



Преіндукція катетером Фоллея не дала ефекту в 5 (9,6%) випадках. Через природні пологові шляхи народило 39 (75%) жінок, шляхом кесаревого розтину – 13 (25%).

В обох групах мертвонароджень не було. Середня маса дітей при народженні у I групі склала 3537,3 г, у II групі – 3480,1 г, новонароджених з вагою більше 4000 г відповідно до груп було 10 (11,5%) і 8 (15,4%). Ознаки перезрілості мали 13 (14,9%) дітей I групи та 8 (15,4%) – другої. Статистично значущої різниці у стані новонароджених залежно від методу преіндукції нами не виявлено. Також в обох групах не було дітей, народжених у стані важкої асфіксії. Помірна асфіксія (4-6 балів за Апгар) мала місце у 9,2% немовлят I групи та 7,7% - II групи ($p > 0,05$). Аспірація меконіальними навколоплідними водами зареєстрована, відповідно до груп, у 2,3% та 5,8% випадків, ішемічно-гіпоксичне ураження ЦНС діагностовано у 6,9% та 3,8% відповідно ($p > 0,05$).

Отже, відсутність статистично значимої різниці у стані дітей залежно від методу преіндукції може свідчити на користь того, що виявлені ускладнення у новонароджених є більше наслідком їх страждання внаслідок пролонгування та переносування вагітності, аніж впливу методів преіндукції пологів.

СЕКЦІЯ 12 СУЧАСНА ДІАГНОСТИКА ТА ЛІКУВАННЯ НЕВРОЛОГІЧНИХ ТА ПСИХІЧНИХ ЗАХВОРЮВАНЬ

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FEATURES OF THE PERIPHERAL NERVOUS SYSTEM AFFLICTION IN PATIENTS WITH PRIMARY HYPOTHYROIDISM

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Nowadays the situation has changed. The number of patients come to see a neurologist every day. Their neurological manifestations are due to latent or undiagnosed hypothyroidism, mostly to autoimmune thyroiditis, while the number of cases of congenital hypothyroidism has not decreased.

Hypothyroid neurological manifestations, which used to be rare, became common pathologies, and eventually take one of the first places. Improving their diagnosis and treatment has become one of the most urgent problems of neurology. On the other hand, even with the same severity of hormonal disorders and the duration of hypothyroidism, the clinical manifestation is individualized. It should be noted that patients with more severe hormonal deficiency may have less severe pathology than patients with decreased thyroid function.

However, the question of the causes of polymorphism of the clinical manifestation in hypothyroidism has not been studied. This issue is fully applicable to the affection of the nervous system with hypothyroidism.

The objective of the work is to identify the clinical features of the peripheral nervous system in patients with subclinical and clinically expressed hypothyroidism against the background of autoimmune thyroiditis and postoperative hypothyroidism.

The study involved 56 patients with hypothyroidism as a result of AIT (autoimmune thyroiditis) and 20 patients with postoperative hypothyroidism. 18 patients had subclinical hypothyroidism. Clinical-neurological and electrophysiological examination of patients was performed. Affliction of the peripheral nervous system is manifested by sensitive polyneuropathy (86,8%) in combination with tunnel neuropathies (62,5%), and supplemented by myotonic phenomenon (21,1%) and myopathic syndrome (18,4%).

In patients with autoimmune thyroiditis with thyroid hypofunction, polyneuropathy and tunnel neuropathies were prevalent. In patients with postoperative hypothyroidism, myopathic changes predominated. Sensory polyneuropathy and multiple tunnel syndromes, especially in combination with mild myopathic syndrome suggests hypothyroidism in the thyroid gland and



determines the need for further endocrinological examination to justify differentiated tactics for the management of patients.

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PSYCHOLOGICAL PECULIARITIES OF PERSONS WITH ORTHOREXIA NERVOSA

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It is good to eat healthy food. We are encouraged to do so by major medical associations, personal physicians, celebrities, schools, employers, the media and even the US government. However, there is a variety of recommendations available regarding what healthy diet means, and some of these are stricter than others. Some people in their quest to be as healthy as possible begin to choose increasingly restricted diets and develop an obsessive, perfectionistic relationship with eating the right foods. This may go so far as to become psychologically and even physically unhealthy. In other words, it can result in eating disorder.

This unhealthy relationship with healthy foods is referred to as orthorexia nervosa from the Greek *orthos*, meaning “correct or right” and *orexia*, meaning “appetite.” While orthorexia nervosa is not listed in the DSM-V (the Diagnostic and Statistical Manual used by mental health practitioners to diagnose mental health problems), it is the subject of growing academic research and has become an accepted diagnosis in the mental health community.

A person with orthorexia nervosa has become so fixed on eating healthy food that this one goal begins to squeeze out and diminish other important dimensions of life. Thinking about what to eat replaces relationships, friendships, career goals, hobbies and most other pleasures of being alive. In extreme cases, the obsession with restricting one’s diet can lead to dangerous malnutrition, a truly ironic consequence of what began as a search for improved health. The objective of our study was to study the psychological characteristics of persons with orthorexia for further development medical and psychological support.

The study included 100 respondents: 50 women and 50 men. Participants completed the ORTO-15 (Institute of Food Sciences, University of Rome “La Sapienza”, Minnesota Multiprofile Personality Questionnaire (MMPI-2) and a questionnaire on socio-demographic characteristics.

Of the 100 surveyed respondents (among women and men) 15% had orthorexia and 15% had a borderline state. Among men (50 respondents), orthorexia (20%) is more often than the borderline (16%). Women (50 respondents) have a reverse trend: border status (14%), orthorexia - (10%). That is, men are more vulnerable to orthorexia. The profile of personality with orthorexia nervosa (together women and men) is characterized by high rates of schizoid (80%), psychoasthenia (67%), hypomania (20%), hypochondria (7%) and psychopathy (7%).

Further studies are needed to explore the relationship between body image and a strong preoccupation with healthy eating in different populations, including samples that include people who are overweight and/or have an eating disorder, and to investigate relationships more broadly between orthorexia tendencies and other factors such as perfectionism, self-esteem and self-control (which are frequently cited in the literature as the personality traits associated with orthorexia nervosa).

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QUALITY OF LIFE OF PATIENTS WITH RECURRENT DEPRESSIVE DISORDER

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There is a recognized third conceptualization of well-being, which is quality of life (QoL). Cooke et al. (2016) note that QoL is often used interchangeably with life satisfaction and subjective well-being in research. In this respect, the QoL conceptualization of well-being may be broader and more comprehensive than both hedonic and eudaimonic conceptualizations. QoL can encompass