МАТЕРІАЛИ

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

07, 09, 14 лютого 2022 року

Чернівці 2022

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

103-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
07, 09, 14 лютого 2022 року

Чернівці – 2022

УДК 001:378.12(477.85)
ББК 72:74.58
М 34

Матеріали підсумкової 103-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету (м. Чернівці, 07, 09, 14 лютого 2022 р.) – Чернівці: Медуніверситет, 2022. – 498 с. іл.

ББК 72:74.58

У збірнику представлені матеріали 103-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету (м. Чернівці, 07, 09, 14 лютого 2022 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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.
професор Дейнека С.Є.
професор Денисенко О.І.
професор Заморський І.І.
професор Колоскова О.К.
професор Коновчук В.М.
професор Пенішкевич Я.І.
професор Сидорчук Л.П.
професор Слободян О.М.
професор Ткачук С.С.
професор Тодоріко Л.Д.
професор Юзько О.М.
професор Годованець О.І.

ISBN 978-966-697-961-5

Savka S.D.

QUALITY OF LIFE IN PATIENTS AFFECTED BY SCHIZOPHRENIA AND COMORBID CARDIOVASCULAR DISORDERS

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

The concept of quality of life is widely and increasingly used as an important outcome measure in the evaluation of treatment of patients with mental disorders. The reduction of symptoms is a desirable treatment outcome, but it is important to assess how recovery translates to the daily life of an individual and their quality of life. Quality of life is a subjective and multidimensional construct that captures an individual's life satisfaction and overall well-being. An ideal and complete measurement of health would assess an individual's physical, functional, social, and psychological health. Schizophrenia runs a chronic course and is a disabling mental disorder. Quality of life indicators in patients with schizophrenia are significantly lower compared to the general population.

The aim of this study was to examine the effect of comorbid cardiovascular disorders on quality of life in individuals with schizophrenia. Sixty patients with a diagnosis of schizophrenia, who attended mental hospital for follow-up visits between 2019 and 2021, were examined in the course of this study. The study was approved by the ethics committee of the hospital and written consents were obtained from the patients. These researches were carried out in agreement with the basic bioethical principles of the Council of Europe Convention on Human Rights and Biomedicine (dated 04.04.1997), the Helsinki Declaration of the World Medical Association on the Ethical Principles of Scientific Medical Research with Human Participation (1964-2013), the Order of the Ministry of Health of Ukraine №690 (dated September 23, 2009).

Patients with the diagnosis of schizophrenia and aged between 18 and 65 years were subject of the study. Exclusion criteria were as follows: age less than 18 years and over 65 years, malignant neoplasm, concomitant other mental and narcological diseases. The patients of basic clinical group included 40 participants with schizophrenia and comorbid cardiovascular disorders. The control group of comparison included 20 patients with schizophrenia without concomitant cardiovascular disorders. The patients from basic and control clinical groups were examined using the Quality of Life Index (QLI). QLI developed by Mezzich et al. was also used. Quality of life was assessed by the 10 indicators: physical well-being, psychological/emotional well-being, self-care and independent functioning, occupational functioning, interpersonal functioning, social-emotional support, community and services support, personal fulfillment, spiritual fulfillment, and overall QLI.

The basic group included 40 patients mean age 41,9±1,82, among which women predominated (31 persons – 77,5%).). The control group included 20 person (mean age 39,3±1,68,), among whom females dominated as well (15 persons – 75,0%).

The study showed that the quality of life in patients with concomitant cardiovascular disease was significantly reduced compared to the control group in terms of psychological / emotional well-being, interpersonal interaction, social and emotional support, community and service support. The overall assessment of quality of life in the surveyed basic clinical group was 54.1 ± 1.67, and in the surveyed control group – 61.7 ± 1.41.

Therefore, the results obtained may indicate a negative impact of comorbid cardiovascular pathology on the quality of life of patients with schizophrenia.

Vasylieva N.V.

PSYCHOGENIC MOVEMENT DISORDERS: COMPREHENSIVE REVIEW OF THE LITERATURE

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

Psychogenic movement disorders (PMD) are a group of heterogeneous disturbances manifested by deliberate slowness or a variety of other motor abnormalities, such as shaking,

jerking, spasmodic and others, often bizarre, movements, postures or gaits that cannot be explained by organic conditions, frequently occurring in association with underlying psychological or psychiatric disturbances. Psychological or physical stress often plays a certain role in precipitating and maintaining the movement disorder, even though specific acute or chronic stressors are not always initially identifiable by the patient, partially because of lack of insight or denial. While the term "functional" is occasionally used to describe this group of disorders, the term implies normal function rather than dysfunction and, therefore, the term "psychogenic" seems more appropriate.

The epidemiology of PMD has not been well studied, largely because of lack of consensus on diagnostic criteria, the use of different methodologies to ascertain cases and the frequent coexistence of organic movement disorder.

Using the above criteria, we enrolled 32 patients with PP, including 17 (53%) women, with an average age of 48±8.6 years and mean duration of symptoms of 5.24±1.2 years. A precipitating event was identified in 56% of our patients and included job related stress in 11 (34%), personal life stress in 4 (13%) and physical trauma in 4 (13%); 13 (41%) had a combination of multiple stressors. The majority of our patients (56%) had a history of comorbid psychiatric disorder, with depression being the most common. A family history of tremor or parkinsonism was present in 9 (28%) patients.

In contrast to tremor in patients with organic Parkinson's disease (PD), the tremor in PP often starts not in the hand, as is typical of PD, but may be present as a unilateral leg tremor. Furthermore, tremor associated with PP usually does not disappear with movement of the limb. Similar to psychogenic tremor without parkinsonism, in addition to marked distractibility, the frequency of tremor in PP varies in rhythmicity and direction of oscillation. Rigidity, if present, is often associated with active resistance against passive movement and there is usually no cogwheeling. While slowness of movement (bradykinesia) is present in almost all patients with PP, there is usually no decrementing amplitude on rapid succession movements, typically seen in PD. Patients with PP often demonstrate slow and deliberate movement when asked to perform a particular task but are able to function normally when distracted or when they do not think they are being observed. For example, they can dress and perform other activities of everyday routine without any perceptible slowness. The handwriting is often laboured and irregular but without the typical micrographia. On a pull test, the patient's response is often inconsistent, manifested either by minimal displacement or by an extreme response associated with flinging of the arms and reeling backward, but never falling. When asked to walk fast or to run, the gait often becomes stiffer and the short stride is maintained, but there is no freezing. Some patients with PP also manifest features of psychogenic gait, including bouncing, buckling of the knees and astasia–abasia. Speech in a patient with PP often becomes stuttering, "baby-like" or demonstrating a foreign accent. If the patient has "levodopa related dyskinesia" the hyperkinetic movement is often bizarre and incongruous with typical levodopa induced stereotypy, chorea or dystonia.

In conclusion, the long term prognosis of PMDs, including PP, is usually poor and the adverse impact of these disorders on quality of life is often similar to that of organic, neurodegenerative PD. Patients with PMD often require much from available healthcare resources and many undergo unnecessary, expensive diagnostic tests, surgical interventions and other potentially life threatening procedures. As a result, this group of disorders has been referred to as a "crisis for neurology".

Yaremchuk O.B.

PARKINSON DISEASE IN CHERNIVTSI REGION OF UKRAINE: CLINICAL AND EPIDEMIOLOGICAL STUDY

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

Parkinson disease (PD) is the most common neurodegenerative movement disorder. In Europe, prevalence and incidence rates for PD are estimated at approximately 108-257/100000 and 11-19/100000 per year, respectively. Risk factors include age, male gender and some environmental