UDC 616.61-036.12-07.001.33

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# EFFICIENCY OF PURPOSING HMG-COA-REDUCTASE INHIBITORS SIMVASTATIN (SIMVASTATINUM) IN CHRONIC KIDNEY DISEASES

Kidney disease increases the likelihood of heart attack and stroke, in addition to other risk factors that a patient has. People with kidney failure often have poor cholesterol blood test results. Therefore, foreign official standards recommend prescribing statins to almost all adults with impaired renal function. Statins, along with other medications, are thought to reduce the risk of heart attack and stroke, as well as slow the progression of kidney failure.

**Purpose of the study:** the effectiveness of the appointment of HMG-CoA reductase inhibitors simvastatin in chronic kidney disease.

**Materials and methods.** 120 patients (84 men and 36 women) with CKD stages I-IV, represented mainly by parenchymal kidney diseases (chronic glomerulonephritis, chronic recurrent pyelonephritis, etc.)

Patients were divided into 2 groups depending on the treatment regimens used. The main group included 30 patients receiving traditional pathogenetic therapy (glucocorticosteroids, cytostatics, antiplatelet agents, anticoagulants) in combination with atorvastatin at a fixed dose of 20 mg / day (in the evening after dinner). 30 patients made up the control group - who received only traditional pathogenetic therapy.

For all patients included in the study, the serum lipid spectrum was determined:

total cholesterol (CS), cholesterol-containing low-density lipoproteins (LDL-C), cholesterol-containing high-density lipoproteins (HDL-C), triglycerides (TG), atherogenic coefficient (AC); daily proteinuria, blood creatinine.

Both groups of patients under study did not differ significantly in sex, age, length of illness, and anthropometric data. In addition, before the start of treatment in patients in the main and control groups, there were no significant differences among the indicators of the blood lipid spectrum, daily proteinuria, and blood creatinine levels. These indicators were studied before treatment and after 6 months from the start of treatment.

**Results.** In the main group the level of cholesterol decreased by 45% ($p < 0.01$), TG - by 29% ($p < 0.05$), LDL - by 43% ($p < 0.01$), while statistically significant the HDL level increased by 25% ($p < 0.05$). There was also a significant decrease in the level of AC - by 69% ($p < 0.01$). In the control group, there was also a tendency towards a decrease in the level of TC, LDL, TG, CA and a slight increase in HDL after the course of treatment, but the differences were not statistically significant.

Analysis of the dynamics of indicators in the control group showed that the level of creatinine has a tendency to increase, and in the main group of patients, the level of creatinine in blood did not change.

The level of daily proteinuria decreased statistically significantly in patients of both groups, but in the main group of patients, the decrease in this indicator was more significant (6.9 and 3.2 times, respectively, compared with the initial level).

**Conclusion.** The results of our study indicate that the inclusion of simvastatin in a fixed dose of 20 mg / day in the complex pathogenetic therapy of CKD, in addition to a positive effect on the state of plasma lipid metabolism, also has a pronounced renoprotective effect, manifested in a significant decrease in daily proteinuria, in a tendency to reducing the level of creatinine in the blood and improving, thereby, the quality of life.