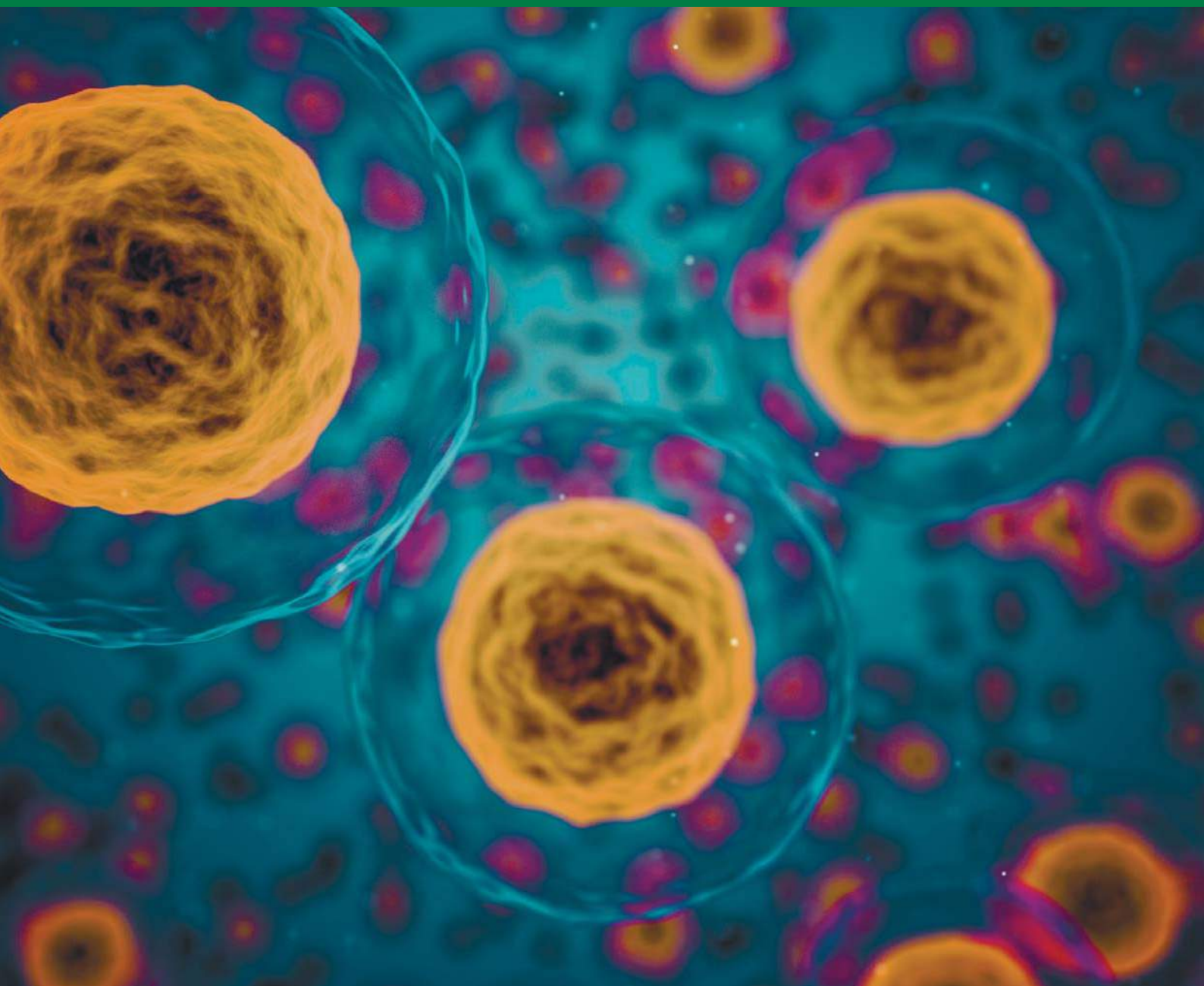
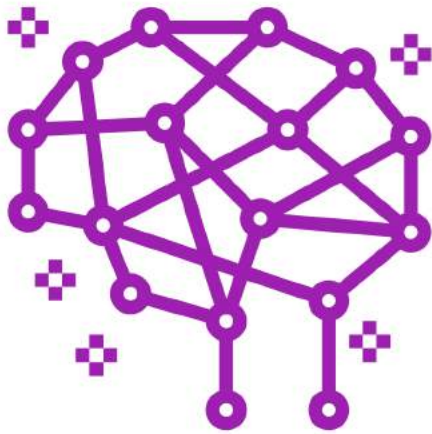


Kharkiv National Medical University

# INTERNATIONAL SCIENTIFIC INTERDISCIPLINARY CONFERENCE ISIC - 2021



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Conclusions: Treatment of patients with BPP syndrome is carried out taking into account the forms of the disease and the ways they develop, adhering to a certain algorithm: - elimination of the cause; - exercise; - normalization of body weight; - training programmes; - rest for several days (weeks); - wearing a bandage, nonsteroidal anti-inflammatory drugs; - central myorelaxants.

*Kaploukh Olha*

## **PSYCHOEDUCATION AS A COMPONENT OF FAMILY ADAPTATION OF PATIENTS WITH DEMENTIA**

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Relevance: dementia is the acquired defect of cognitive function. This condition significantly affects not only the quality of life of the patient, but also the quality of life of the patient's family. Given the diversity and individuality of clinical manifestations of dementia, limiting the social functioning of patients, it is advisable to use a comprehensive program to help patients with dementia, which includes a combination of psychopharmacotherapy, psychotherapy and psychoeducational training with a family-centered approach.

Objective: to find out the attitude to the treatment of families of patients with dementia after psychoeducation.

Materials and methods: 88 patients with dementia and 73 members of their families took part in the study. The examined patients were treated at the Regional Clinical Psychiatric Hospital №3. We used the following psychodiagnostic methods: Mini-Mental State Examination (MMSE), questionnaire "Type of family attitude to therapy with psychotropic drugs."

Results: so we obtained the following results for MMSE: 76.79% of patients had dementia of mild severity; 23.21% of patients had dementia of moderate severity. According to the method "Type of family attitude to therapy with psychotropic drugs": the hostile type was in 15.25% of families, the detached type - 35.6% of families, the manipulative type - 28.81%, the supportive type - 20.34%. After conducting



psychoeducation, the types of attitudes to therapy were as follows: excluded type - 20.34% of families, hostile type was in 15.25% of families, supportive type - 64.41%  
Conclusions: The results showed that a significant number of family members do not understand or do not take seriously the disease of a relative. In our opinion, it is advisable in the future to develop a system of psychological support and correction of undesirable attitudes to treatment in patients and their families.

*Kondratenko Anastasiia*

## **MILD COGNITIVE IMPAIRMENT IN PATIENTS WITH TYPE 1 AND TYPE 2 DIABETES MELLITUS**

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Introduction. The diabetes epidemic in developed countries affects all age groups. Both types of diabetes mellitus and the accompanying metabolic syndrome are associated with an increased risk of micro- and macrovascular complications and cerebrovascular events with worsening cognitive functions. Vascular factor is one of the leading etiological causes of moderate to severe cognitive impairment, including dementia.

At the same time, the severity of cognitive disorders and their negative impact on the state and life quality of patients are often underestimated, which increases risk of typical complications leading to disability and life-threatening. In connection with all of the above, it is important to investigate changes in cognitive function in diabetes mellitus. It is important to note that the pathogenesis of type 1 and type 2 diabetes mellitus is different and therefore differences in cognitive impairment are possible.

The aim of the study is to determine features and severity of cognitive disorders in people with type 1 and type 2 diabetes mellitus.

Materials and methods. In this research 50 patients were separated into 2 groups. First one with type 1 diabetes patients, second with type 2 diabetes patients. Each one contained 25 persons, aged 45-65. Both groups had the same drug therapy. Clinical interview, clinical anamnestic, psychodiagnostics (Mini-Mental Scale Examination), were used. Exclusion criteria: hypoglycemic and/or ketoacidotic coma in the last 3



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