

tostomy from mini-access under the local anesthesia with the help of Foley catheter. It is recommended to adhere the following scheme of therapeutic and diagnostic minimally invasive instrumental interventions for HPDZ diseases: clinical and laboratory data, ultrasound, CT, ERCP, cholecystostomy, laparotomy.

Conclusions. Mini surgery investigations allow to eliminate MJ and cholangitis quickly and effectively; allow to perform surgery in the most favorable conditions, especially with chronic jaundice in a planned manner, and in elderly patients and with severe concomitant pathology are the alternative to open surgery.

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ANTHROPOSOPHIC ART THERAPY IN CHRONIC DISEASES

Background. Anthroposophic medicine was founded in the 1920s by Rudolf Steiner and Ita Wegman and aims to stimulate patients' salutogenetic capacities and is provided by physicians (counseling, medication) and nonmedical therapists (massage, eurythmy movement, painting, clay modeling, music, and speech exercises). Anthroposophic art therapy (AAT) is used in 28 countries but has not yet been studied in primary care.

Objective. This research was aimed to study clinical outcomes in patients treated with anthroposophic art therapy for chronic diseases.

Material & Methods. This is a prospective cohort study. 110 consecutive outpatients (primary care: $n = 80$), aged 35–71 years, were treated by different art therapies.

Most main diagnoses, classified by International Classification of Diseases, 10th edition, were C00–C97 Malignancies (95.0%), and C00–D48 Neoplasms (5.0%). Patients had median 2.0 (interquartile range [IQR] 1.0–3.0) comorbid diseases. Most common comorbid diseases were M00–M99 Musculoskeletal Diseases (18.2%),

F00–F99 Mental Disorders (60.9%) and G00–G99 Neurological Diseases (6.8%). Most common diagnosis groups were F30–F39 Mood Disorders (24.2%), F48 Fatigue (13.7%), F41 Anxiety Disorder (5.6%). Median disease duration was 4.0 (IQR 1.5–10.0) years.

Disease and symptom scores (physician and patient assessment, respectively, 0–10) and quality of life (adults: SF–36 Health Survey). Outcomes were measured after 3, 6, 12, 18 and 24 months; SF–36 and symptom scores were also measured after 48 months.

Results. Most common indications were mental disorders (60.9% of patients, primarily depression, fatigue, and anxiety) and neurological diseases (6.8%). The median number of therapy sessions was 15; median therapy duration was 161 days. All outcomes improved significantly between baseline and all subsequent follow-ups. Improvements from baseline to 12 months were: disease score from (mean \pm standard deviation) 6.69 ± 1.72 to 2.46 ± 1.90 ($P < 0.01$), symptom score from 5.99 ± 1.69 to 3.40 ± 2.08 ($P < 0.01$), SF–36 physical component summary measure from 44.12 ± 10.03 to 48.68 ± 9.47 ($P < .001$), and SF–36 mental component summary measure from 35.07 ± 12.23 to 42.13 ± 11.51 ($P < 0.01$). All these improvements were maintained until last follow-up.

Conclusion. Patients receiving anthroposophic art therapy had long-term reduction of chronic disease symptoms and improvement of quality of life.

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**THE PRINCIPLES OF COMPLEX TREATMENT
OF PSORIATIC PATIENTS BY MEANS
OF ENTEROZHERMINA PROBIOTICS**

Psoriasis (psoriasis vulgaris) – is a chronic recurrent skin disease with monomorphic rash, and possible involvement of visceral organs and musculoskeletal system. Nowadays Psoriasis cha-