

## **FIBRINOLYTIC DRUGS IN ACUTE MYOCARDIAL INFARCTION**

Dombrovskaya I. K., Manzheliy V. V., Knyazkova I. I.

Department of clinical pharmacology

Kharkiv National Medical University

Comparison of efficiency of thrombolytics was conducted in a number of clinical tests. Experimental researches (GUSTO-I) testify to higher thrombolytic activity of tissue plasminogen activator (t-PA) as compared to strepto- and by an urokinase. In the acute phase of IM of combined t-PA more quickly and frequently causes the lysis of occlusal blood clot in a heart attack - to the dependent coronal artery. T-PA more effectively reduces an mortality (after 30-daily period) in patients with myocardial infarction than streptokinase, however more frequently causes intracranial hemorrhages (0,7 and 0,5% accordingly,  $p= 0,03$ ). For treatment of acute myocardial infarction of t-PA usually prescribed a total dose of 100-150 mg for 3 hours, with the first 6-10 mg administered as a bolus over 2 min. As a total dose of 150 mg of often caused hemorrhagic complications, and 3 hours infusion too late led to recanalization of a coronary artery. In recent years, were offered two new recombinant regimens of t-PA. Fibrinolytic therapy with bolus in the prehospital or in the hospital allows you to quickly apply it, and reduce the risk of errors associated with administration of the drug. The choice of fibrinolytic agent will depend on the individual benefit and risk assessment, as well as on the availability and cost. The best results can give the drugs with a greater degree of specificity to fibrin, especially for patients with thrombolysis after 4 hours from the time symptoms develop. So, there are clinical evidence of greater efficiency alteplase as the "gold standard" in acute myocardial infarction.