



Nutrition in type I diabetes. Usually there are no restrictions on the caloric content of the diet, provided the patient has a normal body weight. Given that type I diabetes is more common in children and young people, nutrition should be complete. The main attention should be paid not so much to the choice of products as to the amount consumed, because the dose of insulin for adequate insulin therapy directly depends on this. Carbohydrate foods need to be controlled by so-called bread units. Bread unit - a conditional indicator of the amount of product, which contains 10-12 g of carbohydrates. One bread raises blood glucose levels by 1.5-2 mmol/liter. In order for a cell to receive one unit of bread, 0.5 to 4 units of insulin are required. With type I and II diabetes it is important: not to miss meals; control body weight; limit salt intake to normalize blood pressure; consume enough fluids - at least 1.5 liters per day; regularly perform sets of physical exercises; consciously choose foods and their quantity for food.

Therefore, the basic principle of nutrition of patients with diabetes is an appropriate regime. With type I and II diabetes, it is recommended to follow a small diet (4-6 times a day), with a break between meals should not exceed 3-5 hours. First of all, we are talking about the rules of nutrition, exercise and recreation. After all, this way of life should be followed even by healthy people.

**Lytvyniuk N.Ya.**

### **EPIDEMIOLOGICAL ASPECTS OF VIRAL HEPATITIS DEPENDING ON SEX, AGE OF PATIENTS AND WAYS OF INFECTION**

*Department of Social Medicine and Public Health  
Bukovinian State Medical University*

Viral hepatitis, both worldwide and in Ukraine, is a global problem in medical science and practical health care. Over the last decade, viral hepatitis has become pandemic, which in combination with long, expensive and not always effective treatment gives this nosology a socially significant approach to consideration. Chronic viral hepatitis among the general structure of the incidence by type of hepatitis occupy 50.5%. According to WHO experts, hepatitis B virus infects 1 billion people in the world, about 400 million people suffer from the chronic form, and 500 to 700 thousand people die each year from this infection. Chronic viral hepatitis B and C cause 57% of cases of liver cirrhosis and 78% of cases of primary liver cancer.

The aim of our study was to analyze the course of viral hepatitis depending on gender, age of patients and routes of infection.

The study solved the following tasks: analysis of risk factors for viral hepatitis, as well as a comparative analysis of groups of patients with CVH by sex, age, route of infection and found statistically significant differences.

The following materials and methods were used in the study: the study materials were 30 patients with CVH who were on outpatient treatment, the average age of patients was ( $52.54 \pm 2.88$ ) years. Among those surveyed, men slightly prevailed (52%). The average age of infected women was ( $48.3 \pm 2.88$ ) years, men - ( $60.2 \pm 2.88$ ). The following methods were used: epidemiological - to study the sources of statistical information; sociological - to study the most dangerous factors of viral hepatitis; medical and statistical - for the collection, processing and analysis of information obtained during the study.

According to the results of this study, the following was obtained: it was found that men suffer from chronic hepatitis more often. The age of the disease is more than 5 years, alcohol abuse and nicotine dependence, violation of the recommended diet in liver disease are prognostically unfavorable factors for both CHB and CHC. Of the 30 patients monitored, 20 had risk factors for blood contact. The possible route of infection - parenteral - was 87% (the route of infection was not detected in 69%), blood transfusion was performed in 2% of people. The study of the quality of life of patients with CVH in different age groups showed that significantly ( $p < 0.05$ ) lower rates are observed in the older age group - more than 50 years than in patients aged 18 to 29 years, and depending on gender we did not significant differences in quality of life in men and women. But it should be noted that according to the questionnaire in CVH, higher rates were observed in men



from the physical component of health, and in the psychological component, women had a slight advantage.

Thus, cases of chronic viral hepatitis are more common among adults (98.78%) and males. Since a significant number of infected people are unaware of their disease due to the minimal clinical manifestations over a long period of time, it is important to increase attention to early diagnosis of HCV; Today, viral hepatitis poses a serious threat to health, so comprehensive measures must be taken to effectively combat it: raise public awareness, pay more attention to preventing the transmission of the virus, be vigilant to those groups at risk of infection; it is proved that such factors as age, sex, ethnic origin, influence the course of the disease. Smoking and alcohol consumption, even moderate to overweight, accelerate the course of viral hepatitis.

**Vlasyk L.Y.**

**MAJOR NONCOMMUNICABLE DISEASES: ADAPTATION OF FOREIGN  
PREVENTION EXPERIENCE TO NATIONAL CONDITIONS**

*Department of Social Medicine and Public Health  
Bukovinian State Medical University*

Major noncommunicable diseases (NCDs) (cardiovascular, oncological, chronic respiratory diseases, and diabetes mellitus) are the most common cause of death in the world, causing 70% of all deaths. Almost three-quarters of all NCDs deaths and the majority of premature deaths (85%) occur in middle-and low-income countries. In Ukraine, NCDs account for more than 2/3 of the total incidence and cause about 86% of deaths. The global NCD action plan for 2013-2020 is reflected in the NCD National Action Plan for achieving the Global Sustainable Development Goals (SDGs) (2018). It focuses on cross-sectoral interaction and extensive explanatory work on the main risk factors of NCDs, but there are still challenges in implementing effective information and motivational interventions in the practice of primary health care.

The aim was to analyze and search for ways to adapt the best practices of foreign experience in the Prevention of NCDs in Ukraine. The object of the study was the materials of WHO, the WHO European region; regulatory legal acts in Ukraine; scientific publications in journals that are registered in scientific metric databases. Research methods used: bibliosemantic, information-analytical, descriptive modeling.

It was found that the greatest contribution to the burden of NCDs is made by four main behavioral risk factors: insufficient physical activity (6% of deaths; 9% - premature); smoking (9%); alcohol abuse (6% of male deaths); poor nutrition – insufficient consumption of fruits and vegetables (14% of deaths from gastrointestinal cancer, 11% - from CHD, 9% - from stroke). Recognized social determinants that need to be taken into account when developing an individual health improvement plan are the level of education; place of residence; employment; marital status; socio-economic situation; socio-cultural environment.

Due to the chronic course of NCDs and the lifelong presence of risk factors, providing personalized services to patients with NCD prevention is a major challenge for primary care, which covers wide and long-term interaction with the population and can take into account issues of social justice. The focus is on scientifically based interventions that are recommended to be used throughout the life of patients. To improve the work in the primary care system, it is necessary to pay attention to coordinating the provision of patient-centered medical care and reducing the level of combined morbidity. Priorities in the health care system are increasingly shifting towards actions to influence the lifestyle of the population. The new concept consists of more effective involvement of the population in prevention programs. All models of dissemination of health-improving knowledge in the field of primary care activities are based on short individual counseling. The combination of different NCD factors requires more complex multi-factor interventions, so the most promising elements are considered to be coaching in the work of a primary care doctor, which should be the next stage after short conversations, individual preventive counseling and motivational interviews.