



It was examined 24 children with attention deficit / hyperactivity disorder (ADHD) aged 3-9 years. There were 17 (70,8%) boys and 7 (29,2%) girls. The diagnosis was established based on complaints of patients and their parents, data of anamnesis of life and illness and objective examination of children. Patients with ADHD had difficulty in concentration of attention during learning the materials. They made mistakes due to carelessness, do not pay attention to comments and do not listen to explanations. Children showed excessive mobility, agility, restlessness, made a lot of unnecessary movements instead of focusing on learning and performing tasks. Such behavior created problems both at school and at home. Children with ADHD had low self-esteem and it was difficult for them to make new friends.

The final diagnosis of ADHD was made by 3 groups of criteria (recommended by American Psychiatric Association): criteria of inattention, criteria of hyperactivity and criteria of impulsivity. It was necessary to score from 6 to 9 points from each.

In addition to behavioral disorders, 5 (20,8%) children had speech disorders (they were badly spoken or badly pronounced words,) and 3 (12,5%) children had hyperkinetic disorders (eye blinking, head jerking).

Electroencephalography showed increased theta waves in 3 patients and decreased beta waves in 5 individuals. In the rest 16 children, no pathological abnormalities were detected by electroencephalography examination.

All children with ADHD were divided into 2 groups. The first group of patients (14 children) was treated by nootropics with sedatives and second one (10 children) got combination of nootropics with sedatives and omega-3. In one month time it was mentioned relatively less motor activity, improving attention, less impulsiveness in children of both groups. In three months in 6 (42,9%) children from the first group were found restoration of previous manifestations of ADHD. In second group, in only one (10%) child was mentioned the same behavioral disorders as before treatment, that let as made a conclusion about the effectiveness of addition to standard therapy of ADHD of polyunsaturated fatty acids. All children, except medical treatment, were recommended psychological correction.

Thus, adding of polyunsaturated fatty acid omega-3 to treatment of children with ADHD has a positive and prolonged effect. Behavioral disorders such as difficulty in concentration of attention, excessive mobility, restlessness, impulsiveness decreases and held for a longer time in comparison with patients who were not taken omega-3.

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THE INFLUENCE OF THE HEALTH SAVING SCHOOL PROGRAM ON SLEEP CHARACTERISTICS IN CHILDREN

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Healthy sleep is an important physiological process for children growth and development especially in school age during educational loading. The good sleep must have sufficient duration, appropriate timing, adequate quality and absence of disturbances. Sleep problems are prevalent in childhood, and aspects of insomnia, such as difficulties with sleep onset, night-time awakening and hard morning awakening, are among the most common no respiratory sleep problems during the school years. Some of the consequences of poor sleep in adolescents are behavioral problems, impaired learning and school performance, sports injuries, mood deviation and emotional dysregulation. Adolescence lack of sleep may be related to high-risk behaviors such as alcohol and drug use, suicidal behaviors. Sleep is critical for children and is connected with intensity of physical exercise, duration of staying on open air. Many programs were developed to preserve the health of school-age children, methods of correcting their disorders and primary prevention measures: health education, health promotion and disease prevention.

The purpose of the study was to analyze the effect of health-saving programs elements in the educational process on the sleep of school-age children. In comprehensive school in Chernivtsi region the elements of were applied, namely: gymnastics, a regular walk on open air during the



breaks between lessons, breathing exercises according to the Strelnikova method. In total 48 children of both sexes in age 10-15 years were examined, subgroup of 28 from them were included in health-saving programs. The study includes assessment of resting anthropometric data, nutrition, physical activity habits, peculiarities and quality of sleep data etc. Sleep timing - sleep onset, sleep offset, time to falling asleep, frequency of daytime sleep, nighttime and total sleep duration and quality assessment were obtained with self-report sleep diaries. Children's sleep quality graded as "excellent," "good," "fair," and "poor". Statistical analysis conducted with program Statistica.

In our research time of sleep onset in the most cases could be chosen by child itself or by family. In total the time of going to bed was about 22 hours, earlier than 21 hours was in 12.5% cases and later 23 hours - in 10.4% children. It became later with the age and mostly in boys. The averages of night sleep duration (8.45 ± 0.44 hours) was above recommended minimal 8 hours, but at least 12.5% of children have night sleep shorter than 7 hours and 41.7% - shorter than 8 hours. Total sleep deficiency resulted in hard awakening in the morning in the most cases and children have desire to sleep more. There are no sufficient difference between subgroup in sleep duration but sleep latency was shorter in subgroup under health-saving programs (19.6 ± 3.44 min against 31.4 ± 4.24 min). Self-assessment of sleep quality as a complex indicator reflects the sleep environment, the duration of the deep sleep (non-REM) phase and the presence of sleep deteriorations. Quality of sleep was better in special subgroup - 3.21 ± 0.04 units against 2.64 ± 0.07 units and less sleep deteriorations were registered.

In general in persons included in health-saving programs the night sleep and sleep latency were shorter but sleep productivity and quality were better.

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CLINICAL SIGNS AS INDICES OF COMMUNITY-ACQUIRED PNEUMONIA SEVERITY IN CHILDREN

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Acute respiratory tract infections are among the leading causes of morbidity in children (Shan et al., 2019). Furthermore, according to the United National Children's Fund (UNICEF), pneumonia annually causes about three million child deaths worldwide. To date, there is a high need for a valid biomarkers for scoring the severity of community-acquired pneumonia and algorithms for the management of children of different ages. It can be stated that diagnosis, management, and prognosis of the severity of the pneumonia course in children is quite challenging.

The aim of the research is to study clinical parameters, which are the mains markers of severity of community-acquired pneumonia in children and may serve as criteria for in- or outpatient treatment.

The research was conducted at the Pulmonology and Allergology Department of the Chernivtsi Regional Children's Clinical Hospital and involved 70 inpatients with community-acquired pneumonia. Based on the results of the stratification, two clinical comparison groups were formed: the first (I) clinical group of children with the low risk of severe pneumonia (42 patients), the second (II) clinical group – children with the moderate risk of severe pneumonia (28 patients). The mean age of children from the I clinical group was 9.1 ± 0.67 years, in the II group – 8.0 ± 1.01 years ($p > 0.05$). The part of boys was 57.1% and 50.0%, rural residents – 59.5% and 67.9% in the I and II clinical observation groups, respectively ($p > 0.05$).

According to the results of the radiological examination, patients from the group I were more frequently diagnosed with segmental (50.0% of cases vs 33.3%, $p > 0.05$) and interstitial (7.1% vs 2.4%, respectively, $p > 0.05$) forms of pneumonia compared to patients from the group II.

Right-sided pneumonia was found in the majority of children (59.5% of the group I and 60.7% of the group II patients, $p > 0.05$), left-sided pneumonia – in 33.3% and 28.6%, respectively ($p > 0.05$), and double pneumonia – in 7.1% and 10.7% of cases, respectively ($p > 0.05$).

At the start of hospital treatment majority of patients from the clinical group II (moderate risk of severe pneumonia) complained of febrile fever (85.7% vs 57.1% of patients in clinical group