

First results of treatment with anti-endorphin medicine in critical care medicine**Z.Kheladze, Zv.Kheladze****Georgian Critical Care medicine Institute (Tbilisi, Georgia)**

Brought here are the first results of treatment by antiendorphyne group of medication-Naltrexon in Critical Medicine. Research was made by double blind method in control and main group. Rate of lethality were same in both groups, in main group 31.6% and in control group 33.8%. Compared to control group, in main group degree of disability was low, as well as duration of being on lung ventilation. Continuation of further research is indicated.

Key Words: anti-endorphin, results, critical care medicine**Actuality:**

By the works made previously, it was determined that, during critical and terminal stages in the human body significant changes are made in the number of endorphins. Against the background of relatively stable data of α -endorphins, number of β -endorphins increased significantly. In addition, number of the latter was solely increased in the CSF, were in some cases it was more than 5-10, which is higher than the estimated initial rates. Same picture were in the peripheral blood and bone marrow of the critical patient (Zurab Kheladze, Zviad Kheladze, 2011). It is likely that substantial increase in the number of β -endorphins during the dying process possibly contributes to the appearance of feeling of pleasure in dying body. In addition, also it is not excluded that formation of latter picture together with this “positive “effect, were accompanied by the negative manifestation, enhancement of respiratory failure, inhibition of blood circulation and deterioration of other vital functions. Thus important progresses in the process of elimination of critical states can be achieved by using anti-endorphin groups of drugs in critical care medicines practice. In this regards, in the treatment of critical patient drug Naltrexone has been studied.

Material and methods:

Controlled trial has been conducted by “double blind” method. In the main group 37 adult and old critical patient were investigated, whose degree of cerebral coma using “Glasgow coma scale” were 5-9 point and the heaviness of the state by examination of Appache-2 scale was 26-37 points.

Critical state in 11 patients were associated with ischemic stroke, in 8 patients with hemorrhagic stroke, politrauma had 7 patients, severe sepsis-6 and bilateral pneumonia 5 patients. In the form of

accompanying disease, hypertensive disease had 8 patients. Ischemic heart disease-7- patient, diabetes-7- patient, bronchial asthma-5- and chronic heart failure, III functional class-4- patient. In the second control group were 34 adult and old critical patients, whose critical state in 9 cases were caused by ischemic stroke, 7-hemorrhagic stroke, 5-cases severe sepsis, 4-cases chronic heart failure, III functional class and in 3 cases bilateral bronchopneumonia and in 3 more cases polytrauma. Degree of coma in these patients using Glasgow coma scale were 4-8 points and by Appache-2 27-36 points. In these patients accompanying hypertensive disease had 12 patients, diabetes-8 patients, ischemic heart disease 6 patients and bronchial asthma 2 patients.

Treatment was standard as in main group, as well as in controlled group. All patients during 5-26 days were on lung ventilation by SIMV regimen. At the same time were performed: enteral feeding (by probe), correction of electrolyte balance, antibiotic therapy and other measures (Z. Kheladze, 2002). In addition, in contrast to controlled group, patients in main group were taking Naltrexone by the time they entered in the clinic. During the whole course of treatment 25mg one time dosage, 2x daily in the morning and evening were given. Evaluation of the research result in each group was made by the indicators of death and disabilities and was limited to one month monitoring of patients. Also was considered rate of acute complications and duration of lung ventilation in both groups.

Results and issue:

Rate of death in main group was 31.6%. Also in controlled group these results were high, 33.8%, it doesn't give us base of optimism. More or less disabilities had both groups of rescued patients. Also in main group associated life index was 8.1% and independent life index 62.3%. In controlled group these results were 13.4% and 52.8%. Acute complications – ventilation associated pneumonia, tracheobronchitis, cystitis, allergic reaction and other were in 7.2% in first group and in controlled group same results were 11.4%. Also noteworthy is the fact that duration of lung ventilation in first group was 6.3+1.2 bed days, in controlled groups 9.4+1.3 bed days. It should be underlined that more or less important complications connected to the use of Naltrexone in these groups of patients were not registered.

It seems that the material presented in the analysis does not allow a positive conclusion. One reason for this may be a small number of patients studied. Because of this, study of anti-endorphin drug's efficacy in the critical care medicine requires further research and clarification. The prospect of such research might be indicating better results during the treatment process regarding the emergence of

the frequency of acute complications and duration of lung ventilation in the main group of patients, than it was accounted in controlled group of patients.

ანტიენდორფინული ეფექტის მქონე პრეპარატებით მკურნალობის პირველი შედეგები კრიტიკულ მედიცინაში.

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მოტანილია ანტიენდორფინული პრეპარატ-ნალტრექსონით მკურნალობის პირველი შედეგები კრიტიკულ მედიცინაში. კვლევა ჩატარებული იყო ორმაგი ბრმა მეთოდით საკონტროლო და ძირითად ჯგუფში. ლეტალობის მაჩვენებელი ორივე ჯგუფში ერთმანეთის მსგავსი იყო. ძირითად ჯგუფში 31.6% და საკონტროლოში 33.8%. საკონტროლო ჯგუფთან შედარებით ძირითად ჯგუფში შეიმჩნეოდა ინვალიდობის ხარისხის შემცირება, აგრეთვე ფილტვების ხელოვნურ ვენტილაციაზე ყოფნის ხანგრძლივობა. მითითებულია შემდგომი კვლევის გაგრძელების აუცილებლობა.

გასაღები სიტყვები: ანტიენდორფინული, შედეგები, კრიტიკულ მედიცინაში.