



***IXth International Interdisciplinary
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Scientists and medical students
«Actual problems of clinical and
theoretical medicine»***

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below 50%. In KhNAHU is the figure 32%.

The students whose parents are doctors, have significantly lower level of maladjustment and anxiety than the others.

So, the level of professional maladjustment of students of the 1,2 and 4 groups are fairly moderate, what requires the assistance of experts to conduct rehabilitation. The level of maladjustment of

students 3 and 5 groups is low, but it is advisable to make an advisory work of specialists.

Conclusions: We can conclude that students are very contemptuous of their mental health, because less than 20% can be called «healthy». While the level of anxiety, depression and maladjustment is in the range that can be corrected, students need to take care of their health and future.

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QUALITY OF LIFE OF PATIENTS WITH NEUROSURGICAL DISEASES

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Actuality: The result of the treatment process can be estimated taking into account a number of indicators. These include: life expectancy, quality of life, total and postoperative mortality. Quality of life is an integral characteristic of the physical, mental, emotional and social functioning of a person.

The aim is to evaluate the quality of life in patients with neurosurgical pathology, after the treatment process.

Materials and methods: We conducted a comprehensive survey of 17 patients aged 28 to 60 years old of both sexes who are in neurosurgical hospital in the postoperative period. Quality of life assessment was performed using a

rating scale integrated indicator of quality of life (Mezzich I., Cohen N., Ruiperez M., Lin I., and Yoon G., 1999).

Results: Created 2 groups. The first (I) group consisted of 9 patients with severe restrictions on movement. This group included patients diagnosed with: Acute ischemic attack (7 persons); Meningioma (2 people). The second (II) group consisted of 8 patients with no traffic restrictions. In the II group included patients with diagnoses: Closed head injury (2 persons); Acute ischemic attack (3 persons); Osteochondrosis(3people).In the I group, the mean score of quality of life 5.6. According to obtained values



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subscales: subjective well-being and satisfaction - 5.3 points; fulfillment of social roles - 5,2 points; the external conditions of life - 6.7 points. In group II, the average quality of life score was 7.8. According to obtained values subscales: subjective well-being and satisfaction - 7.5 points; fulfillment of social roles - 7,8 points; the external conditions of life - 7.6 points. Quality of life was significantly reduced depending on the severity of traffic restrictions regardless of the patient diagnosis. In this case, the I group of patients come to the fore experiences regarding the physical

and mental well-being, self-service and the independence of action, health, personal realization.

Conclusions: It is very important for patients with neurosurgical pathology, are in the postoperative period is the degree of restrictions on movement and deterioration of self-independence activities, health, personal realization. In our view, it is important counseling and provision of qualified psychological support for patients with different neurosurgical pathology in the pre- and postoperative period.

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SPONDYLOGENIC INFLUENCE ON VERTEBRAL ARTERIES IN VERTEBROBASILAR INSUFFICIENCY

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Actuality: Vertebrobasilar insufficiency (VBI) describes condition where there is an insufficient delivery of blood flow via the vertebral or basilar arteries to the brain. The etiology may be based on the atherosclerosis, lipohyalinosis, vertebrobasilar artery dissection or embolic occlusion or by cervical osteophytes. When vertebral compression results from osteophytes, it leads to a condition called as osteochondrosis which is defined as narrowing of

intervertebral space. Osteophytes located laterally and anterolaterally adjacent to vertebral artery play major role in occlusion. These patients are prone to ischemia and stroke. The symptoms include: vertigo (dizziness), visual disturbances (blurring, graying, double vision), drop attack (sudden falls), numbness, tingling and slurred or lost speech.

The aim: to assess spondylogenic influence on vertebral