HIV infection is 16 %. This may also be caused by taking certain medications used to treat HIV infection and its complications. Reports of the effect of antiretroviral therapy on the cardiovascular system, including on the duration and variance of the Q-T interval, are very few and contradictory[3,4]. In case of the Republic of Tajikistan, such studies were not conducted.

Purpose of research. To study the effect of antiretroviral therapy on the duration and variance of the Q-T interval in patients with HIV infection.

Material and methods of research. We have examined 20 patients with HIV infection, who were placed in the CCIH in Dushanbe at the age of 18 to 48 years (the average age is 36.5 years). Among them, there are 14 men and 6 women. The duration of disease was 11 years on average. 18 (90%) patients with HIV infection had AIDS (CD4<350 cl in 1mm³).All patients received antiretroviral therapy for 12 weeks, which included following drugs: zidolam (lamivudine-150 mg. zidovudin - 300 mg)and efavirenz-600 mg. The exclusion criteria were: arrhythmias, circulatory insufficiency II-IV FC by NYHA, chronic renal failure.

ECG was assessed before and after the 12th week course of treatment. To assess the duration and dispersion of the Q-T interval, an ECG was recorded simultaneously in 12 standard leads with a recording speed of 50 mm/s. In each possible lead (but not less than 9), the Q-T interval and the preceding R-R interval were measured in three consecutive cycles with average values calculation. The duration of the Q-T interval was determined by the time from the beginning of the QRS complex to the end of the T-wave by its interruption of the T-P isoelectric line. Correction of the Q-T interval (Q-T_c) taking into account the heart rate was carried out using the H.C. Bazett. Formula. The corrected Q-T interval variance (dQ-T_c) in milliseconds was determined as the difference between the maximum and minimum among Q-T interval leads.

For statistical processing by Microsoft Excel-2007, we used standard methods for calculating mean values and standard deviations $(M\pm m)$.

Research results and discussion. By the end of the treatment course, there was a significant improvement in the general well-being of patients. A positive dynamic in parameters of the electrical systole of the heart was observed (table 1).

Before treatment Indicator,ms After treatment % (n=20) <u>(n=20)</u> 397±90.2 O-Tc 350±79,2 -11,8 493±53,1 O-Tc max 420±45,3 -14.8 O-Tc min 446+55.3 370+45.2 -17.04 dQ-Tc 47+14.2 40+12.4 -14,9

Duration and variance of the Q-T interval on the background of antiretroviral therapy:

Table 1

After a 12-week course of antiretroviral therapy, the results showed: decrease Q-T_cintervalon11.8% (from 397±90.2 ms to 350±79.1 ms) and Q-T_cmax, Q-T_cmin, which corresponded to a decrease in dQ-T_c on 14.9% (from 47±14.2 MS to 40 ± 12.4 MS). This speaks in favor of the processes of depolarization and repolarization of the myocardium.

Output. Antiretroviral therapy in HIV-infected patients improves the duration and variance of Q-T interval, thereby reducing the risk of ventricular tachycardia and the development of sudden cardiac death. Literature:

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Kostenko V. H., Bieliaieva O. N., Solohor I. M. LANGUAGE DEVICES TO EXPRESS VOLITION IN INFORMED CONSENT TEMPLATES FOR DENTAL TREATMENT

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Background. As professional communication is becoming the most widely spread type of social interaction globally, professional discourses have been recently put in the focus of the complex interdisciplinary study by linguistic and social sciences researchers. The communication in the field of healthcare is conducted according to well-organized social scenarios and textual practices, known as genres, which, on the one hand, are well established and conventionalized, and, on the one hand, are constantly evolving in order to respond to new communicative demands. The medical and healthcare discourse operates a number of genres (discourse units) for a variety of purposes in the large areas of intra-professional, doctor-lay person, and inter-professional communication that reflect discourse community conventions within a particular sociocultural context.

Informed consent as a process and a document that records the will and decision of a patient to receive or a particular dental treatment is an integral component of patient care. The genre of informed consent for dental treatment reflects the main stages of the communication between the doctor and the patient when sufficient information regarding the dental treatment options recommended, their alternatives, benefits and possible side effects, consequences of its refusal, etc. is disclosed in order to help the patient in making an educated voluntary decision. Although a lot of medical and healthcare genres have been extensively investigated and reported (M. Gotti, P. Ezpeleta-Piorno, D. L. Fryer, H. Bowels), the genre of informed consent playing an exceptional role in healthcare service is still underestimated and little studied. Though informed consent for dental treatment is to sets out medical information, since it is the completed and signed serves as a legal document, which has to respect and promote a patient's autonomy; to protect patients from harm, as well as to protect healthcare providers from malpractice lawsuits. Thus, genre of informed consent for dental and medical treatment has features of legal discourse and can be described in terms of interdiscursivity.

Purpose. As H. Verplaetse emphasizes, "the notion of volition is essential to human experience and hence to human communication" [5, p. 152], this study **aims** at identifying and discussing the ways to express volition in the templates of informed consents for dental treatment from communicative and pragmatic perspective.

Materials and methodology. For the purpose of this study, we compiled a corpus of 60 original informed consent templates (ICT) for dental treatment used in the USA healthcare settings authorized to provide oral and dental services (*New York City Metropolitan Hospital Center, Alliance for Dental Care PLLC (Rochester, NH)*), and those given by medical insurance companies (*Dentists Benefits Insurance Company (DBIC), MedPro Group*). The templates were searched for using Google search engine and downloaded from internet sources *Open Dental Software, American Dental Association dental records reference, Delta Dental Incorporation*.

The methodology of the study included discourse analysis for studying language in relation to its social context ("the analysis of language as it is used to enact activities, perspectives, and identities" [3, p. 16]); the analysis of generic structure to identify and name the main themes in the documents; semantic and syntactic analysis, elements of sociolinguistic analysis.

Results and Discussion. Though the main purpose of the informed consent is to disclose the sufficient medical information, this document carrying the concepts of laws is also to conduct and guide the interaction between the addressor, the healthcare provider or medical setting, and the addressee, the patient. This document is valid when is based on a patient's voluntary decision about whether to undergo the procedure or intervention, without coercion or duress. The procedure of informed consent urges the patient to be more involved in the process of making health decision and, thus, to act as a reasonable, educated and responsible participant of this agreement, forestalling "you're the doctor, you decide" attitude. Therefore, the choice of vocabulary to demonstrate the patient's rights and obligations in the templates of informed consents for dental treatment is presumed to be selected exceptionally thoroughly.

Among the typical language devices used to express the will, the volitional verbs rank the leading place in the texts studied. D. Crystal [2, p. 496] defines volition as "a term used in the semantic analysis of grammatical categories referring to a kind of relationship between an agent and a verb. A volitional verb or construction is one where the action takes place as a consequence of the agent's choice". Also volition denotes the act of willing or choosing; the act of forming a purpose; the exercise of the will.

Verbs of volition as a subtype of mental verbs signalling the type of mental operations that patients are expected to perform over the comprehension of the facts and circumstances relating to the dental treatment are divided into several groups. The most prevalent are the verbs of willingness denoting acts of making a conscious choice or decision (*to agree, to authorize, to assume, to permit, to reject, to consent, to attest, to certify*). For example: *I voluntarily assume any and all known possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved (Informed Consent for Crown Lengthening Surgery). I hereby consent to the recommended treatment and I authorize the dentist to proceed with recommended treatment (Informed Concent for General Dental Procedure).*

Willingness can be expressed by the auxiliary "will" and, rarely, "shall". They are used to create promise ("a contractual obligation" by Bryan A. Garner, or "objective obligation imposed by laws, rules, regulations, contracts" [1, p. 635]: I will take reasonable steps to limit any complications of the treatment I have recommended (Informed Consent for Endodontic Treatment). I will contact the office immediately if symptoms persist or worsen. I will not, nor shall anyone on my behalf seek legal, equitable or monetary damages or remedies for such disclosure (Informed consent and agreement for the invisalign patient). I also understand that upon completion of root canal therapy in this office, I shall return for a permanent restoration of the tooth involved (Consent Form for Endodontic Treatment).

The verb "*wish*" regarded as volitional by Leech and Svartvik [4, p. 141] is rarely used in the investigated texts. It has the same meaning as "desire", "want", but is more formal: *I wish to proceed with treatment by Dr.*_____.

Nevertheless, the "want" is considered as acceptable in this type of documents as well: *Before I begin treatment, I want to be certain that I have provided you with enough information in a way you can understand* (Consent Form for Endo-dontic Treatment).

The meaning of wishing can also be expressed by the phrase "would like": We would like our patients to be informed about the various procedures involved in endodontic therapy and have their consent before starting treatment (Informed Consent for Endodontic Treatment).

In addition to the volitional verbs, other lexical devices are employed to convey volition. For this purpose, volitional adjuncts, and volitional adjectives can be used: *I am freely giving my consent to allow and authorize Dr._____ and/or his/her associates to render any treatment necessary or advisable for my dental conditions* (Informed Consent for Tooth Extraction). *I voluntarily assume any and all known possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved (Patient Consent to Begin Orthodontic Treatment).*

The texts of informed consents, which serve as legal documents, are saturated with clichés to express volition, for example: *I am acknowledging my willingness to accept all risks and complications, no matter how slight the probability of occurrence. I give my permission to the dentist to make any / all changes and additions as necessary* (Informed Consent for Bone Grafting). *I am giving my consent and I understand the risks that are involved in performing this procedure* (Informed

Consent Composite (Tooth-Colored) Fillings).

Though the expressions of volition can be found in any structural segments of informed consent templates, the concluding segment "Consent / Acknowledgement" demonstrates higher concentration of volitional verbs and clichés.

Conclusion. The volition as an act of will is a key concept in obtaining / making voluntary educated decision on accepting or refusing dental treatment options. The accurate selection of language devices to express volition is essential in terms of protecting patient's rights; volitional verbs also demonstrate patient's involvement and accepting responsibility for the consequences of the health decision. Using the volitional verbs is the most typical way to express the patient's authorization allowing a dentist to execute the proposed treatment. Redundancy and repetitions in using volition expressions are used to provide clarity and avoid ambiguity. The legal regulations in healthcare emphasize the necessity to explore the methods in which these languages impose obligation, grant permission and lay a prohibition.

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ANALYSIS OF THE TIMING OF THE DIRECT RESTORATIONS REPLACEMENT OF PRIMARY MOLARS IN CHILDREN, IN ORDER TO DETERMINE THE CLINICAL EFFECTIVENESS OF EXISTING TREATMENT MEASURES

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Actuality. The childhoud is comparely short period in human life. However, during this time, the global changes happen in phisiology and phyche, associated with active growth of child organism. The oral cavity is a part of dentoalveolar system and the first link of gastrointestinal tract, that provides the intake of nutrients, that are necessary for a full-fleged growth of the whole body. The nature has decreed that each person has two generation of teeth, the temporary and the permanent ones. The first erupt in the period from 6 month to 2,5 years and are changed by the age of 12-13 years gradually. And besides, the role of temporary teeth is as sufficient as the role of permanent teeth, despite the short period of their existance. Due to the continuity of the dentition, the complete mastication, formation of normal speech and the structures of the facial cranium is provided correctly. It was noticed, that the lack of teeth in the frontal region, can cause several pshycological problems.

In the last few years a strict tendency of teeth destruction in the early age and the preschool period appeared. The prevalence of carious lesions of temporary teeth ranges from 57% to 95% according to various authors [1]. Wherein, due to the speciality of the dentition development, children in the age before 3 years have their frontal regions affected more often, but after the age of 3-4 years, aproximal surfaces start to prevail in destruction [2]. This area is very functionally-loaded by itself, and the change of occlusal relation, caused by the growth of the jaw-bones, increases the risk of significant chipping and total loss of restorations.

Aim. Analysis of the timing of the direct restorations replacement of the proximal surfaces of primary molars in children, within one calendar year, in order to determine the clinical effectiveness of existing treatment measures.

Material and methods. The data from the dental patient's medical records about the restoration of primary molars of the lower jaw in children of 4-5 years old was studied. The interval between the date of the restoration and the date of its replacement as a result of loss or significant chipping was recorded, as well as data on the material that was used.

Results. A hundred dental patient's medical records were reviewed. Information

about 145 primary molars was studied. Loss of the filling at disto-proximal lesion in the first primary molar was registered in 73 (50.3%) cases, at the medio-proximal, of the second primary molar - in 55 (37.9%) cases. Loss of the filling of the medio-proximal surface of the first primary molars was found in 17 (11.7%) teeth. Glass ionomer filling materials were used in 91 (62.8%) cases, light-cured composites were used in the treatment of 54 (37.2%) teeth. The interval between the date of the restoration and the date of its replacement as a result of loss or significant chipping. The interval between the date of the restoration and the date of its replacement, as a result of loss or significant chipping, was 5.4 months on average, when using glass ionomers. In a case of composites using, a repeat visit was required after 9.3 months, on average.

Conclusions. The relatively short period of existence of the restorations of the proximal surfaces of temporary molars made of glass ionomers and composites requires improvement of treatment protocols in pediatric dentistry and expanding the use of artificial crowns in the treatment of uncomplicated and complicated caries of posterior teeth.

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