



**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ЗАПОРІЗЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**

**НАУКОВЕ ТОВАРИСТВО СТУДЕНТІВ, АСПРАНТІВ, ДОКТОРАНТІВ І
МОЛОДИХ ВЧЕНИХ**

**ЗБІРНИК ТЕЗ ДОПОВІДЕЙ
ВСЕУКРАЇНСЬКОЇ НАУКОВО-ПРАКТИЧНОЇ
КОНФЕРЕНЦІЇ СТУДЕНТІВ ТА МОЛОДИХ ВЧЕНИХ
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for anorexia nervosa (ICD-10: F50.0) and 13 – for dysmorphophobia (in the structure of anxiety and depression). The mean age of the study contingent was 23 ± 2.6 years. The main research method was an unstructured psychodiagnostics interview. Based on this study, a questionnaire was compiled. And based on a structured questionnaire, a test was conducted among healthy volunteers. 12 people took part in the study.

Research results. According to the results of the study, volunteers mostly do not feel aversion, anxiety and frustration. But on some questions of the questionnaire, the subjects had a reaction. Questions such as: «What feelings do you have about gaining sexual attention from others?» - 33%, «What feelings do you have about the prospect of losing a trained physique?» – 41% mostly frustrating. Questions «What feelings do you have about judging your body weight?» – 60%, «How do you feel about participating in competitions?» - 50%, «What feelings do you have about appealing to you with any sexual connotations?» – 60% cause anxiety in the subjects. In the questions «How do you feel about enjoying drugs? » – 41% a common answer is aversion. The most common answers to the question «How do you feel about aggression compared to others?» there is aversion and anxiety by 33%. It is also possible to draw conclusions about the answers of individuals. 2 people answered "frustration" and "anxiety" to many questions. The other majority answered many "nothing" or "other" questions.

Conclusions. After studying the materials, we can also say that isolation not only did not leave the situation with "body dysphoria" alone, but also only exacerbated it, which attracted to increased consumption of psychoactive substances and a greater influence of social networks through the "echo chamber" on the personality, that leads to the manifestation or aggravation of "bodily dysphoria". Regarding the results among volunteers, we can conclude that the development of bodily dysphoria is not widespread. The area remains open to research, including research into post-covid mental health changes.

ESTIMATION OF QUALITY OF LIFE INDICATORS AMONG MULTIPLE SCLEROSIS PATIENTS DEPENDING ON THE SEVERITY OF DISEASE

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Aim: to estimate the quality of life indicators among multiple sclerosis patients dynamically and to reveal the impact of disease severity on it.

Materials and methods: At the Municipal Non-profit Enterprise “City Hospital No. 6” with Zaporizhzhia City Council complex clinico-neurological examination of 34 patients (9 men and 25 women) with relapsing-remitting multiple sclerosis was held. It was performed dynamically with half a year interval. Mean age was $43,44 \pm 9,13$. For assessment of the level of the neurological deficit Expanded Disability Status Scale (EDSS) was used. For the quality of life estimation Short Form-36ver.2 Health Survey (SF-36v2) was used. Statistical analysis was performed using Statistica 13.0 software. All results are represented with a median (Me).

Results: The highest scores of EDSS were on pyramidal (2,0) and sensory (2,0) systems. The median of EDSS step was 3,0. The lowest scores of SF-36v2 rates were general health - 48,50, vitality – 47,50 and Sum Physical Health (43,48) and Sum Mental health (43,61) rates. The following changes of the SF-36v2 indicators were revealed on the second examination: Physical Functioning score +5, Role functioning physical score -25, Bodily pain rate +1, General health +5, Vitality -2,5. But there was no statistical difference for Sum Physical and Sum Mental Health indicators dynamically. Gender did not influence EDSS or SF-36v2 indicators. Age correlated to Physical Functioning score of SF-36v2 and to brainstem rate, pyramidal and sensory system rates, ambulation rate of EDSS. It also correlated to the EDSS step. A negative correlation between EDSS step and Sum Physical Health score was revealed.

Conclusion: In spite of advances in the development of multiple sclerosis treatment these patients still have a low quality of life level, without any significant dynamic. It was revealed that the age of patients correlated to the neurological deficit and quality of life indicators. The severity of disease correlated to the quality of life indicators - the higher was EDSS score the lower was Sum Physical Health indicator.