

sarCevi CONTENT

<u><i>faqtebze dafuZnebul i medicina (nawil i II): kl inikuri probl emis gadaWris gzebi ganaTI eba da debatebi*</i></u>	2
<u><i>Evidence Based Medicine: an Approach to Clinical Problem-solving mwvave asTma</i></u>	11
<u><i>kl inikuri faqtebis mimoxil va 2000 w. damatebiTI wyaroebi gamovl eni- I i eqspertebis mier (Clinical Evidence).</i></u>	
<u>Extracts from "Clinical Evidence": Chronic Asthma</u>	
<u><i>qronikul i asTma</i></u>	19
<u><i>kl inikuri faqtebis mimoxil va 2000 w. damatebiTI wyaroebi gamovl eni- I i eqspertebis mier (Clinical Evidence).</i></u>	
<u>Extracts from "Clinical Evidence": Chronic Asthma</u>	
<u><i>el eqtrokardiogramaze iSemiis msgavsi da repol arizaciis cvl il ebebi Tavis tvinSi sisxl is mimoqcevis moSI is mwvave fazaSi</i></u>	26
<u><i>ECG changes, mimicking miocardial ischemia during acute phase of the stroke</i></u>	
<u><i>C hepatitis virusi T inficirebis mimoxil va</i></u>	32
<u><i>Hepatitis C infection - clinical observation</i></u>	
<u><i>saqarTvel oSi pirvel adi j andacvis gan- vi Tarebis xedva</i></u>	37
<u>Primary Health Care System Development Vision for Georgia</u>	
<u><i>uwyveti samedicino ganaTI ebis sistema saqarTvel oSi</i></u>	41
<u>Continuing Medical Education System in Georgia</u>	
<u><i>evropis kardiol ogTa sazogadoebis kongresi 2002</i></u>	52
<u>EUROPEAN SOCIETY OF CARDIOLOGY CONGRESS 2002</u>	
<u><i>informacia samecniero- kvl evi Ti grantebis Sesaxeb</i></u>	54
<u><i>iumori da medicina</i></u>	55
<u><i>Medical Humor</i></u>	

**faqtebze dafuznebul i medicina (nawil i II):
kl inikuri probl emis gadaWris gzebi
ganaTI eba da debatebi ***

v. rozenbergi, a. donal di
britiS mediqal j ornel , 1995; 310:1122-1126

J andacvis sistemaSi muSaobisas bol o ocwl eul is ganmavl obaSi eqimebi awydebian mniSvnel ovan cvl il ebebs. maSin roca Cven vcdil obT j andacvis xarisxis gaumj obesebas, damwyebi axal gazrda eqimebis samuSao saaTebi mcirdeba, xol o aqcenti uwyvet samedicino ganaTI ebaze izrdeba. saqme gvaqvs sul ufro mzard informaciasTan, roml is didi nawil i dausabuTe- bel ia an kl inikuri praqtikisTvis SeuTavsebel ic ki. mocemul statiaSi ganxil ul i iqneba faqtebze dafuznebul i medicina (fdm), rogorc kl iniku- ri probl emebis kiTxvis saxiT Camoyal ibebis, xol o Semdeg sistematuri mo- Ziebis, Sefasebis, Tanamedrove kvl evis Sedegebis gamoyenebis procesi, rac kl inikuri gadawyvetil ebis miRebis safuZvl ad unda iqces. kompiuterizaci- am, programebis danergvam da internetis gamoyenebam bibl iografiul i Zieba da saukeTeso faqtebis kritikul i anal izi gaaiol a da gamoqveynebul i l i- teraturis ufro efeqturi gamoyeneba mosaxerxebel i gaxada. faqtis safuZv- l ianobis (val idity) da gamosadegobis (appl icabil ity) dasadgenad SeiZl e- ba gamoviyenoT kritikul i Sefaseba, ris Semdeg ukve SeiZl eba kl inikuri gadawyvetil ebis gacxadeba. faqtebze dafuznebul i medicinis Seswavl as da mis praqtikaSi gamoyenebas unda eswrafodes nebismieri asakis da cenzis praqtikosi eqimi, raTa moxdes safuZvl ian kl inikur kvl evasa da kl inikur praqtikas Soris j er kidev arsebul i napral is Sevseba. amis garda, fdm-s SeuZl ia xel i Seuwyos TviTganaTI ebis process da gundur muSaobas da moaxdinos ukeT momzadebul i eqimebis ufro swrafi Camoyal ibeba.

eqimebma aucl ebl ad unda moaxdinon mzard informaciul nakadTan gamk- l aveba _ samuSao saaTebis da praqtikis Semcirebisa da j er kidev mwi- ri/nakl ebxel misawvdomi resursebis miuxedavad. Cven faqtiurad viZirebiT am mzard informaciul zRvaSi, roml is didi nawil i marTal ia, usafuZv- l oa da kl inikur praqtikasTan SeuTavsebadia, magram sul ufro meti nawil i, modis iseTi damaj erebel i kvl evebidan, rogorc randomizirebul i kl inikuri gamocdebia (rkg). da mainc, sadReisod Cven kl inikur gadawyvetil ebebs ufro metad swored moZvel ebul i stil is wvrTnebidan miRebul codnas, anda _ individual uri pacientebidan miRebul gazviadebul gamoc- dil ebas vayrdnobT, maSin roca mSvenieri, damaj erebel i kl inikuri kvl eve- bis pozitiuri Sedegebi saTanado yuradRebis gareSe gvrCeba. eqimebs sWir- debaT axal i unar-Cvevebi, rom sworad miadevnon Tval i Tanamedrove samedic- ino l iteraturas, gamohyon Zl ieri da sasargebl o faqtebi (mtkicebul ebe- bi), ganasxvavon isini sust da arafrismTqmel i monacemebisagan, da praqtika- Si swored Zl ieri mtkicebul ebebi gamoiyenon. da ai, am gamowvevebis Sesax- vedrad aiaraRebs eqimebs faqtebze dafuznebul i medicina (fdm) _ kl iniku- ri probl emebis gadaWris axal i sistema.

ra aris fdm?

fdm warmoadgens Tanamedrove kvl evis Sedegebis sistematuri moZiebis, kritikul i Sefasebisa da gamoyenebis im process, rasac unda efuznebodes kl inikuri gadawyvetil ebis miReba. aTwl eul ebis ganmavl obaSi adamianebi

acnobierebdnen samecniero mtkicebul ebebsa da kl inikur praqtikas Soris arsebul napral s da amis Sedegad Zviri, araefeqturi da zogjer saxifaTo gadawyvetil ebebis miRebis saSiSroebas.

SedarebiT iafi monacemTa el eqtronul i bazebis, personal uri kompiute-rebiT SeiaraRebis da internetis farTo gavr cel ebam eqimebs fantastiuri perspeqtivebi gadausal a _ uamravi monacemebi kl aviaturaze TiTis erTi daWer iT xel misawvdomi gaxda. fdm _ es aris kl inikuri situaciidan gamom-dinare kiTxvis dasmis, saTanado pasuxebis da monacemebis monaxvis, kriti- kul i Sefasebis da yovel dRiur kl inikur saqmianobaSi am informaciis ga- moyenebis xel ovneba.

al baT mraval i mkiTxvel i Seicnobs fdm-is safuZvl ad arsebul i ideebis, rogorc siaxl es, romel ic faqturad "kargad daviwyebul i Zvel ia". marT- l ac avadmyofis diagnostirebisa da mkurnal obis procesSi warmoqnil i kiTxvebis samedicino l iteraturasTan Sedareba da swori gamosavl is Zieba saeqimo saqmianobis Tu yovel dRiur ara, xandaxan mainc arsebul praqtikas warmoadgenda. fdm-is mkafiod Camoyal ibebul i sistemis gamoyenebis gansxva- veba ubral od wignis kiTxvisagan ormxrivia: mas SeuZl ia aqcios l iteratu- ris garCevis da Sefasebis procesi SedarebiT iaf da rutinul procedu- rad; da mas SeuZl ia gaxados es procesi misaRebi kl inikuri gundebisaTvi- sac da individual uri eqimebisaTvisac. termini "faqtebze dafuZnebul i me- dicina" gavr cel da makmasteris universitetis (kanada) samedicino skol i- dan XX s. is 80-ian wl ebSi kl inikuri swavl ebis im strategiis aRsaniSna- vad, romel sac am skol is mecnierebi aTwl eul is ganmavl obaSi anviTarebd- nen.

fdm praqtikaSi

faqtebze dafuZnebul i medicina SeiZl eba gamoyenebul iqnas nebismier praqtikul situaciasi, rodesac arsebobs eWvi kl inikuri diagnozis, prog- nozis an marTvis (mkurnal obis) ama Tu im aspeqtze.

fdm-is 4 ZiriTadi etapi:

1. pacientis probl emidan gamomdinare mkafio kl inikuri SekiTxvis formu- l ireba
2. l iteraturis Zieba saTanado kl inikuri statiebis mosazebnad
3. mopovebul i faqtebis Sefaseba (kritikul i Sefaseba) maTi safuZvl iano- bisa da sargebl ianobis dasadgenad
4. sasargebl o aRmoCenebis kl inikur praqtikaSi danergva

kiTxvis Camoyal i beba

marto mcxovre, 77 wl is qal s daudginda ararevmatiul i etiologiis wi- nagul ebis cimcimi da pirvel ad ganviTarebul i marcxena parkuWis msubuqi xarisxis gul is ukmarisobis Seteva, romel ic eqvemdebareba diuretikebiTa da digoqsiniT mkurnal obas. anamnezSi aReniSneba hipertenzia, romel ic ad- vil ad eqvemdebareboda mkurnal obas. eqokardiografiul ad marcxena parku- Wis funqcia zomierad aris daqveitebul i. patienti aqtiuri pirovnebaa da didi survil i aqvs SeinarCunos damoukidebl ad muSaobis unari. eqimTa Se- movl aze avadmyofis istoriis garCevisas daisva sakiTxi varfariniT xangrZ- livi drois ganmavl obaSi antikoagul anturi mkurnal obis Catarebis sar- gebl obasa da mosal odnel gartul ebebeze. erTiani azris miRebis mizniT, debatebisa da kamaTis nacvl ad, eqimTa j gufma kiTxvis saxiT Camoayal iba maT winaSe arsebul i probl ema, kerZod: `ra ufro saxifaToa: embol iuri (iSemiuri) insul tis riski _ antikoagul anturi mkurnal obaze Tavis Sekave-

bisas, Tu seriozul i hemoragiebis da hemoragiul i insul tis ganviTarebis riski antikoagul anturi mkurnal obis Catarebis SemTxvevaSi?-

kiTxvebi, romel Ta Camoyal ibeba aris mtkicebul ebebze dafuZnebul i medicinis pirvel i etapi, SeiZl eba exebodes diagnozs, prognozs, mkurnal obas, iatrogenul zians, j andacvis samsaxurebis xarisxs, an j andacvis ekonomikas. nebismier SemTxvevaSi, kiTxva unda iyos SeZl ebisdagvarad metad specifiuri da unda iTval iswinebdes pacientis tips, kl inikuri Carevis saxes da interesis kl inikuri gamosaval s. mocemul SemTxvevaSi kl inikuri ZiebisaTvis SemoTavazebul ia ori saxis SekiTxva. erTi maTgani exeba prognozs da ase SeiZl eba Camoyal ibdes: `ramdenad didia ararevmatul i genezis mocimcime aritmiis, hipertenziisa da zomieri marcxenaparkuWovani gadaZabvis mqone 77 wl is qal Si embol iuri [iSemiuri] insul tis wl iuri riski, Tuki igi ar Rebul obs antikoagul antebis?"

meore SekiTxva exeba mkurnal obas da mdgomareobs SemdegSi: `rogoria, mocemul i pacientisTvis varfariniT mkurnal obisas, dambl is ganviTarebis riskis Semicirebis Sansi da ramdenad sariskoa aRniSnul i mkurnal oba aseTi avadmyofisaTvis?"

faqtis [mtkicebul ebis] moZieba

mtkicebul ebebze dafuZnebul i medicinis meore etapi gul isxmobs xel misawvdomi, saukeTeso, dasabuTebul i faqtis moZiebas. am amocanis gadasawrel ad kl iniciisti unda fl obdes samedicino literaturis efeqturi moZiebis unar-Cvevebs da xel i miuwvdebodes bibl iografiul monacemTa bazebe, raTa moZiebul i saWiro masal a miiRos. amis magal iTad gamodgeba ganyofili ebaSi kompiuterebis ganTavseba, rasac emateba bibl ioTekarebis daxmareba konsul taciis gziT, rom gamoucdel ma eqimma sadReisod arsebul i 25000 Jurnal idan saWiro statiis moZieba SeZl os.

el eqtronul monacemTa bazebis ori saxe arsebobs. erTia bibl iografiuli i da umetes SemTxvevaSi saWiro Temaze arsebul i statiis moZiebas ganapirobebs Ziebis meqanizmebis daxmarebiT (aseTia SeerTebul i Statebis medicinis nacional uri bibl ioTekis monacemTa baza MEDLINE da misi variaciebi (PubMed, Medline/OVID da sxv.). meore tipis monacemTa bazebs ki maZiebel i mihyavT saTanado kl inikuri mtkicebul ebis pirvel ad anda meorad publ ikaciebTan _ amis magal iTia sistematur mimoxil vaTa kohrenis monacemTa baza, saxel mZRvanel o Clinical Evidence [kl inikuri mtkicebul eba], romel sac "britis mediqal j ornel "-is sagamomceml o j gufi uSvebs, ACP Journal Club, romel ic cnobil i amerikul i Jurnal is "Annals of Internal Medicine" danamats warmoadgens, da sxv. yvel a es monacemTa bazebi xel misawvdomia rogorc kompaqt diskebiT, aseve _ internetis qsel iT.

Cveni avadmyofis SemTxvevaSi Zieba ganxorciel da `medl ainiT- da saZiebo programa Knowledge Finder-iT. mTavar saZiebo samedicino Temis dasaxel ebebad (Medical Subject Heading - MESH) gamoyenebul iqna `winagul Ta cimcimi-[winagul ovani fibril acia] da `cerebrovaskul arul i daavadebebi-, xol o `randomizirebul i kl inikuri gamocdebi- (Randomized Clinical Trials) rogorc publ ikaciebis tipi. Zieba ganxorciel da orjer _ erTxel Tavisufal i teqtis Ziebis parametrad Seyvani i iqna `prognozi-, xol o meored _ `mkurnal oba-. bol o oTxi wl is statiebSi Ziebam gvapovni na 10 statia, romel Tagan 8 _ sasurvel i saxis informacias Seicavda (aqedan 2 exeboda prognozs dsa 6 _ mkurnal obas randomizirebul i kvl evebis saxiT). 6-dan 5 statia Cvens bibl ioTekaSi arsebobda.

rodesac Zieba mxol od bol o ori wl is publ ikaciebiT da isic mimoxil -viTi tipis statiebiT SemovsazRvreT, mxol od erTi statia moviZieT. mimo-

xil va (review) aerTianebs Tematur mimoxil vebs (subjective review), sistematur mimoxil vebs da meta-anal izebs.

sabol oo j amSi bibl ioTekidan movipoveT 2 statia prognozze, 4 _ mkurnal obaze da 1 _ mimoxil va (faqturad _ meta-anal izi). kompiuterTan daxarj ul i dro 15 wuTs ar aRemateboda. sadReisod am sakiTxebe ukve aris am randomizirebul i kl inikuri gamocdebis Semaj amebel i mimoxil vebic.

rac ufro dro gadis, meta-anal izebi sul ufro gamosadegi da farTod xmarebul i xdeba, da mainc yvel a tipis statiebis kritikul i Sefasebis unari eqimisaTvis fasdaudebel i ramaa. kargad Catarebul i da zustad misadagebul i meta-anal izis moZebna rTul i saqmea, aseve ar iqneba eqimisaTvis io l i yovel ama Tu im konkretul sakiTxze damoukidebel i sistematuri mimoxil vis momzadeba. amdenad, aseT SemTxvevebSi saukeTeso strategია iqneba xel misawvdomi samedicino l iteraturidan saukeTeso mtkicebul ebebis moZieba, maTi kritikul i Sefaseba im unar-Cvevebis gamoyenebiT, romel Ta swavl a mondomebis SemTxvevaSi arc Tu ise Znel ia.

mtkicebul ebis [faqtis] Sefaseba

mesame nabij ia monacemTa Sefaseba, anu kritikul i gadaxedva, rac maTi safuZvl ianobisa da kl inikur praqtikaSi maTi vargisianobis kritikul Sefasebas gul isxmobs. es etapi gadamwyvetia, radgan igi saSual ebas aZl evs kl inicists miRos gadawyvetil eba statiiis saimedoobisa da praqtikaSi misi gamoyenebis vargisianobis Sesaxeb. samwuxarod gamoqveynebul i statiebis did nawil s akl iaT Sesatyvisoba an sakmarisi meTodol ogiuri sizuste imisaTvis, rom sandod iqnan CaTvl il i dasmul kl inikuri kiTxvaze pasuxis gacemisas. am probl emis gadasWrel ad, Crdil oeT amerikisa da gaerTianebul i samefos samuSao j gufebma SemogvTavazes struqturul i, magram amavdroul ad martivi meTodi sqemis saxiT, romel sac "kritikul i Sefaseba" (Critical Appraisal) ewodeba. igi saSual ebas iZl eva SevafasoT statia maSinacki, rodesac kvl evis Catarebis didi gamocdil eba ar gagvaCnia. kritikul i Sefasebis daufl eba saSual ebas gvaZl evs SemdgomSi sworad Camovayal iboT sakvanZo kiTxvebi, kerZod, ramdenad safuZvl iania mtkicebul eba [faqti], romel sac veyrdnobiT da ramdenad Seesabameba igi konkretul SemTxvevas mocemul i pacientisa Tu pacientTa j gufistvis. kritikul i Sefasebis safuZvl ebis Seswavl a, biomedicinis codnis gareSec ki, SesaZl ebel ia sul ramodenime saaTSi, seminarebze, samuSao j gufebTan, interaqtiul l eqciebze, da avadmyofis sawol Tanac ki samedicino l iteraturis momxmarebel Ta farTo speqtris mier, maT mierac ki, visac biosamedicino special uri ganaTl eba ar gaaCniaT. es strategია SemuSavebul i iqna sxvadasxva saxis statiebis aTvis _ original uri statiebi diagnozis, mkurnal obis, prognozis, daxmarebis xarixisa da ekonomikuri aspeqtiebis Sesaxeb, mimoxil viTi statiebi, diskusiebi da meta-anal izi _ maTi safuZvl ianobis da gamosadegobis dasadgenad.

cxril Si moyvanil ia kritikul i Sefasebis tipiuri kiTxvebi mkurnal obisadmi miZRvnil i statiiis Sesafasebl ad. miuxedavad imisa, rom es kiTxvebi zogad gavrcel ebul midgomas asaxavs, Tavad kiTxvebi ar SeiZl eba iTqvas rom `TviTaxsnadia- _ garkveul i instruqciebia saWiro imisaTvis, rom kl inicistebma SeZl on am kiTxvebis `morgeba- specifiur statiebsa da individual ur patientebze. special uri masal ebi sxvadasxva tipis statiebis SemTxvevaSi dasasmel kiTxvebTan dakavSirebiT gamoqveynebul ia Jurnal Si JAMA da teqstSi: `kl inikuri epidemiol ogia: kl inikuri medicinis bazisuri mecniereba-. iseve rogorc yvel a sferoSi, aqac fdm-is praqtikis daxvewa da siCqare Tavad praqtikis da gamocdil ebis xangrZl ivobis proporciul ia,

xol o gamocdil praqtikos eqimebs SeuZl iaT mal e aiTvison Tu rogor Seafason kritikul ad esa Tu is statia aTiod wuTSi da amiT sakuTari Tavi gardaqmnan sxvis azrze damokidebul pasiuri mayurebl ebidan _ aqtiur, sakuTar codnaSi darwmunebul fdm kl inicistebad.

Terapiul statiiS mimaRT gamoyenebul i kritikul i Sefasebis tipiuri SekiTxvebi*:

I aris Tu ara Sedegebi dasabuTebul i?

- iyo Tu ara pacientTa mkurnal obaSi CarTva randomizirebul i (SemTxveviT arCevnis principze danyarebul i?)
- iyo Tu ara kvl evaSi CarTul i yvel a piri sworad daTvl il i da misi monacemebi _ sabol oo daskvnebsi gaerTianebul i?
 - _ Tu moxda dinamikaSi dakvirveba?
 - _ Tu moxda pacientTa Sefaseba im j gufebsi, roml ebSic iqnen isini randomizirebul ad SeyvaniI ni?
- gamoiyeneboda Tu ara kl inikuri gamocdis brma meTodi pacientebis, j andacvis muSakebis, da gamocdis monawil e personal is mimaRT?
- iyvnen Tu ara j gufebi Tanabarni [msgavsi sqesobrivi da asakobriv aspeqtebis gaTval iswinebiT] gamocdis dasawyisSi?
- garda eqsperimentul i mkurnal obisa, Tu iyvnen ZiriTadi [sakvl evi] da sakontrol o j gufebi msgavs pirobebSi damatebiTi/fonuri mkurnal obis mxriv?

II raSi mdgomareobs kvl evis Sedegebi?

- ramdenad iyo gamoxatul i mkurnal obis efeqti?
- ramdenad zusti iyo mkurnal obis efeqti?

III damexmareba Tu ara es Sedegebi Cemi pacientis mkurnal obaSi?

- ramdenad SeiZl eba am Sedegebis ganvrcoba Cemi pacientis mkurnal obaSi?
 - gaTval iswinebul iqna Tu ara yvel a potenciurad mniSvnel ovani kl inikuri Sedegebi?
 - ramdenad aWarbebs mkurnal obis SesaZl o sargebel i potenciur risksa da garTul ebebs?

SevecadoT gamoviyeNoT es kiTxvebi winagul ovani fibril aciiT 77 wl is qal is mkurnal obis Sefasebisas. prognozis Sesaxeb mopovebul i orive statia akmayofil ebs safuZvl ianobis da Sesatyvisobis Cvens kriteriუმებს da gvamcnoben, rom Tu Cveni avadmyofis msgavsi pacienti mkurnal obis gareSe iqna datovebul i, mas wl is ganmavl obaSi insul tis ganvitarebis 18%-iani riski gaaCnia. Cven gamoviyeNeT Terapiisa da prevenciis Sesaxeb statiiS gamoyenebis wesebi da davadgineT, rom varfarinis gamoyeneba insul tis ganvitarebis risks 70%-iT Seamcirebda. prognozis Sesaxeb statiidan miRebul i riskis Semcirebisa da mkurnal obis gareSe datovebul i pacientis riskis gamoyenebiT moxerxda insul tis ganvitarebis riskis absol uturi Semcirebis (raS, ARR) koeficientis dadgena varfarinis gamoyenebisas, romel ic 0.13-s Seadgens. am maCvenebl ze dayrdnobiT Semdeg ukve miViReT `mkurnal obis saWiroebis mqoneTa raodenoba- (NNT), romel ic = 1/ARR, da romel ic varfarinis gamoyenebisas gadarCenis fardobiTobas ucvenebs. igi udris 8-s, rac imas niSnavs, rom wl is ganmavl obaSi varfariniT mkurnal oba 8-dan erT patients insul ts Tavidan aacil ebs. varfarinis gamoyenebisas seriozul i sisxl denis riski 1%-ia, rac imas niSnavs wl is ganmavl obaSi aseTi sisxl dena varfarinis mimRebi 100 pacientidan saSual od mxol od 1%-s eqneba, maSin roca amave popul aciidan avadmyofTa gadarCenis saSual o maCvene-

bel i 13%-ia (100:8). miuxedavad imisa, rom sargebl isa da riskis fardoba sakmaod misaRebi Cans, gasaTval iswinebel ia, rom sisxl denis riski icvl eba erTi centridan meoremde da intrakranial uri sisxl denis ufro maRal i adgil obrivi riskis maCvenebl ebi zogierTi eqimisa da pacientisaTvis SeiZl eba sakmarisi safuZvel i iyos varfarinze Tavis Sesakavebl ad xandazmul asakSi. ase rom literaturidan moZiebul i da gamoTvl il i faqtebi (mtkicebul ebebi) avtomaturad ki ar gvknaxobs ra unda gavakeToT, aramed gvaZl evs faqtur safuZvel s, romel zec eyrdnoba kl inicistis gadawyvetil eba yvel a aspeqtis gaTval iswinebiT.

mtkicebul ebi danergva

mas mere, rac safuZvl iani da gamosadegi mtkicebul eba moZiebul ia, igi SeiZl eba gamoyenebul iqnas kl inicistebis mier an pacientis samkurnal od, anda _ gunduri protokol is ganvitarebis an sul ac _ saavadmyofoSi miRebul i rekomendaciis (guideline) momzadebis mizniT. aseve SeiZl eba am masal is gamoyeneba uwyveti samedicino ganaTl ebi masal ebSi revol uciuri cvl ebebis Sesatanad, anda auditis Casatarebl ad. Cveni gamocdil ebiT, faqtis danergvis saukeTeso gzaaa j gufuri ganxil vebi, an _ avadmyofebis garCevebis, anda kl inicistTa j gufuri Sexvedrebi meSveobiT, rodesac xdeba sxvadasxva meTodebiT avadmyofTa kl inikur marTvaSi faqtebis danergvis anal izi.

Cvens SemTxvevaSi kritikul i Sefasebis ganxil vis Sedegebi varfarinis Sesaxeb j gufis Sexvedraze warmodgenil i iqna damwyebi eqimis mier _ Sejamebul i swored zemoTmoyvanil i cxril is formiT. am Sexvedraze kl inicistTa j gufma ganxil a mopovebul i faqtebi da da Semdeg pal ataSi Semovl aze avadmyofTan erTobl ivad miRo gadawyvetil eba mkurnal obaSi varfarinis CarTvis Taobaze. SeTanxmdnen, rom samizne indikatorad mieRoT saerTaSoriso normal izirebul i Sefardeba (INR) 1.5-2.0-is doneze da es SeTanxmebul iqna pacientis zogadi praqtikis eqimTan, romel mac samedicino istoriisaTvis iTxova monacemTa kritikul i Sefasebis asl i.

fdm-is praqtikaSi gamoyenebis sxva moTxovnebi

monacemTa mkafio warmodgena

ramdenadac kl inikur j gufebs cota dro aqvT didi mocul obis informaciis gadasamuSavebl ad, Zal ian mniSvnel ovania gamoqveynebul i mtkicebul ebi swrafad da mkafiod warmodgena. samedicino Jurnal ebma gamoimuSaves special uri mokl e struqturirebul i Tezisebis (abstraqtebis) stil i, raTa xel i Seuwyon mkiTxvel ebs rac SeiZl eba advil ad da swrafad gaecnon am statiis mTavar informacias. aseTi sicxade da siswrafe Tanabrad mniSvnel ovania kl inicistebisTvis, roca maT faqtebis gacnoba sWirdebaT TavianTi j gufebisatvis. erT-gverdiani, momxmarebl isaTvis gasagebi erTgverdiani mokl e Sinaarsi - iseTi, rogorc makmasteris universitetis (ontario, kanada) rezidentma eqimebma SeimuSaves _ Zal ze efeqturi model ia kritikul i Sefasebisatvis, romel ic asaxul ia cxril Si:

fdm-is praqtikis damatebiTi Rirebul eba:

eqimebisatvis

- * saSual ebas aZl evs kl inicistebis gamudmebiT aimarlon Tavianti codnis done
- * aumj obesebs kl inicistebis mier samecniero kvl evs meTodebis Semecnebas da ufro kritikul s xdis maT sxvadasxva samecniero monacemTa gamoyenebisas

- * aumj obesebs marTvis² [mkurnal obis] meTodebis SerCevaSi damaj erebl obis dones;
- * aumj obesebs kompiuterul ganswavl ul obas da sainformacio Ziebis teqnikas;
- * aumj obesebs kl inikuri gundebis mier samedicino literaturis kiTxvis Cvevebs;
- * aZl evs gunds CarCos j gufuri probl emebis gadaWrisa da swavl ebisaTvis;
- * saSual ebas aZl evs axal gazrda eqimebs nayofieri monawil eoba miRon j gufis muSaobaSi

avadmyofTaTvis

- * resursebis ufro efeqturi gamoyeneba;
- * ukeTesi urTierToba eqimebsa da avadmyofebis Soris am ukanasknel TaTvis daavadebis marTvis safuZvl is ukeT gacnobis miZniT

ufrosTa mxardaWera

ufros kl inicistTa (profesorebis) mxardaWera kritikul i faqtoria fdm-is propagandisaTvis. ufrosi eqimebi, roml ebic praqtikaSi fdm-s iyeneben saukeTeso model ia axl ebisaTvis. maSinac ki, Tu gamocdil eqimebs j er kidev kargad ar esmiT fdm, maTi mzadyofna aRiaron gaurkvevl oba, gaaRvivon skepticzmi, da iyon moqnil ni, daexmareba j gufs moagrovon da adgil i miuCinon axal faqtebs, maSinac ki, Tu isini Cvens adrindel mignebebs da praqtikas ewi naaRmdegebian.

ramdenad Sedegiani a fdm?

kl inikuri daxmarebisadmi faqtebze dafuZnebul i midgoma sxvadasxva qevanaSi sxvadasxvanairi formiT gamoiyeneba. struqturirebul i formiT, rogorc zemoTaa aRweril i, igi mxardaWerasac hpovebs da kritikasad, zogjer erTsa da imave saavadmyofoSi. probl ema, raoden ironiul ad ar unda JRerdes es, imaSia, rom midgomis Sefaseba sakmaod rTul ia. es aris specifiuri probl emis gadaWris procesi da mas sxvadasxva gamosaval i SeiZl eba hqondes konkretul i gadasaWrel i probl emisda mixedviT. yvel a SesaZl o gamosavl is monitorireba al baT SeuZl ebel ia, gansakuTrebiT Tu gaviTval iswinet, rom mraval i maTgani gasazomad Znel ia. magal iTad, medikosi studenti, romel ic swavl obs fdm-s _ Tu rogor unda moaxdinos kritikul i Sefaseba, momaval Si SeiZl eba kargi samecniero Sromis avtori gaxdes, magram Zal ian Znel ia imis damtkiceba, rom es mis mier wl ebis win swored fdm-is praqtikis Seswavl iT unda iqnas axsnil i.

da mainc, rac ufro mraval mxrivi da farTo xdeba fdm-is gamoyeneba, miT ufro aSkaraa am midgomis efeqturoba. mokl evadianma kl inikurma gamocdebma uCvenes, rom Tundac samedicino literaturis kritikul SefasebaSi Tundac xanmokl e wvrtnas Sedegad ukeTesi da ufro informirebul i kl inikuri gadawyvetil ebebis miReba mohyveba xol me. isic aRsaniSnavia, rom tradiciul i samedicino skol ebis kursdamTavrebul eqimTa Sesabamisi kl inikuri sferos Teoriul i da ganaxl ebul i codnis done progresul ad ecema, xol o im samedicino skol aTa kursdamTavrebul ebi, romel Tac aswavl es faqtebze dafuZnebul i medicina da uwyvetad Teoriul i TviTmomzadebis da literaturis kritikul ad Sefasebis aucil ebl oba, damTavrebidan 15 wl is Semdegac ki sakmaod garkveul ni arian medicinis Tanamedrove miRwevebSi da maT praqtikul gamoyenebadobaSi. fdm-is sargebl isa da nakl ovanebis Sesaxeb qvemoTmoyvanil i mosazrebebi eyrdnoba am sagnis swavl ebaSi Cvens mier oqsfordSi miRebul gamocdil ebas.

upi ratesobani

fdm-is ueWvel da aSkara upiratesobad unda CaiTval os mis mier samedicino swavl bis da kl inikuri praqtikis integrireba. Cven davrwundiT, rom studentebi da eqimebi, roml ebic fdm-s swavl oben, ufro naTI ad da mizanimarTul ad ayal ibeben Taviant SekiTxvebs da amaze dayrdnobiT samedicino literaturis ukeTes Ziebasac awarmoeben. kerZod, isini Seucdoml ad irCeven karg samedicino mimoxil viT statiebs da aseve advil ad axdenen mniSvel ovani wyaroebidan, mag. _ Jurnal ACP Journal Clubidan maT mier dasmul SekiTxvebze pasuxebis povnas.

fdm-is meore upiratesoba, rom misi Seswavl a svvadasxva momzadebis, gamocdil ebis da asakis pirebs SeuZl iaT _ praqtikul ad karierebis nebismier etapze. medikosi studentebi, rodesac fdm-s swavl oben, ara marto individual urad imaRl eben codnas, aramed xel s uwyoben maTi j gufebis da kol egebis gundur ganaTI ebas. amis sapirispinod, gamocdil eqimebsac SeuZl iaT daeufl on fdm-is meTodebs da gardaqmnan samecniero sazogadoebis Sexvedrebi da diskusiebi wakiTxul i Jurnal ebis ubral od reziumirebidan pacientze orientirebul i probl emebis aqtiur ganxil vad da samedicino praqtikis Tanamedrove ueWvel mtkicebul ebebze dafuZnebul kritikul i da anal itikuri gadawyvetil ebebis gamoyenebiT avadmyofis ukeTes menej mentad _ rac erTdroul ad Teoriul i codnis amaRl ebis da praqtikul i amocanebis gadawyvetis brwyinval e da saintereso gzaa.

fdm-is gamoyeneba ukve arakl inicistebis mierac xSirad xdeba. momxmarebel Ta j gufebi, romel Ta interesis sferos Seadgens iseTi sakiTxebi, rogoricaa, mag., optimal uri daxmarebis miReba orsul obisa da mSobiarobis periodebSi, _ asaxaven axal i _ e.w. mtkicebul ebaze dafuZnebul i avadmyofis arCevnis _ warmoqmnas. oqsfordis regionSi ganxorciel da Semsyidvel ebisaTvis (visac samedicino ganaTI eba ara aqvT) fdm-is swavl ebis pil oturi proeqti, romel ic saSual ebas aZl evs am adamianebs ukeT dasabuTebul i gadawyvetil ebiT moaxdinon samedicino (mag. _ waml ebis) Sesyidvebi.

mesame dadebiTi momenti: fdm aumj obesebs samedicino daxmarebis uwyvetobis da xarixxis SenarCunebas im erTiani midgomebis da rekomendaciebis gamoyenebiT, romel sac fdm-is special istebi ganxorciel eben j andacvis sistemis svvadasxva rgol Si. morige cvl ebSi muSaoba da samuSao areal is gadafarva svvadasxva special istebs da zogadi praqtikis eqimebs Soris j andacvis special istTa SeTanxmebul moqmedebas ufro mniSvel ovans xdis da amave dros _ arTul ebs. marTal ia, fdm samuSao urTierTobebis ver cvl is, magram igi qmnis saerto efeqturi gunduri muSaobis struqturas da kl inicistTa gundSi Sinaganad armoCenebul Ria komunikaciebs, rac avadmyofTa optimal uri movl isaTvis yovel Tvis ukeTesia, vidre garedan meqanikurad Semotavazebul i rekomendaciebi. fdm aseve warmoadgens im erTian CarCos, romel sac probl emebis gadasawyvetad svvadasxva codnis da momzadebis xal xi iyenebs da es maT Soris ukeTes urTierTgagebas ganapirobebs. es exeba magal iTad kl inicistebsa da avadmyofebis, j andacvis aramedikos personal sa da kl inicistebs da aS.

fdm-s SeuZl ia daexmaros j andacvis samsaxurebis momwodebl ebs sworad da efeqturad gamoiyenon mwiri resursebi, ramdenadac es midgoma aiaraRebs profesional ebs mkurnal obisa da samsaxurebis efeqturobis Sesaxeb obieqturi codniT. Tanamedrove mecnierebis uaxl esi armoCenebis ignorireba seriozul i uaryofiTi Sedegebis momtania. magal iTad, ukve aSkaraa, rom naadrevi mSobiarobis riskis mqone qal ebisaTvis steroidebis daniSvna mniSvel ovnad amcirebs axal Sobil is respiratorul i distres sindromis ganvitarobis saSiSroebas, aseve aSkaraa, rom aspirinis da streptokinazis da

niSvna gul is mwvave iSemiuri Setevis dros mkurnal obis erT-erTi mTavari meTodia.

probl emebi da nakl ovanebebi

fdm-s ramdenime nakl ic gaaCnia. pirvel i, mas garkveul i dro sWirdeba asaTvisibl adac da praqtikaSi gansaxorciel ebl adac. ase magal iTad, sul cota, daaxl oebiT 2 saaTia saWiRo kl inikuri kiTxvis sworad Camosayal i-bebl ad, faqtebis mosapovebl ad, kritikul ad Sesafasebl ad da dasaner-gad/gansaxorciel ebl ad. ase rom, gundis ufros wevrebs garkveul i drois menej mentis ganxorciel eba sWirdebaT. kerZod, maT SeuZl iaT l iteraturis Zieba gaanawil on gundis wevrebs Soris da imis winaswar gaTvl iT, rom kiTxvas pirdapiri kl inikuri gamoyeneba hqondes. gundis l ideris am funq-ciebis Sestrul eba aseve garkveul dros moiTxovs.

fdm-is praqtikis gansaxorciel ebl ad saWiRo infrastruqturis Camoyal i-beba garkveul xarj ebTanaa dakavSirebul i. saavadmyofoebsa da zogadi praqtikis eqimebs sWirdebaT rogorc kompiuterebi, aseve _ kompiuterul i programebi. ama Tu im kompaqt-diskebis Tu monacemTa bazebis wl iuri xel -moweris fasi 250-dan 2500 funt sterl ingamde meryeobs. amave dros "britis mediqal j orneli" internetSi ufasodaa, aseve ufasoa medl ainis Sedare-biT martivi versia "PubMed". internetis da el eqtronul i samedicino mona-cemTa bazebis (mag. MD Consult) xarj ebi sakmaod umniSvnel oa imasTan Sedare-biT, rac araefecturi da mcdari mkurnal obis ganxorciel ebas SeiZl eba mohyves.

ra Tqma unda, fdm-is ganxorciel ebas xel s uSl is arasakmarisi mtkicebu-l ebebis arseboba. es xSirad imedgacruebas iwvevs, gansakuTrebiT _ gamo-ucdel eqimebSi. ufro gamocdil eqimebs SeuZl iaT am probl emis gadaWra iseTi SekiTxvis dayenebiT, romel zec mtkicebul ebis monaxva SeiZl eba. ase-Ti cariel i l aqebis identificireba xel s Seuwyobs adgil obrivi da erov-nul i samecniero proeqtebis dasaxvas.

kidev erT probl ema imas ukavSirdeba, rom medl aini da sxva monacemTa el eqtronul i bazebi, roml ebic gamoiyeneba saWiRo mtkicebul ebis mosaZeb-nad, araa srul yofil i da sakmarisad kargad indeqsirebul i Ziebis gansa-xorciel ebl ad. ufrosi asakis eqimebisaTvis im wyaroebis gamoyeneba, romel ic kompiuterul ganswavl ul obas ukavSirdeba, SeiZl eba sakmaod miuReb-l i iyos*.

EVIDENCE BASED MEDICINE: AN APPROACH TO CLINICAL PROBLEM-SOLVING

WILLIAM ROSENBERG, ANNA DONALD

BMJ 1995; 310:1122-26

Evidence Based Medicine (EBM) is the process of systematically finding, appraising, and using contemporaneous research findings as the basis for clinical decisions. For decades people have been aware of the gaps between research evidence and clinical practice, and the consequences in terms of expensive, ineffective, or even harmful decision making. Inexpensive electronic databases and widespread computer literacy now give doctors access to enormous amounts of data. Evidence Based Medicine is about asking questions, finding and appraising the relevant data, and harnessing that information for everyday clinical practice. In the article authors describe 4 stages of the EBM practice, as well as advantages and disadvantages of this methodology for clinical decision-making.

mwvave asTma

kl inikuri faqtebis mimoxil va

2000 w. damatebiTi wyaroebi gamovl enil i eqsper tebis mier (**Clinical Evidence**).

Sorena arCuaZe
hematol ogiis instituti, moskovi, ruseTi
el -fosta: ashorena@blood.ru

Sesaval i

gansazRvreba: asTmas axasiaTebis qoSini, xel a gul rkerdis areSi moWeris Segr-Zneba, cemineba, sxvadasxva kal ibris sasunTqi gzebis obstruqcia (daxSoba) da maTi hiperreaqtiul oba (sasunTqi gzebis mzadyofna, garkveul stimuls Warbi reaqqiit upasuxos). asTmis mqone pacientebSi amosunTqvis maqsimal uri siCqaris - PEFR (izomeba erTeul ebSi _ l itri/wuTSi) dRiuri meryeoba matul obs. qronikul i asTma aRniSnul i daavadebis iseT formas warmoadgens, romelic SemanarCunebel mkurnal obas saWiroebs. aseT SemTxvevebSi, mwvave asTma gansazRvreba, rogorc qronikul i mdgomareobis gamwvaveba, romelic gadaudebel an saswrafo samedicino daxmarebas saWiroebs.

sixSire/gavr cel eba: asTmis gavr cel ebis done mTel s msofil ioSi matul obs. popul aciis daaxl oebiT 10%-s gadatanil i aqvs asTmis Seteva.

etiologia/risk faqtorebi: asTmis mqone pacientebis umetesobas daavadebis atopiuri (al ergiul i genezis) forma aRniSneba; garkveul faqtorebTan kontaqqi sasunTqi gzebis anTebas da struqturul cvl il ebobs iwvevs, rasac hiperreaqtiul obamde, sxvadasxva bronqebis obstruqciamde da, Sedegad, asTmis simptomebis umetesobis ganviTarebamde mi vyavarT. aRniSnul faqtorebs miakuTvnebian garemoSi arsebul i al ergenebi, profesiul i masensibil izebel i agentebi da sasunTqi sistemis virusul i infeqciebi.

prognozi: asTmis gamo saswrafo daxmarebis ganyofil ebaSi moxvedril i pirebis daaxl oebiT 10-20% hospital izacias saWiroebs. maTgan 10%-ze nakl ebs xel ovnuri ventil acia utardeba. am ukanasknel is gamoyenebis anamnezi momdevno Setevebis mkurnal obisas aRniSnul i meTodis saWiroebis 19-j er gazrdil riskTan asocirdeba. Cveul ebriv, sikvdil is SemTxvevebi Zal ian iSviaTia, Tu saavadmyofoSi moxvedramde avadmyofs sunTqvis gaCereba ar ganviTarda. saswrafo daxmarebis ganyofil ebidan gaweril i 939 pacientis perspeqqiul ma Seswavl am aCvena, rom 17%-s (95% sarwmunobis interval i 14%-20%) recidivi ori kviris manZil ze ganumeorda.

mi zani: daavadebis kl inikuri niSnebis minimumamde Semcireba an aRmofxvra; fil tvis funqcionirebis maqsimal uri gaumj obeseba; asTmis Setevebis profil aqtika; medikamentebis saWiroebis minimumamde clayvana; mkurnal obis gverdiTi efeqtebis Semcireba; asTmis mqone pacientebis uzrunvel yofa sakmarisi informaciit, raTa maT Tavianti daavadebis TviTmarTva gauadvil deT.

gamosaval i: simptomebi (dRisiT da RamiT); fil tvis funqcia (PEFR da forsirebul i amosunTqvis mocul oba erT wamSi _ FEV₁); pirvel i rigis medikamentebis, rogoricaa β_2 -agonistebis sainhal acio formebis saWiroeba; bronqebSi haeris dinebis siCqaris cval ebadoba; yovel dRiuri aqtivoba; mkurnal obis gverdiTi efeqtebi.

meTodebi

"kl inikuri faqtebis" ("Clinical evidence") siaxl eebis moZieba da Sefaseba 2000 w. damatebiTi wyaroebi gamovl enil ia eqsper tebis mier.

ki Txva: rogoria mwvave asTmis mkurnal obis efeqtebi?

saki Txi: β_2 -agonistebis misaRebad dozirebul i inhal atori umj obesia Tu nebul aizeri?

Semaj amebel i monacemebi: randomizebul i (SemTxveviTi SerCevs principze agebul i) kontrol irebul i kvl eebis vrcel i mimoxil vis Sedegad mwvave, magram ara si-cocxl isTvis saSiSi asTmis mqone pacientebSi β_2 -agonistebis miRebis miZniT nebul aizeretebis da dozirebul i inhal atorebis gamoyenebis efeqturobas Soris gansxvaveba ar iqna aRmoCeni i.

sargebel i: mkvl evarebma moizies vrcel i mimoxil va (Ziebis TariRi 1999 w, 13 randomizebul i kontrol irebul i kvl eva (rkk), roml ebSic monawil e-obdnen asTmis mqone arahospital izebul i mozdil ebi da bavSvebi, romel ic dozirebul i inhal atorebisa da nebul aizeretebis efeqturobis Sefasebas isaxavda miznad. mecnier ebma mozdil ebisa da bavSvebis Seswavl is Sedegebi cal cal ke gaanal izes. mozdil ebSi hospital izaciis sixSiris (OR 1,12; 95%-iani sarwmunobis interval i 0,45-2,76), saswrafo daxmarebis ganyofili ebaSi mkurnal obis xangrZl ivobis (saSual o gansxvaveba Seadgenda _ 0,02 sT), amosunTqvis maqsimal uri siCqarisa da erT wamSi forsirebul i amosunTqvis mocul obis mixedviT gansxvaveba ver gamovl inda. mecnier ebma anal o-giuri Sedegebi miRes maSinac ki, roca mimoxil vaSi yvel aze mZime pacientebze (erT wamSi forsirebul i amosunTqvis mocul oba <30%) Catarebul i sami kvl eva CarTes. simptomebi gansxvavebul i sqemebis gamoyenebiT fasdebo-da da amitom Sedegebis kombini reba ver moxerxda.

zi ani: mimoxil vam am or meTods Soris gul iscemis sixSiris mixedviT ver aRmoaCina mniSvel ovani gansxvaveba.

SeniSvnebi: mimoxil vam publ ikaciaTa simcdaris niSnebi ver gamoavl ina. dozebis savaraudo cdomil ebis Tavidan acil ebis mizniT mimoxil vaSi mxo-ll od is kvl eebi gaerTianda, roml ebSic medikamentebis gansxvavebul i individual izebul i dozebi iyo gamoyenebul i. gamomdinare iqidan, rom kvl e-vebSi sicocxl isaTvis saSiSi formis asTmis mqone pacientebi ar monawil e-obdnen, aRniSnul i kategoriis pacientebze miRebul i Sedegebis gavrcel eba ar SeiZl eba.

saki Txi: peroral uri steroidebi mwvave asTmis mkurnal obis dros.

Semaj amebel i monacemebi: mecnier ebma ori vrcel i l iteraturul i mi-moxil vis ganxil vis Sedegad daadgines, rom asTmis mwvave Setevis sawyis etapze sistemuri kortikosteroidebiT mkurnal oba gverdiTi efeqtebis zrdis gareSe amcirebs rogorc hospital izaciisa da recidivebis sixSires, aseve β_2 -agonistebis miRebis saWiroebas. sxva vrcel ma mimoxil vam hospita-l izaciis sixSireebs Soris msgavsi gansxvaveba ver gamoavl ina. aseve, kor-tikosteroidebis, erTis mxriv, peroral ur, da meore mxriv, sainhal acio da intramuskul arul i formebis, efeqturobas Soris mniSvel ovani gansxvaveba ar aRniSneboda. mkurnal obis xangrZl ivobisa da optimal uri dozebis Se-saxeb informaciis moZieba uSedegod damTavrda.

sargebel i: hospital izaciis sixSire: mkvl evarebma moizies sami vrcel i mimoxil va, romel Tagan yvel aze uaxl esi (2000 w, 7 rkk, romel Sic sul 1204 patienti monawil eobda) kortikosteroidebis peroral uri da sainhal acio formebiT mkurnal obis Sedegebis Sedarebas isaxavda miznad. aRniSnul ma

kvl ebebma hospital izaciis sixSireebis Soris mniSvnel ovani gansxvaveba ver gamoavl ina (2 rkk, OR 1,0; 0,4-2,5). meore vrcel i literaturul i mimoxil vis (1997 w, 7 rkk, 320 monawil e) dros mkvl evarebma Sedares peroral uri kortikosteroidebi da pl acebo (4 rkk), kortikosteroidebis peroral uri da intramuskul arul i formebi (4 rkk), intramuskul arul i kortikosteroidebi da pl acebo (1 rkk). aRmoCnda, rom mwvave asTmis Setevis dros sistemuri kortikosteroidebis gamoyenebam Seamcira iseTi recidivebis sixSire, rom l ebic damatebiT mkurnal obas saWiroeben (pirvel i kvira: SedarebiTi riski udrida 0,39-s (0,21-0,74) pl acebosTan SedarebiT. pirvel i 21 dRe: SedarebiTi riski 0,47 (0,25-0,89), Semcirda hospital izaciis sixSire (SedarebiTi riski 0,35, 0,13-0,95). kortikosteroidebma aseve Seamcira β_2 -agonistebiT mkurnal obis saWiroeba (saSual o gansxvaveba -3,3 miReba/dReSi, -5,5-dan -1,0-mde). Ziebam ver gamoavl ina aSkara gansxvaveba intramuskul arul i da peroral uri kortikosteroidebis efeqturobas Soris. mesame, SedarebiT Zvel i vrcel i mimoxil vis (1991 w, 5 rkk, 42 monawil e) dros mecnieriebma Sedares sistemuri kortikosteroidebi da pl acebo. dadginda, rom aRniSnul i j gufis preparatebis adreul i gamoyeneba hospital izaciisa da recidivebis sixSires amcirebs rogorc mozrdil ebSi, aseve bavSvebSi (mozrdil ebSi hospital izaciis OR kortikosteroidebisTvis Seadgenda 0,47, pl acebosTvis _ 0,27 _ 0,79).

mkurnal obis Sewyveta: aRniSnul sakiTxze vrcel i literaturul i mimoxil vis moZieba ver moxerxda. erTi randomizebul i kontrol irebul i kvl evis dros, romel Sic mwvave asTmis gamo hospital izirebul i 35 adami ni monawil eobda, mkvl evarebma prednizol onis dozebis 1 kviris ganmavl obaSi Semcirebisa da misi swrafi Sewyvets efeqturoba Seafases. aRmoCnda, rom 10 dRis ganmavl obaSi 0,5-1 mg/kg/dReSi prednizol oniT mkurnal oba saukeTeso Sedegebs iZl eva da asTmis simptomebis kupirebisTanave dozis etapobrivi Semcirebis gareSe preparatis miRebis erTbaSad Sewyveta srul iad dasaSvebia.

optimal uri dozebi da mkurnal obis xangrZl ivoba: mkvl evarebma aRniSnul Temaze vrcel i mimoxil va an randomizebul i kontrol irebul i kvl eva ver moizies. mkurnal obis optimal uri xangrZl ivoba, rogorc Cans, patientis individual ur Taviseburebebze, mdgomareobis simZimeze da sxva waml ebis paral el ur gamoyenebazea damokidebul i.

ziani: asTmis dros sistemur kortikosteroidebs xanmokl e mkurnal obis SemTxvevaSic ki iseTive gverdiTi efeqtebis gamowveva SeuZl iaT, rogorc sxva daavadebebis dros.

Seni Svna: mecnieriebma mwvave asTmis gamo hospital izebul i patientebis mkurnal obaSi peroral uri kortikosteroidebis rol is Sesaxeb sando monacemebi ver moipoves. aseve nakl eb savaraudoa, rom pl aceboTi kontrol irebul i randomizebul i kvl eva Catarebul i iyos mwvave asTmis mZime SemTxvevebSi. zogadi praqtikis eqimebTan moxvedril i asTmis mqone 413 mozrdil is rkk-m peroral uri kortikosteroidebis xanmokl e kursebsa da sainhalacio fl utikazonis maRal dozebs Soris ver gamoavl ina gansxvaveba mkurnal obis araefekturobis sixSiris mixedviT.

saki Txi: mwvave asTmis gamo β_2 -agonistebiT xangrZl ivi mkurnal obis Sedareba maTi xanmokl e moqmedebis formebis mxol od saWiroebis SemTxvevaSi gamoyenebasTan.

Semaj amebel i monacemebi: erTma randomizebul ma kontrol irebul ma kvl evam aRmoaCina, rom β_2 -agonistebis uwyvetma miRebam, maT periodul gamoyenebasTan SedarebiT, erT wamSi forsirebul i amosunTqvis mocul oba

sagrZnobl ad gaumj obesa. sxva SedarebiT mcire rkk-m mniSvnel ovani msgavsi gansxvaveba ver gamoavl ina. sasunTqi gzebis SedarebiT ufro mwvave obstruqciis mqone mozdil ebis randomizebul ma kontrol irebul ma kvl evam damaj erebl ad aCvena, rom daavadebis gamosaval i β_2 -agonistebis nebul aize-rebiT uwyvetma mkurnal obam ufro gaumj obesa, vidre arasistematurma mkurnal obam.

sargebel i: mkvl evarebma aRniSnul Temaze 7 rkk moiZies. pirvel ma yvelaze vrcel ma maTganma (99 monawil e) aRmoaCina, rom SedarebiT mZime formis asTmis mqone 69 adamianis qvej gufSi aerazol is uwyvetma gamoyenebam PEFR 120 wuTiT (296 1/wT, 266-329 uwyveti mkurnal obis dros, SedarebiT 244 1/wT, 216-272 periodul i mkurnal obis SemTxvevaSi) gazarada, maTi mxol od saWi-roebis SemTxvevaSi miRebasTan SedarebiT. hospital izaciis SemTxvevebi aseve sagrZnobl ad mcire iyo xangrZl ivi Terapiis pirobebSi (11/35 _ 28% SedarebiT 19/34 _ 57%-Tan, P=0,03). anal izis retrospeqtul i buneba asustebs am Sedegebs. randomizebul ma kontrol irebul ma kvl evam, romel Sic 38 paci-enti monawil obda, forsirebul i amosunTqvis mocul obis gaumj obesebis mixedvit sal butamol iT uwyvet mkurnal obasa da preparatis mxol od saWi-roebis SemTxvevaSi miRebas Soris gansxvaveba ver gamovl ina. sawyis etapze erT wamSi forsirebul i amosunTqvis mocul obis SedarebiT dabal i maCvenebl ebis mqone pacientebis anal izma aCvena, rom aRniSnul i maCvenebl ebis gaumj obeseba uwyveti mkurnal obis SemTxvevaSi ukeT aris gamoxatul i. ki-dev erTma rkk-m (165 monawil e) Seadara sal butamol iT mkurnal obis 4 sxvasxva reJimi: preparatis maRal i (1,5 mg) doza standartul dozastan (0,5 mg) da preparatis uwyveti miReba mis saWi-roebis SemTxvevaSi gamoyenebasTan. dadginda, rom uwyveti mkurnal obis SemTxvevaSi 2 saat is manZil ze FEV₁-is gaumj obeseba aRemateba preparatis rogorc maRal i, aseve mcire dozebis periodul i miRebis rejims.

ziani: cnobil ia xSir dozirebasTan asocierebul i susti gverdiTi efeqtebi. maT miekuTvneba taqikardia, tremori da Tavis tkivil i. metabol uri darRvevebi SedarebiT uCveul oa da maTgan uxSiresia hiperkal emia. erTma randomizebul ma kontrol irebul ma kvl evam maRal i dozebiT wyvetil i mkurnal obis SemTxvevaSi gverdiTi efeqtebis umaRl esi maCvenebl i gamoav- l ina. yvel aze xSiri uaryofiti efeqti iyo tremori (maRal i dozebiT peri- odul i mkurnal obis dros _ 24%, maRal i dozebiT uwyveti mkurnal obis dros ki 20%, standartul i dozebis saatobrivi miRebisas 9,3% da standar- tul i dozebis uwyveti miRebisas _ 2,5%).

Seni Svnebi: 46 hospital izebul i mozdardis monawil eobiT Catarebul i randomizebul i kontrol irebul i kvl eva nebul aizeris saSual ebiT sal butamol is regul arul i (5 mg yovel 4 saatSi) da saWi-roebis SemTxvevaSi (2,5-5 mg) mkurnal obis rejimebis Sefasebas mieZRvna. aRmoCnda, rom meore rejimi sarwmunod asocierdeba xanmokl e hospital izaciasTan (3,7 da 4,7 dRe), sal- butamol is SesxurebaTa raodenobasa (geometriul i saSual o 7,0 da 14, P=0,003) da taqikardiis SemcirebasTan (P=0,049).

sakiTxi: mwvave asTmis dros xanmokl e moqmedebis β_2 -agonistebis intravenuri da sainhal acio formebis Sedareba.

Semaj amebel i monacemebi: randomizebul i kontrol irebul i kvl ebebis Sedege- bi urTierTgamomricxav informacias iZl eva intravenuri da sainhal acio sal butamo- l is efeqturobis Sesaxeb.

sargebel i: vrcel i literaturul i mimoxil va aRniSnul sakiTxze ar moipoveba. intravenuri da sainhal acio sal butamol is Sedarebis miZniT Ca-

tarebul i 3 rkk-s Sedegebi gansxvavdeboda erTmaneTisagan. yvel aze didi kvl evis (76 avadmyofi, romel Ta mdgomareoba ar gaumj obesda sal butamol is Sesxurebidan 30 wuTis ganmavl obaSi) dros mecnier ebma Seadares sal butamol is ineqciebisa da inhal aciebis Sedegi preparatis miRebidan 30 wuTisa da 2 saatS Semdeg. intravenuri sal butamol is j gufSi bronqodil ataciuri efeqti bevrad ukeTesad iyo gamoxatul i (FEV_1 -is maCvenebel i ineqciebis j gufSi 25%-iT, xol o inhal aciebis j gufSi 14%-iT gaumj obesda. gansxvavebam Seadgina 11%, 2,4%-19%). meore mul ticentrul ma randomizebul ma kontrol irebul ma kvl evam (47 monawil e) aCvena, rom Sesasxurebel i sal butamol is gamoyenebis (saerTo doza 10 mg) efeqti erTi saatS Semdeg sagraZnobl ad aRemateboda iyo preparatis (0,5 mg) intravenuri miRebis Sedegebs (19/22 upasuxa sainhal acio, 12/25 ki intravenur sal butamol s). mesame rkk-m (16 pacienti) sainhal acio sal butamol iT mkurnal obis SemTxvevaSi FEV_1 -is gaumj obeseba ver gamoavl ina, Tumca pacientebma gamokiTxvisas simptomebis mkveTri gaumj obeseba aRni Snes.

ziani: aRni Snul i kvl evebi cxadyofen, rom intravenuri mkurnal oba gverdiTi efeqtebis ganviTarebis SedarebiT maRal al baTobasTanaa dakavSirebul i. udidesi randomizebul i kontrol irebul i kvl evis dros (sul 39 monawil e) intravenur j gufs taqikardiis gamo 2 pacienti gamoeTisa. sainhal acio sal butamol is j gufs uaryofiTi efeqtebis mizeziT arc erTi avadmyofi ar gamokl ebia, Tumca 3-ma maTganma mkurnal oba Sewyvita misi uefeqtobis gamo.

saki Txi: ipratropiumis bromidisa da β_2 -agonistebis kombinacia mwvave asTmis dros.

Semaj amebel i monacemebi: vr cel i literaturul i mimoxil visa (1999 w. hospital izaciis sixSiris 5 rkk) da erTi Semdgomi randomizebul i kontrol irebul i kvl evis Sedegad aRmoCnda, rom asTmis SedarebiT ufro mwvave formis mqone pirebSi xanmokl e moqmedebis β_2 -agonistebTan erTad ipratropiumis bromidis gamoyeneba mniSvel ovnad amcirebs hospital izaciis sixSires da aumj obesebs fil tvis funqciebs.

sargebel i: vr cel i mimoxil vis Sedegebis safuZvel ze mecnier ebma Seadares sal butamol isa da sainhal acio ipratropiumis bromidis kombinaciisa da, meore mxriv, sal butamol iT monoTerapiis efeqturoba da aRmoaCines, rom ipratropiumis damateba hospital izaciis sixSires (OR 0,62, 0,44-0,88; NNT 18, 11-17) mniSvel ovnad amcirebs. 4 kvl evis meta-anal izma, roml is drosac Seiswavl es sasunTqi gzebis mwvave obstruqciis mqone pacientebi ($FEV_1 < 35\%$), gamoavl ina, rom damatebiTi mkurnal oba ipratropiumis bromidiT 90 wuTsi aumj obesebs FEV_1 -s (efeqtis maCvenebel i 0,38, 0,05-0,67). asTmis mqone im 180 pacientis randomizebul i kontrol irebul i kvl evis dros, romel Ta $FEV_1 < 50\%$, mecnier ebma sal butamol isa da pl acebos kombinaciis efeqturoba Seadares sal butamol iTa da ipratropiumiT mkurnal obis Sedegebs. aRmoCnda, rom ipratropiumis damateba mniSvel ovnad aumj obesebs PEFr-s (statusis gaumj obesebis mixedviT ipratropiumsa da pl acebos Soris gansxvaveba Seadgens 21%, 2,6-38%) da FEV_1 -s (gaumj obesebis maCvenebel e bis mixedviT ipratropiumsa da pl acebos Soris gansxvaveba aRwevs 48%-s, 20-76%). ipratropiumis j gufis pacientebSi kvl evis 3 saatiani periodis bol os hospital izaciis al baToba sagraZnobl ad nakl ebi iyo (20% SedarebiT 39%-Tan, $P=0,01$).

zi ani: ipratropiumis damatebas ar hqonia sagraZnobi gavl ena gverdiT efeqtebze.

saki Txi: oqsigenoTerapia.

Semaj amebel i monacemebi: vr cel i mimoxil vis an rkk-s moZieba mwvave asTmis dros Jangbadis gamoyenebis sakiTxze ver moxerxda. miuxedavad amisa, gamocdil eba da daavadebis paTofiziol ogia imaze metyvel ebs, rom oqsigenoTerapias sasicocxl o mniSvnel obis rol i aqvs mwvave asTmis mkurnal obis dros. pacientebis mcire j gufSi Catarebul ma rkk-m Sereul i maCvenebl ebi gamoavl ina, romel Ta Tanaxmad Jangbadisa da hel iumis kombinaciam SesaZl oa PEFR-is gaumj obesebamde mi gviyvanos.

sargebel i: mxol od Jangbadi: vr cel i mimoxil va an rkk aRniSnul sakiTxze ver iqna moZiebul i.

Jangbadi da hel iumi: mecnierebma mwvave asTmis mqone mozrdil ebSi hel iumis (70-80%) da Jangbadis (30-20%) kombinaciiis gamoyenebis Sesaxe 3 rkk moikvl ies. erT randomizebul kontrol irebul kvl evaSi monawil eobda 27 adamiani, romel Ta PEFR<250 l/wT miuxedavad mkurnal obisa, paradoqsul i pul si (15 mm wvy. hel iumisa da Jangbadis narevis (80:20) SesunTqvam, oTaxis haeris SesunTqvasTan SedarebiT, daaqveiTa paradoqsul i pul si da gaumj obesa amosunTqvis maqsimal uri siCqare. meore rkk-m (23 adamiani) gamoavl ina, rom 30%-ian JangbadTan SedarebiT, hel iumisa da Jangbadis kombinaciam aseve gazar da amosunTvis maqsimal uri siCqare (PEFR hel ium-Jangbadis narevisTvis 58%-s, sufta JangbadisTvis ki 10%-s Seadgenda). mesame rkk-is (205 paci-enti) dros hel iumisa da Jangbadis kombinaciiis efeqturoba ar dadasturda, rac SeiZl eba Semdegi faqtorebiT aixsnas: kvl evis dros am meTods mcire drois (15 wuTis) ganmavl obaSi iyenebdnen, es iyo cal mxrivad brma Seswavl a da masSi asTmis msubuqi da saSual o simZimis formis mqone avadmyofebi monawil eobden.

zi ani: mxol od Jangbadis an hel iumisa da Jangbadis narevis gamoyenebis gverdiTi efeqtebi ver gamovl inda.

Seni Svnebi: mwvave asTmis yvel aze mZime stadietia: sunTqvis ukmarisoba, gul isa da fil tvebis funqcionirebis Sewyveta da sikvdil i. TiTqmis sasikvdil o asTmis Seswavl is Sedegebi gvamcnoben, rom ufro metad hipoxsia, da ara aritmia ganapirobebs asTmasTan asocierebul sikvdil s. oqsigenoTerapia Seadgens asTmis mqone pacientebis marTvis umniSvnel ovanes sakiTxs, Tumca misi damadasturebel i verc erTi rkk-s moZieba ver moxerxda. amosunTqvis pikuri maCvenebl ebi meryeobs oqsigenoTerapiis dros miwodebul i airis viskozurobis mixedviT (hel iumi nakl ebad mkvrivia JangbadTan SedarebiT, amgvarad maqsimal uri nakadis arastandardizebul i maCvenebl ebi gaiZrdeba haerTan SedarebiT, maSinac ki Tu gazebis narevi sasunTqi gzebis Seviwroebaze gavl enas ar axdens). kvl evebis dros gaurkvevel i darCa standartizebul i iyo Tu ara pikuri nakadis Canawerebi haerisTvis da hel ium-Jangbadis narevisatvis.

saki Txi: intravenuri magniumis sul fatis gamoyeneba.

Semaj amebel i monacemebi: vr cel i literaturul i mimoxil vis didi qvej gufis anal izis Sedegebi gvamcnobs, rom mwvave asTmis SedarebiT mZime formis mqone pirebSi tipiur mkurnal obasTan erTad intravenuri magniumis sul fatis gamoyenebam SesaZl oa, hospital izaciiis sixSire daaqvei Tos. erTma mcire randomizebul ma kontrol irebul ma kvl evam gamoavl ina, rom nebul aizebul ma magniumis sul fatma fiziol ogiur xsnarTan SedarebiT sagraZnobl ad gaumj obesa PEFR.

sargebel i: aRniSnul Temaze moZiebul iqna erTi vrcel i mimoxil va (1999 w. 5 rkk mozrdil ebSi, 3 _ bavSvebSi, sul 665 monawil e) da erTi Semd-gomi rkk. mimoxil vis dros mecnier ebma Seadares Cveul medikametebTan er-Tad, erTi mxriv, intravenuri magniumis sul fatiT, meore mxriv, pl aceboTi mkurnal obis efeqturoba da hospital izaciis sixSireebis mixedviT gansxvaveba ver gamoavl ines (OR 0,31; 0,09-1,02). sasunTqi gzebis SedarebiT mZime obstruqciis mqone mozrdil ebis qvej gufis (FEV₁ < 30% daavadebis dasawyisSi, sawyisi mkurnal obis uefeqtoba, erTi saaTis ganmavl obaSi FEV₁-is 60%-ze metad gazrdis SeuZl ebl oba) anal izma aRmoacina, rom magniumis sul fatis miRebis SemTxvevaSi PEFR-is ukeTesi macvnebl ebi da hospital izaciis nakl ebi sixSire aRiniSneboda. Semdgamma randomizebul ma kontrol irebul ma kvl evam (35 avadmyofi) sal butamol isa da fiziol ogiuri xsnaris kombinaciis efeqturoba Seadara aRniSnul β_2 -agonistTan erTad magniumis sul fatis nebul aizeriT miRebis Sedegebs. aRmoCnda, rom fiziol ogiur xsnarTan SedarebiT magniumis sul fatma sagraZnobl ad gazarda amosunTqvis maqsimaluri siCqare (PEFR-is mateba 10 wutis Semdeg Seadgenda 61%-s SedarebiT 31%-Tan; gansxvaveba 30% (3-56%), P=0,03).

ziani: aRniSnul mkurnal obasTan dakavSirebul i mniSvnel ovani gverdiTi efeqtebi araa cnobil i.

Seni Svnebi: mwvave asTmis dros intravenuri magniumis sul fatis mniSvnel obis Seswavl is mizniT saWiroa Semd-gomi kvl evebis Catareba. ori gamokvl eva Seexeboda aminofil iniT mkurnal obas, erTi _ ipratropiumis gamoyenebas. orive preparati, rogorc nacvnebia, sasunTqi gzebis obstruqciaze gavlenis gareSe moqmedebs hospital izaciis sixSireze. mecnier ebma moaxdines kvl evis win gamoyofil i inter- da intraj gufebis anal izi, romel mac aRniSnul i efeqtis damadasturebel i Zl ieri mtkicebul ebebi gamoavl ina.

sakiTxi: meqanikuri ventil acia.

Semaj amebel i monacemebi: mkvl evarebma ver moZies mwvave asTmis mqone pacientebSi Catarebul i iseTi kvl ebebi, roml ebic meqanikuri ventil aciis gamoyenebisa da misi ignorirebis SemTxvevaSi mkurnal obis Sedegebis Sedarebas isaxavda miznad. didi j gufebis Seswavl isa da kl inikuri SemTxvebis seriul i anal iziT mopovebul i mtkicebul ebebi, miuxedavad aRniSnul CarevasTan dakavSirebul i maRal i avadobisa, mxars uWeren meqanikuri ventil aciis CarTvas asTmis samkurnal o kompl eqsSi.

sargebel i: aRniSnul sakiTxze vrcel i mimoxil vebi ver iqna nanaxi.

ziani: meqanikuri ventil acia asociardeba hipotenziasTan, barotravmasTan, infeqciebTan, miopatiastan, gansakuTrebiT miorel aqsantebita da kortikosteroidებიT miRweul i xangrZl ivi paral izis dros. meqanikuri ventil aciis 88 SemTxvevis retrospeqtul i anal izis Sedegad gamovlenil i gverdiTi efeqtebia: hipotenzia _ 20%, fil tvis barotravma _ 14%, aritmiebi _ 10%.

Seni Svnebi: gamocdil eba cxadyofs, rom meqanikuri ventil acia warmoadgens sasicocxl o mniSvnel obis proceduras, romel sac saWiroebs mwvave asTmis mZime formis mqone pacientebis mcire j gufi. vrcel ma Seswavl am da kl inikuri SemTxvebis seriul ma anal izma acvena, rom kontrol irebul i hipoventil aciis dros sikvdil ianobis sixSire sagraZnobl ad Camouvardeba ventil aciis gziT naxSirorJangis donis normal izaciis anal ogiur macvnebel s (am ukanasknel SemTxvevebSi sikvdil obis macvnebel i Seadgens 7,5-23%). arainvaziuri ventil acia gamoiyeneboda fil tvis qronikul i obstruqciul i daavadebis mqone pacientebSi mdgomareobis mwvave gauaresebis dros. saWiroa mwvave

asTmis mqone avadmyofebSi meqanikuri ventil aciis gamoyenebis mi zanSewoniI obis per-speqtiul i Sefaseba. Semdgomi kvl evebis dros yuradReba unda mieqces bronqodil a-tatorebis miRebis, miorel aqsantebis optimal uri gamoyenebis da kortikosteroide-bis dozirebis sakiTxebS.

saki Txi: zogadi praqtikisa da viwro special izaciis mqone eqimebTan mkurnal obis Sedareba.

Semaj amebel i monacemebi: ararandomizebul i kvl evebi cxadyofs, rom viwro special izaciis mqone eqimebTan mkurnal oba ufro efeqturia, vidre zogadi praqtikis eqimebTan.

sargebel i: aRniSnul sakiTxze vrcel i mimoxil va an randomizebul i kontrol irebul i kvl eva ver moviZieT. kontrol irebul i kvl evebis erTma arasistematizebul ma mimoxil vam (Ziebis TariRi 1999 w) gamoavl ina, rom "eq-spertebze damyarebul i" mkurnal oba asociრdeba daavadebis ukeTes gamosa-val Tan. erTi-erTi kvl evis dros moaxdines im pacientebis fsevdo-randi-mizacia, roml ebmac saswrafo daxmarebis ganyofil ebaSi mkurnal obis Semdeg mimarTes viwro special ists da Seadares rutinul samedicino daxmarebas zogadi praqtikis eqimebTan. aRmoCnda, rom viwrod special izirebul i same-dicino daxmarebis miRebis SemTxvevaSi sagrZnobl ad nakl ebia imis al baTo-ba, rom 6 Tvis ganmavl obaSi Zil is periodSi avadmyofebS ganuviTardebaT recidivi (OR 0,24; 0,11-0,52), romel sac saswrafo samedicino daxmarebis gawe-va dasWirdeba (SedarebiTi riski erTi hospital izaciisaTvis 0,56; 0,34-0,95; ori hospital izaciisaTvis 0,30; 0,16-0,60) an eqneba mraVal i recidivi. garda amisa, maT sainhal acio kortikosteroidebiTa (OR 3,6; 1,9-6,6) da kromol i-niT (SedarebiTi riski 2,2; 1,9-2,5) mkurnal obis meti al baToba aqvT.

zi ani: ar aris gamovl enil i.

saki Txi: asTmis Sesaxeb codnis donis amaRI eba aRniSnul i daavadebis mqone pirebSi.

Semaj amebel i monacemebi: mkvl evarebma gaaanal izes randomizebul i kontrol irebul i kvl evebis erTi vrcel i mimoxil va (1999 w. 22 rkk) mozr-dil ebSi asTmis TviTmarTvis sakiTxebze. aRmoCnda, rom TviTmarTvis gaad-vil ebis mizniT asTmis Sesaxeb codnis donis amaRI eba viwro special isti-sa Tu zogadi praqtikis eqimis mier, sagrZnobl ad amcirebs hospital izaci-is risks (SedarebiTi riski 0,62, 0,41-0,96; NNT _ 38, 20-382), daugegmav vizi-tebs eqimebTan (SedarebiTi riski 0,74, 0,63-0,90; NNT _ 12, 8-36), gacdenil sa-muSao dReebS (SedarebiTi riski 0,75, 0,63-0,90; NNT _ 7,5-13). saukeTeso Sede-gebi iqna miRweul i im pacientebSi, visac weril obiT hqondaT mkurnal obis gegma.

zi ani: informacia ar arsebobs.

EXTRACTS FROM "CLINICAL EVIDENCE": CHRONIC ASTHMA

(Reviewed and translated by **Shorena Archuadze**, Postgraduate fellow, Moscow Institute of Haematology, Moscow, Russia, ashorena@blood.ru)

Beneficial Interventions: Spacer devices for delivering inhaled medications from pressuri-sed metered dose inhalers in acute asthma (as good as nebulisers), Short courses of oral corticosteroids for acute exacerbations, Ipratropium bromide added to β_2 agonists for acu-te exacerbations.

Interventions likely to be beneficial: Continuous nebulised delivery of bronchodilators for acute asthma (better than intermittent treatment), Oxygen supplementation for acute asth-ma (no direct randomised evidence available), Intravenous magnesium sulphate for peop-

le with more severe acute asthma, Mechanical ventilation for people with near fatal asthma (no direct randomised evidence available), Specialist versus generalist care for acute exacerbations, Asthma education for people with acute asthma.

qronikul i asTma

kl inikuri faqtebis mimoxil va

2000 w. damatebiTi wyaroebi gamovl enil i eqsper tebis mier (Clinical Evidence).

Sorena arCuaZe
hematol ogiis instituti, moskovi, ruseTi
el -fosta: ashorena@blood.ru

Sesaval i

gansazRvra: asTmas axasiaTebis qoSini, xvel a, gul mkerdis areSi moWeris SegrZneba, cemebeba, sxvadasxva kal ibris sasunTqi gzebis obstruqcia (dax-Soba) da maTi hiperreaqtiul oba (sasunTqi gzebis mzadyofna, garkveul stimul s Warbi reaqqiit upasuxos). asTmis mqone pacientebSi amosunTqvis maq-simal uri siCqaris _ PEFr (izomeba erTeul ebSi _ l itri/wuTSi) dRiuri meryeoba matul obs. qronikul i asTma, aRniSnul i daavadebis iseT formas warmoadgens, romel ic SemanarCunebel mkurnal obas saWiroebs. aseT SemTx-vevebSi, mwvave asTma ganisazRvreba, rogorc qronikul i mdgomareobis gamw-vaveba, romel ic gadaudebel an saswrafo samedicino daxmarebas saWiroebs. qronikul i asTmis aSS-Si gavr cel ebul i kl asifikacia daavadebis simZi-mis mixedviT:

- * msubuqi gardamaval i asTma _ yovel kvireul ze iSviaTi simptomebi fil t-vis normal uri an TiTqmis normal uri funqciit;
- * msubuqi persistirebadi asTma _ erT kviraze xSiri, magram yovel dRiur-ze iSviaTi simptomebi fil tvis normal uri an TiTqmis normal uri funq-ciiT;
- * saSual o simZimis persistirebadi asTma _ yovel dRiuri simptomatika sa-sunTqi gzebis cval ebadi, msubuqidan gamoxatul amde obstruqciit;
- * mwvave asTma _ yovel dRiuri simptomatika da xSiri gamwvavebebi RamiT, sasunTqi gzebis gamoxatul idan mZimemde obstruqciit.

qronikul i asTmis britanul i kl asifikacia misi simZimis mixedviT:

ambul atorul pacientebSi qronikul i asTmis kl asifikacia eyrdnoba sim-promebis mudmivi kontrol isaTvis saWiro preparatebis raodenobas. avadm-yofebis asTmis sxvadasxva simZimis j gufebSi ganawil eba xdeba etapobrivad, kl inikuri simptomebis regul aciisaTvis aucil ebel i medikamentebis mixed-viT.

- * I etapi _ β -agonistebi (iSviaTad) simptomebis SemsubuqebisTvis.
- * II etapi _ regul arul i sainhal acio anTebis sawinaaRmdago agentebi, ro-gorebicaa sainhal acio kortikosteroidebi, kromoglikati, nedokromil i.
- * III etapi _ maRal i dozis sainhal acio kortikosteroidebi an dabal i dozis sainhal acio kortikosteroidebi xangrZl ivi moqmedebis sainhal a-cio β_2 - bronqodil atatorebTan erTad.
- * IV etapi _ maRal i dozis sainhal acio kortikosteroidebi regul arul bronqodil atatorebTan erTad.
- * V etapi _ regul arul i peroral uri kortikosteroidebi.

sixSire/gavr cel eba: asTmis gavr cel ebis done mTel s msofi ioSi ma-
tul obs. popul aciis daaxl oebiT 10%-s gadatanil i aqvs asTmis Seteva.

etiologia/risk faqtorebi: asTmis mqone pacientebis umetesobas daa-
vadebis atopiuri (al ergiul i genezis) forma aReniSneba; garkveul faqto-
rebTan kontakti sasunTqi gzebis anTebas da struqturul cvl il ebeps iw-
vevs, rasac hiperreaktiul obamde, sxvadasxva bronqebis obstruqciamde da,
Sedegad, asTmis simptomebis umetesobis ganviTarebamde miyvavarT. aRniSnul
faqtorebs miakuTvnebian garemoSi arsebul i al ergenebi, profesiul i masen-
sibil izebel i agentebi da sasunTqi sistemis virusul i infeqciebi.

prognosi: asTmis gamo saswrafo daxmarebis ganyofil ebaSi moxvedril i
pirebis daaxl oebiT 10-20% hospital izacias saWiroebs. maTgan 10%-ze nak-
l ebs xel ovnuri ventil acia utardeba. am ukanasknel is gamoyenebis anamnezi
momdevno Setevebis mkurnal obisas aRniSnul i meTodis saWiroebs 19-j er
gazrdil riskTan asociardeba. Cveul ebri, sikvdil is SemTxvevebi Zal ian
iSviaTia, Tu saavadmyofosi moxvedramde avadmyofs sunTqvis gaCereba ar
ganuviTarda. saswrafo daxmarebis ganyofil ebidan gaweril i 939 pacientis
perspektiul ma Seswavl am aCvena, rom 17%-s (95% sarwmunobis interval i 14%-
20%) recidivi ori kviris manZil ze ganumeorda.

mizani: daavadebis kl inikuri niSnebis minimumamde Semcireba an aRmofxv-
ra; fil tvis funqcionirebis maqsimal uri gaumj obeseba; asTmis Setevebis
profil aqtika; medikamentebis saWiroebs minimumamde dayvana; mkurnal obis
gverdiTi efeqtebis Semcireba; asTmis mqone pacientebis uzrunvel yofa sak-
marisi informaciit, raTa maT Tavianti daavadebis TviTmarTva gauadvil-
deT.

gamosaval i: simptomebi (dRisiT da RamiT); fil tvis funqcia (PEFR da
forsirebul i amosunTqvis mocul oba erT wamSi _ FEV₁); pirvel i rigis me-
dikamentebis, rogoricaa β_2 -agonistebis sainhal acio formebs saWiroeba;
bronqebSi haeris dinebis siCqaris cval ebadoba; yovel dRiuri aqtivoba;
mkurnal obis gverdiTi efeqtebi.

meTodebi

"kl inikuri faqtebis" ("Clinical evidence") siaxl eebis moZieba da Sefaseba _
2000 w. damatebiTi wyaroebi gamovl enil i eqspertebis mier.

kiTxva: rogoria qronikul i asTmis mkurnal obis efeqtebi?

sakiTxvi: msubuqi gardamaval i asTmis mqone mozdil ebSi xanmokl e moq-
medebis sainhal acio β_2 -agonistebiT regul arul i da mxol od saWiroebs
SemTxvevaSi mkurnal obis Sedareba.

Semaj amebel i monacemebi: randomizebul ma kontrol irebul ma kvl evam
(rkk) aRmoacina, rom msubuqi gardamaval i asTmis mqone pirebSi xanmokl e
moqmedebis sainhal acio β_2 -agonistebis regul arul i gamoyeneba wyvetil
mkurnal obasTan SedarebiT damatebiT dadebiT kl inikur efeqtebs ar uz-
runvel yofs da asTmis simptomebis kontrol is gauaresebac ki SeuZl ia.

sargebel i: mkvl evarebma aRniSnul sakiTxze vrcel i mimoxil va ver moi-
Zies. gamovl enil i iqna ramodenime randomizebul i kontrol irebul i kvl e-
va, roml ebic sainhal acio sal butamol is regul arul i da periodul i miRe-
bis Sedarebas isaxavda miznad. uaxl esi rkk-s (zogadi praqtikis eqimis dak-
virvebis qveS myofi asTmis mqone 983 adamiani, romel Ta 90% regul arul ad
iyenebda sainhal acio kortikosteroidebs) dros mkvl evarebma regul arul i
(400 mkg 4-j er dReSi) sal butamol is da aRniSnul i preparatis mxol od sa-

Wiroebis SemTxvevaSi gamoyenebis efeqturoba Seadares. erTwl iani dakvirvebis bol os maT gamwvavebaTa sixSiris (SedarebiTi riski 0,96, 95%-iani sarwmunobis interval i 0,8-1,15) an dil iT amosunTqvis maqsimal uri siCqaris mixedviT aRniSnul 2 rejims Soris mniSvnel ovani gansxvaveba ver gamoavl ines. sal butamol is regul arul i miRebis pirobebSi dRis meore naxevarSi amosunTqvis maqsimal uri siCqare (gansxvaveba 10,3 1/wT, 6,7-14,0) da Sesabamisad, misi dRiuri cval ebadobac (gansxvaveba 3,3%, 2,5-4,1%) sagrZnobl ad maRal i iyo. meore rkk-m (msubuqi gardamaval i asTmiT daavadebul i 255 adamiani, romel ic mxol od sainhal acio β_2 -agonistebiT mkurnal obda) sal butamol iT regul arul i da usistemo mkurnal obaTa efeqturoba Seafasa. 16 kviriani dakvirvebis bol os, j gufebi mniSvnel ovnad ar gansxvavdebodnen daavadebis kl inikuri niSnebis, cxovrebis xarixxis, sasunTqi gzebis obstruqciis an gamwvavebaTa sixSiris mixedviT. im pacientebS, roml ebic sal butamol iT regul arul ad mkurnal obdnen (sal butamol is j amuri dRiuri doza Sesabamisad Seadgenda 1,6 da 9,3 SesunTqvas dReSi) medikamentebis gamoyenebis, amosunTqvis maqsimal uri siCqaris dRiuri cval ebadobisa da metaqol inisadmi pasuxis intensivobis sagrZnobl ad ufro maRal i maCvenebl ebi aRniSnebodaT, vidre im pacientebS, roml ebic mxol od asTmis simptomebis gamovl enis dros iRebden aRniSnul preparetebs.

adrindel i pl aceboTi kontrol irebul i, ormxrivad brma j varedini kvl evis (64 adamiani, roml ebic mkurnal obda sainhal acio an peroral uri kortikosteroidebiT, an sainhal acio kromogl ikatiT mxol od saWiroebis SemTxvevaSi, an orive maTganiT) Sedegad aRmoCnda, rom im 57 pacientis umelesi nawil i, romel Ta daavadeba aqtiuri mkurnal obis periodSi advil ad eqvemdebareboda Terapias, ukeTesad grZnobda TavS wyvetil i, vidre regul arul i mkurnal obis SemTxvevaSi (40 da 17, Sesabamisad). garda amisa, 6 gamwvavebidan 5-s adgil i hqonda upiratesad im pacientebSi, roml ebic fenoterol s iRebden regul arul ad da ara usistemod. sainhal acio kortikosteroidebi gamwvavebaTa profil aqtikis Tval sazrisiT uefeqtoni aRmoCndnen.

ziani: erTma kontrol irebul ma Seswavl am asTmiT gamowveul i sikvdil obis matebasa da xanmokl e moqmedebis β_2 -agonistebis Warb gamoyenebas Soris kavSiri gamoavl ina. aRniSnul i mtkicebul eba ar miuTitebs mizez-Sedegobriv kavSirze, radgan xSiri gamwvavebebis mkurnal obis mizniT β_2 -agonistebis Warbi miReba ubral od maRal i riskis mwvave ukontrol o asTmis SemTxvebebis asaxvas warmoadgens. sxva randomizebul ma kontrol irebul ma kvl ebebma aCvena, rom sainhal acio β_2 -agonistebis regul arul i gamoyeneba medikamentebis Sewyvetis Semdeg sasunTqi gzebis hiperreaqtiul obis periodul gauaresebasTan da al ergeniT inducirebul i bronqokonstriqciis matebasTan asociრdeba. tipiuri iyo gancxadebebi TrTol vis Sesaxeb, Tumca tol erantoba ganviTarda β_2 -agonistebis SedarebiT ufro xSiri gamoyenebis SemTxvevebSi.

Seni Svnebi: uaxl esi rkk-s dros randomizebul i pacientebis 33%-ma kvl evaSi monawil eoba Sewyvita da amit maT Seasustes kvl evis SesaZI ebl oba, gamoevl ina sagrZnobi gansxvaveba sal butamol is regul arul da mxol od gamwvavebis dros miRebas Soris.

saki Txi: sainhal acio kortikosteroidebis dabal i dozebis gamoyeneba msubuqi persistirebadi asTmis mqone pacientebSi.

Semaj amebel i monacemebi: randomizebul i kontrol irebul i kvl ebebis Sedegad dadginda, rom msubuqi persistirebadi asTmis mqone pirebSi sainha-

I acio kortikosteroidebis dabal i dozebi (250-500 mkg bekl ometazonis dipropionati an misi eqval enti) asTmis simptomebsa da fil tvis funqci- ebs sagrZnobad ukeT aumj obesebs, vidre pl acebo an regul arul i β_2 -ago- nistebi. mecnier ebma mozdil pacientebSi kl inikurad mniSvnel ovani gver- diTi efeqtebis Sesaxeb mtkicebul ebebi ver gamoavl ines.

Sedareba pl acebosTan: mkvl evarebma moizies pl aceboTi kontrol ire- bul i 7 randomizebul i kontrol irebul i kvl eva (msubuqi persistirebadi asTmis mqone 1000 mozdil i da mozdardi), romel ic sainhal acio budesonid- dis, bekl ometazonisa da triamsinol onis dabal i dozebis Sedarebas iTva- l iswinebda. Seswavl is Sedegad gamovl inda pl acebosTan SedarebiT aRniS- nul i preparatebis upiratesoba fil tvis funqcionirebis, asTmis simptomebisa da xanmokl e moqmedebis bronqodil atatorebis miRebis sagrZnobi gaumj obesebis mixed- viT.

β_2 -antagonistebTan Sedareba: mecnier ebma moizies erTi vrcel i mimoxil va (5 mcire rkk). maTSi msubuqi persistirebadi asTmis mqone is 141 mozdil i monawil eobda, roml ebic simptomebis kontrol is mizniT regul arul ad iye- nebdnen sainhal acio kortikosteroidebs< (2 medikaments). aRmoCnda, rom sa- inhal acio kortikosteroidebma mniSvnel ovnad gaaumj obesa fil tvis funq- cionireba (saerTo efeqtis maCvenebel i amosunTqvis maqsimal uri siCqarisT- vis Seadgenda 0,59, 0,32-0,84). am mimoxil vaSi ver Sevida 1 randomizebul i kontrol irebul i kvl eva (msubuqi asTmis mqone 103 mozdil i 12-Tviani anam- neziT, roml ebic peroral uri kortikosteroidebiT ar mkurnal obdnen), ro- mel mac gamoavl ina, rom sainhal acio budesonidma (1200 mkg/dR), β_2 -agoniste- bis inhal aciebTan SedarebiT, xangrZl ivad da sagrZnobl ad gaaumj obesa daavadebis gamosaval i 2 wl is ganmavl obaSi (sarwmunoebis interval i ucno- bia).

ziani: mecnier ebma ver moipoves gamoqveynebul i mtkicebul ebebi imis Se- saxeb, rom sainhal acio kortikosteroidebis dabal i dozebi (1000 mkg/dR bekl ometazonis dipropionati an misi eqval enti) mozdil ebSi mniSvne- l ovan sistemur efeqtebs iwvevs. Tumca ukana subkafsul arul i kataraqta tipiuria im pacientebSi, roml ebic peroral uri kortikosteroidebiT mkur- nal oben, mozdil ebSi Catarebul i kvl evebis umetesoba ver amtkicebs, rom sainhal acio kortikosteroidebi zrdian am risks. miuxedavad amisa, Sedare- biT axal i "popul aciaze dafuznebul i" kontrol irebul i Seswavl is Sede- gad gairkva, rom ufrosi asakis pirebSi sainhal acio bekl ometazonis dip- ropionatis maRal i dozebi nukl earul i (SedarebiTi riski 1,5, 1,2-1,9) da ukana subkafsul arul i kataragtis (SedarebiTi riski 1,9, 1,3-2,8) mcired mo- matebul riskTan asociardeboda. mecnier ebma ver moizies publ ikaciebi os- teoporozis an motexil obaTa risks matebis Sesaxeb. sainhal acio korti- kosteroidebs piris Rrus kandidozis, disfoniis an sixl Caqcevebis ganvi- Tarebis gamowveva SeuZl iaT, Tumca es garTul ebebi aqtual uri probl emis saxes pacientebis mxol od 5%-ze nakl ebSi iRebs.

Seni Svnebi: vrcel i mimoxil vis Sedegebis interpretacia sifrTxil es moiTxovs, radgan ramodenime mcire masStabiani randomizebul i kontrol i- rebul i kvl evis dros arc amosunTqvis maqsimal uri siCqaris zusti gazom- va xdeboda dRis erTidaigive monakveTSi da arc misi dReRamuri cval eba- dobis gansazRvra. kataragtis formirebis Taobaze Catarebul i kontrol i- rebul i kvl ebebi ar iZl eva monacemebs al ergiis SemaSfoTebel i efeqtebis Sesaxeb, romel ic aseve kataragtis ganviTarebis risk-faqtors warmoadgens.

saki Txi: damatebiTi mkurnal oba im pacientebis xangrZl ivi moqmedebis β_2 -agonistebis inhal aciebiT, roml ebiC sainhal acio kortikosteroidebiT kontrol s cudad eqvemdebarebian.

Semaj amebel i monacemebi: erTi vrcel i mimoxil visa da erTi Semdgomi randomizebul i kontrol irebul i kvl evis Sedegad aRmoCnda, rom cudad kontrol irebul i asTmis mqone pacientebSi sainhal acio kortikosteroidebiT mkurnal obaze xangrZl ivi moqmedebis sainhal acio β_2 -agonistebis regul arul i dozebis damateba daavadebis simptomebs da fil tvis funqcionirebas aumj obesebs. xanmokl e moqmedebis β_2 -agonistebis regul arul i gamoyenebisagan gansxvavebiT, xangrZl ivi moqmedebis β_2 -agonistebis regul arul i miReba ar ukavSirdeba asTmis kl inikuri mimdinareobis gauaresebas. mecnierebma ver moipoves sarwmuno mtkicebul ebebi sikvdil obaze maTi gavl enis Taobaze.

sargebel i: pl acebosTan Sedareba: 2 randomizebul i kontrol irebul i kvl evis dros (saSual o simZimis persistirebadi asTmis mqone 506 da 217 avadmyofi, romel ic sainhal acio kortikosteroidebiT _ 250-2000 mkg/dReSi bekl ametazoni an misi eqvalenti _ kontrol s ar eqvemdebareboda) mkvl e-varebma xangrZl ivi moqmedebis β_2 -agonistebis regul arul i inhal aciebisada pl acebos efeqturoba Seadares da aRmoaCines, rom dReSi orjer sal meterol isa an formeterol is miRebam ufro metad gaaumj obesa cxovrebis xarisxis maCvenebl ebi, amosunTqvis maqsimal uri siCqare da erT wuTSi forsirebul i amosunTqvis mocul oba vidre pl acebom. kvl evis Sedegad, gamwvavebaTa sixSiris mixedviT am or j gufs Soris sagrZnobi gansxvaveba ar gamovl inda.

sainhal acio kortikosteroidebis gazrdil gamoyenebasTan Sedareba:

mecnierebma erTi vrcel i mimoxil vis (1999 w, 9 ormagad brma rkk, 3685 monawil e, romel Tac sainhal acio kortikosteroidebis mimdinare dozebis fonze asTmis kl inikuri niSnebi aReniSnebodaT, xangrZl ivoba 3-6 Tve) dros sainhal acio kortikosteroidebis dozebis gazrdisa (sul mcire orjer meti Cveul ebriv dozebTan SedarebiT) da mimdinare dozebze sal meterol is damatebis efeqturoba Seadares. aRmoCnda, rom sal meterol is j gufsi dil iT amosunTqvis maqsimal uri siCqare sagrZnobl ad maRal i iyo (3 Tve: saSual o gansxvaveba amosunTqvis maqsimal uri siCqaris mixedviT Seadgenda 22 1/wT, 15-30, P=0,001; 6 Tve: saSual o gansxvaveba udrida 28 1/wT, interval i 19-36), asTmis gamwvavebaTa sixSiris an simZimis zrdas adgil i ar hqonia. kortikosteroidebis dozebis gazrdasTan SedarebiT, sal meterol ma usimp-tomo dReebisa (saSual o gansxvaveba 6 Tvis bol os Seadgenda 15, 12-18) da RameTa (saSual o gansxvaveba 6 Tvis bol os Seadgenda 5, 3-7) ricxvi mniSvnel ovnad gazarda, aseve sagrZnobl ad daaqveita gadamrCeni medikamentebis gamoyenebis aucil ebl oba. damatebiTma randomizebul ma kontrol irebul ma kvl evam (852 patienti, roml ebsac kortikosteroidebis dabal i an saSual o dozebiT mkurnal obden) daadgina, rom damatebiT orjer dReSi formeterol is da saWiroebis SemTxvevaSi terbutal inis miRebam SesamCnevad gaaumj obesa asTmis kl inikuri simptomebi da fil tvis funqcionireba, aseve Seamcira gamwvavebaTa ricxvi. es ukanasknel i maCvenebel i kidev ufro metad daaqveita sainhal acio kortikosteroidebis oTxjer gazrdil ma dRiurma dozebma da, aseve, budesonidis maRal i dozebisada formeterol is kombinaci-am.

ziani: ramodenime Seswavl am aCvena, rom xangrZl ivmoqmedi sainhal acio β_2 -agonistebis regul arul i dozebiT mkurnal obis SemTxvevaSi pacientebis bronqokonstriqciisagan dacvis mimaT tol erantoba da zogj er tremoric uviTardebaT. xanmokl e moqmedebis sainhal acio β_2 -agonistebi asTmis kontrol is gauaresebasTan da sikvdil is gazrdil riskTan asociardebian. xangrZl ivi moqmedebis β_2 -agonistebis regul arul gamoyenebasa da asTmis kontrol is gauaresebas Soris kavSiri ver gamovl inda.

Seni Svnebi: mkvl evarebma ver moikvl ies randomizebul i kontrol irebul i an sxva kvl evebi sikvdil obis maCvenebel ze xangrZl ivi moqmedebis sainhal acio β_2 -agonistebis zemoqmedebis Taobaze.

saki Txi: I eikotrienebis antagonistebi msubuqidan saSual o simZimis persistentul i asTmis mqone mozdil ebSi.

Semaj amebel i monacemebi: randomizebul ma kontrol irebul ma kvl evebma aCvena, rom pl acebosTan SedarebiT I eikotrienebis antagonistebma β_2 -agonistebTan erTad miRebis SemTxvevaSi asTmis simptomebi da β_2 -agonistebis gamoyeneba sagrZnobl ad daaqveita. erTi vrcel i mimoxil vis Sedegad gamwvavebaTa sixSiris mixedviT I eikotrienebis antagonistebisa da sainhal acio kortikosteroidebs Soris mniSvel ovani gansxvaveba ver gamovl inda, magram sainhal acio kortikosteroidebma cxovrebis xarisxi, fil tvebis funqcionireba da asTmis gamovl inebaTa kontrol i sagrZnobad gaumj obesa.

sargebel i: pl acebosTan Sedareba: mecnier ebma aRniSnul sakiTxze vrcel i mimoxil va ver moizies. mopovebul iqna 3 randomizebul i kontrol irebul i kvl eva (asTmis mqone 1300 mozdil i pacienti, roml ebic mxol od β_2 -agonistebiT mkurnal obdnen), roml is drosac 13 kviris manZil ze pl acebosa da I eikotrienebis antagonistebis efeqturoba fasdeboda. aRmoCnda, rom pl acebosTan SedarebiT zafirl ukastma (20 mg orj er dReSi) asTmis simptomebi rogorc dRisiT, aseve RamiT da β_2 -agonistebis gamoyeneba SesamCnevad daaqveita. udidesi rkk-s (762 pacienti) Sedegad dadginda, rom pl acebosTan SedarebiT zafirl ukasti mniSvel ovnad amcirebs asTmis Setevis ganvitarebas dRisiT, amave mizeziT RamiT gamoRviZebis epizodebis ricxvs da β_2 -agonistebis gamoyenebas (dReSi 3,9 Sesxureba SedarebiT 3,1-Tan; P=0,01). dil iT erT wuTSi forsirebul i amosunTqvis mocul oba sagrZnobad matul obs im pacientebSi, roml ebic zafirl ukastiT mkurnal obdnen (dil iT erT wuTSi forsirebul i amosunTqvis mocul oba gaumj obesda 7%-iT, SedarebiT 3%-Tan, P=0,01).

sainhal acio kortikosteroidebTan Sedareba: mecnier ebma erTi vrcel i mimoxil va (1999 w, 8 rkk asTmis mqone 2000-ze meti mozdil i pacientis monawil eobiT) da erTi Semdgomi randomizebul i kontrol irebul i kvl eva moizies. I literaturul ma mimoxil vam 6-12 kviris manZil ze I eikotrienebis antagonistebisa da sainhal acio kortikosteroidebis efeqturoba Seafasa. kortikosteroidebis dozebi 250-400 mkg/dR bekl ometazonis eqvivalenturi iyo. mimoxil vam I eikotrienebis antagonistebisa da kortikosteroidebs Soris mniSvel ovani gansxvaveba ver gamoavl ina gamwvavebaTa mqone im pacientebis raodenobis mixedviT, romel Tac sistemuri steroidebiT mkurnal oba (4 rkk, SedarebiTi riski 1,3, 0,9-1,9) esaWi roebodaT. miuxedavad amisa, I eikotrienebis antagonistebTan SedarebiT kortikosteroidebma SesamCnevad gaaumj obesa fil tvis funqcionireba (erT wuTSi forsirebul i amosun-

Tqvis mocul oba: 3 rkk, standartizebul i saSual o gansxvaveba _ standardized mean difference (SMD) Seadgenda 0,3, 0,2-0,4), dil iT amosunTqvis maqsimal uri siCqare (3 rkk, SMD Seadgenda 0,4, 0,2-0,5), cxovrebis xarisxi (3 rkk, saSual o gansxvaveba udrida 0,3, 0,1-0,4), asTmis simptomebi (3 rkk, SMD Seadgenda 0,3, 0,2-0,4), Ramis Setevebi (2 rkk, saSual o gansxvaveba udrida 0,6, 0,3-0,9) da, aseve, Seamcira gadamrCeni β_2 -agonistebis saWiroeba (3 rkk, SMD Seadgenda 0,3, 0,2-0,4). Semdgomi randomizebul i kontrol irebul i kvl evis (asTmis mqone 451 mozdil i pacienti, roml ebic uwin mxol od (2-agonistebiT mkurnal obden) dros 12 kviris manZil ze dReSi orjer 88 mg fl utikazonis da 20 mg zafiri ukastis efeqturoba Seadares. rkk-s Sedegebi Seesabameboda mimoxil vis monacemebs daavadebis gamwvavebaTa, fil tvis funqciebis, dil isa da Ramis simptomebis da gadamrCeni β_2 -agonistebis gamoyenebis Sesaxeb.

ziani: randomizebul i kontrol irebul i kvl evis dros, romel ic zafiri ukastisa da pl acebos Sefasebas isaxavda miznad, gverdiTi efeqtebis sixSire (upiratesad faringiti da Tavis tkivil i) anal ogiuri iyo orive j gufSi (350/514 (68%) SedarebiT 160/248 (65%)). vrcel ma mimoxil vam aRmoacina, rom l eikotrienebis antagonistebis gverdiTi efeqtebi sagrZnobl ad ar gansxvavdeboda im uaryofiti movl enebisagan, roml ebic Tan axl avs kortikosteroidებიT mkurnal obas. magram l eikotrienebis antagonistებიT mkurnal obis SemTxvevaSi sagrZnobl ad maRal i iyo "nebismieri mizeziT kvl evidan gamoTisvis" (SedarebiTi riski 1,4, 1,1-1,9) da "gverdiTi efeqtebis gamo kvl evaSi monawil eobis Sewyvetis" (SedarebiTi riski 1,9, 1,1-3,3) riski.

SeniSvnebi: vrcel ma mimoxil vam aCvena, rom mcire randomizebul i kontrol irebul i kvl evebi izl eva daskvnebs specifiuri gamosavl is Sesaxeb da, aseve, moicavs mcireoden gamouqveynebel kvl evebs. amitom Sedegebis interpretacia sifrTxil es saWiroebs.

EXTRACTS FROM "CLINICAL EVIDENCE": CHRONIC ASTHMA

(Reviewed and translated by **Shorena Archuadze**, Postgraduate fellow, Moscow Institute of Haematology, Moscow, Russia, ashorena@blood.ru)

Beneficial interventions: Inhaled short acting β_2 agonists as needed for symptom relief, Low dose, inhaled corticosteroids in mild persistent asthma, Adding inhaled long acting β_2 agonists to inhaled corticosteroids in poorly controlled asthma (for symptom control).

Interventions likely to be beneficial: Leukotriene antagonists for people with mild to moderate persistent asthma.

Ineffective or harmful interventions: Regular use of β_2 agonists in mild intermittent asthma.

el eqtrokardiogramaze iSemiis msgavsi da repol arizaciis cvl il ebebi Tavis tvinsi sisxi is mimoqcevis moSI is mwvave fazaSi

gia xeCinaSvili i
*Sinagan daavadebaTa ganyofil eba
sauniversiteto hospital i
umea, SvedeTi*

el -fosta: george.khechinashvili@medicin.umu.se

rezi ume

mwvave insul tis dros el eqtrokardiogramaze (ekg) gamovl enil i iSemiis msgavsi da repol arizaciis cvl il ebebi xSirad diagnostikuri sirtul eebis ganmapirobebel ia. am sistematiur mimoxil vaSi Sekrebil ia literaturaSi arsebul i monacemebi insul tis mwvave fazaSi ekg-s cvl il ebaTa preval entobisa da gul is kvl evis sxva meTodebis meSveobiT dafiqsirebul patol ogiur cvl il ebebTan maTi Tanxvedris Sesaxeb.

ekg-ze iSemiis msgavsi cvl il ebebi da/an QT interval is gaxangrZl iveba gamovl enil iqna subaraqnoidul i sisxi Caqcevis mqone pacientTa 76%-Si (95%-iani sarwmunoebis interval i 73-90), miuxedavad imisa, hqondaT Tu ara aRniSnul pacientebS anamnezSi gul is daavadeba.

ekg-s aRniSnul i cvl il ebebi gamovl inda iSemiuri insul tisa da tvinsi sisxi Caqcevis mqone pacientTa 90%-ze metSi. Tumca anamnezSi gul is daavadebaTa mqone pacientTa gamoricxvis SemTxvevaSi ekg-ze aRniSnul cvl il ebaTa preval entoba gacil ebiT nakl ebi iyo.

kvl evis sxva meTodebTan Sedarebisas (ul trabgeriT gamokl vl evisas gul is kedl is kumSvadbis darRveva, miokardiumis dazianevis bioqimiuri markerebi, autofsiuri monacemebi, Tal ium-201-iT scintigrafia) ekg-s cvl il ebebi xasiaTdeboda maRal i sensitiurobiT (mgrZnobel obiT), Tumca Zal ze dabal i specifiurobiT.

subaraqnoidul i sisxi Caqcevis mqone pacientebSi ekg-ze iSemiis msgavsi da repol arizaciis cvl il ebebi ZiriTadad tvinis dazianevis uSual o Sedegia da maTi ararseboba umravl es SemTxvevaSi gamoricxavs gul is iSemiur daavadebas. iSemiuri insul tisa da intracerebral uri sisxi Caqcevis mqone pacientebSi ki ekg-s aRniSnul i cvl il ebebi ZiriTadad manamde arsebul i gul is iSemiuri daavadebiTaa ganpirobetul i.

Sesaval i

mwvave insul tis mqone pacientebSi (subaraqnoidul i sisxi Caqceva, intracerebrul i sisxi Caqceva, tvinis infarqti, gardamaval i iSemiuri insul ti) el eqtrokardiografiul i (ekg) cvl il ebebi dafiqsirebul ia jer kidev 1947 wl idan [1]. ekg-s cvl il ebebi zogierT SemTxvevaSi gamoxataven insul tis mizezs (mag. cerebrul i embol ia miokardiumis infarqtis Semdeg an mocimcime ariTmiis mqone pacientebSi), magram xSirad isini insul tis uSual o Sedegi an manamde arsebul i gul is daavadebis gamovl inebaa.

insul tis mqone pacientebSi ekg-ze iSemiis msgavsi da repol arizaciis cvl il ebebi (uaryofiTi, maRal i wvetiani an gabrtyel ebul i T kbil i, ST segmentis el evacia an depresia, QT interval is gaxangrZl iveba, patol ogiuri Q kbil i) SesaZl oa miokardiumis infarqtze eWvis safuZvel i gaxdes. swori diagnozis dasmas arTul ebs is, rom mwvave insul tis fazaSi aRmocene-

bul miokardiumis infarqts Cveul ebriv Tan ar axl avs kl inikuri simptomebi an Civil ebi mkerdis tkivil ze [2,3].

kl inikur praqtikaSi udidesi mniSvel oba eniWeba imis dadgenas, aris Tu ara ekg-ze dafiqsirebul i cvl il ebebi Tavad insul tis Tu miokardiumis Tanmxi ebi dazianebis Sedegi. tvinis dazianebiT, da ara miokardiumis iSemiT gamowveul i ekg-s cvl il ebebis araswoma interpretaciam SesaZI oa ganapirobos usargebl o da xSirad SemTxvevaSi pacientis j anmrTel obisaTvis saziano diagnostikuri Tu Terapiul i Careva. gul is kunTis dazianeba-ze eWvis SemTxvevaSi SesaZI oa dayovnebul iqnas pacientisaTvis aucil ebel i qirurgiul i Careva subaraqnoidul i sisxl Caqcevis mqone pacientebSi an insul tis Semdgomi mobil izebisa da rehabil itirebis dawyeba.

am sistematiuri mimoxil vis mizania l iteraturaSi arsebul i monacemebis Sekrebis safuzvel ze mwvave insul tis fazaSi ekg-ze iSemiis msgavsi da repol arizaciis cvl il ebebis preval entobis da insul tis tipis mixedviT maTi ganawil ebis dadgena, aseve Tanxvedris Sefaseba kvl evis sxva meTodebis meSveobiT gamovl enil gul is kunTis dazianebis kl inikuri niSnebsa da simptomebTan [4].

meTodol ogia

special urad SerCeul i sakvanZo sityvebisa da Camoyal ibebul i Ziebis strategiis gamoyenebiT Catarda medl ainis Zieba. sul moZiebul iqna 174 statia. winaswar gansazRvrul i CarTvisa da gamoricxvis kriteriumebis misadagebis Sedegad sabol ood mimoxil vaSi CarTul iqna 29 original uri naSromi [4].

monacemTa statistikuri anal izisaTvis gamoyenebul iqna statistikuri programebi SPSS 10 da Epi Info. preval entobis, sensitiurobisa da specifiurobis monacemebi daangariSebul iqna 95%-iani sarwmunoebis interval iT.

Sedegebi

moZiebul kvl evaTa umravl esoba asaxavda ekg-s cvl il ebebs subaraqnoidul i sisxl Caqcevis mqone avadmyofebSi. avadmyofTa saSual o asaki (\pm standardul i gadaxra) pacientTaTvis yvel a tipis insul titT da mxol od subaraqnoidul i sisxl Caqcevis mqone pacientTaTvis Sesabamisad Seadgenda 55.1 ± 9.1 da 51.1 ± 6.0 wel s.

ekg-sa da sxva kvl ebebis mier dadgenil paTol ogiur cvl il ebaTa Sedarba warmodgenil i iyo 11 statiaSi. maT Soris eqoskopiurad gul is kedl is ubnis kumSvadbis darRvea 2-Si [2,5], miokardiumis dazianebis bioqimiuri markerebis donis momateba (kreatinfosfokinaza, kreatinfosfokinazas MB fraqcia da troponini-I) 6 naSromSi [6,7,8,9,10,11], autofsiis Sedegebi 2-Si [12,13], tkivil i mkerdis areSi da Tal iumiT scintigrafia TiTo-TiTo kvl evaSi [14,15].

subaraqnoidul i sisxl Caqceva

ekg-s iSemiis msgavsi da repol arizaciis cvl il ebebi gamovl enil iqna subaraqnoidul i sisxl Caqcevis mqone pacientTa 76%-Si (95%-iani sarwmunoebis interval i 73-79). statistikuri anal izidan anamnezSi gul is cnobil i daavadebis mqone pacientTa gamoricxvis Semdegac ekg-s aRniSnul i cvl il ebebi gamovl inda pacientTa TiTqmis imave wil Si (75%, 95%-iani sarwmunoebis interval i 69-79). gasakvirad, ekg-s zogierTi specifiuri cvl il eba (T kbi- l is gabrtyel eba, ST segmentis el evacia an depresia) ufro xSirad gvxxdeboda pacientebSi anamnezSi gul is daavadebis gareSe.

intracerebral uri sisxl Caqceva

ekg-s nebismieri zemoTCamoTvl il i cvl il eba aRiniSna SeurCeval pacien-tTa 96%, xol o gul is daavadebis anamnezis mqone pacientTa gamoricxvis Semdeg pacientTa 46%-Si. ekg-s yvel aze xSirad dafigsirebul i cvl il ebebi iyo QT interval is gaxangrZl iveba (39%), uaryofiti T kbil i (36%) da ST segmentis depresia (25%). paTol ogiuri Q kbil i aRiniSna intracerebral u-ri sisxl Caqcevis mqone pacientTa 21%-Si.

tvinis infarqti da gardamaval i iSemiuri moSl a

ekg-ze iSemiis msgavsi da repol arizaciis cvl il ebebi gamovl enil iqna daaxl oebiT samjer ufro xSirad pacientTa SeurCeval jgufSi (91%, 95%-iani sarwmunoebis interval i 85-95), romel ic moicavda pacientebS gul is daavadebis anamneziT, vidre am ukanasknel pacientTa gamoricxvis Semdeg (31.2%, 95%-iani sarwmunoebis interval i 22-43). pacientTa daaxl oebiT 1/5-s an mets aReniSneboda uaryofiti T kbil i, QT interval is gaxangrZl iveba, hisis konis romel ime fexis bl okada, ST segmentis depresia da/an paTol o-giuri Q kbil i.

ekg-s cvl il ebebi gardamaval i iSemiuri moSl is mqone pacientebSi moce-mul i iyo mxol od 2 kvl evaSi. [3,16]. pacientTa umravl esobas (76%) ar aRe-niSneboda ekg-s raime cvl il eba. yvel aze xSiri cvl il eba iyo ST segmentis depresia.

ekg-s cvl il ebaTa da sxva kvl evebis mier gamovl enil paTo-l ogiur cvl il ebaTa Tanxvedra.

subaraqnoidul i sisxl Caqcevis mqone pacientebSi ekg-s zemoTaRniSnul i cvl il ebebi eqokardiografiul ad gamovl enil gul is kunTis ubnis kumSva-dobis darRvevasTan SedarebiT xasiaTdeboda maRal i sensitiurobiT, magram Zal ze dabal i specifiurobiT. yvel aze xSirad eqoskopiurad gamovl enil i gul is kedl is kumSvadobis darRveva Tanxvdeboda ekg-ze gamovl enil uar-yofiti T kbil Tan (42%; 95%-iani sarwmuneobis interval i 19-68). sul ul tar-bgeriTi gamokvl eviT miokardiumis kumSvadobis l okal uri darRveva gamov-linda subaraqnoidul i sisxl Caqcevis mqone da anamnezSi gul is daavadebis gareSe pacientTa 13%-Si (95%-iani sarwmuneobis interval i 7-23) [2,5].

SratSi kreatinfosfokinazas donis momatebasTan, rogorc sakontrol o meTodTan Sedarebisas, ekg-s zemoTaRniSnul i cvl il ebebis sensitiuroba da specifiuroba subaraqnoidul i sisxl Caqcevis mqone pacientebSi Sesaba-misad Seadgenda 83%-s (95%-iani sarwmuneobis interval i 45-99) da 50%-s (95%-iani sarwmuneobis interval i 28-75). sul Sratsi kreatinfosfokinazas donis momateba aRiniSna subaraqnoidul i sisxl Caqcevis mqone pacientTa 36%-Si (95%-iani sarwmuneobis interval i 28-45) [6,7,17]. aRniSnul i cvl il ebe-bi statistikurad umniSnel od ufro iSviaTad gamovl inda pacientebSi gu-l is daavadebebis anamnezis gareSe.

insul tis yvel a tipis (subaraqnoidul i sisxl Caqceva, intracerebral uri sisxl Caqceva da tvinis infarqti) erTad gaTval iswinebisas Sratsi krea-tinfosfokinazas donis momateba aRiniSna pacientTa 29%-Si (95%-iani sarw-muneobis interval i 21-39). amasTan, kreatinfosfokinazas donis momatebas yvel a SemTxvevaSi Tan sdevda ST segmentis el evacia, SemTxvevaTa 66%-Si (95%-iani sarwmuneobis interval i 47-80) paTol ogiuri Q kbil i, 60%-Si (95%-iani sarwmunoebis interval i 23-88) maRal i wvetiani T kbil i, 42%-Si uaryo-fiTi T kbil i da 41%-Si ST segmentis depresia [18]. Sratsi CK-MB-s fraqci-is momatebisa da ekg-s aRniSnul cvl il ebaTa Tanxvedra aRiniSna subaraq-noidul i sisxl Caqcevis SemTxvevaTa 37%-Si [10].

subaraqnoidul i sisxl Caqcevis mqone pacientebSi ekg-s zemoTaRniSnul cvl il ebaTa gul is troponin-I-s donis momatebasTan, rogorc sakontrol o meTodTan Sedarebisas, sensitiuroba da specifiuroba Sesabamisad Seadgen-da 86%-s (95%-iani sarwmuneobis interval i 50-100) da 51%-s (95%-iani sarwmuneobis interval i 40-70). sul troponin-I-s donis momateba aRiniSna pacientTa 16%-Si (95%-iani sarwmuneobis interval i 8-29). yvel aze xSirad troponin-I-s donis momateba aReniSnebodaT pacientebS ST segmentis cvl il ebebiT (50%, 95%-iani sarwmuneobis interval i 24-76).

subaraqnoidul i da intracerebrul i sisxl Caqcevis mqone avadmyofebSi ekg-s cvl il ebebi autofsiurad gamovl enil miokardiumis dazianebasTan, rogorc sakontrol o meTodTan Sedarebisas xasiaTdeboda maRal i sensitiurobiTa da dabal i specifiurobiT. sul autofsiisas paTol ogiuri cvl il ebebi gamovl inda pacientTa am j gufis 27%-Si [11,13].

subaraqnoidul i sisxl Caqcevisa da ekg-ze cvl il ebaTa mqone pacientTa 32%-Si (95%-iani sarwmuneobis interval i 15-54) gamovl inda paTol ogiuri cvl il ebebi Tal iumi-201-iT scintografiisas.

di skusia da daskvnebi

mocemul mimoxil vaSi SesaZI ebel i gaxda Sekrebi iyo informacia ekg-s specifiuri cvl il ebebis Sesaxeb 29 kvl evidan (1844 pacienti). kvl evaTa didi umravl esoba asaxavda avadmyofebS subaraqnoidul i sisxl CaqceviT. subaraqnoidul i sisxl Caqcevis mwvave fazaSi pacientTa daaxl oebiT 3/4-s (miuxedavad gul is daavadebis anamnezisa) aReniSnebaT ekg-s iSemiis msgavsi da repol arizaciis cvl il ebebi, rac imis maniSnebel ia rom ekg-s cvl il ebebi sisxl Caqcevis uSual o Sedegia. cxovel ebSi Catarebul i eqsperimentul i kvl evebi adasturebs, rom subaraqnoidul i sisxl Caqcevis Semdeg gamovl enil i ekg-s cvl il ebebis mizezi kateqol aminebiT ganpirobebul i dazianebaa [19].

iSemiuri insul tisa da intracerebrul i sisxl Caqcevis mqone pacientebSi iSemiis msgavsi da repol arizaciis cvl il ebebi ekg-ze gv xvdeba pacientTa absol utur umravl esobaSi (90%). es ricxvi gacil ebiT mcirea (30-40%), rode sac statistikuri anal izisas gamoricxul ia pacientebi anamnezSi gul is daavadebiT. savaraudod am pacientebSi gamomJRavnebul i ekg-s cvl il ebebi manamde arsebul i gul is daavadebis gamovl inebaa da ara tvinis dazianebis Sedegi.

ekg-s cvl il ebaTa preval entoba insul tian avadmyofebSi gacil ebiT maRali ia, vidre anal ogiuri asakobrivi j gufis zogad mosaxl eobaSi. iSemiis msgavsi ekg-s cvl il ebebi dafiqsirda 45-54 wl is zogadi mosaxl eobis daaxl oebiT 8%-Si [20], subaraqnoidul i sisxl Caqcevis mqone pirTa 76%-Tan SedarebiT, romel Ta saSual o asaki iyo 51 wel i.

eqokardiografiasTan, rogorc gul is kedl is l okal uri kumSvadobis darRvevis gamovl enis sakontrol o meTodTan Sedarebisas gamovl enil i maRal i sensitiuroba imis maniSnebel ia, rom ekg-s cvl il ebaTa ararseboba maRal i al baTobiT gamoricxavs eqokardiografiul ad miokardiumis kumSvadobis darRvevas. meores mxriv dabal i specifiuroba miuTiTebS imaze, rom ekg-s cvl il ebebs aucil ebl ad Tan ar sdevs eqokardiografiul i darRvebi.

msgavsi daskvnebis gamotana SeiZI eba agreTve ekg-s cvl il ebebis da miokardiumis dazianebis bioqimiuri markerebis donis momatebis Sedarebisas.

რეკომენდაცია კლინიკური პრაქტიკისათვის

პაციენტების სუბარაქნოიდული სისტოლიური წყვეტილი ეკგ-ზე ისემის მსგავსი ცვლილებები გვხვდება შემთხვევათა დაახლოებით 3/4-ში, მიუხედავად პაციენტთა გული დაავადების ანამნეზისა. ეს ცვლილებები სავარაუდოდ სისტოლიური წყვეტის უსუალი სედეგია და უმეტეს შემთხვევაში თანარაობს მიოკარდიუმის დაზიანებას.

ავადმყოფების ისემიური ინსულტი ან ინტრაცერებრული სისტოლიური წყვეტილი ეკგ-ს არნიშნული ცვლილებები გაცილებით სვიატად გვხვდება გული დაავადების ანამნეზის არმყოფი პაციენტთა ჯგუფში. ასე რომ ეს ცვლილებები ზირიტად ასახავს მანამდე არსებულ გული ისემიური დაავადებას.

რეკომენდაციები მომავალი კვლევისათვის

მომავალი ფაზის ინსულტის ავადმყოფის მკურნალობისა და მართვის უკეთესი გზების დადგენის მიზნით (მეგზური) იტალიის სხვადასხვა პაციენტისათვის ელექტროკარდიოგრამის ერთხელ ან რამდენიმეჯერ გადაღებას. ამ ფაქტისა და ასევე ინსულტის ავადმყოფის გული დაავადების სეფსებისას თანამდებობის პრობლემების გათვალისწინებით არსებითი ლიტერატურისა თანამდებობის ინფორმაციის ნაკლებობა. ამისათვის, რომ დადგინდეს მომავალი ინსულტის ავადმყოფის მიოკარდიუმის დაზიანების მანამდებობის ეკგ კრიტერიუმები, აუცილებელია პაციენტთა დიდი ჯგუფის პროსპექტული კვლევა, რომელიც უნდა მოიცავდეს ახალი, სპეციფიური ბიოქიმიური მარკერების (როგორცაა ტროპონინები) სეფსებას.

ლიტერატურა

1. Byer E, Ashman R, Toth LA: Electrocardiograms with large upright T waves and long QT intervals. *Am Heart J* 1947;33:796-806.
2. Mayer SA, LiMandri G, Sherman D, Lennihan L, Fink ME, Solomon RA, DiTullio M, Klebanoff L, Beckford AR, Homma S: Electrocardiographic markers of abnormal left ventricular wall motion in acute subarachnoid hemorrhage. *J Neurosurg* 1995;83:889-896.
3. McDermott MM, Lefevre F, Arron M, Martin GJ, Biller J: ST segment depression detected by continuous electrocardiography in patients with acute ischemic stroke or transient ischemic attack. *Stroke* 1994;25:1820-1824.
4. Khechinashvili G, Asplund K. Electrocardiographic changes in patients with acute stroke. A systematic review. *Cerebrovascular Diseases* 2002;14:67-76.
5. Pollick C, Cujec B, Parker S, Tator C: Left ventricular wall motion abnormalities in subarachnoid hemorrhage: An echocardiographic study. *J Am Coll Cardiol* 1988;12:600-605.
6. Hunt D, McRae C, Zapf P: Electrocardiographic and serum enzyme change in subarachnoid hemorrhage. *Am Heart J* 1969;77:479-488.
7. Stober T, Kunze K: Electrocardiographic alterations in subarachnoid hemorrhage. Correlation between spasm of the arteries of the left side on the brain and T inversion and QT prolongation. *J Neurol* 1982;227:99-113.
8. Melin J, Fogelholm R: Electrocardiographic findings in subarachnoid hemorrhage. A population study. *Acta Med Scand* 1983;213:5-8.
9. Miah K, von Arbin M, Britton M, de Faire U, Helmers C, Maasing R: Prognosis in acute stroke with special reference to some cardiac factors. *J Chronic Dis* 1983;36:279-288.
10. Zaroff JG, Rordorf GA, Newell JB, Ogilvy CS, Levinson JR: Cardiac outcome in patients with subarachnoid hemorrhage and electrocardiographic abnormalities. *Neurosurgery* 1999;44:34-40.
11. Horowitz MB, Willet D, Keffer J: The use of cardiac troponin-I (cTnI) to determine the incidence of myocardial ischemia and injury in patients with aneurysmal and presumed aneurysmal subarachnoid hemorrhage. *Acta Neurochir (Wien)* 1998;140:87-93.

12. Brouwers PJAM, Wijdicks EFM, Hasan D, Vermeulen M, Wever EFD, Frericks H, van Gijn J: Serial electrocardiographic recordings in aneurysmal subarachnoid hemorrhage. *Stroke* 1989; 20:1162-1167.
13. Goldstein DS: The electrocardiogram in stroke: Relationship to pathophysiological type and comparison with prior tracings. *Stroke* 1979; 10:253-259.
14. Tonet JL, Frank R, Ducardonnet A, Fillete F, Fontaine G, Komajda M, Thomas D, Bousser MG, Grosogeat Y: L'enregistrement de Holter dans les accidents ischémiques cérébraux. *Nouv Presse Med* 1981;10:2491-2494.
15. Szabo MD, Crosby G, Hurford WE, Strauss HW: Myocardial perfusion following acute subarachnoid hemorrhage in patients with an abnormal electrocardiogram. *Anesth Analg* 1993; 76:253-258.
16. Fujishima M, Tanaka K, Omae T: Electrocardiographic changes in cerebral transient ischemic attack. *Angiology* 1973; 24:310-315.
17. Eisalo A, Perasalo J, Halonen PI: Electrocardiographic abnormalities and some laboratory findings in patients with subarachnoid haemorrhage. *Br Heart J* 1972; 34:217-226.
18. Dimant J, Grob D: Electrocardiographic changes and myocardial damage in patients with acute cerebrovascular accidents. *Stroke* 1977; 8:448-455.
19. Zaroff JG, Rordorf GA, Titus JS, Newell JB, Nowak NJ, Torchiana DF, Aretz HT, Picard MH, Macdonald RL: Regional myocardial perfusion after experimental subarachnoid hemorrhage. *Stroke* 2000;31:1136-1143.
20. De Bacquer D, De Backer G, Kornitzer M: Prevalence of ECG findings in large population-based samples of men and women. *Heart* 2000; 84:625-633.

ECG CHANGES, MIMICKING MYOCARDIAL ISCHEMIA DURING ACUTE PHASE OF THE STROKE

GEORGE KHECHINASHVILI

Internal Medicine Dept, Umea University Hospital, Umea, Sweden

Abstract

Repolarization and ischemic-like electrocardiographic (ECG) changes observed during acute phase of stroke may cause diagnostic and management dilemmas for the clinician. Abnormalities, such as ischemic-like ECG changes and/or QT prolongation, were found in 76% (95% CI 73-90) of patients with subarachnoid hemorrhage, irrespective of the pre-existing heart disease status. Such ECG changes were present in more than 90% of unselected patients with ischemic stroke and intracerebral hemorrhage, but the prevalence was much lower after exclusion of patients with preexisting heart disease. Compared with other abnormal cardiac findings (cardiac wall motion abnormality detected by echocardiography, elevated levels of biochemical markers of myocardial injury, autopsy findings, thallium scintigraphy), these ECG changes were characterized by a high sensitivity but a very low specificity. Thus, in patients with subarachnoid hemorrhage, repolarization and ischemic-like ECG changes are mainly direct consequences of the cerebral condition and their absence essentially rules out cardiac abnormalities. In patients with ischemic stroke and intracerebral hemorrhage, these ECG abnormalities (and QT prolongation) most often represent preexisting coronary artery disease. The specificity of ECG changes to diagnose acute myocardial infarction is low in the acute phase of stroke.

C hepatitis virusi T inficirebis mimoxil va

goCa barbaqaZe
med. mecn. kand., z. cxakias sax. Torako-abdominal u-
ri qirurgiis kl inika
el -fosta: gocha33@yahoo.com

dReisaTvis msofi ioSi daaxl oebiT 170-200 milioni adamiana daavadebuli C hepatitis virusi T (jandacvis msofi io organizaciis monacemebi), rac mosaxl eobis TiTqmis 4%-s Seadgens. amave monacemebiT, C hepatitis virusi T inficireba 130 qveyanaSi aRiniSneba. yvel aze maRal i maCvenebel i dafiqsirebul ia egvipteSi (20%-mde) da saerTod afrikis kontinentze. Tumca es cifrebi SeiZl eba real urze dabal i yos, radgan yvel a inficirebul i ar aris gamokvl eul i. avadmyofTa udides umravl esobas (80-85%) uviTardeba RviZl is qronikul i daavadeba Semdgomi RviZl is ciroziTa (20-25%) da hepatocel ul uri karcinomiT (4-8%). amastanave, qronikul i C hepatiti xasiaTdeba subkl inikuri an latenturi da nel i (xangrZl ivi) mimdinareobiT. RviZl is cirozi avadmyofTa umravl esobaSi mxol od 15-20 wl is Semdeg viTardeba (Tumca SeiZl eba es procesi 30-40 wel sac gagrZel des). rogorc aRiniSna, C hepatiti ZiriTadad subkl inikurad mimdinareobs, pacientTa mxol od 10%-Si gvxddeba mwvave formebi siyviTI esTan erTad.

C hepatitis gamomwvevi erTspiral iani rnm-s Semcvel viruss (HCV) warmoadgens, romelic fl avirusebis jgufs miekuTvneba. igi Tavdapirvel ad 1989 wel s Choo-sa da Tanaavtorebis mier iqna aRmoCenil i, xol o daavadeba non-A, non-B an posttransfuziul hepatitad iyo wodebul i. es rnm Sedgeba daaxl oebiT 10,000 nukl eotidisagan. mol ekul ur-biol ogiuri meTodebis saSual ebiT dReisaTvis identificirebul ia HCV-s antigenuri struqturebi da C hepatitis specifiuri antisxeul ebi. gamoyofil ia 3 struqturul i proteini: 2 garsul i proteini (E1 da E2) da 1 nukl eokapsiduri (core) proteini, agreTve 6 arastruqturul i proteini (NS2, NS3, NS4a, NS4b, NS5a da NS5b). B hepatitis virusisagan gansxvavebiT, HCV-s gamomwvevi rnm-virusis genomi ar iWreba daavadebul i RviZl is uj redebSi, aramed ganicdis uj redul transformacias.

C hepatitis warmatebul i mkurnal oba RviZl is qronikul i dazianebis progresirebis SeCerebis sawindaria da Sesabamisad amcirebs RviZl is fibrozisa da cirozis ganviTarebis risks. dadgenil ia, rom miuxedavad antivirუსul i mkurnal obis sakmaod maRal i Rirebul ebisa, am mkurnal obis xarjebi bevrad nakl ebia C hepatitis garTul ebebiT gamowveul i Sromisuunarobis danakargebze.

C hepatitis virusi T gamowveul i infeqcia ZiriTadad hepaturi da arcTu iSviaTad eqstrahepaturi manifestaciebiT gamovl indeba. pacientTa umciresobaSi adgil i aqvs am infeqciis mwvave hepatitiT mimdinareobas, rasac daaxl oebiT 50% SemTxvevebSi virusis spontanuri el iminacia mohyveba, xol o danarCen naxevarSi ki _ qronikul i mimdinareoba. rogorc aRiniSna, C hepatiti ZiriTadad subkl inikurad mimdinareobs, pacientTa mxol od 10%-Si gvxddeba mwvave formebi siyviTI esTan erTad.

C hepatitis virusis gadacemis ZiriTadi gza parenteral uria. pacientTa umravl esobas anamnezSi aReniSneba narkotikul i saSual ebebis intravenuri moxmareba da/an sisxl is/sisxl is produqtebis transfuzia. ufro iSviaT SemTxvevebSi aRiniSneba hemodial izi, organos transpl antacia, tatuireba an arasteril uri qirurgiul i instrumentebis (maT Soris nemsis _ daaxl o-

ebiT 1.5%-Si) gamoyeneba. arsebobs virusis gadacemis ararenteral uri gzebic, Tumca isini ufro iSviaTad gvxdება. aseTebia, magal iTad: sqesobrivi _ ZiriTadad homoseqsual ebSi, meZavebsa da sqesobrivi gziT gadamdebi daavadebebis mqone avadmyofebSi, sul daaxl oebiT 5%-mde; vertikal uri _ dedidan Svil ze _ es gzac iSviaTia (daaxl oebiT 5.5%-mde), Tu deda ar aris daavadebul i imunodeficitis virusiT. am ukanasknel SemTxvevaSi transmissis SeasaZl ebl oba gacil ebiT maRal ia; gadacemis al ternatul gzebs ekuTvnis sayofacxovrebo _ Zal ian iSviaTad: aRweril ia transmissiis gza kbil is j agrisis an sapsarsis gamoyenebis Semdeg (0.5%).

arsebobs garkveul i korel acia al kohol is sistematur moxmarebasa da C hepatitis virusiT dasnebovnebas Soris. amasTanave, aseT pacientebSi daavadeba ufro mZime formiT mimdinareobs. sxvadasxva avtorTa mier dadgenil ia, rom 50 g-ze meti al kohol is yovel dRiuri miReba zrdis RviZl is fibrozis progresirebis risks.

1989 wl idan moyol ebul i, C hepatitis diagnostika emyareba antisxeul ebis aRmoCenas sisxl is Sratsi. saxel dobr, enzimuri immunosorbentul i reaqciis saSual ebiT, e.w. ELISA, romel ic HCV-s rekombinirebul i polipeptidibis SeboWvas axdens. dReisaTvis arsebobs ukve mesame Taobis ELISA-testi, romel sac gaaCnia maRal i mgrZnobel oba da specifiuroba HCV-s antisxeul ebis mimarT. HCV-s antigenebis imobil izaciis mizniT gamoiyeneba rekombinirebul i imunobl otingi, e. w. RIBA. agreTve arsebobs RIBA-s mesame Taobis testi, romel ic rekombinirebul i NS5 antigenis aRmoCenazea dafuZnebul i.

HCV-s identifikacia xdeba sisxl is Sratis e. w. PCR-is reaqciIT (polimerazas j aWvuri reaqcia), romel ic virusis arastruqturul i heterogenuli i regionis aRmoCenazea damyarebul i. PCR-is reaqciis saWiroeba dgeba antisxeul ebis uaryofiTi reaqciisa da antivirუსul i Terapiis monitoringis SemTxvevebSi. am testis specifiurobaca da mgrZnobel obac Zal ze maRal ia. dadebiTi testi dasturia HCV-s viremiisa. dReisaTvis miRebul ia sisxl is Sratsi viremiis raodenobrivi maCvenebl is gansazRvra, rasac didi mniSvnel oba aqvs adeqvaturi antivirუსul i mkurnal obis SerCevisaTvis da Semdgo-mi monitoringisaTvis. virusis NS5 regionis filogenetikuri anal izi saSual ebas iZl eva moxdes HCV-s genotipebad dayofa: 6 mTavar genetikur j gufad da mraVal subtipad (TiTqmis asamde). kerZod, gamoyofil ia 3 ZiriTadi genotipi (1, 2, 3), roml ebic yvel aze xSirad gvxdება. ufro iSviaTia me-4 genotipi, romel ic ZiriTadad egviptesa da Sua aRmosavl eTSia gavrcelebul i. me-5 genotipi gvxdება samxreT afrikaSi, xol o SedarebiT axl ad aRmoCenil i me-6 genotipi ki _ mxol od hong-kongSi. genotipirebis anal izic dafuZnebul ia e. w. ELISA reaqciis principze. rogorc genotipireba, aseve virusis raodenobrivi anal izi saWiroa Catardes antivirუსul i mkurnal obis ganmavl obaSi misi monitoringisaTvis.

RviZl is nekroinfl amatorul i procesis Sesafasebl ad didi mniSvnel oba aqvs RviZl is qsovil is histol ogiur kvl evas, romel ic miReba RviZl is punqciis Sedegad, ul trabgeriTi gamokvl evis kontrol iT. RviZl is biofsiis Cvenebaa ZiriTadad qronikul i HCV infeqcia Serwymul i transaminazebis aweul koncentraciasTan. aseTi pacientebi Sesabamisad eqvemdebarebian antivirუსul mkurnal obas.

rogorc aRiniSna, C hepatiti ZiriTadad subkl inikurad mimdinareobs, pacienta mxol od 10%-Si gvxdება mwwave formebi siyviTI esTan da hiperbilirubinemiasTan erTad. am dros kl inikuri gamovl ineba iseTivea, rogorc saerTod mwwave hepatitis dros. saSual od inkubaciuri periodi 7 kviras Seadgens, mwwave forma grZel deba 2-12 kviras. zogierT SemTxvevaSi (daax-

I oebi T 5-8%) adgil i aqvs virusis spontanur el iminacias, sxva SemTxveveb-Si ki _ qronikul mimdinareobas. qronikul i C hepatiti T avadmyofebs SesaZl oa saerTod ar hqondeT Civil ebi. umravl es SemTxvevaSi ki ZiriTadi simptomebi araspecificiuria: saerTo sisuste, advil ad daRl a, umadoba, gul isreva, Tavis, kunTebisa da/an saxsrebis tkivil i, tkivil i marj vena ferdqveSa areSi. RviZl is daavadebis specifiuri simptomebi ufro mogvianebiT Cndeba. obieqturad SesaZl ebel ia gadidebul i iyos RviZl i da el enTa. umravl es SemTxvevaSi adgil i aqvs transaminazebis (al aninaminotransferaza, aspartaminotransferaza, gama-gl utamil -transferaza, tute fosfataza), gansakuTrebiT ki al aninaminotransferazis koncentraciis momatebas sisxl is Sratsi.

qronikul i C hepatiti SeasaZl oa Serwymul i iyos sxva imunol ogiuri darRveiT mimdinare daavadebebtan, rogoricaa: autoimunuri hepatiti, Tireoiditi, kvanZovani periarteriiti da sxva.

C hepatitis virusiT inficirebis identifikaciis SemTxvevaSi unda gadawydes avadmyofis antivirusul i mkurnal obis sakiTxi. pirvel rigSi saWiroa dadgindes, Serwymul ia Tu ara igi B hepatitis an/da Sidsis virusul infeqciastan. antivirusul i mkurnal oba ar aris rekomendebul i, Tuki avadmyofs aReniSneba depresiul i sindromi, fsiqozi, aranamkurnal ebi autoimunuri Tireoiditi, neitropenia an/da Trombocitopenia, gul is ukmarisoba, organos (RviZl is garda) transpl antacia, RviZl is cirozi, al kohol is Warbi miReba an narkotikebis moxmareba.

interferoniT mkurnal obis gverdiTi movl enebia ZiriTadad gripis msgavsi simptomebi: temperaturis aweva, gul isreva, kunTebis/saxsrebis tkivil i. es simptomebi SesaZl ebel ia moxsnil iqnas 0.5-1 g paracetamol is winaswari micemiT. mkurnal obis ganmavl obaSi qal ebs ekrZal ebaT daorsul eba.

sazogadod qronikul i virusul i hepatitebisa da kerZod qronikul i C hepatitis mkurnal obis SesaZl ebl obani Tavdapirvel ad sakmaod SezRudul i iyo. am mxriv warmatebis pirvel i nabij i miRweul iqna 1976 wel s qronikul i B hepatitis mkurnal obis procesSi adamianis interferonis gamoyenebiT. 80-ian wl ebSi genuri teqno ogiis dargSi uaxl esi miRwevebis wyal obiT SesaZl ebel i gaxda rekombinierebul i interferonis damzadeba da misi CarTva virusul i hepatitebis mkurnal obaSi.

bol o wl ebis ganmavl obaSi mimdinareobs intensiuri kvl eva, roml ebic mol ekul uri biol ogiis sinTezuri produqtebis (mag. antisensorul i ol igodeoqsinukl eotidi, virusul i proteinebis mutantebi da sxv.) gamoyenebis saSual ebas mogvcems virusul i hepatitebis dros. Tumca es kvl evebi j erjerobiT mxol od in vitro sistemas moicavs, xol o HBV infeqciis dros arsebobs winaswari monacemebi cxovel ebze Catarebul i eqsperimentebisa.

interferonis antivirusul i moqmedeba didi xania cnobilia. rogorc cxovel ebze eqsperimentul i, aseve in vivo gamokvl evebiT dadasturda, rom virusul i infeqciis dros interferons bunebrivi dacviti meqanizmis Camoyal ibebaSi erT-erTi mTavari rol i ekisreba. antivirusul efeqtTan erTad interferons gaaCnia agreTve antiprol iferul i da imunomodul uri Tvisebebi. interferoni iwvevs mTavari histoSeTavsebis kompl eqsis (MHC) mol ekul ebis eqspresiis inducirebas.

qronikul i C hepatitis samkurnal od tradiciul ad miRebul ia rekombinierebul i al fa-interferonis 2b an 2a-s dozireba 3-6 mil ioni saerTaSoriso erTeul i (IE) 3-j er kviraSi kanqveSa ineqciebis saxiT. mkurnal obis xangrZl ivoba, rogorc wesi, Seadgens 6-dan 12 Tvemde. bol o dros mimdinareobs kvl evebi al fa-interferon-n1-iT mkurnal obis Taobaze. es ukanasknel i in-

terferonis 9 subtipis SenaerTs warmoadgens, romel ic adamianis B I im-fobl astoiduri uj redebisagan miiReba.

mraVal ma kvI evam da am kvI evaTa meta-anal izma aCvena, rom ufro metad efeqturia interferonis maRal i doza da xangrZl ivi gamoyeneba. avadmyof-Ta TiTqmis naxevarSi al fa-interferoniT mkurnal obis Sedegad xdeba transaminazebis koncentraciis normal izeba da HCV-rnm-is gaqroba, Tumca-Ra mkurnal obis Sewyvetis Semdeg avadmyofTa garkveul nawil Si (40-45%) kvI av maRI a iwevs transaminazebis koncentracia da HCV-rnm-c dadebiTi xdeba. mkurnal obis efeqturobis gazrdis Tval sazrisiT al fa-interferon-Tan erTad CarTul iqna sxva antivirusul i sinTezuri preparati _ ribavirini. igi nukl eozidis anal ogs warmoadgens da, rogorc wesi, iniSneba per os 800-1200 mg/dRe-RameSi. aseTi kombinirebul i Terapiis Sedegad miRweul i efeqti ufro xangrZl ivia. garda amisa, transaminazebis normal izebasa da/an virusis eradikaciasTan erTad, arsebul i monacemebis Tanaxmad, Cerdeba RviZl is fibrosis progresireba. aseve kombinirebul i Terapiis dros gamoiyeneben antivirusul preparats _ amantadins. zogierT gamokvl ebebSi igi mxol od al fa-interferonTan erTad, xol o sxva gamokvl ebebSi tripl et-Terapiis saxiT _ pl us ribavirini _ gvxxdeba. amantadinis sul fati viros-tatikebis j gufs ekuTvnis da tabl etirebul i formiT gamoiyeneba. misi da-matebiT mkurnal obis efeqti marTal ia mcired (9-12%), magram mainc gaizar-da.

prospeqtul i, randomizebul i, pl acebo-kontrol irebadi, ormagi brma ga-mocdebis Sedegebi safuZvel s gvaZl evs davaskvnaT, rom dReisaTvis qroni-kul i C hepatitiT Sepyrobil avadmyofTa samkurnal od, visac ar hqonda Se-degi al fa-interferoniT monoTerapiis dros (e. w. non-responders) an aseTi monoTerapiis Semdeg aReniSnaT recidivi (dadebiTi HCV-rnm-i), warmatebiT gamoiyeneba Semdegi kombinirebul i Terapias: al fa-interferoni 2b an 2a (3-j er kviraSi 3 milioni) da ribavirini (1000-1200 mg/dReSi) eqvsi (zogj er 12) Tvis ganmavl obaSi. igive kombinirebul i Terapias aseTive dadebiTi efeqtiT gamoiyeneba pirvel ad (adre antivirusul i mkurnal obis Cautarebel) avadmyo-febSi. swored am j gufSi iqna miRweul i yvel aze maRal i efeqti: xangrZl ivi da mya-ri pasuxi Terapiaze TiTqmis 66%-Si. Catarebul i gamokvl ebebis meta-anal izis Tanax-mad, e. w. non-responders j gufSi, kombinirebul i mkurnal obis efeqturobis maCvene-bel i 6%-dan 25%-mde Seadgens.

qronikul i C hepatitis mkurnal obis mxriv miRweul ia garkveul i Sedege-bi pegil irebul i interferonis (PEG-IFN) SemoRebiT. rekombinierebul al fa-interferonze pol ietil engl ikol is mol ekul is SekavSirebiT 10-j er izr-deba misi naxebrad daSl is periodi, ris Sedegadac am preparatis gamoyene-ba sakmarisi xdeba kviraSi erTxel , radgan sixl is Sratsi am xnis ganmav-l obaSi Senarcunebul ia al fa-interferonis mudmivi koncentracia. aseTi `depo-efeqti" pirvel rigSi miRweva proteol izuri procesebis Senel ebiTa da Tirkml is kl irensis gaumj obesebiT.

amJamad pegil irebul i interferonis 2 saxe arsebobs, kerZod: PEG-inter-feroni-al fa-2a da PEG-interferoni-al fa-2b, roml ebic erTmaneTisagan mo-l ekul uri SenebiT, farmakokinetikiTa da farmakodinamikiTac gansxvavdebi-an.

I i t e r a t u r a :

1. bocvaZe e.: infeqciuri daavadebebi //Tbil isi, 2000.
2. kvitaSvil i m., sayvarel iZe g., mamul aSvil i n.: C hepatiti //saswavl o-me-Toduri rekomendacia eqimebisa da studentebisaTvis, Tbil isi, 1996

3. Amarapurkar D., Dhorda M., Kirpalani A., Amarapurkar A., Kankonker S.: Prevalence of hepatitis C genotypes in Indian patients and their clinical significance //J AssoC Physicians India, 2001, 49: 983-985
4. Barbaro G., Di Lorenzo G., Soldini M.: Interferon alfa 2b and ribavirin in combination for chronic hepatitis C patients not responding to interferon alone: An Italian multicenter, randomized, controlled, clinical study // American Journal of Gastroenterology, 1998, 93: 2445-2451
5. Barrera J., Francis B., Ercilla G. et al.: Improved detection of anti-HCV in post-transfusion hepatitis by a third generation ELISA //Vox Sang, 1995, 68: 15-18
6. Berg T.: Therapy of chronic hepatitis C with pegylated interferon-alpha-2a //Zeitschrift fuer Gastroenterologie, 2001, 39: 551-554
7. Blum HE., Maier KP., Strohmeyer G.: Aktuelle Therapie der chronischen Virushepatitis //Deutsche Medizinische Wochenschrift, 1995, 120: 295-300
8. Booth J-C., Grady J-O., Neuberger J.: Clinical guidelines on the management of hepatitis C //Gut, 2001, 49 (Suppl. I): i1-i21
9. Brillanti S., Garson J., Folli M.: A pilot study of combination therapy with ribavirin plus interferon alpha for interferon alpha-resistant chronic hepatitis C // Gastroenterology, 1994, 107: 812-817
10. Di Bisceglie A. M. Natural history of hepatitis C: Its impact on clinical management. // Hepatology, 2000, 31: 1014-1018 {22}

HEPATITIS C INFECTION - CLINICAL OBSERVATION

G. BARBAKADZE

Clinic of Thoraco-Abdominal Surgery, Tbilisi

gocha33@yahoo.com

Patients with suspected HCV infection should be tested for anti-HCV by an up to date (currently third generation) ELISA test. All patients with positive antibody tests and those patients thought to be at risk of HCV infection despite negative or indeterminate serological tests should undergo PCR testing of serum. Liver biopsy is valuable for assessing status of liver inflammation, potential progression of fibrosis, and the presence or absence of cirrhosis.

Patients should be advised that excess alcohol consumption (>50 g/day) appears to hasten the progression of disease. Patients must be screened for their suitability to receive IFN and ribavirin, with criteria which includes proven viraemia and abnormal liver histology. IFN/ribavirin combination is the treatment of choice for IFN naive patients. IFN/ribavirin combination is also recommended for those patients relapsing after IFN monotherapy. IFN monotherapy should be considered for those patients in whom ribavirin is contraindicated. The role of pegylated interferon remains unknown.

saqarTvel oSi pirvel adi j andacvis ganviTarebis xedva

i. xoneliZe
*saqarTvel os Sromis, j anmrTel obis da social uri
dacvis saminstros programebis marTvis departamen-
ti*

el -fosta: xoneli@hotmail.com

saqarTvel os j anmrTel obis dacvis erovnul i politikisa da j andacvis ganviTarebis 2001-2010 wl ebis strategiul i gegmis Sesabamisad, qveynaSi pirvel adi j andacva aRiarebul ia prioritetul mimarTul ebad. mosaxl eobis daaxl oebiT 80%-saTvis saWiro samedicino momsaxureba SesaZI ebel ia miwodebul i iqnas pirvel adi j andacvis (pj d) qsel is mier, rac imas niSnavs, rom daavadebaTa umravl esoba marTvadia pj d doneze. pirvel adi j andacva warmoadgens samedicino servisis yvel aze xarj -efeqtur segments.

qveyanaSi miRebul i pj d-is gaviTarebis strategiis dokumentis Tanaxmad pirvel adi j andacvis mizania uzrunvel yos mosaxl eobis j anmrTel obis dacva eris sul ieri, fizikuri da social uri keTil dReobis erTianobis, j anmrTel garemoSi adamianebis nayofieri aqtiuri SromiTi saqmianobis misaRwevad. miRebul i strategiis Sesabamisad, saqarTvel oSi unda Seiqmnes pirvel adi j andacvis iseTi sistema, romelic adaptirebul i iqneba qveynis saTvis geografiul faqtorebTan da SesabamisobaSi iqneba qveynis administraciul -teritoriul i mowyobis principTan.

amave dokumentis Tanaxmad, dRevandel i real obidan gamomdinare saqarTvel oSi pirvel adi j andacvis strategiis danergva SesaZI ebel ia mxol od etapobrivad, arsebul i material uri da adamianuri potencial is Sefasebis, adeqvaturi sakanonmdebl o garemos Seqmnis, da yvel a SesaZI o damxmare resursis mobil izebis saSual ebiT.

eqspertul i SefasebiT, saqarTvel oSi, arsebul i mdgomareobidan gamomdinare, unda gamoiyos pirvel adi j andacvis Camoyal ibeba-ganviTarebis ori etapi:

1. gardamaval i,
2. ganviTarebadi.

es ukanasknel i ganpirobebul ia im moTxovnebiT, romel sac qveynis j andacvis sistemis winaSe ayenebs sakadro cvl il ebebisa da axl eburi administraciul - organizaciul i mowyobis saWiroeba.

gardamaval etapze _ Zvel i organizaciul -struqturul i formebidan axal da Sereul formebeze gadasvl a ganxorciel deba TandaTanobiT. arsebul i eqimTa speqtri, romelic dRes dasaqmebul ia pirvel adi j andacvis doneze, Canacvl deba zogadi praqtikisa da oj axis eqimebiT.

gardamaval i etapis amocanaa:

- xel i Seuwyos pirvel adi j andacvis momsaxurebis mwarmoebel Ta axal i formebis Seqmnas, ganviTarebas da dankvidrebas;
- Seqmnas da ganaviTaros samedicino ganaTlebis axl eburi sistema, romelic upasuxebis qveynis moTxovnebs pirvel adi j andacvis sferoSi: moamzadebs zogadi praqtikis [oj axis] eqimebs da axal i tipis eqTnebs;
- Caanacvl os Terapevtები, pediatrebi da mean-ginekol ogebi im pirvel adi samedicino momsaxurebis qsel Si, sadac axal i formebi da axal i profesional ebi moikideben fexs;
- Seqmnas da ganaviTaros j andacvis sistemis reformirebis miznebidan gamomdinare saeqTno saqmis axal i prioritetebi, modificirebul i saeqTno

ganaTI ebis sistema da pj d sistemisaTvis saWiro eqTnebis axal i special obebi;

- Seqmnas da ganaviTaros social uri muSakebis instituti, saWiro kadrebis momzadebiTa da gadamzadebiT;
- Sei muSaos da danergos sazogadoebrivi j andacvisa da samedicino momsaxurebis mwar moebel i erTeul ebis integrirebis meqanizmebi da programebi;
- Camoayal ibos da danergos pirvel adi j andacvis finansirebis iseTi meqanizmebi, roml ebic qmnian saWiro motivaciebs am sferos ganviTarebisatvis.

ganviTarebad etapze _ ganxorciel deba Seqmnil i axal i sistemis srul yofa da ganvrcoba mTel i qveynis teritoriaze. es etapi ZiriTadad mimarTul i iqneba Seiswavl os, gaanal izos da daxvewos axal i sistemis funcioni reba;

ganviTarebadi etapis amocanaa:

- daasrul os axl eburad gazrebul i pirvel adi j andacvis integracia qveynis saxecvl il i j andacvis sistemaSi;
- srul yofil i gaxados samedicino kadrebis momzadebis programebi;
- srul yos zogadi praqtikis [oj axis] eqimis saqmianobisadmi wayenebul i moTxovnebi da maTi saqmianobis maregul irebel i sakanonmdebl o, kanonq vemdebare da normatiul i baza;
- daxvewos pirvel adi j andacvis finansirebis da marTvis formebi;
- ganxorciel os mTel i qveynis masStabiT arsebul i pirvel adi j andacvis sistemis axal i sistemiT srul yofil i Canacvl eba.

pirvel adi j andacvis ganviTarebis TiToeul i etapis xangrZi ivoba ganisazRvrebis obieqturi raodenobrivi da Tvisebrivi maCvenebl ebis gaTval iswinebiT.

gamomdinare zemoaRniSnul idan Sromis, j anmrTel obisa da social uri dacvis saministros mier momaval i wl is saxel mwifo programebis SemuSavebis procesSi pirvel adi j andacvis ganviTareba ganisazRvra prioritetul mimarTul ebad. 2003 wel i miCneul i iqna pirvel adi j andacvis ganviTarebis grZel vadiani programis sawyis etapad. programis xedva efuZneba instituciuri mowyobis, material uri da adamiური resursebis dagegmvis, finansuri da saxel Sekrul ebo menejmentis axl ebur gaazrebas. pirvel i mniSvnel ovani nabij i aRniSnul i mimarTul ebiT saministros mier gadaidga, roca miRebul i iqna gadawyvetil eba sxvadasxva samkurnal o Tu prevenciul programebSi gafantul i pirvel adi samedicino momsaxurebis komponentebis gaerTianebis Sesaxeb. aRniSnul i midgomiT, pirvel adi j andacvis komponentebis integrirebam, SesaZI ebel i gaxada dazustebul iyo saxel mwifo programebis fargl ebSi pj d momsaxurebze gaweul i xarj ebi da momsaxurebis efeqturoba. finansuri resursebis konsolidireba erTi programis biuj etSi da programis marTva erTiani kontraqtis safuZvel ze xel s Seuwyobs pirvel adi j andacvis sferoSi danaxarj ebis efeqturobisa da momsaxurebis xel misawvdomobis gazrdas.

dRes arsebul i sazogadoebrivi j andacvis da sadazRvevo programebis CamonaTval i iZi eva SesaZI ebl obas ganxorciel des rigi programebis vertikal uri gaerTianeba erT programad, rac Tavistavad, ar gul isxmobs yvel a programis meqanikur SeerTebas. procesi unda ganxorciel des etapobrivad, imisda mixedviT, Tu rogor moxdeba pj d qsel is administraciul -teritoriul i mowyoba da infrastrukturis ganviTareba.

programebis SeerTebis procesSi mniSvnel ovani yuradReba unda daeTmos Semdeg kritikul sakiTxebis:

1. pjd momsaxurebis mocul obis gansazRvras _ programiT gansazRvrul i momsaxurebis ra mocul obis miwodeba aris SesaZl ebel i ambul atoriis/eqimis mier mosaxl eobisaTvis sacxovrebel adgil ze;

2. central ur/regionis/raionis doneze programis marTvis funqciebis diferencirebas _ rogor iqneba gadanawil ebul i zedamxedvel obis kompetencia konkretul i momsaxurebis miwodebis xarixsze, mocul obasa da Sedegze (mag. infeqciuri daavadebebis epidzedamxedvel oba, imunizaciit mocva, tuberkul ozis mkurnal oba, antenatal uri zedamxedvel oba da a.S.);

3. adgil ebze (raionis da regionis doneze) sxvadasxva dawesebul ebebs Soris organizaciul -funqciuri integraciis xarixxis Sefasebas, raTa uzrunvel yofil i iqnas programebis SeerTebis Sedegad mosaxl eobisaTvis adeqvaturi saWiroebis da xarixxis samedicino momsaxureobis miwodeba;

4. programebis SeerTebis Sedegad warmoqmnil saaRricxvo/saangariSgebo (rogorc finansuri, aseve samedicino informacia) urTierTobebis daregulirebas _ uzrunvel yofil i unda iqnas axal i programis sainformacio sistemis gamarTul i funqcionireba da monacemTa urTierTTavsebadoba;

5. konkretul i pasuxismgebl obebis gansazRvras sxvadasxva doneze da sxvadasxva programis/momsaxurebis fargl ebSi;

6. amave dros konkretul i programebis SeerTebisas aucil ebel ia Camoyalibdes principi, Tu rogor miReben monawil eobas momsaxurebis miwodebaSi ambul atoriul i donis an saavadmyofos donis special istebi da rogor moxdeba maTi anazRaureba.

pirvel adi j andacvis ganviTarebis grZel vadiani saxel mwifo programis SemuSavebis wanapirobas warmoadgens saxel mwifo gadawyvetil eba _ qveyanaSi pjd ganviTarebis sakiTxebTan dakavSirebiT; dasaxul i miznebis da amocanebis miRwevisaTvis aseve aucil ebel ia erTis mxriv, pjd mimarTul i saxel mwifo saxsrebis integrireba, finansuri nakadebis marTvis efeqturi meqanizmebis amoqmedeba da meores mxriv, saqarTvel oSi mimdinare da dagegmil i saerTasoriso proeqtebis koordinireba.

pjd ganviTarebis sakiTxs mieZRvna Sromis, j amrTel obisa da social ur dacvis saminstros iniciativiT, j andacvis marTvis nacional ur centrSi a.w. 12 oqtombers Catarebul i konferencia, roml is muSaobaSi monawil eobas iRebden saminstros departamentebis, regional uri departamentebisa, samedicino dazRvevis saxel mwifo kompaniis, samedicino dawesebul ebebis, msofil io bankis, didi britaneTis saerTasoriso ganviTarebis saagentos (DFID) warmomadgenl ebi, aseve eqspertebi. konferenciis muSaoba mniSvnel ovani iyo ori mimarTul ebiT: qveyanaSi pirvel adi j andacvis ganviTarebis sakiTxebze diskusiis inicirebis kuTxiT da eqspertul i Sefasebebisa da monawil eTa gamocdil ebis gaziarebis Tval sazrisiT. monawil eTa mier mowonebul i iqna saxel mwifo programebis fargl ebSi pirvel adi j andacvis komponentebis integrirebis idea, pjd ganviTarebis erTiani programis saxiT. xazi gaesva saerTasoriso proeqtebisa da pjd ganviTarebis saxel mwifo programis koordinirebis mniSvnel obas. SemuSavebul i unda iqnas urTierTgadankveTi programebis matrica, rac Tval saCinos gaxdis im ubnebs/mimarTul ebebs, roml ebic sxvadasxva programis miRma rCeboda an nakl ebad iyo uzrunvel yofil i. aseTi koordinirebul i aqtivoba xel s Seuwyobs maqsimal uri efeqtis miRwevas da samomavl od kargad gaazrebul i strategiis gatarebas. Seiqmna saredaqcio j gufi, romel ic agrZel ebs muSaobas pjd ganviTarebis grZel vadiani programis formatze, programis ganxorciel ebis etapuri amocanebis gansazRvraze, 2003 wl isaTvis miRwevadi RoniZiebebis SemuSavebaze.

programaze muSaobis reglamententi saSual ebas aZl evs yvel a msurvel s, profesional ebs, roml ebsac aqvT aRniSnul sferoSi gamocdil eba, monawi-

ლიეობა მიიღონ სამუშაო პროცესი და იტანამსრომონ სარედაქციო ჯგუფთან. ამ მიმართულებით სამინისტროს მიერ უახლოეს მომავალში დაგეგმილია კონფერენციის ინტერნეტ გვერდის მომზადება, სადაც განთავსდება საუბრობის მასალები, ინფორმაცია შესრულებული სამუშაოების შესახებ, ექსპერტთა შეფასებები. განხილული იქნება მოვდებულები უკვე აღწერილი ინფორმაცია თუ მოსაზრება.

PRIMARY HEALTH CARE SYSTEM DEVELOPMENT VISION FOR GEORGIA

IRMA KHONELIDZE,
Program Management Department of the Ministry of Labour, Health and Social Affairs.
e-mail: xoneli@hotmail.com

Ministry of Labour, Health and Social Affairs (MoLHSA) considers Primary Health Care (PHC) development as the main priority among State Healthcare programs for year 2003. Ministry intends to make his position for PHC development more active and effective, as the 2003 is announced initiation [induction] year for PHC programs. The first significant step was vertical integration of state PHC programs (PHC components spread throughout different medical of preventive programs should be integrated). That makes possible clarification of the PHC allocated resources and financing inside state-supported programs. Financial and managerial consolidation of different PHC components in our PHC program and assignment of one general PHC project makes resources allocation more cost-effective. MoLHSA considers very important coordination of International projects in PHC area. The special task force is created to develop long-term PHC project framework. The framework would allow all interested professionals and PHC-experience having persons to participate in working process and cooperation with task force.

The contact person - Irma Khonelidze, Program Management Department of the Ministry of Labour, Health and Social Affairs. ph. 38 74 81, e-mail: xoneli@hotmail.com

uwyveti samedicino ganaTI ebis sistema saqarTve- l oSi

givi j avaSvil i, guram kíknaZe
*uwyveti samedicino ganaTI ebis saxel mwifo akademia
el -fosta: g.javashvili@curatio.com*

ramdenime kviraSi saqarTvel oSi amoqmeddeba uwyveti samedicino ganaT-
l ebis (usg) reformirebul i sistema. cxadia, Cvens qveyanaSi usg sistema di-
di xania arsebobs e.w. `eqimTa daxel ovnebis- formiT. Tumca, isic udavoa,
rom aRniSnul i sistema ganaxl ebas da Tanamedrove moTxovnebTan misadage-
bas moiTxovda.

is debul eba, rom samedicino personal i, upirvel es yovl isa ki, eqimebi,
dReniadag unda zrunavdnen profesiul i kompetenciis SenarCunebaze, aravis-
Si iwvevs eWvs. Cvens epoqaSi, ise rogorc manamde arasdros, Zal ze swrafad
gasdis yavl i Teoriul da praqtikul medicinaSi damkvidrebul i codnas da
gamocdil ebas; sistematurad axl deba sadiagnozo Tu samkurnal o sqemebi,
inergeba kl inikur-l aboratoriul i da instrumentul i kvl evis axal i meTo-
debi. meore mxriv, isic aRsanisnavia, rom droTa ganmavl obaSi mcirdeba
eqimis mier ukve SeZenel i `Teoriul i codnis- mocul obac, gansakuTrebiT
codnis is `nawil i-, roml is `gamoyenebac- eqims iSviaTad sWirdeba praqti-
kul i muSaobis procesSi.

Tu zemoT moxseniebul real obas sqemis saxiT warmovidgenT, naTI ad
warmocndebe profesiul i kompetenciis SenarCunebis aucil ebl obis probl e-
ma. rogorc sqemidan Cans, usg-is gareSe `distancia-, erTi mxriv eqimis faq-
tobriv codnasa da unar-Cvevebs, xol o meore mxriv, dargSi dagrovil in-
formaciis mocul obas, Soris progresul ad izrdeba (ormxriv vertikal u-
ri isrebi - I, II da III; nax.1).

amrigad, Tu eqimma mudmivad ar izruna codnis ganaxl ebase da axal i
unar-Cvevebis SeZenaze, sul raRac oriode wel iwadSi, is mniSvel ovdad
`CamorCeba- Tavis profesias, xol o 4-5 wel iwadSi misi profesiul i `vargi-
sianoba- saerTod saTuo gaxdeba da mas ar eqneba pacientisaTvis adeqvatu-
ri samedicino momsaxurebis gawevis unari. amasTan, saeqimo saqmianobis Ta-
namedrove profesiul i standartebis Sesabamisad warmoebisaTvis saWiro in-
formaciis moZieba da aTvisება, am informaciis zedmiwevniT didi mocul o-
bis gamo, aRemateba nebismieri konkretul i individis, Tundac zedmiwevniT
mSromel i, niWieri da keTil sindisieri profesional is, SesaZI ebl obebs.
swored amitom aris aucil ebel i eqimTa profesiul i kompetenciis SenarCu-
nebisaTvis saWiro sistemis Camoyal ibeba da masSi eqimebis monawil eobis
uzrunvel yofa.

uwyveti samedicino ganaTI ebis saval debul oeba da misi sakanon- mdebl o safuZvl ebi

dRes usg sistema yvel a ganviTarebul qveynebsi moqmedebs. TandaTan usg
eqimis profesiul i saqmianobis ganuyofel i nawil i xdeba. mraval qveyanaSi
usg sistemaSi monawil eoba eqimistvis saval debul oa; sxvagan usg eqimis
eTikur moval eobad iTvl eba. asea Tu ise, im qveynebsi, sadac j anmrTel obis
dacvis sistema racional urad imarTebe, Seqmnil ia garkveul i berketebi,
roml ebic eqimebis usg procesSi CarTvas uwyobs xel s.

saqarTvel oSi eqims usg sistemaSi monawil eobas kanoni aval debul ebs.
sayuradReboa, rom cneba `uwyveti samedicino ganaTI eba- saqarTvel os ka-
nonmdebl obaSi Semotanil ia j er kidev 1997 wel s, rodesac Zal aSi Sevida

kanoni `j anmrTel obis dacvis Sesaxeb-. 2001 wel s kanoniT `saeqimo saqmiano-
bis Sesaxeb- ganisazRvra usg sistemaSi monawil eobis saval debul oeba.

rogorc cnobil ia, imisaTvis, rom eqimma SeinarCunos damouki debel i sae-
qimo saqmianobis ufl eba, man yovel xuT wel iwadSi erTxel unda `gaiaros-
resertificireba. zemoT moxseniebul i kanonis mixedviT, resertificirebis
procesSi monawil eobis ufl ebis misaRebad ki eqimma unda daadasturos,
rom is CarTul ia usg procesSi, ristvisac unda warmoadginos e.w. usg kre-
ditsaaTebi.

imisaTvis, rom usg procesSi monawil eobis saval debul oeba ufro konk-
retul ad ganimartos, aseve konkretul ad unda ganimartos resertificire-
bis arsic. termini `resertificireba-, romel ic Tavistavad ganmeorebiT
sertificirebas niSnavs, garkveul wil ad Jargonია და გულ ისxმობს eqimis sa-
xel mwifo sertifikatis axal i vadiT gagrZel ebisaTvis saWiro process. aR-
niSnul procesSi miReba dadebiTi an uaryofiT gadawyvetil eba sertifika-
tis vadis gagrZel ebis Sesaxeb.

kanoniT `saeqimo saqmianobis Sesaxeb- dadgenil ia saxel mwifo sertifika-
tis axal i vadiT gagrZel ebis Semdegi piroba:

- a) eqimma unda Caabaras saxel mwifo sasertifikacio gamocda an
- b) unda warmoadginos usg kreditsaaTebis dadgenil i raodenoba, romel
ic mas gasul i xuT wl is ganmavl obaSi aqvs dagrovil i.

amastan, imisaTvis, rom eqimi daSvebul i iyos sasertifikacio gamocdaze,
mas dagrovil i unda hqondes usg kreditsaaTebis e.w. minimal uri raodenoba,
romel ic, cxadia, nakl ebia sertificirebisaTvis saWiro usg kreditsaaTe-
bis raodenobaze.

amrigad, sertificirebis nebsmieri gzis arCevis SemTxvevaSi, eqimma unda
daadasturos, rom igi monawil eobda usg procesSi, ristvisac unda warmo-
adginos usg kreditsaaTebi gansazRvrul i raodenobiT (ix. nax. 2).

rogorc cnobil ia, Cvens qveyanaSi eqimTa sertificireba, saxel mwifo sa-
sertifikacio gamocdebis Cabarebis gziT 1998 wel s daiwyo. Sesabamisad, re-
sertificirebis procesi aRniSnul idan 5 wl is Semdeg _ 2003 wel s daiwyeba
da Seexeb im eqimebs, roml ebmac 1998 wel s miRes saxel mwifo sertifikati.
sayuradReboa, rom pirvel i resertificireba mxol od saxel mwifo saserti-
fikacio gamocdis Cabarebis gziT ganxorciel deba da ar moxdeba sertifi-
katis vadis gagrZel eba mxol od usg kreditsaaTebis warmodgenis safuZ-
vel ze. amastan, Zal aSi rCeba moTxovna, rom resertificirebis mizniT sa-
xel mwifo sasertifikacio gamocdaze ufl ebis misaRebad eqimma unda warmo-
adginos usg kreditsaaTebis minimal uri raodenoba.

resertificirebis zemoT aRweril i sistemis sakanonmdebl o safuZvel ia
`saeqimo saqmianobis Sesaxeb- kanonis 31-e da 99-e muxl ebSi gacxadebul i de-
bul ebebi, roml ebic qvemoT aris mocemul i.

saqarTvel oSi usg sistemis reformas, `saeqimo saqmianobis Sesaxeb- ka-
nonTan erTad safuZvl ad udevs `saqarTvel oSi uwyveti samedicino ganaT-
lebis sistemis reorganizaciis koncefcia-. koncefcia damtkicebul ia sa-
qarTvel os prezidetni 2001 wl is 24 noembris #478 brZanebul ebiT `umaR-
lebis Semdgomi samedicino ganaTlebis sistemis ganvitarebisa da j anmrTel
obis dacvis sferoSi kadrebis marTvis gaumj obesebis RonisZiebaTa Sesa-
xeb-. masSi asaxul ia Cvens qveyanaSi ganaxl ebul i usg sistemis yvel a Ziri-
Tadi maxasiaTebel i, mocemul ia usg formebis aRweril oba, usg kreditsaa-
Tebis da maTi kategoriebis ganmarTEba, usg programebis akreditaciis zo-
gadi principebi da sxva.

uwyveti samedicino ganaTI ebis formebi

`saqarTvel oSi uwyveti samedicino ganaTI ebis sistemis reorganizaciis koncepciaSi- uwyveti samedicino ganaTI eba Semdegi saxiT aris ganmartebuli:

`uwyveti samedicino ganaTI eba (usg) aris dipl omandel i samedicino ganaTI ebisa da dipl omis Semdgomi profesiul i mzadebis (rezidenturis, magistraturis) etapebis momdevno procesi, romel ic grZel deba eqimis mTel i profesiul i saqmianobis manZil ze da roml is mizania eqimis Teoriul i codnisa da praqtikul i unar-Cvevebis Sesabamisobis uzrunvel yofa medicinis Tanamedrove miRwevebTan da teqnologiEbTan.-

usg formebi gul isxmobs eqimis mier profesiul i kompetenciis SesanarCunebl ad (anu profesiul i codnisa da unar-Cvevebis gasaaxl ebl ad) warmartul i saqmianobis sxvadasxva saxes, roml ebic uwyvet samedicino ganaTI ebad CaiTvl eba da roml isTvisac eqims miecema usg kreditsaaTebi. eqimi usg kreditsaaTebis SesaZl ebel ia sakmaod gansxvavebul i saqmianobisTvis iRebdes, roml ebic, Tavis mxriv, pirobiTad SeiZl eba sam did Semadgenl ad daj-gufdes:

- * daswrebul i usg programebi
- * dauswrebel i usg programebi
- * usg sxva formebi

cxril Si mocemul ia usg saqmianobebis (usg formebis) nusxa, roml ebic zemoT moxseniebul i j gufebis mixedviT aris dal agebul i.

cxril i 1. usg formebi

daswrebul i usg programebi:

- * l eqcia-seminari;
- * mokl evadiani (1-10 dRe) kursebi;
- * grZel vadiani (2 kvira_2 Tve) kursebi;
- * staJireba meoreul i an mesamul i donis samedicino dawesebul ebaSi;

dauswrebel i usg-is programebi:

- * konkretul sakiTxze momzadebul i pre- da posttestiT Tanxl ebul i nabeWdi l literaturis damuSaveba.
- * kursebi internetisa da informatikis sxva saSual ebebis gamoyenebiT, saval debul o SefasebiT.
- * audio/video masal ebis gacnoba (maT Soris, kompaqtur diskebze (CD) mocemul i masal is) da pre- da posttestis Sevseba.

usg-is sxva formebi:

- * konferenciebSi monawil eoba.
- * monografiebis, saxel mZRvanel oebis gamocema;
- * samecniero statiebis gamoqveyneba samamul o da ucxour gamocemebSi;
- * kl inikur garCevebSi, konsil iუმebSi monawil eoba;
- * samecniero xarixis mopoveba;
- * umaRl es samedicino saswavl ebl ebSi an usg-is programebSi swavl eba.

dipl omis Semdgomi da uwyveti samedicino ganaTI ebis sabWo

Cvens qveyanaSi usg sistemis warmartva daeval eba special urad am mizniT Seqmnil sabWos _ `dipl omis Semdgomi da uwyveti samedicino ganaTI ebis sabWos-.

dipl omis Semdgomi da uwyveti samedicino ganaTI ebis sabWos debul eba ukve momzadebul ia da mowonebul ia Sromis, j anmrTel obisa da social uri dacvis ministris sabWos sxdomaze.

sabWom ukve Caatara Tavisi i sxdoma a.w. 4 dekembers.

igi mal e Seudgeba muSaobas da gadadgams nabij ebs, romel ic aucil ebel ia usg sistemis asamoqmedebl ad, upirvel es yovl isa _ usg programebis da usg sxva formeblis akreditaciis procesis dasawyebad. am nabij ebidan umniSvnel ovanesia sabWos mier:

* usg programebis da usg sxva formeblis saakreditacio kriteriუმების დამტკიცება და

* ამ კრიტერიუმების საფუძველზე usg programebis, აგრეთვე, usg sxva formeblis akreditaciis dawyeba.

sabWos mier akreditebul i usg programebis amoqmedeba Cvens qveyanaSi eqimebs saSual ebas miscems moipovon usg kreditsaaTebis, rac, Tavის მხრივ, მატი რესერტიფიცირების საფუძველ i iqneba.

cxadia, dasawyisSi usg programebis raodenoba mcire iqneba da eqimebi ver SesZl eben bevri usg kreditsaaTebis `dagrovebas-. aRni Snul i garemoeba gaTval iswinebul i iyo `saeqimo saqmianobis Sesaxeb- kanonis, აგრეთვე `saqarTvel oSi uwyveti samedicino ganaTI eblis sistemis reorganizaciis koncefციის- მომზადების procesSi da miRebul i iqna gadawyvetil eba რესერტიფიცირებისათვის საWiro usg kreditsaaTebis raodenობის etაპობრივი zrdის Sesaxeb. ამრიგად, saqarTvel oSi reformirebul i usg sistemis amoqmedების პირველ wl ebSi რესერტიფიცირებისათვის საWiro usg kreditsaaTebis raodenoba Sedareბი T mcire iqneba.

winამდებარე სტატიის დანართსი მოცემულია ამონარიდები `saqarTvel oSi uwyveti samedicino ganaTI eblis sistemis reorganizaciis koncefციიდან-, რომელიც, ვფიქრობთ, საინტერესო იქნება uwyveti samedicino ganaTI eblis საკითხებზე დაინტერესებულ i მკითხველ ისთვის, აგრეთვე ნებისმიერი ეკონომისტის, რომელიც saqarTvel oSi დამოუკიდებელი პროფესიული საკმეანობის გაგრძელებას გეგმავს.

დანართი 1. ამონარიდები `saqarTvel oSi uwyveti samedicino ganaTI eblis sistemis reorganizaciis koncefციიდან-

special istTa სერტიფიცირება/რესერტიფიცირება და მატი usg-ის სისტემაში მონაწილეობის სეფაება

1. სერტიფიცირება/რესერტიფიცირება

- 1.1. პირველი ადგილი სერტიფიცირებას ხორციელდება მხოლოდ სასერტიფიკაციო გამოცდის გაბარების გზით;
- 1.2. განმეორებითი სერტიფიცირების (რესერტიფიცირების) პერიოდში ობიექტის განისაზრვება saqarTvel os კანონმდებლობით (5 წელი);
- 1.3. რესერტიფიცირება 2006 წელს ამდენი ხორციელდება მხოლოდ სასერტიფიკაციო გამოცდის გაბარების გზით;
- 1.4. 2006 წლის შემდეგ რესერტიფიცირება ხორციელდება:
 - a) ან სასერტიფიკაციო გამოცდის განმეორებითი გაბარების გზით;
 - b) ან უმაღლესი შემდგომი და უმაღლესი სერტიფიკაციის სისტემის საკვალიფიკაციო საბუთების მიერ დადგენილი რაოდენობის კრედიტების მოგროვების გზით.
- 1.5. ზემოთ მოხსენიებული (პუნქტი 1.4.) შესაზღვივებელი ობიექტის არცევა special istის უფლებას;
- 1.6. განმეორებითი სასერტიფიკაციო გამოცდის გაბარების აუცილებელი პირობაა usg-ის მონაწილეობის გზით კრედიტების სავალდებულო მინიმუმის დაგროვება, რომელიც ნაკლებია 1.4. პუნქტის `b- ვეპუნქტში მითითებული კრედიტების რაოდენობაზე.

2. usg-ის სისტემაში მონაწილეობის სეფაება

- 2.1. special istის usg-ის სისტემაში მონაწილეობის სეფაება სათანადო ვესიტ აკრედიტებული სახელით ოპერირებასა და usg-ის სხვა ფორმების მონაწილეობისათვის კრედიტების მინიშნების გზით;

- 2.2. kreditsaaTebis miniWeba dasturdeba saTanado mowmobis gacemis gziT;
- 2.3. kreditsaaTebis miRebis damadasturebel mowmobas gascems usg-programis an usg-is sxva forme bis ganmaxorciel ebel i dawesebul eba (mag., samecniero konferenciis organizatori), garda 2.4 punqtebSi miTiTebul i SemTxvevebisa, roca kreditsaaTebis miRebis damadasturebel mowmobas gascems umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWo;
- 2.4. samecniero publ ikaciisaTvis (samecniero statia, monografia), saxel mZ-Rvanel os gamocemisTvis, medicinis mecnierebaTa kandidatis an doqtoris xarixxis moZiebisaTvis dadgenil i odenobis kreditsaaTebis damadasturebel mowmobas gascems umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWo, special istis mier warmodgenil i, dadgenil i wesiT gaforme bul i dokumentaciis Sefasebis Semdeg.

kreditsaaTebis saxeebi da maTi saval debul o raodenoba resertifici rebisaTvis

1. arsebobs kreditsaaTebis ori kategoria: I (pirvel i) da II (meore) I kategoria: daswrebul i mokl evadiani an grZel vadiani kursebi, stajireba meoreul i an mesamul i donis samedicino dawesebul ebaSi; II kategoria: ZiriTadad dauswrebel i usg programebi.
2. resertifikaciisaTvis saWiroa 250 kreditsaaTis dagroveba, romel Tagan sul mcire 170 kreditsaaTi I kategoriis undaiyos.
3. wina puqtSi miTiTebul i 250 saaTidan eqims ufl eba aqvs erTi wl is ganmavl obaSi daagrovos ara umetes 80 kreditsaaTisa¹.
4. kreditsaaTebiT (250 saaTi) mocul i unda iqnes special obis mTel i speqtri, romel ic unda Seesabamebodes special obis `pasports-;
5. im SemTxvevebSi, roca 5 wl is ganmavl obaSi dagrovebul i kredtsaaTebis raodenoba aRemateba 250-s, namatis gadatana momdevno xuTwl eul ze ar dai Sveba.
6. ganmeorebiT sasertifikacio gamocdis Cabarebis ufl ebis mosapovebl ad dasagrovebel i kreditsaaTebis saval debul o minimumi Seadgens 125-s.
7. 2006 wl amde ganmeorebiTi sasertifikacio gamocdis Cabarebis ufl ebis mosapovebl ad dasagrovebel i kreditsaaTebis raodenoba wina punqtSi miTiTebul ze nakl ebi iqneba (50).
8. 2006 wl amde ganmeorebiTi sasertifikacio gamocdis Cabarebis ufl ebis misaRebad kreditsaaTebis saWiro raodenobiT dagrovebis moTxovna argul isx mobs am muxl is me-4 punqtSi miTiTebul i pirobis dacvas.
9. 2006 wl is 1 ivl is amde am Tavis me-2-7 punqtebSi miTiTebul i kreditsaaTebis raodenoba nakl ebi iqneba. kreditsaaTebis raodenoba gaizrdeba etapobrivad umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWos mier, arsebul i resursebis gaTval iswinebiT.

usg-is programebi

1. usg-is programebi unda moicavdnen mTel special obas; saswavl o programis xangrZI ivoba sakmarisi unda iyos mis asaTvis ebl ad da misaRebi unda iyos damouki debel i saeqimo saqmianobis subieqtisaTvis;
2. usg-is programebis CamonaTval i unda moicavdes special obis yvel a sakiTxs, miTiTebas sad, rod is da romel samedicino dawesebul ebaSi tardeba daswrebul i saswavl o kursi; ra gziT da rod is SeiZI eba dauswrebel i kursis programis miReba;
3. saswavl o programebis raodenoba unda uzrunvel yofdes maT xel misawvdomobas nebis mieri subieqtisaTvis, miuxedavad im samedicino dawesebul e-

- bis organizaciul -samarTI ebrivi formisa, romel Sic is muSaobs; aq igu-
l isxmeba pirebic, romel nic awarmoeben individual ur saeqimo praqtikas;
4. usg-is saswavl o programebi unda ganaxl des sistematurad. ganaxl ebis vada, resursebis zrdis Sesabamisad, ganisazRvreba umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWos mier.

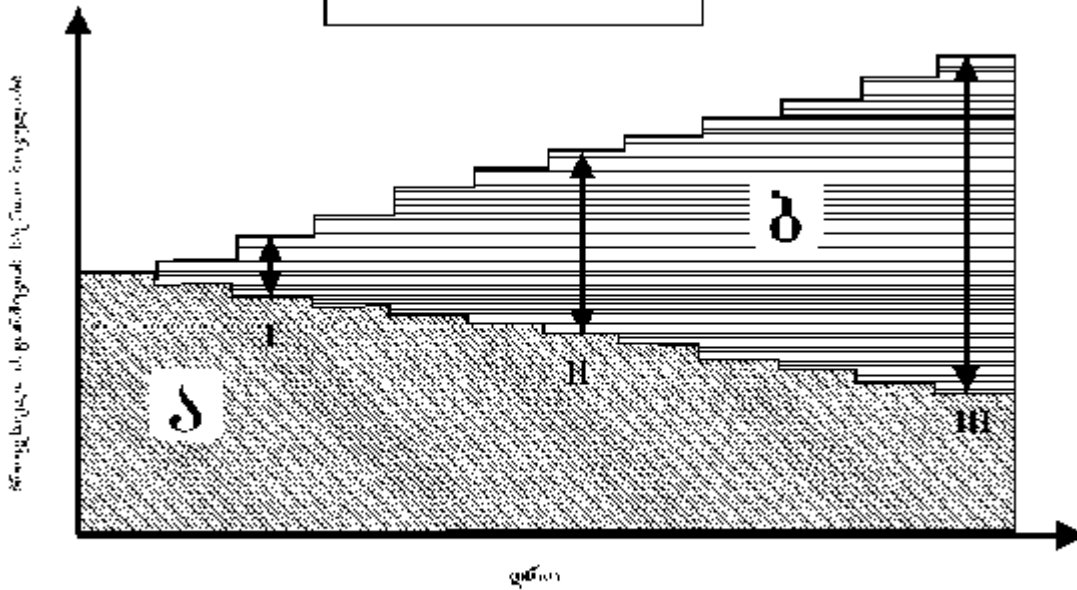
^muxl i 31.

1. saxel mwifo sertifikatis moqmedebis axal i vadiT gagrZel ebis pirobebia saxel mwifo sasertifikacio gamocdis Cabareba an kreditsaaTebis kategoriebis mixedviT uwyveti samedicino ganaTI ebis kreditsaaTebis dadgenil i odenobiT dagroveba.
2. saxel mwifo sertifikatis axal i vadiT gasagrZel ebl ad damoukidebel i saeqimo saqmianobis subieqti sasertifikacio gamocdaze daiSveba mxol od im SemTxvevaSi, Tu is daagrovebs uwyveti samedicino ganaTI ebis kreditsaaTebis dadgenil minimal ur odenobas.
3. am muxl is pirvel da meore punqtebSi miTiTebul i kreditsaaTebis odenobebs kategoriebis mixedviT gansazRvravs saministro.
4. am kanonis 99-e muxl iT gaTval iswinebul i vadis dadgomi dan damoukidebel i saeqimo saqmianobis subieqti irCevs am muxl is pirvel i punqtiT gaTval iswinebul i pirobebidan erT-erTs, survil isamebr-.

^muxl i 99

1. 2006 wl is 1 ivl isamde saxel mwifo sertifikatis axal i vadiT gagrZel eba dasaSvebia mxol od sasertifikacio gamocdis Cabarebis Semdeg, am kanonis 31-e muxl is me-2 punqtiT gaTval iswinebul i wesiT.-

ნახ. 1 პროფესიული კონსტრუქციის მქონე სტრუქტურის



- δ – ქვიშის ქოფნი და უნარ-ჩვევები მოცემული მონიტორინგის
- ζ – განსხვავებული პროფესიული ინჟინერების ჩვენით მოცემული მონიტორინგის

usg-is sasvli o programebis momwodebl ebi da ganmxorciel ebl ebi

1. usg-is programis momzadeba SeuZl ia nebismier fizikur an iuridiul pirs, mixedavad am ukanasknel is organizaciul -samarTI ebrivi formisa.
2. usg-is yvel a programis ganmaxorciel ebel is material ur-teqnikuri da sakadro resursebis Semowmeba usg-is programebis akreditaciis aucil ebel i el ementia.

sasvli o programis Sefaseba da akreditacia

usg-is warmmarTvel organoSi usg-is programis akreditaciis Taobaze pirvel ad wardgenisas usg-is programis Sefasebis mizani:

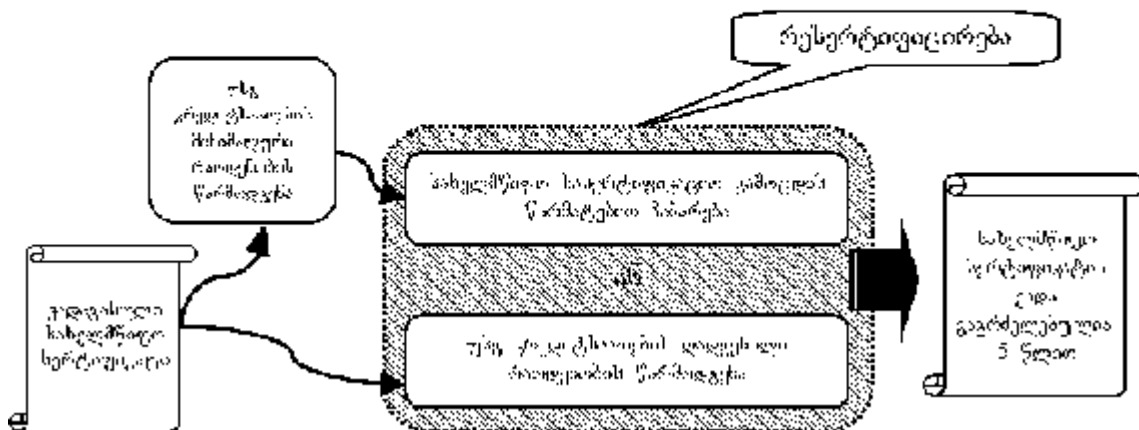
1. sasvli o programis Sefaseba. fasdeba Semdegi komponentebi:
 - * programis mizani (ra da vis unda asvli os);
 - * aris Tu ara programiT gaTval iswinebul i sakiTxebSi usg-is kursis Catarebis saWiroeba;
 - * codnis is standarti, romel sac, programis momwodebel is azriT, programa miscems msmenel s;
 - * progrmis Si naarsis Sesabamisoba mizantan;
 - * swavl ebis meTodebi;
 - * iTval iswinebs Tu ara programa romel ime samedicino produqtis (maT Soris waml is) rekl amirebas (mag:programaSi medikamentebi moxseniebul i unda iyos generiul i da ara savaWro saxel wodebiT; samedicino produqtebis gamofena dasaSvebia mxol od sasvli o kl asis gareT da sxva);
 - * programaSi monawil eTa (msmenel Ta) Sefasebis meTodebi;
 - * usg-is kursis Catarebis dro, xangrZl ivoba, adgil i da Rirebul eba;
 - * iTval iswinebs Tu ara programa msmenel ebis mier programis Sefasebas;
2. usg-is programis mwarmoebl is unaris Sefaseba. saxel dobr, fasdeba Semdegi komponentebi:

- * informacia pedagogeblis ganaTI ebisa da profesiul i momzadeblis Sesaxeb;
- * informacia material ur-teqnikuri bazis Sesaxeb (fasdeba adgil ze vizitiT);
- informacia momwodebl is gamocdil ebis Sesaxeb, maT Soris manamde ganxorciel ebul i usg-is programeblis Sesaxeb;

zemoT moxseniebul i punqteblis Sefaseblis safuZvel ze umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWo gascems daskvnas, romel ic Sei cavs:

- * dadebiT an uaryofiT pasuxs usg-is programis akreditaciis Taobaze;
- * dadebiTi gadawyvetil ebis SemTxvevaSi, _
- * miTiTebas imis Sesaxeb Tu, romel i kategoriis da ramdeni kreditsaatis gacema SeiZl eba mocemul usg programaSi warmatebiT monawil eobis safuZvel ze;
- * ra vadiT aris programa akreditebul i (mag.:1 an 2 wel i da a.S.) eqimis mier kreditsaateblis mopoveblis mizniT warmoebul i usg-is saqmiانبis Sesabamisoba eqimis special obasTan.

ნახ. 2: რეკონსტრუქციის და აღდგენის სამედიცინო ცენტრების



eqimi special istis mier mopovebul i usg-is kreditsaatebi unda `faravdes- mTel special obas, Seesabamebodes umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWos mier SemuSavebul special obis `pasports-.

systemis Camoyal ibeblis pirvel xaneblis, saswavl o programeblis momwodebel Ta simciris gamo, zemoxsenebul is miRweva zedmiwevniT Znel i, TiTqmis SeuZl ebel i iqneba. amitom `mTel i special obis dafarvis- principi TandaTanobiT unda ganxorciel des. saxel dobr, pirvel i 2-3 wl is ganmavl obaSi `special obis dafarvis koeficienti-, SeiZl eba Seadgendes, magal iTad, 30-50-s (anu saswavl o programebi faraven special obis pasportiT gaTval iswinebul i sakiTxeblis 30-50%-s). Semdegi ori wl is ganmavl obaSi, magal iTad, 75%-mde da a.S. amastan, aucil ebl ad unda ganisazRvros romel i sakiTxeblis dafarvaa aucil ebel i. am tempiT winsvl isatvis Tu gamoizebna resursebi (intel eqtual uri, finansuri, teqnikuri), maSin uaxl oesi 6-7 wl is ganmavl obaSi SesaZl ebel i gaxdeba ZiriTad special obebSi saswavl o programeblis momzadeba, da, rac mTavaria, kadreblis mozidva da saTanado codnisa da gamocdil ebis dagroveba.

usg-is programebis xarixsis kontrol i

umaRI esisSemdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWo SeimuSavebs da axorciel ebs usg-is programebis xarixsis kontrol isa da monitorirebis meqanizmsa da RonisZiebebs.

kontrol isa da monitorirebis mizania imisi gansazRvra, Tu ramdenad Seesabameba saswavl o programa da misi ganxorciel ebis procedura im mizans (codnis standartis miReba), romel sac es programa isaxavs.

kontrol isa da monitorirebis procesSi miSvnel ovania im special iste-bis azris moZieba, romel nic gadian mocemul saswavl o programas.

umaRI esisSemdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWo SeimuSavebs kiTxvaris standartul formas, romel sac avsebs special isti saswavl o programis damTavrebis Semdeg da ugzavnis usg-is warmmar-Tvel organos. kiTxvari ar unda iyos rTul i, unda iyos advil ad Sefaseba-di da misi gagzavna msenel istVis gaiol ebul i unda iyos (SeiZl eba mieces konvertic an iyos Ria baraTi, aucil ebl ad gangzavnis misamarTis CvnebiT da sxva). usg-is warmmarTvel ma organom ar unda gaumxil os programis momwodebes arc dadebiTi da arc uaryofiTi Sefasebis avtoris vinaoba.

kontrol sa da monitorirebas axorciel ebs umaRI esisSemdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWos xarixsis Sefasebis rgo-li. kontrol isa da monitorirebis erT-erT meTodad miCneul i unda iqnes `saswavl o programis vizitis- meTodi.

xarixsis Semowmebis Sedegi SeiZl eba iyos akreditaciis gauqmeba an SeCe-reba xarvezebis gamosworebamde.

sxva qveynebis usg-is programebSi monawil eobis Sedegad miRebul i kreditsaaTebis aRiareba

1. eqims CaeTvl eba sxva qveynebis usg-is programebSi monawil eobis Sedegad miRebul i kreditsaaTebi, mxol od im SemTxvevaSi, Tu es usg-is kreditsaa-Tebis sistema aRiarebul ia saqarTvel os umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWos mier (mag. warmmarTvel ma organom SeiZl eba aRiaros amerikis samedicino asociaciis `eqimTa aRia-rebis j il dos- - AMA Physician Recognition Award - I kategoriis kreditt-saaTebi da a.S.).
2. ucxoeTis daswrebul i usg-is kursebSi miRebul i kreditsaaTebi SeiZl eba aRiarebul i iqnes ucvl el ad an garkveul i koeficientis misadagebiT (mag. romel ime qveynis usg-is sistemis 2 kreditsaaTi SeiZl eba Cvens qveynaSi 1, 2 an 4 kreditsaaTs utol debodes).
3. ucxoeTis dauswrebul i usg-is kursebSi monawil eoba damatebiT pirobebs moiTxovs. aucil ebel ia garkveul i garantiebis Seqmna, raTa umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWo darw-mundes, rom eqimma damoukidebl ad daimsaxura kreditsaaTebi, romel ic gacemul ia ucxoeTis dauswrebul i usg-is kursebis momwodebl is mier (mag., SeiZl eba Sei qmnas garkveul i Sual eduri rgol i saqarTvel oSi, ro-mel ic uzrunvel yofs saqarTvel oSi momuSave eqimebis adekvatur monawi-l eobas ucxoeTis dauswrebul i usg-is kursebSi).

usg-is reestri

sabWosTan iqmneba reestri, romel Sic fiqsirdeba informacia eqimis mier mopovebul i kreditsaaTebis Sesaxeb.

reestrSi Sesatanad informacias gascems usg-is ganmxorciel ebl ebi (ro-dis, ramdeni kreditsaaTi da ra special obaSi miRo ama Tu im eqimma).

usg-is dafinanseba

1. umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWos dafinanseba

uwyveti samedicino ganaTI eba arc erT qveyanaSi ar finansdeba srul ad eqimebis mier. gardamavl periodSi (sistemis Camoyal ibebis procesi, rac, savaraudoa, 5-10 wel i gagrZel deba) aucil ebel ia saxel mwifos finansuri proteqcia. paral el urad, umaRI esis Semdgomi da uwyveti samedicino ganaTI ebis sakval ifikacio sabWos Semosavl ebis wyaro SeiZl eba iyos:

* gadasaxadebi usg-is programebis akreditaciisaTvis;

* saqarTvel os kanonmdebl obiT daSvebul i sxva Semosavl ebi.

2. special istTa usg-Si monawil eobis dafinanseba.

eqimi special isti mzad unda iyos usg-is sistemaSi monawil eobisaTvis saWiro garkveul i Tanxis gadasaxdel ad. saxel dobr:

* individual uri saeqimo saqmianobis SemTxvevaSi eqimisaTvis gansazRvrul i sazRauri unda Seicavdes nawil s, romel ic gamiznul ia usg-Si monawil eobisaTvis;

* samedicino dawesebul ebaSi samedicino momsaxurebisaTvis dawesebul i gadasaxadi unda Seicavdes usg-is sistemaSi monawil eobisaTvis gamiznul Tanxas;

* saxel mwifo samedicino programebisaTvis gamoyofil sabiuj eto TanxaSi gaTval iswinebul i unda iqnes damatebiTi xarj ebi eqimebis usg-is sistemaSi monawil eobisaTvis;

* sadazRvevo kompaniebi unda monawil eobdnen eqimebis usg-Si monawil eobis dafinansebaSi;

* SesaZl ebel ia farmaceutul i kompaniebis monawil eobac mkacrad gansazRvrul i pirobemis dacviT, rac gamoricxavs ama Tu im produqciis rek- l amirebas.

amr i gad:

• usg-is sistemis xarj ebi samedicino momsaxurebis xarj ebis Semadgenel i unda iyos. amitom janmrTel obis dacvis sistemis biujetirebis dros mxedvel obaSi unda iqnes miRebul i usg-is sistemis dafinansebis aucil ebl obac. gadasawvyveti iqneba usg-is sistemis ra nawil s da ra principiT daafinansebs saxel mwifo.

• usg-is programebSi monawil eobis xarj ebis nawil s SeiZl eba ixdides eqimi. amasTan:

* individual uri saeqimo saqmianobiT dakavebul ma eqimma gaweul i samedicino momsaxurebis tarifis gansazRvrisas unda gaiTval iswinos usg-Si monawil eobisaTvis aucil ebel i Tanxa;

* eqimis damqiravebel ma samedicino momsaxurebis tarifis gansazRvrisas unda gaiTval iswinos eqimis usg-is sistemaSi monawil eobisaTvis aucil ebel i Tanxa.

• SesaZl ebel ia sxvdasxva SeRavaTebis daweseba eqimebisaTvis usg-is programebSi monawil eobis miRebis wasaxal isebl ad; mag.: xel fasiანი Svebul ebebi, mgzavrobis da/an usg-is kursebze daswrebis da/an usg-is kursebSi monawil eobasTan dakavSirebul i sxva xarj ebis anazRaureba da sxva.

• sadazRvevo kompaniebi monawil eoben special istebis usg-Si CarTvl is procesSi.

• SesaZl ebel ia yvel a zemoT CamoTvl il i wyaros sxvdasxva kombinaciebiT gamoyeneba.

G.JAVASHVILI, G.KIKNADZE

*State Academy of Postgraduate Medical Education, Tbilisi,
Georgia*

e-mail: g.javashvili@curatio.com

After several weeks reformed continuing medical education (CME) system will be launched in Georgia. Unquestionably, enormous developments in the sphere of modern medicine and rapid translation of scientific data into everyday medical practice makes CME an absolute necessity.

According to Georgian legislation, participation in CME is mandatory for physicians having independent medical practice in this country. CME is absolute prerequisite for re-certification (revalidation) of doctors. As it is said in the “Law on Doctors Professional Activity”, in order to maintain the right for the independent medical practice, re-certification is obligatory every 5 years. Two means for re-certification are specified - (a) collection of CME credit-hours by means of participating in CME activities and (b) certification examinations. On the other hand, certain (“minimum”) amount of CME credit-hours are also required in order to be allowed to participate in certification examinations.

Further in the article different CME forms and the procedures for their accreditation are described. Also, objectives and tasks of “Postgraduate and CME Council” are specified. Certain sections from the “Concept of the development of continuing medical education system in Georgia” are attached to the article as addendum.

evropis kardiol ogTa sazogadoebis kongresi 2002

irina jaSi
*med. mecn. kandidati, saqarTvel os kardiol ogTa sa-
zogadoebis mdivani, kardiol ogiis institutis uf-
rosi mecnier-TanamSromel i*

2002 wl is 31 agvistos _ 4 seqtembers germaniis dedaqal aq berl inSi Ca-
tarda evropis kardiol ogTa sazogadoebis XXIV kongresi. am kongress da-
eswro 19 000-ze meti del egati. saqarTvel odan kongresis muSaobaSi monawi-
l eobdnen: saqarTvel os kardiol ogTa sazogadoebis prezidenti, Terapiis
erovnul i centris direktoris moadgil e, prof. v. Wumburize; saqarTvel os
kardiol ogTa sazogadoebis sapatio prezidenti, winamZRvriSvil is sax. kar-
diol ogiis institutis sameTval yureo sabWos Tavmj domare, prof. b. qobu-
l ia; saqarTvel os kardiol ogTa sazogadoebis mdivani, kardiol ogiis insti-
tutis ufrosi mecnier-TanamSromel i, med. mecn. kandidati i. j aSi; saqar-
Tvel os kardiol ogTa sazogadoebis gamgeobis wevrebi _ kardiol ogiis in-
stitutis direktori, prof. b. winamZRvriSvil i; saqarTvel os saxel mwifo
samedicino akademiis kardiol ogiis kaTedris gamge, prof. i. megrel aZe; ama-
ve kaTedris profesori g. cincaZe; kardiol ogiis institutis ganyofil ebis
gamge, prof. n. burkaZe; kardiol ogiis institutis TanamSroml ebi _ med.
mecn. kandidati z. CaficaZe, n. futkaraZe, n. gvancel aZe; Terapiis naciona-
l uri centris mecnier-TanamSromel i T. kikal iSvil i; Tbil isis saxel mwifo
samedicino universitetis profesori g. simonia; kardiol ogiuri kl ini-
ka "gul is" direktori a. mel ia; Tbil isis meore saavadmyofos eqokardiog-
rafiul i l aboratoriis xel mZRvanel i k. papoSvil i; Tbil isis saxel mwifo
samedicino universitetis #1 kl inikis TanamSromel i z. yifiani.

evropis kardiol ogTa kongresis mTavari misiaa warmoadginos uaxl esi
samecniero miRwevebi. yovel wl iurad msofl ios sxvadasxva qveynis kardio-
l ogiis dargSi momuSave special istebi agzavnian kongresze 8000-mde samec-
niero naSroms. 8 saeqsperto j gufis daskvnis Sedegad wl evandel i kongre-
sis programaSi CarTul iqna mxol od 2739 naSromi. es naSromebi moicaven
informacias Tanamedrove kardiol ogiis mTavar mimarTul ebebis: aritmiebis
(14%), miokardiumis infarqtis (11%), intervenciul i kardiol ogiis (7%) Se-
saxeb. gansakuTrebiT bevri samecniero naSromi iqna Sesrul ebul i sabaziso
mecnierebebSi evropis kardiol ogTa sazogadoebis, gul is kvl evis interna-
cional uri sazogadoebis (ISHR), evropis vaskul uri biol ogiis asociaci-
sa (EVBA) da evropis aTeroskl erozis sazogadoebis (EAS) special istebis
mier.

evropis kardiol ogTa kongresis programa moicavda mraval ferovan sim-
poziუმებსა და სესიებს პრაქტიკული კარდიოლოგიის საკითხებზე. 126 სესი-
აზე დასწრის იქნა 826 მოსწესება, გაკეთდა 12 ნაშრომის კომპიუტერული დ-
ემონსტრაცია. დანარჩენი ნაშრომები წარმოადგენს იყო სტენდური მოსწესებების
სახით. აბსტრაქტების 86% გამოგზავნილი იქნა ევროპის 47 ქვეყნიდან, ხოლო 14%
_ დანარჩენი მსოფლიოს 54 ქვეყნიდან.

wel s saqarTvel odan kongresze 10 samecniero naSromi iqna wardgenil i,
magram aqedan mxol od erTi iqna Setanil i samecniero programaSi: "endoTe-
l iuri funqcia genetikurad winaswar ganwyobil maril mgrZnobiare j anmr-
Tel pirebSi: farmakol ogiuri koreqciis strategia" _ avtorebi: g. simonia,
n. tatiSvil i, i. andronikaSvil i, i. j aSi.

i seve, rogorc wina wl ebSi, mra val ricxovani sesiebi organizebul iqna erTobl i- vad Semdeg organizaciebTan: amerikis kardiol ogiis kol eji (ACC), amerikis gul is asociacia (AHA), msoflios gul is fondi (WHF), evropis samedicino special istebis kavSiri (UEMS) da sxva.

Catarda evropis kardiol ogTa sazogadoebis l eqciebi kl inikur kardiol ogiaSi (2), sabaziso mecnierebebSi (1), popul aciur mecnierebebSi (1).

saerTaSoriso kl inikuri kvl evebis Sedegebi warmodgenil iqna "cxel i xazi"-s sam sesiaze. magal iTad, me-3 amgvar sesiaze ganxil es "LIFE", "CARMEN", "ANTIBIO", "EASYAS", "EARTH" da sxva kl inikuri kvl evebis Sedegebi. sxva 21 qveyanasTan erTad, saqarTvel os 8 kardiol ogiuri kl inika monawil eobda saerTaSoriso kvl eva "MAGIC"-Si, roml is Sedegebi moxsenebul iqna el iot antmanis mier "cxel i xazi"-s meore dRis sesiaze.

31 agvistos Catarda evropul i forumi "gul sisxl ZarRvTa daavadebebis prevencia kl inikur praqtikaSi", romel ic moamzada kardiiovaskul uri prevenciis evropul sazogadoebaTa gaertianebul ma komitetma. aq ganxil ul i iyo 5 qveynis gul is daavadebaTa prevenciis nacional uri programebi, aseve evropul i gaertianebul i rekomendaciebi da maTi Targmanebi. saqarTvel oSi evropul i rekomendaciebis adaptirebul i Targmanis momzadeba da publika- cia wamyvan samedicino gazeTSi ganxorciel da 1999 wl is seqtemberSi.

1 seqtembers komitetma "qal ebi evropis kardiol ogiaSi" Caatara special uri sesia, sadac ganxil eboda am komitetis orwl iani moRvaweobis Sedegebi. gansakuTrebul i yuradReba mieqca qal Ta rol s evropis kardiol ogTa sazogadoebis saqmianobaSi; maT monawil eobas arCeviTi organoebis muSaobaSi.

3 seqtembers Catarda asamblea, arCeul iqna evropis kardiol ogTa sazogadoebis axal i prezidenti.

TiTqmis yovel dRiurad tardeboda sesiebi, romel ic eZRvneboda "evropis gul is kvl eva"-s (Euro Heart Survey). ganxil ul i iyo Sedegebi kvl evebisa: re- vaskul arizacia, gul is ukmarisoba, gul is sarqvl ovani daavadeba, mwvave koronarul i sindromebi. am kvl evebSi monawil eobdnen saqarTvel os kl ini- kebi. amis Semdeg ganxil ul i iqna momaval i kvl evebi: diabeti da gul i, gu- l is Tandayol il i daavadeba, winagul ovani fibril acia, mwvave koronaru- l i sindromebi l l.

3 seqtembers Sedga daj il doebis ceremonia. arCeul iqnen evropis kardi- ol ogTa sazogadoebis axal i sapatio wevrebi _ eqimebi da eqTnebi. maT ricxvSi iyo Cveni Tanamemamul e _ med. mec. kandidati, a. Tedeevi. amJamad saqarT- vel os kardiol ogTa sazogadoebis 6 kardiol ogi aris evropis kardiol ogTa sazo- gadoebis sapatio wevri (b. qobul ia, g. maTeSvil i, m. mamacaSvil i, i. j aSi, p. maWavaria- ni, a. Tedeevi). saukeTeso naSromebisatvis daj il dovden axal gazrda mkvl evarebi. pirvel ad saqarTvel odan eqimi zviad yifiani gaxda evropis "kardiol ogis dipl omi"- s mfl obel i.

praqtikul kardiol ogiaSi momuSave special istebma ician, Tu ra didi mniSvnel oba eniWeba kl inikuri praqtikis rekomendaciebs (Clinical Practice Guidelines) yovel dRiur saqmianobaSi. am mimarTul ebiT evropis kardiol og- Ta sazogadoebam SeimuSava ramodenime rekomendacia: 2001 wl is bol os dai- beWda 4 rekomendacia, roml ebic exeboda gul is gaCerebas, uecar sikvdil s, gul is qronikul ukmarisobas, winagul ebis fibril acias. 2002 wel s maT ricxvs daemata 9 rekomendacia. gansakuTrebul ad saintereso iyo egreT wo- debul i "j ibis" variantebi, roml ebic daurigdaT kongresis monawil eebis.

kongresis wina dRes berl inis Suagul Si mosaxl eobisatvis Catarda Ro- nisZieba "Tqveni gul isaTvis". misi organizatorebi iyvnen germaniis j anmr-

Tel obis ministri, q-ni ul a Smidti da evropis kardiol ogTa sazogadoebis prezidenti, b-ni martin simonsi. am RonisZiebas dResaswaul is el feri hqonda. mosaxl eobas mieca kardiol ogiuri gamokvl evebis Catarebisa da axal i samkurnal o preparatebis gacnobis saSual eba. saRamos Sedga popul arul i saestrado ansambl is koncerti.

kongresis SesaniSnavi kul turul i programa moicavda simfoniuri musikis koncerts istoriul koncerthausSi. germanel ma organistma, ioaxim dalicma, gaxsna programa ferenc listis nawarmoebiT. Semdeg berl inis simfoniuri orkestris mier Sestrul ebul i iqna gustav mal eris meoTxe simfonia, el iahu inbal is diriJorobiT. sopranos partia Seasrul a Svedma momReral ma mal in hartel iusma.

kongresze yovel dRiurad gamodioda gazeTi "Congress News", sadac ganxil ul i iyo Catarebul i sxdomebis yvel a saintereso Sedegi.

EUROPEAN SOCIETY OF CARDIOLOGY CONGRESS 2002

I. DJASHI

Secretary of the Georgian Cardiology Society, Institute of Cardiology

The XXIVth Congress of the European Society of Cardiology was held on 31 August - 4 September, 2002 in Berlin. A main mission of the Congress of the European Society of Cardiology was the presentation of innovative research. The abstracts accepted for oral and poster presentation covered major areas of cardiovascular medicine. The molecular and cellular mechanisms always were an important aspect of the programme; this year, however, there was made it a focus by introducing the Basic Science Track. This new feature led to special sessions and lectures on the hottest topics in cardiovascular research.

The scientific programme of the 2002 Congress offered a large variety of symposia, debates as well as interactive sessions on imaging, intervention and problems of practical cardiology (FOCUS Imaging and Intervention; FOCUS Cardiology Practice) organized by the Congress Programme Committee and the Working Groups, as well as 126 sessions with 826 oral presentations based on the submitted abstracts. In addition abstracts were presented as posters and 12 abstracts were scheduled as computer demonstration sessions. These abstracts came from 47 member countries of the European countries (86%) and from 54 other countries (14%) from all over the world.

This year there were three Hot Line Sessions, presenting results of the newest clinical trials focusing on acute myocardial infarction, heart failure and hypertension. As a new feature two sessions devoted on "Recent Clinical Trial Updates". The ESC Congress 2002 was accredited by the European Board for Accreditation in Cardiology (EBAC) for a maximum of 18 hours of External CME credits.

[saqarTvel os Sromis, j anmrTel obisa da social uri dacvis saministros mecnierebisa da ganaTI ebis departamenti](#)

[da](#)

[erovnul i sainformacio saswavl o centri](#)

[saerTaSoriso fondebTan urTierTobis programis fargl ebSi iwevs samecniero organizaciebs da mkvl evarebs samecniero-kvl eviT grantebze ganacxadis warsadgenad](#)

Semdeg Temati kebze:

- simsi vnesTan dakavSi rebul probl emebi; kibos epidemiol ogia, kl inika, fsiqol ogiuri da qceviTi probl emebi; j anmrTel obis pol itikis sakiTxebi da monitoringi kibos prevenciisa da mkurnal obis sferoSi;
- miel omuri daavadeba;
- al chaimeris daavadeba, gl aukoma, gul is daavadebebi, insul ti;
- Saqriani diabeti da misi garTul ebebi;
- `bavSvebi da axal gazrdebi"- programebi, romel ic mimarTul ia momaval i Taobis swori social uri ganvitarebisaken da oj axis rol ze am procesSi, Sidsis, narkomaniis da sxva mavne Cvevebis acil ebisaken;
- j andacvis organizaciis sfero, sazogadoebrivi j andacva da reproduqciul i j anmrTel oba;
- qceviTi da social uri mecniererebebi, ganaTI eba da garemo, fsiqol ogia;
- bavSvTa j anmrTel obis sakiTxebi;
- narkomaniis kvl evis sakiTxebi;
- fsiqosocial uri, social uri da HIV/AIDS gavr cel ebis Semswavl el i kvl ebebi; da mra val i sxva...

fogart is saerTaSoriso centris programebi

- Sids-is sakiTxebze.
- saerTaSoriso stajirebis da samecniero kvl ebebis programa ekol ogiur j anmrTel obasa da profesiul daavadebebiSi.
- saerTaSoriso stajirebis da samecniero kvl ebebis programa tuberkul o zis sakiTxebze.
- saerTaSoriso stajirebis da samecniero kvl ebebis programa infeqciur daavadebebiSi
- saerTaSoriso stajirebis da samecniero kvl ebebis programa onkol ogiur daavadebebiSi.
- Tambaqos da j anmrTel obis saerTaSoriso samecniero kvl ebebis programa

am da samecniero dargSi TanamSroml obis sxva sakiTxebze damatebiTi informacia SeiZl eba mi iRoT:

saqarTvel os Sromis, j anmrTel obis da social uri dacvis saministros ganaTI ebisa da mecnierebis departamentSi, k. gamsaxurdias gamz. 30, oTaxi 212.

sakonsul tacio dReebi: samSabaTi, paraskevi 15.00-18.00 **tel 95 10 40**

erovnul sainformacio saswavl o centrSi,

iv. j avaxiSvil is (yofil i _ kal ininis) 51, me-2 sarTul i, oTaxi 218, sakonsul tacio dReebi: orSabaTi, oTxSabaTi, xuTSabaTi 15.00-18.00 tel 94 13 85 (nino raWvel iSvil i).

konsul taci is dasaniSnad saWiroa winaswar Cawera.

medicina da iumori

debeki da zeinkal i

avtozeinkal i morisi garaJSi manqanis ZravaSi faTurobda, rodesac karebTan mou l odnel ad saqveynod cnobil i kardioqirurgi maikl debeki dal anda, romel ic menej ers el odeboda.

morisma piri moaRo da mTel i garaJis gasagonad iRrial a: "ei, debeki, Sena xar? erTi aq modi, Zmobil o, saqme maqvs SenTan-.

cnobil i eqimi, odnav gakvirvebul i, motrial da da movida morisTan, romelic isev kapotqveS iqegeboda, da mTel i garaJis gasagonad Tavmomwoned roxroxebda: `aba, magaro eqimo, modi naxe, me rogor vmuSaob. ager manqanis gul i gavxseni. sarqvl ebs viReb, vwmend, daJangul s axl iT vcvl i da rom movrÇebi, es jabaxana ise nazad gasrial deba, rom Seni mowonebul i. hoda, erTi gamagebine, ratomaa, rom Sen mil ionebs gixdian, me ki raRac centeb, roca _ principSi _ orive erT samuSaos vakeTebT?~

debekim Tavi gaaqnia da rbil ad miugo: "modi, CarTul Zravze imuSave, da mixvdebi, ratom..."

De Bakey

Morris was removing some engine valves from a car on the lift when he spotted the famous heart surgeon Dr. Michael DeBakey, who was standing off to the side, waiting for the service manager.

Morris, who was somewhat of a loud mouth, shouted across the garage, "Hey DeBakey...Is dat you? Come over here a minute."

The famous surgeon, a bit surprised, walked over to where Morris was working on the car. Morris, in a loud voice that all could hear, said argumentatively, "So Mr. fancy doctor, look at this work. I also take valves out, grind 'em, put in new parts, and when I finish this baby will purr like a kitten. So how come you get the big bucks, when you and me are doing basically thesame work?"

DeBakey, very embarrassed, shook his head and replied in a soft voice, "Try doing your work with the engine running."