

patients of this age group is much higher than in young patients which is why there is no consensus among experts regarding the treatment of this category of patients.

It is common knowledge that in the development of the degenerative cascade of the lumbar spine in older patients stenosis processes with the phenomena of degenerative segmental instability prevail. There is a large number of surgical interventions for the treatment of herniated discs which can be divided into the following groups: decompression (discectomy, microdiscectomy, laminectomy, hemilaminectomy, interlaminectomy and facetectomy), rigid stabilizing, dynamic stabilizing and decompression stabilizing interventions.

A big role in providing assistance to this category of patients has recently been played by such percutaneous procedures as epidural adhesiolysis, epidural steroid injections, percutaneous nucleotomy, Stryker disc decompression, laser discectomy, etc. However, there is no consensus regarding the indications for these procedures in middle-aged and older patients, and long-term results do not always satisfy patients.

In order to understand the structure of the causes that lead to negative results of surgical treatment in middle-aged and older patients we have conducted a retrospective study of repeated surgical interventions in patients who have already had a history of surgical interventions for herniated discs. We have also compared the causes of negative results of the first surgery in young patients and older patients – 60 years and older.

The aim of the research is to determine the causes of negative results of surgical treatment of herniated discs in middle-aged and older patients in comparison with young patients which will allow choosing the most appropriate surgical technique and avoid complications.

The author conducted a retrospective study of surgical treatment of herniated lumbar intervertebral discs in 170 patients. The study included 92 young patients and 78 older patients (aged over 60). Results of the conducted study reveal that the cause of repeated surgical interventions for herniated intervertebral discs depend on the patient's age; the most common cause of repeated surgical interventions in older patients is the instability at the operated and adjacent levels which encourages a wider usage of stabilizing surgical interventions and requires a more detailed preoperative planning regarding the choice of the stabilization level; in older patients the processes of stenosis dominate, and therefore, it is necessary to apply a broader decompression; to prevent the development of epidural fibrosis it is necessary to apply atraumatic surgical techniques with minimal intraoperative blood loss; in addition to discectomy older patients often need a correction of degenerative deformities; in identifying critical osteoporosis and in order to prevent the failure of metal structures special implants with cement augmentation should be used to enhance implant-bone contact.

Key words: disc herniation, old age.

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EVALUATION OF THE HEALTHY LIFESTYLING LEVEL IN PATIENTS WITH ISCHEMIC HEART DISEASE

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Introduction. Ischemic heart disease (CHD) is a leading cause of disability and mortality in the world, especially in economically developed countries. The incidence of the population of Ukraine on diseases of the circulatory system and their release to the first ranked place in the structure of total mortality indicate an increase in the prevalence of this pathology and is an unfavorable indicator of the state of population health [1]. Risk stratification plays an important role in providing medical care to patients with ischemic heart disease [2].

It is known that the development of CHD is negatively influenced by such risk factors as arterial hyper-tension, tobacco smoking, hypercholesterolemia, excess body weight, lack of physical activity [3], are subject to correction by modifying the lifestyle and, if it's necessary, pharmacotherapy. At present, a healthy lifestyle (HLS) is considered as a basis for disease prevention

[4]. The famous scientist, surgeon – Mykola Amosov rightly noted that most diseases do not blame nature, not society, but the man himself. To be healthy, we need our own efforts, constant and significant. Therefore, a modern person must be aware of the new formula of life: "Caring for health is the duty of everyone" [5]. It is impossible to start HLS if you don't pre-analyze your preferences and habits.

Research aim. Adapt methodological approaches to examination of patients with coronary artery disease, with the definition and assessment of the level of a healthy lifestyle's basis formation of individually for each patient to optimize the treatment and prevention of this pathology.

Object and methods of research. 60 patients with coronary heart disease were examined: stable angina FC I-II (main group) and 35 practically healthy subjects (control group). The average age was 40.5 ± 2.02 years. Groups were matched by age and gender. The diagnosis of CHD was formulated in accordance with the Order of the Ministry of Health dated by 02.03.2016 № 152 "On Approval and Implementation of Medical-Technological Documents for the Standardization of Medical Aid at a Stable Ischemic Heart Disease". Unified clinical pro-

tol of primary, secondary (specialized) and tertiary (highly specialized) medical care "Stable ischemic heart disease" [2]. All patients in the main and control group which were include in the research are completed informed consent on voluntary participation and providing true information and a questionnaire Nosova A.G. "The formation of the healthy lifestyle's components", 2014 [6,7]. Stage "A" included testing on the questionnaire with internal consistency of questions, satisfactory reliability) [6,7]. Stage "B" - assessment of body composition on the monitor (model HBF-500-E, Omron, Japan) with parameters: weight, body mass index (BMI), percentage of fat, internal fat, percentage of skeletal and muscular tissue, metabolism in a complete rest [6] and screening testing, which allows to detect deviations from the basics of HLS, risk factors and objective evidence of compliance with HLS. Stage "C" - Processing of the received data. The assessment of the healthy lifestyle's level formation was carried out according to the points scored as follows: 0-27 (0-50%) corresponds to the object-passive (low) level, 28-45 (52-74%) - object-active (the middle), 45-54 (76-100%) - to the subjective (high) level.

Results. Analysis of the results of the research of the main and the control group indicates a discrepancy in all levels of formation of HLS between the groups. Thus, the high level of subjective - in 15 (25%) of patients in the main group and 22 (63.5%) in the control group ($P < 0.05$), the object-active (middle) level was noted in 36 (60%) of patients in the main group and 9 (25%) in the control group ($P < 0.05$), object-passive (low level - less than 50%) was found in 9 (15%) of patients with coronary heart disease and 4 (11.5%) of respondents in the control group ($P < 0.05$). So, in the vast majority of patients with coronary artery disease 36 (60%), the average level of development of HLS was noted, while in the majority of practically healthy persons - 22 (63.5%) had a high level. The results are presented in **fig**.

The presented results suggest that the lifestyle is the main in the ensuring of human health. The formation of CHF for a patient is a process of conscious change of the usual habitual stereotypical behavior due to the perception of the value of health, the importance of observing the algorithm of healthy daily life.

During the research of bioimpedance analysis of the body in patients with CHD were noted the differences between both groups for the following parameters:

BMI - in patients of the main group was 29.84 ± 1.05 and 26.3 ± 0.99 - in the respondents in the control group ($P < 0.05$);

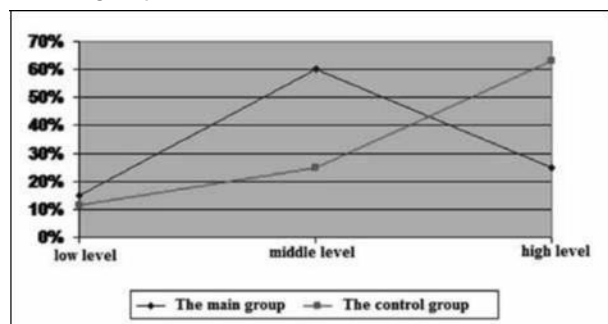


Fig. The level of the HLS incipience in the main and control group.

visceral fat - in the patients of the main group 9.57 ± 0.84 and 7.2 ± 0.82 - in the respondents in the control group ($P < 0.05$);

caloric - in patients of the main group $2533 \pm 79,9$ and $1553 \pm 54,9$ in the control group ($P < 0,05$).

Thus, the getting results shows that in patients with coronary heart disease marked significant increase in BMI, visceral fat, caloric in comparison with the group of virtually healthy. Excessive body weight is now considered as independent risk factor (RF), since its presence significantly increases the risk of cardiovascular disease [3,8]. The results indicate that metabolic disorders and obesity are often the background in which coronary heart disease manifested and coincide with the authors views [3,8].

Analysis of the results of Stage "B" - screening testing for the purpose of identifying the presence of risk factors and objective evidence of HLS management, deviations from the basics of HLS, significant differences ($P < 0,05$) between the main and control group on the scale of 4,5,9:

4. Are you doing morning exercises?

5. Do you smoke?

9. Do you take more than 6 g of salt?

The obtained results allow to confirm the significant influence of the revealed factors - morning exercise, sports, smoking on the development and course of CHD, as well as the importance of adherence to the principles of HLS in the prevention of this disease.

Thus, according to the results of the examination of patients with CHD by using the survey method "The formation of components of a healthy lifestyle" by the number of points scored, and bioimpedance assessment of body composition, one can show the level of development of HLS in patients with coronary artery disease. The examination of patients with CHD by using this technique allows to develop for each patient the algorithm of actions and personal behavior, in relation to observance of the principles of the HLS.

Conclusions. The use of this adapted methodology for assessing the level of development of CHF in patients with coronary heart disease allows:

1. Identify personal risk factors for each patient with coronary artery disease;

2. Develop an algorithm of actions individualized for each patient with coronary artery disease based on the detected violations to the basic principles of healthy lifestyle;

3. Select patient categories to create target groups. As follows, the introduction of additional methods of patients examination and the development of personalized recommendations for each patient with the coronary heart disease, will contribute to improving the effectiveness of treatment, prevention of the disease. An individual approach to the treatment of patients with coronary artery disease, namely the development and implementation of an individual strategy for compliance with the principles of HRM, will allow each patient to more successfully perform social and professional functions.

Prospects for further research. Further analysis of the results of the introduction of an additional method for the examination of patients with ischemic heart disease and the development of personified recommendations for patient, taking into account the identified changes.

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ОЦІНКА РІВНЮ СТАНОВЛЕННЯ ЗДОРОВОГО СПОСОБУ ЖИТТЯ У ХВОРИХ НА ІХС Потяженко М. М., Настрога Т. В., Невойт Г. В., Кітура О. Є., Люлька Н. О.

Резюме. Авторами статті, з метою оптимізації профілактики і лікування хворих на ІХС, були адаптовані методологічні підходи до обстеження пацієнтів з визначенням і оцінкою рівня становлення засад здорового способу життя (ЗСЖ) індивідуально для кожного респондента.

За результатами проведеного дослідження виявлено, суттєві розбіжності по всім рівням становлення здорового способу життя між основною і контрольною групою. Так, об'єктно-пасивний (низький рівень – менше 50%) виявлено у 9 (15%) хворих на іхс і 4 (11,5%) практично здорових (контрольна група) ($p>0,05$); об'єктно-активний (середній) рівень відмічено у 36 (60%) пацієнтів основної групи і 9 (25%) – контрольної групи ($p<0,05$); високий рівень суб'єктний – у 15 (25%) пацієнтів основної групи і 22 (63,5 %) – контрольної групи ($p<0,05$). Обстеження хворих на ІХС за допомогою даної методики, дозволяє розробити для кожного хворого алгоритм дій та особистісної поведінки, щодо дотримання засад ЗСЖ. Індивідуалізований підхід до лікування хворих на ІХС, а саме розробка і реалізація індивідуальної стратегії щодо дотримання засад ЗСЖ, дозволить кожному пацієнту більш успішно виконувати соціальні і професійні функції.

Ключові слова: здоровий спосіб життя (ЗСЖ), ішемічна хвороба серця (ІХС).

ОЦЕНКА УРОВНЯ СТАНОВЛЕНИЯ ЗДОРОВОГО ОБРАЗА ЖИЗНИ У БОЛЬНЫХ ИБС Потяженко М. М., Настрога Т. В., Невойт А. В., Китура О. Е., Люлька Н. А.

Резюме. Авторами статьи, с целью оптимизации профилактики и лечения больных ИБС, были адаптированы методологические подходы к обследованию пациентов с определением и оценки уровня становления основ здорового образа жизни (ЗОЖ) индивидуально для каждого респондента.

По результатам проведенного исследования выявлено существенные различия по всем уровням становления здорового образа жизни между основной и контрольной группой. Так, объектно-пассивный (низкий уровень – менее 50%) выявлены у 9 (15%) больных ибс и 4 (11,5%) практически здоровых (контрольная группа) ($p>0,05$) объектно-активный (средний) уровень отмечено у 36 (60%) пациентов основной группы и 9 (25%) – контрольной группы ($p<0,05$) высокий уровень – субъектный – у 15 (25%) пациентов основной группы и 22 (63,5%) – контрольной группы ($p<0,05$). Обследование больных ибс с помощью данной методики, позволяет разработать для каждого больного алгоритм действий и личностного поведения, соблюдения принципов ЗОЖ. Индивидуализированный подход к лечению больных ИБС, а именно разработка и реализация индивидуальной стратегии по соблюдению принципов ЗОЖ, позволит каждому пациенту более успешно выполнять социальные и профессиональные функции.

Ключевые слова: здоровый образ жизни (ЗОЖ), ишемическая болезнь сердца (ИБС).

EVALUATION OF THE HEALTHY LIFESTYLING LEVEL IN PATIENTS WITH ISCHEMIC HEART DISEASE Potyazhenko M. M., Nastroga T. V., Nevoyt G. V., Kitura O. Ye., Lyulka N. A.

Abstract. Ischemic heart disease (CHD) is a leading cause of disability and mortality in the world, especially in economically developed countries. Risk stratification plays an important role in providing medical care to patients with ischemic heart disease.

Research aim. Adapt methodological approaches to examination of patients with coronary artery disease, with the definition and assessment of the level of a healthy lifestyle's basis formation of individually for each patient to optimize the treatment and prevention of this pathology.

Object and methods of research. 60 patients with coronary heart disease were examined: stable angina FC I-II (main group) and 35 practically healthy subjects (control group). The average age was 40.5 ± 2.02 years. All patients in the main and control group which were include in the research are completed informed consent on voluntary participation and providing true information and a questionnaire Nosova A.G. "The formation of the healthy lifestyle's components", 2014. Stage "A" included testing on the questionnaire with internal consistency of questions, satisfactory reliability). Stage "B" – assessment of body composition on the monitor (model HBF-500-E, Omron, Japan) with parameters: weight, body mass index (BMI), percentage of fat, internal fat, percentage of skeletal and

muscular tissue, metabolism in a complete rest and screening testing, which allows to detect deviations from the basics of HLS, risk factors and objective evidence of compliance with HLS. Stage "C" – Processing of the received data. The authors of the article, in order to optimize the prevention and treatment of patients with coronary artery disease, have adapted methodological approaches to the examination patients with the definition and assessment of the level of formation the principles of a healthy lifestyle individually for each respondent. According to the results of the research, significant differences were detected in all levels of healthy lifestyle between the main and the control group. Thus, the object-passive (low level – less than 50%) was found in 15% of patients with coronary artery disease and 11.5% of practically healthy (control group) (R0,05); objective-active (middle) level was observed in 60% of patients in the main group and 25% in the control group (P <0.05); high level of subjective – in 25% of patients in the main group and 63.5% – in the control group (P <0.05).

During the research of bioimpedance analysis of the body in patients with CHD were noted the differences between both groups for the following parameters: BMI – in patients of the main group was 29.84 ± 1.05 and 26.3 ± 0.99 – in the respondents in the control group (P <0.05); visceral fat – in the patients of the main group 9.57 ± 0.84 and 7.2 ± 0.82 – in the respondents in the control group (P <0.05); caloric – in patients of the main group $2533 \pm 79,9$ and $1553 \pm 54,9$ in the control group (P <0,05).

Analysis of the results of Stage "B" – screening testing for the purpose of identifying the presence of risk factors and objective evidence of HLS management, deviations from the basics of HLS, significant differences (P <0,05) between the main and control group on the scale of 4,5,9:

4. Are you doing morning exercises?
5. Do you smoke?
9. Do you take more than 6 g of salt?

The obtained results allow to confirm the significant influence of the revealed factors – morning exercise, sports, smoking on the development and course of CHD, as well as the importance of adherence to the principles of HLS in the prevention of this disease. The examination of patients with CHD by using this technique allows to develop for each patient the algorithm of actions and personal behavior, in relation to observance of the principles of the HLS.

Key words: healthy lifestyle (HLS), ischemic heart disease (CHD).

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ЕМПІРИЧНА ТЕРАПІЯ УСКЛАДНЕНИХ ІНФЕКЦІЙ СЕЧОВИХ ШЛЯХІВ В УМОВАХ РОСТУ АНТИБІОТИКОРЕЗИСТЕНТНОСТІ НОЗОКОМІАЛЬНОЇ МІКРОФЛОРИ

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Зв'язок публікації з плановими науково-дослідними роботами. Дана робота є фрагментом НДР кафедри урології з судовою медициною Української медичної стоматологічної академії: «Роль ендотеліальної дисфункції у розвитку симптомів нижніх сечових шляхів у чоловіків із загальноклінічними проявами вікового андрогенного дефіциту», № державної реєстрації: 0114U005500.

Вступ. Як правило, ускладнені інфекції сечових шляхів (УІСШ) розвиваються на тлі порушення уродинаміки, у хворих з аномаліями органів сечостатевої системи, сечокам'яною хворобою, цукровим діабетом, дітей, літніх людей, вагітних. Особливістю УІСШ є більш широкий спектр мікробних збудників, агресивні штами уропатогенів, у т. ч. продуценти бета-лактамаз розширеного спектру (БЛРС), високий рівень септичних ускладнень, рецидивуючий характер захворювання. УІСШ підлягають обов'язковому лікуванню в умовах урологічного стаціонару, потребують призначення захищених антибіотиків, котрі проникають у біоплівки, більш тривалими курсами, за умов усунення ускладнюючих факторів [1,2,3].

Провідна роль у персистенції інфекційного запального процесу у нирках та сечових шляхах належить мікробним збудникам, які мають відношення до мікрофлори кишечника. У амбулаторних хворих частіше виділяють *E. coli*, в умовах стаціонару зрос-

тає роль більш агресивних представників сімейства

Enterobacteriaceae – *Kl. pneumoniae*, *Proteus spp.*, *Ps. aeruginosa*, *Enterococcus faecalis*, *Enterobacter*. При цьому в усьому світі відмічають стійкий ріст антибіотикорезистентних штамів нозокоміальної мікрофлори [4,5].

М. Guentzel (1996) виявив одні й ті ж штами мікробних збудників у ректальному мазку та урокультури, що дало підставу припустити зв'язок уропатогенів з мікрофлорою кишечника [6]. Подальшими дослідженнями доведено існування бактеріальної транслокації із кишечника як фізіологічного явища, що відбувається впродовж усього життя, посилюючись з віком. Внаслідок септичного стану, імуносупресії, дисбактеріозу знижується бар'єрна функція кишечника і збільшується надходження мікроорганізмів до кров'яного руслу, з наступною елімінацією нирками. Порушення уродинаміки та адгезія бактерій кишкової групи до уротелію стають причиною персистенції сечової інфекції [7].

Зазначені процеси мають пряме відношення до феномену безсимптомної бактеріурії (ББ), яка характеризується низькою вірулентністю уропатогенів, і проявляючи протективну дію, забезпечує захист від суперінфекцій. При цьому, ББ у дітей, літніх людей, невагітних жінок, хворих на цукровий діабет, пацієнтів із сечовими дренажами, стресовим нетриманням