

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



МАТЕРІАЛИ

**106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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approach to examining patients with unusual rheumatic symptoms that do not respond to standard therapy can reduce the risk of late tumor detection and improve the quality of life for patients. It underscores the need for heightened oncological vigilance among clinicians working with older patients.

Mykytyuk O.P.

**MODERN LIFESTYLE CHALLENGES AND ENVIRONMENTAL FACTORS
DISRUPTING HUMAN HEALTH AND ENVIRONMENTAL SYNCHRONY:
CHALLENGE FOR RESEACHERS AND PHYSICIANS**

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Introduction. The 21st century has brought rapid changes in lifestyle and environmental dynamics that disturb the natural synchrony with our environment and challenge human health. Rising urbanization, ecological problems, including air pollution, climate change, and urban noise, sedentary habits, and technology-driven lifestyle are reshaping daily routines, often at the expense of physical health, mental well-being, and biological rhythms.

The aim of the study. To define environmental stressors that may facilitate exacerbation of health issues by creating imbalance between human organism and natural environmental cues.

Material and methods. We performed literature analysis, with over 250 full-text reviews analysis – on Scopus, PubMed sources as well as review of available grey literature sources about key concerns related to changing life conditions and factors provoking such modifications. The depth of search was 10 years (2014-2024).

Results. Most authors define several directions causing health-related concerns.

Lifestyle and environmental factors: sedentary behaviors, irregular sleep patterns, and reliance on ultra-processed diets are central contributors to lifestyle-induced health issues. Digital overexposure and screen time disrupt circadian rhythms, impacting sleep quality and increasing the risk of metabolic disorders. Digital dependence and social media use contribute to mental health challenges such as anxiety, depression, and reduced social connectedness, altering natural patterns of human interaction. COVID-19 pandemic amplified sedentary behaviors, emotional eating, and mental health disorders due to prolonged isolation, remote work, and social stressors. Migration and conflict, such as the ongoing global refugee crises and recent wars, have also disrupted routines and access to essential resources, increasing vulnerabilities to physical and mental health disorders among affected populations.

Zeitgeber disruption is also significant nowadays. In recent years, shifts in zeitgebers—such as reduced natural light exposure due to increased indoor time and intensified artificial light at night—have led to circadian misalignment, weakening natural sleep-wake cycles and exacerbating risks of metabolic and psychological disorders. Rising global temperatures affect those in warmer climates who struggle with increased night-time temperatures and impaired sleep. Seasonal changes, which traditionally are powerful zeitgebers, were increasingly altered due to global warming. Shorter, milder winters and prolonged summers disrupt the seasonal cues that affect mood and activity levels, leading to Seasonal Affective Disorder and altered metabolic functions.

The convergence of lifestyle shifts, environmental factors, and social crises requires an urgent re-evaluation of healthcare strategies. Healthcare providers must address the complex effects of mentioned factors on patient health as far as they result and are closely linked to a growing prevalence of non-communicable diseases, including obesity, cardiovascular disease, diabetes. Preventive strategies, patient education, and multidisciplinary public health interventions—spanning urban planning, technology, and community support—are essential to mitigate risks and promote adaptive behaviors that restore synchrony with natural environmental rhythms.

Conclusions. Diet, physical inactivity, sleeping regimen, harmful habits; social and environmental conditions (e.g., pollution, socioeconomic status, stress levels) influence disease patterns differently across populations. Research that considers these aspects yields findings that are more applicable to specific contexts, enhancing the relevance and reliability of interventions.

Addressing these modern challenges is essential for reducing the healthcare burden and restoring human-environment synchrony. By adopting a holistic, adaptable approach, healthcare providers can foster resilience and promote a balance between human health and the evolving environmental landscape.

Peryzhniak A.I.

**RISK FACTORS OF FUNCTIONAL DISORDERS
STATE OF CARDIOVASCULAR PATHOLOGY OF NEWBORNS**

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Introduction. In order to determine the risk factors for the development of disorders of the functional state of the cardiovascular system (CVS) in the early neonatal period, an analysis of somatic pathology, the course of pregnancy and childbirth in mothers who gave birth to children with disorders of the functional state of the cardiovascular system was carried out.

The aim of the study. To reveal the influence of risk factors for the appearance of disorders of the functional state of the cardiovascular system in newborns with perinatal pathology.

Material and methods. The first group included 65 newborns who had clinical manifestations of perinatal pathology, which included changes in the functional state of the cardiovascular system; the second group consisted of 57 children, which were noted and which had more significant cardiovascular disorders. The third (control) group consisted of 60 newborns with a satisfactory general condition.

Results. The analysis of the somatic anamnesis of the children's mothers of the observation groups showed that in the cases of the children's birth who had clinical signs of impaired functional status CVS in perinatal pathology, a significant percentage of cardiac diseases was noted, probably higher in women of the 2nd group (47.37%), compared to the 1st group (26.15%) and the 3rd group (21.67%). The pathology was presented as listed below: vegetative-vascular dystonia (26.32% - in the 2nd group, 16.92% - in the 1st group and 18.33% - in the 3rd group, $p > 0.05$), mitral valve prolapses (respectively 7.02, 1.54 and 3.33% in 2nd, 1st and 3rd groups), $p < 0.05$ and arterial hypertension (3.51%) - in mothers of 2nd group. Endocrine pathology was also observed (26.32% - in the 2nd group, 10.77% - in the 1st group, 3.33% in the 3rd group), $p < 0.05$; iron deficiency anemia (respectively 47.37, 41.54 and 40.0% in the 2nd, 1st and 3rd groups), $p > 0.05$; diseases of the urinary system (in 21.05, 12.31 and 8.33% of cases, respectively, in the 2nd, 1st and 3rd groups), $p < 0.05$.

A significantly higher specific weight of chronic gynecological diseases also attracted attention pathologies in women who gave birth to children with severe forms of maladjustment (24.56%). At the same time, among the diagnoses, chronic colpitis and vaginitis prevailed (12.28%). The 2nd group mothers' birth stories showed a significantly higher frequency of conditionally pathogenic microflora carriage (38.60%), which was probably higher compared to the 1st group of women (10.77%) and to the 3rd one (8.33%), $p < 0.05$. According to the received data, the highest percentage of course complications pregnancy and childbirth in mothers was associated with the presence of the first and second gestosis half of the gestational period – 10.53% in the 2nd group and 3.08% in the 1st one ($p < 0.05$) and the presence placental dysfunction (14.04 and 12.31%, respectively, $p < 0.05$).

Analysis of the course of childbirth in women of observation groups showed a significant percentage pathologies especially in mothers of children of the 2nd group: duration of the waterless interval > 6 hours – 21.05%, premature rupture of membranes – 10.53%, episiotomy and perineotomy – 8.77%, wrapping the umbilical cord around the neck of the fetus – 14.04%, amniotomy – 8.77%; in 5.26% of cases there were superimposed outgoing obstetric forceps; vacuum extraction was performed in 7.02% of cases. A greater number of distress cases should be noted in the 2nd group, compared to the 1st group of the fetus – 12.28 and 7.69%, respectively, due to which the birth was carried out by caesarean section for emergency indications (36.84% in the 2nd group and 23.08% in the 1st group).