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Efficiency of using mebeverine hydrochloride during treatment of irritable bowel syndrome

Kateryna Filonenko, Galyna Soloviova, Kateryna Kvachenyuk

kt.filonenko@gmail.com

Bogomolets National Medical University

Introduction: Irritable bowel syndrome (IBS) is a frequent functional disorder of gastrointestinal tract. Spasmolytic drugs are usually included in the scheme of treatment of IBS and mebeverine hydrochloride is one of the most common.

Aim of the study: to evaluate the effects of mebeverine hydrochloride during treatment of IBS with constipation and diarrhea.

Material and methods: 125 patients, suffering from IBS with constipation (IBS-C) and diarrhea (IBS-D) were included in the research. The patients were statistically similar in sex and age and divided in 4 groups (IBS-C with mebeverine hydrochloride intake (42 patients), IBS-C without mebeverine hydrochloride intake (control group, 21 patients), IBS-D with mebeverine hydrochloride intake (41 patients) and IBS-D-control group (21 patients)). Evaluation of efficiency of the treatment was performed on the 3rd day, 2nd and 4th week of the research, using such clinical scales as Gastrointestinal symptom rating scale (GSRS), Likert scale, and Hospital anxiety and depression scale (HADS). In the beginning of research and on the 4th week fecal microfloura was also tested.

Results: Statistically proved decreasing of diarrhea and constipation was found on the 4th week of the research in the groups with mebeverine hydrochloride intake, comparing to control groups (82,9% vs 19,8%; 88,1% vs 23,8%). Also on the 4th week anxiety and depression was found decreased in patients with constipation and diarrhea, who got mebeverine hydrochloride, comparing to control groups (90% vs 22%; 89,7% vs 10,6%).

Increasing the rate of bifido- and lactobacteria and decreasing of the pathogenic and opportunistic microfloura was revealed on the 4th week in patients with constipation and diarrhea and mebeverine hydrochloride intake, comparing to control groups(92,6% vs 12,3%; 95,1% vs 33%).

Conclusions: Mebeverine hydrochloride effects positively on relieving symptoms of IBS with constipation and diarrhea, rate of obligate intestinal microfloura and psychological condition of patients

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Utility of Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) in the evaluation of one-year outcomes of omalizumab treatment in severe allergic asthma

Paulina Jarzębska

pa.jarzebska@gmail.com

Medical University of Warsaw, Department of Internal Medicine, Pneumology and Allergology

Trustee of the paper: Dr n. med. Joanna Hermanowicz-Salamon

Introduction: Asthma symptoms are usually assessed by the Asthma Control Questionnaire (ACQ) and quality of life may be evaluated in the Asthma Quality of Life Questionnaire (AQLQ). Allergic rhinitis (AR) and asthma frequently coexist and are mediated by similar mechanisms. They represent two manifestations of the same united airway disease. Symptoms associated with AR impact asthma control. Omalizumab, an anti-IgE monoclonal antibody, has been approved as add-on therapy in uncontrolled severe allergic asthma. RQLQ comprises of 28 questions concerning 7 domains: nasal symptoms and non-nasal symptoms, every day activities, sleep, practical problems, eye symptoms, emotional function. The minimally important difference is set at a change in score greater than 0.5.

Aim of the study: Assessment of the utility of the Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) in the evaluation of the effectiveness of omalizumab treatment.

Material and methods: 12 severe allergic asthma patients were qualified for anty-IgE treatment. The patients completed three questionnaires: ACQ , AQLQ and RQLQ every four-week during follow-up visits. Three control points were selected: 1/ at baseline, prior to the treatment onset, 2/ after 16 weeks of treatment, and 3/ after one year of treatment with omalizumab. Differences were evaluated using the t-test. Differences were considered statistically significant at p<0.05. RQLQ was analyzed in detail with special attention to the changes in the specific domains.

Results: Omalizumab treatment was clinically effective in all patients what was reflected in improvement in the ACQ, AQLQ and RQLQ scores. The mean score difference in RQLQ between the first and the third time point was 1.08175. The biggest change in RQLQ was observed in the activity and emotional function domains, difference