

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

101 – ї

підсумкової наукової конференції

професорсько-викладацького персоналу

Вищого державного навчального закладу України

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Матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м. Чернівці, 10, 12, 17 лютого 2020 р.) – Чернівці: Медуніверситет, 2020. – 488 с. іл.

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У збірнику представлені матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м.Чернівці, 10, 12, 17 лютого 2020 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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79 COPD patients (mean age 60 ± 11.1), groups C with symptoms of exacerbations had completed the CAT test. We divided them into 2 groups: G1: 39 patients with COPD, IHD and obesity stage 1 (mean BMI (kg/m^2) 31.7 ± 1.33) and G2: 40 COPD patients with $18.5 < \text{BMI} < 24.9$.

Patients with COPD, IHD and obesity had higher CAT scores (mean 21.1 ± 3.4) and frequent of exacerbations (mean 2.63 ± 1.03), compared with COPD patients (CAT scores (mean 16.65 ± 1.6)) ($p < 0.0001$), (exacerbations frequency (mean 1.02 ± 0.6921)) ($p < 0.0001$). CAT test scores were positively correlated with an increase exacerbations frequency in G1 ($r = 0.584$, $p = 0.009$) and in G2 ($r = 0.611$, $p = 0.004$).

Thus, CAT test scores, exacerbations frequency were significantly higher in COPD patients with IHD and obesity stage 1, compared with COPD patients only. But correlations between CAT test and exacerbations frequency were statistically significant in both groups of patients.

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HEALTH ASSESSMENT QUESTIONNAIRE AS A DISABILITY MEASURE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Rheumatoid arthritis (RA) continues to have deleterious consequences on pain, physical function, depression and associated psychological features and disability despite treatment. Pain and fatigue do not necessarily progress over the course of RA. But disability, which is a consequence of pain, active synovitis and joint damage, worsens in most cases. It is usually assessed by self-reported questionnaire; the Health Assessment Questionnaire (HAQ) which remains the dominant disability measure, although Short Form-36 and Nottingham Health Profile provide similar information.

The aim of the study was to determine the quality of life in patients with rheumatoid arthritis with HAQ.

The study involved 25 patients with a reliable diagnosis of RA (criteria EULAR/ACR'2010). All patients were examined and treated at the Chernivtsi Regional Clinical Hospital, the rheumatologic department. Among patients with RA predominated women - 17 (68%) and there were 8 (32%) men. The average age ranged from 29 to 63 years, 41.2 ± 8.4 years. In order to establish the stage of the RA, they were determined by O. Steinbroker (1941). The algo-functional index of Leken was determined by the method of polling the patient about the nature of the pain syndrome (time of occurrence, maximum walking distance without pain, duration of morning stiffness of joints, difficulties in self-care); answers were evaluated in points.

In early RA, HAQ gives a 'J-shaped' curve; the initial fall is due to the immediate benefits of treatment and the subsequent gradual rise due to the inability of therapy to fully suppress the disease or prevent progressive joint damage. In established RA HAQ scores increase by 1-2%. Disease modifying drugs and biologics both significantly reduce HAQ scores. This reduction is seen in both early and established disease. Early steroid therapy has immediate symptomatic treatment, but does not have long-term benefits. Although the outcome of RA can be markedly improved by treatment with DMARDs and biologics, therapy is not ideal.

Thus, many RA patients still have significant symptoms and considerable disability. HAQ is recommended to be used in practice as a main measure of disability in patients with RA. More needs to be done and achieving better results will depend on routinely measuring the impact of the disease in routine practice.