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**THE EFFECT OF COMPLEX TREATMENT WITH EZETIMIBE  
ON THE BLOOD LIPID SPECTRUM IN WOMEN  
WITH MENOPAUSAL METABOLIC SYNDROME**

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ЕЗЕТИМІБУ НА ЛІПІДНИЙ СПЕКТР КРОВІ У ЖІНОК  
З МЕНОПАУЗАЛЬНИМ МЕТАБОЛІЧНИМ СИНДРОМОМ**

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**The relevance of the problem.** Correction of lipid spectrum disorders in patients with menopausal metabolic syndrome (MMS) contributes to the prevention of cardiovascular diseases [1, 2].

The aim of our study was to investigate the characteristics of the lipid spectrum and the thickness of the intima-media complex in women with menopausal metabolic syndrome and to evaluate the effectiveness of the

combined use of the hypolipidemic drug rosuvastatin in combination with ezithymib [2–4].

**Material and methods.** We examined 24 women with MMS criteria aged 46 to 55 years. Patients were divided equally into two groups depending on the received lipid-lowering therapy. The first group included women who received rosuvastatin at a dose of 20 mg; the second group included patients who received a combination of rosuvastatin at a dose of 20 mg with ezitemibe. Before and after the course of hypolipidemic therapy, serum lipid concentrations were studied, carbohydrate metabolism was determined by standard methods, and diagnostic ultrasound of the carotid arteries was performed, namely, the thickness of the intima-media complex (IMC) was measured and examined for the presence of atherosclerotic plaques. The effectiveness was assessed by the degree of correction of lipid profile after 3 months. Statistical analysis was performed by the variational and statistical method using the Student's test.

**Results of the study.** In both groups of women with MMS, metabolic disorders with manifestations of dyslipidemia were observed. As a result of the examination, it was found that the frequency of aberrant levels of total cholesterol (TC), low-density lipoprotein (LDL), triglycerides (TG) in both groups was: FPG averaged:  $5.4 \pm 0.74$  mmol/l, LDL-C:  $3.16 \pm 0.76$  mmol/l, TG:  $1.92 \pm 0.84$  mmol/l. In general, we observed a significant decrease in the levels of LDL-C, LDL-C and TG in the two groups. In addition, there was a tendency to increase HDL cholesterol levels, which averaged  $1.12 \pm 0.73$  mmol/l before lipid-lowering therapy [4, 5].

The use of rosuvastatin in women of the first group led to a decrease in total cholesterol in 69.5 % of women, TG by 28.4 %, and an increase in HDL cholesterol by 6.4 %. Target levels of LDL cholesterol and LDL cholesterol were achieved in 56.5 % of patients. In women of the second group, at the end of a 3-month course of combined lipid-lowering therapy, a significant improvement in all studied lipid parameters was found, indicating the effectiveness of this combination. Thus, the level of LDL cholesterol decreased in 82.3% of women, HDL cholesterol increased by 8.2 %, and LDL cholesterol reached the target values in 74.6 % of patients. TG decreased by 30 % under the influence of combination therapy. Thus, the use of rosuvastatin and ezitimibe combination proved to be more effective in correcting dyslipidemia in women with metabolic syndrome.

Among the examined women of both groups, 26.7 % had localized thickening of the CIM, and 34.5 % had atherosclerotic plaques with stenosis of 15~25 %.

**Conclusion.** Lipid disorders in women with MMS were characterized by increased levels of VLDL, LDL-C, TG and decreased levels of HDL-C.

The use of rosuvastatin and ezitimibe was accompanied by the most pronounced, positive, statistically significant changes in lipid metabolism.

Summarizing the results, it can be stated that rosuvastatin and ezetimibe added to the standard treatment complex effectively ensure the achievement of target levels of lipid metabolism and thus prevent atherogenesis. In addition, a positive effect of rosuvastatin on the dynamics of structural changes in the carotid arteries was noted, namely, a 1.4 % reduction in IMC [2].

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