

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



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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according to the Hoehn and Yahr scale was 2.05 ± 0.6 . Non-psychotic mental disorders and some motor disorders in PD were evaluated using the following methods: Unified Parkinson's Disease Rating Scale section 1, 2, 3 (UPDRS, version 2008); to detect and assess the severity of depression and anxiety - Hospital Anxiety and Depression Scale (HADS); personal and situational anxiety was determined according to Spielberger's scale.

Results. During the examination, anxiety-depressive disorders were found in all our patients with CP - 63.6%. When assessing the characteristics of non-motor manifestations of CP in terms of age, a statistically significant deterioration in CP patients over 60 years of age was noted in frontal regulatory functions on the PTLD scale (12.94%), in general cognitive performance on the MMSE scale (12.39 %), and in quality of life according to the PDQ-39 scale (16.39%). It should be noted that the average value of the total score of cognitive functions in patients younger than 60 years old was not significantly different from the control, the score in the group of patients older than 60 years old corresponded to pronounced cognitive impairment.

During the study, it was established that non-psychotic mental disturbances in CP reliably deepen with the progression of the disease. Thus, the number of points for PTLD in stage 1 was 16.17 ± 0.34 , and in patients of stage 2 – 14.31 ± 0.26 , $p < 0.05$, according to MMSE in patients of stage 1 – 28.24 ± 0.46 points, and stage 2 – 26.48 ± 0.67 points, $p < 0.05$, according to section 2 of the UPDRS scale in stage 1 of the disease 10.83 ± 0.86 points, stage 2 – 13.58 ± 0.45 points, $p < 0.05$ and according to section 3 of the UPDRS scale in stage 1 – 19.28 ± 0.72 points, in stage 2 – 28.74 ± 0.94 points, $p < 0.05$.

After a course of taking phenibut against the background of complex therapy, the patients experienced a significant improvement in their psycho-emotional state. The degree of depression decreased (the average score on the Beck scale before and after treatment was 18.65 ± 2.46 and 15.28 ± 2.84 ($p < 0.05$)). Anxiety also decreased. The situational anxiety index decreased from 56.68 ± 2.93 points to 49.26 ± 2.86 points after taking phenibut Personal anxiety decreased from 57.34 ± 2.48 points to 51.34 ± 2.68 points ($p < 0.05$).

Conclusion. In patients with Parkinson's disease, with increasing age, stage and duration of the disease, there is a significant deterioration of anxiety-depressive symptoms and quality of life. The worst indicators of non-motor manifestations are observed in akinetic rigidity and mixed forms and a rapidly progressing course of CP. The inclusion of phenibut in the complex therapy of Parkinson's disease improves the psycho-emotional state of patients and helps to reduce personal and situational anxiety.

Yurtsenyuk O.S.

STRESS-RELATED NEUROTIC AND SOMATOFORM DISORDERS AMONG THE UNIVERSITY STUDENTS

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Introduction. Importance of current studies dealing with stress-related neurotic and somatoform disorders at a young age is determined by the necessity to find new forms of psychological support directed to social adaptation and harmonious personal development of students.

The aim of the research is to investigate the occurrence of stress-related neurotic and somatoform disorders in students of different years and specialties, to develop a comprehensive treatment of the above conditions.

Materials and methods. 1235 students underwent a comprehensive check-up during the period from 2015 to 2017 keeping to the principles of bioethics and deontology. The following methods were applied: clinical, clinical-psychopathological, clinical-epidemiological, clinical-anamnestic, experimental-psychological and statistical. Sampling did not differ considerably by the sex and age, place of residence, and form of education. The check-ups were performed in the period between examinations.

Results. Investigation of the systematic sampling resulted in the fact that neurotic stress-related and somatoform disorders were found in 187 (15,14%) students that constituted 58,99% of all the nonpsychotic psychic disorders (NPD) diagnosed in young people. The nosology F 40.0-48.1 was found in 62 (33,16%) men and 125 (66,84%) women. The biggest amount of neurotic stress-related and somatoform disorders was diagnosed in the 1st and 3rd year students: 67,12% and 77,78% respectively ($p < 0,05$). Those students studied on the specialties «General Medicine», «Stomatology», «Practical Psychology». Antidepressants, anxiolytics, anticonvulsive, nootropic agents, vitamins and various kinds of psychotherapy (cognitive-behavioral, systemic family, Gestalt, psychoanalysis, client-centered and body-focused therapy) were applied in the treatment of neurotic stress-related and somatoform disorders.

Conclusions. The obtained results should be considered in making screening diagnostic, therapeutic and preventive measures for the students at higher educational institutions.

Zorii I.A.

CLINICAL AND NEUROPHYSIOLOGICAL FEATURES OF SPASTIC SYNDROME IN CHILDREN WITH ORGANIC DAMAGE TO THE NERVOUS SYSTEM

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Introduction. Organic lesions of the central nervous system (CNS) are a group of neuropsychic disorders occurring due to effect of various pathological factors on the brain. Infantile cerebral palsy (ICP) is the most widespread neurological disease diagnosed in children at an early age. The main clinical signs of ICP are non-progressing disorders of the motor function and posture. 80 % of children with ICP suffer from spastic forms, the main symptom of which is overactive muscular tonus – spasticity formed due to a combined lesion of the pyramidal and extrapyramidal structures from the side of the brain and spinal cord

The aim of the research is to determine clinical and electroneuromyographic peculiarities of spastic syndrome of ICP children depending on the intensity of motor disorders.

Materials and methods. 122 ICP children are examined (an average age $8,8 \pm 3,7$ years), distributed into groups by the results of Gross Motor Function Classification Expanded & Revised (GMFCS E&R). All the patients underwent careful neurological examination and ENMG examination. To assess supra-segmental and segmental levels of nervous system lesions along with the parameters of H-reflex and F-wave were analyzed.

Results. Spastic ICP forms were diagnosed in the majority of the examined children: in 40 (32,8%) children – spastic diplegia, in 25 (20,5%) – hemiparesis form, in 6 (4,9%) – spastic tripareisis, in 34 (27,9%) – spastic tetraparesis. Hyperkinesia was found in 10 children (8,2%) and atactic syndrome – in 7 (5,7%) children. Orthopedic pathology was found more often among ICP children with marked motor disorders including equinovalgus position and planovalgus feet deformity. According to ENMG parameters ICP patients presented conductive disorders manifested by an increased amplitude of M-response, especially in testing the tibial nerve, increased Hmax/Mmax ratio and the amplitudes of H-reflex and F-wave.

Conclusions. According to the results of the study conducted, ENMG parameters changed in the side of deterioration depending on the degree of motor activity disorders by Gross Motor Function Classification. A comprehensive clinical-instrumental examination of children with ICP is valuable in diagnostics of muscular tonus disorders, which must include a careful assessment of the neurological status, orthopedic examination and ENMG examination with compulsory use of the phenomenon of F-wave and H-reflex.