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МАТЕРІАЛИ

103 - ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ

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МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

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Загальна редакція: професор Іващук О.І., д.мед.н. Безрук В.В.

Наукові рецензенти:
професор Братенко М.К.
професор Булик Р.Є.
професор Гринчук Ф.В.
професор Давиденко І.С.
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професор Годованець О.І.

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decreasing stroke burden. Routine collection of epidemiological data should be expanded to approach the international standards for stroke statistics, including the registration of first-ever strokes, subtypes of stroke and age-sex structure of incidence and mortality.

Grinko N.V.

COMMUNITY-BASED PARTICIPATORY RESEARCH METHODS

S. M. Savenko Department of Nervous Diseases, Psychiatry and Medical Psychology
Bukovinian State Medical University

Community-based participatory research (CBPR) has emerged in the last decades as a transformative research paradigm that bridges the gap between science and practice through community engagement and social action to increase health equity.

CBPR expands the potential for the sciences to develop, implement and disseminate effective interventions across diverse communities through strategies to redress power imbalances; facilitate mutual benefit among community and academic partners; and promote reciprocal knowledge translation, incorporating community theories into the research.

Research strategies which emphasize participation are increasingly used in health research. Breaking the linear mould of conventional research, participatory research focuses on a process of sequential reflection and action, earned out with and by local people rather than on them. Local knowledge and perspectives are not only acknowledged but form the basis for research and planning. Many of the methods used in participatory research are drawn from mainstream disciplines and conventional research itself involves varying degrees of participation. The key difference between participatory, and conventional methodologies lies in the location of power in the research process. We review some of the participatory methodologies which are currently being popularized in health research, focusing on the issue of control over the research process. Participatory research raises personal, professional and political challenges which go beyond the bounds of the production of information.

'Participation" is rapidly becoming a catch-all concept, even a cliche. 'Participatory' research methods can be used not only to enable local people to seek their own solutions according to their priorities, but also to secure funding, to co-opt local people into the agendas of others or to justify short-cut research within a top-down process. Conceptual blurring around the terms 'participatory', 'participation' and 'participant" creates a space for a range of applications, as well as for confusion.

Frameworks for assessing the extent, level and scope of participation in research projects offer a series of continua along which applications can be placed.

Biggs, writing in the field of agriculture, distinguishes four modes of participation: contractual (people are contracted into the projects of researchers to take part in their enquiries or experiments); consultative (people are asked for their opinions and consulted by researchers before interventions are made); collaborative - researchers and local people work together on projects designed, initiated and managed by researchers); collegiate (researchers and local people work together as colleagues with different skills to offer, in a process of mutual learning where local people have control over the process).

One of the characteristics of participatory approaches lies in innovative adaptations of methods drawn from conventional research and their use in new contexts, in new ways, often by as well as with, local people.

Herasymiuk I.G.

COMORBIDITY OF RECURRENT DEPRESSIVE DISORDER AND CHRONIC SOMATIC PATHOLOGY

S. M. Savenko Department of Nervous Diseases, Psychiatry and Medical Psychology
Bukovinian State Medical University

Currently, depressive disorders are a serious health problem. Depressive disorders are present in the population in 3.2% of patients without concomitant somatic diseases and from 9.3% to 23.0% in patients with chronic diseases. It is the fourth leading cause of disability worldwide and

is likely to become the second leading cause of disability after cardiovascular disease over the next decade.

Significant frequency of comorbidity of mental and somatic disorders, its severe individual and social consequences, the impact of somatic pathology on the course of mental disorders determine the relevance of their timely detection and effective correction.

In our work, we focused on trying to assess the prevalence of comorbid somatic pathology, as well as its impact on satisfaction with its functioning of patients with recurrent depressive disorder, who were treated on the basis of Chernivtsi Regional Psychiatric Hospital. We examined 120 patients aged 35 to 64 years (mean age 49.5 ± 8.9 years) with depression.

Groups of patients with various somatic diseases can be compared by the number of patients. Patients with a disease duration shorter than 5 years accounted for 37.5% of the total number of examined patients, more than 10 years - 34.2% of patients. In other observations, the duration of the disease ranged from 5-10 years - 28.3%.

Every fourth patient in the main group had severe depression, although in the control group such cases were not observed. The gender aspect is also interesting. The proportion of severe depression among women was 30.3%, and among men - 16.8%.

Differences in the severity of depression and the type of comorbid somatic disorder were revealed. When assessing the severity of depressive disorder, it was found that more severe depression was more common in patients with concomitant nephrological (54%) and endocrinological (37%) pathology. Neurological and respiratory diseases and cardiovascular pathology were often associated with patients in remission or in a mild depressive episode.

Depressed patients with comorbid somatic pathology, despite the relative effectiveness of antidepressants, the prognosis of mental disorder is less favourable, and remissions are less stable compared with patients with depression without comorbid somatic disease. The somatic disease is considered a marker of therapeutic resistance to depression, and therefore two therapeutic strategies are recommended: on the one hand, patients with somatic diseases should be examined for depression, and on the other - depressed patients with comorbid somatic disease require more intensive antidepressant treatment.

Ivanova N.M.

CORRELATION OF ANXIETY-DEPRESSIVE DISORDERS AND COGNITIVE IMPAIRMENT DUE TO STROKE. FEATURES OF EARLY DIAGNOSIS AND TREATMENT

S. M. Savenko Department of Nervous Diseases, Psychiatry and Medical Psychology
Bukovinian State Medical University

Topicality of the issue: the frequency of acute cerebrovascular disorders in economically developed countries is, on an average, 150 per 100 thousand of the population. In Ukraine, 283.2 MI were registered in 2010, in 2012 - 297.8 MI per 100 thousand of the population, during 2019 about 150 thousand people were transferred to acute cerebrovascular accident. Persistent neurological focal deficiency is observed in 27–33% of people who have suffered from stroke, 18-27% of patients lose language skills, 30-47% - cognitive functions. A quarter of patients after stroke presented advanced cognitive impairment, as well as anxiety and depressive disorders. Recent studies suggest that neuropsychiatric complications of acute cerebrovascular disorders, regardless of phenomenology (emotional, behavioral and cognitive) negatively affect not only social functioning but also the overall quality of life.

Objective: to increase the effectiveness of comprehensive medical care for anxiety and depressive disorders that occur in the background of acute cerebrovascular disorders, as well as early diagnosis and correction of cognitive impairment, which aims to improve quality of life and reduce the risk of disability in this group of patients introducing modern schemes of treatment, diagnosis and prevention.

34 patients of the main group with an anxiety-depressive disorder of the genesis of anxiety were examined. An average age of patients in the main group was 62.2 ± 3.6 including men (21