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

СЕКЦІЯ 12
СУЧАСНА ДІАГНОСТИКА ТА ЛІКУВАННЯ НЕВРОЛОГІЧНИХ ТА ПСИХІЧНИХ ЗАХВОРЮВАНЬ

Filipets O.O.

THE TRENDS OF STROKE INCIDENCE IN CHERNIVTSI: ANALYSIS OF EPIDEMIOLOGICAL DATA FOR A TEN-YEAR PERIOD AND ASSESSMENT OF STATISTICAL CALCULATION

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

Cerebral stroke is a great medical, social and economic burden for every country. Every year up to 130 000 stroke cases are registered in Ukraine. Stroke incidence rates are among the highest in the European region and more than 1/3 of stroke patients are under 60 years of age. Stroke mortality rates are also dramatically high and they exceed the rates of some European countries more than two-fold. An important indicator of stroke care, a 30-day case fatality is more than 30%. Inadequate medical care leads to high disability of patients, thus, 40% of stroke survivors remain with severe disability and only 20% return to work.

High incidence of stroke in our country is influenced by several factors such as an increasing demographic crisis, poor control of risk factors, and low awareness of the population about stroke risk. High level of stroke mortality in Ukraine is explained by the difficulties in the health care system, which are delayed in medical care and insufficient medical resources.

Assessment of stroke incidence among the urban population of Chernivtsi for a 10-year period. Another goal was to analyze the existing system of statistical calculation of stroke and to identify the current needs for its improvement.

We conducted a retrospective epidemiological study of stroke incidence in 2009-2018 in Chernivtsi with the population about 240 000 people. We analyzed annual reports of two municipal hospitals providing acute stroke care. We also studied the documentation from five municipal outpatient clinics, as well as the official reports of the Ministry of Health and State Statistics Service of Ukraine.

In total, 4060 people in the selected population experienced first-ever or recurrent strokes over a 10-year period. 52% of patients were women, their mean age was 69 years vs. 66 years in men. Ischemic strokes comprised 77%, while hemorrhagic – 23% of all cases. This differentiation was made only in 52% of cases when CT or MRI results were available. The remaining 48% had undefined type of stroke. The rate of patients who underwent neuroimaging was unacceptably low in 2009 – less than 40%, then it notably increased by 2018. Hospital admission rates in acute period of stroke were relatively high – 87-89%.

The incidence of total stroke during the studied period almost 12% decreased. It showed non-significant downward linear trend because of fluctuations of incidence within the study interval. Annual stroke incidence in Chernivtsi was 1.5 lower than the official rates for total population of Ukraine. The most significant changes were seen in 2014 when the incidence in the region increased by 9%. The same was noticed in some other regions for this year. At the same time the total stroke incidence in Ukraine decreased by 11%. This discrepancy is possibly related to the loss of statistical data from the temporarily occupied territories in east and south of the country.

Evaluation of epidemiological data found some limitations in the system of statistical calculation. They were lack of registration of first-ever stroke cases, which is not included in routine statistical monitoring. And it is the number of incident strokes that is valuable for identifying high-risk populations and planning preventive interventions. Epidemiological data are not structured by age and sex that precludes standardization and international comparisons. Definition of stroke subtype was largely based on clinical presentation due to low availability of neuroimaging.

The state programs for the primary prevention of stroke should be based on real epidemiological indicators in each specific region of Ukraine, and they have to become a priority in

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