(1.8±0.8, points, p=0.08). Obese women also showed a tendency to increase ED of the external type (2.6±0.8 points) compared to groups 1 (2.3±0.6 points, p=0.075) and 2 (2.3±0.6 points; p=0.070). Restrained food intake was negatively correlated with weight, the ED was more significant in the 1 group (2.3±1.0 points) relative to the 3 group (1.9±0.8 points; p=0.09). A noteworthy finding was the higher amount of combined types of ED with higher BMI. Combined types of ED were detected among obese women (50%). The most frequent combinations were emotional-compulsive and external-compulsive types of ED. **Conclusion.** Certain types of ED can be detected independently of BMI levels, but obese women suffer of ED more frequently than women with normal weight and overweight women. ED occur in isolated and combined variants, the number of combined variants increases with rising BMI. Women with normal weight and overweight women demonstrated a more frequent accurance of restrained type of ED probably due to concern about their outward appearance and higher care for quantity and quality of food intake.

KEYWORDS: eating disorders, body mass index, overweight, obesity.

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SOMETHING NEW ON THE REAL HISTORY OF KETOACIDOSIS

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Aim. To estimate the frequency of different risk factors appearance for diabetic ketoacidosis developing in a real clinical practice in Rostov-on-Don. **Material and methods.** Patients with a diagnosis of ketoacedosis were enrolled in the reserach. A survey to determine the type of nutrition, alcohol intake and other risk factors was conducted. All patients were divided into two groups according to their age. The 1st group — 12 patients younger than 65 y.o. — Nutritional Risk Screening survey, the 2nd group — 3 patients (65—90 y.o) – Mini Nutritional Assessment survey. «Alcoholic agnosia» survey for the identification of alcohol addiction. **Results.** 15 patients (11 men and 4 women), average age — 36±0,93 y.o. According to type of diabetes: 11 patients of type 1 diabetes mellitus, 4 patients wth type 2 diabetes mellitus. Out of 15 patients 10 (66,66%) had nutrition problems. 5 (33,33%) patients were closed to the nutrition risk questions. According to «Alcohol agnosia» survey: 5 (33,33%) patients had alcohol abuse problems, 3 (60%) of them were aware of this problem, 2 (40%) were indifferent to it. 10 (66,66%) patients did not have alcohol addiction problems. The risk factors of developing ketozcedosis: inadequate insulin therapy — 7 (46,66%) patients, 5 (71,42%) of them with alcohol abuse problems, 2 (13,33%) of them with a sober life style. Took drugs 2 (13,33%) patients, but also experienced alcohol abuse problems. Exacerbation of concomitant diseases — 6 (40%) patients, 4 (66,66%) of them had alcohol abuse problems. **Conclusion.** The most significant risk factors for developing ketoacedosis were inadequate insulin therapy, exacerbation of concomitant diseases (40%), abuse of alcohol (33,33%), drugs intake (13,33%). 66,66% had nutritional problems but this state is rather the result than the cause of developing ketoacedosis.

KEYWORDS: developing ketoacedosis, risk factors, inadequate insuling therapy, alcohol abuse, concomitant diseases.

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ALPHA-LIPOIC ACID CYTOPROTECTIVE THERAPY IN TYPE 2 DIABETES PATIENTS

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Objective. To study the alpha-lipoic acid (ALA) efficacy in oxidative stress (OS) modification in type 2 diabetes mellitus (T2DM) patients with diabetic polyneuropathy (DPN). **Material and methods.** 61 patients were included in the research: 29 (48%) female, 32 (52%) male, average age — 50.1±0.5 years, mean T2DM duration — 5.9±0.4 years, DPN — 4.9±0.5 years, AH — 6.7±0.3 years. Neuropathic status (NS) indices: Neuropathy Symptoms Score (NSS), Total Symptoms Score (TSS), Neuropathy Disability Score (NDS), Douleur Neuropathique 4 (DN4); oxidative stress parameters: total oxidative capacity (TOC), total antioxidant capacity (TAC), oxidized LDL antibody level (ab-oxLDL); carbohydrate metabolism state: pre-, post-prandial glycemia, HbA_{1c} were defined in patients. Depending on therapy patients were divided into 2 groups: control (n=30) and basic (n=31) with 50 ml (600 mg) ALA ready for use solution for 14 days was prescribed; then (600 mg) oral ALA 1 tablet once a day for 12 weeks was prescribed. Statistical analysis was carried out with Excel 2013 («Microsoft») and Statistica 8.0 («StatSoft, Inc.») software, investigated parameters were presented in M±m, Mann—Whitney test (U) was used for group comparison and significance critical level (p) was accepted at 0.05 or lower. **Results.** ALA therapy in the basic group patients contributed to the reduction of the severity of DPN clinical and laboratory manifestations in comparison to the same parameters in the control group. OS parameters modifications were observed: TOC value decreased by 13.9%, ab-oxLDL — by 12.9%, OSI — by 32.4% whereas TAC increased ones by 27.3% (U, $p<0.05$). In the basic group of hospital patient ALA treatment led to reduced glycemia at 8, 11 and 14 o'clock and HbA_{1c} level in 12.0, 9.1, 11.8 and 8.2% accordingly compared to the same ones in control group patients (U, $p<0.05$). NS indices were reduced significantly: NSS — 16.1%, TSS — 17.6%, NDS