

**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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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.

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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

according to the Hoehn and Yahr scale was 2.05 ± 0.6 . Non-psychotic mental disorders and some motor disorders in PD were evaluated using the following methods: Unified Parkinson's Disease Rating Scale section 1, 2, 3 (UPDRS, version 2008); to detect and assess the severity of depression and anxiety - Hospital Anxiety and Depression Scale (HADS); personal and situational anxiety was determined according to Spielberger's scale.

Results. During the examination, anxiety-depressive disorders were found in all our patients with CP - 63.6%. When assessing the characteristics of non-motor manifestations of CP in terms of age, a statistically significant deterioration in CP patients over 60 years of age was noted in frontal regulatory functions on the PTLD scale (12.94%), in general cognitive performance on the MMSE scale (12.39 %), and in quality of life according to the PDQ-39 scale (16.39%). It should be noted that the average value of the total score of cognitive functions in patients younger than 60 years old was not significantly different from the control, the score in the group of patients older than 60 years old corresponded to pronounced cognitive impairment.

During the study, it was established that non-psychotic mental disturbances in CP reliably deepen with the progression of the disease. Thus, the number of points for PTLD in stage 1 was 16.17 ± 0.34 , and in patients of stage 2 – 14.31 ± 0.26 , $p < 0.05$, according to MMSE in patients of stage 1 – 28.24 ± 0.46 points, and stage 2 – 26.48 ± 0.67 points, $p < 0.05$, according to section 2 of the UPDRS scale in stage 1 of the disease 10.83 ± 0.86 points, stage 2 – 13.58 ± 0.45 points, $p < 0.05$ and according to section 3 of the UPDRS scale in stage 1 – 19.28 ± 0.72 points, in stage 2 – 28.74 ± 0.94 points, $p < 0.05$.

After a course of taking phenibut against the background of complex therapy, the patients experienced a significant improvement in their psycho-emotional state. The degree of depression decreased (the average score on the Beck scale before and after treatment was 18.65 ± 2.46 and 15.28 ± 2.84 ($p < 0.05$)). Anxiety also decreased. The situational anxiety index decreased from 56.68 ± 2.93 points to 49.26 ± 2.86 points after taking phenibut Personal anxiety decreased from 57.34 ± 2.48 points to 51.34 ± 2.68 points ($p < 0.05$).

Conclusion. In patients with Parkinson's disease, with increasing age, stage and duration of the disease, there is a significant deterioration of anxiety-depressive symptoms and quality of life. The worst indicators of non-motor manifestations are observed in akinetic rigidity and mixed forms and a rapidly progressing course of CP. The inclusion of phenibut in the complex therapy of Parkinson's disease improves the psycho-emotional state of patients and helps to reduce personal and situational anxiety.

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STRESS-RELATED NEUROTIC AND SOMATOFORM DISORDERS AMONG THE UNIVERSITY STUDENTS

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Introduction. Importance of current studies dealing with stress-related neurotic and somatoform disorders at a young age is determined by the necessity to find new forms of psychological support directed to social adaptation and harmonious personal development of students.

The aim of the research is to investigate the occurrence of stress-related neurotic and somatoform disorders in students of different years and specialties, to develop a comprehensive treatment of the above conditions.

Materials and methods. 1235 students underwent a comprehensive check-up during the period from 2015 to 2017 keeping to the principles of bioethics and deontology. The following methods were applied: clinical, clinical-psychopathological, clinical-epidemiological, clinical-anamnestic, experimental-psychological and statistical. Sampling did not differ considerably by the sex and age, place of residence, and form of education. The check-ups were performed in the period between examinations.