

გამოკვლეულია 90 პაციენტი ღვიძლის ციროზით (საშუალო ასაკი - 49,9±1,92 წელი). დადგენილია, რომ ღვიძლის ციროზის დეკომპენსაცია ასოცირებულია საბოლოო სისტოლური და დიასტოლური მოცულობის გაზრდასთან, მარცხენა პარკუჭის მასის ინდექსის და გულის ინდექსის მომატებასთან, E/A-ს შემცირებასთან და მოსვენებაში გულის განდევნის ფრაქციის შენარჩუნებასთან. NT-PROBNP-ის დონემ სისხლის შრატში A, B და C ჯგუფებში, შესაბამისად, შეადგინა 109±26,2, 174±17,6 და 358±40,1 პგ/მლ ($p<0,05$). NT-PROBNP-ის ყველაზე მაღალი მაჩვენებლები გამოიკვეთა ავადმყოფებში რეზისტენტული ასციტით, საფლავის ვენების მძიმე ვარიკოზით, ჰეპატორენული

სინდრომით, ჰიპოალბუმინემიით ($374\pm 49,4$, $345\pm 33,9$, $467\pm 47,4$ და $323\pm 32,0$ პგ/მლ), ყველაზე დაბალი კი-ღვიძლის ციროზის პრეასციტურ სტადიაში $112\pm 23,4$ პგ/მლ). NT-PROBNP-ის შემცველობა კორელირებს Child-Turcotte-Pugh-ის და MELD-ის შედეგებთან, ალბუმინთან სისხლის შრატში, კარის ვენის დიამეტრთან ($r=0,550$, $0,429$, $-0,334$, $0,237$, $p<0,05$), გულის ინდექსთან, საბოლოო დიასტოლურ მოცულობასთან, მარცხენა პარკუჭის მიოკარდიუმის მასის ინდექსთან, E/A-თან ($r=0,419$, $0,401$, $0,296$, $0,233$, $0,325$, $p<0,05$).

დადგენილია, რომ NT-PROBNP-ის დონის მომატება შეიძლება წარმოადგენდეს კარდიული დისფუნქციის ინდიკატორს ავადმყოფებში ღვიძლის ციროზით.

JUSTIFICATION OF THE NECESSITY OF INTEGRATED MEDICAL CARE FOR PATIENTS SUFFERING FROM SOCIALLY SIGNIFICANT DISEASES (BASED ON THE RESULTS OF THE TARGET GROUP SURVEY)

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The diseases of social significance are one of the biggest threats of people's health and well-being all over the world and a great burden for the healthcare system and community in general. It is widely known that the consequences of most of such diseases include temporary or permanent loss of working ability and continuous significant investments of money in the prediction, curing, and rehabilitation measures. The diseases of social significance have a negative impact on the quality of life and life span, often becoming reasons of early death [1].

Not all diseases regarded as the ones of social significance are proven to have infectious nature (diabetes mellitus, psychiatric disorders, malign tumors etc.). Nevertheless, a number of infectious diseases, which are also regarded as the diseases of social significance, are severely dangerous for surrounding people (tuberculosis, syphilis, viral hepatitis etc.) [2,3]. In the existing normative documents of Ukraine several infectious diseases are classified as extremely dangerous, dangerous, the diseases of social significance, and diseases which are potentially dangerous for surrounding people [4].

Being a source of infection, people with mentioned pathology might be a direct threat for surrounding people. Alongside this, the course of epidemic process of sexually transmitted infections (STIs) (including viral hepatitis, human immunodeficiency virus (HIV) and tuberculosis) is, to a large extent, determined by the level of social and economic development of society.

Severe epidemiologic research confirm that the sexual transmission of HIV is more likely in people with existing genital herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of HIV infection is 10-20 times higher in case of even one-time unprotected sexual intercourse. The wide spread of STIs in

HIV-infected individuals is connected with the similarity of the mechanism of transmission of these infections and the sexual behavior of such individuals. When several pathogens simultaneously infect one individual, they become more virulent, which complicates the course of pathological process and often results in resistance to a treatment [5,6].

According to the definition given by the Laws of Ukraine, infectious diseases are the disorders of human health caused by living organisms (viruses, bacteria, rickettsia, protozoa, fungi, parasitic worms, acari, and other pathogenic parasites), products of their metabolism (toxins), pathogenic misfolded proteins (prions), and are transmitted from infected individuals to healthy ones and tend to be widely spread. Dangerous infectious diseases are the infectious diseases characterized by severe or/and long-standing health disorders in particular individuals and are dangerous for their life and health. Extremely dangerous infectious diseases are the infectious diseases (including quarantinable diseases such as plague, cholera, hemorrhagic fever) which are characterized by severe or/and long-standing health disorders in considerable number of people, high death rate, and rapid spread among population [7, 8].

While, for instance, in the USA there are specific terms for the infectious diseases of social significance – Communicable Diseases of Public Health Significance and, separately, Quarantinable Diseases. The first group includes four diseases that have considerable importance for public's health. A person diagnosed with one of the mentioned diseases is inadmissible to the USA and, consequently, cannot be allowed to enter the country [9]. The Department of Health and Human Services (HHS) has designated the following communicable diseases as the ones of considerable importance for public's health protection and that

apply to immigration medical examinations: gonorrhea, leprosy (Hansen's disease), syphilis (infectious stage), and tuberculosis (only a class A). According to the definition given by the Centers for Disease Control and Prevention (CDC) guidelines, class A tuberculosis means clinically active and communicable tuberculosis. Since January 4, 2010, HIV is no more regarded as a communicable disease [10].

The isolation and quarantine help to protect the community, by preventing the transmission of disease from people who might be carriers of infection. The quarantine measures provide separation and restriction of movement of people who have had a contact with the sources of pathogens. Apart from medical functions, the isolation and quarantine perform the role of 'police power', derived from the right of the government to take actions which affect people's safety and are beneficial for the community.

In the USA federal isolation and quarantine are authorized for the following communicable diseases: cholera, diphtheria, tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, flu that can cause a pandemic, severe acute respiratory syndromes. Federal isolation and quarantine are authorized by Executive Order of the President of the USA [11]. Consequently, these communicable diseases can at the same time be regarded as the diseases of social significance, socially dangerous diseases, diseases linked with social status, and diseases linked with low socioeconomic status.

The increase in the number of individuals with deviant behavior, especially among teenagers and young people, social disadaptation, migration of people, insufficient government funding for healthcare and social sphere concerning prevention of diseases of social significance and diseases linked with social status – all these factors create the background for the further complication of the STIs epidemic situation in Ukraine.

It is scientifically proven that raising the quality of help given people with STIs and increasing its accessibility for different

social strata, particularly for the representatives of the target groups, is an effective method for decreasing the rate of parenteral hepatitis and HIV infections in society [12].

There are the following five target groups of people who are particularly susceptible to HIV-infection and often do not have an access to medical services: transgender people, males who have sexual intercourse with males, sex workers, people using injection drugs, imprisoned persons [13].

The aim of the current research is to assess the quality of the specialized help given patients with STIs (on the example of HIV-infected persons) in order to implement the integrated system of medical and social rehabilitation considering the features of the target group.

Material and methods. The questionnaires that contained the questions about the level of education, social status, necessity and frequency of appealing for medical help, particularly for the dermatovenereological help, the comprehensiveness, affordability and accessibility of the latter, the level of satisfaction with the received medical help, subjective assessment of the quality and modernity of medical equipment etc. were designed for the research.

The received answers would help the specialists in understanding the crucial problems of the patients with STIs. 389 questionnaires served as material for the research. Each questionnaire was composed of 15 questions. The respondents included 201 males and 188 females diagnosed with HIV-infection, who permanently live in Odessa region.

Methods of research: analytical, descriptive, and statistical.

Results and their discussion. The analysis of the respondents' age revealed that among them were people belonging to the different age groups: younger than 29 years – 57 individuals – 14,65%, 30-39 years – 116 individuals – 29,81%, 40-49 years – 125 individuals – 32,13%, 50-59 years – 83 individuals – 21,34%, 60 years and older – 8 individuals – 2,07%. 201 respondents (51,6%) were males and 188 (48,33%) – females (Fig. 1).

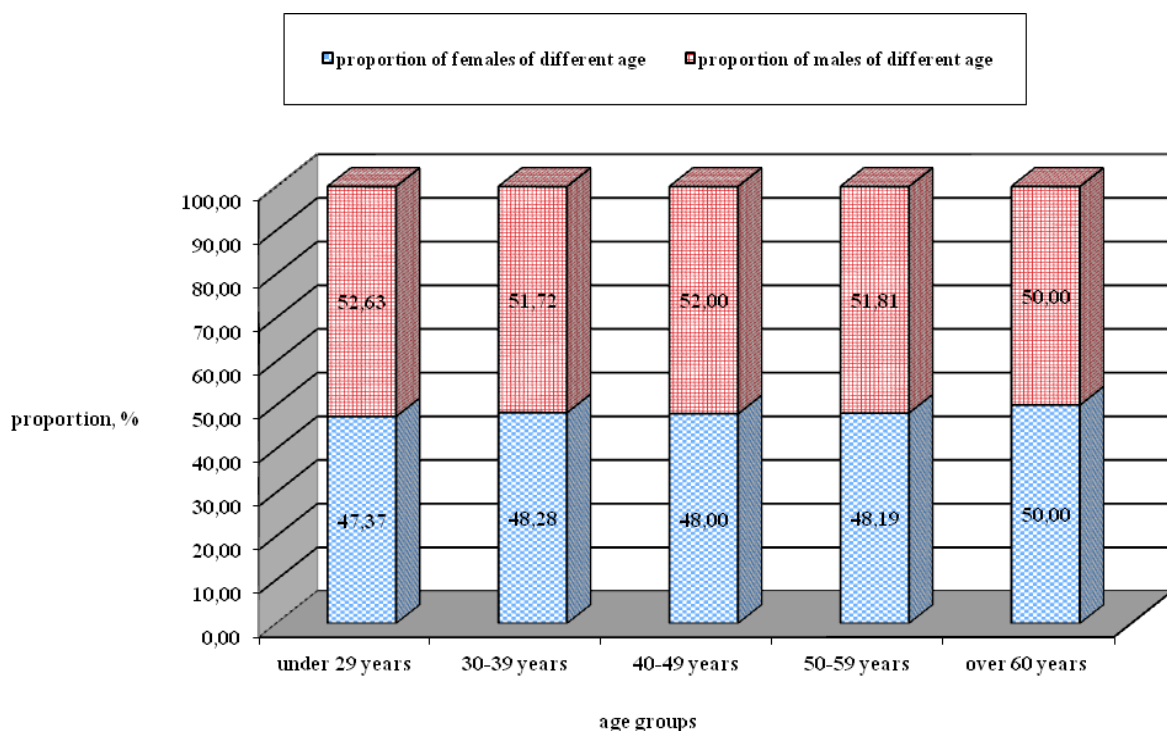
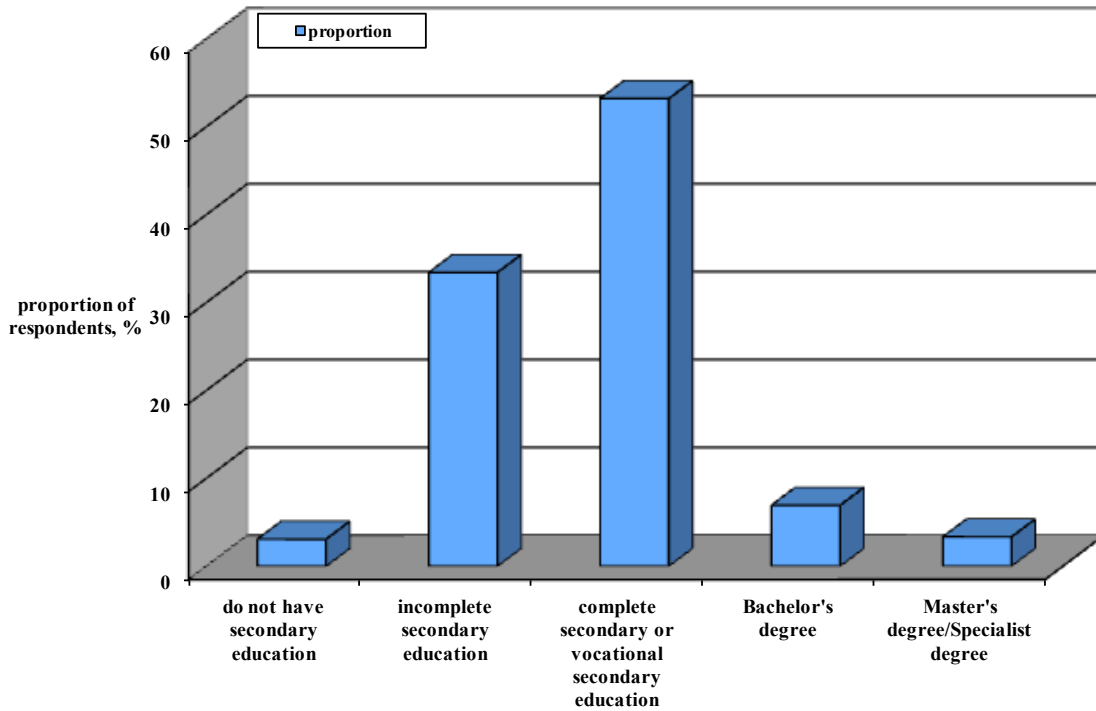


Fig. 1. Age and gender proportions of the participants of survey

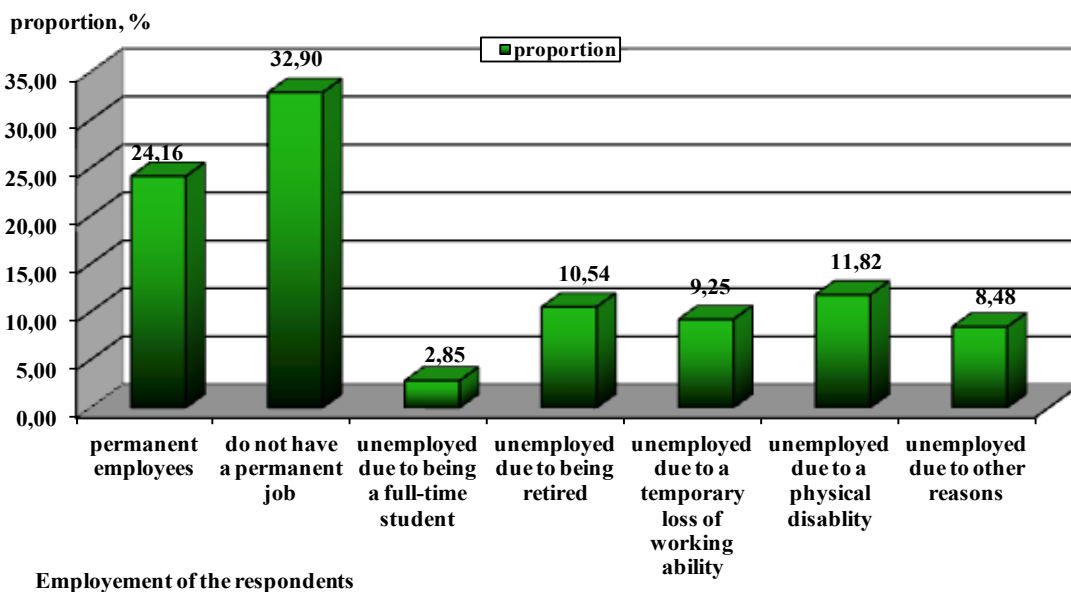
The analysis of the responses showed that out of all the respondents 12 individuals (3,08%) had not received secondary education; 130 individuals (33,43%) mentioned that they had incomplete secondary education; 207 individuals (53,21%) had completed secondary education or vocational secondary education; 27 individuals (6,94%) had a bachelor's degree, 13 individuals (3,34%) had completed a master's or a specialist degree. Consequently, more than half of people who took part

in the survey had completed secondary or vocational secondary education, whereas 36,50% of them had extremely low level of education: had not completed secondary school or had never studied there, and only 40 respondents (10,28%) claimed to have complete or incomplete higher education. The given data characterize the group of respondents as people with low intellectual level and, possibly, low level of social and sexual awareness (Fig. 2).



The level of education of the respondents

Fig. 2. The level of education of HIV-infected respondents living in Odessa region



Employment of the respondents

Fig. 3. Employment of the HIV-infected respondents who live in Odessa region

Table 1. The subjective assessment of the quality of dermatovenereological help to the HIV-infected patients (based on the survey results)

Criteria	Responses, %			
	Complete satisfaction	Average level of satisfaction	Low level of satisfaction	Deep dissatisfaction
Location of the dermatovenereologist's office	17,48	18,51	44,47	19,54
Quality and comprehensiveness of given consultation	17,99	28,02	39,85	14,14
Modernity of medical equipment	3,59	51,16	14,14	31,11
Affordability of medical services	20,06	27,76	39,07	13,11
Comprehensiveness of medical help	24,68	30,08	40,36	4,88
The overall impression of received services	19,54	23,91	44,98	11,57
Average mark	17,22	29,91	37,15	15,73

Among the participants of the survey 94 persons (24,16%) were permanent employees, 128 (32,90%) did not have a permanent job, 11 (2,85%) – were unemployed due to being a full-time student, 41 (10,54%) – were unemployed due to being retired, 36 (9,25%) – were unemployed due to a temporary loss of working ability, 46 (11,82%) – were unemployed due to a physical disability, 33(8,48%) – were unemployed due to other reasons (Fig. 3).

117 respondents (30,80%) claimed that it had been their personal decision to appeal to dermatovenereologist, 79 (20,30%) – were referred to this specialist by a general practitioner, 193 (49,62%) – were referred to dermatovenereologist by a doctor of another specialty. On the basis of these data, it can be concluded that venereological diseases are widely spread among people of the given cohort.

The table 1 represents the results of the questionnaire concerning the quality of dermatovenereological help. 68 respondents (17,48%) characterized the location of the dermatovenereologist's office as fully convenient, 72 (18,51%) – were inclined to think that it is convenient, 173 (44,47%) – responded that it was not convenient, and 76 (19,54%) – were totally dissatisfied with the venues chosen for the dermatovenereologist's office. To sum up, more than half of the respondents (64,01%) were not satisfied with the location of the dermatovenereologist's office.

70 patients (17,99%) expressed a complete satisfaction with the quality and comprehensiveness of the doctor's consultation, 109 (28,02%) – reported an average level of satisfaction, 155 (39,85%) – were more inclined to answer that they were dissatisfied, and 55 (14,14%) remained deeply dissatisfied. To sum up, slightly more than half of the respondents (53,98%) claimed that they had not received qualified and complete medical care during their visit to dermatovenereologist.

Assessing the equipment of the doctor's office, 14 respondents (3,59%) outlined the modernity of medical equipment which had been used by their doctor, 199 patients (51,16%) reported that the equipment had not been modern but had been working appropriately, 55 patients (14,14%) mentioned that the equipment had not been modern and had not been working appropriately, and 121 patients (31,11%) stated that the equipment had been absent. A significant proportion of respondents (45,24%) reported the medical equipment being absent or not working appropriately, the outdatedness of the latter was mentioned by 254 respondents (65,30%), and only 3,59% of respondents outlined the modernity of the equipment.

Besides this, 78 participants (20,06%) marked the affordabil-

ity of medical services, 108 participants (22,76%) reported them to be relatively affordable, 152 participants (39,07%) were more inclined to characterize medical services as unaffordable, and for 51 patients (13,11%) the medical services remained completely unaffordable. To summarize, 203 patients (52,19%) were dissatisfied by the financial side of their visit to dermatovenereologist.

96 respondents (24,68%) were satisfied with the quality and comprehensiveness of medical help, 117 respondents (30,08%) reported to be relatively satisfied, 157 (40,36%) – dissatisfied by the comprehensiveness of received help, 19 (4,88%) – had not received the help they had expected for. In general, 176 respondents (45,24%) stated that they had not received the expected amount and comprehensiveness of the qualified medical help.

Assessing the quality of the received medical help during their visit to dermatovenereologist, 76 respondents (19,54%) were completely satisfied and positively characterized the doctor's work, 93 respondents (23,91%) were quite satisfied, 175 respondents (44,98%) were more inclined to negative opinion, and 45 respondents (11,57%) remained absolutely dissatisfied. On the whole, 220 respondents (56,56%) had a negative opinion regarding the quality of the received medical help.

The results of the survey showed that the necessity to receive antiretroviral treatment (ART) had not arisen for 25 HIV-positive individuals (6,43%), 76 individuals (19,54%) had been receiving the treatment for less than 1 year; 149 respondents (38,30%) had been receiving the ART for 1-5 years; 109 respondents (28,02%) – for 6-10 years; 30 respondents (7,71%) – for 10 years and more. In summary, 364 out of 389 HIV-positive respondents (93,57%) were currently receiving the ART, moreover 193 respondents (35,73%) had been registered in dispensaries and receiving permanent treatment for 5 years and more (Fig. 4).

33 respondents (8,48%) reported that their need for the dermatovenereological had arisen less than 1 month ago, 74 respondents (19,02%) – during last 1-3 months, 66 respondents (16,97%) – during last 4-6 months, 96 (24,68%) – during last 6-12 months, and 120 respondents (30,85%) mentioned that they had appealed for a help more than 1 year ago. The obtained data reveal that HIV-infected patients constantly seek the help of dermatovenereologist, since about 70% of respondents reported to have had such a necessity in relatively recent period. The regular visits of HIV-infected individuals to dermatovenereologist might be explained by a tendency of this category of people to risky behavior, as well as by possible clinical manifestations of immunodeficiency.

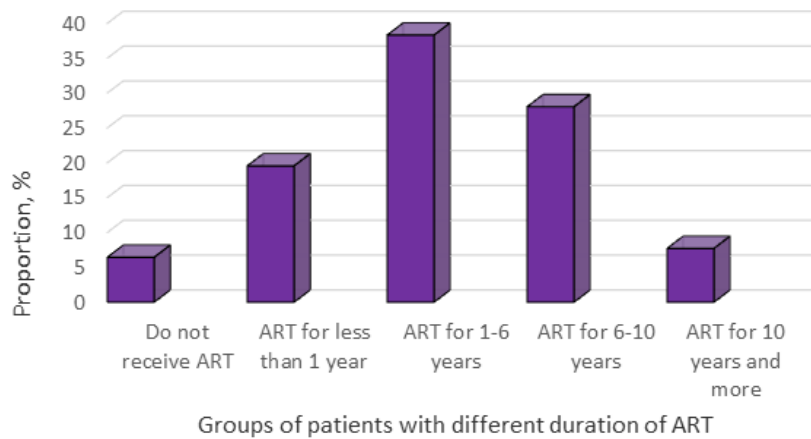


Fig. 4. Group division of HIV-positive respondents on the duration of ART

Evaluating the necessity of creation of the specialized center of dermatovenereological help for HIV-infected patients, 226 respondents (58,10%) pointed out the vital necessity of its establishment, 89 participants (22,88%) responded that it was necessary, for 52 participants (13,37%) it was difficult to respond, and 22 participants (5,65%) responded that there was no need in the center. The given responses indicate that, according to the majority of the respondents' opinions (80,98%), there is a great need in the establishment of the multiprofile health care institution, which would provide the whole spectrum of medical services, taking into consideration the specific features of HIV-infected patients.

In summary, the level of the epidemiological control of the spread of STIs is determined by harmonic combination and functioning of two systems – observation and regulation. On the first level of epidemic process control, the crucial role is performed by observation, so-called 'epidemiological diagnostics', which forms the background for the developing of 'management decisions' – evidence-based, backed-up strategical and tactical recommendations. The second level of epidemiological control is realized through the regulation and maintenance of the epidemic process indicators at the appropriate level.

Conclusions.

1. The majority of HIV-infected respondents received incomplete secondary, complete secondary or vocational secondary education, 10,28% of them (40 respondents) received incomplete or complete higher education, which characterized the cohort of respondents as people with low level of education, social and sexual awareness.

2. 24,16% of respondents (94 persons) were permanently employed; the others – were unemployed due to different reasons, and, consequently, had low social security level.

3. More than half of respondents (220 individuals – 56,56%) were dissatisfied by the quality of dermatovenereological medical help due to the lack of medical equipment. Only 76 respondents (19,54%) were completely satisfied and positively characterized the latter.

4. The necessity of the establishment of the specialized center of dermatovenereological help for HIV-infected patients was pointed out by 226 respondents (58,10%).

5. The vast majority of HIV-infected respondents (80,98%) expresses quite strong opinion regarding the necessity of the establishment of multiprofile health care institution, which

would provide the whole spectrum of medical services, taking into consideration the specific features of HIV-infected patients.

Recommendations.

Since the diseases of social significance are proven to have a considerable impact on the well-being of society, the law of positive and negative feedback within the system of the epidemic process should be taken into consideration. Under the conditions of the current scientific progress, the more intensive the negative effect of the epidemic process on the society is, the more intensively the society responds trying to eradicate this effect. The response of the subsystem of epidemic process is performed by its adaption, which, on the level of socioecosystem lies in the decrease of socioeconomic significance of disease.

The detailed analysis of the possibility of establishment of the pilot center of integrated medical help for patients with the diseases of social significance in Odessa is worth being conducted. In such medical center, the patients with the diseases of social significance could receive social help, both ambulatory and stationary treatment of the STIs, skin diseases, viral hepatitis, tuberculosis, HIV-infection.

For the further studies, it can be used as a model the experience of the Latvian Centre of Infectious Diseases (Riga) – specialized medical treatment institution, where the patients can receive professional and high-quality services of ambulatory and stationary treatment of infectious diseases (including viral hepatitis B and C, HIV etc.). In the centre, patients have an access to the primary and confirmatory diagnostics of infectious diseases (including diagnostics of rare and dangerous infectious diseases). In the centre there are used the latest methodological and scientific recommendations in order to provide patients with cost-effective health care services compliant with international standards.

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SUMMARY

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The aim of the current research is to assess the quality of the specialized help given patients with STIs (on the example of HIV-infected persons) in order to implement the integrated system of medical and social rehabilitation considering the features of the target group.

The survey was conducted on the basis of designed questionnaires which included questions regarding the level of education, social status, necessity and frequency of appeals for medical help, particularly for dermatovenereological help, the affordability and comprehensiveness of the latter, the level of satisfac-

tion with the received medical care, the respondent's assessment of quality and modernity of medical equipment. 389 questionnaires served as material for the research. Each questionnaire was composed of 15 questions. The respondents included 201 males and 188 females diagnosed with HIV-infection, who permanently live in Odessa region.

Methods of research: analytical, descriptive, and statistical. The majority of HIV-infected respondents received incomplete secondary, complete secondary or vocational secondary education, 10,28% of them (40 respondents) received incomplete or complete higher education, which characterized the cohort of respondents as people with low level of education, social and sexual awareness. 24,16% of respondents (94 persons) were permanently employed; the others – were unemployed due to different reasons, and, consequently, had low social security level. More than half of respondents (220 individuals – 56,56%) were dissatisfied by the quality of dermatovenereological medical help due to the lack of medical equipment. Only 76 respondents (19,54%) were completely satisfied and positively characterized the latter. The necessity of the establishment of the specialized center of dermatovenereological help for HIV-infected patients was pointed out by 226 respondents (58,10%). The vast majority of HIV-infected respondents (80,98%) expresses quite strong opinion regarding the necessity of the establishment of multi-profile health care institution, which would provide the whole spectrum of medical services, taking into consideration the specific features of HIV-infected patients.

Keywords: STIs; HIV; diseases of social significance; integrated system of medical care; medical and social rehabilitation.

РЕЗЮМЕ

ОБОСНОВАНИЕ НЕОБХОДИМОСТИ КОМПЛЕКСНОЙ МЕДИЦИНСКОЙ ПОМОЩИ БОЛЬНЫМ СОЦИАЛЬНО-ЗНАЧИМЫМИ ЗАБОЛЕВАНИЯМИ (ПО РЕЗУЛЬТАТАМ ОПРОСА ЦЕЛЕВОЙ ГРУППЫ)

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В статье представлены результаты опроса мнения ВИЧ-инфицированных пациентов относительно качества полученной дерматовенерологической медицинской помощи. Полученные результаты могут послужить основой для внедрения интегрированной системы медико-социальной реабилитации больных инфекцией, передаваемой половым путем (ИППП) с учетом специфики данной целевой группы. Опрос проводился на основе разработанных анкет, которые включали вопросы, касающиеся уровня образования, социального статуса, необходимости и частоты обращений за дерматовенерологической помощью, доступности и полноты последней, качества и современности медицинского оборудования, уровня удовлетворенности. Результаты опроса помогут специалистам понять проблемы пациентов, страдающих ИППП.

Цель исследования - оценка качества специализированной помощи, предоставляемой пациентам с ИППП (на примере ВИЧ-инфицированных) для обоснования внедрения интегрированной системы медико-социальной реабилитации с учетом особенности целевой группы.

Проанализированы 389 анкет ВИЧ-инфицированных лиц, постоянно проживающих в Одесской области на юге Украины (201 мужчина и 188 женщин). Методы исследования - аналитический, описательный, статистический.

Согласно результатам опроса: социальная и сексуальная осведомленность ВИЧ-инфицированных зависела от уровня образования, лишь 40 (10,28%) получили неполное или полное высшее образование. Установлено, что постоянное место работы имели 94 (24,16%) респондентов. 76 (19,54%) респондентов полностью удовлетворены и положительно охарактеризовали качество дерматовенерологической медицинской помощи. 220 (56,56%) опрошенных были недовольны - в связи с недостаточным техническим оснащением кабинетов. 226 (58,10%) респондентов указали на необходимость создания специализированного центра дерматовенерологической помощи для ВИЧ-инфицированных в составе многопрофильного медицинского учреждения с предоставлением полного перечня медицинских услуг.

В качестве модели для создания такого учреждения предлагается Латвийский центр инфекционных заболеваний (Рига) - специализированное лечебное учреждение, где пациентам оказывают высокотехнологичные качественные медицинские услуги, амбулаторное и стационарное лечение инфекционных заболеваний, в том числе вирусного гепатита В и С, ВИЧ. Для обслуживания клиентов используются

новейшие методические и научные рекомендации экономически эффективных медицинских услуг, соответствующие международным стандартам.

რეზიუმე

სოციალურად მნიშვნელოვანი დაავადებების მქონე პაციენტების კომპლექსური სამედიცინო დახმარების აუცილებლობის დასაბუთება (სამიზნე ჯგუფის გამოკითხვის შედეგების მიხედვით)

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ოდესის ეროვნული სამედიცინო უნივერსიტეტის, უკრაინა

კვლევის მიზანს წარმოადგენდა სპეციალიზებული დახმარების ხარისხის შეფასება, რომელიც მიეწოდება სქესობრივი გზით გადადები ინფექციების (მაგალითად, აივ-ინფექცია) მქონე პაციენტებს. კვლევის შედეგები შესაძლოა საფუძვლად დაედოს სამედიცინო-სოციალური რეაბილიტაციის ინტეგრირებული სისტემის დანერგვის დასაბუთებას ამ სამიზნე ჯგუფის თავისებურებების გათვალისწინებით.

გაანალიზებულია სამხრეთ უკრაინის ოდესის ოლქში მცხოვრები აივ-ინფიცირებული 389 პირის ანკეტა (201 მამაკაცი, 188 ქალი). გამოყენებული მეთოდები - ანალიტიკური, აღწერილობითი, სტატისტიკური.

კვლევის შედეგების მიხედვით: აივ-ინფიცირებულთა სოციალური და სექსუალური გათვითცნობიერებულობის ხარისხის დამოკიდებულია განათლების დონეზე; მათგან მხოლოდ 10,28%-ს (40 რესპოდენტი) ჰქონდა არასრული ან სრული უმაღლესი განათლება. 19,54%-ს (76 რესპოდენტი) იყო სრულად კმაყოფილი და დადებითად ახასიათებდა დერმატოვენეროლოგიური სამედიცინო დახმარების ხარისხს. 220 გამოკითხული (56,56%) იყო უკმაყოფილო - კაბინეტების არასაკმარისი ტექნიკური აღჭურვილობის გამო. 226 რესპოდენტმა (58,10%) მიუთითა მრავალპროფილურ დაწესებულებებში აივ-ინფიცირებულთათვის დერმატოვენეროლოგიური დახმარების სპეციალიზებული, სამედიცინო სერვისის სრული სპექტრის მიწოდებულ ცენტრის შექმნის აუცილებლობის შესახებ.

ასეთი დაწესებულების შექმნის მოდელად შემოთავაზებულია ლატვიის ინფექციურ დაავადებათა ცენტრი (რიგა) - სპეციალიზებული სამკურნალო დაწესებულება, სადაც პაციენტებს მიეწოდება მაღალტექნოლოგიური ხარისხიანი სამედიცინო დახმარება, ინფექციური დაავადებების (მათ შორის - ვირუსული ჰეპატიტი B და C, აივ-ინფექცია) ამულატორიული და სტაციონარული მკურნალობა. დიაგნოსტიკა ტარდება პირველადიდან დაწყებული - დამადასტურებლად დიაგნოზით დამთავრებული (მათ შორის, იშვიათი და საშიში ინფექციური დაავადებები). კლიენტების მომსახურებისათვის გამოიყენება თანამედროვე საერთაშორისო სტანდარტების შესაბამისი ეკონომიკურად ეფექტური სამედიცინო მომსახურების უახლესი მეთოდური და სამეცნიერო რეკომენდაციები.