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

Filipets O.O.
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; NHSS – 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 GSC 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 ($24.7\pm4.61\%$ vs. $13.6\pm1.97\%$, $p<0.01$). 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

being alive. In extreme cases, the obsession with restricting one's diet can lead to dangerous malnutrition, a truly ironic consequence of what began as a search for improved health.

The purpose of this research was to investigate relationships more broadly between orthorexia tendencies and other factors such as social interest, perfectionism, self-esteem and self-control, and to find Adlerian connections.

Social interest, identified by Alfred Adler by the term Gemeinschaftsguefühl and also referred to as community feeling, is related to an individual's connection and belonging to the community and humanity. Alfred Adler stated that striving for perfection is a way to find a place to belong and engage in social interest. Adler believed that belonging was an essential need for all individuals. Social interest refers to one's responsibility to the community in which one lives and by how that community is impacted by the individual and the individual's contributions.

An individual with an ON lacks social interest. The individual is preoccupied with a need for perfection to feel value, worth, and connection. The individual is motivated toward a model of perfection that is skewed by an inaccurate ideal of body image as the goal to be achieved in order to be loved.

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COMORBIDITY OF RECURRENT DEPRESSIVE DISORDER AND INSOMNIA
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Insomnia is the most common sleep complaint of patient with recurrent depressive disorder (RDD). It involves trouble with falling asleep or staying asleep. It also occurs when you wake up earlier than desired. Living with a sleep disorder can be a battle of the body and the mind. It is easy to become frustrated when patient have trouble sleeping at night or staying awake during the day. Healthy sleep is essential to overall health. It helps balance mood and emotions. Without healthy sleep, patients are more likely to struggle with feelings of depression and anxiety.

Observational studies suggest that insomnia might be associated with an increased risk of depression with inconsistent results. This study is aimed at conducting the analysis and observation of patients to evaluate an association between insomnia and depression.

Participants were 45 adults (age M $\pm$ SD = 46.6 $\pm$ 12.6, 73.0% female) with insomnia and major depressive disorders (MDD) who received antidepressant pharmacotherapy and were randomized to session of psychoeducation for insomnia or control conditions over 4 weeks with 6 months follow-ups. Depression and insomnia severity were assessed at baseline, biweekly during treatment, and 4 months thereafter. Sleep effort and beliefs about sleep were also assessed.

Growth mixture modeling revealed three trajectories: (a) Partial-Responders (68.9%) had moderate symptom reduction during early treatment (p value < .001) and maintained mild depression during follow-ups. (b) Initial-Responders (17.6%) had marked symptom reduction during treatment (p values < .001) and low depression severity at post-treatment, but increased severity over follow-up (p value < .001). (c) Optimal-Responders (13.5%) achieved most gains during early treatment (p value < .001), continued to improve (p value <.01) and maintained minimal depression during follow-ups. The classes did not differ significantly on baseline measures or treatment received, but differed in insomnia-related measures after treatment began (p values < .05): Optimal-Responders consistently endorsed the lowest insomnia severity, sleep effort, and unhelpful beliefs about sleep.

Three depression symptom trajectories were observed among patients with comorbid insomnia and MDD. These trajectories were associated with insomnia-related constructs after commencing treatment. Early changes in insomnia characteristics may predict long-term depression outcomes.

Insomnia and MDD often co-occur, and such comorbidity has been associated with poorer outcomes for both conditions. However, individual differences in depressive symptom trajectories during and after treatment are poorly understood in comorbid insomnia and depression.