

Південноукраїнський  
медичний  
науковий журнал

ISSN 2306-7772

1  
2013

## ЗМІСТ

<b>Абрамова Н. О., Пашковська Н. В.</b> ОСОБЛИВОСТІ ПОРУШЕННЯ ОКИСНЮВАЛЬНО-ВІДНОВНОГО ГОМЕОСТАЗУ ТА ФУНКЦІОНАЛЬНИХ ВЛАСТИВОСТЕЙ ЕРИТРОЦИТІВ У ХВОРИХ НА МЕТАБОЛІЧНИЙ СИНДРОМ ЗАЛЕЖНО ВІД ІНДЕУСУ МАСИ ТІЛА ТА ПОКАЗНИКІВ ТИРЕОЇДНОГО ЗАБЕЗПЕЧЕННЯ ОРГАНІЗМУ.....	6
<b>Агарков В. И., Грищенко С. В., Северин Г. К., Ганенко О. Н., Бугашева Н. В.</b> СОВРЕМЕННЫЕ ЗАКОНОМЕРНОСТИ ЧАСТОТЫ ВОЗНИКНОВЕНИЯ И РАСПРОСТРАНЕНИЯ САХАРНОГО ДИАБЕТА СРЕДИ НАСЕЛЕНИЯ ДОНБАССА.....	10
<b>Амеліна Т. М.</b> МАРКЕРИ ДЕСТАБІЛІЗАЦІЇ ПЕРЕБІГУ СТАБІЛЬНОЇ СТЕНОКАРДІЇ ТА ХРОНІЧНОГО ОБСТРУКТИВНОГО ЗАХВОРЮВАННЯ ЛЕГЕНЬ В УМОВАХ СТВОРЕННЯ РЕССТРУ МАЛИХ МІСТ УКРАЇНИ.....	13
<b>Антонів А. А.</b> ВПЛИВ ФАКТОРІВ СИСТЕМИ ГЕМОСТАЗУ, ФІБРИНОЛІЗУ ТА ПРОТЕОЛІЗУ НА РОЗВИТОК ТА ПРОГРЕСУВАННЯ СОМАТОФОРМНОЇ ВЕГЕТАТИВНОЇ ДИСФУНКЦІЇ ТА ГІПЕРТОНІЧНОЇ ХВОРОБИ У ХВОРИХ НА ХРОНІЧНИЙ НЕКАМЕНЕВИЙ ХОЛЕЦИСТИТ.....	15
<b>Хухліна О. С., Антонів А. А., Мандрик О. С.</b> КОРЕКЦІЯ АРТЕРІАЛЬНОГО ТИСКУ ТА ДИСФУНКЦІЇ ЕНДОТЕЛІЇ – ВАЖЛИВА ЛАНКА ЛІКУВАННЯ НЕАЛКОГОЛЬНОГО СТЕАТОГЕПАТИТУ У ХВОРИХ НА ОЖИРІННЯ ТА ГІПЕРТОНІЧНУ ХВОРОБУ II СТАДІЇ.....	18
<b>Бендас В. В.</b> СУЧАСНИЙ ПОГЛЯД НА ІНФЕКЦІЮ HELICOBACTER PYLORI ТА ЇЇ ВПЛИВ НА РЕПРОДУКТИВНУ ФУНКЦІЮ.....	22
<b>Бербець А. М.</b> ДОСЛІДЖЕННЯ ГОРМОНАЛЬНОЇ РЕАКТИВНОСТІ ФЕТОПЛАЦЕНТАРНОГО КОМПЛЕКСУ У ЖІНОК ІЗ ЗАГРОЗОЮ НЕВИНОШУВАННЯ У РАННІ ТЕРМІНИ ГЕСТАЦІЇ.....	25
<b>Бирчак І. В.</b> ОСОБЛИВОСТІ ТРОМБОЦИТАРНО-СУДИННОГО ГЕМОСТАЗУ У ЖІНОК З ДИСФУНКЦІОНАЛЬНИМИ МАТКОВИМИ КРОВОТЕЧАМИ.....	27
<b>Voiko A. V.</b> ANALYSIS OF THE RESULTS IMPLEMENTATION OF THE SYSTEM OF INFORMATION INFLUENCE ON THE EFFECTIVENESS OF TREATMENT OF TB PATIENTS WITH LOW ATTACHMENT TO ANTIBIOTIC THERAPY.....	29
<b>Буряк В. В., Візир В. А., Садошов А. С.</b> КЛІНІЧНІ ОСОБЛИВОСТІ ЛІПІДНОГО СПЕКТРУ, ПЛАЗМОВОГО РІВНЯ ГОМОЦИСТЕЇНУ, ВАСКУЛЯРНОГО РЕМОДЕЛЮВАННЯ І ЕКСТРАКРАНІАЛЬНОГО КРОВОТОКУ ТА ЇХ КОРЕКЦІЇ У ПАЦІЄНТІВ З АРТЕРІАЛЬНОЮ ГІПЕРТЕНЗІЄЮ.....	32
<b>Васильєва Н. В., Яремчук О. Б., Білоус І. І., Павлович Л. Б.</b> СТАН ПРОЦЕСІВ ПЕРОКСИДНОГО ОКИСНЕННЯ ЛІПІДІВ У ХВОРИХ НА ДИСЦИРКУЛЯТОРНУ ЕНЦЕФАЛОПАТІЮ ТА ЇХ КОРЕКЦІЯ ЗА ДОПОМОГОЮ АНТИОКСИДАНТІВ.....	35
<b>Welchinska O. V.</b> BIOLOGICAL ACTIVITY OF BACTERIAL LECTINS AND THEIR MOLECULAR ADDUCTS WITH HETEROCYCLIC BIS-ADDUCTS.....	38
<b>Височанська Т. П.</b> КЛІНІЧНІ ОСОБЛИВОСТІ ПЕРЕБІГУ ЕКЗЕМИ ТА ПСОРИАЗУ У ХВОРИХ – МЕШКАНЦІВ РІЗНИХ ФІЗИКО-ГЕОГРАФІЧНИХ РАЙОНІВ ПІВНІЧНОЇ БУКОВИНИ.....	40
<b>Гошовська А. В., Гошовський В. М.</b> ВИКОРИСТАННЯ МЕТОДІВ ПРОГНОЗУВАННЯ ТА МЕТОДУ КОРЕЛЯЦІЇ ЗНАКІВ ДЛЯ ПРОГНОЗУ РОЗВИТКУ ПЛАЦЕНТАРНОЇ ДИСФУНКЦІЇ ТА ДЕЯКИХ УСКЛАДНЕНЬ ВАГТНОСТІ У ЖІНОК З ВАРИКОЗНОЮ ХВОРОБОЮ.....	45
<b>Дудка Т. В.</b> РОЛЬ ОКСИДАТИВНОГО ТА НІТРОЗИТИВНОГО СТРЕСУ, ФІБРИНОЛІЗУ ТА ПРОТЕОЛІЗУ В ПАТОГЕНЕЗІ ВЗАЄМООБТЯЖЕННЯ БРОНХІАЛЬНОЇ АСТМИ ТА ХРОНІЧНОГО НЕКАМЕНЕВОГО ХОЛЕЦИСТИТУ.....	48
<b>Жабодов Д. Г.</b> СПОСОБ ФИКСАЦИИ ИОЛ SL-907 «CENTRIX DZ» В ОКНЕ КАПСУЛОРЕКСИСА ХРУСТАЛИКОВОЙ СУМКИ.....	53
<b>Заболотная И. И.</b> СРАВНИТЕЛЬНЫЙ АНАЛИЗ МИКРОТВЕРДОСТИ И ХИМИЧЕСКОГО СОСТАВА ЭМАЛИ ПРИШЕЕЧНОЙ ОБЛАСТИ ЗУБОВ.....	56
<b>Зайченко Г. В., Колос О. М., Коваленко Є. М.</b> МОРФОЛОГІЧНА ОЦІНКА ЕФЕКТИВНОСТІ НОВОГО ГОМЕОПАТИЧНОГО ЗАСОБУ З ЦИКЛАМЕНУ ЄВРОПЕЙСЬКОГО ПРИ АЛЕРГІЙНОМУ РИНИТІ.....	59

нього шляху. Хронометрична гіперкоагуляція розвивається внаслідок активації згортання крові за зовнішнім механізмом утворення протромбінази,

що супроводжується зниженням протизгортального потенціалу і значним збільшенням адгезивно-агрегаційних властивостей тромбоцитів.

**Література:**

1. Айламазян Э.К. Гинекология от пубертата до постменопаузы: практическое руководство / Под ред. Э.К. Айламазяна. – М.: МЕДпрессинформ, 2004. – 447 с.
2. Манухин И.Б. Клинические лекции по гинекологической эндокринологии / И.Б. Манухин, Л.Г. Тумилович, М.А. Геворкян. – М.: МИА, 2001. – 247 с.
3. Иовель Г.Г. Роль и место нейрорефлекторного воздействия в лечении дисфункциональных маточных кровотечений при гиперпластических процессах в миометрии / Г.Г. Иовель, И.И. Черниченко, И.Б. Исмаилова // Здоровье женщины-матери: Вопросы теории и практики. – Сб. науч. трудов / под ред. проф. С.Н. Гайдукова. Часть II. – СПб.: ГПМА, 2006. – С. 17-19.
5. Кустаров В.Н. Дисфункциональные маточные кровотечения / В.Н. Кустаров, И.И. Черниченко. – СПб.: Издательский дом СПбМАПО, 2005.–163 с.
6. Кустаров В.Н. Альтернатива оказания помощи женщинам с дисфункциональными маточными кровотечениями репродуктивного и перименопаузального периодов / В.Н. Кустаров, И.И. Черниченко, Р.А. Фунден // Российский семейный врач. – 2003. – Т. 7, № 4. – С. 21-24.
7. Сметник В.П., Тумилович Л.Г. В кн. Неоперативная гинекология. – М.: МИА, 2003. – С. 145–152.
8. Серов В.Н. Гинекологическая эндокринология / В.Н. Серов, В.Н. Прилепская, Т.В. Овсянникова. – М., 2004. – С. 44 - 80.
9. Черниченко И.И. Влияние психотравмирующих факторов на развитие климактерических расстройств у женщин / И.И. Черниченко, Э.Д. Хаджиева, В.А. Губин // Сборник работ VIII конференции программы «Психосоматическая медицина» «Актуальные аспекты психосоматики в общемедицинской практике». – СПб., 2008. – С. 65-70.

**Boiko A. V.**

*Associate Professor of the department tuberculosis and pulmonology*

**Mygayluk L. D.**

*Assistant of the department of tuberculosis and pulmonology*

*Bukovina State Medical University*

*Chernivtsi, Ukraine*

**ANALYSIS OF THE RESULTS IMPLEMENTATION OF THE SYSTEM OF INFORMATION INFLUENCE ON THE EFFECTIVENESS OF TREATMENT OF TB PATIENTS WITH LOW ATTACHMENT TO ANTIBIOTIC THERAPY**

**Summary:** The work is dedicated to the definition of the main obstacles for the controlled treatment of TB patients with low adherence to antibiotic therapy and how to overcome them.

**Аноація:** Стаття присвячена визначенню основних перешкод для проведення контрольованого лікування хворих на туберкульоз з низькою прихильністю до антибактеріальної терапії та шляхи їх подолання.

**Аноаация:** Статья посвящена определению основных препятствий для проведения контролируемого лечения больных туберкулезом с низкой приверженностью к антибактериальной терапии и пути их преодоления

One of the six components of the Stop TB Strategy in the Global Plan "Stop TB 2006-2015" is an approach that focuses on the patient. To stop spreading TB greater importance is given to effective treatment of persons discharging bacteria [1]. One of the main reasons of adverse consequences of TB is early antituberculosis treatment termination by the patients [1, 3].

Assessing the level of disease rate and the results of treatment we may see unwillingness of patients to ask for medical help, to be examined, treated and there are different attempts to avoid any contact with the doctor. One of the main reasons of such negative and irresponsible treatment of their health is ignoring TB by the patients. Pulmonary tuberculosis causes changes in the personality structure and breaks interpersonal relationships. Loss of faith in favourable end of disease creates barriers for adequate therapy, social disadaptation is manifested in neglecting personal hygiene rules. To raise effective treatment in TB patients a psychological adjustment is needed [2]. In this respect informational insufficiency, disinformation, and social stigma of persons who

suffer from similar diseases play major role. It forms unfavourable atmosphere for effective treatment and stop of TB spreading in society [5]. It is very important to establish a personal contact with TB patients taking into account patient's psychological portrait who stopped treatment early and depression in patients. The doctor's task is to select a right strategy to advise the patient and send him/her for long term antituberculosis treatment.

Poor disposition of TB patients is manifested in not following the regimen of standard chemotherapy for a fixed period of time (missing daily doses of antibacterial treatment, early end of treatment (break in treatment), not taking specific medications on one's own initiative. With regard to the problem of nonsystemic treatment of patients a lot of attention is paid to the formation of disposition to TB treatment in the world [4].

The objective of research: to establish the main obstacles for conducting controlled treatment of TB patients with low disposition to antibacterial therapy and ways to overcome them.

Research tasks:

1. To study clinical and social characteristics of TB patients with positive and negative disposition during hospitalization.

2. To establish the effectiveness of pulmonary TB in Bukovyna over last years and reasons of their decrease.

3. To establish the main obstacles to conduct controlled treatment.

4. To establish the main ways of disposition formation in patients during hospitalization.

To prove positive information and educational work to prevent early termination of treatment in TB patients.

The object of the research: 210 patients with first pulmonary TB diagnosis of Chernivtsi Oblast Anti TB Hospital who were polled by the method of random selection.

The subject if the research: to establish sensitivity of TB mycobacteria to antimycobacterial medications, collection of information about the patients by polling and medical documentation.

Methods of investigation: clinical, X-rays, clinical and lab, microbiological, statistical.

The results of the study. According to analytical and statistical data in Ukraine, in 2012 the treatment effectiveness among new smear-positive TB cases was 58,2% (Fig. 1), and according to decree of the Ministry of Healthcare of Ukraine, 24.05.2006p. №318 "On the strategy and organization of the national programme to control TB in Ukr." and WHO indicator should make not less than 85%.

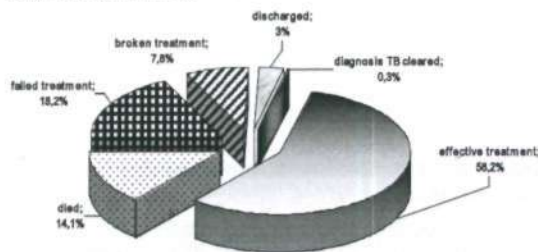


Fig. 1. Indices of treatment effectiveness for the patients who were first diagnosed with smear-positive TB and cohort study in 2012.

Low index of treatment efficiency is stipulated by the high percentage of:

- failed treatment – 18,2% – demonstrates the absence of controlled treatment and high level of multi-resistant TB;

- dead – 14,1%, half of who were patients with co-infections of TB/HIV who were not provided in full with ART therapy that led to death;

- broken treatment – 7,8%, demonstrates low motivation of the patients to get cured and unsatisfactory social support of TB patients during treatment (food, hygienic kits or other);

- moved to other oblasts – 3%.

It was established that patients left hospital and were using alcohol and/or drugs while analysing disposition of the patients to treatment. They returned

to hospital only due to progress of TB, pulmonary bleeding, cardiopulmonary disease. Patients left hospital mostly during first two months of treatment. Thus, within two months almost 12% of patients left hospital, from 2 to 3 months – another 7%, from 3 to 4 months – about 2%. The reasons of early and planned discharge provided in Table 1.

Table 1. Reasons for early and planned discharge of patients from the hospital in 2010-2012

reason for discharge	number of patients	%
drinking	16	7,6
left hospital on their own will	35	16,7
moved	18	8,6
by request from relatives	4	1,9
planned outpatients	137	65,2
total	210	100

Social portrait of patients (51) who ended their treatment early is the following: 68,2 % – unemployed, 56,2 % – drinking addicts, 35,1 % – were inmates in the past, 5,1 % – homeless.

After polling the patients who broke their treatment the following reasons for early ending of their treatment provided:

- necessity to earn their living – 25% (had to make money, necessity to be at work);

- insufficient medical information of the TB patients – insufficient knowledge about TB and its treatment – 13,5% (consider themselves healthy);

- absence of comfortable conditions in round-the-clock hospitals – 21,4%;

- family circumstance (lengthy absence from the family for the period of treatment, inability to leave home) – 9%;

- misuse of alcohol (instead of medications preferred alcohol) – 29%;

- do not want to be treated without reasons – 2,1%.

The comparative analyses of length of treatment were made according to standard regimens of chemotherapy. Such criteria were analysed: ending of treatment after 15 months, treatment efficiency, breaks in treatment, fatalities, and movement to other districts/oblasts.

While providing informational aid to patients the length of treatment is shortened. The number of patients who completely fulfilled treatment with period up to 15 months was higher in the patients who had individual education (43,5 %) in comparison with the patients from another group (32 %).

Efficiency of treatment in 9-15 months was also higher in patients who were educated on individual basis.

The treatment was efficient with cessation

bacterial discharge and cure of pulmonary tissue destruction in 87,9% of patients of the first group at the moment of the end of course of treatment and 63,1% – in the second.

Therefore, the educational work with the patients has positive influence on the decrease of early ending of treatment. The analysis of the results of the introduction of the system of informational influence demonstrated its high efficiency in the increase of the level of knowledge in the patients about their disease that led to the increase of the number of patients who regularly receive anti TB therapy and the decrease of patients who were discharged early.

The questions of hospitalization of bacillar patients, making them keep the regimen, not to smoke, drink alcohol, take drugs, not to leave the hospital is very important today when there is medication resistant TB. The patients who broke their treatment and then return to hospital are in such state that the costs for treatment are very high and non affordable and it is difficult to treat such patients. During time when they are out of hospital they spread infection and infect with more virulent (as they are in weakened body) and resistant to antibacterial treatment mycobacteria and accordingly the number of patients with primary resistance to antibacterial medications. Therefore it is necessary to take into account epidemiological danger that the patients pose.

Therefore having analysed above mentioned information, we singled out the following strategies to increase patients' readiness with low disposition for treatment: – assessment of knowledge of the patients in respect to their disease and understanding to treat it; – assessment of worries of the patient in respect to therapy, quick reaction to false ideas and stereotypes; – assessment of motivation and readiness for treatment before beginning and regularly after the beginning of treatment;

– discussion of strategy of treatment understandable for the patient that he/she is ready to keep to, working out the plan for specific scheme of treatment taking into account food and daily schedule;

– information of the patient about typical side effects, be ready for their appearance and their treatment;

– regular assessment of psychological health, existing problems and deviations from norm subject to professional treatment before conducting TB treatment.

Conclusions:

1. If the main course of treatment is followed improvement in 70,6 % of patients is achieved.

2. Among the patients who end treatment early considerable part make vulnerable and socially non adapted groups of people: 68,2 % – unemployed, 56,2% – use alcohol, 35,1% – former convicts, 5,1 % – homeless.

3. Peculiarities of psychological and social status influence disposition to treatment.

4. System of informational teaching of the patients allows to increase the level of their awareness up to 92% at test stage compared with 55% for traditional system of information.

5. It is proven that system of informational influence on the patients first diagnosed with pulmonary TB allowed to decrease the number of patients breaking the regimen of hospitalization 2,5 times, increasing the treatment effectiveness with cure of cavities of destruction and smear-negative pulmonary TB by means of bacterioscopy.

Practical value of the results obtained. Study of TB patients with low disposition to antibacterial therapy, clinical and social characteristics, main obstacles for controlled treatment and ways to overcome them enables to improve effectiveness of treatment of these patients, and especially patients with high risk of multiresistant TB.

#### References:

1. Борисов, С. Е. Досрочное прекращение лечения в противотуберкулезных стационарах / С. Е. Борисов, Е. М. Белиловский, Ф. Кух, Ш. Шайкевич // Пробл. туб. – 2007. – № 6. – С. 17–25.
2. Гнездилова, Е. В. Фтиза-школа как способ психологической и социальной коррекции больных туберкулезом лёгких / Е. В. Гнездилова // Пробл. туберкулеза. – 2002. – № 8. – С. 11–12.
3. Сухова, Е. В. «Фтиза-школа» – система комплексного воздействия на больного туберкулезом / Е. В. Сухова // Пробл. туб. – 2004. – № 12. – С. 35–40.
4. Chiang C-Y. Management of drug-resistant tuberculosis / C-Y Chiang, H. S. Schaaf // Int. J. Tuberc. Lung Dis. – 2010. – Vol. 14 (6). – P. 672–682.
5. Dimitrova, B., Balabanova D., Atun R. et al. Health service providers perceptions of barriers to tuberculosis care in Russia / B. Dimitrova, D. Balabanova, R. Atun // Health Policy Plan. – 2006. – Vol. 21, № 4. – P. 265–274.