

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.

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ISBN 978-617-519-135-4

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університет, 2025

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  $41.9\pm1.82$ , among whom women predominated (35 persons – 77.8%). In the control group, patients had a similar structure in terms of age and gender -  $39.3\pm1.68$ , (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 Ruiperez 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,

community and service support. The overall assessment of the quality of life in the subjects of the main group is  $54.1 \pm 1.30$ , and in the subjects of the control group –  $61.7 \pm 1.06$ . Therefore, the obtained results may indicate a negative impact of comorbid cardiovascular pathology on the severity of depressive symptoms and on the quality of life of patients.

Vasylieva N.V.

## MENTAL DISORDERS ASSOCIATED WITH NEUROLOGICAL DISEASES

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**Introduction.** Mental disorders are important comorbidities of nervous system diseases and they have a lot in common in risk factors and pathogenesis. In the organic brain injury of vasculogenesis is in older people, the characteristics of non-psychotic disorders and cognitive disorders are important for study, as they affect the quality of life and social adaptation of this category of patients. Non-psychotic disorders include depressive, anxious, asthenic, apathetic-abulic and dysphoric syndromes, which can occur against the background of chronic cerebrovascular insufficiency or acute cerebral circulation disorders. Depression is a global chronic medical illness that leads to low mood, loss of interest, change in appetite, insomnia, and neurocognitive dysfunction.

**The aim of the study.** This study provides the clinical, neurological, neuropsychological features of non-psychotic diseases and cognitive disorders in organic brain damage of vasculogenesis, due to Parkinson's disease in elderly people, as well as to identify factors affecting the course and prognosis of the disease.

**Material and methods.** The study included 30 patients aged 60 to 80 years, diagnosed with organic brain damage of vasculogenesis, and Parkinson's disease.

**Results.** The results of the study showed that in patients with organic brain damage to vasculogenesis, cognitive decline, depression and increased anxiety levels, poor quality of life compared to the norm were observed. The impairment of cerebral autoregulation has been reported to be a feature of several diseases, including cerebral stroke, observed that cerebral autoregulation was compromised in patients with depression and negatively correlated with the depression score. Though the mechanism is still unknown, improving cerebral autoregulation could be a potential therapeutic approach to treating the neurological symptoms of depression.

In patients with organic brain damage to vasculogenesis, non-psychotic disorders such as depression (63,3%), anxiety (51,7%), apathy (46,7%), as well as cognitive disorders, mainly memory (76,7%), attention (66,7%) and reasoning (58,3%). Post-stroke depression, the most common psychiatric implication of stroke, negatively impacts patients' rehabilitation results, cognitive function, and quality of life.

Depressive disturbances are common in patients with Parkinson's disease. A high proportion of patients with Parkinson's disease had depression (80%). Motor symptoms, postural instability, gait difficulty, anxiety, and fatigue are the significant influencing factors in cases of Parkinson's disease with depression. Moreover, dopamine may play a more important role in Parkinson's disease with depression compared to 5-HT. Another study observed that high concentrations of dopamine may cause the high incidence of restless leg syndrome (RLS) in Parkinson's disease patients, which was accompanied by anxiety, depression, insomnia, and other mental health symptoms. This finding highlights the importance of monitoring such symptoms in the clinical management of patients with Parkinson's disease.

**Conclusions.** The study confirmed the hypothesis of the relationship between inflammatory symptoms and neuropsychological diseases in patients with organic brain damage to vasculogenesis. Early recognition and intervention for potential depression after stroke is of great importance.