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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

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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

individuals - 61.7%). In the control group, patients had a different structure by age and sex, an average age - $53.5.3 \pm 1.68$, (10 females - 62.5%). Among the examined patients with anxiety and depressive disorder, 26 people in the main group had a history of ischemic heart disease, in the control group their number was 9, in the main group 8 people had hypertension, in the control group - 7. Percentage of existing chronic traumatic situation (conflict at work, family problems) were observed as follows: more often in the main group (88.2% - 30 people) compared with the control group (56.25% - 9 people). In the main group of individuals, depressive disorder in the acute period after undergoing GPMK was diagnosed in 6 patients, which is 17.6%; in the remote period - in 15 patients (44.2%). The Hamilton Scale and the Melancholy Scale after 3 and 6 weeks of therapy were significantly higher than in the control group. As depressive symptoms have an extremely negative effect on functional recovery, therapy should be prescribed as early as possible to avoid long-term disorders. The recommended duration of treatment is 4-6 weeks or longer. There is a persistent comorbidity between post-stroke depression and anxiety. In the main group of patients the combination of anxiety and depressive syndromes was observed in 79.4% of cases (27 patients), which is 41.9% more than in the control group - 37.5% (6 patients).

Thus, the results may indicate a negative impact of acute cerebrovascular disorders as a background for the development of severe anxiety and depressive disorders, which are usually combined with cognitive deficits and cause maladaptation, complicate the rehabilitation of patients in this group, and significantly reduce quality of life. All this requires the development of new algorithms for early diagnosis and timely treatment of the above disorders.

Nika O. .

ANXIETY AND DEPRESSION SYMPTOMS IN PATIENTS WITH MIGRAINE

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Nowadays, migraine is considered one of the most common diseases. Rate of this disease in the population often differs significantly due to the use of different diagnostic criteria. According to epidemiological studies, in developed countries of Europe and America, migraine affects about 16% of the population, and according to some data - up to 30%, 18% of women suffer from migraine, 6% of men and 4% of children. Current scientific researches are aimed at studying the relationship of migraine with other diseases and choosing the most effective prevention and treatment of this disease.

Mental comorbidity of migraine is a significant component of this chronic disease and highly affects disadaptation level in patients. In our research we studied 38 patients with migraine (14 men, 24 women, the age of patients ranged from 18 to 51 years). For measuring migraine disability outcomes Migraine Disability Assessment Scale (MIDAS) was used in our research. To evaluate anxiety and depression levels Hospital Anxiety and Depression Scale (HADS) was used. Patients were divided into two groups: first group included 21 migrainers with aura; the second - 17 patients with migraine without aura.

The results show that patients with migraine with and without aura have an increased level of anxiety (68% of patients) and depression (43%). Rate of anxiety among patients in the first group was 9,5 point and in the second group it was 10.2 points. The depression level according to HAD scale in the first group was 8 points, and in the second group - 8.8 (0-7 = normal, 8-10 = borderline abnormal, 11-21 = Abnormal).

As a result of this study, we can assume that for the treatment of migraine patients, both with aura and without aura, who have comorbid pathology in the form of moderate and mild depressive disorder selective serotonin reuptake inhibitors should be recommended, as they pathogenetically affect both diseases and lead to reduction in migraine attacks and depressive symptoms.

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