

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

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БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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physical education and sports is beyond doubt. Sensibly organized, dynamic, diverse, and engaging physical education classes open up a range of future goals.

Conclusions. All of the above indicates the need to take efficient measures to encourage students' interest in various types of physical activity, to form a personality's orientation towards physical culture and sports, and also, in general, the formation of attitudes towards a healthy lifestyle.

Teleki Ya.M.

FEATURES OF THE CLINICAL COURSE OF OSTEOARTHRITIS IN COMBINATION WITH HYPERTENSION

Department of Internal Medicine

Bukovinian State Medical University

Introduction. Osteoarthritis is a prevalent and costly debilitating condition that affects 240 million people worldwide. Osteoarthritis is a whole-joint disorder, not only involving articular cartilage degradation but also subchondral bone disturbance, synovitis, *etc.* Osteoarthritis afflicts both load-bearing (knee and hip) and non-load-bearing joints (hand). About half of patients with osteoarthritis have additional five or more comorbidities. Some significant factors in the development and advance of osteoarthritis are diabetes and obesity, which are a cluster of four cardiometabolic risk factors, obesity, along with aging and injury.

The aim of the study was to investigate the features of the clinical course of osteoarthritis in combination with hypertension.

Material and methods. 35 patients, who were at the rheumatology department of the Municipal Institution Chernivtsi Regional Clinical Hospital were examined. The intensity of the pain syndrome was expressed by the pain index. The intensity of crunch in the joints was described by the tribal system. Joint deformity was assessed by three types of changes: limitation of range of motion; axial deformation; violation of contact of articular surfaces. The Lequesne Algo functional Index was used to assess the pain syndrome and general condition of patients. According to the questionnaire, 3 indicators were determined: pain or discomfort, the maximum distance when walking without pain and functional activity. The maximum distance when walking without pain was estimated in points. Functional activity was determined in points according to patients' answers to questions. The WOMAC index (Western Ontario and McMaster University) was determined as well. The assessment was measured on a visual scale in millimeters. The indicator "0" was regarded as the absence of pain, stiffness or difficulty, at 100 mm the intensity of pain, stiffness or difficulty was considered maximum.

Results. The course of osteoarthritis was found to be extremely severe with limited range of motion in the joints, their deformation and significant deterioration of functional capacity, duration of pain, periodic prolonged exacerbations, the predominance of knee and hip injuries (64.8%) and 14.8 persons - small joints. This showed the advance and generalization of processes in various joints, aggravation of the course and prognosis of osteoarthritis, especially in women. Their prevalence was registered at II radiological stage (59.27% and 74.0%, respectively).

Conclusion. Osteoarthritis with comorbid hypertension is associated with an increased stage, intensity of joint ache, especially in the morning, severe hip damage and their combination with damage to the knee joints with stage II and a higher degree of functional impairment, impaired mobility and daily activities.

Zub L.O.

CYTOKINE IMBALANCE IN PATIENTS WITH RHEUMATOID ARTHRITIS AND NEPHROPATHY

Department of Internal Medicine

Bukovinian State Medical University

Introduction. Cytokines are sensitive and informative indicators of pathological processes in the kidneys. Pro- and anti-inflammatory cytokines play a major role in formation and development