

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



МАТЕРІАЛИ

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Конференція внесена до Реєстру заходів безперервного професійного розвитку,
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episode and planned to continue their education after the completion of treatment. The following types of personality disorders were found to be most prone to the development of depression: personal abnormalities of the affective circle: cycloid (cyclothymic); constitutionally depressed; personal anomalies of the anxiety-phobic circle: sensitive, astheno-neurotic, labile, psychasthenic (A.E. Lichko); anancaste, avoidant, dependent (ICD-10); cluster DSM-5 anxiety-phobic type; personal anomalies of the demonstrative circle: hysterical, borderline (MKH-10); cluster in DSM-5 dramatic type (except antisocial).

Conclusions. The results of the study correspond to the data of the literature. An assessment of potentially important clinical and demographic indicators that may influence the response to therapy, taking into account the individual level of each patient (age, gender, severity of symptoms, duration of illness, presence of comorbid diseases, personality characteristics) was carried out. Despite the presence of encouraging research results, including comorbid conditions to recurrent depressive disorder, this direction requires further study.

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CORRELATION OF ANXIETY-DEPRESSIVE DISORDERS AND COGNITIVE IMPAIRMENT DUE TO STROKE. FEATURES OF EARLY DIAGNOSIS AND TREATMENT

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Introduction. The topicality of the issue: the frequency of acute cerebrovascular disorders in economically developed countries is, on average, 150 per 100 thousand population. In Ukraine, 283.2 MI were registered in 2010, in 2012 - 297.8 MI per 100 thousand population, during 2019 about 150 thousand people were transferred to acute cerebrovascular accident. Persistent neurological focal deficit is observed in 27–33% of people who have suffered a stroke, 18-27% of patients lose language skills, 30-47% - cognitive functions. In a quarter of patients after a stroke progress 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.

The aim of the study. The study aimed to increase the effectiveness of comprehensive medical care for anxiety and depressive disorders that occur against 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 modern schemes of treatment, diagnosis and prevention.

Material and methods. At this stage, follow-up of patients with anxiety-depressive disorders against the background of a previous HPMC was carried out. 26 patients with anxiety-depressive disorders on the background of HPMC were added to the main group, and they were treated for psychotherapeutic support, to the control group - 14 patients without diagnosing anxiety-depressive disorders. An equal group comprised 30 patients with anxiety-depressive disorders against the background of a previous HPMC and comorbid cognitive impairments, as they only received drug therapy in the hospital according to the clinical protocols.

Results. Of the 26 patients in the main group, 9 (34.6%) were afraid of depressive syndrome, 17 - manifested anxiety-depressive syndrome (65.3%); voted for the article: women - 14 (53.8%), men - 12 (46.1%). Patients of this group were treated with medical therapy based on clinical protocols for treating anxiety-depressive and depressive disorders (antidepressants, tranquilizers), as well as psychotherapeutic support in the form of short-focus psychodynamic therapy. Among the patients in the respective group, the incidence of depression was: anxiety-depressive disorder in 19 patients (63.3%), depressive syndrome - in 11 patients (36.6%), the incidence for the status: women - 18 (60%), men - 12 (40%). Patients of this group received only medical treatment in the minds of the hospital, recognized by the recommendations of clinical protocols. The following results were taken into account: in the main group, the symptoms of

anxiety-depressive and depressive disorders were stopped by long-term inpatient treatment by 65%, in the secondary group - by 34%.

Conclusions. The combination of drug treatment with psychotherapeutic support in the form of short-focus psychodynamic psychotherapy proved to be significantly more effective in correcting of anxiety-depressive and depressive disorders that arose against the background of transferred HPMK, than drug therapy without psychotherapeutic support.

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CLINICAL AND PSYCHOPATHOLOGICAL FEATURES OF PATIENTS WITH DEPRESSION ASSOCIATED WITH CARDIOVASCULAR PATHOLOGY

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Introduction. Depression is one of the leading causes of ill health and disability worldwide. More than 300 million people are now living with depression, an increase of more than 19% from 2010 to 2020. In addition, the World Health Organization predicts that by 2030, depression and cardiovascular diseases will be the most frequent causes of disability and mortality. The relationship between depression and cardiovascular disease is hotly debated and is believed to be bidirectional.

The aim of the study. This study aimed to investigate clinical and psychopathological features of patients with depression associated with cardiovascular pathology.

Material and methods. Sixty five patients with a depressive disorder between the ages of 18 and 75 were included in the research process. The main group of the study included patients (45 people) with depressive disorder and comorbid cardiovascular diseases. The control group included 20 patients with depression without accompanying somatic pathology. The level of depression and anxiety in patients was determined by the Hamilton Depression Rating Scale (HDRS) and the Hamilton Anxiety Rating Scale (HARS).

Results. The mean HAM-D score in patients with depression and cardiovascular disease at baseline and 3 months later was 26.23 ± 6.71 and 10.24 ± 4.37 , respectively ($p < 0.0001$). The results in patients without cardiovascular diseases were as follows: (HAM-D score 21.87 ± 7.21 at the beginning of treatment and 6.42 ± 5.60 after 3 months). The mean HAM-A score in patients with cardiovascular disease was 25.22 ± 6.38 and 11.78 ± 4.22 , respectively ($p < 0.0001$). The decrease in HAM-A scores observed in patients without cardiovascular disease was lower, 22.81 ± 6.18 and 4.24 ± 5.34 ($p < 0.0001$). Symptoms of depression and anxiety in patients with/without cardiovascular disease showed a significant reduction between the first and follow-up examinations of the patients. According to the results of our study, factors such as advanced age, male gender, obesity, and smoking increased the risk of coronary heart disease in depressed patients. Arterial hypertension and diabetes also increased the risk of coronary heart disease by 40% and 20%, respectively. The results showed that depression increases the risk of coronary heart disease and cerebrovascular disease. Depression is a risk factor for coronary heart disease (overall relative risk 1.30).

Conclusions. Patients with depressive disorder and cardiovascular disease had a slightly higher baseline depression score (HAM-D) compared to patients without cardiovascular disease. After 3 months of treatment, depression and anxiety symptoms decreased in both groups. In patients without concomitant cardiovascular diseases, we achieved better indices in the reduction of symptoms of both depression and anxiety. Regardless of other cardiovascular risk factors, a confirmed diagnosis of depression increases the risk of coronary heart disease and cerebrovascular disease. Because depression may be a high risk factor for cardiovascular disease, future research should focus on diagnosing and preventing cardiovascular disease in people with depression.