



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.

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

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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.



Thus, a comprehensive strategy that includes multi-factor interventions gives a better result in achieving the desired health indicators than a set of individual measures. WHO recommends increasing the impact both at the population level and in high-risk groups, and combining the efforts of preventive and therapeutic diagnostic services. In Ukraine, there is an urgent need to improve the assessment of individual risk by studying the real state and dynamics of the prevalence of risk factors in different population groups and implement the best practices of medical and social interventions for the Prevention of major NCDs at the first level of medical care.

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ASSESSMENT OF THE INFLUENCE OF PSYCHOLOGICAL FACTORS ON THE OCCURRENCE OF ADVERSE CARDIOVASCULAR PROGNOSIS IN PATIENTS WITH CORONARY HEART DISEASE (CHD)

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Psychological factors play an important role in the occurrence of cardiac risks, lead to a deterioration in the quality of life of patients with coronary heart disease, contribute to impaired socio-psychological adaptation and the development of mental maladaptation.

The purpose of our study was to study the influence of psychological factors on the course of coronary heart disease (CHD) and to assess cardiovascular risk.

During the study, the following tasks were solved: analysis of cardiovascular risk factors and psychosocial factors, as well as a comparative analysis of groups of patients with coronary heart disease with depression and without depression and found statistically significant differences in a number of clinical and functional manifestations of stable angina.

The study was conducted on the basis of the Regional Cardiology Dispensary of Chernivtsi. The study materials were 250 patients (mean age 56.25 ± 5.6 years) - 98 (39.2%) men and 152 (60.8%) women with a verified diagnosis of coronary heart disease, who were at the stage of outpatient follow-up in cardiologist or district physician and were examined and treated in a cardiac hospital. The mean age of men was 55.6 women - 59.8 ($p < 0.001$).

The study used the following methods: the Center for Epidemiology Studies Depression scale (CES-D) was used to detect depressive disorders. The degree of manifestation of symptoms of depression was assessed in points. The Duke prognostic index based on stress test results and clinical data was used to stratify the risk of developing angina pectoris. Mathematical and statistical analysis of the obtained data was performed using the methods of descriptive statistics: χ -square and Spearman's rank correlation criterion.

According to the results of the study, the following data were obtained: of the 250 patients with coronary heart disease who were interviewed using the questionnaire (CES-D), 85 patients (34%) had severe and moderate depressive disorders (mean score 22.30 ± 1.18) and in 165 patients (66%) - mild and moderate depressive disorders, on the level of the rating scale from 19 to 28 points. Depression occurred in almost every third patient with coronary heart disease.

Comparative analysis of groups of patients with depression and without depression revealed statistically significant differences in a number of clinical and functional manifestations. Prognostic results according to the Duke index showed that patients with coronary heart disease with depression had a higher risk of adverse outcomes during the year compared with patients without depression (0.32 ± 3.1 and 0.82 ± 2.3 , respectively, $p = 0.047$).

According to the results of the study, it can be concluded that in patients with depression, coronary heart disease (CHD) is associated with a higher functional class of stress angina, a higher risk of adverse outcomes according to the Duke index and a higher incidence of associated clinical conditions compared with patients without depression.