

J.O. Grebenyuk, M.V. Bogun

## DYSBIOTIC EFFECTS AMONG THE CHILDREN IN THE FIRST YEARS OF LIFE

Kharkiv National Medical University,

Department of Foreign Languages, Kharkiv, Ukraine

***Abstract.** The paper discusses functional digestive disorders among the children in the first years of life, their reasons, their correction and optimization of the use of drugs for treatment.*

***Key words:** microecosystem, dysbiotic effect, dysbiosis, probiotic therapy.*

Ю.О. Гребенюк, М.В. Богун

## ДИСБІОТИЧНІ ПРОЯВИ СЕРЕД ДІТЕЙ В ПЕРШІ РОКИ ЖИТТЯ

***Анотація.** Стаття присвячена функціональним порушенням шлунково-кишкового тракту серед дітей в перші роки життя, їх причинам, корекції та оптимізації використання ліків.*

***Ключові слова:** мікроекосистема, дисбіотичні порушення, дисбіоз, пробіотична терапія.*

In times of high computer technologies, technical progress and questionable state of environment we can't claim that the microecosystem of human body is not under threat.

Unfortunately it concerns not only adults but also children including babies. And this work is devoted to this problem as dysbiotic effects in the intestine occupy a significant part in functional digestive disorders among the children in the first years of life.

The aim of this work is to optimize the use of drugs for the treatment of functional disorders of digestive system among the children in the first years of life.

The relevance of the work is that dysbiosis is a widespread phenomenon and occurs approximately in 90% of adults and in 95% of children.

The reason of dysbiotic disorders is irrational use of antibiotics and chemotherapeutic agents. Thus according to the analysis of 10 cases, antibiotics were improperly prescribed in 40-90% of cases.

The frequency of antibiotic-associated diarrhea ranges from 5 to 39%.

Object of study: dysbiotic effects in the intestine among the children and drugs used for their correction.

Subject of study: the correction of functional digestive disorders among the children of the first years of life.

The main causes of the intestinal dysbiosis among the children are:

- ✓ improper beginning and inadequate maintenance of lactation.
- ✓ early transition to artificial feeding and its impropriety, violation of diet.
- ✓ acute intestinal infections.
- ✓ acute respiratory viral diseases.
- ✓ lack of hygienic measures (unwashed hands, incorrectly performed genital hygiene, etc.).
- ✓ improper use of drugs.
- ✓ reduction of natural resistance of the organism.

During the analysis of doctors' prescriptions it was revealed that now the parents with the children who have isolated problem of dysbiotic disorders don't visit the doctor. This clinical study involved the children aged between 1.5 months and 2 years.

We have proposed the following recommendations for pediatricians to rationalize the use of pro- and prebiotics:

1. The effectiveness of dysbiosis therapy increases when you find out and address the causes of disease.
2. Prophylactic probiotic therapy should be 10 days longer than antibiotic therapy.
3. The course of treatment of intestinal dysbiosis can't be less than 2 weeks.
4. When the mother is diagnosed with dysbiosis she should continue breastfeeding till restoring normal level of microflora.
5. The therapy with probiotics of monocomponent structure should be used in the case of deficiency of a certain type of bacteria (lakto-, bifidobacteria etc.).
6. Empirical therapy should be started with complex probiotics.

7. Monotherapy with probiotic is possible only in cases when normal lactobacillus concentration is found in feces.

8. Lactulose drugs are contraindicated for children with the lack of lactase.

9. If yeast fungi are found in feces it's necessary to include antifungal agents in the course of treatment.

10. The drugs are prescribed after preliminary bacteriological analysis of feces.

11. The children with overwhelming symptoms of constipation should be prescribed probiotic as well as prebiotic which contains lactulose.

12. Complex treatment of dysbiosis should include adaptogens, vitamins, appetite stimulators, chelators and others.