МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

М А Т Е Р І А Л И

106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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country running, and after that they start running at high and maximum speed, that is, for short distances.

At the same time, students continue to improve the technique of swing step, start, finish, etc. Then they move on to learning the technique of relay running, running with barriers and obstacles. The technique of jumping usually begins to be learned from high jumps, because they make it possible to better master the combination of swing movement with push-off. As one masters the technique of sprinting, they can move on to learning long jumps from a run. The sequence of learning individual methods of long and high jumps can be different.

The aim of the study. To assess the level of health-preserving competence among students, focusing on their knowledge of medical-biological disciplines, physiological aspects of the human body, and motivation for continuous learning in the context of physical education and health.

Material and methods. To achieve the goal, the following research methods were used: theoretical methods, including analysis of data from scientific-methodological literature, regulatory, programmatic-methodological documents, and synthesis of advanced pedagogical practice; empirical methods, including sociological methods (surveying, interviewing), methods for assessing health-preserving competence, and methods of statistical data processing.

Results. The research results showed that a high level of cognitive component manifestation was observed in 11% of third-year students who possess knowledge of the theoretical and practical fundamentals of medical-biological disciplines; are well-informed about the morphofunctional characteristics of the human body in ontogenesis; have precise knowledge of the neurophysiology and physiology of higher nervous activity in adolescents, as well as knowledge of the physiological mechanisms of mental processes and states; and show a strong need for continuous knowledge enhancement. A medium level of cognitive component manifestation is typical for 57% of students. These students possess incomplete knowledge of the theoretical and practical fundamentals of medical-biological disciplines; are insufficiently informed about the morphofunctional characteristics of the human body in ontogenesis; have less accurate knowledge of the neurophysiology and physiology of higher nervous activity in adolescents, as well as the physiological mechanisms of mental processes and states; and show a limited need for continuous knowledge enhancement.

Conclusions. The study results revealed that a high level of manifestation of the cognitive component of health-preserving competence was observed in 11% of second-year students, who are well-informed about the morphofunctional characteristics of the human body in ontogenesis and possess precise knowledge of the neurophysiology and physiology of higher nervous activity in adolescents. A significant proportion of the students surveyed (32%) demonstrated a low level of cognitive component manifestation, with a lack of expressed need for knowledge enhancement and limited understanding of the theoretical and practical fundamentals of medical-biological disciplines.

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FEATURES OF BLOOD LIPID SPECTRUM CORRECTION IN PATIENTS WITH NON-ALCOHOLIC STEATOHEPATITIS AND TYPE 2 DIABETES DEPENDING ON THE STAGE OF DIABETIC KIDNEY DISEASE

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Introduction. Endothelial dysfunction (ED), the most important factors of which are hyperglycemia, dys- and hyperlipidemia, and atherosclerotic vascular damage, occupies a prominent place in the mechanisms of progression of nonalcoholic steatohepatitis (NASH) and diabetic kidney disease (DKD) in patients with type 2 diabetes mellitus (DM2).

The aim of the study. To investigate the effect of the complex of metformin, rosuvastatin, essentiale forte H and quercetin on the state of the lipid spectrum of the blood, which is a factor in the progression of NASH and DKD.

Material and methods. The dynamics of treatment were studied in 60 patients with NASH with DM2 and stage I-III DKD, among whom 48 patients (80.0%) were diagnosed with NASH of mild activity, and 12 (20.0%) had NASH of moderate activity. A comorbid disease in 100% of NASH patients was type 2 diabetes of moderate severity, among which 15 (25.0%) had diabetes in the stage of compensation, 45 (75.0%) had subcompensated diabetes. All patients with NASH and DM2 had comorbid DKD, in particular, 21 cases of DKD stage I-II (35.0%), 20 people with DKD stage III (33.3%), 19 people with DKD stage IV (31.7%). 15 (25.0%) of the examined persons were diagnosed with secondary arterial hypertension (AH) of renal genesis I-II degree, 11 people (18.3%) were diagnosed with essential hypertension of the I-II stage, I-II degree.

Results. The content of total blood lipids, increased before treatment by 1,5 times ($p<0,05$), under the influence of treatment in group 2 decreased by 1.4 times ($p<0,05$), while in group 1 the decrease was 1.2 times ($p<0,05$) with the presence of a probable difference between indicators after treatment in groups ($p<0,05$). The content of total cholesterol (TC) in the blood, increased by 1.7 times before treatment ($p<0,05$), after treatment in the 2nd group decreased by 27.6% ($p<0,05$), and in the 1st group – by 10.5% ($p<0,05$) from the indicator before treatment, with the presence of a probable difference between the indicators after treatment in the groups ($p<0,05$). The most significant indicator of hyperlipidemia in patients with NASH and a background of DM2 with DKD is a 1.9-fold increase in the content of triacylglycerols (TG) in the blood, which forms the pathomorphological basis of liver steatosis. The maximum decrease in TG content after treatment among the parameters of the blood lipid spectrum was found in patients of group 2 – by 43,6% with normalization of the indicator against a decrease of 11.3% in patients of group 1 ($p<0,05$). The positive effect of Quercetin was also noted by us in relation to the increased 1.8 times ($p<0,05$) before the treatment the content of low-density lipoprotein cholesterol (LDL) in the blood: the decrease after treatment was 1,7 times in the 2nd group ($p<0,05$) in comparison with patients of group 1 (by 1.3 times ($p<0,05$)). Complex therapy with the inclusion of Quercetin contributed to a probable increase in the content of antiatherogenic high-density lipoproteins (HDL) in the blood (by 1.3 times ($p<0,05$)).

Conclusions. Complex therapy with EFL, rosuvastatin, metformin in combination with quercetin in people with comorbid NASH, DM2, and DKD contributes to the optimization of the blood lipid spectrum with a decrease in the content of proatherogenic low-density lipoproteins, cholesterol and triacylglycerols in the blood, and a probable increase in the content of antiatherogenic high-density lipoproteins in the blood.

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BETA-2 MICROGLOBULIN AS A MARKER OF RENAL LESIONS IN RHEUMATOID ARTHRITIS

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Introduction. Over the last years, a growth of the renal morbidity has been observed in patients with rheumatoid arthritis, a need of elaborating approaches to an early diagnosis of these abnormalities has arisen. A lot of studies to date have demonstrated large correlations between measures of renal function and suitable serum levels of beta-2 microglobulin.

The aim of the study. To study beta-2 microglobulin and to detect renal complications in patients with rheumatoid arthritis at early stages.

Materials and methods. The blood and urinary levels of beta-2 microglobulin were evaluated for this purpose. The authors examined 28 patients with rheumatoid arthritis of a diverse duration of the disease. The control group consisted of 10 apparently healthy persons. The gender distribution: 11 persons were men and 17 - women. The age of the subjects ranged from 34 to 62 years (the average age is 48 years). Beta-2 microglobulin in the blood and urine was determined by means of the method of immune-enzyme analysis.

Results. A raised level of the blood level of beta-2 microglobulin was revealed in 17 patients among those examined, 9 of them manifesting its presence in urine. An elevation of beta-2