

Критерій “під час іспиту забуваю те, що знав” реєстрували понад 2/3 опитаних обох груп (72,1 % та 74,3%,  $p_{\phi}>0,05$  відповідно). Впевненість перед іспитом у власних силах відчували лише третина опитаних респондентів (32,4 % та 31,4%,  $p_{\phi}>0,05$  I та II груп відповідно). «Емоційні переживання не вплинули на успішність» вважали 45,7% студентів 6 курсу та лише 37,1% ( $p_{\phi}>0,05$ ) лікарів-інтернів. Думка “Хороший результат на одному іспиті – не збільшує впевненості у наступному” навідувала 44,2% студентів та 48,6% ( $p_{\phi}>0,05$ ) лікарів-інтернів. Відчуття, що здав би краще, було присутнє у 13,2 % опитаних I групи та 28,6% ( $p_{\phi}<0,05$ ) II групи відповідно, що свідчило про виразнішу критичну самооцінку лікарів-інтернів. Вічуття серцебиття під час іспитів відмічалось у майже 82% респондентів обох груп.

**Висновки.** За опитувальником тестової тривожності (Сарасон І.Г., 1980) не виявлено суттєвих відмінностей на до- та післядипломному етапах підготовки лікарів. Лікарі-інтерни, за результатами самооцінки, були більш зосереджені на іспиті, відкидаючи сторонні думки, відповідальніші та самокритичні.

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## **FEATURES OF THE COURSE OF BRONCHITIS IN CHILDREN DEPENDING ON ASSESSMENT OF THE BRONCHITIS SEVERITY SCORE**

**Aim:** to optimize the management of children with bronchitis to study the clinical features of the course of varying severity of inflammation of the bronchial tree and to assess the effectiveness of standard treatment tactics.

**Materials and Methods.** A cohort of 158 children with bronchitis was created at the pulmonology and allergology Department of the Municipal Medical Institution "Regional Children's Clinical Hospital" in Chernivtsi. The severity of bronchitis was assessed at the beginning and on the 3rd and 7th day of inpatient using the Bronchitis Severity Score (BSS). According to this scale, mild bronchitis was verified in 30 patients which formed the I clinical group, and 128 children had moderate bronchitis (II clinical comparison group).

**Results and Discussion.** On average, children of the first clinical group were ill  $11.2\pm 1.66$  days before inpatient treatment, and group II -  $6.7\pm 0.68$  days ( $p<0.05$ ). It was found that the average children with mild disease were  $10.6\pm 0.61$  bed-days on inpatient treatment compared with  $12.1\pm 0.34$  bed-days among patients with moderate

bronchitis ( $p < 0.05$ ). Thus, the ratio of the chances of need for longer inpatient treatment in patients of clinical group II relative to children of group I was 2.6 (95% CI: 1.02-6.38), relative risk 2.2, absolute risk 0.13. At the beginning of inpatient treatment, almost all children complained of cough (96.7% of patients in group I and 100.0% in group II), but representatives of clinical group II were more likely to have a rise in body temperature to febrile figures (23.3% vs. 48, 4%, respectively,  $p < 0.05$ ), the presence of intoxication syndrome (13.3% vs. 33.6%, respectively,  $p < 0.05$ ) and asthma (43.3% vs. 63.3%,  $p < 0,05$ ). At the same time, in some patients there were signs of ARI at the beginning of the observation in the form of hyperemic pharynx (53.5% in group I against 75.0% in group II,  $p < 0.05$ ) and catarrhal rhinitis (53.3% against 68.8%, respectively,  $p > 0.05$ ). According to the obtained data, in the II clinical group the symptoms of the disease last longer compared to the patients of the I group, mainly due to productive cough and residual wheezing during auscultation of the lungs. The ratio of the chances of assessment on the severity of bronchitis 3 or more points on day 7 of the disease in children of the II clinical group relative to the comparison group was 4.8 (95% CI: 2.01-11.32), relative risk 3.5, attributive risk 0.24 with a plausibility ratio of 2.1. Patients with moderately severe disease compared with patients with mild bronchitis require a greater amount of complex desobstructive therapy (odds ratio 12.0), 1.6 times more often have indications for the appointment of antibacterial drugs (odds ratio 2.5), with less than 2,4 times the proportion of oral forms of drugs and statistically longer parenteral antibiotic therapy (odds ratio 5.0).

**Conclusions.** Aggressive inflammation of the bronchi in children with moderate inflammation of the bronchial tree compared with patients with mild bronchitis was accompanied 1.6 times more often by recurrence, a history of episodes of community-acquired pneumonia in 9.4% of patients, long-term inpatient treatment (odds ratio 2.6) and halving the duration of the outpatient treatment period. The study of clinical severity of bronchitis in children of the comparison groups made it possible to establish an increase in the chances of a more severe course of the disease on the 7th day of hospitalization in children with moderate bronchitis (odds ratio 4.8) with persistence of cough in 68.7% of children in this group (odds ratio 3.8). Evaluation of inpatient treatment tactics indicated the need to increase the volume of complex therapy in patients with moderate bronchitis relative to children with mild disease as well as increasing the risk of the need for antibacterial therapy and the appointment of intravenous antibiotics for more than 3 days.