



Томка І.Є.

ЕПОНІМИ В МЕДИЧНІЙ ТЕРМІНОЛОГІЇ

Кафедра іноземних мов

Вищий державний навчальний заклад України

«Буковинський державний медичний університет»

Епонімом називається термін, який містить у своєму складі власне ім'я (антропонім або топонім), а також загальне ім'я для позначення наукового поняття (хвороба Крона, хвороба Паркінсона).

Джерелами фактичного дослідження є словники медичних термінів, праці з медицини, опубліковані у періодичних виданнях, підручники.

Епонімічні терміни функціонують у всіх мікросистемах медичних термінів.

Серед епонімічних медичних термінів, що називають те чи інше відкриття або винахід ім'ям вченого, можна виділити такі найменування:

Назви хвороб: Machado-Joseph disease (Мачадо-Джозефа хвороба) – Мачадо і Джозеф, прізвища сімей, уражених хворобою; MacLean-Maxwell disease (Мак Ліна-Максвелла хвороба) – Чарльз Мюррей МакЛін, англ. лікар у Зах. Африці, 1788-1824 тощо.

Назви синдромів: Mackenzie's syndrome (Маккензі синдром) – Сер Стівен Маккензі, англ. лікар, 1844-1909, Maffucci's syndrome (Маффуччі синдром) – Аджело Маффуччі, італ. лікар, 1847-1903 тощо.

Назви анатомічних органів: Ochsner's muscle, ring (Окснер м'яз, кільце, сфінктер) – Альберт Джон Окснер, амер. хірург, 1858-1924; Wildermuth's ear (Вільдермута вухо) – Герман А. Вільдермут, нім. невролог, 1852-1907 тощо.

Назви рефлексів: Stookey's reflex (Стукєя рефлекс) - Байрон Полк Стукєй, амер. нейрохірург, 1887-1966 тощо.

Назви оперативних втручань: Porro's cesarean section (Порро кесарів розтин) – Едуардо Порро, італ. акушер, 1842-1902 тощо.

Назви медичних класифікацій: Black's classification (Блека класифікація) – класифікація карієса зубів за подібністю необхідності лікування тощо.

Назви медичних приладів: Pean's forceps (Пеана щипці) – Жюль Еміль Пеан, фран. хірург, 1830-1898 тощо.

Значне місце серед медичних термінів займають епонімічні клінічні терміни, в яких відображені імена учених-лікарів, що вперше їх описали або вперше застосували цей метод лікування (хвороба Боткіна, синдром Філатова, набряк Квінке, метод Салі, Пратта проба) тощо. Слід також зауважити, що проблеми перекладу та вживання термінів-епонімів спонукають нас до подальшої роботи над вивченням епонімічної лексики. Треба зазначити, що останніми роками з'являються нові термінологічні словники, які мають на меті упорядкувати сучасну медичну термінологію з урахування найновіших досягнень.

За результатами досліджень ми бачимо, що медичній термінології властиве широке використання епонімів, які є частиною термінологічної системи міжмовних комунікацій.

СЕКЦІЯ 18

АКТУАЛЬНІ ПИТАННЯ СОЦІАЛЬНОЇ МЕДИЦИНИ ТА ОРГАНІЗАЦІЇ ОХОРОНИ ЗДОРОВ'Я

Biduchak A.S.

THE ROLE OF A MEDICAL WORKER IN PREVENTION OF CHRONIC NON-INFECTIOUS DISEASES

Department of Social Medicine and Public Health

Higher State Educational Establishment of Ukraine

«Bukovinian State Medical University»

Lifestyle is usually based on habitual behavioral reactions. Habits are formed in the childhood and adolescence as a result of the interaction of genetic factors and environmental ones and are maintained and even increased under the influence of the social environment in the adult period. Increasing the patient's awareness by the family doctor about these factors facilitates the process of understanding and counseling. Providing primary prevention services to the population on risk factors on the basis of family medicine has already proven medical and economic feasibility in many European countries.

The main goal of our research was to determine the role of a health worker in developing a healthy lifestyle among the population of the Chernivtsi region. Methods of research: epidemiological, sociological, medical-statistical.

It has been established that the role of a health worker in developing healthy behavior of the population is much lower than that of traditional media and Internet resources: only $4.1 \pm 0.14 - 8.2 = 0.45\%$ of men and $7.6 \pm 0.23 - 31.3 \pm 1.3\%$ of women, according to their answers to the questionnaire, received relevant information from doctors. It has been shown that only $20.6 \pm 1.3\%$ of patients were determined to develop healthy behavior to be healthy and comply with the recommendations of physicians for changing lifestyle for less risky behavior while $50.8 \pm 1.8\%$ of patients only demonstrated a partial determination. It has been established that the need for knowledge on healthy lifestyle, prevention of various diseases is high among people, as indicated by $92.4 \pm 1.5\%$ of the interviewed men and $73.0 \pm 1.7\%$ of women. The obtained results confirmed the low activity of medical workers in meeting the information needs of the population on the above issues.



Thus, according to the results of the study, low preventive activity of medical workers was established, in the conditions of the primary level, which needs to be improved in order to increase its effectiveness.

Chornenka Zh.A.

EVALUATION OF RISK FACTORS AND CLINICAL PRESENTATIONS OF THE COURSE OF ISCHEMIC HEART DISEASE IN WOMEN HAVING MENSTRUATION AND DURING THE MENOPAUSE

*Department of Social Medicine and Public Health
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»*

The cardiovascular disease are leading cause of the death of the women in the most of the developed world. The mortality from myocardial infarction among women is in 3 times more than among men. This is connected with the protective role of the estrogens.

There for, the aim of our study to evaluate the risk factors and features of the clinical course of coronary heart disease in young and middle aged women with menstrual cycle and in the period of menopause.

The objective of our research had been studied of the analyzing the peculiarities of the course of coronary heart disease in women aged 40-44 with menstrual cycle and in those aged 45-49 in the period of menopause and in the course of medication therapy. To carry out an analysis of the risk factors for the onset and complication of coronary heart disease in women aged 40-44 with menstrual cycle and in those aged 45-49 in the period of menopause. The materials of research the group of the women aged 40-44 with menstrual cycle and with a duration of the disease from 2 to 3 years, 45-49 year old in the period of menopause and with a duration of the disease from 2.5 to 3 years. During the examination, medical records of ambulatory patients 025 / o and medical records of inpatient patients 003 / o were used. Student's criterion was used to determine the difference between sample sets.

For the our results the analysis of risk factors for coronary heart disease in women of group I showed that the main risk factors were smoking cigarettes (80%) and arterial hypertension (65%), dyslipidemia (50%), diabetes mellitus (15%); In group II - arterial hypertension (85%), dyslipidemia (70%), diabetes mellitus (20%), smoking cigarettes (30%). An aggravated gynecological history affects negatively the onset and progression of ischemic disease (CHD). Ovarian failure with various etiology is especially frequent cause. Menopausal women were found to have more risk factors and their 4 or more combinations: 30.5% and 17.3% respectively. $P < 0.05$. Among women of the climacteric period, there were marked changes in the lipid profile of the blood, in women with a menstrual cycle - a slight excess of norm. Women of the climacteric period hadpronounced changes in the lipid profile of the blood while those with menstrual cycle had a slight excess of the norm.

As follows, patients in group I have more favorable prognosis for the course of ischemic heart disease than those in group II. The severity of the course of the disease in patients of II group was affected by a combination of factors and an aggravated gynecological history.

Grytsiuk M.I.

THE ROLE OF A MEDICAL WORKER IN PROPHYLAXIS OF CHRONIC NON-INFECTIOUS DISEASES

*Department of Social Medicine and Public Health
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»*

The current state of health of the population of Ukraine is a serious challenge for the society and the state and, without exaggeration, poses a real threat to its humanitarian security. Due to chronic non-communicable diseases in Ukraine, 5-10 times more people than in countries belonging to the European Union lose their ability to work and die prematurely. Numerous scientific studies show convincingly that the prevention of chronic non-infectious diseases, which progress in Ukraine, all the possibilities of medical medicine are five to six times inferior to the effectiveness of observing a healthy lifestyle.

The main goal of our research was to study the presence of harmful habits among the adult population of Chernivtsi region.

In order to achieve the goal, a questionnaire containing questions about bad habits was developed (123 questionnaires analyzed). The survey was conducted during 2017 among respondents aged 18 years and over: of whom 50.7% were men and 49.3% women.

When asked "Do you smoke?": 52.0% of men and 38.2% of women responded "Yes"; 48.0% of men and 61.8% of women replied "No". Therefore, the bad habit of "smoking" covers most of the male population, but women are also accustomed to it, which in the future may lead to the development of various diseases. When asked "How often do you drink alcohol?": 15.2% of men versus 22.1% of women said that they did it less frequently than once a month; 20.4% of men and 6.6% of women did it once a month; 36.8% of men and 19.0% of women once a week; 15.0% of men and 3.7% of women almost every day and 12.6% of men and 18.6% of women did not drink at all.

Thus, it has been established that the majority of the region's population have harmful habits and do not adhere to a healthy lifestyle. It is indictive of a need for active intervention by a medical professional (family doctor) in the process of detection and constant monitoring and correction of harmful habits among the population.