На долю «Других психических расстройств вследствие повреждения или дисфункции головного мозга либо вследствие физической болезни» (F06) в первой группе пришлось 22,1 %, во второй — 25,3 %. Причем, во второй группе преобладали следующие нозологические единицы: «органический галлюциноз» (F06.0) — в 2,4 раза, «органическое бредовое (шизофреноподобное) расстройство» (F06.2) — в 1,2 раза. В первой группе несколько чаще встречались «органические (аффективные) расстройства» (F06.3), — 3,1 % и 2,4 % соответственно, «органические диссоциативные расстройства» — 1,8 % и 0,8 % соответственно, «органические эмоционально лабильные (астенические) расстройства» (F06.6) — 8,0 % и 4,9 % соответственно. «Органическое кататоническое расстройство» наблюдалось исключительно во второй группе (0,3 %).

Очевидным и подтвердившимся в результате исследования явился факт, что диагноз «Сосудистой деменции» (F01) был характерен для пациентов второй группы (3,5 %). «Деменция при болезнях, квалифицированных в других разделах» (F02) чаще встречалась у пациентов второй группы по сравнению с первой (7,9 % и 4,9 % соответственно).

Сочетание ОПР с другими нозологиями, в частности, с «Невротическими, связанными со стрессом и соматоформными расстройствами» (F41) было также отмечено у пациентов второй группы.

Таким образом, при проведении сравнительного анализа установлено, что у больных органическими психическими расстройствами с сопутствующей соматической патологией чаще наблюдалась наследственная отягощенность соматическими и неврологическими заболеваниями.

Наличие сопутствующей соматической патологии было связано с паранойяльной, тревожной и пассивно-агрессивной акцентуациями, тогда как отсутствие ее коррелировало с эмоционально-неустойчивой, зависимой и гипертимной акцентуациями.

Установлено, что сопутствующая соматическая патология большей частью встречается при сосудистом, интоксикационном и смешанном генезах органических психических расстройств и чаще сочетается с диагнозом «Деменция», а отсутствие сопутствующей соматической патологии — при травматическом генезе с диагнозом «Расстройства личности и поведения вследствие болезни, повреждения и дисфункции головного мозга».

Список литературы:

1. Гиндикин В. Я. Соматогенные и соматоформные психические расстройства. Справочник. – М., 2000. – 256 с.
2. МКБ-10. Международная классификация болезней (10-пересмотр). ВОЗ. – С.-Пб.: АДИС, 1994. – 303 с.

Zakirova Lola,
Mammaology department,
National Cancer Center of Uzbekistan
E-mail: dr.lolazakirova@mail.ru

Breast cancer screening programme implementation for fertile age women in the Republic of Uzbekistan

Abstract: Implementation of screening program for early detection of breast cancer began in Uzbekistan in 2013. In order to improve the quality of its implementation works are going on in two main directions: increase the coverage of preventive inspection and adjustment of the report form to get more information on the program. Today in all regions of the country the creation of an electronic database to collect data on screening is initiated.

Keywords: screening, breast cancer, mammography, prevention.

Objective: the problem of breast cancer (BC) remains one of the important issues in modern oncology, the incidence of which takes the first place in the structure of malignancies in women worldwide, which is also reflected in the mortality rates.

Annually about 1 million of new cases of breast cancer are diagnosed in the world. The number of dying from the disease is about half of the total number of cases. Especially, the global challenge is the fact that despite the most cases of breast cancer previously occurred at ages 55 or 65 years, nowadays, the disease is increasing at a younger age. There is a trend of morbidity for women at a younger age — cancer "getting younger", particularly, those women who are primapara at the age of 30 years. This fact is a possible risk factor for breast cancer development.

It has been noted that most malignancy locations have a strict relationship between the stage of disease (determined by the size of initial tumor and the advance of the process) and life expectancy after its detection and treatment. For such tumors as breast cancer, early diagnosis can be a preventive measure in terms of identifying the advanced stages, which, consequently, contributes to the reduction of mortality rate in women who undergo routine examination within mammography screening, because there are strict results (reduction of mortality rate by 25–30 %).

The term "screening" means testing or examination, i. e. detection of the disease before the onset of symptoms or signs about which the patients are subsequently applied to medical care. The value of early detection of the disease is that it is possible to detect cancer at a stage when it is local and can be cured. Screening programmes should consider the following important components: availability, the use of simple techniques, inexpensive, informative, painless survey forms, as well as the presence of the theoretical foundations of the organization of screening programmes or vision screening.

Regular medical examination plays a considerable in maintaining of woman health. Annual gynecological, breast examination is an important screening procedure to detect many types of cancer, and it includes a thorough medical examination of the mammary glands to detect lumps or any pathological nodes. Doctors also need to teach women to hold breast self-examination (BSE), which is recommended every month on their own, because regular inspections provide a great chance to detect the presence of pathological changes at early stages of their development.

Breast self-examination (BSE) is easy, but unreliable method of breast cancer diagnosis. With proper and regular performance BSE can help in early detection of malignant tumors of the breast. This method is recommended for women starting at age 20; it includes an attempt to early detection of changes or lumps. There is a continuing need to monitor and evaluate the impact of organized screening programme on cancer incidence and mortality. Depending on the organizational type of screening (mass at the country or regional), there are different levels of quality assessment of ongoing activities and specific used standards.

In 2013, in the Republic of Uzbekistan, 20,003 patients were first diagnosed with malignant tumors, and 108,260 patients were registered in a dispensary. Intensive breast cancer incidence (per 100 thousand in population) in the country was 8.9 %. The high incidence of the disease was revealed in Tashkent — 23.4 %; Bukhara — 11.1 %; Tashkent region — 9.5 %; Khorezm region — 8.8 %. During prophylactic medical examinations over the republic it was revealed 41.6 % of patients with breast cancer, stage I–II made up 47.3 %; stage III – 42.6 %, stage IV – 10.1 % step; The 5-year survival rate was 44.4 %; mortality accounted for 4.2 to 100 thousand of population, one-year mortality rate – was 1.0 %.

Due to the programme of modernization and strengthening of material-technical base of oncology service in the Republic of Uzbekistan, according to the Resolution of the Cabinet of Ministers of RUz № 91 in 2013, it was started the implementation of screening programme for breast cancer early detection. Since 2009, the work in this direction has been conducted, after the National Screening Programme was created and approved by MH RUz, but its full-scale implementation has been started since 2013. A historical look at the concept of screening studies shows that the first mention of it was described in 1956 by G. J. Cohen et al. [2], in the following evidence-based approaches to screening had been proposed, followed by its introduction into clinical practice in 1975 by general practitioners P. S. Frame and S. J. Carlson [3].

They suggested the ways to detect certain diseases during a routine physical examination, which were subsequently revised, completed and legitimized by Canadian Commission for the periodic preventive inspections.

Currently, the standards for conducting screening programmes for breast cancer are mammography and physical examination of mammary glands, and these methods complement each other. The first breast cancer mammogram was described in 1913 by Salomon, and clinical mammography (MG) was Warren in 1929.

Population screening is complex in terms of organization and in terms of assessing the results. The screening quality and effectiveness is estimated by the reliability which is determined by the indicators as sensitivity and specificity, and the possibility to predate breast disease.

When screening healthy population the most important is to use highly specific tests, as its main purpose is to reduce to a minimum the number of false positive responses, in which there is a need for additional investigations, unnecessary biopsies, and sometimes surgery.

Methods of ultrasound diagnostics (USD) are recommended as a method in the following clinical cases:

• Women with dense breasts;

• Women with silicone implants;

• Pregnant women who are contraindicated X-ray examination;

• Women who are at high risk group for breast cancer development (breast cancer in close umbilical relatives);

• To carry out biopsy under ultrasound follow-up.

Digital mammography screening

Mammogram (MG) — an X-ray image of the breast, which allows identifying the presence of abnormalities in the presence of space-occupying lesions, strands, calcifications, to help identify the presence of pathology at early stage, when the disease can be cured. MG performance with 6-month intervals is recommended for women at high risk for breast cancer, because they have a tendency to rapidly progressive cancer.

The aim of the programme: is early detection of disease, to reduce disability and mortality from breast cancer, to stabilize the epidemiological situation, based on complex problem solving of prevention, diagnosis and rehabilitation in women of active fertile age.

Tasks to develop the National programme are as follows:

1. To increase oncological suspicion and professional skills of general practitioners to detect early-stage breast cancer.

2. Breast cancer early detection through the widespread introduction of routine inspections, coverage of screening assays over the all territory of Uzbekistan.

3. Carrying out research work in the field of epidemiology, prevention, diagnosis in young women with breast cancer.

The programme consists of several stages:

First step includes: inspection, palpation of breast and regional lymph nodes, taking smears at secernation, documentation records, questionnaire of women, and referral for instrumental diagnostic examination. The first step allows dividing the examined contingent into 4 groups:

- Group 1: no change in the mammary glands and without risk factors;
- Group 2: no change in breast cancer and risk factors;
- Group 3: with changes in the mammary glands and without risk factors;
- Group 4: with changes in the mammary glands and risk factors.

Women belonging to Group 1, subject to supervision and examination for 1 time every two years, with no complaints from the mammary glands. Women included in Group 2–3, subject to controlled clinical (breast palpation), ultrasound examination once a year. If mammography is recommended the secondary examination should be after 2 years. Group 4 women should undergo USD 2 times a year, and mammogram once a year.

Second step includes: a set of instrumental diagnostic procedures to determine the state of mammary glands. Women who are under 40 years are recommended to undergo breast ultrasound, older than 40 years — mammography.

Third step determines the proper diagnostic and treatment activities carried out by oncologists.

The referral for screening is given by obstetrician of examining room or GP, or gynecologist. Timeliness of surveys is monitored on database by X-ray laboratory assistant of mammography room. After conducted examination three main types of female population are defined:

1. No pathological changes in mammary glands;

2. The presence of diffuse benign changes in breast subjected to dispensary observation and treatment by oncologist;

3. The presence of focal pathologies in mammary glands, subjected to further examination and treatment in oncological clinics.

Materials And methods: The screening strategy, implemented in Uzbekistan: the age of the subjects older than 20 years — primary breast examination combined with ultrasound; older than 40 years — mammography.

Since April 2013, the specialists of the National Cancer Center MH RUz have implemented the planned trips for breast cancer screening programmes in regions of the republic, the group of specialists included: onco-breast physician, onco-gynecologist, ultrasound diagnosis (USD) physician and cytologist. Those groups of specialists with the regional oncologic dispensary specialists surveyed female population with trips to large enterprises, remote areas, and rural medical centers. To promote a healthy lifestyle among the population special brochures and guidelines on malignant tumor prevention and prophylactics including BC and CC were delivered.

During implementation of breast cancer screening abroad, all steps of examination and tactics in its various results are established in the form of standards, which are to be the algorithms for practitioners (NCCN, NHS). The evaluation criteria of the quality of implemented programme are determined in these standards. These include monitoring of a number of indicators, the main ones of which are: the screening coverage of at-risk population.

Women older than 20 years who underwent the initial survey:

Coverage index = Population x 100.

According to this formula, we can determine the coverage of diagnostic examination and the total index. The total index is determined for 1000 screened patients. Sensitivity and specificity of the test used is found. Percentage distribution of identified contingent at breast cancer screening by stages is compared to the same one among symptomatic cancers (identified by screening).

Further, the dynamics of changes is followed with each next screening. There is also the possibility to determine the frequency of interval cancers (cancers diagnosed between the two rounds of screening).

Results: According to screening programme, women examinations are currently conducted in the following regions: Ferghana, Namangan, Andijan, Khorezm and the Republic of Karakalpakstan Screening has been made to 3 530 women at ages 20 and 60 years old. The results obtained of three groups of women have been defined: healthy women, women with precancerous breast diseases (background diseases), and women with breast cancer. The obtained preliminary results revealed 16 patients with suspected breast cancer, who were subsequently referred to the specialized oncoservices to confirm the diagnosis and follow-up treatment; women with underlying diseases were referred for registration and appropriate therapy, with their follow-up.

Table 1. – Distribution of examined women by groups and regions

Region	Total (n)	Group 1 (healthy women)	Group 2 (pretumor diseases)	Group 3 (with suspected breast cancer)
Ferghana region	800	20	599	1
Kokand city	340	17	320	3
Namangan region	470	90	310	–
Andijan region	560	20	537	3
The Republic of Karakalpakstan	700	80	615	5
Khorezm region	660	17	639	4
Total	3530	424	3020	16

Conclusions: In Uzbekistan, implementation of screening programme on breast cancer early detection was started in 2013. With a goal to improve the quality of its implementation the work has been carried out in two main directions: increase of the coverage of prophylactic medical examinations and correction of the report form for getting more information on the programme. Monthly reports are received in paper and electronic versions in the National Cancer Center of Uzbekistan, where they are treated.

To date, in all regions of the Republic the creation of an electronic database for data collection on screening has been started. Information of screening on breast cancer cases is recorded in the impersonal form with the date of birth and number of the registration form. The organization of breast cancer screening and its broad implementation in the form of ongoing programme will help to reduce mortality from breast cancer, which is especially important for fertile and younger age women. This minimum of criteria will help to assess the quality of implemented preventive and screening activities for the whole country.

Regulating more organization requirements of diagnostic services, the resolution allows the regions to determine independently the screening algorithm, the hospitals participating in the programme, the routing at-risk population at all steps of preventive screening. Organized breast cancer screening programme and its broad implementation in the form of permanent programme will help to reduce breast cancer incidence and mortality. These minimum criteria are effective to assess the quality of practicable preventive measures.

References:

1. Davydov M. I. (Acad.) and Axel E. M. (PhD) Malignant neoplasms in Russia and the CIS. – Vol. 1 – 2012.
2. Zakharova N. A, Semiglazov V. F. Breast cancer screening: problems and solutions. – GEOTAR Media, 2011, – Volume 1, – 176 p.
3. Berry D. A. Effect of Screening and Adjuvant Therapy on Mortality from Breast Cancer.//New Engl. J. of Medicine. – 2009. – Volume 8. – P. 1784–1792.
4. Wang Z. NCI Cancer Spectrum, Mammography and Beyond. – 2003. – Volume 5. – P. 344–346.

Kolenko Yulia Gennadievna,
Sanaz Akbari National Medical university
of the name of A. A. Bogomolesch,
Conservative Dentistry Department
E-mail: kolenko@i.ua

Estimation of the state of the tissues of periodontium in patients with the cardiovascular diseases

Abstract: In all patients with cardio-vascular pathology is noted one or another degree of the lesion of the tissues of periodontium therefore into the complex treatment of the diseases of periodontium with the development CVD it is necessary to addition of antiosteoporetic therapy.

Keywords: cardiovascular diseases, diseases of periodontium, atherosclerosis of coronary vessels, ischemic disease of heart, tissues of periodontium.

In the recent decades the problem of the connection between the status of the health of the oral cavity in patients with the cardiovascular pathology is considered as extremely urgent. The influence of the centers of the chronic infection of oral cavity on the development of general diseases is recognized as that meant in all countries of world. Thus, according to the data of the World Health Organization, based on the Dentistry examination of the population of 53 countries, the diseases of periodontium are encountered in 68–98 % (Petersen P. E., 2005). A quantity of people, which suffer