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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

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თანამშრომლობითა და მისი პატრონაჟით

ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ
ТБИЛИСИ - НЬЮ-ЙОРК

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2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

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4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრაფიების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალებების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

Содержание:

Kokhreidze I. ONCOPLASTIC SURGERY OF MULTICENTRIC (MULTIFOCAL) BREAST CANCER (CASE REPORT).....	7
Костюк К.Р., Ломадзе В.Л., Васильев Н.С. СТЕРЕОТАКСИЧЕСКАЯ ТАЛАМОТОМИЯ И КОНТРАЛАТЕРАЛЬНАЯ СУБТАЛАМОТОМИЯ В ЛЕЧЕНИИ БОЛЕЗНИ ПАРКИНСОНА	12
Оспанов Е.А., Адылханов Т.А., Токанова Ш.Е., Семенова Ю.М., Даулетьярова М.А., Болсынбекова С.О., Жумыкбаева Н.К. ЗАБОЛЕВАЕМОСТЬ И СМЕРТНОСТЬ ОТ РАКА ПРЕДСТАТЕЛЬНОЙ ЖЕЛЕЗЫ В РЕСПУБЛИКЕ КАЗАХСТАН ЗА 10-ЛЕТНИЙ ПЕРИОД (С 2007 ПО 2016 ГГ.)	17
Лесовой В.Н., Колупаев С.М. ПАТОГЕНЕТИЧЕСКИЕ ОСОБЕННОСТИ РАЗВИТИЯ ГИПЕРАКТИВНОГО МОЧЕВОГО ПУЗЫРЯ У ЖЕНЩИН	22
Солопова А.Г., Макацария А.Д., Яковлева О.Н., Москвичева В.С. СОВРЕМЕННЫЕ ПОДХОДЫ К ДИАГНОСТИКЕ И ЛЕЧЕНИЮ ОПУХОЛЕЙ ЖЕНСКИХ ПОЛОВЫХ ОРГАНОВ У ДЕТЕЙ И ПОДРОСТКОВ (ОБЗОР)	25
Маланчук Л.М., Мартынюк В.Н., Маланчин И.Н., Кучма З.Н., Краснянская Л.О. ПЕРСПЕКТИВНЫЙ МЕНЕДЖМЕНТ В ЛЕЧЕНИИ ГЕНИТАЛЬНОГО ЭНДОМЕТРИОЗА У ЖЕНЩИН С ПОЛИМОРФИЗМОМ ГЕНОВ GSTT1 И GSTM1	33
Ахмадьярова Б.С., Шустеров Ю.А., Любченко М.Ю. ВЛИЯНИЕ ПСИХОГЕННЫХ ФАКТОРОВ НА ПАТОГЕНЕЗ ПЕРЕДНЕЙ ИШЕМИЧЕСКОЙ ОПТИЧЕСКОЙ НЕЙРОПАТИИ (ОБЗОР).....	37
Biduchak A., Chornenka Zh. WORLD AND NATIONAL EXPERIENCE IN ORGANIZATION OF PREVENTION OF CARDIOVASCULAR DISEASES	43
Утеулиев Е.С., Конысбаева К.К., Текебаева Л.А., Алибеков Б.Д., Токмурзиева Г.Ж. ПРИЧИНЫ ЛЕТАЛЬНОСТИ ОТ ИШЕМИЧЕСКОГО ИНСУЛЬТА И ПУТИ УСОВЕРШЕНСТВОВАНИЯ МЕТОДОВ ПРОФИЛАКТИКИ	48
Voloshyna L., Doholich O., Sithinska I. HYPOTHYROIDISM - A SPECIAL COMORBIDITY FACTOR IN PATIENTS WITH OSTEOARTHRISIS: CLINICAL, PATHOPHYSIOLOGICAL AND PROGNOSTIC ASPECTS	53
Delva M., Lytvynenko N., Delva I. FACTORS ASSOCIATED WITH POST-STROKE FATIGUE DURING THE SECOND HALF YEAR AFTER STROKE.....	59
Lapina E., Batiushin M., Terentiev V., Gasanov M., Gasanova A. CLINICAL FEATURES OF THERAPY OF ANEMIA AND THE SIGNIFICANCE OF ITS FLUCTUATION IN THE DEVELOPMENT OF ANEMIA IN DIALYSIS PATIENTS.....	64
Дербак М.А., Болджар А.А., Сирчак Е.С., Лазур Я.В., Александрова М.Я. КЛИНИКО-ФУНКЦИОНАЛЬНЫЕ ОСОБЕННОСТИ СОЧЕТАННОГО ТЕЧЕНИЯ БРОНХИАЛЬНОЙ АСТМЫ И ГАСТРОЭЗОФАГЕАЛЬНОЙ РЕФЛЮКСНОЙ БОЛЕЗНИ И ИХ КОРРЕКЦИЯ	69
Болотная Л.А., Сербина И.М. АДАПТАЦИОННО-РЕГУЛЯТОРНЫЕ МЕХАНИЗМЫ ПРИ ГНЕЗДНОЙ АЛОПЕЦИИ	75
Gerasimenko L., Sid E., Lychko V. CHARACTERISTICS OF CHANGES IN COGNITIVE FUNCTIONS OF THE PATIENTS WITH HYPERTENSIVE DISEASE	80

Ахаева А.С., Жупенова Д.Е., Кенжетаева Т.А., Кысабекова А.Б., Джабаева С.Е. АНАЛИЗ УРОВНЯ ПРОВОСПАЛИТЕЛЬНЫХ ЦИТОКИНОВ ПРИ ВНЕБОЛЬНИЧНОЙ ПНЕВМОНИИ У ДЕТЕЙ.....	86
Hryhorenko L., Shchudro S., Shevchenko A., Rublevska N., Zaitsev V. PREVALENCE OF DISEASES AMONG ADOLESCENT POPULATION IN DNEPROPETROVSK REGION (UKRAINE), CORRELATED WITH DRINKING WATER QUALITY DETERIORATION.....	91
Утеулиев Е.С., Аменов А.И., Асен А.А., Сактапов А.К., Искакова Н.Н., Аманжолова У.Ш. ПРОБЛЕМЫ ИММУНОПРОФИЛАКТИКИ И СОЛИДАРНОЙ ОТВЕТСТВЕННОСТИ НА УРОВНЕ ПЕРВИЧНОЙ МЕДИКО-САНИТАРНОЙ ПОМОЩИ.....	96
Kvernadze A., Tatishvili N., Kipiani T., Lomidze G. CHARACTERISTICS OF WEST SYNDROME IN GEORGIA, PRELIMINARY RESULTS OF THE PROSPECTIVE STUDY	104
Chornomydz I., Voyarchuk O., Chornomydz A. REYE (RAY'S) SYNDROME: A PROBLEM EVERYONE SHOULD REMEMBER.....	110
Мадиева М.Р., Рымбаева Т.Х. КЛИНИЧЕСКАЯ ХАРАКТЕРИСТИКА ВРОЖДЕННЫХ ПОРОКОВ СЕРДЦА, АССОЦИИРОВАННЫХ С ДИСПЛАЗИЕЙ СОЕДИНИТЕЛЬНОЙ ТКАНИ У ДЕТЕЙ, ПРОЖИВАЮЩИХ В ВОСТОЧНОМ РЕГИОНЕ КАЗАХСТАНА	118
Кочламазашвили Б.К., Гогиашвили Л.Е., Джандиери К.Н. ВЗАИМОДЕЙСТВИЕ ИММУННОЙ СИСТЕМЫ С СИМБИОНТНЫМИ МИКРООРГАНИЗМАМИ В ЭПИТЕЛИИ ПОДВЗДОШНОЙ КИШКИ ГНОТОБИОНТОВ	127
Кикалишвили Б.Ю., Горгаслидзе Н.С., Сулаквелидзе Ц.П., Малания М.А., Урушадзе Н.М., Турабелидзе Д.Г. ЛИПИДНЫЙ СОСТАВ СЕМЯН НЕКОТОРЫХ РАСТЕНИЙ, ПРОИЗРАСТАЮЩИХ В ГРУЗИИ.....	133
Эфендиев И.Н., Азизов В.А. ОТРАВЛЕНИЯ ПСИХОФАРМАКОЛОГИЧЕСКИМИ СРЕДСТВАМИ В АЗЕРБАЙДЖАНЕ: РЕЗУЛЬТАТЫ 8-ЛЕТНЕГО ПРОСПЕКТИВНОГО ИССЛЕДОВАНИЯ	138
Lukyanchuk V., Kravets D., Litvinenko D. STUDY OF PHARMACOMETRIC INDEXES OF DOSING REGIMEN OF ANTIHYPOXANT OKAGERM-4.....	144
Chkhikvishvili I., Mamniashvili T., Gogia N., Enukidze M., Machavariani M., Sanikidze T. ANTIOXIDANT, ANTI-INFLAMMATORY ACTIVITY OF GEORGIAN LEGUMINOUS CROPS CULTURES	147
Kvaratskhelia E., Dabrundashvili N., Gagua M., Maisuradze E., Kamkamidze M., Abzianidze E. ALTERATION IN THE CYTOKINE SECRETION PATTERN IN T CELLS OF PATIENTS WITH CYSTIC FIBROSIS CAUSED BY DNA METHYLTRANSFERASE INHIBITOR 5-AZACITIDINE	153
Nadareishvili I., Lunze K., Tabagari N., Beraia A., Pkhakadze G. USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN GEORGIA	157

WORLD AND NATIONAL EXPERIENCE IN ORGANIZATION OF PREVENTION OF CARDIOVASCULAR DISEASES

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When new challenges to public health arise, with the global economic crisis and the limited resources, including those in the health sector, and taking into account the growing population's expectations of raising the standards of medical care and the quality of life in general, the issues of prevention are becoming more relevant and important.

The history of development of the preventive direction in medicine shows that the content of the concept of prevention and specific forms of its implementation have been evolving at different stages of human history, depending on the conditions of the social system, the prevailing worldviews and the level of development of science. The first attempts to prevent the onset of diseases through the use of some elements of prevention date back to antiquity. In the course of historical development, the content of the concept of prevention has evolved with the corresponding transformation into effective strategies and programs recognized by the international community [3,7,23].

International, in particular, European and national experience in the implementation of preventive programs [4,26] and the use of preventive technologies is indicative of their high effectiveness. However, despite the undeniable evidence of the huge role of prophylaxis in preventing the onset of diseases, it has not yet become a real priority or an effective tool for strengthening and preserving the health of the population in healthcare systems of many states.

According to the experts [1,17], there is a significant lag in ensuring the effectiveness of the use of preventive measures. The health care system focuses mainly on the disease and the patient, and not on maintaining the health of healthy citizens, that is, not on prevention; therefore, its opportunities remain largely unrealized. On the one hand, as we know there is insufficient funding for prevention, on the other hand, there are certain difficulties in calculating the cost of preventive measures, which is crucial for politicians and officials who plan financial resources.

A significant threat to public health is the inadequate level of culture in certain segments of society, the violation of moral and ethical norms in the work of the media, public and state structures, and sometimes even aggressive popularization of negative ideals, especially among children and youth.

This is evidenced by the widespread advertising of alcoholic beverages, demonstration on television, in print media, outdoor advertising of violence, examples of people's unhealthy behavior. All of this forms a false image of youth's successes and values, promotes the spread of risk of poor health and the manifestation of their consequences, not only now, but in the future as well.

According to the conclusion of WHO experts [7,9,20], the epidemic of chronic noncommunicable diseases, the leading place of which is occupied by diseases of the circulatory system (DCS), and in particular, the elevated levels of arterial pressure (13% of all cases) is a serious manifestation of new challenges for public health in the world. DCS are responsible for almost 50% of deaths, with higher rates in men than in women. In various countries, the proportion of these diseases in total mortality ranges from 30% to 65% and higher [14,25].

These factors, like other shortcomings in the work of many public services, create conditions for emergencies of a negative nature that affect the health indicators of the population and the economies of countries. Prevention of such situations and minimizing the damage caused by them are possible if a system of preventive and comprehensive social measures is used at the state level. The costs of rescuing people, their treatment, rehabilitation, payment for care, disability, compensation for damages, etc. are many times higher than the costs of preventive measures aimed at preventing accidents, destruction, chronic non-communicable diseases, asocial manifestations that cause negative changes in public health. All this confirms the urgent need for medical and social prevention in public health.

The objective of the study is to highlight the priority areas of prevention of cardiovascular diseases among the adult population based on the world experience and modern recommendations.

Materials and methods. A systematic historical analysis of national and worldwide scientific achievements in the field of prevention of cardiovascular diseases with the use of a set of adequate research methods: systematic approach and system analysis - for the analysis of the organization of prophylaxis to the population in relation to harmful habits and prevention of their progression; bibliosemantic – for the analysis of world and national experience in the organization of prevention of cardiovascular diseases.

Results and their discussion. It has been established that a series of scientific discoveries in the XVII-XVIII centuries allowed to start studying and then to control the spread of diseases. These historical changes broadened the range of tasks and methods of health care, while their applied and scientific base was developing. Classical health care emerged in the era of the prevalence of infectious diseases, but in the second half of the twentieth century, the "diseases of civilization" were brought to the foreground. The potential of health care has increased im-

measurably, the problems of rational resource allocation and management became urgent [6,10].

Reducing of DCS associated mortality in all industrialized countries over the past 25 years has been attempted to explain by the influence of many factors [14,16], without highlighting the prevalence of any of them. They include: reducing morbidity by reducing the prevalence of risk factors, such as improving living standards, increasing leisure opportunities and lifestyle changes, greater individual and public awareness of risk factors, improved quality of care and greater access to it. The role of these factors for health care is very significant, although there is currently not enough data to clearly determine the impact of each of them on the mortality reduction. With a reasonable organization of health care, we should continue paying attention to all of these factors, trying to promote the mortality reduction, especially in areas where its level exceeds the average.

It is known that almost 60% of the risk factors that form the global burden of DCS in the world are related to behavior: smoking (12.3%), alcohol abuse (10.1%), inadequate nutrition (4.4%), overweight (7.8%), high blood cholesterol (8.7%), low physical activity (3.5%) [7,9]. According to scientists, the existing mentality and lifestyle of Ukrainians also have a disappointing forecast in the direction of improving the nation: only 5.7 million people do exercises regularly (11.9% of the total population); Low rates of physical activity among young people (18-29 years old) have been reported: 37% of men and 48% of women lead a sedentary lifestyle; One out of 8-9 persons suffers from obesity (body mass index exceeds 27-30 kg/ml); Hypercholesterolemia occurs in 37% of men and 50% of women; each Ukrainian consumes an average of 204.3 kg of fruit and vegetables a year, while a resident of the European Union – 243.2 kg [9,11].

In a report published in Canada (1974), it was pointed out, that the individual style of behavior, heredity, the state of the environment and medical care are factors that determine the health status of an individual. This point of view led the US to a broad understanding of the importance of health care measures aimed at improving the health of the population. In the 1980's and 1990's, this approach became the basis of health programs worldwide [17,21].

The CINDI program (1982) coordinated by WHO for the integrated prevention of noncommunicable diseases nationwide was an important model for an integrated approach. The CINDI program was aimed at reducing the burden of noncommunicable diseases on society by fighting the main risk factors of their development. Thanks to a long-term cooperation between the countries participating in this program (Canada, Israel, Lithuania, Finland, Ireland, United Kingdom, etc...), a vast amount of knowledge and experience has accumulated to prevent noncommunicable diseases through the use of integrated approaches at the communal level [1,6,15]. In Ukraine, the CINDI program has not yielded tangible results.

The most impressive results were achieved in one of the provinces of Finland, where during a period of 25 years it

was possible to reduce the death rate from coronary heart disease by 73%, which was achieved through broad public and professional support for changing stereotypes related to nutrition, alcohol consumption and fight against obesity [5,15,23]. One of the most important causes of this success is the change in diet. The Finnish nutrition policy recommends increasing the consumption of low-saturated fatty foods and vegetables (for example, serving free salads in public places for main dishes, which has doubled the level of vegetable consumption). This project contributed to the increase in the information spread among the population about the importance of preventing DCS, and also contributed to the development of preventive methods that have found wide application in Europe.

WHO recommends that governments and health ministries of countries take leading positions in the development of strategies for the prevention of risk factors, support scientific research, improve control systems and increase access to global information [14,20]. Priority should be given to the formation of effective preventive strategies aimed at factors of high health risks (smoking, unbalanced diet, alcohol abuse, obesity, sedentary lifestyle). While determining the sequence of actions, a cost-effectiveness analysis should be widely used to identify priority and acceptable measures. It is advisable to use cross-sectoral and international cooperation to overcome external risks to health and deal with them, as well as broad educational activities and public awareness of these factors. It is necessary to maintain a balance between activities at the level of governments, communities and individuals, to support the activities they carry out through the efforts of non-governmental organizations and the media.

The problem of disease prevention and control was reflected in a number of important European-level documents, including the Ottawa Charter for Health Promotion (1986), the WHO programme Health for All in the 21st Century (1998), the Bangkok Charter for Health Promotion (2005). The peculiarities of the Ottawa Charter are in the fact that this document set the task to help people fully realize their potential in terms of health; encourage their health activities; provide the health sectors with mediation functions to coordinate efforts in society to support health care development [13,24].

It has been generally accepted that any strategy to promote public health should be based on a broad intersectoral approach and include activities in the health sector itself, as indicated in the Health Systems Development Framework Program, the Tallinn Charter «Health Systems for Health and Wealth» (2008) and others [12,20].

As the Tallinn Charter indicates, a modern approach to promoting public health must combine measures taken at different levels. Activities that are implemented at the top level, that is, the state one, should include actions, which along with other goals, will contribute to health promotion (in particular, redistribution of tax revenues, improvement of quality of life and application of incentives that encourage learning). The measures taken at the lower level, that

is the local one, include direct actions to promote health and primary prevention of diseases and are often aimed at changing the behavior and lifestyle of individuals [16,22].

Numerous health programs targeting specific regions were designed to promote behavioral changes to reduce the risk of CVD. For example, the Five Cities project in Minnesota, or the Stanford Project (1995) did not produce the expected results, since it covered a wide range of population, but when programs were targeted at specific groups of the population (e.g. the smoking prevention program for adolescents), they proved to be more effective.

The IV International Conference held in Jakarta (Indonesia) [7,18] was dedicated to further solving the problems of strengthening public health through active prevention and maintenance of measures to improve it. It was the Jakarta Declaration (1997) that defined the main health priorities in the 21st century: the development of public responsibility for health; an increase in investments aimed at the development of health care; consolidation and expansion of partnership for health; development of the power of society and the individual; provision of health promotion infrastructure.

The experience of Poland is also remarkable. The most famous regional program in Poland - «SOPKARD» (1999), was held in the cities of Sopot and Gdynia. The program was based on conducting individual and population interventions, assessing the risks of DCS, planning preventive measures and economic analysis of the results [11,12,19]. The purpose of SOPCARD was to improve the detection, prevention and treatment of arterial hypertension (AH), diabetes and hypercholesterolemia. The achievement of this goal was assessed by screening the population of the city aged 40 and 50 years. The program was conducted in cooperation with local health authorities, the municipality, the medical academy of Gdansk, and medical insurance funds. The immediate executors of the project were nurses and primary care physicians. The program «SOPCARD» was of a research and practical nature (residents of the city were offered services of measuring blood pressure, determining the level of cholesterol, sugar and, if necessary, the treatment).

The studies conducted in Denmark and the UK show that participating in sports activities could increase the life span of physically active people by 3 to 5 years compared to sedentary individuals. Economic losses from diseases and deaths caused by inadequate physical activity have been estimated in Switzerland at 2.4 billion Swiss francs annually [8,20].

In 1999 the «Program for the Prevention and Treatment of Hypertension» was introduced in Ukraine [2,13]. The initial stage of the Program was aimed at actively identifying patients with hypertension and widely informing the public about the disease and its consequences, stratifying the risk groups for developing complications, implementing new treatment technologies, training and upgrading medical workers, etc...

According to the results of the Program, it was estab-

lished [26] that the prevalence and incidence of cerebral strokes decreased by 13,7% and 1,4%, respectively. Since hypertension is the main factor in the development of cerebral strokes, it can be assumed that it was the implementation of the Program to fight hypertension that led to a reduction in the development of cerebrovascular complications, especially in patients with a previously established diagnosis of cerebrovascular diseases.

When discussing and selecting strategies, it is important to have information on the efficacy and cost-effectiveness of the proposed activities, the most effective organizational structures and financing mechanisms. The funds allocated for health promotion and public health needs tend to be very little compared to their potential to reduce poor health. The amounts of funding for health care expenditure range from 1% of the gross domestic product in Italy and Denmark to almost 6% in Canada [7,12]. It reflects the limited support for measures to protect and promote public health and the low priority level of funding for these activities. Therefore, issues like how to ensure that the funds allocated for protection and promotion of health are not spent for other purposes, as well as the problems of overcoming the limited scope of financial activity, that is, departmental or other obstacles, acquire particular urgency.

In this regard, it is extremely important to understand in principle the need to move from narrowly informed medical prevention to global medical and social prevention in the field of public health which covers the activities of society as a whole and is carried out totally and constantly, according to the principle «everywhere and always», and most importantly – from systemic state positions. This understanding has already been demonstrated by WHO in many countries of the world, including the United Kingdom, Germany, France, the USA, Sweden [15,16,22].

The main reason for the ineffectiveness of prevention is the insufficient funding for the preventive work. Adequate financing is one of the necessary conditions for the implementation of effective preventive measures for DCS. It should be admitted that financing of prevention and promotion of public health cannot be carried out only by deductions from the health budget, which are mainly represented by the items of expenditure for diagnosis and treatment of diseases. To some extent, this problem can be solved by transferring the health care to insurance medicine, when increasing the finance for prevention will reduce the cost of treatment. Sources of financing can be public and private investment, investment of insurance and commercial business companies, public and international organizations. Along with this, as the experience of the USA and Finland proves, one of the possible ways of receiving funds for prevention is targeted deductions from excise taxes on tobacco and alcohol products [17,23,25].

Predictive calculations show that unless many risk factors for the onset of DCS are counteracted, their negative impact on health in the future will manifest itself even greater. Therefore, the analysis of the role of specific risk

factors in the formation of related pathology is the optimal method for revealing the causes and current epidemiological patterns of processes, their predictive trends and the rationale for the ways of prevention.

Summing up, it is proved that the influence of the main risk factors is preventable or it may be limited. A study of hundreds of thousands of cases over 30 years has shown that smoking, high blood pressure, high cholesterol and diabetes invariably increase the risk of developing DCS. These factors, in turn, are directly related to excess weight: the use of fat-rich foods and insufficient physical activity. For any preventive endeavor, the lifestyle of people and their environment is the problem of paramount importance.

Conclusions.

1. The experience of implementing international preventive programs in a number of countries in the world has shown their effectiveness at the population level, and pointed to possible directions for its optimization, which relate to technology of impact on behavioral risk factors, in particular, diseases of the circulatory system.

2. The solution of the problem can be found as a result of the joint work of theorists and practitioners, which will be implemented not only through legislation and effective propaganda, but also through organizational and managerial activities.

3. It is necessary to increase the level of health education among the population in order to reduce, often inefficient, cost of treatment of diseases – the result of unhealthy lifestyles – and thereby improve productivity and quality of work, create the necessary conditions for healthy lifestyles and create an appropriate incentive system for positive style of life.

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SUMMARY

WORLD AND NATIONAL EXPERIENCE IN ORGANIZATION OF PREVENTION OF CARDIOVASCULAR DISEASES

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The aim of the study was to examine the global, European and national experience in the implementation of

preventive programs and to reveal their value in health, economy and social health development.

The conducted research has found that the implementation of the national program, the correct methodological approach of the physician to evaluate risk factors, and implementing preventive measures of diseases of the circulatory system bring positive results (reduction of prevalence and incidence of cerebral stroke by 13,7% and 1,4%, respectively).

The results of the analysis of the health care industry pointed out the possible directions of optimization of prevention of behavioral risk factors in the practice of family medicine as the first point of contact with the patient, where preventive measures are essential and effective.

Summing up, it should be noted that at the level of primary health care, particularly family medicine, with effectively coordinated work and correctly set motivation, the preventive measures against risk factors of diseases of circulatory system can be quite effective.

Keywords: program's prevention, risk factors, cardiovascular disease.

РЕЗЮМЕ

МИРОВОЙ И НАЦИОНАЛЬНЫЙ ОПЫТ ОРГАНИЗАЦИИ ПРОФИЛАКТИКИ СЕРДЕЧНО-СОСУДИСТЫХ ЗАБОЛЕВАНИЙ

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Целью исследования явился анализ мирового, европейского и национального опыта внедрения профилактических программ, раскрыто их значение как инвестиций здоровья, экономики и развития общественного здравоохранения.

В результате исследования установлено, что при внедрении национальных программ, правильном методическом подходе врача к оценке и воздействию на факторы риска, профилактика болезней системы кровообращения приносит положительные результаты - уменьшение показателей распространенности и заболеваемости мозговых инсультов на 13,7% и 1,4%, соответственно.

Результаты анализа отечественной отрасли здраво-

охранения указали на возможные направления оптимизации профилактической деятельности на поведенческие факторы риска в практике семейной медицины как уровня первого контакта с пациентом, где профилактические мероприятия являются востребованными и результативными.

Подводя итог, следует отметить, что на уровне первичного звена здравоохранения, в частности, семейной медицины, при наличии мотивации и соответствующей организации работы могут достаточно успешно проводиться профилактические мероприятия в отношении вредных привычек.

რეზიუმე

საერთაშორისო და ეროვნული გამოცდილება გულ-სისხლძარღვთა დაავადების პროფილაქტიკის განხორციელებაში

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უკრაინის უმაღლესი სახელმწიფო საგანმანათლებლო დაწესებულება «ბუკოვინის სახელმწიფო სამედიცინო უნივერსიტეტი», უკრაინა

კვლევის მიზანს წარმოადგენდა მსოფლიო, ეროვნული და ევროპული გამოცდილების ანალიზი პროფილაქტიკური პროგრამების დანერგვის განხორციელებაში, მათი, როგორც ჯანმრთელობაში და საზოგადოებრივი ჯანდაცვის განვითარებაში ინვესტიციის გამოვლენა.

კვლევის შედეგად გამოვლინდა, რომ ეროვნული პროგრამების დანერგვის დროს ექიმის მიერ რისკის ფაქტორებზე ზემოქმედებისა და მათი შეფასებისადმი სწორი მეთოდური მიდგომის შემთხვევაში სისხლძარღვთა დაავადების პროფილაქტიკას აქვს დადებითი შედეგები – საგრძნობლად მცირდება ინსულტით დაავადების შემთხვევები და გაერცელება - 13,7% და 1,4%, შესაბამისად.

შიდა დარგობრივი ჯანდაცვის ანალიზის შედეგად დაისახა პროფილაქტიკური მოღვაწეობის ოპტიმიზაციის გზები და საშუალებები.

დასკვნის სახით აუცილებელია აღინიშნოს, რომ ჯანდაცვის პირველი რგოლის, კერძოდ, ოჯახის მედიცინის დონეზე, მოტივაციის არსებობის შემთხვევაში და მუშაობის სათანადო ორგანიზაციის პირობებში შესაძლებელია საკმაოდ წარმატებით წარიმართოს პროფილაქტიკური ღონისძიებები, მიმართული მანერ ჩვევების წინააღმდეგ.