



Lytvyniuk N.Ya.

**INFLUENCE OF LEADING RISK FACTORS ON THE ONSET AND
DEVELOPMENT OF GASTRIC AND DUODENAL ULCER**

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

The study of risk factors is necessary to optimize the primary prevention of gastric disease and duodenal ulcer and timely detection of primary forms of disease. The risk factors for the development of the spontaneous process and their interaction for predicting the development of peptic ulcer have not been studied sufficiently.

To identify the effect of risk factors on the onset and progress of peptic and duodenal ulcer among patients aged 20 - 45 years.

Therefore, the aim of our study: identify the regularities of the incidence of gastric and duodenal ulcer depending on lifestyle, age, gender and other factors, to identify groups with an increased risk of gastric and duodenal ulcer.

During the study, which lasted three years, 116 patients who presented with exacerbation of peptic ulcer to clinic №2 in Chernivtsi and subsequently treated in hospitals were observed. The frequency difference analysis was performed using χ^2 , as well as by checking the zero statistical hypothesis. The difference was considered to be statistically significant when $P < 0.05$. Depending on the localization of the ulcer, all the patients were divided into 3 groups. The first observation group included 66 patients with gastric ulcer (56.9%), group II - 30 patients (25.8%) with duodenal ulcer, group III - 20 patients (17.2%) with combined lesion of the stomach and duodenum. The study was conducted for 3 years. Gastric ulcer is more common in women aged 35-45 years (56%). Duodenal ulcer is more common in men (84.2%). A combination of gastric and duodenal ulcer is more common in men, when the duodenum is the first to be damaged and then the stomach lesion is added. When gastric and duodenal ulcers are combined, prevalence of smoking (80%), regular use (54%) and excessive use of alcohol (32%) are noted. Especially in patients with aggravated family history. Permanent smoking, regular alcohol use and aggravated family history combined affect the course of peptic ulcer most negatively ($P < 0.05$).

Thus, according to the results of the study the combination of gastric and duodenal ulcer is more common in patients who smoke, consume alcohol on a regular basis and have an aggravated family history.

Mandryk-Melnychuk M.V.

THE BEGINNING OF EUROPEAN MEDICAL SCIENCE IN SALERNO

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

During the Middle Ages, the three main means of preserving the Catholic faith were the priesthood, the empire and the university. However, numerous cases of mutual struggle between the university community and representatives of the papal throne, reformers are known. However, it can not be denied that Sorbonne, Cambridge, Heidelberg, Salerno, Padua, Paris have become the most valuable contribution of the Middle Ages to the development of science.

The epoch of the Middle Ages became the period of the birth of medicine as a science, the first academic centers, where anatomy, physiology, iatrochemistry and biology were formed. The study of the structure of medieval medical facilities, which became the school in Salerno, is relevant, since it allows you to analyze the historical origins of modern medical science. The purpose of this article is to study the specifics of the activities of the academic center in Salerno. The main task is finding out the stages of the evolution of the school and its transformation into a university, an analysis of the content of the training system of the first professional doctors in Europe. Principal sources used the work of Hugo Glaser, Andrew Cunningham, Charles Donald O'Malley, Dm. Balalykin.

The medical school in Salerno, a harbor town in the Tyrrhenian Sea, near Naples on the southern coast of Italy, became the first medical educational institution in Europe to train physicians with the relevant document and the right to practice medicine. The legend is that the school was founded by a Jew Hein, a Greek Pontius, an Arabian Adela and a Roman Salern. There is also a version that the school arose at the monastery in Monte Cassino 129 km from Salerno.

The institution arose as a result of an increase in interest in medicine in Southern Italy, which was substantiated by Greek and Arab influence. The school was secular and worked in the best traditions of antiquity.

In 1213, the Salerno School was transformed into a university, and later, due to the foundation of the university in Naples in 1224 and the medical faculty in its structure, the institution lost its role at all. The University existed until 1811. As a modern educational institution, it was restored in 1944 in the city of Fiscione, which now houses about 50,000 students.

The children of the nobles, prelates and archdeacons could afford to enter the Salerno School. There were no age restrictions, both women and men could study there. Among the graduates and teachers of the school were "nobilis matrona" Trotula de Ruggiero, who for the first time described women's diseases in the work "De passionibus mulierum", Rebecca Guarna, the author of the book "De arte bella", a Roman physician Abell, who taught the course of general medicine and wrote a treatise "De natura seminis humani", an Archbishop Alfano, a doctor Constantine of Africa (Carthage), a recognized expert in medicine, who translated the works by Abu Bakr Muhammad al-Razi, Ibn Sulayman, Ibn al-Jazzar, Hippocrates and Galen into Latin. Famous Arab physicians were invited to Salerno. The school became a real center of science.



The students studied for five years and the next six years they practiced medicine. At first, they entered the preparatory (or artistic) faculty (from Latin artes which means arts), which had to be attended by everybody without exception, since it provided general humanitarian training, aesthetic education, the ability to speak eloquently and argue. Teaching was conducted under the system of seven liberal arts (septem artes liberales): 1) trivium (grammar, rhetoric, dialectics), after which they took exams and received a Bachelor degree in Arts, and 2) quadrivium (arithmetic, geometry, astronomy, the theory of music), a master's degree in art and the right to study at one of the three major faculties: theological, medical or faculty of law. Upon completion of their training, the student was awarded a master's degree (doctor) in accordance with the faculty's profile.

However, the students did not gain practical skills, since a dissection of the human body was banned by the church until the appearance of the special permit of Frederick II in 1238 for the preparation of one corpse during five years.

Yasynska E.Ts.

INFLUENCE OF PSYCHOLOGICAL FACTORS OF RISK ON THE DEVELOPMENT OF NEGATIVE CLINICAL DYNAMICS OF ISCHEMIC HEART DISEASE

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

The ischemic heart disease is the most frequent pleasant sudden death, the most course of coronary heart disease it self is complicated by myocardial infarction of stroke. The psychological risk factors play a big role in occurrence and development of coronary heart disease, which is confirmed by numerous studies. However, complex psychological researches which studying influence of psychological factors of risk in the clinical dynamics of coronary heart disease isn't enough.

Therefore, the aim of the our study to identify the psychological risk factors in the clinical dynamics of coronary heart disease and develop recommendations for the implementation of preventive measures. The objective of our research had been studied of the leading factors of the risk of coronary heart disease and to identify the relationship between the duration of coronary heart disease and psychological risk factors.

The materials of the research had been 46 patients with ischemic heart disease (IHD) on the basis of the Chernivtsi regional cardiology clinic. Of these, 26 (56.5%) were men and 20 women (43.5%) with a disease duration of more than three years. The average age of the patients was 54 years. The following methods of research were applied: questionnaires, clinical interview, the Zung self-rating depression scale, Rosenzweig Frustration Test. Methods of data processing: Kolmagorov-Smimova criterion, Fisher's criterion, Spierman non-parametric criterion, factor analysis, discriminant and regression analysis.

According to research results in 70% of patients, psychological factors (aggression, depression, resentment) increase with the increase in the severity of the clinical dynamics of coronary heart disease. 25% of patients were found to have a combination of psychological risk factors specific for each form of coronary heart disease and coronary heart disease combined with variable cerebrovascular disorders. The leading factors in patients diagnosed with "painless ischemia" are: suppressed aggression, autoaggression, low level of defense reactions. When ischemic heart disease is combined with variable cerebrovascular disorders there are pronounced self-defense reactions, negativism, need for love, depression, loss of reality, and feelings of guilt.

The connection between the duration of ischemic heart disease and the presence of emotional disorders ($r_s = 0.43, p < 0.05$) was found.

As follows, the study of the psychological status of patients with coronary heart disease requires a comprehensive assessment of psychological risk factors, which include: aggression, autoaggression, fear, dependence, passivity, stress, depression, resentment, guilt, restriction of social contacts. Using a screening study of psychological characteristics of patients with coronary heart disease is an effective means of correcting risk factors for the negative clinical dynamics of coronary heart disease.

Безрук В.В., Безрук Т.О.*

ОСОБЛИВОСТІ ОРГАНІЗАЦІЇ ТА СУЧАСНИЙ СТАН ФІНАНСУВАННЯ МЕДИЧНОГО ОБСЛУГОВУВАННЯ

*Кафедра педіатрії, неонатології та перинатальної медицини
Кафедра внутрішньої медицини та інфекційних хвороб*
Вищий державний навчальний заклад України
«Буковинський державний медичний університет»*

Організація системи медичної допомоги (медичного обслуговування) розглядається як національна (аутентична) справа, як продукт її (нації) «унікальних» характеристик, історичних політичних, соціальних та економічних процесів. Більшість існуючих моделей системи медичної допомоги (медичного обслуговування) населенню є похідними, від основних моделей, сформованих упродовж останніх століть у світі (рис.).

Сучасна система охорони здоров'я у світі, та країнах СС-28 зокрема, розглядається, як високо витратна галузь виробництва послуг – витрати на охорону здоров'я включають лікувальну та реабілітаційну допомогу, витрати на догляд, фінансування на закупівлю медичних товарів (фармацевтичні препарати) та додаткових послуг, витрати на колективні (громадські) послуги (профілактичні заходи по охороні здоров'я) та витрати на