outcomes and prognosis representing all ICF components, medical variables, and health-related quality of life in CHD patients.

PECULIARITIES OF PSYCHO-SOMATIC STATUS AND QUALITY OF LIFE IN PATIENTS WITH COPD Pavliukovych N., Pavliukovych O., Gaidychuk V.

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Chronic Obstructive Pulmonary Disease (COPD) is a topical problem of pulmonology due to its high morbidity, mortality and impact on the patients' quality of life.

Our investigation aimed at the analysis of psycho-somatic status and quality of life (QL) of patients with COPD.

65 male patients with COPD were randomized into two groups according to the degree of disease severity: group A – 30 patients with COPD II (FEV1=58,8±2,11%), group B – 35 patients with COPD III (FEV1=41,3±3,62%). Control group comprised 24 healthy individuals of the same age and gender. Assessment of psycho-somatic status was based on the Test of Patient's Differential Self-assessment, which includes analysis of well-being (WB), activity (A) and mood (M). QL was determined by Mezzich J. E., Cohen M., Ruiperez N. questionnaire.

In group A psycho-somatic status was lower compared to healthy individuals, WB decreased significantly $(4,3\pm0,18 \text{ against } 3,5\pm0,16, p<0,05)$. In group B all components of psycho-somatic status were lower than in patients of group A (WB – 2,1±0,09 against 4,3±0,18, A – 2,5±0,11 against 3,9±0,12, M – 2,0±0,22 against 3,8±0,07, p<0,05 in all cases) and compared to healthy individuals. Overall perception of QL in patients of group A was lower by 23%, and in patients of group B – by 42% correspondingly compared with control group (p<0,05 in both cases). Indices of WB, M and QL correlated directly with FEV1 (p<0,05).

So, prolonged course of COPD is accompanied by changing of the psychosomatic status and worsening of patients' QL, which directly correlates with COPD degree of severity.

CLINICAL ASPECTS OF COMORBID COURSE OF CORONARY ARTERY DISEASE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE Pavliukovych N., Pavliukovych O.

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Chronic obstructive pulmonary disease (COPD) aggravates clinical manifestation of coronary artery disease (CAD). Our investigation aimed at the analysis of the peculiarities of the clinical course of CAD in patients with comorbid COPD.