a 4-point scale. 7 (8,3%) patients reported it as Excellent, 45 (53,6%) as Good, 24 (28,5%) Satisfactory and 8 (9,5%) noted unsatisfactory results.

When patients self-assessed their state of health according to the GERD-HRQL questionnaire, a statistically significant restoration of the cardiac closure function according to manometric data and the DeMeester indicator was noted. At the same time, in some patients with excellent and good results, gastroesophageal reflux and reflux esophagitis in the lower third of the esophagus was observed according to the daily intra-esophageal pH-meter and esophagogastroduodenoscopy (23,81 ± 4,65%). Self-reported quality of life of patients, according to the SF-36 questionnaire, increased during the 1st and 2nd year after surgery compared with preoperative values. To the question of whether preoperative complaints disappeared, 48 patients (57,1%) answered affirmatively, whereas 36 (42,9%) patients noted slight presence of pathological symptoms, which are often observed after various types of esophagus cardiac sphincter correction.

When asked if patients were generally satisfied with the results of surgical treatment, 52 (61,9%) patients answered “Yes” while 32 (38,1%) of patients answered “No”. Moreover, all patients who underwent combined surgical procedures were in the group satisfied with the results of surgery. Of 14 patients submitted for control instrumental examination, the majority (78,7%) showed no deviations from the normal, only 2(14,2%) patients were diagnosed with esophagitis, and 1 (7,1%) patient, earlier treated with partial Toupet fundoplication, upon X-ray examination showed early signs of a relapse of hiatal hernia.

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PREVALENCE AND CLINICAL ASSOCIATIONS OF NEUROPSYCHIATRIC SYMPTOMS AMONG PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Introduction. Patients with systemic lupus erythematosus (SLE) experience a high burden of neuropsychiatric (NP) symptoms. While some patients have frank neurological complications, this represents a minority. Most NP symptoms are chronic and not associated with brain imaging abnormalities. Factors which contribute to these symptoms may include medications, infections, the psychological burden of chronic unpredictable disease, and the direct effects of inflammation on the brain.

NP manifestations in SLE are very diverse and difficult to be evaluated. The most common NP symptoms are fatigue, headache, altered mood and cognitive impairment (or 'brain fog'). These so-called 'minor' NP symptoms have a dramatic effect on quality of life and predict patient-reported disease activity more than clinician disease activity scores.

NP symptoms in SLE are not routinely assessed despite its high prevalence and significant disease burden. NPSLE is usually diagnosed when the patient is symptomatic (based on patient complaints or the physician's assessment). So in daily clinical practice, NP signs and symptoms can be easily missed as they can be heterogeneous and mild in the beginning. Early detection has always been a challenge to clinicians as most neurocognitive assessment tools are time-consuming to administer. Even simple questionnaires to identify patients with this problem are not used routinely in clinical practice, leading to possibly numerous missed cases of NP symptoms and subsequently leading to suboptimal treatment [1-3].

Objectives. The aim of this study was to determine the prevalence of NP symptoms and its clinical associations among patients diagnosed with SLE in Ukraine.

Methods. The study included 32 SLE patients, comprising 29 females (90.6%) and 3 males (9.4%). The mean age was 37.0±13.3 years. All patients were assessed using the simple self-assessment questionnaire for presence of NP symptoms, developed by Mosca et al. The questionnaire includes 27 items covering central nervous system (CNS) involvement and psychiatric manifestations. A score above 17 is considered as positive result suggestive of the presence of NP involvement [3].The clinical and demographic data, SLE Disease Activity Index (SLEDAI), inflammatory markers (erythrocyte sedimentation rate (ESR), C-reactive protein (CRP)) and autoantibody