



MEDICINE AND PSYCHOLOGY: MODERN PROBLEMS, NEW TECHNOLOGIES AND WAYS OF DEVELOPING OUTDATED

Collective monograph

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4. INTERNAL DISEASES		
4.1	<p>Rusnak I.¹, Merwin P.E.¹, Kulachek V.², Kulachek Y.³, Akentjev S.⁴</p> <p>A MODERNIZED APPROACH TO THE TREATMENT OF WITH THE HELP OF NUTRITION PROGRAMS</p> <p>¹ Department of Internal Medicine, Physical Rehabilitation and Sports Medicine, Bukovynian State Medical University, Chernivtsi, Ukraine</p> <p>² Department of Internal Medicine, Bukovynian State Medical University, Chernivtsi, Ukraine</p> <p>³ Department of Surgery №2, Bukovynian State Medical University, Chernivtsi, Ukraine</p> <p>⁴ Department of Anesthesiology and Resuscitation, Bukovynian State Medical University, Chernivtsi, Ukraine</p>	57
5. MEDICAL BIOCHEMISTRY		
5.1	<p>Совтисік Д.¹</p> <p>БІОХІМІЗМ ОБМІНУ РЕТИНОЛУ В СЛИЗОВІЙ ТОНКОГО КИШЕЧНИКА ЗА УМОВ РІЗНОГО ЗАБЕЗПЕЧЕННЯ ОРГАНІЗМУ ВІТАМІНОМ А, ІОНІЗУЮЧОГО ОПРОМІНЕННЯ І КАНЦЕРОГЕНЕЗУ</p> <p>¹ Кам'янець-Подільський національний університет імені Івана Огієнка</p>	65
6. MEDICAL REHABILITATION, PHYSIOTHERAPY AND SPA TREATMENT		
6.1	<p>Чорна В.В.¹, Гонишнюк Д.А.², Рибінський М.В.³, Дубовий О.О.¹, Коломієць В.В.²</p> <p>АНАЛІЗ СТРУКТУРИ БОЙОВОЇ ТРАВМИ ПІД ЧАС АТО/ООС ТА ПОВНОМАСШТАБНОЇ ВІЙНИ, ПРАВА, ГАРАНТІЇ ЗАХИЩЕНОСТІ ТА ЗАБЕЗПЕЧЕННЯ ДОПОМІЖНИМИ ЗАСОБАМИ РЕАБІЛІТАЦІЇ ОСІБ З ІНВАЛІДНІСТЮ В УКРАЇНІ</p> <p>¹ кафедра медицини катастроф та військової медицини, Вінницького національного медичного університету імені М.І.Пирогова, Вінниця, Україна</p> <p>² Вінницький національний медичний університет ім. М. І. Пирогова, Вінниця, Україна</p> <p>³ кафедра травматології та ортопедії, Вінницького національного медичного університету імені М.І.Пирогова, Вінниця, Україна</p>	103
7. OBSTETRICS AND GYNECOLOGY		
7.1	<p>Siusiuka V.¹, Deinichenko O.¹, Pavliuchenko M.¹, Onopchenko S.¹, Lyubomirska K.¹</p> <p>COMPREHENSIVE ASSESSMENT OF THE PSYCHO-EMOTIONAL STATE OF PREGNANTS, TAKING INTO ACCOUNT THE PSYCHOSOMATIC COMPONENT</p> <p>¹ Department of obstetrics and gynecology, Zaporizhzhia State Medical and Pharmaceutical University</p>	118

SECTION 7. OBSTETRICS AND GYNECOLOGY

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7.1 Comprehensive assessment of the psycho-emotional state of pregnant, taking into account the psychosomatic component

Maternal mental health receives much-deserved attention and has a huge impact on outcomes for both mother and child [259]. Although pregnancy is usually a time of joy and anticipation, many women experience a degree of anxiety, worry and fear about their own health and the health of their babies, as well as about the birth. Worries about social, financial, professional relationship issues can often increase stress levels, making pregnancy complications more likely [260].

As you know, pregnancy is a very complex and specific period in a woman's life. Accompanying changes are observed not only in biological/physiological terms, but also in her psychological and social functioning. Altered psychological functioning can occur from the very beginning to the end of pregnancy, including the postpartum period. During pregnancy, there are visible changes in the appearance of the body, as well as in femininity feelings and sexuality, role of a woman acquires new qualities [261].

Pregnancy is defined as a powerful stress factor that can seriously affect the mental status of a pregnant woman, the perinatal outcome, as well as the mental functioning of the newborn. An important role in overcoming stress during pregnancy is played by adequate relations between partners and the support of society [262].

Women are more vulnerable to anxiety disorders in the perinatal period. The presence of anxiety during pregnancy is associated with adverse consequences for both mothers and their children. The prevalence of pregnancy anxiety and generalized anxiety disorder varies considerably between studies [263, 264, 265]. Thus, up to 25% of women experience high anxiety or depression during pregnancy, levels of both anxiety and depression are higher during pregnancy compared to postpartum [266]. Antenatal anxiety is defined as excessive worries, anxieties, and fears about pregnancy, childbirth, the health of the infant, and future parenting roles. Anxiety during pregnancy, not general anxiety, predicts birth outcome and neuroendocrine changes during pregnancy [267,

268]. Pregnancy implies the end of a woman's existence as an independent individual unit and the beginning of an irreversible mother-child relationship. Which, as a result, creates more anxiety [269].

It is important to note that perinatal maternal stress can lead to various complications, which can have far-reaching consequences for the somatic and mental functioning of the newborn [261]. Up to 20% of pregnant women experience perinatal stress and depression [270]. Women experience perinatal anxiety and stress due to inadequate social support, unrealistic social norms and expectations, and health-related problems. Therefore, the support of medical workers, the mat of which is the support of women's mental health (through appropriate training) is important. Expanding women's social support networks and providing clear, consistent information are essential to support women and minimize perinatal anxiety and stress [271, 272]. Social support during pregnancy can reduce emotional and physical stress, improving the well-being of mother and child. Therefore, understanding women's lived experiences and perceptions of social support during pregnancy is imperative to better support women [273]. Such support refers to emotional and informational support, as well as material assistance from family, friends and community. Pregnant women who lack social support are more likely to experience anxiety symptoms. Social support can help alleviate stress, provide emotional comfort and offer effective coping strategies, thereby reducing the risk of antenatal anxiety [274].

Modern living conditions in Ukraine necessitate the implementation of measures aimed at maximally preserving the nation's health and increasing the birth rate. However, the problem of reducing obstetric and perinatal complications remains more relevant than ever, which is related to the unfavorable demographic situation in Ukraine in conditions of a high level of psycho-emotional stress of the population in modern conditions.

The purpose of the work: to give a comprehensive assessment of the psycho-emotional state of pregnant women in the II and III trimesters (screening), taking into account the psychosomatic component.

A comprehensive assessment of the psycho-emotional state of pregnant women was carried out, with the determination of individual psychological properties and the emotional and volitional sphere of women, their attitude to pregnancy, the future child and motherhood (I stage of the study). A prospective cohort study was conducted in 512 pregnant women in the II and III trimesters (screening). The initial clinical interview and the set of conducted psychodiagnostic methods are aimed at determining the constitutional, individual and personal features of pregnant women, and the role of the psychosomatic component was also taken into account.

The study of the psychological state of pregnant women was conducted both on paper media and with the use of the diagnostic complex «ReoCom» Stress in the mode «Classic test» («XAI-MEDIKA», Kharkiv). The set of psychodiagnostic methods included: the personal questionnaire of the Bekhter Institute («PQBI»); scale of personal and situational anxiety of Spielberger – Hanin; questionnaire EPQ H.J. Eysenck; method of diagnosing temperament (Ya. Strelyau); method of differential diagnosis of depressive state (W. Zung); Perceived Stress Scale (PSS); marital satisfaction questionnaire [275, 276].

The research results were processed using the statistical package of the license program "STATISTICA" and "Microsoft Excel 2010". Indicator data were processed and calculated using parametric and non-parametric methods of variational statistics. The procedure of univariate variance analysis was used. The study of the degree of expressiveness of the relationship between quantitative independent features was carried out using the Spearman rank correlation coefficient (ρ). For all types of analysis, differences at $p < 0.05$ were considered statistically significant.

Research results

The purpose of the multi-vector psychodiagnostic examination was to analyze the factors that induce an abnormally high, relative to the general contingent of pregnant women, level of anxiety due to the presence of extraneous factors. Therefore, an examination protocol was proposed, which had a multi-vector structure: a contrasomatogenic vector, which provided for the exclusion of somatopsychic conditions presenting anxiety, as one of the manifestations of a pathological

psychological reaction to extragenital pathology (EGP) in the structure of the internal picture of the disease; the counterpsychogenic vector, which provided for the exclusion of psychopathological conditions that have an anxious arrangement (anxiety-depressive disorders, states of mental maladjustment, abnormal personality characteristics) and potentiate psychogenic anxiety, dissociative disorders associated with mental trauma; counterstressogenic vector, which involved the exclusion of pathopsychological states that induce anxiety as a physiological response to acute stress caused by objective causes, or the tendency to present hyperreactive states of anxiety under the influence of routine stressors.

According to the results of the multi-vector psychodiagnostic examination, it was established that 40 pregnant women with EGP had a disharmonious type of attitude towards the somatic disease. Taking into account that this contingent of women was dominated by pathological reactions in connection with EGP, which would replace any phenomena arising as part of the response to the peculiarities of the gestational process, they were excluded from the study. Further, the psycho-emotional state of pregnant women was assessed in 472 women. In 7.4% of pregnant women, depression of a situational or neurotic origin was found, which does not require the introduction of specialized medical measures. A high level of experiencing stress occurred only in 1.8% of pregnant women, which indicates a small percentage of pregnant women in the study group who are prone to hyperreactive states under the influence of routine stress factors. Thus, it was established that the level of experiencing stress and depression is not related to the presence of EGP and cannot act as a factor in the aberration of the level of anxiety at the stage of its diagnosis and correction.

The results of the assessment of personal anxiety (PA), which indicate anxiety as a personality trait, made it possible to establish that in 97.2% of pregnant women, its level exceeds the limits of low indicators. A rather small percentage of pregnant women (2.8%) had a low (30 points and below) PA level.

Assessment of situational anxiety (SA) made it possible to establish that its level was low (30 points and below) in 25.2% of pregnant women. Among pregnant women, persons with an average (from 31 to 45 points) level of SA (63.4%) prevailed. High

values (45 points and above) when assessing SA were established in 54 pregnant women (11.4%).

Analysis of anxiety according to the scale «neuroticism – emotional stability» allows to establish individual retention of subclinical levels of anxiety under routine stress. Evaluation of such parameters is possible thanks to the EPQ H.J. questionnaire. Eysenck. According to this method, 392 pregnant women were tested. According to the neuroticism scale, it was established that 46.4% of pregnant women were emotionally unstable. When assessing the types of temperament, the correspondence to sanguine met with the highest frequency and was established in 139 examined pregnant women, which was 35.5%. Choleric temperament was found in 24% of pregnant women, melancholic in 22.5%, phlegmatic in 18.1%.

The questionnaire of Ya. Strelyau was used in 402 pregnant women. When assessing the ratio of excitation and inhibition processes in 51.5% of pregnant women, the indicators indicated their balance, in 29.1% - an imbalance of psychological activity in the direction of excitement, and in 19.4% of pregnant women, on the contrary, - an imbalance of psychological activity in the direction braking. On the basis of the correlation analysis, the interdependence of the indicators of the strength of the excitation processes and the mobility of the nervous processes was established, which was confirmed by the presence of a positive relationship ($r = +0.612$, $p < 0.05$).

The basis of satisfaction questionnaire is based on the idea of marriage as a fairly stable emotional phenomenon, which was important in the context of this study. The assessment of the nature of marital relations made it possible to establish that 90% of women are satisfied with marriage. In 4.8% of cases, transitional indicators were important. According to the results of the survey, 5.2% of pregnant women should be classified as dysfunctional families. Such results indicate that the vast majority of pregnant women are satisfied with their marriage and rate their family as prosperous.

Conclusions

According to the results of the multi-vector psychodiagnostic examination, it was established that 40 pregnant women with EGP had a disharmonious type of attitude towards the somatic disease. In 7.4% of pregnant women, depression of a situational or

neurotic origin was found, which does not require the introduction of specialized medical measures. A high level of experiencing stress occurred only in 1.8% of pregnant women and indicates a small percentage of pregnant women in the study group who tend to develop hyperreactive states under the influence of routine stress factors.

Thus, the level of experiencing stress and depression is not related to the presence of EGP and cannot be a factor in the aberration of the level of anxiety at the stage of its diagnosis and correction.

The results of the PA assessment, which indicate anxiety as a personality trait, made it possible to establish that in 97.2% of pregnant women, its level exceeds the limits of low indicators. A rather small percentage of pregnant women (2.8%) had a low (30 points and below) PA level. The assessment of SA allowed to establish that 119 (25.2%) pregnant women had a low level (30 points and below). Among pregnant women, persons with an average (from 31 to 45 points) level of SA (63.4%) prevailed. High values (45 points and above) of SA were established in 54 pregnant women (11.4%).

According to the «neuroticism» scale, it was established that 46.4% of pregnant women were emotionally unstable. When assessing the types of temperament, the correspondence to sanguine met with the highest frequency and was established in 139 examined pregnant women, which was 35.5%. Choleric temperament was established in 24% of pregnant women, melancholic in 22.5% and phlegmatic in 18.1%.

When assessing the ratio of excitation and inhibition processes, it was found that: in 51.5% of pregnant women, the indicators indicated their balance, in 29.1% - an imbalance of psychological activity in the direction of excitement, and in 19.4% of pregnant women, on the contrary, evidence of an imbalance of psychological activity in the direction braking.

The assessment of the nature of marital relations made it possible to establish that 90% of women are satisfied with marriage. In 4.8% of cases, transitional indicators were important. According to the results of the survey, 5.2% of pregnant women should be classified as dysfunctional families. Such results indicate that the vast majority of pregnant women are satisfied with their marriage and consider their family prosperous.