

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



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Material and methods. 11 patients with Graves' disease and 17 practically healthy people, who made up the control group, were examined. The main group included patients with thyrotoxicosis without concomitant pathology. The age of the patients ranged from 18 to 72 years (on average, $46,4 \pm 2,7$ years). All the patients at the time of admission to the hospital were in the stage of sub- and decompensation of diseases. The diagnosis of accidents, severity and compensation of diseases were established according to the degree of manifestation of clinical symptoms, given by additional methods, including hormonal studies. All groups of patients were compared by age, sex, duration and compensation of diseases. Thyroid-stimulating hormone (TSH), free thyroxine (fT4), free triiodothyronine (fT3) and antibodies to thyroid-stimulating hormone receptors (Ab rTSH) were determined by the chemiluminescent immunoassay method on the Cobase 411 analyzer. The study uses general clinical, immunological and statistical research methods using modern technologies.

Results. As a result of the study of the absolute and relative number of formed elements of blood in patients with Graves' disease, a probable decrease in the absolute number of leukocytes (by 36,7%) was established ($p < 0,05$). A significant 2,27-fold decrease in the number of monocytes compared to the control group was revealed ($p < 0,05$). The next stage was the study of subpopulations of lymphocytes in patients with Graves' disease. Thus, in the main group, there was a significantly pronounced deficiency of the absolute and relative number of the total number of T-lymphocytes (CD3+), T-helpers/inducers (CD4+) and T-suppressors of cytolytic lymphocytes (CD8+) in comparison with the control group ($p < 0,05$). As a result of the study of indicators of the humoral link of immunity, it can be seen that the immunoglobulin secretory capacity of B-lymphocytes in relation to Ig A and Ig M is significantly reduced in patients with Graves' disease ($p < 0,05$).

Conclusions. The patients with Graves' disease have a probable decrease in the total number of T-lymphocytes (CD3+), T-helpers/inducers (CD4+) and T-suppressor-cytolytic lymphocytes (CD8+) compared to practically healthy people ($p < 0,05$), and the immunoglobulin secretory capacity of B-lymphocytes in relation to Ig A and Ig M also decreases ($p < 0,05$), which can serve as a factor in the occurrence of dysbiotic disorders in the body.

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CHARACTERISTICS OF ANXIETY AND DEPRESSION INDICATORS IN PATIENTS WITH LATENT AUTOIMMUNE DIABETES IN ADULTS AND CHRONIC KIDNEY DISEASE COMPARED WITH CLASSICAL TYPES OF DIABETES

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Introduction. It is known that patients with diabetes mellitus (DM), especially with chronic complications, are in the group of significantly increased risk of developing mental disorders, especially anxiety and depression, and majority of the researchers point to two-way connections between these conditions.

The aim of the study. To establish characteristics of emotional and personality disorders in patients with DM and CKD depending on the type of the underlying disease.

Material and methods. 145 patients with DM and CKD (71 men and 74 women aged 19 to 74) were included in the study. Patients were divided into three groups, two of which included 110 patients with type 1 DM (T1DM) – 40 with classical T1DM (17 men and 23 women aged 20 to 63 years) and 70 people with latent autoimmune diabetes in adults (LADA) (40 men and 30 women aged 35 to 67 years). The third group consisted of 35 patients with type 2 DM (T2DM) (15 men and 20 women aged 34 to 74). The control group included 25 practically healthy individuals (12 men and 13 women aged 23 to 69).

To assess personal and reactive anxiety the Spielberg-Khanin scale was used, which consisted of 40 questions, 20 of which characterized reactive anxiety (RA), the others – personal anxiety (PA).

The indicator in each category of Beck's depression scale was calculated according to the increasing severity of the symptom – from 0 to 3 points. The total score ranged from 0 to 63 points and was interpreted as follows: 0-13 – normal variations, 14-19 – mild depression, 20-28 – moderate depression, 29-63 – severe depression.

It should be noted that the majority of examined patients complained about reduced work capacity, distracted attention, loss of sleep and/or appetite, periodic appearance of fear, fright, lack of confidence in their abilities, strength, fear of encountering difficulties, poor tolerance for waiting for something.

Results. The level of RA in patients with CKD on the background of LADA and T1DM was 38 and 38,5 points, respectively, and was 65,2% higher than in the control group (23 points) ($p < 0,001$). In patients with T2DM this indicator was registered 30,4% higher than in the control ($p < 0,01$), but 22,1% lower than in patients with LADA and TDM1 ($p < 0,05$ and $p < 0,01$, respectively) and was 30 points.

The PA indicator did not undergo significant changes when comparing the experimental groups with each other and with the control group and was 28 points in LADA, 31 points in the case of DM1 and 25 points in DM2.

The level of depression in patients with CKD against the background of LADA and T1DM was 3 times and 3,4 times higher than in the control group and was 12,0 and 13,5 points, respectively ($p < 0,001$). In patients with T2DM it was 50% higher than in the control group and was 6,0 points, but 2 times and 2,3 times lower than in LADA and T1DM, respectively ($p < 0,001$).

The level of RA and depression was lower in patients with CKD and T2DM than in LADA and classical T1DM, which may be related to a severer course of autoimmune diabetes, the necessity and inevitability of using insulin and the forced drastic lifestyle modification.

Conclusions. To sum up, the sudden manifestation and rapid intensification of the treatment regimen in patients with latent autoimmune diabetes in adults, which is a subtype of type 1 diabetes mellitus, causes the emergence of emotional and personal disorders of a higher degree than in type 2 diabetes mellitus, which may indicate the need to include psychotherapy in the management of these patients.

Каспрук Н.М.

АЛЕРГІЧНІ ЗАХВОРЮВАННЯ ТА АЛЕРГІЧНІ РЕАКЦІЇ У ХВОРИХ НА ЦУКРОВИЙ ДІАБЕТ

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Вступ. Питання поєднання різноманітних гіперергічних реакцій та ендокринологічної патології залишаються одними з найбільш актуальних в діабетології. Це зумовлено розповсюдженістю діабету (приріст поширеності діабету в світі, за даними міжнародної діабетичної федерації, за десять років склав +62,7%) і високою частотою алергічних реакцій у населення (понад 30%). Серед причин, що негативно впливають на терапію поєднаної патології – алергічні реакції, зокрема медикаментозна алергія. Вивчення особливостей гіперергій у хворих на цукровий діабет (ЦД) та сплановані профілактичні заходи мають за мету оптимізацію вирішення проблеми.

Мета дослідження. Аналіз етіологічних чинників та особливостей механізмів алергічних реакцій у хворих на цукровий діабет для оптимізації діагностики та лікування в діабетології осіб із обтяженим алергологічним анамнезом.

Матеріал і методи дослідження. Проведено ретроспективний аналіз історій хвороб та амбулаторних карт 180 пацієнтів на цукровий діабет з епізодами алергії (основна група) та 120 пацієнтів з аналогічними процесами без діабету за останні 8 років. Давність захворювання діабетом була від 1-го до 30-х років. Інсулінзалежний діабет був діагностований у 82%.

Результати дослідження. Анамнестичні дані про реакції гіперчутливості на лікарські засоби та харчові продукти виявлено у хворих з поєднаною патологією з інсулінзалежним