

**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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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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loss of affect and impulse control - 31.03%. Thus, the state of the Self system is directly related to the performance and quality of life of military personnel. Among patients in the control group, these indicators were lower mainly on all scales, symbiotic defense - 31.5%, depersonalization-derealization - 21%, powerless Self - 13.5%, and loss of affect and control impulse and hypochondriac Self had approximately the same values, respectively - 75.6% and 32.4%. Regarding the data obtained using SCID II, the following personality disorders were diagnosed in the main group of patients: borderline, obsessive-compulsive, dependent, antisocial, narcissistic. Among the manifestations of the mental state detected by using the SCL-90-R questionnaire, in the main group of patients, the highest indicators on the scales of somatization were 70.6%, interpersonal sensitivity - 58.6%, depression and phobic anxiety - 62%. In the control group, the indicators on the somatization scale were also the highest - 78.3%.

**Conclusions.** As a result of using this set of psychodiagnostic methods, it was possible to conduct a more detailed diagnosis of the psychoemotional state of servicemen with personality disorders, it was possible to determine the transformation of personality as a result of trauma and its impact on the course of the disease, which made it possible to improve the selection of methods of complex therapy of mental disorders in this group of patients.

**Rusina S.M.**

## **CAUSAL RELATIONSHIP OF ADAPTATION DISORDERS AMONG FORCED LABOR MIGRANTS**

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**Introduction.** Since 1980 scientific literature has been describing adjustment disorder as an independent phenomenon of subjective distress which is classified in ICD-10 and that arises during the period of adaptation to stressful events and significant changes in lifestyle, interfering with the productivity of social functioning. Adaptation disorder is caused by emotional and stressful factors. These factors do not threaten the physical health of a person, but cause a negative emotional pathological state that disrupts the reaction of adaptation to psychologically changed circumstances, which narrows the person's living space, makes him or her uncomfortable and requires the help of a specialist due to painful emotional experiences and, correspondingly, harms mental health.

**The aim of the study.** The research aims to investigate the causes of mental disorders and non-psychotic mental disorders caused by them as an independent phenomenon, namely, adaptation disorder.

**Materials and methods.** Clinical, psychopathological and statistical methods were used.

**Results.** Among the 20 migrant workers studied, the reasons that led to the illness were emotional and psychological. For instance, lack of sleep was observed in 5 women, which constituted 25%, a sharp change in social status (people with higher education performed cleaning and nursing jobs) was observed in 7 people (35%), prolonged neuropsychological stress associated with constant round-the-clock care for patients with mental disorders was observed in 8 (40%) women.

Among the physiological causes, which were also present, the most common was malnutrition. It was observed in 15 (75%) women who saved money on food ( $P < 0.05$ ) and exacerbation of somatic diseases, which concerned 25% of the study subjects.

The consequence of the adaptation disorder was a short-term condition that was observed in two women, lasted three weeks and resolved on its own without treatment. 8 labor migrants had a prolonged adaptation disorder lasting more than 2 years, for which they sought help from a specialist.

The most common condition was asthenic, especially in the first months of work, which was observed in 100% of women. The main complaints were rapid fatigue with irritability, sleep disturbance, active attention, which exhausted the person and in 12 (60%) people there was a feeling of internal discomfort with anxious expectations, which provoked lack of sleep, decreased

appetite, sweating and was often accompanied by nausea, which constituted an anxiety disorder of adaptation ( $P < 0.05$ ).

Anhedonia with an apathetic mood and frequent mood swings towards low mood was observed in 5 (25%) people, which resulted in a depressive state. And in 15% of women, anxiety-depressive state with mixed symptoms was detected.

**Conclusions.** Thus, among the studied labor migrants, mild and mostly prolonged adaptation disorders were observed, which were eliminated with the help of prescribed psychopharmacotherapy (tranquilizers - hydrazepam, antidepressants: selective serotonin reuptake inhibitors - escitalopram) and psychotherapy (rational).

**Savka S.D.**

## **QUALITY OF LIFE OF PATIENTS WITH DEPRESSIVE DISORDER COMORBID WITH CARDIOVASCULAR PATHOLOGY**

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**Introduction.** According to the World Health Organization, about 5% of people worldwide suffer from depression. The prevalence of depression ranges from 1 to 17% in different geographic regions, and its incidence is 70% higher among women than men. The prevalence of depression in patients with cardiovascular disease has doubled over the last few decades. Today depression affects more than 300 million people worldwide. According to some forecasts, depression will have become the main burden in the field of health care by 2030. Depression is a cause of incapacity for work, which leads to high personal, social and economic losses, and requires a systematic diagnostic examination and adequate treatment.

**The aim of the study.** The aim of this research was to study the quality of life of patients with depressive disorder comorbid with cardiovascular pathology.

**Material and methods.** We examined 65 patients with depressive disorder. The main group of the study included patients (45 people) with depressive disorder and comorbid cardiovascular pathology. The control group included 20 people with depressive disorder without cardiovascular diseases. The average age of patients in the main group is  $41.9 \pm 1.82$ , among whom women predominated (35 persons – 77.8%). In the control group, patients had a similar structure in terms of age and gender –  $39.3 \pm 1.68$ , (15 women – 75.0%). We assessed the quality of life when the patient was admitted to a psychiatric hospital and after one month of psychopharmacological treatment. The methodology developed by Mezzich, Cohen, and Ruizperez in 1999 was used to conduct the research.

**Results.** In the main group of patients, the overall assessment of the quality of life has improved by 12%. The biggest positive changes in the main group were related to psychological/emotional well-being (good feeling, consistency with oneself), which has increased by 2.7 points. The physical well-being of the subjects, namely the feeling of energy, absence of pain and physical problems, has also increased by 2.2 points. The smallest positive changes have been observed in terms of spiritual realization (a sense of faith, religiosity and going beyond the boundaries of ordinary material life), it has been increased by 0.4 points.

In the control group of patients, the overall assessment of the quality of life has also improved by 14%. The dynamics of improvement in the quality of life according to various indicators in this group had similar features to the patients of the first group, and the biggest positive changes were in terms of work capacity, psychological/emotional well-being, and physical well-being, which increased by more than two points.

In general, positive dynamics of the overall quality of life indicator during the treatment of depressive disorders was noted in both groups. In the main group, the overall quality of life index was 3% lower before treatment and 2% lower after treatment compared to the control group.

**Conclusions.** The study showed that the quality of life in patients with depression and concomitant cardiovascular pathology was significantly lower compared to the control group in terms of psychological/emotional well-being, interpersonal interaction, social-emotional support,