

MAIN ISSUES OF MEDICAL-SOCIAL EXPERTISE IN REFORMING CONDITIONS

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Introduction: Medico-social expertise lies in the sphere of important human rights, which concern not only medicine, but also rehabilitation, restoration of work capacity and social protection of the disabled. In the conditions of the implementation of the reform of primary medicine, the issue of the activities of the centers of primary health care and directions of the provision of medical care to certain categories of citizens acquires practical significance.

In particular, on current issues of implementation of medical and social expertise and rehabilitation of persons with disabilities in new conditions.

The aim: To study the main issues of medical and social examination in the context of reform, which may cause difficulties for general practitioners.

Materials and methods: Regulatory framework that regulates the implementation of medical and social expertise in Ukraine, disability indicators for 2018 (analytical and informational directory).

Results: On December 3, 2009, the Cabinet of Ministers of Ukraine adopted Resolution №1317 «Issues of medical and social expertise». This Resolution approved the «Regulations on medical and social expertise» and «Regulations on the procedure, conditions and criteria for the establishment of disability.»

In accordance with paragraph 17 of the above-mentioned Resolution, «Medical and social examination is carried out after a complete medical examination, carrying out the necessary examinations, assessing the social needs of the disabled, defining the clinical and functional diagnosis.» And according to the Order of the Ministry of Health of 29.07.2016. No. 801 «Regulations on the Center for Primary Health Care and Provisions on its Divisions», Section II of this Order clearly defines the tasks the primary link, namely: item 10) preparation medical documentation for referring persons with signs of persistent disability to medical and social examination and for medical and social rehabilitation; Item 13) continuity and sequence of medical examination, treatment and rehabilitation of patients. The figure for the first time recognized by persons with disabilities for 10 thousand people increased somewhat and amounted to 36.1, and in 2017 - 35.1. Particularly, the indicator of primary disability has increased among military personnel by 15.5% compared to 2017.

Conclusions: Thus, responsibility for the volume, conduct and control of the implementation of measures for the rehabilitation of persons with disabilities, within the limits of their powers, is assigned only to family doctors and the sequence of the medical and social examination and medical and social rehabilitation of persons with disabilities is maintained. Changes in the legislation of Ukraine identified new categories of people affected by events in the east of Ukraine, which requires a more detailed explanation of the norms and procedures for establishing certain statuses and a wider scope of rehabilitation services for family physicians.

KEY WORDS: medical and social examination, legal framework, rehabilitation, family doctors

FEATURES OF THE MODERN PESTICIDES MODES OF ACTION ON THE THYROID GLAND FUNCTIONALITY

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Introduction: A large number of xenobiotics, entering the human body from the environment, may disrupt normal functioning and contribute to the development of various diseases of the thyroid gland. The relevance of our study is confirmed by the joint report of WHO and UN on Feb. 19, 2013 in Geneva and the Report of WHO National Experts in Ukraine, October 15-16, 2018, on the results of negative effects on the people's health of the so-called endocrine disruptors study.

The aim of our work was expert-analytical study of pesticides (as chemical environmental factor) mechanisms of action on the functioning of the thyroid gland.

Materials and methods: For the review we have selected a group of herbicides (triketones, benzoilpyrazole, oxazoles, bicyclooctenones), fungicides (pyrazolecarboxamides), insecticides (tetram and tetraic acids derivatives). The methods of empirical and theoretical research of scientific information, namely analysis, synthesis, induction, deduction and systematization were used. The sources of information were EPA US, EFSA, WHO, IUPAC, research articles on the topic etc.

Results: Pesticides (for example, DDT, amithol, carbamates and dithiocarbamates classes compounds, including mancozebe metabolite - ethylenethiourea) belong to one of the most studied in terms of adverse effects on the thyroid gland of chemicals. It was found that the effect of studied compounds background concentrations does not have a negative effect on the thyroid gland, while the effect at higher levels, whether professional or incidental, may lead to changes in the thyroid gland.

Numerous studies have shown that chemicals may disrupt the thyroid function at different levels: the central one, breaking the formation or release of thyroid stimulating hormone in pituitary gland; thyroid gland level, acting on the synthesis or secretion of thyroid hormones; peripheral, competing with thyroid hormones during the binding with transport proteins, or through effect on catabolism and excretion of thyroid hormones. The pesticides selected for review influence on the thyroid gland at the peripheral level, interfering with the metabolism of thyroid hormones.

Thus, fungicides-pyrazolecarboxamides, inducing the monooxygenase system enzymes of liver, lead to an increased degradation of thyroxine, an increase synthesis of thyroid stimulating hormone of the pituitary gland in the feedback mechanism, which, in turn, leads to hypertrophy of the thyroid gland.

With inhibition of the 4-HPPD enzyme by herbicides, the main enzyme that catalyzes tyrosine transformation became tyrosine aminotransferase (TAT). Since the reaction with TAT is reverse, the concentration of tyrosine in blood is significantly increased. Tyrosinaemia leads to development of so-called critical effects - eye damages and less pronounced thyroid gland hypertrophy.

Investigated insecticides have a polytropic action on the thyroid gland. They combine the induction of microsomal enzymes with stimulation and subsequent hypertrophy of the thyroid gland and 4-HPPD inhibition with eye damage, which is manifested only in rats. It should be noted that the manifestations of both mechanisms of action are much less pronounced than the corresponding deviations found during the action of the studied fungicides and herbicides.

It is worth noting when extrapolating such results receiving on animals, it is necessary to take into account the peculiarities of metabolic processes and the initial level of thyroid hormones in human and experimental animals organism. For example, rats have a much lower reserve of thyroid hormones, and T_4 half-life in human organism is much longer due to its binding to blood proteins. Also, there is no evidence in the literature that substances that lead to a decrease in the level of thyroid hormones in humans, can increase the number of tumors.

Conclusions: The analysis of pesticides mechanisms of action on the thyroid gland allowed to establish two main ways of its hypertrophy development: 1) inhibition of hydroxypyruvate transformation, and 2) activation of the monooxygenase system in the liver. The obtained data should be taken into account when substantiating the possibility of these pesticides application on territories with radiation load or industrial regions that are subject to additional chemical contamination.

KEY WORDS: pesticides, thyroid gland, expert-analytical study.

ON THE ISSUE OF ENSURING THE INFORMATION NEEDS OF THE PUBLIC HEALTH SYSTEM OF UKRAINE

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Introduction: Modern healthcare Ukraine needs a science-base, well-established system of information provision. Qualitative information is the main tool in the development of management decisions. Also, properly collected and analyzed information will allow international comparisons of indicators, to determine priorities in the policy of preserving public health, to predict the further development of the situation in public health and health care, depending on the measures taken.

The aim: The aim of the work is to analyze the information needs in the period of development of the public health system of Ukraine.

Materials and methods: To achieve this goal, literary sources, regulatory framework, accounting and reporting forms of medical institutions were analyzed. Used library and method of system analysis.

Results: The development of a public health system is a process of reorientation from treatment policies to policies that promote and maintain public health. In this aspect the need of the system for information should be considered. From the point of view of information management, it is important to clear understand what information on the content is needed, what category of consumers it is needed and in which lines and in what form it is needed.

The producers of the information product should be, first of all, medical institutions, regardless of ownership. Participants of information exchange should become not only medical institutions, but also partner organizations. Consumers of the information product are divided into macro, regional and micro levels. Consumers of the information product are divided into macro, regional and micro levels. Information needs vary depending on the level of decision making.

The strategic goal of building a model of an information and analytical system is to provide consumers with timely, reliable, "just in time" information; constant improvement of the quality of statistical information and alignment of data processing methods with international requirements.

Conclusions: There is an objective need to modernize the information and analytical health system. Ignoring the methodological approaches to data analysis leads to the receipt of unreliable, distorted data, to the adoption of erroneous management decisions that are not able to improve the results of the system.

KEY WORDS: public health, medical information, management