



No 19 (2018)

P.1

The scientific heritage

(Budapest, Hungary)

The journal is registered and published in Hungary.

The journal publishes scientific studies, reports and reports about achievements in different scientific fields. Journal is published in English, Hungarian, Polish, Russian, Ukrainian, German and French.

Articles are accepted each month. Frequency: 12 issues per year.

Format - A4

ISSN 9215 — 0365

All articles are reviewed

Free access to the electronic version of journal

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STUDY OF THE LEVEL OF KNOWLEDGE ON THE PROBLEM OF «MEDICAL PROFYLACSIS» OF THE RURAL DOCTORS

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Анотація

Вивчено рівень знань 111 лікарів сільської ланки охорони здоров'я Чернівецької області з проблеми „медична профілактика”, зокрема профілактики хвороб системи кровообігу. Виявлено загалом достатній рівень знань лікарів з питань медичної профілактики. Переважна більшість опитаних фахівців вважають себе недостатньо підготовленими в галузі медичної профілактики, тому що немає джерел де б вичерпно розгледувалися функції та призначення медичної профілактики.

Abstract

The author has studied the level of knowledge of 111 doctors of the rural link of health care in the Chernivtsi region on the problem «Medical Profylacsis», preventig diseases of the circulatory system, in particular. En general, a sufficient level of doctors knowledge on the problem medical profylacsis has been revealed a predominant majority of respondents consider themselves to be not prepared in the field of a source which would interpret exhaustively the functions and medical profylacsis.

Ключові слова: медична профілактика, лікарі сільської ланки охорони здоров'я, рівень знань, хвороби системи кровообігу.

Keywords: medical prophylaxis, doctors of rural health care level, level of knowledge, cardiovascular diseases.

The cardiovascular diseases (CVD) are the main cause of mortality of the population of the incapacitated age of Ukraine. Their share is 64% of all causes of death, and in the structure of mortality of the working-age population, the CVD occupy the 2nd place and make up 28%. Therefore, the medical and social significance of the prevention of these diseases for the Ukrainian society is extremely high.

Over the past decades in Ukraine, mortality rates for CVD have been rising and twice as high as those in Western Europe and the United States, while in the working age - 4 times.

The risk of CVD increases due to the unfavorable socioeconomic situation in society: an increase in the number of people with harmful habits, in constant stress, etc. Therefore, the incidence of CVD, especially in the countryside, has become threatening.

It is known that risk factors play an important role in the development of CVD, therefore, the knowledge of prophylactic medical technologies and their skillful use by doctors is of great importance in preventing these diseases. Indeed, the vast majority of economically developed countries in the world have

succeeded in healthcare because their problems were solved prophylactically, guided by the principle: "It is easier to prevent the disease than to treat it."

Identify and study the level of knowledge of village doctors in the Chernivtsi oblast on the problem of "medical prevention" in order to increase and use it in its medical practice, as well as study the state's attitude to the current system of CVD prevention.

The materials were the results of a sociological study of determining the level of preventive training of doctors working in rural areas of the Chernivtsi region, using the medical-sociological method using the anonymous questionnaire.

The study was conducted in five districts of Chernivtsi Oblast (Storozhinets, Kitsmansky, Zastavnyansky, Khotynsky and Novoselyts'kyj). These areas are selected for research because they are typical agricultural areas with well-developed socio-economic infrastructure and a network of health-care institutions. The survey was attended by 111 doctors of the rural health sector: 28 doctors of the Khotyn district, 22 - Storozhinets, 21 - Kitsman and 20 - Novoselytsky and Zastavsky.

Assessment of the level of preventive competence of doctors was carried out using the mathematical method, the answers to all questionnaire questions were evaluated (question number 2 of the questionnaire was evaluated as three separate questions).

The evaluation was carried out as follows: for the correct answer there were 2 points. Incomplete answer - 1 point, incorrect answer or its absence - 0 points. The maximum amount of points that the respondent could score was 30 points, or 100%, then the value of one point was calculated as a percentage (1 point - 3.33%). A scale for assessing the level of knowledge was developed from 0 to 30 points, or from 0% to 100%. This scale is divided into 4 even segments from 0 points (0%) to 7.5 points (25%) - respectively very low level of knowledge, from 7.5 (25%) to 15 points (50%) - low level of knowledge, from 15 points (50%) to 22.5 points (75%) - a sufficient level, from 22.5 points (75%) to 30 points (100%) - a high level of knowledge. Each questionnaire has processed and calculated the number of points and the percentage equivalent, according to the proposed scale, the level of knowledge of the respondent is determined, which is made corresponding to the question mark in the questionnaire.

To evaluate and compare the level of knowledge of doctors on the problem of "medical prevention" between the studied areas and among doctors of the specialty, we used a direct method of standardization. According to the respondents, the respondents distributed the following types of questions: the family doctors among the respondents were 32 (28.82%), therapists - 60 (54.04%), pediatricians - 13 (11.71%), other specialists - 6 (5.4%)

Of the surveyed doctors, the work experience from 0 to 4 years had 15 specialists respectively (13.51%) from 5 to 9 years - 18 (16.21%), from 10 to 14 years - 18 (16.21%), from 15 to 19 years old - 17 (15.31%), from 20 to 24 years - 22 (19.81%), from 25 to 29 years - 7 (6.3%), from 30 years and more - 14 (12.61%).

According to the level of knowledge, respondents distributed as follows: 2 (1.8%) of respondents had a very low level of knowledge, 32 (28.82%) had a low level of knowledge, 71 (63.96%), a high level of knowledge - 6 (5.40%) specialists.

Very low level of knowledge about preventive training was shown by two respondents, which is (1.8%) of the total number of respondents, low level of knowledge - 32 (28.82%), sufficient level of knowledge - 71 (63.96%), high level knowledge - 6 (5.4%) respectively.

Consequently, the general level of knowledge of health care providers from the research problem can be estimated as "good", with a five-point system. This indicates that doctors have knowledge and practice of medical prophylaxis in their work. Evidence of this is that the Chernivtsi region in recent years is considered to be well-off for the level of premature mortality from the CVD regions.

Of the respondents, family doctors were 32 (28.82%), physicians - 60 (54.04%), pediatricians - 13 (11.71%) of other specialists - 6 (5.4%). Very low level of knowledge was had by two therapists, which makes

up 1.8% of the interviewed specialists; low level of knowledge - 8 family physicians, 7.2%, as well as 16 (14.41%) physicians, 6 (5.4%) pediatricians and 2 (1.8%) other specialists.

Sufficient level of knowledge was found in 23 (20.72%) family doctors, 38 (34.23%) therapists, 7 (6.3%) pediatricians, and 3 (2.7%) other specialists. A high level of knowledge was demonstrated by 1 (0.9%) family doctor, 4 (3.6%) therapists, 1 (0.9%) other specialist, no pediatrician was found to have a high level of knowledge.

Of the 32 (100%) family doctors, 8 (25%) had a low level of knowledge, the average level was 23 (71.87%) of the respondents, and the high level was 1 (3.12%) of the doctor. The results of the survey of 60 (100%) therapists were as follows: the lowest level of knowledge was shown by two (3.33%), low - 16 (26.66%), sufficient - 38 (63.33%), high - 4 (6.60%) Of the 13 (100%) of the surveyed pediatricians, there were very low levels of knowledge, which, after all, were not high, 6 (46,15%) specialists had a low level of knowledge, and 7 (53,84%) was sufficient. Among the doctors of another specialty, 6 people (100%) were polled. Very low level of knowledge was not revealed, and 2 (33,33%) specialists showed a low level of knowledge, 3 (50%) had sufficient level of knowledge, 1 (16,66%) had a high level of knowledge.

We used the direct method of standardization to evaluate and compare the level of knowledge about medical prevention of different specialists. So, according to the standard, very low level of knowledge was shown only by therapists, and low level - pediatricians (13.30%), other specialists (9.61%), family doctors (8.76%), therapists (7.68%) The average level of knowledge, according to the standard, is family doctors (51.65%), therapists (40.6%), pediatricians (34.57%), and other specialists (32.11%). Familiar doctors (2.95%), other specialists (2.63%), therapists (9.35%), pediatricians (0%) and others showed high level of awareness about the problem of "medical prophylaxis".

Consequently, from the above it is safe to say that among all respondents the best level of training in the field of medical prophylaxis is family doctors, therefore the introduction of family medicine will provide the proper level of prevention of CVD, in particular AG, will reduce the morbidity and disability of these diseases, as evidenced by the family medicine of the economically developed countries of the world and the experience of family doctors in our country.

For the completeness of the results of our study it is necessary to evaluate all the items proposed by us in the questionnaire. Questions 2, 3, 4, 5, 6, 7 assessed the level of knowledge and understanding of what is primary, secondary and tertiary prophylaxis, as well as knowledge of technologies that provide primary, secondary and tertiary disease prevention. On the 8th question of the questionnaire "Do you think that you are sufficiently trained in the field of prevention?" - the answer "yes" was given by 52 (46.82%) of the respondents, and the answer "no" - 59 (54.18%).

Consequently, the majority of respondents needs to deepen their knowledge on the problem of "medical

prevention" that they can get at the postgraduate level of education in the light of the implementation of an educational program for the upgrading of qualifications for physicians and nurses of primary health care and self-education health care institutions in the presence of sources of information .

To the questionnaire "Have you ever had at least one monograph or textbook, where the problem of medical prophylaxis would be outlined in full?" 18 (16,22%) of all respondents answered "yes", 93 (83,78 %) respectively. The conclusion is obvious - it is necessary to issue a manual where the theoretical and practical bases of medical prophylaxis are presented, and to provide them with doctors, medical students.

"Who do you consider to be a prophylaxis first?" Is the 10th question of our questionnaire, where it was necessary to identify only one specialist from the proposed six. The respondents answered: the doctor-hygienist was chosen by 12 (10.81%) of the respondents, the GP-19 (17.11%), the doctor with the diploma «Medical case» - 20 (18.01%), the dentist - 0 (0%), doctor of pediatrician - 4 (3.60%), family doctor - 56 (50, 45%).

Taking into account the data obtained, one can conclude that the most and the best prevention is the family doctor, as he is trained both as a therapist and as a pediatrician, and as an obstetrician-gynecologist, and as a general surgeon, etc. It is he who has to anticipate and prevent the possible development of the illness of all the members of the family that he serves. Our assumptions are confirmed by the experience of countries where family medicine has worked for many years (Cuba, USA, Western European countries), and experience in introducing family medicine in Ukraine.

On the eleventh question of the proposed questionnaire "How do you treat the theses:" The future belongs to prophylactic medicine "," It is easier to prevent the disease than to treat it " - 109 (98.2%) of the polled responded positively, negatively - 2 (1.80%) respectively .

The results show that the overwhelming majority of respondents answered "positively", which was somewhat predicted, but I would like the above-mentioned theses to be implemented into practical health care at primary health care (PHC) level, and the main driving force was family doctors who is the most rational and economically profitable link in the organization of medical care of the population.

Question 12 was open: "What, in your opinion, preventive technologies were not included in the list of item number 7 (our questionnaire)? Write ". No answer was given by 82 (73,87%), 29 were answered (26,13%).

"Do you think it is necessary to publish a mass circulation of medical recommendations for doctors on theoretical and practical issues of medical prophylaxis?" - this is the question number 13 of our questionnaire, of which "yes" answered 108 (97.30%) of respondents, "no" 3 (2.70%).

As we see, the overwhelming majority of respondents said that the publication of such manuals should be organized at the state level and distributed

among doctors and medical universities of Ukraine at the expense of the state.

The answer to the last question was "97 (87.39%) of respondents," no "-" yes "to the answer" yes "to the answer" yes, "was the answer to the question" Does the state require a law on medical prophylaxis, which would regulate the conceptual apparatus, the perpetrators of the technology of prevention, the subject of relations, the content of technologies, 14 (12.61%). Obviously, a law is required, not just individual decrees, orders or programs to prevent certain diseases.

So, having analyzed the data of a questionnaire survey of health care providers in the rural healthcare sector, one can confidently say that the prevention of diseases is a matter for the entire state, and not for a separate branch of the economy - medicine.

On the basis of the study, the following conclusions can be drawn:

- an increase in the number of CVD and AH among the rural population requires effective prevention, which in turn requires a high level of training for rural health care providers on medical prophylaxis;

- introduction of family medicine in the countryside is the most rational and economically justified step for ensuring the proper level of treatment and preventive care to the rural population;

- provision of proper level of medical and preventive care to the population in Ukraine is possible only with the support of the state and the relevant legislative framework;

- the socio-economic status of the doctor of the rural health care sector does not contribute to the development of the prophylactic direction of medicine that needs state support;

- training of medical specialists on issues and problems of medical prophylaxis should be carried out on a regular basis with state support both during training in medical educational institutions and at the level of postgraduate education;

- positive resolution of the problem of CVD and AH is possible only in the prophylactic plane.

Prospects for further research. Further research will provide an opportunity to increase the level of knowledge on the problems of medical prophylaxis of health care providers in rural areas and to improve the use of prophylactic medical technologies that will improve the health of the rural population.

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ДИНАМИКА ИММУННОГО СТАТУСА ЭКСПЕРИМЕНТАЛЬНЫХ ЖИВОТНЫХ КАК ПОКАЗАТЕЛЬ ВОЗДЕЙСТВИЯ МИНЕРАЛОВАТНЫХ ТЕПЛОИЗОЛЯЦИОННЫХ МАТЕРИАЛОВ НА ОРГАНИЗМ

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DYNAMICS OF THE IMMUNE STATUS OF EXPERIMENTAL ANIMALS AS INDICATOR OF EXPOSURE OF MINERALIZED THERMAL INSULATION MATERIALS ON ORGANISM

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Аннотация

Актуальность. Иммунная система, наряду с центральной нервной и гормональной, осуществляет регуляторные функции в организме. Огромное количество веществ, даже в низких дозах и концентрациях, обладает иммунотоксическим действием. В настоящее время в строительстве и на транспорте широко применяются теплоизоляционные материалы на основе минеральных волокон. Однако, до настоящего времени вопрос безопасности для здоровья населения этих видов материалов остается недостаточно изученным. Поэтому в работе рассматриваются ключевые аспекты изменения иммунного статуса организма экспериментальных животных при длительном воздействии различных видов минеральных волокон.

Результаты. При проведении исследований установлено, что на ранних сроках экспозиции отмечена активация неспецифических гомеостатических стрессовых механизмов по типу системной иммуно-воспалительной реакции, в более поздние сроки - снижение адаптационных резервов и противоопухолевого иммунитета. Выявлена также и активация специфического клеточного звена иммунитета, которая сохраняется на протяжении всего срока наблюдения. На более поздних сроках эксперимента отмечены нарушения регуляторных механизмов иммунного ответа, что повышает риск возникновения новообразований и может стать триггером развития дисрегуляторной патологии у организмов, экспонированных волокнами теплоизоляционных материалов.

Выводы. Различные по составу, структуре и размерам минеральные волокна при поступлении в организм разными путями вызывают существенные изменения иммунного статуса организма экспериментальных животных, что отражает участие иммуно-воспалительных и аллергических механизмов в патогенезе хронических поражений, в том числе дисрегуляторного генеза. Установленные изменения могут играть важную роль в развитии патологических эффектов у экспонированных контингентов населения.