

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



МАТЕРІАЛИ

**104-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
06, 08, 13 лютого 2023 року**

Конференція внесена до Реєстру заходів безперервного професійного розвитку,
які проводитимуться у 2023 році №5500074

Чернівці – 2023

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NEUROPHYSIOLOGICAL STATUS OF PATIENTS WITH ATRIAL FIBRILLATION

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Introduction. The development of dementia in patients with atrial fibrillation (AF) is associated with decreased independence in daily life, as well as increased mortality. These facts emphasize the importance of assessing cognitive functions in patients with AF and monitoring their condition. It is assumed that the most vulnerable in AF are verbal memory, attention and executive functions.

Material and methods. The study included 50 patients with AF. The study included patients with symptomatic non-valvular AF refractory to antiarrhythmic therapy (paroxysmal or persistent form), with a risk of thromboembolic complications on the CHA₂DS₂-VASc scale of at least 2 points and a risk of bleeding on the HAS-BLED scale of at least 3 points.

Results. According to the results of screening neuropsychological testing, 5 (10.0%) patients with AF had a Mini-Mental State Examination (MMSE) level of less than 24 points. In addition, 40% (20 patients) had a syndrome of moderate cognitive impairments - MMSE scores of 27-24 points, of which only one patient had a history of repeated ischemic stroke (residual effects - mild left-sided hemiparesis 4 points). Most patients showed signs of dyscirculatory changes in the brain substance in the form of an increase in the width of the third ventricle (80.0%), as well as the presence of leukoaraiosis zones (90.0%). Leukoaraiosis was detected predominantly of periventricular localization; however, in 20 (40.0%) patients it was located periventricular and subcortical. Cysts were found in 15 (30.0%) patients, of them post-stroke in three cases, and lacunar cysts - in one patient.

Conclusions. About half of the examined patients with nonvalvular AF have cognitive deficits in the form of a syndrome of moderate cognitive impairments, as well as signs of dyscirculatory changes in the brain substance according to MRI data.

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OPTIMIZATION OF THE DIAGNOSIS OF RESPIRATORY EXTRAESOPHAGEAL SYMPTOMS OF GASTROESOPHAGEAL REFLUX DISEASE

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Introduction. The problem of the diagnosis and treatment of gastroesophageal reflux disease has recently attracted the attention of doctors from different countries of the world due to the increasing prevalence of gastroesophageal reflux disease, especially in elderly patients, a wide range of extraesophageal complaints, and the development of serious complications.

The aim of the study. To investigate the prevalence of respiratory extraesophageal symptoms of gastroesophageal reflux disease in elderly patients using a modified questionnaire (MQ) of GERD-Q.

Material and methods. We examined 60 patients with typical gastroesophageal reflux disease complaints (38 women, 22 men), with an average age of 65.5 ± 7.4 years. We conducted the study by questioning the patients with typical gastroesophageal reflux disease complaints, data of the EPGDS and spirometry. Typical and respiratory extraesophageal symptoms of gastroesophageal reflux diseases were verified using the MQ GERD-Q (10 questions 0-3 points for each). Additionally, patients were questioned about their eating behavior, smoking, drinking coffee and alcohol. The efficacy of the antisecretory therapy to symptoms of gastroesophageal reflux disease with omeprazole 40 mg/d on 7 days and 1 month after initiation of treatment was evaluated using the MQ GERD-Q.

Results. In 75% of patients, the respiratory extraesophageal symptoms of gastroesophageal reflux disease were detected (25% had "lower" type, 50% had "upper" type). With the help of EGDS, gastroesophageal reflux disease without esophagitis was found in 73.3% of patients with