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Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2023 році №5500074

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Statistically better SGRQ "impact" scores after treatment were observed in two groups (the values were lower by 23% (p<0.05) in the 1st and by 39.3% in the 2nd study groups (p<0.05)). Positive dynamics of the SGRQ "total" scores were found in two groups (by 33.3% - in the main and by 18% - in the control groups) (p<0.05).

Conclusions. The use of questionnaires in CCS, COPD, and obese patients allows assessing the impact of additional therapy on the clinical course of the disease. The most statistically significant reduction of COPD manifestations and better quality of life by SGRQ "symptoms" and "total" scores were found in the group of combination basis therapy with ranolazine.

Olinik O.Ju.

METABOLIC SYNDROME IN GOUT PATIENTS

Department of internal medicine
Bukovinian State Medical University

Introduction. Gout affects about 9.2 million people in the US (FitzGerald et al., 2020), while in Europe, more than half of people suffer from gout attacks and do not have their uric acid (UA) levels monitored. In November 2019, the American College of Rheumatology (ACR) revised its clinical guidelines for the management of individuals with gout, defining the management strategy as a "goal for all". The prevalence of metabolic syndrome among gout patients is 90%, which is much more than the prevalence of metabolic syndrome among patients with coronary heart disease - 41% and occurs with greater frequency than in the population (10-30%).

The aim of the study was to investigate some criteria of metabolic syndrome (based on common position of the IDF, NHLBI, AHA, WHF, IAS i IASO, 2009) in patients with gout.

Material and methods. The study involved 20 men with gout, average age – 53.4±8.2 years. The control group consisted of 10 healthy individuals. Clinical examination of each patient included general clinical and special studies. For the study of carbohydrate metabolism, laboratory analyses of blood to determine blood glucose and insulin levels were made. The level of insulin resistance (IR) was calculated using the formula HOMA-IR. Waist circumference was measured by tape at the navel.

Results. Joint syndrome was the first manifestation of the disease in 85 % of patients with gout debuted with arthritis of the first metatarsophalangeal, ankle-foot, and knee joints in 70% of the examined main group. Peripheral tophi were found in 60% of patients. Tophus affect the severity of metabolic syndrome, which depends on the development of peripheral gouty bumps. An increase in waist circumference >102 cm was noted in 50% patients, triglyceride level >1.7 mmol/l — in 40 %, high-density lipoproteins <1 mmol/l for men — in 45 % patients, systolic blood pressure ≥135 mm Hg and/or diastolic blood pressure ≥85 mm Hg — 50 %, glucose ≥6.1 mmol/l — in 15 % patients.

Conclusions. The above studies represent small, but significant advances in the effort to understand the complex interaction between metabolic syndrome and gout. The prevalence of metabolic syndrome has been reported to be significantly higher in patients with gout as compared to the general population. Comorbid course of disease requires attention from clinicians to develop a differentiated approach for the prevention of metabolic syndrome among patients with gout.

Palibroda N.M.

POLYPHARMACY AND HEALTH-RELATED QUALITY OF LIFE AMONG PATIENTS WITH GASTROINTESTINAL CHRONIC DISEASE

Department of Internal Medicine
Bukovinian State Medical University

Introduction: Patients with chronic diseases of gastrointestinal tract, liver and pancreas predominate over patients with acute and infectious diseases, and their prevalence is rising. Because chronically ill patients tend to have a higher risk of multiple morbidity, polypharmacy, defined as the use of 5 or more medications, is common. The association between polypharmacy and low

health-related quality of life (HRQOL) has been documented for single health conditions such as arthritis, end-stage kidney disease, and cardiometabolic risk factors.

The aim of the study. To explore the association between polypharmacy and among people with chronic conditions and multiple morbidity at the gastroenterology department.

Material and methods. 74 chronically ill people, recruited from October 2020 through September 2022, participated in the study. HRQOL was measured with the EuroQol-5 Dimension-5 Level questionnaire (EQ-5D-5L) and the 12-Item Short Form Health Survey (SF-12). Multiple linear regression models were built to assess the association between polypharmacy and HRQOL. The EuroQol-5 Dimension-5 Level questionnaire (EQ-5D-5L) is composed of a descriptive system covering 5 dimensions (ie, mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) defined by 5 severity levels (ie, no problems, slight problems, moderate problems, severe problems, and extreme problems/unable to). On this basis a single index value or utility value can be calculated, ranging from 0 (death) to 1 (perfect health) and with negative values indicating health states perceived to be worse than death. SF-12 is a shortened version of the 36-Item Short Form Health Survey (SF-36). The instrument contains 12 items that evaluate 8 domains: physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, and mental health. Both a physical component summary score and a mental health component summary score can be calculated according to a US general population scoring algorithm. The scores range from 0 to 100, with 0 representing the lowest level of health and 100 the highest level of health. We used SPSS statistical software version 27.0 (IBM Corp) to analyze data. Significance levels were set at $P < .05$.

Results. The mean age of patients was 57.4 years, and 66.2% were women. Multiple morbidity occurred in 63.4% of the participants. The mean number of medications consumed by patients was 5.9 (3.5; range 0–20), and most reported polypharmacy (75.7%). Overall, compared with patients without polypharmacy, patients with polypharmacy reported worse EQ-5D-5L index values, EuroQol visual analogue scale (EQ-VAS) scores, SF-12 physical component scores (PCS), SF-12 mental component scores (MCS). In the final regression model adjusting for age, sex, and multiple morbidity, polypharmacy remained significantly associated with lower HRQOL in terms of the EQ-5D-5L index ($\beta = -0.14; P = .007$), EQ-VAS ($\beta = -0.12; P = .014$), and SF-12 PCS ($\beta = -0.17; P = .003$). Authors of scientific articles suggests that patients with polypharmacy have impaired HRQOL outcomes. This study examined the relationship between polypharmacy and HRQOL among adults with diverse chronic gastrointestinal diseases, accounting for comorbidity. The management of multiple chronic conditions often requires multiple prescriptions, increasing the risk of polypharmacy that might affect a patient's well-being.

Conclusion. This study found that polypharmacy was negatively associated with the physical domain of HRQOL among patients with chronic diseases. Excessive administration of medications can cause an increased risk of adverse drug–drug or drug–disease interactions, affecting physical functioning. These results may be especially important for patients with multiple morbidity, given their greater risk of polypharmacy. Pharmacologic treatment can be modified; hence, targeted interventions are recommended.

Palichuk Yu.I.
FUNCTIONAL STATE OF THE BODY OF STUDENTS
INVOLVED IN FITNESS
Department of Disaster Medicine and Military Medicine
Bukovinian State Medical University

Introduction. The problem of development and scientific rationale of an effective model of physical culture and fitness of students using aerobic exercises, the need to ensure favorable conditions for the physical development of students, and insufficiently developed scientific principles for the use of modern, highly effective sports and fitness technologies in physical education of students are considered.