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The degree of disorder of the patients' psycho-emotional sphere with epilepsy

Abstract: Epilepsy — is a chronic disease which is shown spontaneously with the approach of generalized convulsive attacks and possible variants of inconvulsive current. Here register the disorder of the psycho –emotional sphere which the weight depends on the form of the disease. Epilepsy is a not only medical, but also social problem. Except the attacks, the disease can be followed by also progressing changes of the personality.

Keywords: inherent (idiopathic) epilepsy, secondary (symptomatic) epilepsy, psycho –emotional sphere, patient, disease, attacks.

Actuality. According to the European committee on epilepsy, about 50 million people or 0.5–1 % of the world's population suffer from this disease. Thus, there is none the less than one attack is transferred by 5 % of the population during the life; the disease is lifelong for 20–30 % of patients. In Russia according to Ministry of Health of the Russian Federation, epilepsy is found with the frequency from 1.1 to 8.9 cases for 1000 people. The risk of developing of epilepsy depends on age: more often the children are ill with it till 15 years and the persons are ill who older than 65 years. In Russia, in 2011, 38,505 patients are registered with the diagnosis which established for the first time.

The objective of research. To analyse the degree of the importance of a disease for society, to give a result of this pathology for the patient.

Results. In change of the patient's identity note the delay of psychological development, and also the manifestation of egoism, the slowed-down thought and excessive attention to insignificant details. For the patient is characterized by the sharp changes of mood (from unnatural and friendly, to maliciously and aggressive), he can't allocate the main thing, the vocabulary (oligofaziya) decreases, memory becomes worse, the intelligence destroys, up to full weak-minded. 70 % cases are related to primary or inherent (idiopathic) form for which the reason remains unknown. This form of the disease is characterized by the prompt destruction of the patient's psychology and intelligence. Epilepsy is a consequence of any disease in other 30 %. This form is called a secondary (symptomatic), it has less significant action the patient's intelligence. Secondary epilepsy is dangerous

by the development of epileptic encephalopathy — in this state the mood becomes worse, there is an anxiety, the level of attention, memory and informative functions decrease. This problem is very actually among the children, i. e. it can be led to the lag in the development and disturb the formation of skills of the speech, reading, writing, account, etc. And also the wrong electric activity between the attacks can contribute the development such serious illnesses as autism, migraine, a syndrome of the deficit of attention and hyperactivity.

Conclusion. The quality of the patients' life with epilepsy depends on clinical manifestations of the disease (the form of epilepsy, state, the weight of attacks) that is expressed in lower indicators of the quality of life in the psychological sphere, social relationship, environment and the general quality of life and the state of the patients' life with temporal localization of the epileptic center showing that these patients have more maladaptiv course of this disease. The patients with the mixed attacks have tendencies to a low estimate of the psychological sphere, the level of independence, environment and the general estimate of quality of life that is the reflection of the weight of the course of disease and is confirmed by negative correlation communication between the weight of attacks and the subsphere of the independence level. The essential role in the estimate of the quality of life play patients' age, the age of the beginning and duration of the disease; there is a confirmation that the teenagers and the youths have the best indicators of the qualities of life in physical, psychological spheres, with a higher level of independence, the social relations, the general estimate of the quality of life. The social status of the patients with epilepsy has influence on the level of the quality of their life: disabled people appreciated below the physical sphere, the level of independence, the social relations, environment and the general estimate of the quality of life; the revealed indicators in more degree concerned the patients having the third group of the disability that testifies about their greater social disadaptation, on the one hand, connected with limited ability to work, on the other hand the impossibility to find a job. The reliable dependence of the indicators of the quality of life from patient's psycho-emotional state is revealed (the existence of anxiety and depression makes worse the estimate in all spheres of vital

activity, it is confirmed by the existence of the large numbers of negative correlation communications between the quality of life and psycho-emotional disturbance). The estimate of the quality of life correlates with the level of the social frustration (the higher the scale indicator "The level of a social frustration" that corresponds to low degree of the satisfaction of basic needs of the patient, the worse the quality of life).

Depending on the degree of a rarity of attacks in the course of recovery (rehabilitation) therapy (in comparison with control) for the estimate of indicators of the quality of life among patients are distinguished three subgroups:

1) more positive dynamics of all indicators of the quality of life concerned the patients with the expressed amelioration (the reduction of frequency of attacks for 75 % and more);

2) statistically reliable improvement of the indicators of all spheres of the quality of life is revealed among the patients with reduction of frequency of attacks on $50 < 75$ %;

3) the patients with the minor improvement (the reduction of frequency of attacks less than for 50%) the majority of indicators of the quality of life remained former, and the level of independence of the dynamics was negative in the sphere. The reliable improvement of indicators of the quality of life is directly proportional to the reduction of paroxysms confirms the dependence of the level of daily functioning of the patient from the frequency of attacks. The complex of recovery medical and rehabilitation actions including medicamentous and not medicinal methods of therapy allowed to achieve not only significant clinical improvement of a course of epilepsy (according to the doctor's conclusion), but also the improvement of the quality of the patients' life (according to patients).

Statistically, the mortality among patients with epilepsy is 2.5 times higher, than the other categories of the population have. There are the two main reasons:

1. Suicide as a result of depression. The frequency of suicides among epileptics is 4 times higher, than those who has no this illness.

2. Syndrome of sudden death. So the phenomenon is called according to which from 8 to 17 % of patients with epilepsy (most often it can be men aged from 20 till 40 years), suddenly, they die without the visible reason.

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The main aspects of the clinic picture, treatment and prevention of caries and periodontal tissues of children patients with epidermolysis bullosa

Abstract: Using the references listed below and the results of personal clinic observations, the plan of prevention and treatment of dental caries and periodontal tissues among the children patients with epidermolysis bullosa is suggested in this article.

Keywords: epidermolysis bullosa, vesicles, tooth decay, caries prevention.

Introduction. Epidermolysis bullosa is a rare genetic disease the main aspect of which is the emergence of vesicles with serous or hemorrhagic content in the skin and mucous membranes with minor trauma or spontaneously. Even friction or slight touch may become the reason of appearance of new elements of affection. The scientific base underlying the study of epidermolysis bullosa has a short history. A broad scientific implementation of the study of this specific disease started in the mid 90s of the previous century.

Different forms of epidermolysis bullosa are the result of recessive or dominant mutation of parental

genes. Dominant pathogenic adjustment may emerge during the maturation of sperm or egg, that is why even healthy parents may have a baby with epidermolysis bullosa. Due to disintegration and cytolysis keratinocytes, lesions of the epidermis, dermal connections, collagen fibrils disappearance in the papillary layer of the dermis there emerge internal epidermal and under epidermal vesicles, there appear erosive and ulcerative surfaces.

The symptoms of this disease may be revealed after the very birth of the child or in the first days of the child's life. Deformation and loss of nails appears as a result of the fact that fingers and toes are