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103 - ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ

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М А Т Е Р І А Л И

103-ї підсумкової науково-практичної конференції
з міжнародною участю
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Матеріали підсумкової 103-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету (м. Чернівці, 07, 09, 14 лютого 2022 р.) – Чернівці: Медуніверситет, 2022. – 498 с. іл.

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У збірнику представлені матеріали 103-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету (м. Чернівці, 07, 09, 14 лютого 2022 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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jerking, spasmodic and others, often bizarre, movements, postures or gaits that cannot be explained by organic conditions, frequently occurring in association with underlying psychological or psychiatric disturbances. Psychological or physical stress often plays a certain role in precipitating and maintaining the movement disorder, even though specific acute or chronic stressors are not always initially identifiable by the patient, partially because of lack of insight or denial. While the term "functional" is occasionally used to describe this group of disorders, the term implies normal function rather than dysfunction and, therefore, the term "psychogenic" seems more appropriate.

The epidemiology of PMD has not been well studied, largely because of lack of consensus on diagnostic criteria, the use of different methodologies to ascertain cases and the frequent coexistence of organic movement disorder.

Using the above criteria, we enrolled 32 patients with PP, including 17 (53%) women, with an average age of 48±8.6 years and mean duration of symptoms of 5.24±1.2 years. A precipitating event was identified in 56% of our patients and included job related stress in 11 (34%), personal life stress in 4 (13%) and physical trauma in 4 (13%); 13 (41%) had a combination of multiple stressors. The majority of our patients (56%) had a history of comorbid psychiatric disorder, with depression being the most common. A family history of tremor or parkinsonism was present in 9 (28%) patients.

In contrast to tremor in patients with organic Parkinson's disease (PD), the tremor in PP often starts not in the hand, as is typical of PD, but may be present as a unilateral leg tremor. Furthermore, tremor associated with PP usually does not disappear with movement of the limb. Similar to psychogenic tremor without parkinsonism, in addition to marked distractibility, the frequency of tremor in PP varies in rhythmicity and direction of oscillation. Rigidity, if present, is often associated with active resistance against passive movement and there is usually no cogwheeling. While slowness of movement (bradykinesia) is present in almost all patients with PP, there is usually no decrementing amplitude on rapid succession movements, typically seen in PD. Patients with PP often demonstrate slow and deliberate movement when asked to perform a particular task but are able to function normally when distracted or when they do not think they are being observed. For example, they can dress and perform other activities of everyday routine without any perceptible slowness. The handwriting is often laboured and irregular but without the typical micrographia. On a pull test, the patient's response is often inconsistent, manifested either by minimal displacement or by an extreme response associated with flinging of the arms and reeling backward, but never falling. When asked to walk fast or to run, the gait often becomes stiffer and the short stride is maintained, but there is no freezing. Some patients with PP also manifest features of psychogenic gait, including bouncing, buckling of the knees and astasia–abasia. Speech in a patient with PP often becomes stuttering, "baby-like" or demonstrating a foreign accent. If the patient has "levodopa related dyskinesia" the hyperkinetic movement is often bizarre and incongruous with typical levodopa induced stereotypy, chorea or dystonia.

In conclusion, the long term prognosis of PMDs, including PP, is usually poor and the adverse impact of these disorders on quality of life is often similar to that of organic, neurodegenerative PD. Patients with PMD often require much from available healthcare resources and many undergo unnecessary, expensive diagnostic tests, surgical interventions and other potentially life threatening procedures. As a result, this group of disorders has been referred to as a "crisis for neurology".

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PARKINSON DISEASE IN CHERNIVTSI REGION OF UKRAINE: CLINICAL AND EPIDEMIOLOGICAL STUDY

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Parkinson disease (PD) is the most common neurodegenerative movement disorder. In Europe, prevalence and incidence rates for PD are estimated at approximately 108-257/100000 and 11-19/100000 per year, respectively. Risk factors include age, male gender and some environmental

factors. Currently available treatments offer good control of motor symptoms but do not modify the evolution of the disease. Epidemiology of non-infectious diseases is one of the most important trends in modern medicine. Epidemiological studies not only allow you to find out the prevalence of disease in a given region and help plan the organization of care for patients, but also identify etiological factors or risk factors for disease, helping to look for ways of prevention and more effective treatment.

The study prevalence and peculiarities of clinical characteristics of PD in Chernivtsi region of Ukraine among different gender and age groups. We used the Register of Neurological Diseases in Chernivtsi region during 2015-2019 years. Patients' status was evaluated according to UPDRS. Stage of PD was examined according to Hoehn and Yahr scale.

According to the Register, as of 01.01.2020, patients were registered: PD - 384 patients, secondary parkinsonism - 204 patients, neurodegenerative diseases with PD - 26 patients. Among them 46,25% were men (132 patients), 53,75% - women (330 patients) Most patients were registered in older group - 45,60 % (280 patients), of which 55% are women and 45% - men. We have found increase UPDRS index depends on age and PD‘s stage. Indicator of disorders of motor aspects of daily activity in older group was 2,4 times more than in young group (p=0,0453). Our study has found direct correlational interconnection between age and severity of clinical manifestations, although directly proportional interconnection was between stage of PD (according to Hoehn and Yahr scale) and UPDRS index. It was found just 55,8% of patients follow the medical recommendations. 16,2% of patients are treated by dopamine receptor antagonists, 21,8% of patients - by levodopa, 13,3% - by cholinolytics drugs, 10,5% - by amantadine, 38,2% by combination of two or more antiparkinson drugs.

Our research confirmed that PD was more frequent among women. The most frequent age is coincident for men and women between 60 and 74 years old. The majority of patients in the first examination already have stage 2 PD according to Hoehn and Yahr scale. Probably this is the consequence of inadequate awareness about early peculiarities of parkinsonism among population.

Yurtseniuk O.S.

THE FREQUENCY OF NEW CASES OF NON-PSYCHOTHOTIC MENTAL DISORDERS AMONG STUDENTS OF HIGHER EDUCATIONAL INSTITUTIONS

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The trend of increasing mental disorders, especially due to borderline disorders, which has been observed in recent years, requires the search for new approaches to maintaining mental health, prevention and, in particular, early diagnosis of non-psychotic mental disorders (NPD).

The aim of the study was to investigate the frequency and structure of new cases of non-psychotic mental disorders in students of higher education institutions. During 2015-2017, we conducted a continuous comprehensive survey of 1,235 students in compliance with the principles of bioethics and deontology. Applied methods: clinical, clinical-psychopathological, clinical-epidemiological, clinical-anamnestic, experimental-psychological and statistical. The groups examined did not have significant differences in gender and age, place of residence, form of education. The survey was conducted in the intersessional period. Evaluation of primary cases of NPD, which were detected during re-examination, was performed among practically healthy students based on the results of the first examination and compared the data with the structure of NPD, which we diagnosed in the entire cohort of subjects studied in the first cross section.

The majority of students in whom the initial examination found no mental pathology remained virtually healthy after a year (858 people, 93.46%). Analyzing the structure of NPD, which occurred during this period in this group, was narrower in comparison with the identified patients at the initial examination. Mainly, NPD were represented by affective disorders (F30.0, F32.0, F34.0) and neurotic, stress-related and somatoform disorders (F40.1, F41.2, F42.0, F43.20, F43 .21, F43.22). An interesting fact was that in the structure of NPD detected during the re-