

# **PROFESSIONAL TRAINING ENGLISH SPEAKING STUDENTS - FUTURE SPECIALISTS OF GENERAL PRACTICE- IN THE FIELD OF GERONTOLOGY**

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Relevance. The elderly are the fastest growing population group in all European countries and declining birth rates are causing an even greater increase in the proportion of old people in the population. It is estimated that the number of people aged over 80 in Europe will double within the next 5 years [4, 5]. Considering the current demographic situation one of the main directions in training of future professionals for family medicine should be training the work with the most common category of patients - elderly patients.

In old age illness is a major threat to well-being and autonomy. There is growing awareness that the needs of old people are as many and as varied and even more medical in nature than those of younger age groups. Old people are able to benefit disproportionately from advances in technologies such as non-invasive diagnostic procedures and therapies [1,2]. Multiple disease and the close interaction with psychological and sociocultural factors necessitate a comprehensive diagnostic approach to older people that includes psychological and social as well as medical aspects. The demographic combination of an increasing number of old people with a decreasing number of younger potential care givers makes it urgent to provide means of maintaining, improving and restoring the health and autonomy of elderly people.

Nowadays, in developed countries the process of increasing life expectancy takes place, together with the problem of low fertility it leads to the phenomenon of "aging"[4]. The increase in the relative number of elderly is accompanied by a change in health situation in the population. The success of modern medicine allow many patients with chronic pathology to live to old age, but chronic diseases can not be cured. The last time we see growth gerontological group of patients, leading to formation of the new direction of medicine - gerontology and geriatrics. Because the the main share of working with elderly patients accounted for family doctors, it is important to train English-speaking specialists various aspects of gerontology in general practice.

In some European countries the need for specialized knowledge in medical gerontology has been recognized for many years, while in other countries this need has hardly been recognized at all and yet professional qualifications of any European country have to be accepted by all. In countries without a recognized specialty in medical gerontology it is none the less possible to claim status as a specialist since doctors with a training in the specialty cannot be denied access to work [3,5]. The commitment of Training in medical gerontology thus becomes a matter of concern. An adequate representation of medical gerontology in teaching and training in medicine

throughout Europe is an important goal. The situation of undergraduate teaching in Europe is as follows.

Goal. It is appropriate to enter geriatrics cycle within the subject matter of general practice- family medicine, where english-speaking students will studying the following issues:

- Peculiarities of somatic disease in elderly patients;
- Peculiarities of treatment of somatic diseases in elderly patients;
- Diagnosis, therapy and management of patients with mental disorders that are that are specific to old age (senile dementia primary - Pick's disease and Alzheimer's, dementia of vascular origin; hydrocephalus);
- Pathogenesis of symptoms and treatment guidelines for multiple diseases, which are specific for the elderly;
- Peculiarities of feeding in gerontology.

Materials. For future work with the gerontological patients english-speaking students should know these practical skills:

- Drug therapy in elderly patients (choice of drugs, doses, combinations of drugs);
- Defining the indications for surgery in gerontological patients;
- Carrying out rehabilitation activities in elderly patients after illness and surgery;
- Assessment of emotional disorders specific for gerontological patients (depression, anxiety), their degree of expression, psychotherapeutic care;
- Use of various devices: prostheses, catheters, tubes;
- Decision on optimal question of patient sending in a situation of growing disorders of the organism and disability (hospitalization, boarding house, nursing home, hospice, home for the disabled);
- Organization and monitoring the hospice at home at the final phases of the disease.

Conclusions. Certain aspects of Gerontology and Geriatrics should be considered within other subjects. Knowledge of the issues of Gerontology and Geriatrics will significantly improve the health care by family physicians. Teaching geriatrics will help future professionals create a clear understanding of the general practice - family medicine as a system that provides a multi-disciplinary health care not only patients but also healthy individuals and from which medical care of population begins.

#### *Literature*

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## **STUDY OF GLUTAMATE AND ASPARTATE IN BLOOD PLASMA OF PSORIATSC PATIENTS**

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Introduction. Recently it has been prevailing view that psoriasis is a systemic disorder of multifactorial etiology with genetic and exogenous factors involvement, that results in escalation of functional disorders, metabolic violation and launching of the mechanisms of pathological process formation [1-3]. Despite fundamental studies of psoriasis, its many aspects remain poorly understood, especially regarding its combination with somatic diseases. These aspects include issues of cooperative interaction and the role of integrative systems of the body – neurological, endocrine and immunological [4-6]. Amino acids glutamate and aspartate are widespread excitatory CNS neurotransmitters and play important role in homeostasis providing [7, 8].

The goal of this study was to study the level of glycine, glutamate, and aspartate in blood plasma of the patients suffering from isolated psoriasis and psoriasis combined with hypertension depending on severity of disease.

The object and methods of the study. The study was conducted on two groups of patients, age range from 40 to 65 having confirmed diagnosis of psoriasis, that were examined and treated in an outpatient dermatologic city clinic № 5 in Kharkiv (Ukraine). The first group consisted of 74 patients with isolated psoriasis, 40 of which had mild course of disease, 24 – moderate, and 10 – severe course. The second group consisted of 48 patients with psoriasis combined with hypertension, 22 of which had mild course of disease, 16 - moderate and 10 - severe course. Precise anamnesis and laboratory examination were conducted, that consists of general clinical and biochemical analysis of the peripheral blood. Control group comprised 30 practically healthy patients.

Blood plasma level of glutamate and aspartate were defined by liquid chromatographic analysis with amino acidic analyzer AAA-339 (Czech Republic). For calibration tests and quantitative evaluation of chromatographs there were used standard technical solutions of amino acids (the firm "Lachema"), that accompanied the reagent kit of amino acid analyzer. For processing and analysis of statistical information a computer kit Statistica 6.0 was used for mathematical analysis of the obtained numeral material.

Results of the study and its discussion. During the conducted study there were determined changes of the level of excitatory amino acids in blood plasma (Table 1). There was statistically reliable increase of the level of glutamate and aspartate in patients with isolated psoriasis of moderate and severe course in comparison to the control group.