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«НАУКОВО-ТЕХНІЧНИЙ ПРОГРЕС І ОПТИМІЗАЦІЯ ТЕХНОЛОГІЧНИХ ПРОЦЕСІВ СТВОРЕННЯ ЛІКАРСЬКИХ ПРЕПАРАТІВ»

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– 36.72; Israel – 35.23; Bulgaria – 33.20; Sweden – 31.10; Poland –30.66; Spain – 28.15; United Kingdom – 23.91; France – 6.98.

The highest level of psychoneurological bed capacity was established in Latvia (102.53), Belgium (98.88) and Romania (82.69), whereas the lowest was recorded in France (6.98), the United Kingdom (23.91) and Spain (28.15). Ukraine's indicator (65.48 per 100,000 population) exceeded the average value for the reference group by 28.4% and was comparable to those of Romania and Croatia.

Eastern European countries – Ukraine, Romania and Latvia – demonstrated the highest bed-capacity indicators, which corresponds to the traditional institutional model of psychoneurological care. In contrast, Western European countries – France, Spain and the United Kingdom – showed the lowest indicators, reflecting a policy of deinstitutionalization with growing emphasis on outpatient treatment and community-based services for patients with psychoneurological disorders, including dementia. High-income countries such as Germany (55.70) and Belgium (98.88) occupied an intermediate position, which is likely the result of a combined, balanced model of care that integrates medical and pharmaceutical assistance in healthcare facilities with social-care support.

Conclusions. The study revealed substantial differences in the organization of psychoneurological care among the analysed European countries, with Eastern European countries providing considerably higher bed capacity than Western European ones, in accordance with the global trend towards deinstitutionalization. Ukraine's indicator (65.48 per 100,000 population) places it among the countries with the highest level of institutional bed-based provision, exceeding the average of the reference group by more than a quarter. Considering Ukraine's European integration aspirations, it appears reasonable to gradually reform the national system of psychoneurological care, with a shift towards outpatient and rehabilitation services for elderly patients, including those with dementia due to Alzheimer's disease, while maintaining adequate inpatient capacity for patients who require long-term specialized care.

SELF-REPORTED SLEEP QUALITY AND THE USE OF SLEEP-IMPROVING PRODUCTS IN ESTONIA: A SURVEY AND PHARMACEUTICAL SALES ANALYSIS

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Introduction. Sleep is essential for physical health, emotional well-being, cognitive performance, and overall quality of life. Sleep disturbances may manifest as difficulty falling asleep, frequent night-time awakenings, insufficient sleep duration, or feeling inadequately rested after waking. A wide range of prescription medicines,

over-the-counter products, food supplements, and herbal preparations is available for managing these problems. Examining consumer behaviour and pharmaceutical sales may help healthcare professionals provide safer and more appropriate counselling.

Aim of the work. This study aimed to characterise self-reported sleep quality and sleep-related behaviours among adults, identify the products used to improve sleep, and examine the factors influencing the selection of remedies available from pharmacies. An additional objective was to evaluate sales patterns for medicines, food supplements, and herbal preparations used for sleep disturbances in Estonia.

Materials and methods. A cross-sectional questionnaire survey was conducted in three community pharmacies located in Tallinn, Rakvere, and Jõhvi and through an online questionnaire. The study included 200 respondents who completed a 14-item questionnaire addressing sleep quality, sleep duration, sleep onset, night-time awakenings, daytime sleeping, use of sleep-improving products, product-selection criteria, and willingness to pay. Estonian pharmaceutical wholesale data obtained from the MediCube database were also analysed over two consecutive periods. The data covered medicines, food supplements, and herbal preparations and included the number of packages sold and their monetary value. Descriptive analysis was performed using Microsoft Excel.

Results. Among the respondents, 68.5% were women and 31.5% were men. Sleep quality was most frequently assessed as average (37%), while 46% rated their quality of awakening and level of morning restfulness as average. Approximately half of the respondents reported falling asleep within 10–20 minutes, whereas 27% required 30–60 minutes. Night-time awakenings were common: 42% reported waking once per night, while 43% woke at least twice. Despite these indicators of potentially suboptimal sleep, most respondents did not regularly use products intended to improve sleep. Overall, 65% had never used sleeping tablets, and 52% had never used herbal or other natural preparations for this purpose. Advice from a pharmacist (30%) or physician (27%) was the most influential factor when selecting a sleep-related product.

Sales patterns remained broadly similar across the two periods, and the observed differences were relatively small. During the second period, sales of herbal preparations increased by approximately 2%, medicinal-product sales increased by 0.7%, and food-supplement sales decreased by 0.8%. Sales generally decreased during spring and increased again in autumn. However, the descriptive study design did not permit conclusions about the causes of these changes.

Conclusions. Although many respondents reported night-time awakenings, average sleep quality, or limited morning restfulness, most did not use pharmaceutical or herbal sleep aids. Pharmacists and physicians had comparable influence on product selection, highlighting the importance of professional counselling before treatment is recommended. Sales of the analyzed product categories remained relatively stable. Further research using representative samples, validated sleep-assessment instruments, and inferential statistical methods is needed to investigate sleep disturbances, access to professional care, and self-medication practices in Estonia.