

Могут быть эффективны программы профилактики ожирения, разъясняющие вред этого заболевания и обучающие рациональному питанию и двигательной активности в рамках первичной профилактики ССЗ.

## **Suprun O. Clinical features of irritable bowel syndrome in young patients with neurocirculatory dystonia depending on the type of the dystonia**

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Neurocirculatory dystonia (NCD) and irritable bowel syndrome (IBS) are the most common outpatient diseases of therapeutic profile. These diseases are formed as a complex of psychoneurotic and somatoform disorders. Pathogenic similarity defines a significant expression of SPK patients NCD - 39%. On the other hand, patients with IBS symptoms are NCD symptoms in 75% of all cases. Thus, the combination of IBS and NCD is a combination of two chronic functional nosology with similar pathogenesis, psychoneurotic and visceral presence of clinical manifestations. This combination of diseases not affect on life expectancy, but substantially degrades quality of life.

**Objective:** To investigate the clinical features of IBS in young patients with different types of NCD.

**Materials and methods.** In an outpatient conditions 32 patients (9 men and 23 women) with IBS and NCD at the age of 20 to 39 years were examined. 18 patients have hypertensive type of NCD (Group 1), the remaining patients have hypotonic type of NCD (Group 2). In all cases, the diagnosis of NCD chronologically preceded the diagnosis of IBS. In the statistical analysis of the results non-parametric test  $\chi^2$  was determined for comparison of expected and observed count data. The critical level of significance of the differences in the statistical hypothesis testing was 0.05.

**Results.** The main IBS – specific complaints for patients of both groups (observed in 100% of all cases) were abdominal pain syndrome and violation of defecation. It should be noted that the objective state of the examined patients in both groups had never corresponded to the severity of their complaints. Abdominal pain was the diverse nature (diffuse, cramps, oppressive etc.). It had different intensity and duration, was not connected with the use of food, however, was dependent on defecation. The localization of abdominal pain depend on the type of dystonia. In patients with hypertensive type of NCD the diffuse pain was detected in 50% of cases, the right-sided pain was detected in 27.8% of all cases, left-sided pain was detected in 22.2% of all cases in Group 1. In patients with hypotonic type the left-sided abdominal pain was predominant (57.2% of patients), right-sided pain and diffuse pain was not common (21.4% for each). Differences in the frequency of detection of localization of abdominal pain between patients Group I and Group II were significant ( $df = 2$ ,  $\chi^2 = 6,479$ ,  $p = 0.039$ ). Violation of defecation were observed in tested patients were distributed by following way. In the Group 1 diarrhea troubled 50%

patients, constipation troubled 33.3% patients, mixed disorders of defecation were found in 16.7% of patients. Defecation disorder in patients of Group 2 were distributed 35.7%, 35.7% and 28.6% respectively. No significant differences in the expression of certain disorders of defecation between the groups of surveyed persons have been identified ( $df = 2, \chi^2 = 0,891, p = 0.641$ ). Bloating disturbed 15 (83,3%) surveyed persons of Group I and 12 (85,7%) patients of Group II, mainly in the first half of the day.

It should be noted a clear link between the deterioration of the bowel (IBS) and an increase of expressivity of cardiovascular manifestations (NCD) in patients of Group 1. 14 (77.8%) patients reported a combination of abdominal pain with palpitations, irritability, hot flashes. The relationship between the manifestations of IBS and NCD noted only 42.9% of patients of group 2. These differences between the groups of patients were significant ( $df = 1, \chi^2 = 4,097, p = 0.043$ ). 66.7% patients of Group I and 42.9% patients of Group II indicated to stressful situations as a trigger factor of aggravation IBS. However, the differences in the performance between the groups were not significant -  $df = 1, \chi^2 = 1,814, p = 0.178$ .

**Conclusions.** The clinical picture of IBS in patients with NCD has its peculiarities and, in a certain way, it depending on the type of NCD. Diffuse abdominal pain is prevalent in patients with IBS on background on hypertensive type of NCD. Left-sided abdominal pain is the more frequent variant of localization for patients with the IBS and hypotonic type of NCD. Also, patients with the IBS and hypertensive type of NCD notes the link between the occurrence of abdominal pain and cardiovascular manifestations of NCD.