Emotional intelligence (EI) is an important part of psychology of an athlete and must therefore be taken into account when a training programme for an athlete is being devised.

Modern research into psychological training in sports raises the issue of how athlete's psychology can be used as a resource.

The need to counteract the wide range of stress factors that often arise during training and competition presents a range of challenges that an athlete's character must overcome. For example, athletes can only obtain good results in sport by adapting to high training loads and to constant competition. This demands a complex set of personal resources and qualities in an athlete.

Theoretical analysis offers many insights into how best to form and shape the personal resources of an athlete. The literature on the subject is extensive and much of it is overlapping. Nevertheless, it seems from the written materials that there are four main resources. They are motivational, cognitive, behavioural and emotional. Emotional stability, confidence and motivation, dedication, optimism, and the ability to control aggression, anxiety, the ability to concentrate and high self-esteem and the importance of having a stable psychological profile are closely linked to or are subsets of the four main resources.

The aim of this research paper is to determine the impact of physical activity on the level of EI among youth; examine the extent to which EI and sports achievements is correlated; and consider the discrepancies between EI indicators between athletes in different sport disciplines.

In essence the literature on the subject emphasizes the need for careful research into the psychological resources of an athlete. It also argues that those resources will differ from one athlete to another. The versatile use of the emotional resource capabilities of an athlete's psyche effectively increases their ability to embody their sports potential in competitions. Harnessing EI has the potential for improving an athlete's emotional resources.

In the paper, the EI of 245 young people aged 17-19 was studied. 125 of them were athletes who were systematically engaged in sports and competitions for 3½ years. The remaining 120 ones did not go into sport at all. The research is based on the methodology that Nelson-Hall devised to assess EI. It also uses various methods of mathematical statistical analysis, such as Student's t-test.

The paper shows that the extent of the development of EI in young athletes was significantly higher than that in their peers who had not done any sports. Thus, sports activities have a positive effect on the development of young people's EI.

It is clear from this finding that EI plays an important role in shaping an athlete's psychological profile. Another key finding is that in a group of athletes the results and analysis of the components of EI in a group of athletes, statistically significant differences were found in EI between athletes in the group. This was shown in the indices that measured how well they were able to manage their own emotions, their degree of self-motivation and in the extent to which they were aware of other people's emotions. The research showed that athletes with higher levels of emotional management tend to achieve better results than those with lower emotional management abilities. It is likely that this observation will hold true for athletes from across a broad spectrum of sports ability.

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MODERN APPROACHES IN THE PREVENTION OF COLON CANCER

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Colorectal cancer (CRC) is one of the most widespread pathology in the world. Every year in the world, the incidence reaches 1 million cases, and the annual mortality rate exceeds 500,000. and ranks second in mortality after malignant neoplasms among men and women. The incidence of CRC in European countries is 26-46 men and 17-28 women per 100,000 (in Ukraine, an average of 17-21 cases). It is more often found at the age of 60 years and more, but it is diagnosed only in 6% of cases in people aged 50 and less. In 95% of cases, CRC arises from adenomas of the colon, less often develops in patients with genetically determined polyposis syndrome or inflammatory bowel diseases (IBD).

The aim of the study is to analyze modern screening methods for CRC. Early detection of CRC among the population has 2 directions: detection in high-risk groups and in formally healthy people, without any symptoms. The high-risk group includes persons with a family history of CRC (relatives of the first degree); patients suffering from IBD for 10 years, people with severe obesity. Screening of high-risk individuals begins at age 40, for the remaining individuals from age 50.

The most well-known test - FOBT - detection of small amounts of occult blood in the intestinal contents. It is performed at home: for 3 days before the test follow a diet without animal protein, and then take 2 samples of feces for 3 days. The test should be repeated annually. Another method of immunochemical examination of feces for occult blood - FIT - is more convenient, does not require a special diet, it requires a smaller number of fecal samples. The methods reduce the risk of death from CRC by 15%, in addition, FOBT and FIT reduce the incidence of CRC by 20% by diagnosing large polyps and their subsequent removal by colonoscopy.

In case of positive tests for occult blood, patients should be examined additionally. The second method of screening is sigmoidoscopy, which is performed once every 5 years and reduces mortality from CRC by 60%. If a polyp or tumor was found during this method, a colonoscopy is performed. The combination of FOBT and sigmoidoscopy can reduce the risk of death from CRC by 80%. Colonoscopy is marked as the gold standard among screening methods in some countries. Periodic colonoscopies can prevent cancer in 76-90% of patients with large polyps. Colonoscopy in a healthy population is performed once every 10 years, and in patients with small polyps or solitary adenoma without severe dysplasia - once every 3 years. In patients with hereditary non-polyposis CRC colonoscopy is performed at intervals of 1-2 years.

Among the promising methods of screening and diagnosis - virtual colonoscopy - spiral computed tomography with very thin sections and 3-dimensional image. The sensitivity of the new method in the diagnosis of polyps more than 1 cm is 90%, and the specificity is 96%. The duration of the study is 10 minutes. Of the new methods, we note the fecal test for DNA. The exfoliated epithelium of the colon is isolated from the feces, DNA is extracted and its mutation analysis is performed using a panel of biological markers APC, P53, Ras, Bat-26. These data allow to differentiate adenomas with malignancy.

Thus, screening can potentially reduce the incidence of CRC. Evidence-based quality standards need to be developed at each stage of the screening process, disseminate inexpensive, easy-to-use clinical methods and implement them at the national level

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FEATURES OF THE CLINICAL COURSE OF OSTEOARTHRITIS IN PATIENTS WITH COMORBID NON-ALCOHOLIC STEATOHEPATITIS AND OBESITY

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Today, non-alcoholic fatty liver disease (NAFLD) is one of the most common diseases in hepatology, which leads to poor quality of life, reducing its duration. An important problem is the comorbidity of NAFLD with obesity (Ob) and osteoarthritis (OA), which is characterized by a burdening syndrome. Osteoarthritis of large joints is a common comorbid pathology on the background of Ob. The urgency of the problem of studying OA is due to the high prevalence of OA, the rapid development of functional disorders and disability of people of all ages.

The aim was to find out the features of the clinical course of osteoarthritis depending on the presence of comorbid diseases: non-alcoholic steatohepatitis and obesity. 140 patients with NASH, OA, obesity or with their combination were examined including 30 patients with OA and normal weight (BMI = 21 – 25 kg / m2), 80 patients with OA, NASH and obesity (BMI higher than 30 kg / m2), 30 patients with NASH and obesity without OA (BMI> 30 kg / m2). The average age (63.1 ± 5.3) years. The control group consisted of 30 healthy individuals with normal body weight, including 12 men and 18 women.

A negative impact of NASH and obesity on the course of OA compared with the course of OA in persons with normal body weight consists of a significantly lower frequency of stage I (2,4