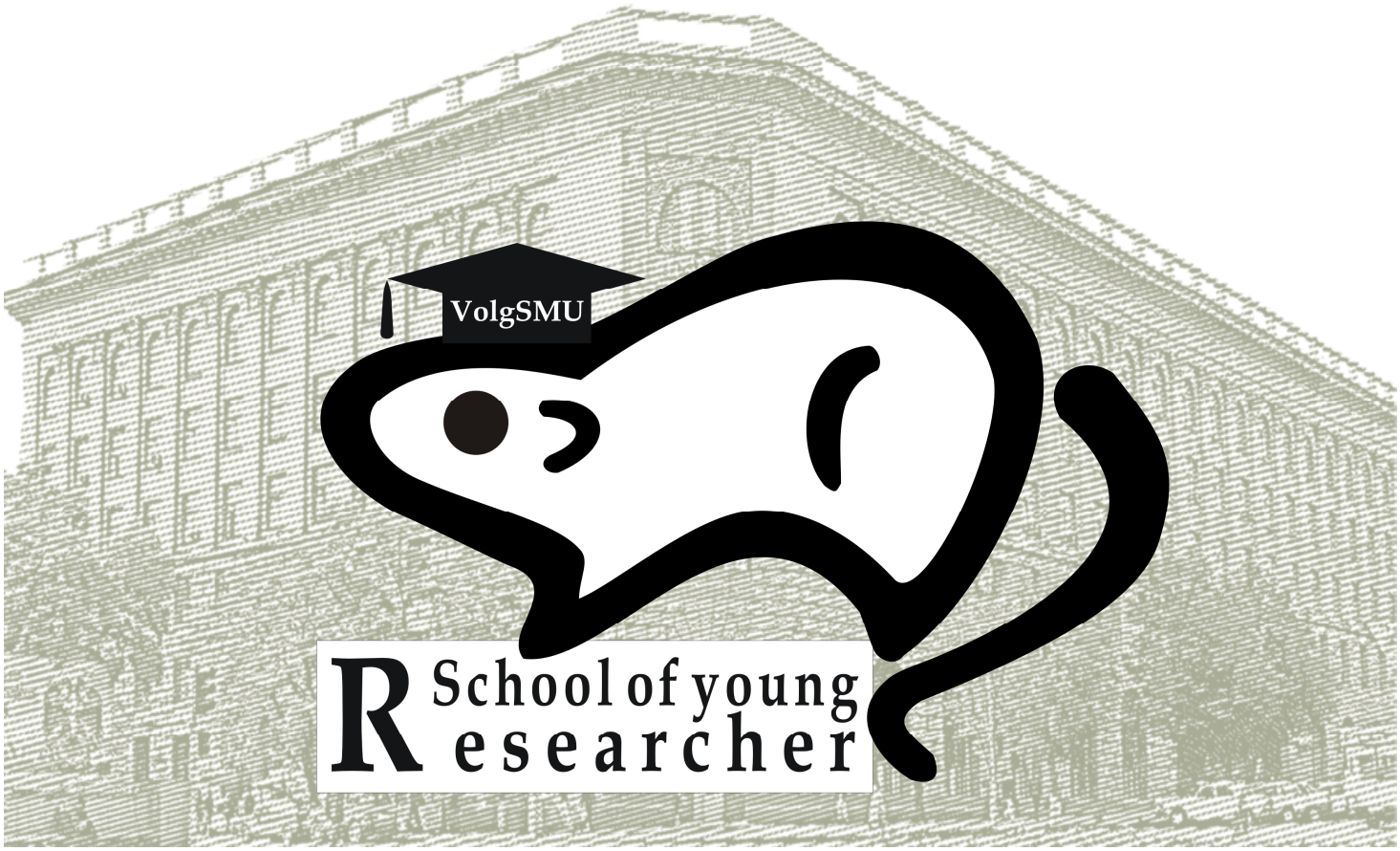
THE VOLGOGRAD STATE MEDICAL UNIVERSITY

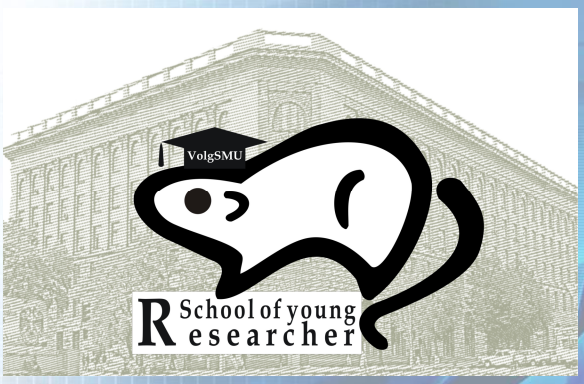


Volgograd 2015

Volgograd state medical university
Nation Of Medical University's Scholars

NOMUS
we give ourselves to science

Writing an article for a scientific conference



УДК 615.03

V. S. Gorbatenko, A. S. Maslakov

THE ANALYSIS OF THE CONSUMPTION OF MEDICINAL AGENTS IN THE TREATMENT OF LOWER EXTREMITY DEEP VEIN THROMBOSIS

Volgograd State Medical University
Department of clinical pharmacology and intensive care with course of clinical pharmacology (Department for Clinical Pharmacology and Intensive Therapy with Clinical Pharmacology and Clinical Allergology, College of Advanced Medical Studies).
Research adviser: *Honored Scientist of The Russian Federation, academician of RAMS, M.D., Prof. V.I. Petrov*
Research consultant: *post-doctoral student at the Department for Clinical Pharmacology and Intensive Therapy, O.V. Shatalova, PhD*

Introduction. Venous embolisms (VE) include the notion of deep vein thrombosis (DVT) and of pulmonary embolism (PE). DVT is recordered annually at the rate of 105 to 143 cases per 100000 of population [1], the frequency of DVT cases occurrence exponentially age-dependently increases. The frequency of pulmonary embolism (PE) occurrence on the background of DVT makes up 60 – 70 cases per 100000 of population, PE of such patients frequently remains undiagnosed [2]. Anticoagulant therapy is the basis of LEDVT treatment, it must be prescribed for all patients with LEDVT in accordance with the international and Russian clinical recommendations[3,4]. In the international practice of the estimation of the level of medications' consumption at DILVT treatment WHO ATC/DDD methodology is used.

in the analysis: dextran, cytoflavin, diosmin and diosmin in a combination, as far as WHO (World Health Organization) does not provide the values of defined daily dose (DDD) for the stated medicines. The level of consumption of anticoagulants constituted: unfractionated heparin (UH) – 71,95 DDD/100 patient days, low molecular weight heparin (LMWH) – 20,4 DDD/100 patient days, warfarin – 36,9DDD/100 patient days. LMWH was represented by only one preparation – enoxaparin sodium. Antiaggregants were represented by: acetylsalicylic acid – 51,1 DDD/100 patient days, and the clopidogrel medication – 12,9 DDD/100 patient days. Real volume of consumption of nonsteroid anti-inflammatory medications, which are an indispensable part of systematic therapy was not high either: diclofenac – 19,1 DDD/100 patient days, ketorolac – 8,84

Indexing

- ✓**УДК – универсальная десятичная классификация.**
- ✓**UDC – Universal Decimal Classification.**

The International Standard of Classification by category. In Russia the index is published in:

ВИНИТИ (Всероссийский Институт Научной и Технической Информации)

UDC data: **http://teacode.com/online/udc/**
Formula full form: **http://scs.viniti.ru/udc/**

Indexing

- ✓**ISBN, ISSN – Universal number for identification of published books and periodicals**
- ✓**DOI – Unique electronic identification code for articles in scientific journals.**
- ✓**CODEN – Unique 6 digit code that identifies the publication as periodic publications.**

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Structure

- ✓*(abstract)*
- ✓Introduction
- ✓Objectives
- ✓Materials and Methods
- ✓Results and Discussion
- ✓Conclusion
- ✓References

Abstract

- It is not compulsory
- Located before the Introduction
- 3-5 sentences
- Short description of the article
- Shows the results

Introduction

- Background
- Existing problems
- Current Issues
- Suggestions to obtain solution

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Objectives

- to find out…
- to identify…
- to form...
- to justify...
- to check...
- to create...
- to build…
- to estimate…

Objectives

✓ **Research aim was to estimate the frequency, the structure of prescription, and the volume of actual consumption of medications**.

Materials and methods

Research methods: There were analyzed 511 medical histories of patients with venous embolism undergoing treatment in hospitals, 200 of which had the deep vein thrombosis diagnosis.

The received results were processed using MS Excel 2010 batch (Microsoft, USA).

The results were presented in the form of absolute values, percentages/parts (%) and average ± standard deviation.

Results and Discussion

✓ To use the available materials to carry out research or to create a new independent research.

✓ To interpret the obtained results based on the study to get new information.

Conclusion

treatment in hospitals, 200 of which had the DVT diagnosis. The received results were processed using MS Excel 2010 batch (Microsoft, USA). The results were presented in the form of absolute values, percentages/parts (%) and average ± standard deviation (M±σ).

The Results and the discussion. The DVT diagnosis was verified to involve 105 women, which constituted 52,5%, 95 men – 47,5% (95 of 200). The average age of the patients was 59,7±12,8, and the average duration of hospitalization was 15,9±3,8 days. In the structure of pharmacotherapy prescription at DVT are represented both pathogenetic medications (anticoagulants, antiaggregants, veinotonics), and symptomatic MA (medicinal agents) (anesthetics and spasmolytics). The total amount of the prescribed MA constituted 26, among which only 22 corresponded to the VEN (vital, essential, and necessary) medicines list. Anticoagulants of direct action were prescribed 91% of cases, unfractionated heparin (UH) – 84% (168) of patients, low molecular weight heparin

Conclusion.

1. As a result of the research it was ascertained that anticoagulants of direct action are prescribed with high frequency – 91%.
2. Warfarin was prescribed only in 74,5% of cases, which does not correspond to the international recommendations.
3. The volume of consumption of warfarin made up only 36,9 NDDD/100 patient days. Thus, the volume of consumption of anticoagulants of indirect action was low.should be appointed in accordance with the instructions and the patient's individual characteristics.

References.

1. Goldhaber SZ. Venous thromboembolism: epidemiology and magnitude of the problem.// Best Pract Res Clin Haematol. 2012. Vol. 25. P. 235-242.
2. Bělohlávek J, Dytrych V, Linhart A. Pulmonary embolism, part I: Epidemiology, risk factors and risk stratification, pathophysiology, clinical presentation, diagnosis and nonthrombotic pulmonary embolism. // Exp Clin Cardiol. 2013. Vol. 18. P. 129-138.

References

- to identify all cited sources
- to point out quotations in article
- usually we use full form: Author, Name of article // Source of article (name of scientific journal, …), volume, date of publication, pages

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FOLLOW THE TERMS
AND REQUIREMENTS
OF EACH CONFERENCE!

THEY ARE OFTEN DIFFERENT!!

✓ The word "university" - In small letters

✓ Do not abbreviate the name of their institutions (SGU - Saratov? Stavropol? Solikamsk?)

Thank you for your attention!

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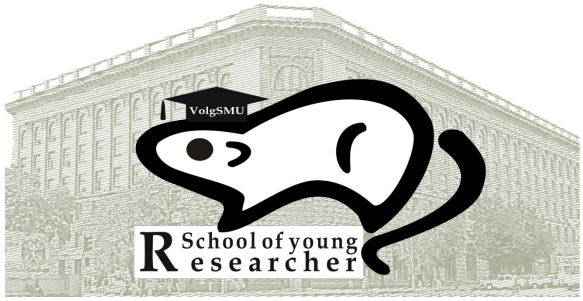
Nation Of Medical University's Scholars

Presentation for a Scientific Conference



At a scientific conference…

Structure of the presentation:

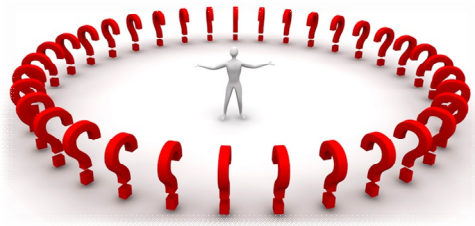
- **Introduction**
- **Aim and Tasks**
- **Materials and Methods**
- **Results and Discussions**
- **Conclusion**

The basic questions

What do I want to present to the audience?

What is the plan of my presentation?

Am I confident with my presentation?



Volgograd state medical university
Department of……...
Head of department, PhD., MD, Full professor……

Title

Author
……

Research advisor:
scientific graduate, name
……

Volgograd 2015

Attention!

- *Time management*
  - *Personal ideas*
    - *Illustration > Text*
      - *Minimum animation*

Details of presentation

- *Large font size*
- *Single contrast style*
- *Charts and diagrams*
- *Statistics*
- *7 - 12 slides*

Structure

1. Title
2. Aim
3. Materials and methods
4. Result and discussion
5. Conclusion

Structure

1. Title
2. Aim
3. Materials and methods
4. Result and discussion
5. Conclusion

Structure

1. Title
2. Aim
3. Materials and methods
4. Result and discussion
5. Conclusion

Structure

1. Title
2. Aim
3. Materials and methods
4. Result and discussion
5. Conclusion

Structure

1. *Title*
2. *Aim*
3. *Materials and methods*
4. *Result and discussion*
5. *Conclusion*

How to present...

1. *Short sentences*
2. *Easy to understand*
3. *Order of the structure*
4. *Ethics and manners*