel ad am saxis asTmis samkurnal od kromol ins (intal s) iyenebdnen. amJamad, kromol ini, iseve rogorc l eikotrienis receptoris antagonistebi da Teofil ini, mkurnal obis al ternatiul saSual ebebad aris miCneul i.
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zogierTi gamoTvl is Tanaxmad, ruseTSi 1 mil ioni adamiania inficirebul i aiv virusiT, an daavadebul ia SidsiT (oficial uri monacemebiT, maTi raodenoba 300 000-s aRwevs). 2004 wel s, gaerTianebul i erebis ganviTarebis programis egidit Catar da gamokvl eva, roml is Sedegebis Tanaxmad, qveyana `katastrofis zRvarze” imyofeba. gaeros ganviTarebis

programis special istTa prognoziT, 2045 wl isaTvis ruseTSi aiv-iT inficirebul i iqneba mosaxl eobis 8%. Sedegad, am droisaTvis 20,7 mil ioni adamiani daiRupeba. epidemia ruseTs misi Sida saerTo produqtis 14% dauj deba. miuxedavad imisa, rom qveyana aSkarad axl os imyofeba momakvdinebel i daavadebis epidemiasTan, qveynis prezidenti mxol od gakvrit exeba am probl emas da arasodes gaukeTebia raime seriozul i gancxadeba daavadebis Taobaze.

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Tumca, sinaTI e mainc Cans gvirabis bol os. gaeros ganvitarebis programis msofil io fondma ruseTisTvis 157 mil ioni dol ari gamoyo, rac Sidsis krizisTan brZol is 5 wl ian periods moxmardeba. magram is adamianebi, roml ebic uSual od am sferoSi muSaoben, amtkiceben, rom Tu kreml i Sidsis probl emas prioritetul ad ar miicnevs, fondis mier gamoyofil i Tanxebic al baT uazrod dai kargeba.

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iseTma axal ma antiretrovirusul ma waml ebma, rogoricaa: atazanaviri, emtricitabini, enfuvirtidi da fozamprenaviri, ufro mraval ferovani gaxades mkurnal obis Tavdapirvel i da Semdgomi rejimebis arCevani. arsebobs ufro gansazRvrul i rekomendaciebi im specifiur waml ebsa Tu mkurnal obis rejimebze, romel Ta gamoyeneba mizansewonil ia, sxvebis ki _ ara, gansakuTrebiT mkurnal obis sawyis etapze.

im SemTxvevaSi, Tu romel ime konkretul agentTan dakavSirebul i simptomebi ar moixsneba, an adgil i eqneba toqsiurobis ganvitarebas, panel i eqimebs urCevs ama Tu im medikamentis mxol od erTi waml iT Senacvl ebas. magal iTad, zidovudinTan dakavSirebul i anemiis dros, misi Secvl a SesaZl ebel ia stavudiniT. Tu konkretul ad erT wamal ze araa eWvi mitanil i da toqsiuroba imdenad Zl ieria, rom saWi roa mkurnal obis kursis droebiTi Sewyveta, patients unda moexsnas kombini rebul mkurnal obaSi CarTul i yvel a wamal i.

Baby born with heart outside body

Charli Southern has defied the odds by surviving despite being born with her heart outside her chest, it is reported. She was born seven weeks premature with a very rare condition called ectopia cordis where the chest fails to close properly over part of the heart.

Doctors rated Charli's chances of survival at one to million, but so far she has confounded medical opinion.

But she is making a good recovery following two major operations, and it is hoped she will lead a normal life.

Not only did Charli have to endure major surgery to put her heart back in the right place, she also had to overcome kidney failure and a potentially fatal chest infection.

Doctors at Royal Brisbane and Women's Hospital had to close the gap in Charli's chest following surgery with a mixture of existing skin and protective Gore-tex. This was then covered in clingfilm to keep the infection at bay.

Now, at six weeks old, she is able to breathe on her own. She has also begun breast feeding and is gaining weight rapidly.

Charli will need further surgery to reconstruct part of her breast bone when older.

Cardiologist Studying New Method of Screening for Heart Disease

A multi-center study led by Wake Forest University Baptist Medical Center cardiologist David M. Herrington, M.D., M.H.S., suggests that measuring the stiffness of arteries to screen for early atherosclerosis may be another way to identify people at risk for heart disease or stroke.

Herrington's study was published on-line in *Circulation*, a medical journal of the American Heart Association.

"The study suggests another way to identify people who are at risk for coronary heart disease," said Herrington. "50% of men and 64% of women who die suddenly of coronary heart disease had no previous symptoms of the disease."

The blood vessels of individuals who are in the early stages of atherosclerosis begin to stiffen due to the buildup of plaque on the interior walls of the vessels. Using a non-invasive test to detect this disease would allow treatment to begin much earlier in an effort to reduce the odds of further cardiovascular disease.

The study, which involved 267 participants, showed that measurements taken with a blood-pressure-like test, and confirmed with magnetic resonance imaging (MRI), were "strongly predictive of extent of aortic atherosclerosis." The device measured blood volume in the leg as a way to gauge artery stiffness.

In addition to Wake Forest Baptist, the study was conducted at the Atlanta V. A. Medical Center, Columbia University Medical Center, and Jackson Memorial Hospital at the University of Miami Medical Center.

"Many people are unaware that they have early stages of heart disease that could be treated," said Herrington. "We are working hard at Wake Forest Baptist to develop new ways to identify these people so they can begin preventive treatment sooner and avoid having a heart attack or stroke."

Herrington said the test is still under development and not yet ready for clinical use. But he said that a further study of the test was warranted. The research team led by Herrington included W. Virgil Brown, M.D., Atlanta V. A. Medical Center, Ga., Lori Mosca, M.D., Ph.D., Columbia University Medical Center, N.Y., Warren Davis, M.D., Atlanta V. A. Medical Center, Ga., W. Gregory Hundley, M.D., Wake Forest Baptist and Jeffrey Raines, Ph.D., University of Miami Medical Center, Fla.

According to the American Heart Association, coronary heart disease is the single largest killer of men and women America. Approximately every 26 seconds someone will suffer from a coronary event in the United States and about every minute someone will die from one.

The National Cholesterol Education Program (NCEP) has updated their Adult Treatment Panel (ATP) III guidelines with evidence derived from recent statin trials and published them in the July 12 issue of *Circulation*.

The 2001 guidelines recommended for high-risk individuals with LDL-cholesterol levels of at least 130 mg/dL to reduce LDL cholesterol to target levels of less than 100 mg/dL.

The updated guidelines preserve the same general goal of cholesterol-lowering treatment for high-risk individuals as in the 2001 guidelines. However, to reduce LDL-cholesterol levels to less than 100 mg/dL is a therapeutic option for people at very high risk of MI or death. Very high risk individuals are those with cardiovascular disease plus diabetes, persistent cigarette smoking, poorly controlled hypertension, or multiple risk factors of the metabolic syndrome (high triglycerides, low levels of high density lipoprotein [HDL] cholesterol, obesity), and those who recently had an MI.

Moderately high risk individuals are defined as those with multiple risk factors and an estimated 10% to 20% risk of MI or cardiac death within 10 years. These individuals should be treated if LDL-cholesterol levels are 130 mg/dL or higher, whereas drug therapy is optional if levels are between 100 to 129 mg/dL.

Goals for drug therapy in individuals at high or moderately high risk should be a 30% to 40% reduction in LDL-cholesterol levels. Recommendations for treating individuals at low or moderate risk are unchanged from the 2001

guidelines. Evidence from the recent statin trials supports treatment, when indicated, regardless of age, as interventions to lower cholesterol levels are often effective and justified even in older individuals.

Despite concerns about side effects of beta-blockers, a recent overview of randomized trials has found that these drugs are generally well tolerated by patients with heart failure.

In the July 12th issue of the *Annals of Internal Medicine*, a multicenter team led by Dr. Dennis T. Ko of the University of Toronto in Canada reports its analysis of trials conducted between 1966 and 2002 in which patients with heart failure were randomized to treatment with beta-blockers or placebo.

The team found that beta-blocker therapy was indeed associated with significant absolute annual increases in risks of hypotension, dizziness, and bradycardia. They also found, however, that beta-blocker therapy was associated with reductions in all-cause mortality, heart-failure associated hospitalizations, and worsening heart failure.

In patients with atrial fibrillation (AF) and a history of transient ischemic attack (TIA) or nondisabling stroke, the high risk of a secondary stroke is reduced more effectively by treatment with adjusted-dose warfarin than with aspirin, according to a report in the April issue of *Stroke*.

TIA's are less commonly associated with AF than is ischemic stroke, hinting that the response to antithrombotic therapy may differ for AF patients with TIA than for those with prior ischemic stroke, Dr. Robert G. Hart and colleagues explain. To further explore this theory, they pooled the data from the European Atrial Fibrillation Trial (EAFT) and the Stroke Prevention in Atrial Fibrillation III (SPAF) trial.

Dr. Hart and his team found that the frequency of ischemic stroke during treatment with aspirin averaged 7% per year in patients with a TIA and 11% per year for those with a prior nondisabling stroke. These rates dropped to 3% and 4% per year, respectively, during treatment with warfarin. "These analyses of participants from 2 large randomized clinical trials revealed no evidence that atrial fibrillation patients with prior TIA should be managed differently from those with prior ischemic stroke regarding long-term secondary prevention," the authors conclude.

Brain infarct size is smaller and outcomes are better when ischemic strokes are preceded by transient ischemic attacks (TIAs), German researchers report in the March issue of *Stroke*. Results of MRI imaging suggest that the beneficial effect is due to endogenous neuroprotection. Previous reports have suggested that TIA may offer neuroprotection by promoting ischemic tolerance. However, objective measures were lacking and the mechanism of protection was unclear.

Dr. Susanne Wegener and her associates therefore assessed perfusion and tissue damage in stroke patients. Ten patients had experienced a TIA within the previous 4 weeks, six had had one more than 4 weeks previously, and 49 had never had a TIA. MRIs were performed within 12 hours of symptom onset and again after 3 to 7 days. The extent and severity of perfusion restriction, recanalization and occlusion types did not differ between groups, suggesting, say the investigators, that the protective effect is not due to a better vascular supply or collateral circulation induced by TIA.

A final MRI showed that the infarct volume averaged 9.1 mL in patients with a history of TIA and 36.5 mL in those with no such history. Among the 10 whose TIA had occurred less than 4 weeks previously, the volume was 5.6 mL. The only factor in multiple linear regression analysis that was predictive of final infarct size was prodromal TIA. Stroke scale scores were also significantly lower at hospital discharge in the TIA group. "Although a TIA is an alarming sign," the researchers conclude, "further delineation and exploration of naturally occurring ischemic tolerance," may offer "a new perspective in future neuroprotection and acute stroke therapy."

The use of non-aspirin nonsteroidal anti-inflammatory drugs (NSAIDs) appears to reduce the risk of myocardial infarction (MI) in patients not taking prophylactic aspirin. However, they do not seem to provide any extra protection to aspirin users, researchers report in the March 17th issue of the *Journal of the American College of Cardiology*. In fact, lead investigator Dr. Stephen Kimmel of the University of Pennsylvania, Philadelphia told Reuters

Health that "NSAIDs may reduce the risk of MI, but they should not be used for this purpose. Only aspirin should be used to specifically prevent MI."

Dr. Kimmel and colleagues examined the effects of such agents, particularly ibuprofen, on MI risk, in the presence or absence of aspirin. The researchers conducted a case-control study. This involved more than 1000 subjects who had had a first nonfatal MI and about four times as many controls. In nonusers of aspirin, NSAIDs led to a significant reduction in MI risk (adjusted odds ratio 0.53). Results were similar with both ibuprofen and naproxen. For those using aspirin, but not non-aspirin NSAIDs, the corresponding odds ratio was 0.79. However, using both aspirin and non-aspirin NSAIDs did not appear to provide increased protection.

In an accompanying editorial, Drs. Jephtha P. Curtis and Harlan M. Krumholz of Yale University School of Medicine, New Haven, Connecticut, agree that the issue is not resolved. They point out however that in "patients who have a strong preference for ibuprofen and a need for aspirin, it is reasonable to reassure them that the preponderance of the evidence does not clearly demonstrate that this combination is harmful."

Acetaminophen use has been linked to asthma in several studies, but now findings from a prospective study provide further evidence to support this association. To evaluate the effect of acetaminophen use on asthma risk, Dr. R. Graham Barr and colleagues analyzed data from the Nurses Health Study, a prospective study involving more than 120,000 women. The frequency of acetaminophen use was directly related to the risk of asthma (p for trend = 0.006), the report indicates. Compared with nonusers, women who took the drug for more than 14 days per month were 63% more likely to develop asthma.

"It would be premature to recommend acetaminophen avoidance for patients with asthma, but further research on pulmonary responses to acetaminophen is necessary to confirm or refute these findings and to identify subgroups whose asthma may be modified by acetaminophen," Dr. Barr's team states.

New guidelines have been issued for treating asthmatic women during pregnancy that depart from guidelines released only two years ago. Asthma reportedly affects about 7% of pregnant women, and some research has suggested that these women are at an increased risk of preeclampsia or having a child suffer perinatal mortality, preterm birth, or low birth weight.

The new guidelines discuss the need to intensely monitor women with asthma once a month during pregnancy and educate patients on the importance of asthma control. Caution must also be taken in step-down therapy, with more care taken than usual in preventing flare-ups, or even postponing step-down therapy until the pregnancy is completed.

The new recommendations are as follows:

- For mild intermittent asthma, pregnant women should be prescribed short-acting inhaled beta₂-agonists, preferably albuterol. Previously, the recommended drug was terbutaline.
- For mild persistent asthma, pregnant women should be prescribed low-dose inhaled corticosteroids (ICS), preferably budesonide. Previously, cromolyn was the initial preferred treatment; now that is an alternative recommended treatment, as well as leukotriene receptor antagonists or theophylline.
- For moderate asthma, there are two equal recommendations: either a low dose of an ICS plus a long-acting inhaled beta₂-agonist such as salmeterol, or a medium-dose ICS. Previous recommendations of cromolyn and oral beta₂-agonists are no longer recommended.
- For persistent severe asthma, pregnant women should be prescribed a high dose of an ICS, preferably budesonide, and oral prednisone as a last resort at a maximum of 60 mg. The risks of not treating severe asthma need to be weighed against the indication that oral corticosteroid use during the first trimester was associated with an increased risk in cleft palate and with preterm birth and low birth weight.

According to several estimations, **approximately one million people are HIV-infected in Russia**, or having AIDS already (official data accounts 300,000 cases). By the recent study carried out in the framework of the United Nations Development Program, country stands “at the edge of a disaster”. UN specialists suggest that Russia might follow a scenario according to which around 8% of country’s population could be HIV-positive for 2045. As a result of such development, over 20.7 Russians would die due to AIDS, and the epidemic would cost 14% of GDP to Russia. Despite of the grave situation, Russian President Vladimir Putin never made programmatic statements about the issue, and rarely mentions the problem in passing only. In recent report to State Federal Council President Putin never mentioned HIV-AIDS, and he also has declined direct invitation to the AIDS International Conference in Bangkok this summer.

Russian state budget has only 5.3 million USD on HIV/AIDS annually, which equals \$17 per every registered patient. Besides, these sums are under the Customers Rights Agency, not of the Ministry of Health of Russia.

Still there is a light at the end of the tunnel. UN Global Fund has allocated 157 million USD for next 5 years to fight the forthcoming health crisis, but those who work in this sector, warn, that if Kremlin doesn’t provide clear priorities in fighting HIV, the money still may vanish in nowhere.

The International AIDS Society–USA has updated their recommendations for antiretroviral management and published them in *JAMA*. The new guidelines, updated from 2001, discuss when to start antiretroviral therapy, what drugs to start with, when to change drug regimens, and what drug regimens to switch to after therapy fails.

New antiretroviral drugs, such as atazanavir, emtricitabine, enfuvirtide, and fosamprenavir, have broadened therapeutic options for initial and subsequent regimens. New evidence allows more definitive recommendations for specific drugs or regimens to include or avoid, especially for initial therapy.

The panel suggests single-drug substitutions when symptoms associated with a particular agent do not resolve, or when toxicity develops. For example, for zidovudine-related anemia, zidovudine could be changed to stavudine. If a single drug is not the clear culprit and toxicity is severe enough to require temporary discontinuation of therapy, all agents in the combination should be stopped.

Humori samedicino Temaze

mkurnal obis meTodi

Johni mivida fsiqiatristan Tavisi fobiis Taobaze.

"eqimo, - uTxra man, - raRac j andaba mWirs. rodesac vvvebi, mgonia, rom sawol s qveviT viRacaa. sawol is qveS vZvrebi, rom Sevamowmo, da maSin meCveneba, rom axl a sawol ze wevs viRac... isev zeviT avZvrebi, da kvl av mgonia, rom sawol s qveS viRacaa... mokl ed mTel Rames zeviT-qveviT Zromial Si vatareb da I amisaa gavgiJde! miSvel eT rame!"

"gasagebia. ori wel i damWirdeba, kviraSi samjer unda moxvide da pirobas gaZl ev, mag SiSs mogixsni~ - ganucxada eqimma.

"eg ra damij deba?~

"yovel i seansi - 100 dol ari.~

"mosul a~ - uTxra jonma.

eqvsi Tvis mere fsiqiatristi jons SemTxveviT Sexvda quCaSi.

"ratom aRar gamoCndi?~ - hkiTxa eqimma, - `xom giTxari, mogarCen-meTqi?~

"TiTo seansi 100 dol arad? xom gaviyidebodi 2 wel iwadSi!.. me ukve barmenma momarCina, Tanac Zal ian iafad - sul raRac 10 dol arad!~

"eg rogor?~ - gancvifrda eqimi.

"ubral od mirCia sawol istvis fexebi momeWra!~

Effective treatment

John went to a psychiatrist for his phobia.

"Doc," he said, "I've got trouble. Every time I get into bed, I think there's somebody under it. I get under the bed, I think there's somebody on top of it. Top, under, top, under. You gotta help me, I'm going crazy!"

"Just put yourself in my hands for two years," said the shrink, "Come to me three times a week, and I'll cure your fears."

"How much do you charge?"

"A hundred dollars per visit."

"I'll sleep on it," said John.

Six months later the doctor met John on the street.

"Why didn't you ever come to see me again?" asked the psychiatrist.

"For a hundred buck's a visit? A bartender cured me for ten dollars."

"Is that so! How?"

"He told me to cut the legs off the bed!"

nacnoboba

barSi ori kaci zis. erTma maTganma gverdiT msxdoms Sexeda da eubneba – `raRac mec nobi, aqauri xom ara xar?~ kacma gamoxeda da Tavi dauqnia - `ki, am quCaze vcxovrob.-

`ar xumrob? – gaioca pirvel ma – mec xom am quCaze vcxovrob... Tanac Cemi xnis unda iyo. skol aSi sad dadiodi?~

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`daikarge!! mec xom eg skol a davamTavre, Tanac swored 66-Si... kol ej Si sadRa iyavi?~

`bel oitSi, viskonsinis StatSi~.

`vaa! mec xom bel oitSi vswavl obdi. romel sacxovrebel Si iyavi?~

`kevin sal ivanSi...~

`ara, amis daj ereba..

kaci barmeniska mitrial da da gatacebiT el aparakeba: `j o, gagigia egeTi rame? milionSi erTxel Tu moxdeba. am kacma, romel ic Turme Cemsave quCaze cxovrobs, Cemi skol a daamTavra imave wel s, roca mec. mere erTsadaimave kol ej Si vswavl obdiT da Turme erT sacxovrebel Sic ki vcxovrobdiT... gasagiJebel ia pirdapir...~

barmenma orives gamoxeda da Tavi daiqnia – `naRdad gasagiJebel ia!-

bars mesame kaci miuaxl ovda da barmens hkiTxa – `j o, ra xdeba axal i?~ `bevri arafebi, ager, j onsonis tyupebi isev gamoil eSnen da axal gazrdobas ixseneben-.

Classmates

There was a man sitting at a bar, and he looks over at the gentleman sitting next to him and says, "Hey, you look familiar.

Are you from around here?" The man answers, "Yeah, I live down the street."

"No kidding?" says the first man, "Well, so do I. And hey, you look about my age. Where did you go to high school?"

"Oh I went to Francis Lewis. Graduated in '66.

How 'bout you?"

"Get out. I went to Francis Lewis. And I graduated in '66, too."

"Where'd you go to college?"

"Beloit, in Wisconsin."

"No way! I went to Beloit too. What dorm?"

"Kevin Sullivan dorm."

"Sullivan? You're not going to believe this . . ."

Joe the bartender walks over, and the first guy says, "Joe, you won't believe it in a million years. This guy went to the same high school as me, graduated the same year I did, and went to the same college. We were even in the same dorm. Isn't that amazing?"

Joe looks at them both and says, "Yeah, that's just plain amazing."
A third man comes in and says, "Hey Joe. What's new?" Joe says,
"Not much. The Johnson twins are drunk again."

saqarTvel os j andacvis veb-gverdis saapl ikacio forma



erovnul i sainformacio
saswavl o centri (essc)
iv. j avaxiSvil is q. #51
tel 94 13 88
faqsi 94 13 91
el -fosta: dmeskhi@nilc.org.ge
interneti: www.nilc.org.ge
www.health.net.ge

internetis veb-gverdis monacemebis forma organizaciebis saTvis

(SeiZl eba mowodebul iqnas rogorc qarTul , aseve - ingl isur enebze)

1. organizaciis dasaxel eba:

srul i dasaxel eba da abreviatura (rogorc qarTul , aseve - ingl isur enebze)

2. organizaciis mi samarTi:

qal aqi, kodi, quCa, nomeri, oTaxebis nomeri (rogorc qarTul , aseve - ingl isur enebze)

3. tel efoni #1: +995-32-xx xx xx

4. tel efoni #2: +995-32-xx xx xx

5. faqsi: +995-32-xx xx xx

6. el -fosta:

7. veg-gverdi: *arsebul i URL anda sasurvel i abreviatura ingl isurad*

8. organizaciis struqtura:

1. ganyofil ebebis CamonaTval i
2. TanamSromel Ta raodenoba
3. SeiZl eba iyos organizaciul i gegma

9. organizaciis xel -l i piris mokl e biografia:

maqs. 300 si tyva
(sasurvel ia qarTul da ingl isur enebze)

10. organizaciis mi znebi:

mokl e arweril oba (maqs 100 si tyva)

11. organi zaci i s proeqt ebi :

mimdinare:

CamonaTval i da TiToeul proeqtze:

1. dasaxel eba
2. mokl e aRweril oba (daaxl ebiT 100 sityva TiToeul proeqtze)
3. dafinansebis wyaro
4. ganxorciel ebis periodi
5. regioni , sadac mimdinareobda
6. beneficiarTa raodenoba
7. proeqtSi monawil eTa raodenoba
8. biuj eti

Sesrul ebul i:

CamonaTval i da TiToeul proeqtze igive tipis informacia

12. organi zaci i s gegmebi :

mokl e informacia, anda Tu proeqtis zusti monaxazi arsebobs, maSin imave formiT, rac mimdinare proeqtebzea miTiTebul i:

13. organi zaci i s mier sxva iuridiul Tu fizikur pirebTan TanamSroml obis sfero:

gasaRebi sityvebi: Keywords

organi zacia sTavazobs: (eqsper tiza /servisi)

organi zacias sWirdeba: (eqsper tiza /servisi)

14. organi zaci i s partni orebi :

miuTiTeT is organizaciebi, romel Tanac gindaT, rom Tqveni gverdidan iyos bmul i, mag. j andacvis saministros romel ime departamenti, romel ime saerTaSoriso organizacia (mag. damfinansebel i) da a.S.

15. organi zaci i s simbol o (l ogo):

.jpg, .gif anda romel ime sxva grafikul i fail i, sasurvel ia mcire zomis (ara Corel)

16. sakontaqto piri s monacemebi (araa aucil ebel i direqtoris, umj obesia - teqnikuri personal is monacemebi)

tel e foni
faqsi
el -fosta
mobil uri tel e foni

