

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



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with an overall prevalence of 12.9% of patients developing AKI, leading to increased mortality. In a cohort of 40 stroke patients (mean age 69.1 years, 90% of patients had ischemic stroke), 62.5% of patients developed AKI. A follow-up 10-year study of a large cohort of patients with first-ever acute stroke found that approximately 27% of patients developed AKI and had a higher mortality rate than stroke patients without AKI. The incidence of AKI was not significantly different between stroke patients treated with and without tissue plasminogen activator (tPA) (35.5% of patients treated with tPA compared with 33.9% of patients not treated with tPA developed AKI), but in patients with AKI, the in-hospital mortality rate was significantly higher (50.0% mortality in patients with AKI vs. 3.4% in patients without AKI). In a 7-year follow-up study, creatinine clearance was calculated in patients with acute stroke and found elevated plasma creatinine and urea concentrations, as well as high urea/creatinine ratio, which was reflected by increased short- and long-term mortality rates. Symptoms of AKI, such as decreased GFR and elevated plasma uric acid, have been reported to occur within 72 hours of acute stroke. To a large extent, stroke patients with severe neurologic deficits, cardiac abnormalities such as heart failure, atrial fibrillation and coronary heart disease, hyperglycemia, hypertension, low GFR, or advanced age were more susceptible to developing AKI. Although the incidence of AKI after acute ischemic stroke varies widely depending on AKI assessment markers, an increased mortality risk has been reported among patients who develop AKI after stroke.

Conclusions. Taking into account the functional and metabolic interrelationship of the brain and kidneys, timely analysis of indicators of the functional state of the kidneys, detection and urgent therapy of renal dysfunction is of important practical importance for pharmacotherapy, respectively, the course of acute ischemic stroke and the results of treatment, in particular, rehabilitation and recovery after stroke and will also be reflected in reduced mortality rates.

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PREREQUISITES OF RESPONSE TO ANTIDEPRESSANT TREATMENT IN PATIENTS WITH RECURRENT DEPRESSIVE DISORDER

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Introduction. Depressive disorders encounter in the population in 3.2% of patients without concomitant somatic diseases and from 9.3% to 23.0% in patients with chronic diseases. It is the fourth leading cause of disability worldwide and is likely to become the second leading cause of disability after cardiovascular disease over the next decade.

The aim of the study. The task of the study was to form the criteria of therapeutic response to antidepressant treatment, a detailed structured study of specific ways of the influence of clinical-psychopathological and pathopsychological criteria on clinical features and the treatment process of a depressive disorder.

Material and methods. All patients were examined somatically and neurologically, consulted by a therapist and other specialist doctors. When taking an anamnesis, much attention was paid to objective data: a detailed survey of the patient's relatives and close friends, an analysis of the available medical documentation made it possible to verify the diagnosis of recurrent depressive disorder more accurately. Identification and description of significant premorbid factors was carried out by comparing the complete list of factors in the literature with the anamnesis and status of each patient.

Results. No significant differences were found according to the gender of the patients, as depression prevailed in women in 83.3%. This result rather reflects the peculiarities of the formation of the research sample and is not representative of the entire population's depression. Heredity is not a mandatory risk factor for depression. Mental disorders and peculiarities were found in the family history of 53.3% of patients. The education of majority of patients most often belonged to the higher level (43.3%), another 23.3 participants had not completed higher education. The trend toward a higher frequency of incomplete higher education at a young age was due to the fact that several patients had interrupted their university studies during the current depressive

episode and planned to continue their education after the completion of treatment. The following types of personality disorders were found to be most prone to the development of depression: personal abnormalities of the affective circle: cycloid (cyclothymic); constitutionally depressed; personal anomalies of the anxiety-phobic circle: sensitive, astheno-neurotic, labile, psychasthenic (A.E. Lichko); anancaste, avoidant, dependent (ICD-10); cluster DSM-5 anxiety-phobic type; personal anomalies of the demonstrative circle: hysterical, borderline (MKH-10); cluster in DSM-5 dramatic type (except antisocial).

Conclusions. The results of the study correspond to the data of the literature. An assessment of potentially important clinical and demographic indicators that may influence the response to therapy, taking into account the individual level of each patient (age, gender, severity of symptoms, duration of illness, presence of comorbid diseases, personality characteristics) was carried out. Despite the presence of encouraging research results, including comorbid conditions to recurrent depressive disorder, this direction requires further study.

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CORRELATION OF ANXIETY-DEPRESSIVE DISORDERS AND COGNITIVE IMPAIRMENT DUE TO STROKE. FEATURES OF EARLY DIAGNOSIS AND TREATMENT

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Introduction. The topicality of the issue: the frequency of acute cerebrovascular disorders in economically developed countries is, on average, 150 per 100 thousand population. In Ukraine, 283.2 MI were registered in 2010, in 2012 - 297.8 MI per 100 thousand population, during 2019 about 150 thousand people were transferred to acute cerebrovascular accident. Persistent neurological focal deficit is observed in 27–33% of people who have suffered a stroke, 18-27% of patients lose language skills, 30-47% - cognitive functions. In a quarter of patients after a stroke progress cognitive impairment, as well as anxiety and depressive disorders. Recent studies suggest that neuropsychiatric complications of acute cerebrovascular disorders, regardless of phenomenology (emotional, behavioral and cognitive) negatively affect not only social functioning but also the overall quality of life.

The aim of the study. The study aimed to increase the effectiveness of comprehensive medical care for anxiety and depressive disorders that occur against the background of acute cerebrovascular disorders, as well as early diagnosis and correction of cognitive impairment, which aims to improve quality of life and reduce the risk of disability in this group of patients modern schemes of treatment, diagnosis and prevention.

Material and methods. At this stage, follow-up of patients with anxiety-depressive disorders against the background of a previous HPMC was carried out. 26 patients with anxiety-depressive disorders on the background of HPMC were added to the main group, and they were treated for psychotherapeutic support, to the control group - 14 patients without diagnosing anxiety-depressive disorders. An equal group comprised 30 patients with anxiety-depressive disorders against the background of a previous HPMC and comorbid cognitive impairments, as they only received drug therapy in the hospital according to the clinical protocols.

Results. Of the 26 patients in the main group, 9 (34.6%) were afraid of depressive syndrome, 17 - manifested anxiety-depressive syndrome (65.3%); voted for the article: women - 14 (53.8%), men - 12 (46.1%). Patients of this group were treated with medical therapy based on clinical protocols for treating anxiety-depressive and depressive disorders (antidepressants, tranquilizers), as well as psychotherapeutic support in the form of short-focus psychodynamic therapy. Among the patients in the respective group, the incidence of depression was: anxiety-depressive disorder in 19 patients (63.3%), depressive syndrome - in 11 patients (36.6%), the incidence for the status: women - 18 (60%), men - 12 (40%). Patients of this group received only medical treatment in the minds of the hospital, recognized by the recommendations of clinical protocols. The following results were taken into account: in the main group, the symptoms of