

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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## METHODS OF SYMPTOMATIC TREATMENT IN PROGRESSIVE FORMS OF MULTIPLE SCLEROSIS

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**Introduction.** Multiple sclerosis (MS) is a chronic progressive autoimmune disease of the central nervous system, in which foci of demyelination are formed in the substance of the brain and spinal cord. This leads to a decrease in the speed of nerve impulse conduction and, as a result, the appearance of symptoms in patients from the motor, sensory systems, impaired vision and coordination of movements. The peculiarity of the treatment of patients with a progressive variant of MS is the increasing role of symptomatic treatment against the background of insufficient effect of disease-modifying drugs.

**The aim of the study.** This research aims to assess the effectiveness of symptomatic treatment of progressive forms of multiple sclerosis.

**Materials and methods.** A clinical examination of 32 patients with MS was conducted. In 11 patients, a primary-progressive, and in 21 - a secondary-progressive variant of the course of MS was noted.

**Results.** The most frequent symptom was fatigue, a decrease in physical and/or mental activity, which interferes with the patient's usual activities. We observed this symptom in 100% of patients. The use of scales (FSS, MFIS, etc.) is useful for objectifying fatigue. Correction of fatigue includes the use of psychotherapy (cognitive-behavioral therapy), an active lifestyle, dosed physical activity (aerobic exercises) are extremely useful. Drug treatment of fatigue was not carried out. Depression was detected in approximately 65% of patients with MS, and the appearance of depression is not necessarily associated with the severity of MS. As a therapeutic correction, we used selective serotonin reuptake inhibitors and cognitive-behavioral therapy. Increased muscle tone was observed in more than 70% of patients in the form of spasticity and was assessed using the Ashforth scale. With mild spasticity, we used non-drug methods, in particular stretching. With a more pronounced increase in tone, muscle relaxants with an effect on the GABAergic system and  $\alpha$ 2-adrenergic system were used. Approximately half of the patients with progressive MS complained of pain. They characterize it as "burning, aching, shooting deep. This type of pain is neuropathic and the most effective way to correct this type of pain is the appointment of antiepileptic drugs. Another variant of pain - musculoskeletal, in the form of painful tonic muscle spasms due to spasticity or paresis, was detected by us in 35% of patients. This pain can also be a consequence of non-physiological load on joints, muscles, ligaments, and incorrect posture. These manifestations were effectively eliminated under the influence of treatment - non-steroidal anti-inflammatory and muscle relaxants, physiotherapy, acupuncture.

**Conclusions.** We have identified and analyzed the most frequent symptoms in progressive MS. Their correction significantly improves the well-being and quality of life of patients.

Zorii I.A.

## NEUROPHYSIOLOGICAL PARAMETERS OF PERIPHERAL NERVES IN PATIENTS WITH TYPE 2 DIABETES COMPLICATED WITH DISTALLY SYMMETRICAL POLYNEUROPATHY DEPENDING ON GENETIC FACTORS

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**Introduction.** According to WHO, diabetes mellitus (DM) reduces life expectancy and increases mortality by 2-3 times. One of the most severe and common complications of type 2 diabetes mellitus (DM) is diabetic polyneuropathy (DP). DP is currently the subject of intensive genetic research. At the same time, the literature data on the genetics of complications of diabetes in the Ukrainian population, namely the polymorphism of the endothelial NO synthase gene, which may act as a potential modifier of diabetic angiopathies, are few and contradictory.