

МІНІСТЕРСТВО ОСВІТИ ТА НАУКИ УКРАЇНИ
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ
МЕДИЧНИЙ ІНСТИТУТ



ПЕРСПЕКТИВИ РОЗВИТКУ МЕДИЧНОЇ НАУКИ І ОСВІТИ

ЗБІРНИК ТЕЗ ДОПОВІДЕЙ
ВСЕУКРАЇНСЬКОЇ НАУКОВО-МЕТОДИЧНОЇ КОНФЕРЕНЦІЇ,
що присвячена 25-річчю Медичного інституту Сумського державного університету
(м. Суми, 16-17 листопада 2017 року)

Суми
Сумський державний університет
2017

На підставі одержаних результатів дослідження, щодо даних абсолютної і відносної кількості основних популяцій імунно-компетентних клітин периферійної крові пацієнтів, за протезованих ЧЗПП, установлювали рівень адаптаційного напруження організму та клітинну реактивність.

Адаптаційні реакції організму пацієнтів, за протезованих ЧЗПП, визначали за показниками абсолютної і відносної кількості основних популяцій імуннокомпетентних клітин периферійної крові з вивчення лейкоцитарної формули крові. Тип адаптаційної реакції (стрес, реакція на тренування, реакція спокійної активації, реакція підвищеної активації та реакція переактивації) визначили за відносною кількістю лімфоцитів та сегментоядерних нейтрофільних гранулоцитів у периферійній крові пацієнтів, за протезованих ЧЗПП. Пристосування організму людини до умов середовища (домашні умови та умови поліклініки, трудове навантаження і за наявності захворювання) забезпечуються резервами організму людини.

Ґрунтуючись на концепції Г.Савьє про реалізацію неспецифічного адаптаційного стрес-синдрому, Гаркаві Г.Х., Квашніна Є.Б. та Уколова М.А. (1990), довели існування ряду послідовно виникаючих неспецифічних адаптаційних реакцій організму людини і встановили, що для кожної із реакцій є характерним певне співвідношення лімфоцитів і сегментоядерних нейтрофільних гранулоцитів – адаптаційний індекс (АІ). Кожній із адаптаційних реакцій відповідає певний діапазон значення АІ.

Висновок. Клітинна реактивність пацієнтів, за протезованих частковими знімними протезами, знижується у 2,51 раза внаслідок зниження лейкоцитарного індексу інтоксикації, за Б.А. Рейсом, Хімічем, та підвищенням лейкоцитарного індексу, за Я.Я. Кальф-Каліфа, гематологічного показника інтоксикації, за В.С. Васильєвим, загального показника інтоксикації та лімфоцитарно-гранулоцитарного індексу.

THE PECULIARITIES OF URICEMIA FOR PATIENTS WITH DIABETIC NEPHROPATHY AND ARTERIAL HYPERTENSION

Chernatska O.M., Prystupa L.N.

Sumy State University, Medical Institute, department of internal medicine

The coexistent of type 2 diabetes mellitus (DM) and arterial hypertension (AH) is associated with increase of heart failure risk and stroke. Albuminuria is not only the indicator of diabetic nephropathy (DN), it is also the marker of cardiovascular complications for patients with type 2 DM and AH. Hyperuricemia is a confirmed independent risk factor for cardiovascular morbidity and mortality.

The aim of our study was the analysis of correlation between uricemia and diabetic nephropathy markers in patients with coexistent arterial hypertension for confirmation the important role of increased uric acid levels in blood in kidney disorders progression.

Participants and methods. We examined 96 old patients treated in Sumy City Clinical Hospital № 1 during 2014-2016 years. We involved 56 persons with AH and type 2 DM in the I group, 25 patients with AH in the II group, 15 practically healthy people in the III group in our clinical trial. The methods of our trial were clinical (anamnesis data, objective determination), biochemical (uric acid levels, determination of glomerular filtration rate (GFR)), immunoassay (definition of albuminuria), statistical (variation statistic programs Microsoft Excel 2016).

Results. The duration of type 2 DM was (9,67±0,97) years. The diagnosis of AH was confirmed during (4,98±0,5) years, (6,4±1,4) years, p = 0,0213, respectively for I and II group.

The age of patients was (62,02±0,03) years, (62,09±0,01) years, p = 0,049; (62,5±0,12) years, p < 0,0001, respectively for I, II, III group. The positive correlation between uricemia and albuminuria was confirmed in the I (r = 0,27; p = 0,0404), II (r = 0,46; p = 0,0158), III (r = 0,3; p = 0,2420) group. The correlation between uric acid levels in blood and GFR was negative respectively for the I (r = -0,32; p = 0,0143), II (r = -0,3; p = 0,1284), III (r = -0,24 ; p = 0,3535) group.

Conclusions. The positive correlation between uricemia and albuminuria and negative connection with GFR is the confirmation of important role of increased blood uric acid levels in DN progression. The perspective is the prescription of antihypertensive drugs with protective action and ability of uric acid levels reduction for patients with type 2 DM and coexistent AH.

TREATMENT OF ARTERIAL HYPERTENSION ON PATIENTS WITH THROMBOCYTOPENIA: LITERATURE REVIEW

Dudchenko I.O.

Sumy State University

Background. Thrombocytopenia is a common hematological problem. If a patient with thrombocytopenia has high level of blood pressure, this increases the risk of a hemorrhagic stroke or other life-threatening bleeding. Literature sources also indicate that thrombocytopenia in some cases may be an adverse effect of antihypertensive treatment. Thus, it is very complicated to prescribe correct antihypertensive drug in patients with thrombocytopenia.

Aim. Analyze the literature on the safety of antihypertensive drugs for the treatment of arterial hypertension in patients with thrombocytopenia.

Methods. Using PubMed and Elsevier search engines, a systematic review of the literature was done using combination of word thrombocytopenia and the names of five main group of antihypertensive drugs: beta-blocker, calcium channel blocker, angiotensin converting enzyme (ACE) inhibitor, angiotensin receptor blocker and diuretic.

Results. In total, the 446 sources were analyzed with a systematic search through databases using combinations of word-indicators. Almost all of the analyzed publications have been associated with thrombocytopenia caused by side effects of antihypertensive drugs. Moreover, the glucocorticosteroids, used for the treatment of thrombocytopenia, can on the frequent rate cause arterial hypertension, through the increasing of the total volume of circulation. In this case, diuretics should be used for the

treatment, but it is known that thiazide diuretics through selective suppression of production of megakaryocytes and activation of immune processes may cause thrombocytopenia. Furthermore, the analysis of the literature has shown the clinical cases of thrombocytopenia due to the use of furosemide, torasemide and indapamide.

The second group of antihypertensive drugs - ACE inhibitors. In 1970-1990 scientists had proven negative impact of this drugs on the level of platelets. The next group - calcium channel blockers, such as amlodipine and diltiazem may also cause thrombocytopenia. It should be mentioned that there is no data due to the negative impact of nifedipine, verapamil and felodipine thrombocytopenia development. Providing analysis of beta-blockers (propranolol, nadolol, carvedilol) action mechanism, it was confirmed that propranolol causes vasoconstriction of blood vessels of the spleen, which leads to hypersplenism and thrombocytes decreasing. As a matter of fact, later another research have been published and it demonstrates development of thrombocytopenia in patient after splenectomy, whom were taking nadolol on regular basis.

The last group of antihypertensive drugs - angiotensin II receptor blockers was reviewed as a promising treatment for this group of patients, but in recent years some publications noticed about isolated cases of thrombocytopenia after using candesartan, eprosartan, losartan, olmesartan, valsartan. Usage of irbesartan, telmisartan, azilsartan has no described cases of this complication.

Conclusions. In the case of thrombocytopenia development, we can achieve normalization of platelets by discarding this antihypertensive drug. However, is it possible to use this practice while treating patients who have already have the severe levels of thrombocytopenia and hemorrhagic manifestations? What drugs to start treatment of arterial hypertension in these patients from? The question is open. The choice of antihypertensive drug for treatment of patients with thrombocytopenia remains unclear.

FAITH AS A FACTOR OF THE FORMATION OF THE DELUSION

Kustov A.V., Aliksieva Iu. A.

*Sumy State University, Department of Neurosurgery and Neurology
Kiev National Pedagogical University named after M.P. Dragomanov*

Faith, as a personal instrument of recognition and acceptance of values, has been studied in psychology relatively recently. This is not a religious phenomenon, as was previously thought, but a complex of integrated psychological processes that provide a search for the meaning of the surrounding us values that facilitate their structuring and make the world accessible to the knowledge and understanding.

Until now, there is no an integral conceptual model of the nature of faith that would allow us to consider many manifestations of a person's mental life, including its pathological forms, from the position of the interaction of faith and other cognitive functions, faith and personality structure, the peculiarities of its system of axioperpersonal relations, typological properties, etc. The creation of such a model requires the use of a comprehensive scientific and methodological base that includes the principles of a systemic, active, value-functional approach. One of the conditions for the successful resolution of this issue is the principle of comparative analysis of positive, negative and pathological models of the problem that is the object of scientific research. This means that when studying the phenomena of faith, as well as for the solving other scientific goals in psychology and related sciences, it is advisable to consider the object of research from different perspectives, comparing the positive, negative and destructive variants of manifestations of the phenomenology, conditions and factors of its formation. The pathological can help to reveal what is hidden behind the integrated complexes of the psychological processes and mechanisms in rate.

One of the examples of the destructive model of faith can serve the delusional states, which are the frequent clinical attributes of psychiatric practice. The delusion is a pathological cognitive attitude that has arisen as a result of a mental illness or disorder which main manifestations of activity are the distorted and dominant interpretation of reality in the patient's consciousness that does not correspond the criteria of authenticity and reality but determines his views, feelings, behavior, and due to the paralogical conviction of the individual up to a certain point, not amenable to either logical or medicine correction, What role in the emergence and the fixation of delusion is played by and what conditions and factors are responsible for the fulfillment of the destructive functions? According to our views, the activity of delusional ideas is caused by the blocking of the adaptive and regulatory mechanisms (control, self-control, reflection, criticism and self-criticism, the possibility of autocommunication) and by the hyper-projected complexes, the material of which is collective (archetypes) and individual unconscious. Faith, as an instrument of fixation in the patient's consciousness of the recognition and adoption of his delusional constructs, activates a wide ensemble of mechanisms of psychological defense that do not allow him to reveal the contradictions in the reliability and reality of the declared facts and to doubt in their irrationality. The pathology of faith in such cases is a consequence of the disintegration of a whole cascade of systematically organized regulatory - adaptive processes at different psychological levels. As a result of the repression of the mechanisms of control and self-control, the intensification of the activity of the projective and minimization of the reflexive processes, the domination of a wide range of psychological defense mechanisms and, as a consequence, the paralogical interpretation of one's own constructs, the patient does not notice the paradoxicality and lack of logic in his own inadequate beliefs. Criticism and self-criticism, which are the functions of an adequate and balanced form of reflection, are absent. The patient believes in the world structured by his psyche or any particular aspects of his sick relationships.

Faith, thus, can be expressed in both productive and desadaptive forms of behavior. Its study on the pathological models of the delusional, overvalued, obsessive, phobic states by using a psychopathological method, specially selected tests that can reveal the communication and interference between the cognitive sphere and individual components of the personality, will help us to find the clues to the solution of its nature.