



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.

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

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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.

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

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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.