SECTION OF CLINICAL MEDICINE #1 (ALLERGOLOGY, CARDIOLOGY, ENDOCRINOLOGY, INTERNAL MEDICINE, GASTROENTEROLOGY, HAEMATOLOGY, NEPHROLOGY, RHEUMATOLOGY)

СЕКЦІЯ КЛІНІЧНОЇ МЕДИЦИНИ №1 (АЛЕРГОЛОГІЯ, КАРДІОЛОГІЯ, ЕНДОКРИНОЛОГІЯ, ВНУТРІШНЯ МЕДИЦИНА, ГАСТРОЕНТЕРОЛОГІЯ, ГЕМАТОЛОГІЯ, НЕФРОЛОГІЯ, РЕВМАТОЛОГІЯ)

THE ASSOCIATION BETWEEN BMI AND THE CONDITION OF THE ORAL CAVITY AMONG THE YOUNG POPULATION, THE DENTAL PERSPECTIVE

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Relevance. Excessive body weight is a major health problem that can lead to severe health effects. Nowadays, obesity is highly prevalent among people in Europe and America (15-30% of the population), effecting both children and adults. The main cause is determined to be the misbalance between calories intake and expenditure. During recent years, the problem became particularly concerning among young people.

Obesity is associated with several conditions of the oral cavity – caries, periodontitis and xerostomia (dry mouth). According to the recent research data, the increased body weight is associated with the decreased saliva flow, its volume, as well as changes in pH. Additionally, obesity has an impact on the treatment plans for dental patients (Ameta Primasari at all, 2019; Ignacio Roa at all, 2018).

The aim of the study. To assess the impact of the body complexity and BMI on the status of the oral cavity among the young population.

Materials and methods. The body weight, height and BMI were assessed using the formula BMI = w/h^2 (kg/m²). Normal ratio of BMI was taken as 18, 5 -25 kg/m². Excessive weight – BMI over 25 kg/m², obesity – BMI over 27 kg/m². Additionally, the survey was conducted using the self-designed questioner. Also, the dental check-up and saliva pH testing were performed (using the universal pH stripes). The data was analyzed with standard statistical methods. All participants gave the consent to take part in the study and agreed for their data to be collected, stored and used for analytical purposes.

Results. 105 individuals were examined, age 20-24 (av. $22,3\pm1,2$ years old), 61,9% female, 38,1% male. Normal BMI – 66,7%, increased BMI – 11,4% and decreased BMI – 14,3%, obesity – 7,6%. The survey revealed the certain aspects of young people's approach to body constitution, lifestyle, physical activity and dental health. The study showed the prevalence of normal BMI among the young population. In the increased BMI group no gender pattern was noticed. The pH testing showed the increased number of cases with xerostomia and the decreased saliva pH among participants with increased BMI.

Conclusions. BMI assessment and understanding of its importance regarding the health outcomes for the patients is a crucial part of the daily work of doctors of all specialties, in particular, dentists. Strong awareness about health for patients themselves has a positive impact on making healthy lifestyle choices and adhering to the medical advice.

Using the study results, the brochure was designed to support both dentists and patients to work out an appropriate management plan in cases like excessive body weight and obesity.

RATIONALITY OF NON-STEROIDAL ANTI-INFLAMATORY DRUGS USAGE IN ACUTE PAIN SYNDROME TREATMENT

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Relevance. Acute pain syndrome impairs locomotor activity, impairs performance, and impairs patients' life quality overall. Sudden development of intense unbearable pain causes the search for a drug that quickly eliminates the pain. **Purpose** of this study was to investigate the effectiveness of lornoxicam injections on the onset of acute joint pain on

patients with gouty arthritis.

Materials and methods. 22 male patients, age from 35 to 50 years inclusive, were observed. The diagnosis of gouty arthritis was established according to the relevant clinical and laboratory criteria. 12 patients (54%) had acute pain localized in the I-phalanx joint of one foot, 6 patients (28%) had combination of I-phalanx joint arthritis of one foot with the lesion of one ankle joint and 4 patients (18%) with the adherence to one lesion. With the onset of patient's acute pain, lornoxicam was given intramuscularly at a dose of 8 mg per injection. First two days of acute pain, lornoxicam was given 8 mg twice daily at 8 hour intervals. The daily dose was 16 mg lornoxicam.

Results. 19 (86.36%) patients felt the pain in the joints decreased significantly after the first intramuscular injection. Subsequently, injections were continued for complete elimination of the pain. Out of 22 patients with acute pain, only 3 (13.64%) of them received an intravenous 8 mg lornoxicam intravenously after the first intramuscular injection over 5 hours. These 3 patients had gout arthritis for more than 10 years, so their pain decreased significantly after intravenous administration. All other medicines were discontinued with lornoxicam. The duration of acute pain treatment with lornoxicam was 4-6 days. Regardless of previous treatments for gout arthritis, the use of lornoxicam eliminated the manifestation of severe pain at acute onset of gouty arthritis in all 22 patients. Pain reduction occurred on the first day of lornoxicam usage at a daily dose of 16 mg. Complete elimination of acute pain was observed within 4-6 days of