

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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Conclusions. To sum up, the conducted research points to the increase of anxiety to the subclinical level in patients with radicular manifestations of lumbar osteochondrosis and a decrease of the cerebral circulation autoregulation level due to the increase in the tone of resistance cerebral vessels. The obtained data substantiate the necessity to include angiotropic and psychotropic medication to the treatment complex of patients with radicular syndromes of lumbar osteochondrosis.

Savka S.D.

EVALUATION OF THE EFFECTIVENESS OF COMPLEX TREATMENT OF DEPRESSIVE DISORDERS ASSOCIATED WITH CARDIOVASCULAR DISEASES

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Introduction. According to the World Health Organization, chronic diseases are the leading global cause of death and disability. Many chronic diseases, including diabetes, cardiovascular and respiratory diseases, and oncological pathology can lead to emotional stress, anxiety, and depression in patients. In addition, psychological conditions such as anxiety and depression can increase the risk of developing chronic diseases. The prevalence of stress, anxiety, and depression in individuals with chronic conditions is rising, and chronic conditions comorbid with psychiatric pathology often have a longer course. They are associated with high healthcare costs, including pharmacological therapy, as well as a difficult prognosis. Therefore, chronic diseases create significant psychological stress and harm mental health, acting as negative psychological stimuli.

The aim of the study. The aim of this study was to develop the principles of early diagnosis and complex correction of mental disorders comorbid with diseases of the cardiovascular system.

Material and methods. Sixty-five patients with a depressive disorder between the ages of 18 and 75 were included in the research process. The main group of the study included patients (45 people) with depressive disorder and comorbid cardiovascular diseases. The control group included 20 patients with depression without accompanying somatic pathology. The level of depression and anxiety in patients was determined by the Hamilton Depression Rating Scale (HDRS) and the Hamilton Anxiety Rating Scale (HARS). Quality of life was assessed using the methodology developed by (Mezzich, Cohen, and Ruiperez 1999).

Results. We evaluated the effectiveness of the treatment of depressive disorders by comparing the dynamics of indicators of experimental psychological methods HDRS and HARS and assessment of the quality of life and main psychopathological symptoms. Psychopharmacological correction of depressive disorders consisted of antidepressants, which included mianserin in a dose of 30 mg in the evening, and anxiolytics, which included pregabalin was used in a dose of 75 mg twice a day. In the patients of the main group the positive dynamics of depression reduction amounted to 8 units when treated with an antidepressant; the dynamics of anxiety reduction during treatment with antidepressants in complex therapy was 2 times more effective compared to treatment with antidepressants alone; the quality of life was also higher by two units when using antidepressants in complex therapy.

Conclusions. We observed the highest effectiveness in the reduction of depression when treated with antidepressants, which in fact confirms the high level of probable correlation index, a slightly smaller, but also probable, correlation index between the use of anxiolytics and the level of anxiety, and the general quality of life indicator was most associated with the implementation of a complex treatment.

Vasylieva N.V.

PAIN MANAGEMENT IN NON-DEMENTED ELDERLY PATIENTS

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The aim of research. Persistent pain is a frequent health problem in the elderly. Its prevalence ranges from 45% to 80%. Chronic neurological and cardiovascular disease, cancer and

osteoporosis have a higher prevalence in aged individuals and increase the risk of developing chronic pain. The presence of pain is known to be associated with sleep disorders in these patients, as well as functional impairment, decreased sociability and greater use of the health system, with consequent increase in costs. Manifestation of pain may vary from numbness, tingling and prickling sensations, sensitivity to touch or more extreme including burning pain. This study focuses on treatment of sensory and painful disorders in non-demented elderly patients with peripheral polyneuropathy.

Methods and materials. The subjects of the research were 32 patients (17 females and 15 males) with polyneuropathies due to diabetes, malignant disease, and the use of chemotherapeutic drugs (chemotherapy-induced neuropathies). The average age of patients was 67.3 ± 8.3 years. Patients were accepted having neuropathy according to their electroneuromyography results. The severity of painful symptoms was reliably assessed by the visual analogue scale or the numerical rating scale (0- no pain; 10- worst possible pain). In addition, validated scales and questionnaires such as the Neuropathic Pain Symptoms Inventory, Neuropathic Pain Questionnaires and Neuropathy Disability Score (NDS) have been used.

Results. The most common presenting symptom was paroxysmal pain. Abnormal pain quality (burning, stabbing, raw, gnawing, sickening, poorly localized, sometimes diffuse) was the next common symptom reported by majority of the patients (78.13%). Pain was intensely altered by emotion and fatigue. In addition, pain had a negative influence on the mobility and quality of life. A low quality of life (physical, psychological, social and environmental) was identified in our study. Pharmacological therapy consisted of pathogenetic-oriented treatment and symptomatic treatment with Pregabalin (calcium channel antagonist) and Duloxetine. All patients were put on Pregabalin 75 mg twice per day. This was increased to 300 mg/day gradually. In addition we used Duloxetine at doses of 30 mg daily.

Conclusions. Neuropathic pain is difficult to treat, and standard analgesics are usually not effective enough. Pregabalin blocks alpha-2 delta protein, an auxiliary subunit of voltage gated calcium channel. It also reduces the synaptic release of several neurotransmitters apparently by the same mechanism which possibly results in the reduction of neuronal excitability and ultimately the pain. In our study, patients on the 300mg/day pregabalin showed improvements in endpoint mean pain score (primary efficacy measure). Improvements were also seen in weekly pain score, patient global impression of change, Neuropathic Pain Questionnaires and World Health Organization Quality of Life Questionnaire scores.

Yaremchuk O.B.

PSYCHOEMOTIONAL DISTURBANCES IN PATIENTS WITH PARKINSON'S DISEASE IN THE DYNAMICS OF TREATMENT

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Introduction. Parkinson's disease (PD) is one of the most common neurologic disorders causing progressive disability that can be slowed down, but not halted by treatment. Mandatory symptoms of parkinsonism include depressive disorders, which are found in 40-90% of patients, and mood swings in 40-50% of patients. Neuropsychiatric changes in PD have a serious impact on the quality of life of patients, the effectiveness of their care, and the course of the disease itself. Psychoemotional disorders lead to a decrease in the quality of life and cause or increase the dependence on the care of patients with PD.

The aim of the study. The aim of this study was to investigate the dynamics of psychoemotional disorders in the process of complex treatment in patients with PD in the Chernivtsi region of Ukraine.

Material and methods. We used clinical and statistical methods of research. 34 patients with PD were examined. The average age of the patients was 58.3 ± 13.5 years, the average duration of the disease was 5.6 ± 3.1 years. The average severity of motor symptoms according to part III of the Unified rating scale for the assessment of CP (UPDRS) was 25.9 ± 8.4 points, the severity