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CLINICAL MEDICINE

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THE CAUSES OF TOOTH LOSS IN PATIENTS WITH ACID-RELATED DISEASES OF THE GASTROINTESTINAL TRACT (REVIEW OF LITERATURE)

Diseases of the upper gastrointestinal tract associated with pathological influence of hydrochloric acid and pepsin on the mucous of the esophagus and duodenum are called acid-related diseases (ARD).

The change of the physical and chemical properties of saliva associated with the pH decrease because of gastro – esophageal reflux, which is the main symptom of ARD, is accompanied by a microbiological imbalance with an increase of activity of acid and ammonia-producing microorganisms. The contamination of H.pylori in the oral cavity (in gingival fluid, in periodontal pockets, in gingival plaque) was taken into account as a factor that influenced the development and progress of dental diseases (chronic periodontitis, chronic catarrhal gingivitis), promoted deterioration of cariogenic situation. Acidic gastro-esophageal reflux causes a decrease of the saliva pH (to 6,2-6,0), what leads to focal demineralization of tooth enamel and development of tooth decay, followed by loss of teeth (V.P. Novikov, A.M. Shabanov). ARD is also associated with a dental erosion, which is irreversible and can lead to early tooth loss (L.A. Kazeko, O.A. Kruhlyk (2009)).

ARD significantly alters the clinical presentation and severity of the pathological process in the periodontium. (Y.L. Bandarivskyy, O.V. Avdeev). Tooth loss because of periodontitis occurs 4-6 times more frequently than because of caries and its complications (G. Melnychuk, M. Rozhko, N. Neiko (2006)).

The clinical picture of the oral cavity in patients with ARD – poor oral hygiene, decreased pH of saliva and violation of its mineralization properties, dental caries and its complications, acid erosion of teeth, periodontal disease – contributes to a partial loss of teeth in this cohort of patients.

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ACHIEVEMENTS OF SCIENCE ARE IN THE STUDY OF ACROMEGALY

Acromegaly is a serious neuro-endocrine disorder caused by chronic excessive secretion of growth hormone (GH). Usually, people with practically completed physiological growth and disproportionate growth of bones, cartilages and soft tissues, internal organs, as well as those with a violation of the functional state of cardiovascular and pulmonary systems and peripheral endocrine glands suffer from it. The disease is usually caused by hormone pituitary tumor (somatotropinoma). Mostly women suffer from acromegaly.

The absence of treatment can lead to sustained disability and a significant reduction in life expectancy. Approximately 50 % of untreated patients die before the age of fifty. High level of mortality and reduction in life expectancy are caused by complications of this disease: cardiovascular pathology, diabetes and its complications, respiratory diseases, malignant neoplasms of the gastrointestinal tract and others. Fortunately, prompt diagnosis and adequate treatment of acromegaly can greatly reduce the level of mortality from acromegaly.

Surgery, medical treatment and radiation therapy are used to treat acromegaly. The choice of treatment is determined by the following factors: the size and nature of growth of adenomas, the degree of hormonal activity, patient's age and possible complications of each method of treatment.

Over the past decade in many countries a lot of national registers of patients with acromegaly were formed in order to provide access to qualified medical care to all patients regardless of their financial position and place of residence.

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COMPLEX RESEARCH OF THE FACTORS INFLUENCING INCIDENCE OF CONTACT PERSONS IN THE CENTERS OF A TUBERCULAR INFECTION

The integrated approach is applied when studying the dwelling of the patient by tuberculosis for the purpose of identification of the reasons of high incidence among contact persons in the centers of a tubercular infection. Clinical, social and hygienic factors were studied. Research of hygienic factors in the centers of a tubercular infection with use of the devices estimating lighting, a microclimate and noise levels were conducted. The clinical form of the patient by tuberculosis and the social status of a family of the patient were considered.

The object of research was made by 105 centers of a tubercular infection, the group of control, also consisted of 105 healthy families. For classification of the centers of tuberculosis – on a number of indicators of studied factors the cluster analysis was carried out, and for an assessment of force and reliability of influence of these factors the dispersive method was used. By results of the obtained data it is revealed, degree of the social status of the center of an infection has defining impact on incidence of contact persons of tuberculosis. The clinical form of tuberculosis and disease duration has a great impact on incidence of the contact at an infection source, massiveness of bacteria-allocation. From hygienic factors have impact the small size of living space on one person, level of insolation and a comfortable microclimate in the center of a tubercular infection. Equivalent and maximum levels of noise on incidence of contact persons of influence didn't render.

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ARRHYTHMIAS: CIRCADIAN VENTRICULAR EXTRASYSTOLES

To study the incidence of ventricular extrasystoles in certain periods of the day in patients with various forms of ischemic heart disease was a comprehensive instrumental observation of 512 patients with various forms of ischemic heart disease.

In analyzing the probability of occurrence of ventricular extrasystoles was found some daily cyclicity. Thus, it was found that patients with stenocardia of I functional class often have ventricular extra-systoles in the period from 18 days to 24 h. Among patients with stenocardia of II functional class the highest rate faced between 6 and 12 h, stenocardia of III functional class – from 12 to 18 h, with unstable stenocardia in the period from 0 to 6 h. The lowest probability of ventricular extrasystoles develop in stenocardia of I functional, postinfarction unstable stenocardia and atherosclerosis in the period from 6 to 12 h, stenocardia of II functional class – 12-18 h.

It was found that among stenocardia of I functional class and unstable stenocardia the biggest number of ventricular extrasystoles was recorded in the period from 6 to 12 h a day, postinfarction atherosclerosis – from 12 and 18 h, stenocardia of III functional – from 18 to 24 h.

PREVENTIVE MEDICINE

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PERFECTION OF METHODICAL APPROACHES TO THE FORMATION OF INDICATORS OF QUALITY OF CARE IN HEALTH FACILITIES

The problem of generating a set of indicators of quality of care for health institutions in Ukraine remains unresolved, as evidenced by the results of the analysis of legal documents, and scientific sources. With the use of the system and process approaches and logical framework analysis presented methodological approaches to the development of the block of indicators, based on the use of the main components of quality – the availability, timeliness, effectiveness, safety, cost-effectiveness, patient as a target for quality assurance.

Link between quality components and indicators chosen relevant quality criteria. Following specified methodological approaches possible to determine the main activity of the head projection of health care institutions in the field of quality assurance: activities aimed at patients, employees, medical-diagnostic process, resources, coordination of internal and external relationships. Proposed quantitative and qualitative targets for the quality of care in accordance with the projections of activity, as well as further action by the head of decomposition performance levels of structural units and direct perpetrators and organizations monitoring quality indicators.

Quality indicators are calculated by counting the cases matching the actual performance planned and presented as relative values. Results of the comparison targets and quality indicators enable management decisions to improve the quality of care.

Thus, the formation of the block using the quality indicators proposed methodological approaches allow the supervisor to monitor closely all relevant quality indicators based on common objectives and criteria.

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CONCEPTUAL APPROACHES TO INTRODUCTION OF THE SYSTEM OF COMMUNICATIONS ON HEALTH SERVICE REFORMING IN UKRAINE

In Ukraine held healthcare reform. First reform provides comprehensive measures that affect all levels of health care and its components. The goal of health care reform in Ukraine's development and progress of this system, which will by ensuring equal and fair access of all citizens to health care and adequate to significantly increase the quality of their contribution to the health system to improve the health of the population. Low level of awareness on health care reform in a country that has a negative impact on the level of commitment to the reform measures. Population and health workers receive information on reform in 39.5 % of cases televised, 7.25% – from newspapers, 33.0 % – from relatives and friends, and only 3.75 % of the officials and 10.25 % of health workers. As a result, 89.25 % believe that medical care will be less accessible and only 10.75 % think that it will improve. The ways of solving this problem through the creation of a sector of communications. Submitted authors proposed areas of communicative activities, basic forms and methods of communication work. Sector-wide communication system of health care reform should meet the needs of target groups in health communications, forecasting its positive and negative impacts and ensure communications systems in health care and direct all participants need comprehensive, accurate and timely information that ultimately will form a commitment to public health reform and support its strategy.

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HEALTH AS A COMPONENT OF HUMAN POTENTIAL: ASPECTS OF EDUCATIONAL TECHNOLOGY

Despite the development of diagnostic and therapeutic techniques can not be to halt the rise of chronic non-communicable diseases. Health Strategy provides opportunities to develop prevention of chronic non-infectious diseases, was justified M. Terris. The main methodological techniques screening in identifying risk groups of apparently healthy population and conducting relevant activities aimed at combating the risk factors for disease (G.L. Apanasenko, 1992).

In 1984, the WHO team of experts put forward the idea of the need to transition from measures aimed at factors risks, to improve public health. The main condition for the implementation of this provision is the need to assess their own health through direct indicators. With the advent of the category of «safe level» of health was formed by the concept of «preventive physical rehabilitation» (G.L. Apanasenko 1992.1997) because at a stage of functional changes in rehabilitation activities have the highest efficiency. At this stage it is necessary to raise the question of «preventive» rehabilitation, restoring functions impaired premorbid condition. At the same time, effective human enhancement is possible only when adequate physical exercise.

Availability of quantitative criteria «safe level» and formalized (standard) conditions diagnostics and rehabilitation is the basis for creating an individual program of physical rehabilitation of the individual.

In this regard, the main task of preventive medicine today is to increase adaptive capacity and functional reserve of the human body (patients and healthy).

The system of higher medical education rarely focuses on technologies healthy. Professional medical training is aimed at studying the etiology, pathogenesis, treatment and prevention of diseases.

By understanding the person as a whole can be approximated using the system campaign, which is an analogue of scientific integrity or principle of holism. Man – this is a three-pronged sys-

tem with pyramidal principle structure. Are located on top of the highest values, objectives, meaning of human life. In the pyramid are three lower-level, solid, middle – and upper psychological – spiritual. Crucial element that sets the mode of operation of the whole system is the peak.

Hierarchy is based on the principle of the modern system of non-pharmacological psychosomatic harmonization which allows to improve health human at the same time develop and disclose its potential.

The aim of health-educational technologies is to enable preservation of health throughout life, the formation of the necessary knowledge, exercise, healthy lifestyle skills and use the knowledge gained in everyday life. Health-educational technologies the field of preservation of health determines the principles of learning that reflects the pressing social needs. After years of practice, doctors have come to understand the need for health-technology in daily practice. In this connection there is a need to train doctors used principles and methods of improvement of the person, the essence of the study, the mechanisms and manifestations of health, methods of diagnosis and prognosis, as well as compensation in order to increase its level, and thus improve the quality of life of the individual and social adaptation.

Conclusions.

1) Developing a system of continuing professional medical education allows you to select the time factor for learning technologies will in theory and in practice.

2) At present, the demand is a system approach to the person with the principle of bioenergetic integrity or holism.

3) Interpretation of the well-known thesis «In a healthy body – healthy mind» through the improvement of the physical body, we can formulate and vice versa: the restoration of the spiritual component of the pyramid of knowledge occurs improving the physical realm (the return of the individual in a «safe» area of health).

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CHARACTERISTICS OF PARTICULAR PERFORMANCE INDICATORS OF CANCER SERVICES IN THE DONETSK REGION

The article provides the information about the network of specialized health facilities and resources of cancer care of the population of Donetsk region. Special cancer care assistance to the population of the Donetsk region is provided in Donetsk Regional Anticancer Center, five municipal oncologic dispensaries and four oncologic departments of general network of health facilities. In the region there are 1395 oncology beds, the number of which increased by 60 beds in the period of 2008-2012 years. Provision of the population with positions of the oncologists is 0,09 per 10 thousand people; oncologists-gynecologists – 0,05; oncologists-surgeons – 0,34; oncologists-radiologists – 0,15. Staffing of oncologists is 85.2% and radiologists – 90,2%. From among oncologists, 19,9 are of retirement age and 23,4 are of preretirement age. During 2008-2012 years detection of the brest cancer at the early stage increased by 1,11 times, and cervical cancer by 1,12 times. Thus, the specific weight of neglected forms of malignancies decreased by 1,19 times or 15,8%, and specific weight of neglected visual cancer forms decreased by 1,25 times and amounted to 16,5% from general quantity of detected forms of such disease. It is mentioned the increase of indicators of work in the field of specialized oncology beds by 28,4 days (8,9%) in the research period with exceeding of norms since 2009 year and shortening of average terms of hospital treatment by 1,4 days with day index 13,0 days in 2012. In such conditions surgical activity decreased by 5,7% and amounted to 41,3% with the increase in mortality of 0,2% with this rate of 1,1% in 2012. It is established the low coverage of the treatment of newly detected patients with malignancies (66, 5%) and the use of combined methods of treatment (29.2 %). As a result of efficiency of the performance of specialized cancer services it is presented the annual mortality of patients with malignancies. This index in the region amounts to 34,5% with the highest index in 2006 – 38,8%.

PHARMACEUTICAL SCIENCES

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CHEMICAL AND TOXICOLOGICAL ANALYSIS OF RISPERIDONE AND 9-HYDROXYRISPERIDONE IN THE URINE

Nowadays a positive experience of neuroleptic application is well-known but one of the most essential problems in modern clinical toxicology is the issue of acute poisoning by these drugs. In psychiatric practice poisoning by this group of drugs makes 10-15%.

Being one of the representatives of atypical antipsychotic drugs, used to treat schizophrenia, risperidone is the drug of first choice. Pharmacokinetic data indicate that risperidone ingestion is absorbed rapidly and completely. Meanwhile food does not affect absorption rate and fullness. In the body it is metabolized to 9-hydroxyrisperidone which has a similar pharmacological effect. It is excreted by the kidneys in preference (70%) and faeces (15%).

There are cases of acute poisoning with risperidone, including fatalities, described in foreign and domestic literature.

The analysis of recent publications on the topic suggests that neither systematic research on the development of isolation methods out of biological objects, nor identification of risperidone and its active metabolite of 9-hydroxyrisperidone have been held yet.

Chemical-toxicological analysis, carried out using the most sensitive physico-chemical methods of determination, makes it possible to establish the presence of risperidone and its active metabolite in the body and to define the number in case of poisoning.

Original economical methods of isolation, detection and quantitative determination of risperidone and 9 – hydroxyrisperidone in biological fluids (urine) have been developed. The application of TLC and HPLC can reliably establish the fact of poisoning by studied drugs. Practical use of these techniques in chemical-toxicological laboratories has been proved and justified. As a result, it allows to reduce the time of diagnosis of poisoning by studied drugs and to assess the degree of poisoning in order to provide timely medical aid to a victim.

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APPLICATION AGILENT 2100 TO DETERMINE THE PROTEIN COMPOSITION OF THE LIPOSOME VACCINE

Today liposomal formulations of drugs occupied a niche in clinical practice and will soon be in high demand in the pharmaceutical market. The authors proposed to use an Agilent 2100 to determine the percentage inclusion of viral protein into liposomes when creating influenza vaccines. The device allows to obtain electropherograms for each sample and the image that mimics the separation in the gel, as well as a table that shows the size, mass and molar concentrations for each of the fragments latched. Use of internal markers makes it easy to compare the results of the separation of different samples and accurately determine whether there are similar proteins and in what concentrations in different samples. This allows you to quickly and with a high enough resolution to share vaccine proteins, and automatically analyzes the data obtained by fixing the presence of various proteins and determining their size and concentration. Also hold control incorporating proteins in liposomes with different ways to vaktsin.Vse is largely facilitates and accelerates data analysis. We consider it appropriate to use Agilent 2100 comprehensive assessment of the quality of liposomal influenza vaccine.

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INFLUENCE ENOMELANIN ON ANIMALS ON THE BACKGROUND OF INTOXICATION METAL CHLORIDE

It was studied on the white rats of "Wistar" line with toxic nephropathies, which were caused by metal chlorides chlorous compounds of aliuminium, pliumbum the antioxidant action of enomelanin. It has been found out that mechanism of enomelanin antioxidant action consists in decrease of lipids peroxidation processes intensity in cortical renal tissue at secondary decrease of rennin-angeotensin-aldosterone system activity.

Enomelanin is the messenger of reactive oxygen species, reduces the activity of the renin-angiotensin-aldosterone system, contributes to the process sanogenetic mechanisms and restores renal function.

Mechanisms of antioxidant action enomelanin are to reduce the intensity of lipid peroxidation in renal cortical bowl of white rats with metaltoxemia. Reduced activity of the renin-angiotensin-aldosterone system under the influence of phenolic pigment grapes – enomelanin is a secondary effect, which is associated with a decrease in the level of lipoperoxides that stimulate the synthesis and secretion of renin.

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