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2 : 8-495-458-97-03. E-mail: mariel78e@gmail.com.
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ELDERLY PATIENTS WITH GOUT, TREATMENT BY A PHYSICIAN

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The results of the analysis of compliance with the treatment of elderly patients with gout therapeutic due to recommendations of European Antirheumatic League (2006), for the treatment of gout. Analyzed 80 discharge summaries of elderly patients with gout from therapeutic departments of City Clinical Hospital in Moscow from March 2007 to September 2011. The factors that could affect the efficacy of the treatment of these patients were presented. It is shown that treatment and advice received by elderly patients in therapeutic departments, in many cases did not meet the recommendations for the gout treatment of European Antirheumatic League. It is necessary to increase the competence of physicians in the treatment of gout.

Keywords: *gout, treatment, losartan, essential hypertension*

[1]. 2007 60 2011 (61 19) Wallace [6], 70 80 60 ([2,3].) (2006). [4]. ± 5,8 67,5 ± - 9,8 [5,7; 12,9] 65,4 ± 13,0 67% 33% - 50% 45% - 3 (2006) (EULAR evidence based recommendations for gout. Part II: Management) [5]. () (80%) (75%) -

	n (%)
	80 (100)
	61 (76)
()	65,4 ± 13,0
	32 (40)
(),	67,5 ± 5,8
(),	9,8 [5,7; 12,9]
	48 (60)
	36 (45)
, /	482 ± 191
	60 (75)
	64 (80)
	30 (37)
2	10 (13)
	17 (21)
	18 (23)
	36 (45)
<25 / ²	10 (12)
= 25—30 / ²	40 (50)
> 30 / ²	30 (38)
	24 (30)
*	54 (67)
*	26 (33)

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	n (%)	n (%)	p
	80(100)	58(72,5)	<0,00001
	80(100)	14 (17,5)	<0,00001
	70(87)	6 (7,5)	<0,00001
	48 (60)	48 (60)	1,0
	72 (90)	68 (85)	0,34
	72 (90)	26 (33)	<0,00001
	80 (100)	30 (37,5)	<0,00001
	13(16)	0 (0)	0,0001
	60 (75)	6 (7,5)	<0,00001
	23%*	0	<0,00001

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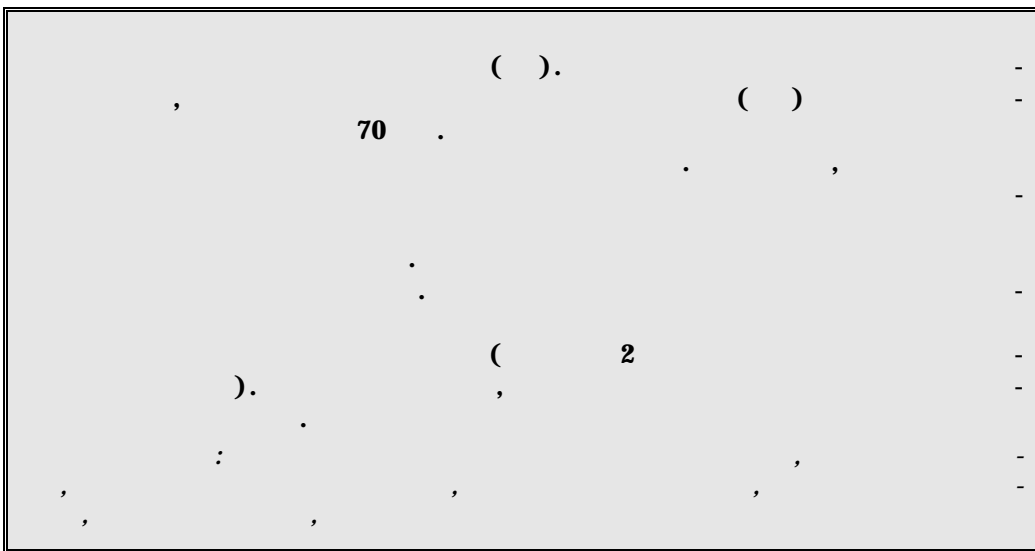
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AROTID ARTERY STENTING IN ELDERLY PATIENTS IN ACUTE ISHEMIC STROKE: ANALYSIS OF PREDICTORS OF PERIPROCEDURAL COMPLICATIONS

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Age has been shown to be a predictor of neurological complications during carotid stenting (CS). However, it has been demonstrated recently that CS in acute phase of ischemic stroke (IS) can be performed safely in patients over 70 years. Early intervention is desirable in patients presenting with stroke referable to carotid artery stenosis because of the high incidence of recurrent ischemic events. However, performing CS and the optimal timing of revascularization in the acute phase of IS in elderly remains unclear amid concerns for an elevated risk of perioperative complications. This article presents initial results CS in the acute phase of IS in elderly patients. Our results support the conclusion that early CS (within 2 days) carries no additional risks compared with CS after 2 days in elderly. In our opinion, the selection of patients for early CS will reduce the risk of perioperative complications.

Keywords: carotid angioplasty and stenting, elderly patients, perioperative complications, time of the intervention, adverse outcomes, selection of patients, cerebral hyperperfusion syndrome

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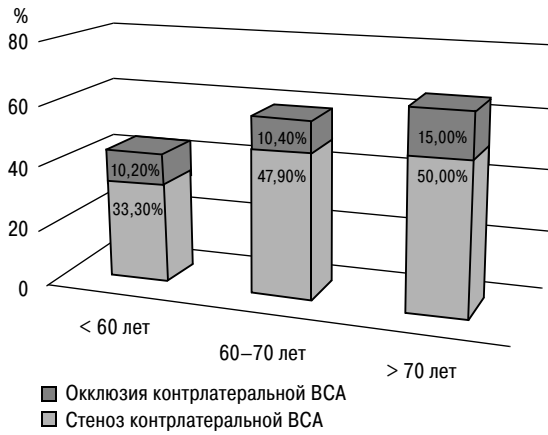
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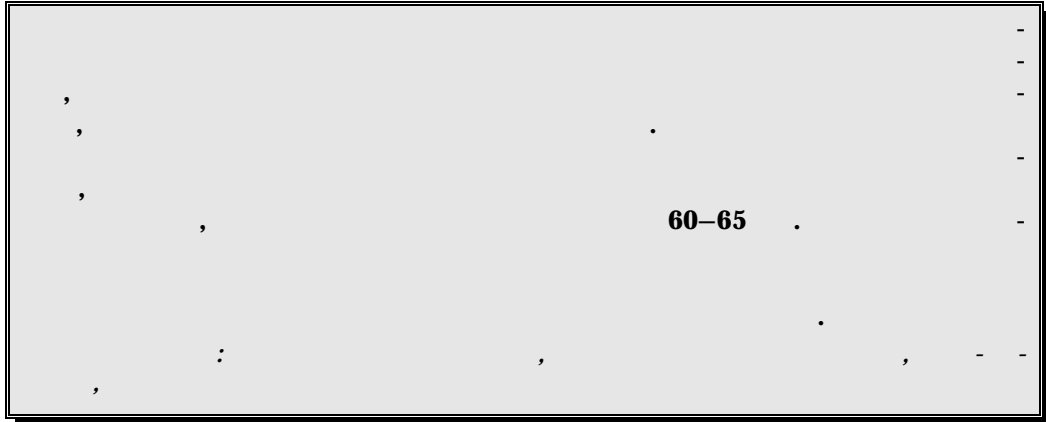
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**THE ROLE OF ANORECTAL MANOMETRY,
BIOFEEDBACK THERAPY AND TIBIAL NEUROMODULATION
IN THE DIAGNOSIS AND CONSERVATIVE TREATMENT
OF ANAL INCONTINENCE IN ELDERLY**

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Federal State Institution «State Research Center of Coloproctology» Russian Ministry of Health

Improving medical technology and the widespread introduction of conservative rehabilitation methods led to the possibility of improving the quality of life of patients undergoing cancer surgery sphincter-preserving, including older adults. At the same time the number of patients complaining of urinary various components of the intestinal contents, without severe organic damage to the muscles closing apparatus of the rectum increased, which is especially important for persons over 60–65 years. The authors proposed a diagnostic and conservative correction of anal incontinence in the elderly using biofeedback based on anorectal manometry and tibial neuromodulation.

Keywords: fecal incontinence, anorectal manometry, biofeedback therap, tibial neuro-modulation

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	13,1 ± 3,4 9,5 ± 4,2	< 0,05

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	(n = 29)		, %
	25,6 ± 8,0	52,2 ± 8,2	50,9%
	49,6 ± 17,9	76,6 ± 8,9	35,2%

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			p*
—	25,6 ± 8,0	32,7 ± 9,5	<0,05
—	49,6 ± 17,9	66,0 ± 40,9	>0,05
—	37,4 ± 10,1	46,9 ± 11,0	<0,05
—	104,9 ± 38,1	139,5 ± 65,9	>0,05

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SF-36 -
SF-36, -

COGNITIVE IMPAIRMENT AND AFFECTIVE PATHOLOGY IMPACT ON MEDICATION ADHERENCE AND QUALITY OF LIFE IN ELDERLY PATIENTS WITH HEART FAILURE

E.G. Poroshina¹, I.V. Vologdina², B.A. Minko, A.V. Petrov

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Ministries of health and social development of the Russian Federation,
Federal State Institution Russian research centre for radiology and surgical technologies
Ministry of Health of the Russian Federation*

The study included 106 elderly patients with HF NYHA classes II, 34 of them had mild cognitive impairment, 37 mild vascular dementia, 35 depressive symptoms. The worst medication adherence and quality of life with SF-36 and Minnesota Living with Heart Failure Questionnaire (MLHFQ) identified in patients with depressive symptoms
Keywords: cognitive impairment, depression, elderly, heart failure, SF-36, MLHFQ

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(p < 0,001).
 $19,7 \pm 4,1$ (95% CI) 16,2–21,1).

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 $82,6 \pm 6,7$ (95% CI) 78–87).

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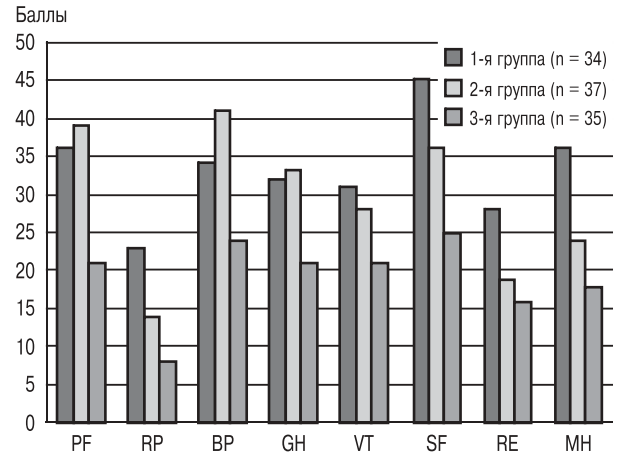
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$17,6 \pm 1,8$ (95% CI) 16,9–19,3).
 2- $13,1 \pm 2,1$ (95% CI) 12,4–13,8),
 3- $12,1 \pm 3,2$ (95% CI) 11,1–13,2).

1–2- (p < 0,001)
 1–3- (p < 0,001).
 2–3- (p = 0,25).

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MLHFQ
 $53,8 \pm 4,5$ (95% CI) 51–57),
 $65,3 \pm 1,8$ (95% CI) 58,4–67,3),
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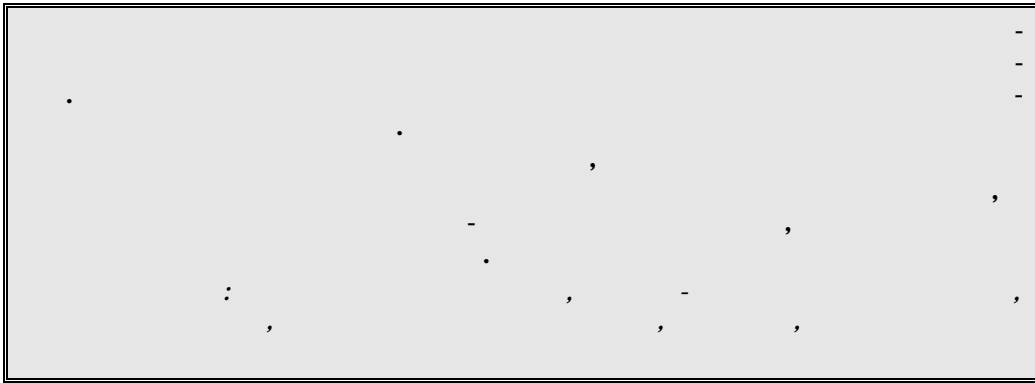
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ON IMPROVEMENT OF THE LEGISLATION IN THE FIELD OF SOCIAL SERVICES ELDERLY PERSONS IN RUSSIA

A.S. Bashkireva¹, V.P. Shestak, A.A. Svintsov, G.I. Chernova, T.S. Chernyakin, E.Y. Kachan

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Federal State Institution «St. Petersburg Scientific and Practical Center of Medical and Social Expertise, Prosthetics and Rehabilitation named after G. A. Albrecht of Ministry of Labor and Social Protection of the Russian Federation», State Educational Institution «Northwest State Medical University named after I. I. Mechnikov» of the Ministry of Health of the Russian Federation, Research and Innovation Center «Professional Longevity»

Data on the issues of legislative consolidation of social services for the elderly and the disabled in the Russian Federation. The structure of the legislation on social services elderly and senile age. The results of the analysis of the existing legislative framework of the Russian Federation and all the subjects of the Russian Federation, marked the circle of rights of the elderly and the disabled in the area of social services, as well as lists the organizational and legal form, providing services for social services

Keywords: *social gerontology, elderly citizens, disabled persons, social services, legislative regulation*

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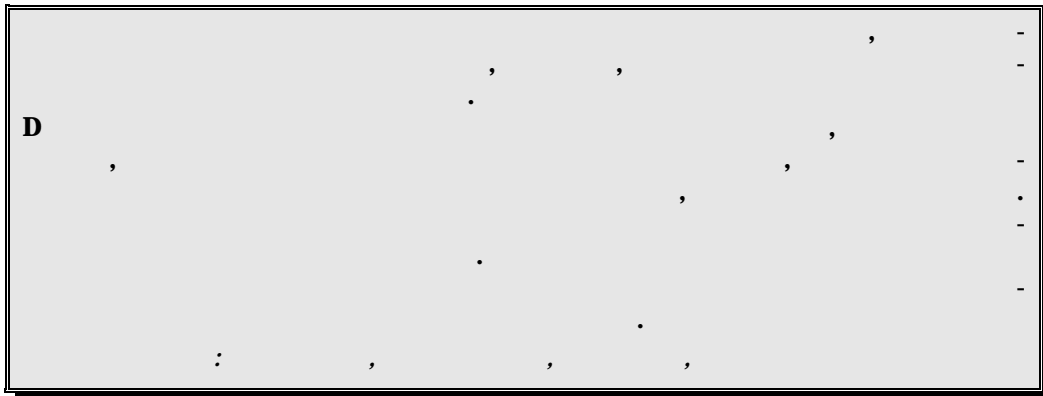
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OSTEOPOROSIS, OSTEOARTHRITIS AND CALCIFICATION – COMBINED PATHOLOGY. PROSPECTS FOR TREATMENT

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*First Moscow State Medical University named after I.M. Sechenov,
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Osteoporosis and osteoarthritis are mutually aggravating diseases that significantly reduces quality of life and, perhaps, its duration in elderly patients. Use of calcium and vitamin D, in accordance with national guidelines in many countries, including Russia, can be not only the prevention of osteoporosis, but also other chronic diseases in elderly and senile age, including osteoarthritis. Strontium renelat is highly effective in reducing the risk of any fractures in osteoporosis in women of various ages. The use of strontium ranelata in patients with osteoporosis of the knee opens new perspectives and empowers its application in clinical practice.

Keywords: osteoporosis, osteoarthrosis, calcinosis

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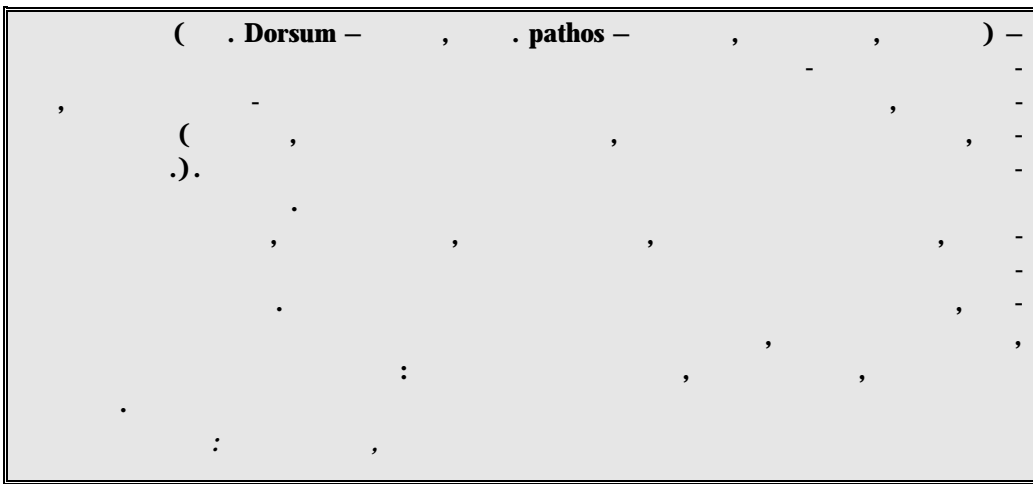
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DORSOPATHIES FROM MULTI-FACETED CHALLENGE TO TARGETED TREATMENT STRATEGY

N.A. Khitrov¹, V.V. Tsurko

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Dorsopathies (lat. Dorsum – back, Gr. Pathos – illness, suffering, sense) – many forms of non-specific diseases of the musculoskeletal system, connective tissue structures in the back and pelvic girdle, as well as specific diseases (tumor metastases of the spine, traumatic loss, infections, etc.). Dorsopathies of lower back may be due and visceral disease. The issues of diagnosis and treatment of patients with dorsopathy concerns neurologists, rheumatologists, traumatologists, surgeons and therapists, and modern methods of investigation often represent only age characteristics of anatomical structures. Treatment involves the use of drugs, particularly non-steroidal anti-inflammatory drugs, and of these nimesulide. And non-drug methods: physiotherapy, acupuncture, chiropractic therapy.

Keywords: prevalence of osteoarthritis, treatment

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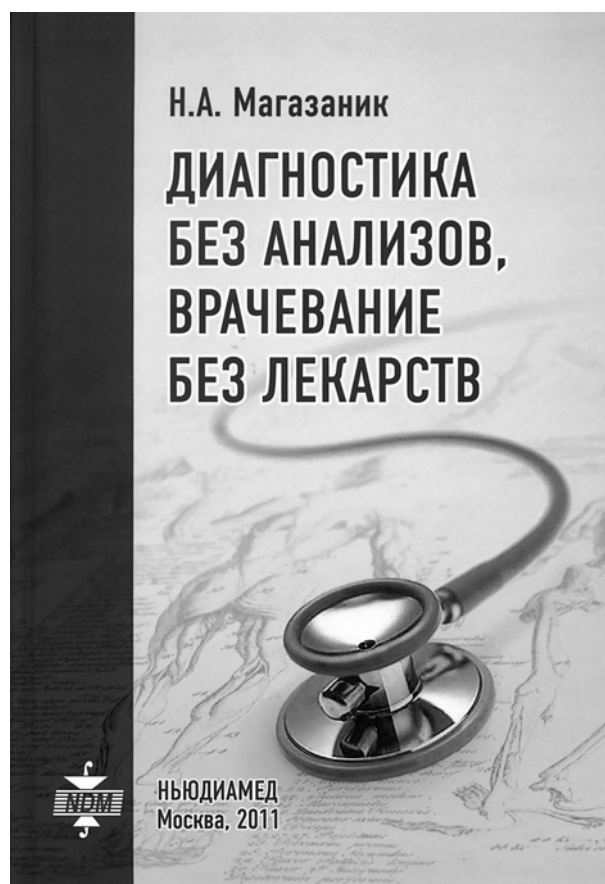
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CLINICAL SIGNIFICANCE OF SARCOPENIA AND MIOPENIA

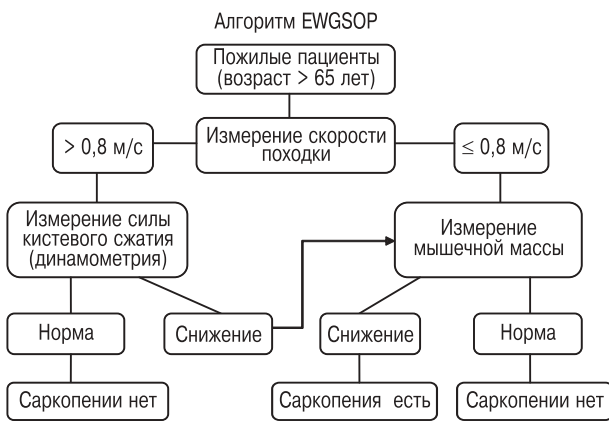
S.N. Noskov, A.A. Zavodchikov¹, A.A. Lavrukhina, M.Y. Gulneva, V.V. Tsurko

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First Moscow State Medical University named after I.M. Sechenov*

The lecture defined the concept of «sarcopenia» and «miopeniya», their prevalence in men and older women, diagnostics, link between a body mass index, their value in general and cardiovascular mortality. To counteract sarcopenia and miopenia can power physical exercise (2–3 times a week), dietary measures (correction of macro- and micronutrients), drug exposure (drugs anabolic properties).
Keywords: sarcopenia, miopenia, treatment

() - « », - [1]. () , - (: ,) ()



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80–85

2,32
($p < 0,05$) [4].

[5]

432

(44, 10%)

5%

6–12)

($13,4 \pm 8,8$) ,

($9,4 \pm 7$) .

(, 5%
30-

(38 388 – 10%)
($p = 0,001$),

16 / ²
15 / ²) . , 170
15 / ²
19 / ² [2].

European Working
Group on Sarcopenia in Older People (EWGSOP),

) [1].

EWGSOP

« » 3,24 ($p = 0,002$),
– 5,07 ($p = 0,001$),
– 0,75 ($p = 0,048$)
– 2,39 ($p = 0,037$) [6].

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= 21 / ²

70

(68%),

(21%).

519
5,7
409 (78,8%)
(≤ 21 / ²)

2,34,

[3].

[7] «Digitalis Investigation Group trial», 7767
 (< 18,5),
 (18,5 24,9)
 (25,0 29,9)
 (≥ 30,0).
 112 (78 3 45%
 28,4% (p < 0,001).
 45 (40%) 1,0; 1,33 –
 0,81 – , 0,7 –
 19 ± 6 [11].
 34 ± 11
 (p = 0,005).
 [8]. : 1,68% 20 / ²; 1,25% –
 – 20–25; 0,99% – 31–35 / ².
 ? 1,34, 20 –
 1,58 0,74 1- [12].
 11 15,6%
 (5866 37 573). (1,0)
 (23 ≤ < 25 / ²) 65 ; 35% 7599 ()
 1- 2- NYHA (39%).
 ; 0,46 0,22 22,5 24,9 / ²
 (18,5 ≤ < 23 / ²) 0,69 22,5 / ²;
 1,28 (p < 0,001), 1,50; 1,0 0,47
 2,04 (< 0,001) [9].
 40
 250 152
 20 / ² [10]

[10]

	<20	20,1–24,9	25,0–29,9	30,0–35
	1,37	1,0	0,87	0,93
	1,45	1,0	0,88	0,97

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 907 .). -
 63% (IV/V), 79 (9%) (2-3) -
 (14%) (10%), (9%) (4%, -
 p < 0,001) [14]. , -
 22 21 150 -
 0,8 / / , 40% -
 70 -
 () [15]. (1,2-1,5 / / -
 - 1,0), (1,34), (25-30) -
 (0,47 0,59). 30 -
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 [16], -
 1,82. (< 21 / ²) D (25 (OH) D < 40 /) -
 2,83 3,27 (≥ 25 / ²) : 50 75%, -
 25 (OH) D 700 -
 75-100 / [17]. -
 1000 () -
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Внимание!

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под редакцией д-ра Лауды (Польша)

STADA
C I S
Объединяем усилия ради здоровья людей

НАШИ ПРИНЦИПЫ, КОТОРЫЕ РАБОТАЮТ:

- ★ **Качество**
Соответствие международным стандартам GMP
- ★ **Эффективность**
Современные лекарства по доступным ценам
- ★ **Безопасность**
Ответственный подход к здоровью

ЦЕНООБРАЗОВАНИЕ НА ЛЕКАРСТВЕННЫЕ ПРЕПАРАТЫ

Цены на лекарственные средства, продаваемые в системе реимбурсента, переговоры и распределение риска

НИКОФАРМ АКОМЕДИКА СЕЛЕНФАРМ Немофарм

НЬЮДИАМЕД
Москва—2012

Впервые в России издается подобная книга. Ее актуальность связана в том числе с обсуждением в настоящее время Стратегии развития лекарственного обеспечения Населения РФ на период до 2025 года.

Книга рассматривает вопросы лекарственного обеспечения под углом экономики и оценки медицинских технологий. В ней собраны и систематизированы сведения о лекарственном обеспечении и возмещении затрат на лекарства в разных странах мира. Авторы проводят сравнительный анализ различных подходов. Среди наиболее значимых обеспечение прозрачности принимаемых решений и их подсудность, переговорная основа принимаемых решений. Книга предназначена для организаторов здравоохранения, работников фармацевтической отрасли, клинических фармакологов, врачей различных специальностей и студентов медицинских и фармацевтических вузов.

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DIFFERENTIAL DIAGNOSIS OF MULTIPLE SCLEROSIS AND VASCULAR MULTIFOCAL BRAIN LESIONS

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GBUZ MO Moscow Regional Research Clinical Institute named after M.F. Vladimirskyi

Differential diagnosis of diseases of multifocal lesion of the brain is an extremely difficult and important task for specialists. On the timely and accurate diagnosis depends the choice of optimal treatment and prognosis of the disease. Picture of multiple focal lesions of the brain is observed in a number of diseases, among them the most common are vascular and demyelinating diseases with a similar clinical picture and external similarity lesions on an MRI. A careful analysis of clinical and instrumental characteristics of the disease in the dynamics helps to diagnose and to conduct the adequate therapy.

Keywords: multiplesclerosis, multifocal brain damage, nerve damage multisymptomatic, magnetic-resonance imaging (MRI), cerebral ischemia

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[5-7,9,10].

W. IanMcDonald 2010

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25.02.2015

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DEMENTIA AND SLIGHT COGNITIVE IMPAIRMENT (DIFFERENTIAL EVALUATION AND THERAPY)

A.G. Merkin¹, A.N. Komarov, V.A. Kazhin, E.N. Dinov, O.P. Belokurskaya,
S.V. Kosyayeva, D. . Simolina, P.V. Aronov, A.S. Bychkova, L.P. Kezina,
I.A. Nikiforov

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This article describes mild cognitive impairment and dementia, determine diagnostic approaches and discuss diverse complications and challenges in diagnosing of the mild cognitive impairment and different forms of dementia. As well as we discuss various features of these mental symptoms and outline with some groups of medications and treatment approaches to encourage of care for these patients.

Keywords: Mental disorders, Cognitive Impairment, Mild Cognitive Impairment, Alzheimer Disease, Vascular Dementia

[7].

[1-4].

NINCDS-ADRDA (the National Institute of Neurological and Communicative Disorders and Stroke and Alzheimer's Disease and Related Disorders Association) [8],

« »).

mild cognitive impairment – MCI, 1997). [5].

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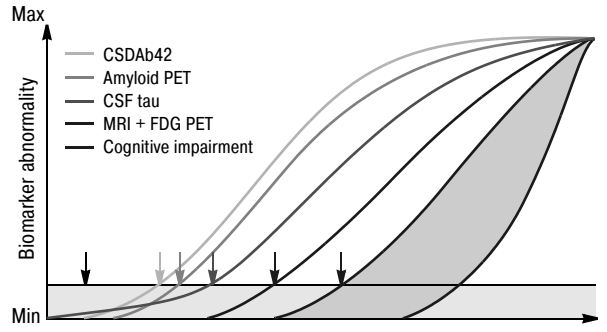
65 5,9 9,4% [6].

(60–70% (10–20%).

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(F00-F03) (F05.) [10].
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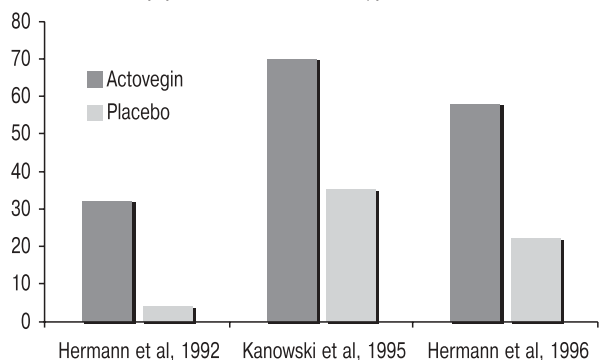
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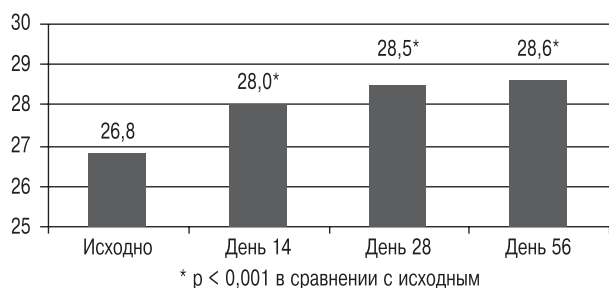
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% пациентов с улучшением когнитивных функций



* p < 0,025 vs. placebo; ** p < 0,01 vs. placebo; *** p < 0,001 vs. placebo

2.
[20–22].



* p < 0,001 в сравнении с исходным

3.

[23].

[5],

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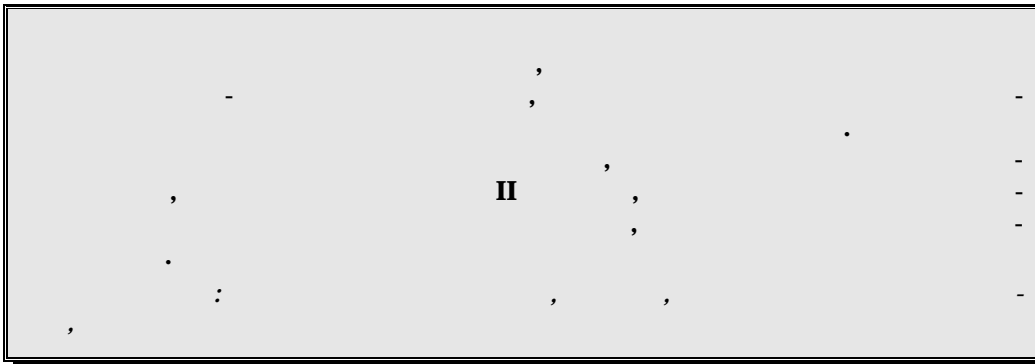
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616.12–008.331:616.153.857.616.772

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3



SOME ASPECTS OF RATIONAL THERAPY OF ARTERIAL HYPERTENSION IN PATIENTS WITH GOUT AND ASYMPTOMATIC HYPERURICEMIA

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adult clinic 3*

The data of studies of prevalence of asymptomatic hyperuricemia and gout among the adult population, their relationship with the risk of hypertension and cardiovascular disease, as well as a feature of antihypertensive therapy in patients with gout and hyperuricemia bessitptomnoy, the main role played by drugs in the treatment of ACE inhibitors, have virtually no effect on the exchange purines and ATII receptor blocker losartan, which blocks the reabsorption of uric acid in the proximal tubules of the kidneys, providing hyperuricemic effect.

Keywords: gout, hypertension, hyperuricaemia, treatment

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 [9].
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 [3,8,37,38]. -
 [3,6,7,37,45]. [17,44,45,50].
 [59,60].
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 36-52% [6,18,19,37,44,66].
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 [19].
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 [3,6,37,48,55]. [31,77]. 72%
 [50,80], R.J. Johnson . [59,60],
 [6]. 30 /
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 [6,7,43,44].
 () 5-20%
 , 20% . (2010),
 2-5% , 17%
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 [3,9,19,28,36,37]. 50% [31].
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—CONTENTS



ORIGINAL ARTICLES

..... 3

ELDERLY PATIENTS WITH GOUT,
TREATMENT BY A PHYSICIAN
G. Eliseeva, V.V. Tsurko, P.A. Vorobiev 3

..... 10

AROTID ARTERY STENTING
IN ELDERLI PATIENTS IN ACUTE
ISHEMIC STROKE:
ANALYSIS OFPREDICTORS
OF PERIPROCEDURALCOMPLICATIONS
A.V. Smolnikov, K.L. Kozlov, E.Yu. Kachesov,
I.B. Oleksyuk 10

..... 16

THE ROLE OF ANORECTAL MANOMETRY,
BIOFEEDBACK THERAPY AND TIBIAL
NEUROMODULATION IN THE DIAGNOSIS
AND CONSERVATIVE TREATMENT
OF ANAL INCONTINENCE IN ELDERLY
Y. Fomenko, S.I. Achkasov, Y. i v, Y. Dhzanaev,
D.V. Aleshin, D.V. Egorova 16

..... 21

COGNITIVE IMPAIRMENT AND AFFECTIVE
PATHOLOGY IMPACT ON MEDICATION
ADHERENCE AND QUALITY
OF LIFE IN ELDERLY PATIENTS
WITH HEART FAILURE
E.G. Poroshina, I.V. Vologdina, B.A. Minko,
A.V. Petrov 21

..... 26

ON IMPROVEMENT OF THE LEGISLATION
IN THE FIELD OF SOCIAL
SERVICES ELDERLY PERSONS
IN RUSSIA
S. Bashkireva, V.P. Shestak, S. Svintsov,
G.I. Chernova, S. Chernyakin, Y. Kachan 26



LECTURES

..... 31

OSTEOPOROSIS, OSTEOARTHRITIS
AND CALCIFICATION — COMBINED PATHOLOGY.
PROSPECTS FOR TREATMENT
V.V. Tsurko, I.V. Egorov 31

.....40	DORSOPATHIES FROM MULTI-FACETED CHALLENGE TO TARGETED TREATMENT STRATEGY N. .Khitrov, V.V. Tsurko 40
.....46	CLINICAL SIGNIFICANCE OF SARCOPENIA AND MIOPENIA S.N. Noskov, . .Zavodchikov, . .Lavrukhnina, .Y. Gulneva, V.V. Tsurko 46
.....51	DIFFERENTIAL DIAGNOSIS OF MULTIPLE SCLEROSIS AND VASCULAR MULTIFOCAL BRAIN LESIONS .I. Yakushina, . .Sushkova 51
	PRACTITIONERS ASSISTANCE
.....55	DEMENTIA AND SLIGHT COGNITIVE IMPAIRMENT (DIFFERENTIAL EVALUATION AND THERAPY) .G. Merkin, .N. Komarov, V. .Kazhin, .N. Dinov, .P. Belokurskaya, S.V. Kosyayeva, D. .Simolina, P.V. Aronov, .S. Bychkova, L.P. Kezina, I. .Nikiforov 55
	REVIEW
.....60	SOME ASPECTS OF RATIONAL THERAPY OF ARTERIAL HYPERTENSION IN PATIENTS WITH GOUT AND ASYMPTOMATIC HYPERURICEMIA .Y. Mayko, .V. Ivanova 60
	URGENT ISSUE
.....68	PIROGOV NIKOLAI IVANOVICH E. .Shpilyanskyi 68

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