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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ
ТБИЛИСИ - НЬЮ-ЙОРК

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3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

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3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემავჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრაფიის ფოტოსურათები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

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CLINICAL AND IMMUNOLOGICAL INDICES IN HIV-INFECTED PATIENTS WITH VIRAL SKIN DISEASES

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HIV infection represents one of the main public health problems in Ukraine. According to the data of the Ukrainian Centre for AIDS Prevention and Control, the epidemic of HIV infection in Ukraine started in 1987, when the first cases of the HIV infection have been registered. By the end of that year there were 6 cases among citizens of Ukraine and 75 among foreign citizens, who were deported from the country in compliance with the legislation of that time.

Up to 1995 Ukraine was among countries with a low HIV/AIDS prevalence, but the spread of HIV among consumers of injected drugs marked a new stage in the epidemic development and since 1995 Ukraine has entered the stage of the intensive HIV infection epidemic, when in the beginning of that year the new cases of HIV infection were registered among consumers of injected drugs (CID) in Odessa [1].

By the beginning of 2007, more than 104,600 HIV-positive cases had been officially registered in Ukraine. According to the estimated data of WHO and UNAIDS, by the end of 2006 over 377,000 HIV-positive citizens lived in Ukraine, being 1.5 % of the country's adult population. The analysis of statistical data for 2000-2006 demonstrated more than a twofold increase of HIV infection rate, an almost sevenfold growth of the number of AIDS cases and the fact that 5 times more patients died from AIDS. Most of all affected by HIV infection were inhabitants of the southern and eastern regions of Ukraine. It was in those areas that the spread of HIV exceeded the average value in the country 3-4 times. Those were the Dnipropetrovsk, Donetsk, Mykolaiv and Odessa Regions, the Autonomous Republic of Crimea and Kyiv [1,6].

In 2008, as estimated by experts, 1.6 % of Ukrainian people at the age of 15-49 lived with HIV. While the official rate of HIV positivity in the country exceeded 122,000 cases, the real number of people who lived with HIV achieved about 440,000 cases, as it was estimated by WHO. Results of studies revealed that CID, commercial sex workers and their sex partners, males practicing sex with males, prisoners and "street Arabs" aged 10-18 years were the population groups at a high risk of HIV infection. It was the above groups where more than 80.0 % of all HIV infection cases were registered. In 2007, 40.0 % of new cases of HIV contamination were revealed in CID, who by now have been the most vulnerable group.

In 2008 the epidemic situation was characterized by a high level of HIV infection spreading among representatives of different population groups, first of all members of groups with an increased risk of HIV contamination.

In 2011, the number of officially registered new cases of HIV infection in the country was 21,177 (46.2 per 100,000 people) – this was the highest value for the whole period of monitoring of HIV infection in Ukraine beginning from 1987.

According to statistical data of the Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine, by January 1, 2017 the cumulative number of officially registered cases of HIV infection from 1987 was 297,424, the cumulative number of AIDS-caused cases was 92,897 and the cumulative number of AIDS-caused deaths was 41,710.

The number of people, who lived with HIV infection and were followed up at medical institutions, by January 1, 2017 was 127,620, including 2,543 and 471 HIV-infected children at

the age of 0-14 and 15-17 years, respectively.

It is known that official data do not demonstrate the real extent of the epidemic of HIV infection / AIDS in Ukraine. The official data includes only those tested for antibodies to HIV, were positive on HIV infection and included into the official register of HIV infection cases. A significantly larger number of Ukrainian residents may be infected, but they do not know about it.

Ukraine remains a leader in Europe by the spreading intensity of HIV infection. According to UNAIDS experts, about 400,000 people with HIV infection live in Ukraine. Among them only every other person knows about his/her diagnosis [1].

By January 1, 2017 the number of HIV-infected patients, who had died, was 5,305 (including 3,253 deaths from AIDS). These data demonstrate underestimation of the of the epidemic of HIV infection/AIDS in Ukraine and necessity of a significant increase in the level of coverage with antiretroviral therapy (ART) for the patients, who need it.

Now we already have instruments to curb the epidemic of AIDS. Treatment of HIV has made it possible to significantly increase the life expectancy of the patients who live with HIV, and effectively prevent HIV transmission. Besides, there are many proved potentials for preventing HIV without medicines, including programs of condom distribution, changes of behaviour, voluntary male circumcision and measures for key population groups. These have clearly demonstrated their ability to sharply decrease the level of new cases of HIV infection.

Application of ART gives a tenfold increase in the life time of HIV-infected people versus those patients, who do not receive this treatment [1].

Prevention of new cases of HIV infection among children is also possible by means of a high level of coverage of pregnant women with ART, where this level must exceed the total target values of the treatment. Acceleration of the speed of activities for achievement of advanced target values will make it possible to interrupt the epidemic of AIDS by 2020. If we manage to perform the assigned task, the epidemic will have declined by 2030. In contrast, if everything remains as usual (the coverage with services at the level of 2013), by 2030 the epidemic will have begun its development again and constitute even a more serious threat to the health and wellbeing of the mankind with a resultant use of significant resources for struggling the epidemic, which then will be already uncontrolled.

The purpose of the present research was to study a number of immunological indices in HIV/AIDS-infected patients with viral skin lesions.

Material and methods. Our study included 38 cases of HIV/AIDS patients with skin pathology 18-53 years of age (20 men and 18 women). The patients had viral pathology (20 cases with recurrent herpes simplex and 18 with chronic ulcerative herpes simplex virus infection) [2,3,7]. There were 25 patients with HIV infection stage 2, and 13 with stage 3.

Immunological studies were carried out before the treatment and 2 months after the start of the treatment.

Blood was tested before the beginning of the therapy and after 2 months of the treatment. IL-2, IL-6, INF- γ , INF- α and TNF- α levels were determined in plasma samples using enzyme-linked

immunosorbent assay (ELISA). Supernatants of the patients' peripheral blood were received and frozen at -20°C for examination by ELISA. Commercial ELISA kits for detection of IL-2, IL-6, INF- γ , INF- α and TNF- α cytokines were used and the studies were conducted in compliance with the batch record.

The obtained results were analyzed by the STATMOST system (Dotamost, South Sandy, UT). Results at the initiation and after 2 months of the treatment were evaluated by parametric (t-test and ANOVA) and nonparametric (Wilkinson and Kruskal-Wallis) statistical tests. Statistical significance level was set at $p < 0.05$.

Together with ART, the treatment in cases of chronic ulcerative herpes and recurrent herpes simplex included acyclovir, 400 mg 5 times a day [4,5], and Cidipol solution externally. Group 1 received ART according to the protocol and antiviral therapy. Group 2 received ART, antiviral medicines and Cidipol solution externally.

Results and their discussion. Table 1 demonstrates dynamics of absolute values (mean + standard deviation) of the measured cytokines. Differences in cytokine production resulting from application of two different therapy schemes were studied.

Comparing mean independent intragroup values for each cytokine by Student's t-test did not reveal any statistically significant differences with the initial level. Both Kruskal-Wallis and Wilkinson's nonparametric tests did not find out any differences between patients from the above groups as well ($p = 0.852$).

INF- α is a multifunctional cytokine with a known activity in different infectious diseases [8]. INF- α demonstrates synergism with IL-12 and plays a significant part in the suppression of Th2 cytokines by its antagonizing effect on IL-4, IL-10 or immunosuppressive cell factors, therewith increasing Th1 response by means of induction of IL-2 and INF- α .

TNF- α is a monocyte-activating cytokine, capable of augmenting clinical manifestations of HIV infection.

INF- γ is regarded as the most important cytokine in the defense response to infections. This is an essential component in the activation of a cascade of other cytokines, such as GM-CSF, IL-2 and IL-4. The production of INF- γ is significantly suppressed during an active course of the viral process, correlates with the severity of the disease course and increases during therapy.

Table 1. Absolute values of cytokine levels before and after 2 months of treatment

	Antiretroviral therapy		Antiretroviral therapy + Cidipol	
	Start	After 2 months	Start	After 2 months
IL-2, pg/ml	33.4 \pm 18.6	22.4 \pm 14.7	28.4 \pm 16.3	45.7 \pm 23.3
	P=0.002		P=0.005	
IL-6, pg/ml	28.7 \pm 16.8	33.6 \pm 25.8	31.5 \pm 21.0	23.2 \pm 12.8
	P=0.15		P=0.0067	
TNF- α , pg/ml	237.7 \pm 475.0	270.7 \pm 390.5	208.5 \pm 467.6	168.7 \pm 479.7
	P=0.42		P=0.06	
INF- γ , pg/ml	43.4 \pm 34.2	28.7 \pm 19.7	41.7 \pm 37.3	48.5 \pm 38.6
	P=0.004		P=0.33	
INF- α , pg/ml	26.1 \pm 26.3	23.3 \pm 20.3	27.7 \pm 25.6	26.4 \pm 20.8
	P=0.25		P=0.74	

Table 2. The dynamics of values of T lymphocyte subpopulations in HIV-infected patients, who received complex therapy and Cidipol externally

Indices	Normal values, M \pm SD	COMPARISON GROUP without Cidipol n=10		TREATMENT GROUP with Cidipol n=10	
		Before the study, M \pm SD	After 2 months, M \pm SD	Before the study, M \pm SD	After 2 months, M \pm SD
T lymphocytes CD3+, %	68.52 \pm 4.23	47.2 \pm 2.33* ¹	48.4 \pm 2.23	50.3 \pm 1.36	55.6 \pm 1.34* ^{4,5}
T lymphocytes CD3+, abs	1325.7 \pm 112.8	443.5 \pm 32.7** ¹	491.6 \pm 34.8	1044.3 \pm 53.7** ⁵	1271.1 \pm 65.2** ^{4,5}
Subpopulations of CD3+CD4+ lymphocytes, %	41.02 \pm 6.26	26.5 \pm 1.64* ¹	26.7 \pm 1.57	27.5 \pm 0.7	28.7 \pm 0.99
Subpopulations of CD3+CD8+ lymphocytes, %	28.02 \pm 1.96	20.5 \pm 1.18	21.1 \pm 1.25	19.4 \pm 0.6	22.5 \pm 1.06
Immunoregulatory index CD3+CD4+ /CD3+CD8+	1.83 \pm 0.17	1.32 \pm 0.09* ¹	1.34 \pm 0.07	1.37 \pm 0.08	1.38 \pm 0.09

notes: * - significance value $p \leq 0.05$; ** - significance value $p \leq 0.01$; Figures near asterisks denote compared indices

Table 3. The dynamics of values of T lymphocyte subpopulations in HIV-infected patients, who received complex therapy and Cidipol externally

Indices	Normal values, M±SD	CONTROL GROUP without Cidipol n=10		TREATMENT GROUP with Cidipol n=10	
		Before the study, M±SD	After 2 months, M±SD	Before the study, M±SD	After 2 months, M±SD
B lymphocytes CD20+, %	10.01±1.81	15.2±0.7* ¹	15.1±0.9	14.8±0.8	14.92±0.67
Phagocytosis: % of active cells	80.02±6.03	72.6±0.8	70.0±1.1	76.6±0.7	75.3±0.93* ⁴
NK cells (CD3-, CD16+, CD56+)	19.02±2.87	15.8±0.77	16.6±0.73	18.6±0.59	18.4±0.76
IgA, mg/ml	1.9±0.21	4.07±0.1** ¹	4.3±0.9	2.7±0.06* ⁵	2.57±0.08** ^{4,5}
IgG, mg/ml	11.5±1.22	15.65±0.626* ¹	16.24±0.5	16.17±0.3	14.85±0.36* ⁵
IgM, mg/ml	1.23±0.15	1.76±0.18	1.84±0.13	1.77±0.05	1.46±0.03* ⁴
CICs: with 7 % PEG	Not > 0.06	0.067±0.009	0.06±0.007	0.064±0.02	0.052±0.007* ^{4,5}
Lymphocytotoxic autoantibodies, %	Up to 10	16.5±1.03** ¹	16.9±0.7	15.7±0.8	14.01±1.02
Complement, RU	55.02±5.2	62.1±3.3* ¹	63.6±2.5	53.23±3.4	56.2±2.75
Heterophil haemolysins	0.4±0.12	0.57±0.02* ¹	0.63±0.02	0.35±0.02** ⁵	0.35±0.02* ^{4,5}

notes: * - significance value $p \leq 0.05$; ** - significance value $p \leq 0.01$; Figures near asterisks denote compared indices

Prior to the beginning of the study the patients from both groups revealed marked decreases in their total leukocyte count, absolute counts of lymphocytes and neutrophils ($p < 0.01$). The level of the relative value of lymphocytes was reliably raised ($p < 0.05$). From the side of the subpopulation composition of T lymphocytes we revealed decreases in the values of CD3+, CD3+, CD4+ ($p < 0.05$), CD3+, CD8+ cells and the immunoregulatory index CD3+CD4+/CD3+CD8+ [9,10]. The levels of CD3-, CD16+ and CD56+ cells and that of phagocytic activity of neutrophils were lower versus their normal values. Reliable increases in the relative value of CD20+ cells ($p < 0.05$), indices of all classes of immunoglobulins, lymphocytotoxic autoantibodies ($p < 0.05$) and heterophil haemolysins ($p < 0.01$) were registered. Besides, a markedly increased activity of the complement system ($p < 0.05$) was observed. The number of circulating immune complexes tended to elevate.

Results of the conducted study showed that after 2 months of the complex therapy with Cidipol patients from the treatment group revealed a reliable increase in the count of CD3+ cells ($p < 0.01$). The levels of CD3-, CD16+ and CD56+ cells and phagocytic activity of neutrophils tended to increase too. Besides, a reliable decrease and approaching to the normal value of the levels of Ig and heterophil haemolysins ($p < 0.05$ and < 0.01 , respectively) were found out. Results of the study demonstrate a marked decrease in the activity level of the complement system down to its normal values. As for the count of lymphocytotoxic autoantibodies, these tended to decrease.

After 2 months of their follow-up patients from the comparison group revealed a tendency to increase the relative and absolute numbers of lymphocytes. The relative values of CD3-, CD16+ and CD56+ cells changed in the direction of their increase too. From the side of the humoral link of immunity our attention was attracted by absence of normalization in the elevated level of IgA and a tendency to increase levels of IgM and IgG. The level of heterophil haemolysins tended to rise too.

The tendency to increase the absolute count of lympho-

cytes was preserved. From the side of the humoral link of immunity we registered an insignificant decrease in the values of IgA and IgG.

It is already at early stages of HIV infection that the functional state of natural killers is affected, it significantly reducing their abilities to response to different mitogens and antigens. The tendency to raise the levels of CD3-, CD16+ and CD56+ cells in patients from the treatment group can be interpreted as an increased cytopathogenicity of their activity. Besides, NK cells are associated with the production of INF- α .

Interferons are known to produce, side by side with antiviral, also immunomodulatory and antibacterial effects, the above making them important components of the nonspecific effector system in the anti-infective defense of the organism.

Phagocytosis is one of the most important reactions that provide both the natural resistance of the organism (the nonspecific immune response) and antigen presentation, required for developing the specific immune response. HIV infection reveals inhibition of the phagocytic activity of neutrophils. A reliable elevation of the value level in the phagocytic link of the immune system in the treatment group reveals an increased functional activity of granulocytes and is a good prognostic sign.

Studies of the above relationships in cases of viral lesions in HIV/AIDS-infected patients will make it possible to better understand the cytokine response, thereby enabling us to increase the efficacy of the therapy and prevention of viral dermatoses in such patients.

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SUMMARY

CLINICAL AND IMMUNOLOGICAL INDICES IN HIV-INFECTED PATIENTS WITH VIRAL SKIN DISEASES

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The aim of the study was the evaluation of the several immunological indices in HIV/AIDS-infected patients with viral skin lesions. 38 HIV/AIDS patients 18-53 years of age (20 men and 18 women) with skin pathology have been enrolled in the study. The skin pathology included 20 cases with recurrent herpes simplex and 18 with chronic ulcerative herpes simplex virus infections. There were 25 patients with HIV infection stage 2, and 13 with stage 3. Immunological studies were carried out before the treatment and 2 months after it. Together with ART, the treatment in cases of chronic ulcerative herpes and recurrent herpes simplex included acyclovir, 400 mg 5 times a day, and Cidipol solution externally. Group 1 received ART according to the standard antiviral therapy protocol, Group 2 received ART, antiviral medicines and Cidipol solution externally. The study showed that after 2 months of the complex therapy with Cidipol, patients from the treatment group demonstrated a reliable increase in the count of CD3+, CD16+ and CD56+ cells and phagocytic activity of neutrophils. There was also a significant decrease (approaching to the normal values) of the levels of immune globulins and heterophil haemolysins. The present study of the immune responses in the cases of skin viral lesions in HIV/AIDS-infected patients contributes to the better understanding of the cellular and cytokine responses, thereby enabling us to increase the efficacy of the therapy and prevention of viral dermatoses in immunocompromised patients.

Keywords: cytokines, HIV/AIDS infection, keratomycoses, chronic ulcerative herpes virus infection, recurrent herpes simplex virus infection.

РЕЗЮМЕ

КЛИНИКО-ИММУНОЛОГИЧЕСКИЕ ПОКАЗАТЕЛИ У БОЛЬНЫХ С ВИРУСНЫМИ ПОРАЖЕНИЯМИ КОЖИ НА ФОНЕ ВИЧ/СПИД-ИНФЕКЦИИ

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Целью настоящего исследования явилось изучение ряда иммунологических показателей у ВИЧ/СПИД-инфицированных больных с вирусными поражениями кожи.

Наблюдались 38 больных с патологией кожи на фоне ВИЧ/СПИД-инфекции в возрасте от 18 до 53 лет, из них 20 мужчин и 18 женщин: 20 больных рецидивирующим простым герпесом, 18 - хроническим язвенным герпесом; 25 больных II стадией ВИЧ-инфекции, 13 - III стадией.

До лечения и спустя 2 месяца после окончания проводили иммунологические исследования. Лечение наряду с антиретровирусной терапией включало: при хроническом язвенном герпесе и при рецидивирующем простом герпесе - ацикловир 400 мг 5 раз в сутки, наружно - раствор цидипол. I группа получала антиретровирусную и противовирусную терапию. II группа получала антиретровирусную терапию, противовирусные препараты и наружно раствор цидипол.

Анализ и оценка клинико-иммунологических показателей у больных вирусными поражениями кожи на фоне ВИЧ-инфекции позволяет полностью понять цитокиновый ответ, что обеспечивает эффективность проводимой терапии и профилактики вирусных дерматозов у таких пациентов.

რეზიუმე

კანის ვირუსული დაზიანებების მქონე პაციენტთა კლინიკურ-იმუნოლოგიური მაჩვენებლები აივ/შიდსის ინფექციის ფონზე

ლ. კუცევლიაკი, ა. დაშუკი, ა. დაშუკი

ხარკოვის ეროვნული სამედიცინო უნივერსიტეტი, დერმატოლოგიის, ვენეროლოგიის და შიდსის კათედრა, უკრაინა

კვლევის მიზანს წარმოადგენდა აივ/შიდსით ინფიცირებული და კანის ვირუსული დაზიანებებით პაციენტთა ზოგიერთი კლინიკურ-იმუნოლოგიური მაჩვენებლის შეფასება.

დაკვირვების ქვეშ იმყოფებოდა 18-53 წლის ასაკის 38 ავადმყოფი (20 მამაკაცი, 18 ქალი) კანის პათოლოგიით აივ/შიდსის ინფექციის ფონზე: 20 ავადმყოფი - მორეციდივე მარტივი ჰერპესით, 18 - ქრონიკული წყლულოვანი ჰერპესით; 25 პაციენტს ჰქონდა აივ-ინფექციის II სტადია, 13-ს - III სტადია.

მკურნალობამდე და მკურნალობიდან ორი თვის შემდეგ ჩატარდა იმუნოლოგიური კვლევა. მკურნალობა ანტირეტროვირუსულ თერაპიასთან ერთად უტარდებოდა.

ბოდა ქრონიკული წყლულოვანი პერპესის და მორე-
ციდივე მარტივი პერპესის დროს – აციკლოვირით:
400 მგ 5-ჯერ დღეში, გარეგანად – ციდიპოლის ხსნა-
რი. I ჯგუფი იღებდა ანტირეტროვირუსულ და ან-
ტივირუსულ თერაპიას; II ჯგუფი - ანტირეტროვი-
რუსულ და ანტივირუსულ თერაპიას და გარეგანად
– ციდიპოლის ხსნარს.

კლინიკური და იმუნოლოგიური პარამეტრების ანა-
ლიზი და შეფასება აივ-ინფექციის ფონზე ვირუსული
კანის დაზიანებით პაციენტებში საშუალებას იძლევა
სრულად შეფასდეს ციტოკინური პასუხი, რაც უზრუნ-
ველყოფს დერმატოზების თერაპიის ეფექტურობას და
პრევენციას.

THE PROBLEM OF CO-DEPENDENCE AMONG HIV-INFECTED DRUG-ADDICTED FAMILY MEMBERS

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HIV infection is a long term infectious disease that develops
as a result of human immunodeficiency virus infection (HIV)
and is characterized by a progressive defeat of the human im-
mune system [17].

The key feature of the HIV epidemic in Ukraine, that makes
it different from the one in Eastern European countries, is the
spread of the HIV virus by drug users via injections; the inter-
disciplinary nature of the problem is explained by the close rela-
tionship with narcology and psychiatry [1,6].

In the scientific literature we can observe a recent increased
interest in the study of families of drug users, that got HIV-in-
fected via injections. [4] Social isolation, marginalization and
discrimination resulting due to stigmatization of HIV-infected
patients can also have a significant impact on those people, that
are living with them [2,17]. Drug addiction of one of the family
members can not leave intact other family members [3]. Most
families, members of which have chemical dependence, have
to face complications, that for the last 10 years have been com-
bined into a term - co-dependence [5,11].

Co-dependence is a drug relapse risk factor for a patient; a risk
factor for offspring disorders, first of all, the risk of chemical de-
pendence; it is also a possible cause for psychosomatic disorders
and depression [7].

However, as of today we don't have a single, generally ac-
cepted definition of co-dependence [2,7,13]. Special attention
should be paid to the people, that are in close relationship with
addicts. Co-dependent individuals create a window of opportu-
nity for addiction and can provoke it [10,12].

Thus the lack of information in modern literature about such
unsolved problems like prevalence of co-dependence in the fam-
ilies of a certain population (HIV-infected injecting drug users),
consistency of accumulation of certain diseases in the families
and the lack of knowledge about the processes of intrafamilial
hetero- or homo-typic structures of observed diseases have led
us to this study.

The purpose of this research is to find out the clinical-psy-
chopathological manifestations of co-dependence in families of
HIV-infected injecting drug users, to establish the frequency and
structure of these manifestations, as well as to assess the role
of hereditary factors in the formation of co-dependence among
those who are married to HIV-infected injecting drug user.

Material and methods. During the period of 2015 - 2018,
on the basis of Vinnitsa Regional Drug Rehab Center "Socio-
therapy", we conducted a survey with the informed consent of
HIV-infected injecting drug users.

The design of the study envisaged four stages: 1) screening
of patients - HIV-infected drug-addicted patients (proband);
2) study of their married couple (main group); 3) study of the
first-degree relatives; and 4) comparative study of the main and
control group.

A total of 113 HIV-positive injecting drug users were investi-
gated: 98 males (86.7%) and 15 females (13.8%). The average
age of the subjects was 32.4 ± 2.1 years. The proportion of the
investigated probands (98 males and 15 females) is 6.5:1, which
reflects the population extension of HIV infection in the pro-
portion of 7:1. The highest incidence of HIV infection among
injecting drug users, both males and females, is in the age group
of 26 - 35 years and is 96.9% for males and 100% for females re-
spectively. This data also matches the data from other research-
ers, who worked on this problem [12].

The information about marriage duration of the investigated
probands was like follows. The average duration of marriage
was 4.9 ± 1.9 years. The presented data indicated that, mainly
90.3% of probands (102 people) experienced the duration of
marriage as long as 3-5 years. The average duration of injecting
drug use was 6.5 ± 0.5 .

At the second stage the main clinical group was formed, the
participants of which had to sign the informed consent. This group
consisted of males and females, who had been married to a proband
(HIV-infected injecting drug user) for at least 3 years. We observed
113 persons: 98 females (86.7%) and 15 males (13.3%). There was
a similar distribution of male spouses and female spouses by the se-
lected age groups; this principle was also observed in the reference
set, that is all the individuals without exception (100%), who were
married to HIV-infected injecting drug users, belonged to age group
of 26-35 years. The average age was 32.1 ± 2.3 years and practically
did not differ from the average age of probands.

To study the frequency of detection and the structure of clini-
cal manifestations of mental and behavior disorders among the
spouses of HIV-infected injecting drug users, as well as to study
the role of hereditary factors in the incidence of these disorders,
we formed and examined a control group.