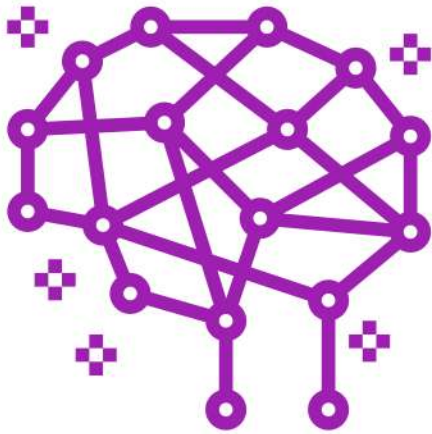


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positively, then all things will work out successfully, which will certainly prevent any tension.

Nevzorova Svitlana

ANXIETY AND DEPRESSION IN THYROTOXICOSIS

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Scientific advisor: prof. Mozgova T. P.

Purpose. To identify the symptoms of depression and anxiety in patients with thyrotoxicosis and to carry out a comparative analysis with euthyroid patients.

Methods. The study included 42 patients with thyrotoxicosis (high free T3 and free T4, suppressed TSH) and 37 euthyroid patients (normal free T3, free T4 and TSH) of the control group, who were observed at the State Institution "V. Danilevsky Institute for Endocrine Pathology Problems of the NAMS of Ukraine" in Kharkiv, Ukraine.

To assess the mental status of the examined patients, the Hamilton Depression Rating Scale [HAM-D] and the Hamilton Anxiety Rating Scale [HAM-A] were used. The demographic characteristics of the patients in both groups were comparable.

Results. Total scores obtained from both HAM-D and HAM-A were significantly higher in the group with thyrotoxicosis than those of the euthyroid group ($p < 0.05$).

A comparative analysis of psychopathological symptoms indicated that agitation (HAM-D # 9), psychic anxiety (HAM-D # 10), somatic anxiety (HAM-D # 11), weight loss (HAM-D # 16), anxious mood (HAM-A # 1), tension (HAM-A # 2), insomnia (HAM-A # 4) and cardiovascular symptoms (HAM-A # 9) were significantly more common in patients with thyrotoxicosis.

At the same time, symptoms such as psychomotor agitation (HAM-D # 9), psychic anxiety (HAM-D # 10), weight loss (HAM-D # 16) and insomnia (HAM-A # 4) were typical for patients with thyrotoxicosis. In contrast, work and interests were of higher importance for the euthyroid group (HAM-D # 7).



Conclusions. The prevalence of depression and anxiety symptoms in patients with thyrotoxicosis is significantly more frequent compared to the patients in the control group. Mental and somatic anxiety, weight loss, tension, insomnia, agitation and cardiovascular symptoms are more common in patients with thyrotoxicosis, while in the control group predominate the feelings of fatigue, weakness and loss of interest in working.

Ogienko Alina

CAUSES OF VERTEBRAL ARTERY SYNDROME

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Spinal artery syndrome (SAS) is a complex of neurological symptoms (headache, dizziness, darkening of the eyes, etc.) caused by decreased cerebral circulation in the vertebro-basilar basin. This disease is becoming more common as the number of office workers and people who move slightly increases. Previously, SAS was diagnosed only in the elderly, but now it occurs in 20-30-year-olds.

The purpose of the study: an in-depth study of world literature data on the causes of SAS in order to develop an algorithm for modern diagnosis of this disease.

Materials and methods: in-depth analysis and comparison of data from scientific and medical literature.

The most significant etiopathogenetic factor in the development of these disorders is the pathology of the cervical spine. The leading place in the pathogenesis of these disorders is given to degenerative-dystrophic processes of the cervical spine and abnormal processes of the atlas, which disrupt blood flow in the vertebral arteries (VA), causing cerebral circulatory disorders. These changes belong to the group of compression constrictions of VA, which occur under the influence of many extravascular factors, and are combined by the term SAS. In ICD-10 SAS includes: the



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