



and therefore rarely found in isolation. Under certain conditions, unfavourable effects of these factors on the organism sharply increases, which increases of the overall risk for both diabetes and the cardiovascular disease. Thus, the clinical importance is the concept of cardiometabolic risk for the patients with hypertension and diabetes mellitus type 2.

**Aim.** Investigating the features of cardiometabolic abnormalities for patients with AH and DM type 2.

**Materials and methods.** 45 patients (17 men and 28 women) with hypertension of the II<sup>nd</sup> stage and 2<sup>nd</sup> degree and diabetes mellitus type 2. The average age of patients was  $54,5 \pm 4,5$  years. There were evaluated anthropometric indicators, index HOMA-IR, examined carbohydrate and lipid metabolism, C-reactive protein (CP), echocardiography and ultrasound of common carotid arteries with measurement of the thickness of the intima-media complex of the common carotid artery (CCA IMT). The patients were divided into groups: the group 1 (n = 24) with concomitant hypertension and with diabetes mellitus type 2; group 2 (n = 21) without hypertension. Control group was 20 healthy individuals.

**Results.** Abdominal obesity (AO) of the 2<sup>nd</sup> degree (p <0.05) was diagnosed for 49.8% of patients of the group 1. The left ventricular hypertrophy (LVH) was diagnosed for 68.2% of patients of the group 1 and 43.2% for the group 2 (p <0.01). HbA1c levels for patients of the group 1 was 1.2 times higher in comparison to patients of the group 2 (p <0.001). Hypercholesterolemia for 68.4%, hypertriglyceridemia for 42.0%, an increase from 22.4% HSLPNP, reducing HSLPVP for 33.1% of patients of the group 1 (p <0,001) was observed. The content of PSA for patients of the group 1 was 1.4 times higher, and HOMA-IR index is 2.4 times higher in comparison to the indicators of the group 2 (p <0.01). The atherosclerotic plaques in the carotid arteries were detected for 49.7% of patients of the group 1 (p <0.05). TIM OSA patients in group 1 was 1.2 times more than in comparison to the group (p <0.01) and correlated with the level of total cholesterol (r = 0,44; p <0.01), HOMA-IR index (r = 0,38; p <0.01).

**Conclusions.** The insulin resistance and AO have the decisive importance for the progression of cardiometabolic abnormalities for patients with hypertension and diabetes mellitus type 2. The insulin resistance and AO contribute to the development of LVH progression of atherosclerosis and dyslipidemia due to impaired glucose metabolism and development of systemic inflammation.

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**BURNOUT SYNDROME IN GRADUATE STUDENTS OF MEDICAL UNIVERSITY**

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**Introduction:** Among the many challenges of professional development, strangely enough at first glance, declares itself the problem of "burn-out" of future specialists. Constant workload, the high requirements for the students, the lack of time leads to chronic stress. Therefore, it becomes actual studying of the burnout syndrome – a process of gradual loss of emotional, cognitive and physical energy, which is manifested in symptoms of emotional and mental exhaustion, physical fatigue and reduces satisfaction from activities.

**Aim:** identification of the burnout syndrome among graduate students of medical university.



**Materials and methods.** By the method of Boyko V.V., we conducted a survey of 67 students (36 boys and 31 girls) 6th year at the age of 22 to 24 years. Students were asked to answer "yes" or "no" to the proposed 84 approval. The results were evaluated by point system of 1 to 10 in accordance with a "key". Total score was calculated for each of 12 symptoms.

**Results.** According to the study phase "Tension", which includes the experience of stressful circumstances, dissatisfaction with themselves, "driven into the cage," anxiety and depression formed in 13.6% of the respondents. Phase "Resistencia" (inadequate emotional selective response, emotional and moral disorientation, expansion of saving emotions sphere, reduction of professional duties) occurred in 31.2% of the students. Phase "Exhaustion" (emotional deficiency, emotional distancing, personal distancing (depersonalization), psychosomatic and psycho-vegetative disorders) registered at 14.1%. The analysis of the data of empirical research has shown that there is a relationship between academic performance (as we have done group) and the presence of the burnout syndrome. Also, noteworthy, that the study did not reveal any student who does not have symptoms of the burnout syndrome.

**Conclusion.** Thus, the formation of the burnout syndrome occurs before the independent professional activity. Development of the emotional burnout syndrome due to the presence of intense psychological and emotional activities: intensive communication and perception, processing and interpretation of the information obtained and making decisions.

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**STUDYING OF PATHOLOGICAL PHYSIOGNOMICAL SIGNS AS  
POSSIBLE PREDICTORS OF RESPIRATORY DISEASES**

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**Introduction.** Ounce of prevention is worth a pound of cure. Question is – how to diagnose disease? As it known, condition of face sings can be some kind of internal organs condition map. Pathological physiognomical signs (PPS) are alterations of structure and form of basic facial features. From pathological physiognomical point semiotics of bronchial asthma is vascular distention in nose and near it, cheek cyanosis; semiotics of bronchitis is cyanosis of ear skin, semiotics of pneumonia is paling of some nose parts; semiotics of emphysema is complex cyanosis of lips, cheeks and forehead, and for respiratory failure it's enlarged pores of nose alae. Actuality: possibility of using PPS for diagnosis of respiratory diseases and their severity is important line in studying of these diseases. Early recognition and possibility of modification of risk factors are top priority of preventing measures of these pathologies.

**Aim:** study presence of definitive PPS in patients with respiratory diseases. Detect possible link between expressiveness of PPS and severity of respiratory diseases, including COPD.

**Materials and methods:** double blind trial, statistic method, map with set of sings and 5-ball scale of measuring of their intensity: 1 ball – presence of 1 sign, 2 balls – 2 slightly expressed signs, 3 balls – 2 intensively expressed signs, 4 balls – 3 signs, 5 balls – 3 or more strong expressed signs.