

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ



**МАТЕРІАЛИ**  
**106-ї підсумкової науково-практичної конференції**  
**з міжнародною участю**  
**професорсько-викладацького колективу**  
**БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ**  
**03, 05, 10 лютого 2025 року**

Конференція внесена до Реєстру заходів безперервного професійного розвитку,  
які проводитимуться у 2025 році №1005249

Чернівці – 2025

УДК 61(063)

М 34

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.

Загальна редакція: професор Геруш І.В., професорка Годованець О.І., професор Безрук В.В.

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ISBN 978-617-519-135-4

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**Teleki Ya.M.**  
**APPROACHES TO ENHANCING PATIENT ADHERENCE**  
**TO ANTIHYPERTENSIVE THERAPY**

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**Introduction.** Patient adherence to antihypertensive treatment is a significant factor in managing and preventing complications of hypertension, such as cardiovascular and renal diseases. Poor adherence is often influenced by factors such as complex medication regimens, side effects, lack of awareness, and inadequate patient-provider communication. Enhancing adherence can lead to improved treatment outcomes and reduced healthcare costs.

**The aim of the study.** Studying strategies to increase patient participation in antihypertensive therapy to improve treatment effectiveness

**Material and methods.** The study involved 80 patients with diagnosed hypertension, who were divided into two groups based on their adherence levels. Group A (40 patients) received standard therapy and additional educational materials about hypertension management, while Group B (40 patients) was involved in a personalized adherence program, which included regular follow-up consultations, simplified medication regimens, and the use of reminder systems (e.g., mobile health apps). Data were collected through patient interviews, medication adherence questionnaires, and blood pressure monitoring over a 6-month period.

**Results.** Patients in Group B, who participated in the personalized adherence program, demonstrated a 30% higher adherence rate compared to Group A ( $p<0.05$ ). Blood pressure control improved by an average of 15 mmHg in systolic pressure and 10 mmHg in diastolic pressure in Group B, while Group A showed a smaller improvement of 5 mm Hg systolic and 3 mmHg diastolic. Additionally, patient satisfaction and engagement were markedly higher in Group B, with 85% of patients reporting a better understanding of their condition and treatment.

**Conclusions.** Implementing a personalized adherence program with educational support, simplified treatment plans, and reminder systems significantly enhances patient adherence to antihypertensive therapy. These strategies contribute to better blood pressure control and may reduce long-term risks associated with hypertension. Consequently, integrating adherence-improving interventions into clinical practice could be highly beneficial for patients with hypertension.

**Voloshyna L.O.**  
**REHABILITATION ASPECTS OF LONG-COVID SYNDROME**

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**Introduction.** Despite the fact that the epidemic of COVID-19 infection has now subsided, its long-term consequences continue to bother patients in various clinical manifestations: chronic fatigue, deterioration of work capacity, mood, reduced tolerance to physical exertion, increased signs of damage to various body systems, reflecting the multisystemic nature of the process. In world medicine, these signs are interpreted as post-COVID syndrome (PCS), which lasts up to six months, and in older age groups even longer (long-COVID syndrome), the treatment of which is currently insufficiently developed and involves a variety of treatment and rehabilitation measures.

**The aim of the study.** Presentation of the experience of using apiproducts in the rehabilitation treatment of patients with PCS.

**Material and methods.** Clinical observations were carried out in 78 patients with PCS aged 35-76 years, mostly women (56 people - 71.79%). Most of the patients (65 people) got sick with the COVID-19 infection at least twice in various degrees of severity. The interval between acute episodes of COVID-19 was 1.5-2 years. The duration of PCS was correlated with the age of the patient and varied between 4-6 months ( $4.7\pm0.36$ ) in the group of patients under 60 years of age and 7-12 months ( $7.4\pm1.13$ ;  $p<0.05$ ) in patients older than 60 years. Taking into account the results of the previous stage of PCS treatment, 56 patients were additionally prescribed a mixture of bee pollen and honey (1:1) in 150 ml of warm boiled water 15-20 minutes before meals in the morning