вання обігу ліків, збільшення доступності їх для населення, впровадження новітніх технологій у виробництво та дистрибуцію, а також підвищення контролю за якістю та безпекою лікарських засобів.

Шляхи подальших наукових розробок вбачаємо в аналізі стратегій оптимізації для розв'язання проблеми, що виникає в контексті просування лікарських засобів на фармацевтичних ринках України та Франції.

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RISK MANAGEMENT OF THE USE OF BISOPROLOL IN THE TREATMENT OF ARTERIAL HYPERTENSION IN THE ELDERLY

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Introduction. Arterial hypertension is a common and chronic medical illness defined by increased arterial pressure. It is commonly referred to as the "silent killer." It presents a substantial health hazard, particularly for the elderly, since it often lacks discernible symptoms.

An individual who has reached the age of 60 or over is classified as old. At this stage, they experience the natural process of aging, which entails a steady deterioration in the body's capacity to repair and sustain its structure and function. This

diminished ability to recuperate reduces resistance to injuries and infections, while delaying the process of healing. The reduction in organ function associated with aging is impacted by both intrinsic causes and external circumstances such as hypertension.

Administering bisoprolol to elderly patients with arterial hypertension poses a multifaceted difficulty. Bisoprolol, a specific beta-blocker, is often used for the treatment of numerous cardiovascular disorders, such as hypertension [4].It reduces blood pressure by decelerating the heart pace and suppressing the release of renin. Efficient risk management is crucial, given the intricate health conditions of senior people, such as diabetes, renal disease, and cerebrovascular occurrences. This entails examining individuals' health profiles, closely monitoring adverse effects such as bradycardia, hypotension, and worsening of chronic obstructive pulmonary disease (COPD), and estimating the likelihood of falls and syncope, which may be very serious.

Goal of research. Examine the causes and potential adverse effects associated with the use of bisoprolol for managing arterial hypertension in elderly patients and summarize strategies for risk management.

Methods of research. Analytical, clinical, and pharmacological studies.

Results. As an antihypertensive drugs, β-blockers are not recommended for older adults who have hypertension that is not hardened via any complications. Individuals who have had a myocardial infarction, especially within the following one to three years, as well as those who are already suffering with chronic heart failure, may be administered these medications. It is sometimes highly recommended that they be prescribed to such individuals when there is a life-threatening rhythm disruption or manifestation of comorbidity. When choosing a single pharmacological therapy for hypertension as the first step in elderly, it is often suggested to employ a calcium channel blocker or a thiazide/thiazide-type diuretic (such indapamide). Both of these medications are commonly used to treat hypertension. Because of the strong effectiveness of these medications in lowering blood pressure, the results may provide side effects. There is the possibility of including sartan or an angiotensin-converting enzyme inhibitor in the treatment plan, in the event that it is deemed necessary. Combination antihypertensive therapy, which involves the administration of two different drugs, may be prescribed to a significant proportion of patients during the first phase of treatment. This therapy typically involves the administration of each of the medications. Utilize a three-component antihypertensive regimen if it is determined that it is necessary.

Conclusions. Current guidelines are not recommending usage of beta blockers in elderly, instead usage of thiazide diuretics, ACE inhibitors, Calcium channel blockers and combination of those is recommended. Bisoprolol creates a high risk of side effects including bradycardia. If bisoprolol will be need after risk assessment of usage, pharmaceutical care will include dosage correction, prevention of side effects and interactions due to high risk of polypharmacy in elderly. Intervention of a clinical pharmacist is much anticipated.