

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**  
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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

and at lunch, as well as alcohol tincture of propolis 2% 30 drops 3 times a day 30-40 minutes before meals for 1.5-2 months (main group). The comparison group consisted of 20 patients with PCS under the age of 60.

Performance criteria: the rate of regression of the clinical manifestations of PCS, the duration of treatment until the onset of remission, the onset of recovery, the frequency of relapses and the need for repeated courses, the effect on the symptoms of acquired preexisting diseases.

**Results.** It was established that the duration of PCS was shorter in people under 60 years of age, with moderate clinical manifestations and an unexpressed clinically polymorbid background (gastroduodenal-cholecystopathy, chronic bronchitis, moderate arterial hypertension). In patients over 60 years of age, a longer period of PCS, its more pronounced clinical picture and a polymorbid pre-existing background (CHD, arterial hypertension, heart failure, type 2 diabetes, more significant lesions of the digestive system, etc.) were noted. The use of beekeeping products in a therapeutic complex for 2 months in people under 60 years of age led to a satisfactory regression of the symptoms of PCS and the pre-existing morbid background with the onset of remission. After a one-month break, this group was recommended a preventive repeat course in a half-daily dosage for one month. In patients over 60 years of age, an additional two-month use of apiproducts in medical complexes had less effectiveness on the manifestations of PCS, but a more favorable effect on diseases acquired in the pre-covid period, especially on the part of the digestive and cardiovascular systems. Two full repeated two-month courses with one-month breaks were recommended to these patients. Observation of these groups of patients over the course of a year showed that, under the age of 60, only 3 (6.82%) of 44 patients had recurrences of PCS, and after 60 years - in 4 (28.57%) of 14 people ( $p < 0.05$ ), which indicates the need for more careful monitoring of such patients and improvement of rehabilitation measures. The obtained results are due to the complex action of the components of the applied apiproducts.

**Conclusions.** Long-COVID syndrome and post-COVID syndrome are insufficiently researched, affect different age groups, worsening the course of diseases acquired in the pre-covid period and burdening their medical and preventive rehabilitation, which can include beekeeping products as one of the effective means of optimizing treatment.

### Zub L.O.

## CHARACTERISTICS OF FREE RADICAL OXIDATION IN CHRONIC KIDNEY DISEASE PATIENTS WITH MALABSORPTION SYNDROME

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**Introduction.** Activation of free radical oxidation causes a violation of the structure of membranes, a toxic effect on tissues, oxidation of sulfhydryl groups of proteins and the development of structural changes in kidney diseases, as well as worsening malabsorption processes. Regulation of the steady-state concentration of lipid peroxides in biological membranes is carried out as a result of the balanced interaction of the reactions of the formation of these products - oxidation reactions, as well as control mechanisms that lead to the suppression of their formation - antioxidant reactions. Researching the mechanisms of progression of such comorbid pathology is an extremely relevant problem today.

**The aim of the study.** To study the features of free radical oxidation in patients with kidney damage and the presence of malabsorption syndrome.

**Material and methods.** 74 patients with urate and oxalate nephropathy with malabsorption syndrome and 20 healthy individuals were studied. Patients were divided into groups: I – malabsorption syndrome without kidney damage (19 patients); II – malabsorption syndrome with oxalaturia (22 patients); III – malabsorption syndrome with CKD-I stage. (19 patients); IV – malabsorption syndrome with CKD II stage and nephrodeposits (14 patients). The following were determined for all subjects: reduced glutathione, blood glutathione-s-transferase and glutathione peroxidase, blood malonaldehyde, the content of neutral and basic aldehyde and ketone dinitrophenylhydrazones.