

countries include all regions of Africa, Asia (except Japan), Latin America and the Caribbean, Melanesia, Micronesia and Polynesia (Fig.1). More than 70% of GC occurs in less developed countries.

According to the results of cancer records in 2018, 133133 cases of GC were recorded among all European countries for both sexes. The highest incidence of GC 64482 cases (48.4%) was associated with Central / Eastern Europe, and the lowest - 11244 cases (8.4%) - with Northern Europe. The incidence of GC in Ukraine (7492 new cases) as well as in European countries shows a tendency to decrease over the last decade from 25.5 per 100 thousand population in 2010 to 19.5 similar cases in 2019, which corresponds to intermediate level. Also in our study, for comparison, we evaluated the incidence and mortality of GC in the least region of Ukraine, namely Chernivtsi. Thus, in the Chernivtsi region, the incidence of GC decreased from 20.6 in 2010 to 16.0 in 2019 per 100 thousand population, respectively.

The total number of deaths from gastric cancer in 2018 among all European countries was 102167 cases, indicating the second place of death due to GC, after lung cancer. The highest mortality rate, as well as morbidity, was observed in Central / Eastern Europe - 54268 cases (53.1%), and the lowest mortality rate was in Northern Europe and 8014 cases (7.8%) were counted. Mortality from GC in Ukraine also decreased slightly from 19.2 to 14.0 per 100 thousand population during 2010-2019 (which is - 27% in terms of visibility). Similar to the incidence rates, gastric mortality rates in Chernivtsi region are also not significantly lower than similar rates for GC in Ukraine and showed approximately the same trends as in the primary incidence over the past ten years, fluctuated with varying intensity in the range of 18.3-13.2 cases per 100 thousand population, which is 27.9% showing a generally stable trend and equalization of indicators over the past five years to national values.

The epidemiological situation with gastric cancer remains threatening and is characterized by an increase in the primary incidence of the population of Ukraine, in half of the cases due to neglected stages. This leads to low survival (over 40% die within a year) and increased mortality, mainly male.

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THE INFLUENCE OF CORONAVIRUS DISEASE 2019 ON CARDIOVASCULAR DISEASES

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The first cases of coronavirus disease 2019 (COVID-19) were registered in Wuhan in December 2019. At the end of October 2021 2.78 million cases of infection had already been registered in Ukraine, and more than 65,000 people had died. After a year and a half of life in the new realities a fairly large array of data on the manifestations and most common complications of this infection was accumulated. Acute respiratory disease COVID-19 caused by the coronavirus SARS-CoV-2 has been shown to have an adverse effect on the cardiovascular system.

The aim of the study is to analyze the cardiac complications after coronavirus disease 2019. The task of the study: to analyze the impact of coronavirus disease 2019 on cardiovascular disease. Research methods: epidemiological - to study the sources of statistical information; medical and statistical - for the collection, processing and analysis of information obtained during the study.

At the present stage of knowledge it is necessary to allocate at least three directions of researches in the context of defeat of cardiovascular system at COVID-19: acute cardiac manifestations of SARS-CoV-2 infection (acute coronary syndromes, exacerbation of heart failure, arrhythmias, etc.); post-covid lesions, characterized by the appearance of cardiac symptoms only a few weeks after recovery (most often: arrhythmias, signs of myocarditis, vasculitis); chronic organ damage as part of the so-called "prolonged COVID-19 syndrome", which is the least known and which is defined as complications that exist within a few months after the disease and equate to cardiac, pulmonary or neurological complications.

Cardiac complications were observed among both patients who have already been diagnosed with cardiovascular disease, and persons without a burdensome medical history, previously healthy people. There are reports of myocardial damage, even a few weeks after infection, of considerable concern: for example, magnetic resonance imaging performed 2-3 months after the disease revealed myocardial inflammation in 60% of patients and 76% of patients with elevated levels. troponins as a result of myocardial damage.

Severe complications after COVID-19 include de novo thromboembolic events, pulmonary fibrosis, heart failure, chronic kidney disease, and stroke, as well as worsening of the aforementioned diseases. SARS-CoV-2 infection significantly increases the risk of thromboembolic complications, development of chronic inflammatory processes, etc.

Thus, the treatment of patients infected with SARS-CoV-2 is a significant challenge for health systems around the world. Patients with circulatory diseases have a more severe course of COVID-19 and higher mortality, and data on the frequency and types of long-term cardiovascular complications after COVID-19, clinical consequences and long-term risks, clear algorithms for the treatment of postpartum lesions, unfortunately, is still missing.

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RISK FACTORS AND MEASURES FOR THE PREVENTION OF GESTATIONAL DIABETES

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Gestational diabetes is one of the most common complications of pregnancy, the frequency of which is 6–25% of cases among pregnant women (depending on diagnostic criteria) and is associated with an increased risk of stillbirth and neonatal death, as well as many other complications from the mother and fetus. In most cases, the disease is latent and is detected only by blood sugar testing. Women diagnosed with gestational diabetes mellitus (GDM) during pregnancy and childbirth are in danger of developing high blood pressure. They have an increased risk of developing type 2 diabetes later in life.

Risk factors for gestational diabetes include overweight and obesity, overweight in the third trimester of pregnancy, hypodynamics, burdened heredity for type 2 diabetes, stress, smoking. Important factors in increasing the risk of GD are polycystic ovaries, hypertension, glucocorticosteroids.

The aim of our study was to develop measures aimed at preventing the development of gestational diabetes by studying the risk factors for gestational diabetes and identifying women who are at risk at different stages of pregnancy. The study solved the following tasks: analyzed the risk factors for GDM as well as the dynamics of blood sugar in different trimesters of pregnancy and developed recommendations for the prevention of gestational diabetes. The following materials and methods were used in the study: research materials were 100 individual cards of pregnant women (f.111 / o) aged from 19 to 45 years who were registered in the women's clinic in different trimesters of pregnancy. The following methods were used: epidemiological - to study the sources of statistical information; sociological - to determine the most common risk factors for gestational diabetes; medical and statistical - for the collection, processing and analysis of information obtained during the study.

According to the results of this study, the following was obtained: it was found that out of 100 risk factors for the development of gestational diabetes mellitus were observed in 20% of the subjects - overweight or obesity, a woman's age over 40 years, diabetes mellitus in close relatives, a large fetus in a previous pregnancy. All women who were at risk, overweight or obese were more likely to develop gestational diabetes mellitus during their pregnancy. Out of the 20 women at risk, 34% of women developed gestational diabetes mellitus, and 66% of them were diagnosed with the disease in the second trimester of pregnancy.

In the late stages of pregnancy there was an increased amount of women with hyperglycemia, which required preventive measures in all trimesters of pregnancy. In most cases,