

occurs in young people under 25 years and people older than 50 years. This is due to the age-related changes in the skin and sebaceous glands that support the activity of ticks. Ticks destroy skin cells with chelicers, which promotes keratinization, pigmentation and the formation of inflammatory infiltrates. Ticks can produce a humoral factor that causes selective suppression of T lymphocytes. This has a suppressive effect on the immune system, which, in turn, allows the conditionally pathogenic microflora to colonize the host. The disease is common in all countries. The greatest activity of demodex on human skin is observed in the spring-autumn period, which is associated with increased insolation, changes in ambient temperature, immune and endocrine changes.

Goal. To study the current state of the problem of demodicosis.

Materials and methods. Questioning of students of 1-3 courses and pharmacy respondents (women 35-55 years). Study of histological skin preparations with demodicosis on the basis of the laboratory.

Results and discussion. We have compiled 10 questions on the problem of demodicosis. 93 students (future masters of pharmacy and pharmacists-cosmetologists) and 34 respondents of drugstores were panned. The results of the survey among students showed the following results. Only 13% of students have a clear idea of demodicosis (demodex). 75% of students believe that the type of skin affects the appearance of demodectic. In fact, the type of skin for the appearance of demodectic is not affected. The tick can affect any type of skin. At 13% of students at different times diagnosed with demodicosis. At the same time, every 2-3 students in childhood often had "barley". It is known that the frequent formation of "barley" is a symptom of demodectic. 68% of students consider demodicosis to be a contagious disease, which is transmitted through personal contacts, cosmetics and skin care products. 6% of students do not always follow the rules of personal hygiene. 9% of the students surveyed now have this problem. 8% are observed at the doctor, 2% - at the cosmetician. 10% of students know that there is a connection between acne and demodicosis. Only 1% of students know that skin care products with irritating effect are not suitable for patients with demodicosis: alcohol, hamamelis, flavors, menthol, mint, eucalyptus, clove oil, salicylic acid. The level of awareness of the problem of demodicosis on all questions of the questionnaire among students, future pharmacists-cosmetologists is 35-42% higher. The results of questionnaires of pharmacy respondents (women 42-50 years old) showed that 2.8% of respondents, demodectic progresses with age, but this category of respondents has a more informed and informed approach to this problem. The diagnosis of demodicosis is established on the basis of the clinical picture and detection of the tick in the contents of pustules, the secretion of the sebaceous glands, in scrapings and scales from lesions. The study on the basis of the laboratory of histological preparations of the skin of patients with demodicosis showed the following pattern: dilated vessels of the skin and thickening of the vessel walls, the presence of focal neutrophilic, eosinophilic, lymphoplasmic infiltration, hyperplasia of the sebaceous glands and destruction of the epithelium of follicles, hyperplasia, and sometimes formation in the dermis of cysts and granulomas.

Conclusions. The results of the study showed that demodicosis is an actual cosmetic and medical problem. This is a chronic disease with remissions and exacerbations. Treatment of demodicosis is a long process, because it is not limited to the use of medicines. Based on the questionnaire survey of students and pharmacy respondents, studies of histological preparations with demodicosis, we made recommendations for the prevention of demodectic infections.

CAUSES OF EMOTIONAL DISORDERS AND MODERN TREATMENT METHODS (REVIEW)

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Introduction. In the modern world, every third person suffers from one form or another of mental disorders, the share of which is in the economically developed countries of the West – 82.8%, in the Eastern European countries (in particular, in Ukraine) – 88.4%, in developing countries – 65.3%.

Aim. To study the causes of emotional disorders and modern methods of treatment. Emotional disorders are a midterm functional state disorder that leads to a general decline in vital energy and productivity. These include states such as neurasthenia, hysteria, everyday depression, hypochondria, fatigue and devastation. Emotional disorders are related to the level of personality development: they are more common in a person-child and less commonly in a mentally grown person.

Today there are several theories of the emergence of affective disorders. Each of them has the right to exist, but there is no single reliable theory. The genetic causes of emotional disturbances may be an abnormal gene in chromosome 11. Scientists suggest the presence of recessive, dominant, as well as polygenic forms of affective disorders. Neuroendocrine causes are disorders of the hypothalamic-pituitary system, the limbic system and the epiphysis. At the same time there is a failure of the rhythm of release of liberin, which stimulates the synthesis and inflow into the blood of the hormones of the pituitary gland and melatonin, regulating the daily rhythms. As a result, there is a change in the integral rhythm of the body, including the rhythm of sleep / wakefulness, food, sexual activity. Stress (negative or distress and positive or eustress) can also lead to the development of affective disorders. Stress negatively affects the body, causing its strain with subsequent exhaustion, as well as contributing to the depression of constitutionally inclined individuals. The most significant stressors are the death of a child, wife, husband, quarrel and loss of economic status. The experience of clinical examination of patients with borderline disorders has shown that numerous factors contribute to the formation of emotional disorders, among which are hereditary burdens, premorbid personality traits and the nature of mental trauma and the possibility of psychological adaptation. The interaction and mutual influence of these and other factors leads to the development of numerous emotional disorders in borderline disorders. By giving a general description of emotional disturbances in patients with borderline disorders it should be determined that these disorders are most often manifested as asthenic, anxious-phobic, depressive and hypochondrial syndromes, characterized by lability, polymorphism and comorbidity. It should be emphasized that emotional disturbances in the clinical picture of borderline disorders are recorded in combination with vegetative-vascular and vegetative-visceral disorders, which are most often observed in the form of headaches (mainly muscular and vascular), cardiovascular manifestations and various variants of vegetative syndrome vascular dystonia and cardiology. Important for the development of emotional disorders are the history of these patients with infection, somatogeny and intoxication. Study of premorbidis indicates the predominance of asthenoneurotic type of accentuation over others. Until the development of emotional disorders in disorders of the neurasthenic circle lead to long, chronic psycho-traumatic factors in the form of service conflicts and prolonged illness of relatives. In addition, the psychogenic influence of these factors creates emotional stress, which forms a mismatch between the capabilities of the individual and the existing requirements. In the treatment of emotional disorders in borderline disorders and alcohol dependence, the principle of differentiation is important, which includes the taking of medical measures, taking into account: -clinical features and the phenomenological structure of emotional disorders; --Individual typological features of the personality: – neurochemical and electrophysiological correlates of emotional disorders. Complexity is the next principle used in the treatment of emotional disorders, with borderline disorders and alcohol dependence. This principle stipulates the use of a complex of psychotherapeutic measures combining various forms and methods of pharmacotherapy, psychotherapy, physiotherapy and medical physical education. It should be emphasized that in the treatment of emotional disorders in borderline disorders and alcohol dependence, the combination of pharmacology and psychotherapy is a determining principle. In this case both methods are used as etiopathogenetic and symptomatic effects. However, the effectiveness of using psychotherapy is largely determined by the possibilities of previous pharmacotherapeutic effects. Psychotropic drugs used in the treatment of emotional disorders with borderline disorders and alcohol dependence must meet certain requirements: – to facilitate the rapid regress of emotional manifestations, creating a basis for psychotherapeutic effects: – not accompanied by side effects that would "ruin" the motivation for treatment and disturb the patient's and patient's complacency; – when combined with other somatotropic or psychotropic drugs do not cause unexpected effects.

Conclusions. If an emotional disorder, which began in childhood, continues in adulthood, then it often takes the form of a neurotic syndrome or an affective disorder. Even severe disorders gradually mitigate and eventually pass without treatment, leaving no residual symptoms.