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Editor
Komarytskyy M.L.
Ph.D. in Economics, Associate Professor

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WHITE COAT IMPACT ON CHILDREN

Klimashevska Veronika Oleksiyivna
a student of the medical faculty
Kharkiv National Medical University
Scientific advisor:
Diachenko Maryna Serhiyivna
PhD, associate professor
Kharkiv National Medical University
Ukraine

Introductions. In the latter part of the 19th century, the white coat became a standard uniform for doctors and other medical personnel. The white coat, which is meant to provide a feeling of hygiene and safety for physicians and patients as well, presents difficulties in pediatric environments. Children may reject tests because they typically identify the white coat with discomfort and bad memories. As a result, a significant portion of physicians and nurses choose to dress casually in order to improve patient compliance. Many medical personnel still wear the traditional white coat despite of these attempts. White coat hypertension and the white coat phenomena are two related problems that result from this commitment.

Aim. The objective of this work is to thoroughly examine and define the differences related to the "white coat effect" and "white coat hypertension," taking into account both adult and pediatric forms. This research also demonstrates the significance of understanding the clinical ramifications and how clothing decisions especially a standard white coat—affect patient participation and experiences in healthcare settings.

Keywords. Blood pressure, Children, Hypertension, White coat.

The main objective is to advance a more sophisticated comprehension of these

phenomena in various age groups, leading to better patient treatment approaches and diagnostic accuracy.

Materials and methods. Analysis of scientific works and achievements of foreign scientists and specialists.

Results and discussion. The terms "white coat effect" and "white coat hypertension" refer to two different phenomena with different physiological underpinnings, definitions, and therapeutic applications. Similar to white coat hypertension, the white coat effect is caused by the stress reaction that is set up during a visit to a medical expert. Regardless of the average daily ambulatory blood pressure measurements, it is characterized as a transient elevation in blood pressure before and during a clinic visit [1]. Some people describe it as a difference in average blood pressure between the clinic and the home that is 5 mmHg or more. In essence, it involves a brief rise in blood pressure during the patient's appointment with the doctor that declines afterwards, irrespective of the patient's pre-existing condition.

Most importantly, hypertension and the white coat effect should not be confused. It can appear in people with normotension or hypertension, regardless of antihypertensive medication. The exact pathophysiological processes that connect stressors to the blood pressure response are still not fully understood. There are differences in the global prevalence of the white coat effect; some consider it to be almost a universal response in patients who are normotensive or hypertensive. Some studies have shown patients with severe hypertension, obesity, and the elderly are more likely to experience it [2]. Its incidence is noteworthy in youngsters, and age-group differences point to a possible link with hypertension rather than age or physical activity. White coat hypertension is more common in patients with essential hypertension, according to a pediatric study [3].

Since 1990, there has been discussion on white coat hypertension in children, which is characterized as increased blood pressure in the clinic with normal levels at home through ambulatory monitoring. A diagnosis is made when the blood pressure in the clinic is within normal bounds. It can be difficult to distinguish between physiologic and pathologic levels in children, which highlights the importance of

percentile assessment based on sex, age, and height. Even though mobile blood pressure monitoring may cause discomfort to patients, it is suggested for accurate evaluation, even though clinic measurement is the first step. It’s claimed that children who are obese have higher rates of hypertension [5].

Different research use different strategies when it comes to pharmaceutical treatment for white coat hypertension. Some writers see it as a non-benign condition and support treatment, especially in the presence of hypertrophy left ventricle or other cardiovascular risk factors, while many experts reject routine medication [4]. There are no clear guidelines for treatment, and the initiation of pharmaceutical medication is usually predicated on particular cardiovascular indicators.

In general, nonpharmacological therapy is more appropriate and less controversial. Lifestyle modifications are stressed, including frequent blood pressure checks, salt restriction, weight control, and regular physical activity. Dietary changes are advised, with a focus on cereals, fruits, and vegetables, as well as low-fat and cholesterol items. It's crucial to take long-term, sustainable actions, refrain from losing weight quickly, and engage in regular physical exercise for 30 to 60 minutes three times a week. Working with a pediatric psychologist can be helpful, and to identify any possible progression to chronic hypertension, blood pressure should be checked every six to twelve months.

Conclusions. As numerous studies have shown, for both adults and children, white coat hypertension has a high clinical importance. Accurately identifying and treating these events is a difficulty. A sophisticated approach to blood pressure readings is necessary for pediatric care. There are differences in the pharmaceutical treatments; nevertheless, non-pharmacological approaches that prioritize lifestyle modifications and continuous monitoring are more effective. The key is realizing and dealing with the complexity of these diseases in all age groups.

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WAYS OF IMPROVING FORENSIC MEDICAL PERSONAL IDENTIFICATION IN COMPLICATED CONDITIONS

Yakovtsova Iryna
Doctor of Medicine, professor
Antonov Andrii
PhD, associate of professor
Kharkiv National Medical University
Kharkiv, Ukraine
Uzbek Tetiana
Department assistant
Donetsk National Medical University
Kropyvnytskyi, Ukraine
Shilan Volodumur
Kirovohrad Regional Bureau of
Forensic Medical Examination
Kropyvnytskyi, Ukraine

Introductions. The mass death of people in emergency situations makes it necessary to conduct an appropriate amount of forensic medical research to establish the causes of death, identify persons and solve other significant issues [1].Analysis of professional literature shows a small number of publications on this issue in Ukraine [1]. However, the works of foreign scientists who studied the problem of human identification from both a forensic and forensic point of view are well known [2-9].

Establishing all the circumstances and time of the event and its participants is a necessary requirement during the investigation, in particular in the case of numerous deaths of people during war, man-made disasters or mass riots. In such cases, the practice, when the identity of not all the dead is established, cannot be justified by the lack of time and personnel resources. Although, in some places this is caused purely by the shortcomings of methodical support.

Aim. The identification procedure can take place in normal and complicated conditions. Under normal conditions, the expert is provided with object A and object B to conduct a certain identification study. It is the presence of two researched objects that allows the expert to reach a certain conclusion based on certain