



випадків, до 10-12-ти тижнів – у 66%, до позитивного результату на хоріонічний гонадотропін людини – у 12%.

Таким чином, в Україні вже давно назріла необхідність перегляду принципових підходів до лікувальної стратегії при недостатності лютеїнової фази.

СЕКЦІЯ 12 **СУЧАСНА ДІАГНОСТИКА ТА ЛІКУВАННЯ НЕВРОЛОГІЧНИХ** **ТА ПСИХІЧНИХ ЗАХВОРЮВАНЬ**

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ENDOCRINE COMORBIDITY AND ISCHEMIC STROKE: THE IMPACT ON STROKE SEVERITY AND CASE FATALITY

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Endocrine disorders are among the risk factors for cerebrovascular diseases and stroke. In the present study, we aimed to assess a possible impact of endocrine comorbidity on initial severity of acute ischemic stroke, as well as on stroke case fatality.

The study included 356 patients with first ischemic stroke admitted to the stroke center of municipal multidisciplinary hospital; mean age 67.4 ± 0.8 years. Baseline examination on the day of admission included Glasgow Coma Scale (GCS) and National Institute of Health Stroke Scale (NIHSS). Mean GCS score was 13.5 ± 0.16 ; NIHSS – 11.4 ± 0.32 . None of the patients was eligible for thrombolysis because of hospitalization delay or unknown onset-to-door timing.

Comorbid endocrine disorders were found in 27.5% of patients: type 2 diabetes – 21.6%, acquired primary hypothyroidism – 5.1%, hyperthyroidism – 0.6%, exogenous Cushing's syndrome – 0.3%.

The acute stage of stroke in patients with diabetes was characterized by lower GCS score (in comparison to patients without endocrine pathology) – 12.0 ± 0.38 and 13.8 ± 0.16 , $p < 0.005$; deeper neurological deficiency according to NIHSS scores (13.6 ± 0.91 vs. 10.2 ± 0.40 , $p < 0.01$), and higher 28-day stroke case fatality ($24.7 \pm 4.61\%$ vs. $13.6 \pm 1.97\%$, $p < 0.01$). Patients with diabetes had higher probability of 28-days stroke case fatality – OR 2.15 (95% CI 1.17-3.96). There was no association between hypothyroidism and fatal stroke found (OR 1.55, 95% CI 0.44-5.18).

Endocrine comorbidity, particularly type 2 diabetes is associated with higher initial stroke severity and increased risk of case fatality in patients with ischemic stroke. Possible associations of other endocrine disorders with the severity of acute ischemic stroke require further investigations.

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ADLERIAN UNDERSTANDING OF ORTHOREXIA NERVOSA

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It is good to eat healthy food. We are encouraged to do so by major medical associations, personal physicians, the media and even the government. Some people in their quest to be as healthy as possible begin to choose increasingly restricted diets and develop an obsessive, perfectionistic relationship with eating the right foods. This may go so far as to become psychologically and even physically unhealthy. In other words, it can result in eating disorders.

This unhealthy relationship with healthy foods is referred to as orthorexia nervosa from the Greek *orthos*, meaning “correct or right” and *rexia*, meaning “appetite.” While orthorexia nervosa (ON) is not listed in the DSM-V, it is the subject of growing academic research and has become an accepted diagnosis in the mental health community.

A person with orthorexia nervosa has become so addicted to eating healthy food that this one goal begins to squeeze out and diminish other important dimensions of life. Thinking about what to eat replaces relationships, friendships, career goals, hobbies and most other pleasures of