якості життя за шкалою PDQ-39 – на 16,39%. Слід зазначити, що середнє значення сумарного балу когнітивних функцій у пацієнтів молодше 60-ти років достовірно не відрізнялося від контролю, бал в групі пацієнтів старше 60-ти років відповідав вираженим когнітивним порушенням.

Статистично значущих відмінностей за основними немоторними проявами ХП між чоловіками та жінками не було виявлено (p>0,05), окрім тривожного стану за шкалою HADS, вираженість якого була вірогідно більшою у чоловіків на 20,4%, і якістю життя за шкалою PDQ-39, яка була вірогідно гіршою у жінок на 14,8%. Зі збільшенням тривалості ХП спостерігалося наростання кількості небпсихотичних порушень, що знайшло відображення в значущому погіршенні майже усіх результатів опитування за відповідними шкалами. Середній бал за шкалою MMSE у хворих на ХП до 5-ти років хвороби становив 25,24±0,35 балів, у пацієнтів більше 5-ти років хвороби – 23,34±0,25 балів (p<0,05), а бал за шкалою NRS у пацієнтів до 5-ти років хвороби становив 4,09±0,29 балів і змінився на 5,35±0,41 балів (p<0,05).

При дослідженні було встановлено, що непсихотичні психічні порушення при ХП достовірно поглиблюються з прогресуванням захворювання. Так, кількість балів становила за БТЛД в 1 стадії – 16,17±0,34, а у хворих 2 стадії – 14,31=0,26, p<0,05, за MMSE у хворих 1 стадії – 28,24±0,46 балів, а 2 стадії – 26,48±0,67 балів, p<0,05, за розділом 2 шкали UPDRS в 1 стадії хвороби 10.83±0,86 балів, 2 стадії – 13,58±0,45 балів, p<0,05 та за розділом 3 шкали UPDRS в 1 стадії – 19,28±0,72 балів, у 2 стадії – 28,74±0,94 балів, p<0,05.

Таким чином, у хворих на хворобу Паркінсона із зростанням віку, стадії і тривалості захворювання має місце значне тривожно-депресивної симптоматики і якості життя. Найгірші показники немоторних проявів спостерігаються при акінетико-ригідній та змішаній формах і швидко прогресуючому перебігу ХП. Отримані дані свідчать про необхідність врахування непсихотичних психічних розладів при постановці функціонального діагнозу та обов`язковій їх медикаментозній чи немедикаментозній корекції.

Bilous I.I.

THE DYNAMICS OF THE PARAMETERS OF LIPID PEROXIDATION, THE OXIDATIVE MODIFICATION OF PROTEINS AND THE STATE OF THE BLOOD ANTIOXIDANT SYSTEM 3 AND 6 MONTHS AFTER TREATING DIABETIC POLYNEUROPATHY

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One of the most common and the most widespread neurological complications of diabetes mellitus (DM) is diabetic polyneuropathy (DPN) (the incidence according to various literary sources ranges from 20% to 93% depending on the type of diabetes and diagnostic methods). It is one of the most common diseases, and it remains one of the most difficult health and social problems. There are nearly 1 million diabetic patients in Ukraine, and it is believed that approximately the same number has undiagnosed DM. Thus, the real number of cases is around 2-2.5 million of people. Over the bast 10 years, the incidence of diabetes has increased more than 1.5 times, and mortality has increased twice. The economic and social damage caused by this disease is enormous because of its prevalence and disability it leads to.

To study the effect of the mildronat and thiotriazolin on the processes of lipid peroxidation, proteins oxidative modification and the state of the blood antioxidant system 3 and 6 months after multimodality treatment in diabetic patients with DPN.

We examined 32 patients with type II diabetes, who were hospitalized in Chernivtsi Regional Clinical Endocrinology Dispensary. Among the patients there were 20 women and 12 men, the age of the patients ranged from 36 to 65. Moderate diabetes was observed in 30 patients whereas 2 patients were in critical condition. 9 patients were in to compensation stage of the 23 had subcompensation. Patients were divided into 2 groups. Group I consisted of patients receiving basic therapy; it included diet № 9, 5 mg of maninil twice a day or insulin (2/3 of daily dose in the morning and 1/3 of dose in the evening, 0.7 - 1.0 U / kg of body weight), pentoxifylline taken intravenously 5 ml per 250 ml of the isotonic sodium chloride, vitamins B6, B12 (14 patients); Group II consisted of patients that along with basic treatment received TTZ (2 ml of intramuscularly 2.5% solution once a day for two weeks) and MD (5 ml of bolus intravenous solution 10% once a day) (18 patients). The control group comprised 20 almost healthy individuals.

Patients with DPN who took basic treatment had the activation of lipid peroxidation and protein and inhibition of the blood antioxidant system 3 months after treatment which was shown by reduction of glutathione content, HS-groups, increasing activity of ceruloplasmin, malonic aldehyde content, decreased activity of catalase, G-6-PD and increase in the content of ketones and aldehydes of neutral character (λ 370) and main character (λ 430). 6 months after treatment, these figures hardly differed from the corresponding parameters the patients had shown before taking treatment.

3 months after treatment with the addition of MD and TTZ in patients with DPN there was no significant alteration of lipid peroxidation and protein indicators and the state of the blood antioxidant system in comparison with the patients after the discharge. Thus, there was only a tendency for increasing the activity of ceruloplasmin, content of malonic aldehyde, a slight decrease of glutathione, HS-groups, catalase activity, G-6-FDG and increasing of ketones and aldehydes of neutral character (λ 370) and the main character (λ 430) in comparison with the patients after discharge. 6 months after treatment with simultaneous use of MD and TTZ there was an increase in activity of ceruloplasmin by 59.5%, malonic aldehyde content by 20.3%, a decrease of glutathione content by 37.8%, HS-groups by 24.5 %, catalase activity reduction by 18.8%, G-6-FDG by 20.5% and an increase of ketones and aldehydes of neutral character (λ 370) by 66.1% and ketones and aldehydes of the main character (λ 430) is by 48.2%.

3 months after basic therapy there is activation of lipid peroxidation and protein and inhibition of the state of the blood antioxidant system. 6 months after treatment, these figures hardly differ from the corresponding parameters the patients had before taking the treatment. When taking basic treatment accompanied by MD and TTZ, there is activation of lipid peroxidation and protein and inhibition of the state of the blood antioxidant system only 6 months after the therapy, indicating the need to undertake re-treatment. Further research in this area will significantly improve the treatment of diabetic patients complicated by neuropathy.

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EARLY CLINICAL EXPERIENCE

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Reform of higher education in Ukraine necessitates the development of mechanisms of higher educational institution (HEI), one aspect of which is the problem of effective selection of applicants and their further adaptation to the characteristics of education in the university that will provide high-quality training.

The specifics of the process of adaptation of students in high schools is determined by the difference in the methods of teaching in secondary and high schools. It takes a lot of time before the student adapts to the new requirements of education at universities. As a result there are significant differences in learning outcomes of one and the same person at school and university. There is a problem of learning new activities that would ensure the necessary degree of adaptation to specific conditions of high school.

During the last years universities worldwide have introduced medical students to patient contact, communication skills and clinical examination earlier than before. These courses are often entitled "Early ClinicalExperience" or "Early Patient Contact" and usually employ general practitioners (GPs) as facilitators. From both student and facilitator perspectives, the need to evaluate these innovations in early medical education is apparent.A common contemporary view in medical education is that the teacher's task is to activate students in order to learn; to be a facilitator of student learning and to arrange and provide learning opportunities for students.This is clearly the case in early clinical experience courses. Here, the facilitator plays a central role in involving and encouraging students to learn from encounters with doctors, patients and personnel in health care. Students in early medical education are curious and motivated to learn from clinical practice. Besides focus on student learning conditions, facilitator working conditions and perceptions also should be considered as well.

In the present study we approached the overall learning climate created through teachers' interactions with students.The learning climate can be hard to study per se. It is difficult, but it is important and appropriate.

Students are involved in clinical work with the doctor and his staff at the clinic. A group of six students was scheduled to meet with the tutor for year. 1 year consisted of eight evenly distributed days of clinical tasks. There were four groups (24 students, average age 17-21).The tutors were 7, average age 30 - 62. Students attended a mandatory seminar every month on the following topics: medical ethics and deontology, especially communication in the medical environment, professional burnout, types of response to illness, the psychological characteristics of patients in various clinical diseases. A list of interesting literature and movies were suggested. Continuity was ensured in the teacher-learner relationship.

In September 2016, students and facilitators were given ananonymous questionnaire at a mandatory seminar at the end of the course. They were informed that the survey was a part of the research evaluation of the course and that participation was anonymous and voluntary.

The Early Professional Contact course was the first early clinical introduction course. According to evaluations of the EPC Course Questionnaire, both students and facilitators were satisfied with the course. The students found the course interesting and beneficial.They reported increased confidence when meeting patients and were inspired by their future work as doctors. Facilitators experienced a greater workload, less reasonble demands and less support than students. Thus, a discrepancy was observed.

Good courses need goodfacilitators. It seems important that facilitators are well educated and prepared for their task and are provided with adequate support, time and encouragement from hospital authorities and colleagues.

Savka S.D.

CLINICAL AND PSYCHOPATHOLOGICAL FEATURES OF NONPSYCHOTIC MENTAL DISORDERS OF RHEUMATOID ARTHRITIS AND COMPREHENSIVE CORRECTION

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Rheumatoid arthritis is a chronic progressive autoimmune connective tissue disease that affects up to 2% of adults in developed countries during working age and is characterized by chronic erosive arthritis of mainly small joints and internal organs. Rheumatoid arthritis is in 2-3 times more common in middle-aged women than in men. The spread of rheumatoid arthritis of women over 65 years old is about 5% (Abramkyn A.A., 2016).The problem of the relationship of rheumatoid arthritis and mental disorders, according to current research, causes the interest. 60-70% of these patients have mental disorders (Korshunov N.I., 2015). This problem becomes important because population is