

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



## **МАТЕРІАЛИ**

**105-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
присвяченої 80-річчю БДМУ  
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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**The aim of the study.** Rehabilitation is a process aimed at providing comprehensive assistance to sick and disabled people to help them achieve the maximum possible physical, mental, professional, social, and economic fullness in terms of their disease. Thus, rehabilitation should be considered a complex, socio-medical issue divided into several types or aspects: medical, physical, psychological, professional (occupational), and socioeconomic.

**Material and Methods.** Rehabilitation is a pivotal aspect of health that aims at enhancing function and independence, evolving through different stages. The first and foremost stage of rehabilitation (medical and physical) is to restore the patient's health through the integrated use of various means to maximize the recovery of impaired physiological functions of the body.

The second stage is the psychological aspect of rehabilitation, which aims to correct the patient's mental status and form a person's attitude to treatment, medical recommendations, and rehabilitation activities.

The third one is the stage of vocational rehabilitation, which deals with issues of employment, vocational training, and retraining, determination of the work capacity of patients, association of persons with similar history of the disease in specific organizations for some common interest, etc.

The last stage in the rehabilitation process is socio-economic rehabilitation, which aims to restore the victim's economic independence and social fullness.

**Results.** All stages of rehabilitation are ultimately a multifaceted process of restoring a person's health and reintegrating them into occupational and social life. It is essential to clarify that the three types of rehabilitation (medical, occupational, and social) correspond to three types of disease consequences: 1) medical and biological consequences of diseases, which consist of deviations from the normal functional status; 2) decrease in working capacity; 3) social maladjustment, i.e., disruption of ties with family and society.

A fundamental principle of rehabilitation is continuity in the transition from one stage to another, from one medical institution to another. For this purpose, at each stage, the rehabilitation record must provide information about methods and means of treatment and used rehabilitation that disclose the functional status of the rehabilitated individual.

**Conclusions.** The main goal of rehabilitation is the practical and early return of sick and disabled people to everyday life, work, society, and family and to restore personal characteristics as full community members. The optimal final result of medical rehabilitation can be full health recovery and a return to everyday professional work.

**Teleki Ya.M.**

## **CLINICAL FEATURES OF OSTEOARTHRITIS COMBINED WITH OBESITY, ARTERIAL HYPERTENSION AND TYPE 2 DIABETES**

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**Introduction.** Osteoarthritis (OA) is a leading cause of pain and disability among adults worldwide and inflicts a significant burden on the individuals affected, including activity limitations and reduced quality of life. OA is associated with substantial direct health care costs due to health care visits, diagnostic procedures, medications and surgery, and indirect costs related to lost workplace productivity.

**The aim of the study.** It is the clinical indicators of joint syndrome in patients with osteoarthritis combined with type 2 diabetes, obesity and arterial hypertension.

**Material and methods.** 116 patients were examined and the following clinical groups of dynamic observation were selected: group I – 37 patients with osteoarthritis; II group – 21 patients with OA in combination with arterial hypertension; III group – 41 patients with OA with concomitant arterial hypertension and abdominal obesity; IV group – 17 patients with OA in combination with arterial hypertension, abdominal obesity and type 2 diabetes; group V - 25 practically healthy people.

**Results.** It was established that patients with a moderate course of osteoarthritis

predominated in the I group, the addition of arterial hypertension led to an increase in the percentage of patients with a severe course of OA in the II group. However, an extremely severe course of OA was found in 58.9% of IV group patients. With the increase in body weight, there was an increase in the proportion of patients with very severe and extremely severe OA. For patients with OA, hypertension, abdominal obesity with the addition of type 2 diabetes, an increase in the intensity of arthralgic pain was characteristic, especially night pain, mobility impairment with significant impairment of daily activities.

**Conclusion.** The combined course of osteoarthritis, hypertension, obesity and type 2 diabetes is accompanied by an increase in the intensity of pain in the joints, impaired motor function and daily activities of patients.

**Voloshyna L.O.**

**VITAMIN D3 DEFICIENCY IS A HIDDEN INTERDISCIPLINARY PROBLEM OF MODERN MEDICINE: CLINICAL AND LABORATORY DIAGNOSTICS, TREATMENT, PREVENTIVE MEASURES, PECULIARITIES OF TEACHING THE MATERIAL TO THE SIXTH YEAR STUDENTS**

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**Introduction.** Vitamin D deficiency is now recognized as a pandemic with pronounced clinical effects. Subnormal levels of vitamin D in the general population are reported in almost all regions of the world. Traditionally, vitamin D was considered a regulator of mineral metabolism, but new scientific advances have expanded the understanding of the physiological role of this vitamin. In its metabolically active form, 1,25(OH)<sub>2</sub>D is a steroid hormone produced by hydroxylation in the liver and kidneys. Its precursors can be obtained from food, as well as from non-enzymatic reactions in the skin under the influence of ultraviolet irradiation. Unfortunately, most people at the present stage of human existence are chained indoors to TV, various gadgets, computers and spend little time in the sun, consume food mainly enriched with carbohydrates, depleted in vegetable fats, containing numerous food and other additives, animal growth stimulants with hormone-like effects that cause metabolic disorders, diseases of the hepatobiliary system and intestines, which are directly related to the absorption of vitamin D from the intestines, consume many drugs that accelerate the metabolism and excretion of vitamin D from the body.

**The aim of the study.** It is to highlight the main principles of diagnosis, treatment and prevention of vitamin D deficiency in clinical practice and the experience of teaching in the educational process with sixth-year students.

**Material and methods.** The analysis of printed and electronic literature sources, other search databases was carried out, our own experience of presenting these data in the educational process with sixth-year students was presented.

**Results.** According to the literature, vitamin D deficiency is quite common in the world and Ukraine, but its slight decrease has no specific clinical manifestations. Only with a significant and prolonged deficiency of this vitamin, such manifestations as osteoporosis, diabetes mellitus of both types, obesity are formed; vitamin D deficiency should be considered in the presence of hypothyroidism, irritable bowel syndrome with diarrheal phenomena, dysbiosis, metabolic syndrome, immunodeficiency states, prolonged subfebrile condition, myalgia, osalgia, chronic fatigue syndrome. The students' attention is focused on the fact that in all these cases, in the complex examination of patients, it is advisable to determine the concentration of 25(OH)D in the blood by enzyme-linked immunosorbent assay. Such studies are now available in modern laboratories of cities and even district centers. Only knowledge of this problem and referral of the patient to such laboratories and subsequent evaluation of the results are required. The teacher notes that for therapeutic purposes, there are high-dose vitamin D drugs - 10,000-20,000 IU (Decristol), and for prophylactic purposes, to correct a slight deficiency of vitamin D, modern pharmaceutical companies produce various dietary supplements, which contain prophylactic doses of vitamin D - 200-800 IU. For example, in case of hypothyroidism there is a dietary supplement TYREOMIN: it