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individuals - 61.7%). In the control group, patients had a different structure by age and sex, an average age - $53.5.3 \pm 1.68$, (10 females - 62.5%). Among the examined patients with anxiety and depressive disorder, 26 people in the main group had a history of ischemic heart disease, in the control group their number was 9, in the main group 8 people had hypertension, in the control group - 7. Percentage of existing chronic traumatic situation (conflict at work, family problems) were observed as follows: more often in the main group (88.2% - 30 people) compared with the control group (56.25% - 9 people). In the main group of individuals, depressive disorder in the acute period after undergoing GPMK was diagnosed in 6 patients, which is 17.6%; in the remote period - in 15 patients (44.2%). The Hamilton Scale and the Melancholy Scale after 3 and 6 weeks of therapy were significantly higher than in the control group. As depressive symptoms have an extremely negative effect on functional recovery, therapy should be prescribed as early as possible to avoid long-term disorders. The recommended duration of treatment is 4-6 weeks or longer. There is a persistent comorbidity between post-stroke depression and anxiety. In the main group of patients the combination of anxiety and depressive syndromes was observed in 79.4% of cases (27 patients), which is 41.9% more than in the control group - 37.5% (6 patients).

Thus, the results may indicate a negative impact of acute cerebrovascular disorders as a background for the development of severe anxiety and depressive disorders, which are usually combined with cognitive deficits and cause maladaptation, complicate the rehabilitation of patients in this group, and significantly reduce quality of life. All this requires the development of new algorithms for early diagnosis and timely treatment of the above disorders.

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ANXIETY AND DEPRESSION SYMPTOMS IN PATIENTS WITH MIGRAINE

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Nowadays, migraine is considered one of the most common diseases. Rate of this disease in the population often differs significantly due to the use of different diagnostic criteria. According to epidemiological studies, in developed countries of Europe and America, migraine affects about 16% of the population, and according to some data - up to 30%, 18% of women suffer from migraine, 6% of men and 4% of children. Current scientific researches are aimed at studying the relationship of migraine with other diseases and choosing the most effective prevention and treatment of this disease.

Mental comorbidity of migraine is a significant component of this chronic disease and highly affects disadaptation level in patients. In our research we studied 38 patients with migraine (14 men, 24 women, the age of patients ranged from 18 to 51 years). For measuring migraine disability outcomes Migraine Disability Assessment Scale (MIDAS) was used in our research. To evaluate anxiety and depression levels Hospital Anxiety and Depression Scale (HADS) was used. Patients were divided into two groups: first group included 21 migrainers with aura; the second - 17 patients with migraine without aura.

The results show that patients with migraine with and without aura have an increased level of anxiety (68% of patients) and depression (43%). Rate of anxiety among patients in the first group was 9,5 point and in the second group it was 10.2 points. The depression level according to HAD scale in the first group was 8 points, and in the second group - 8.8 (0-7 = normal, 8-10 = borderline abnormal, 11-21 = Abnormal).

As a result of this study, we can assume that for the treatment of migraine patients, both with aura and without aura, who have comorbid pathology in the form of moderate and mild depressive disorder selective serotonin reuptake inhibitors should be recommended, as they pathogenetically affect both diseases and lead to reduction in migraine attacks and depressive symptoms.

..		239
..	Candida	240
..		240
..		241
..	?	242
..		243
..		244
..		245
..		246
..		247
..	3D/4D	248
..		249
..		250
..		251
..		252
..		253

12

Filipets O.O. The trends of stroke incidence in chernivtsi: analysis of epidemiological data for a ten-year period and assessment of statistical accounting.	254
Grinko N.V. Community-based participatory research methods.	255
Herasymiuk I.G. Comorbidity of recurrent depressive disorder and chronic somatic pathology.	255
Ivanova N.M. Correlation of anxiety-depressive disorders and cognitive impairment due to stroke. features of early diagnosis and treatment.	256
Nika O. Anxiety and depression symptoms in patients with migraine.	257
Savka S.D. Quality of life in patients affected by schizophrenia and comorbid cardiovascular disorders.	258
Vasylieva N.V. Psychogenic movement disorders: comprehensive review of the literature.	258
Yaremchuk O.B. Parkinson disease in the chernivtsi region of Ukraine: clinical and epidemiological study.	259
Yurtsenyuk O.S. The frequency of new cases of non-psychothotic mental disorders among students of higher educational institutions.	260
Zorii I.A. Clinical-electroneuromyographic peculiarities of spastic syndrome in children with infantile cerebral palsy.	261

• •	261
• •	262
• •	263
• •	264
• •	264
• •	265
• •	266
• •	267

13

Andriychuk D.R. Clinical course of ulcer disease in children depending on the duration of the disease.	268
Bilyk G.A. Evaluation of treatment tactics in children with bronchitis depending on its clinical features.	269
Bodnar G.B. Specifics of elemental status in children with chronic constipation.	270
Bogutska N.K. The association between pediatric type 1 diabetes mellitus and COVID-19.	271
Buryniuk-Hloviak H.P. Peculiarities of bronchial asthma course depending on the function of the parathyroid glands in patients with various amount of basic therapy by means of inhalation glucocorticosteroids.	272
Haras M.N. Neonatal COVID-19 as new experience in pandemic era.	273
Horbatiuk I.B. Clinical and paraclinical of inflammatory activity in acute tonsillopharyngitis in children.	273
Khlunovska L.Yu. Clinical case of spinal muscular atrophy.	274
Korotun O.P. Diagnostic value of some clinical indicators in identifying the risk of bronchial remodeling in children with bronchial asthma.	275
Lastivka I.V. Clinical case of tuberous sclerosis.	276
Lozyuk I.Ya. Frequency of Helicobacter pylori infection in children with inflammatory diseases of the gastrointestinal tract.	276
Marusyk U.I. Markers of atopic reactivity in the pupils, with severe bronchial asthma.	277
Myslytska H.O. Selected anamnestic and immunological risk markers in schoolchildren for atopic bronchial asthma.	278
Ortemenka Ye.P. Effect of long-term usage of inhaled corticosteroids on physical development of children with bronchial asthma.	279
Ryznychuk M.O. The state of the cardiovascular system in adolescents with hypothalamic obesity.	280
Sazhyn S.I. Spirometric indices to predict the severity of virus-induced asthma exacerbation.	281
• •	282
• •	283