

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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Material and methods. During the 1930s and 1940s, the authorities legalized the use of compulsory treatment for "political" persons. The provision on liability for illegal placement in a psychiatric hospital disappeared, which made it possible to isolate dissidents in specialized psychiatric hospitals. At the end of 1926, the Soviet Criminal Code introduced a section "On social protection measures applied to persons who have committed a crime," which provided for compulsory treatment, isolation, and placement of patients in a specialized psychiatric institution. In 1934, after organizational changes in the psychiatric field, the Criminal Code of the Ukrainian SSR was supplemented with Articles 54-1-54-10, according to which a person could be forcibly treated for counterrevolutionary activities and high treason, after which mass repressions against dissent began. In 1936, at an all-Union meeting on forensic psychiatry, it was decided to finally turn psychiatry into an effective tool for punishment and persecution.

Results. For example, on February 17, 1940, the "Instruction on Forensic Psychiatric Examination in the USSR" was approved, which caused considerable confusion in identifying changes in the patient's mental state: a temporary disorder that occurred during the investigation, the person became a subject if the disorder occurred after the verdict, he or she was sent for compulsory treatment. The criteria for identifying these conditions were very vague. In the event of recovery, both categories of patients were subject to return to the labor camps. A few months later, the People's Commissariat of Health issued Order No. 235, which developed documents on the establishment of forensic psychiatric departments at psychiatric hospitals and samples of patient medical records and forensic psychiatric reports. On July 13, 1945, the special Regulations were approved, which defined two categories of prisoners: 1) mentally ill persons who had committed state crimes, who were held in custody and sent for compulsory treatment combined with isolation by court order or by resolution of the Special Meeting of the NKVD of the USSR; 2) mentally ill prisoners convicted of state crimes whose illness began in prison. Until the end of the 1950s, prisoners were sent here out of court. The V. Serbsky Central Research Institute fabricated acts of forensic psychiatric examination, based on which decisions were made about compulsory treatment. In 1938, a special department for "counter-revolutionaries" was established within the structure of the Research Institute (Article 58 of the Criminal Code of the RSFSR). In the 1930s, a secret laboratory operated here to develop drugs that were used during interrogations.

Conclusions. The Soviet authorities, at the legislative level, used medical institutions for forced detention of "inconvenient" people.

Vlasyk L.Y.

FEATURES OF PATIENT ACTIVATION IN RELATION TO PREVENTION DURING MARTIAL LAW IN UKRAINE.

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Introduction. Patient activation involves participation in the organisation of health care and the creation of conditions for improving one's own health, responsibility, compliance with the doctor's recommendations, and shared decision-making. Patient activation and its counterpart, preventive health behaviour, are strengthened by health literacy and doctor-patient interaction. According to the results of the study on the health behaviour of the economically active population of Bukovyna, the known predictors of preventive activity are a healthy lifestyle, i.e. a healthy diet, in particular a sufficient amount of fruit in the diet, active physical exercise and an annual visit to the doctor for preventive purposes. Bad habits such as smoking and frequent alcohol consumption were not considered by the respondents to be an obstacle to maintaining health (Vlasyk, 2021). However, the understanding of established things and values changed during the pandemic and then during martial law. It is important to predict what changes in patient activation occurred during martial law in Ukraine.

The aim of the study. Our aim was to study how people's rethinking of life values (including health) might affect preventive healthcare activities during wartime.

Material and methods. We used the results of a cross-sectional survey (late 2023, early 2024) conducted among young people in Chernivtsi and neighbouring regions. A total of 269 people (77.7% aged 18-24; 78.4% with higher or incomplete higher education) completed the Google Form questionnaire. Male gender 68 - 25.3% Female gender 201 - 74.7%.

Results. When studying the characteristics and assessing the preventive health behaviour of patients, it is necessary to take into account the categories of the population (internally displaced persons (IDPs), ex-servicemen, their families, mobilised persons, etc.). The prevalence of risk factors for non-communicable diseases increased during the period of quarantine restrictions and changed during martial law. Healthy eating (fruit consumption) and physical activity are not available to everyone. Maintaining mental health is now at the forefront of preventive measures for oneself.

During the war, people's values changed, as 93.3% of respondents noted. In the second year of the war, material values became less important for 47.6% of respondents, while relationships with loved ones became more important (64.7%). 40.1% of respondents started to care more about their health and the health of their loved ones (men: 25.0%; women: 45.3%, $p<0.05$). The importance of skills and abilities necessary for survival was assessed by 39.8% of respondents. In addition, 84.8% started to acquire new skills, 32.0% in civil defense, and 54.3% in first aid (men 41.2%; women 58.7%, $p<0.05$). During the war, the issue of psychological care for oneself and others became important, and 36.8% of respondents (men: 26.5%; women: 40.3%) were trained in this area.

During martial law, self-help training, and caring for oneself and loved ones can be indicators of preventive health activity.

Conclusion. The activation of patients during martial law is tested by non-standard situations in accordance with the category of the population to which they belong. At the same time, it is possible to manifest preventive medical activity at a higher level. In this case, the traditional characteristics are supplemented by issues of education, self-help, and assistance to other people and relatives, especially in matters of mental health.

Yasynska E.Ts.

ANALYSIS OF INDICATORS OF THE QUALITY OF LIFE OF PATIENTS WITH HYPERTENSION DISEASE

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Introduction. In modern medicine, both treatment effectiveness indicators and the patient's general condition are used to assess quality of life (QoL). The quality of life reflects the patient's subjective feelings and depends on his awareness. According to the definition of the World Health Organization (WHO), quality of life is a person's perception of his position in life with regard to cultural and value systems, as well as in the context of his goals, expectations, standards, and challenges. Arterial hypertension (AH) is the most common chronic non-communicable disease in many countries and significantly reduces the quality of life, leading to disability and premature death.

The aim of the study. To assess the quality of life of patients with hypertension using the updated health questionnaire-36 using a specialized survey questionnaire.

In the course of the study, the following tasks were solved: the indicators of the quality of life of patients with hypertension were analyzed; differences in the main indicators of life between practically healthy people and patients with hypertension, as well as differences in indicators of the quality of life of men and women according to various parameters, were found.

Material and methods. To assess the quality of life of patients with hypertension, we conducted a study in which 100 people (50 men and 50 women) were treated in the Chernivtsi regional cardiology dispensary in the period from 2020 to 2022 regarding hypertension. All patients were divided into groups depending on the stage of hypertension. The average age of the study participants was 55.2 years. The modernized health questionnaire-36 (MOS-36 - Short-Form