

Results and discussion. The main actions to protect people from radiation exposure in case of radiation accident includes notification of the accident; providing the population with personal protective equipment and shelter; evacuation or resettlement of citizens.

Pre-medical aid includes evacuation of patients from the active radiation zone, treatment and bandaging of open wounds, washing of the upper gastrointestinal tract, administration of enterosorbents, protection of the respiratory tract with the help of a respiratory or improvised protectants, fast transportation for qualified medical care.

Specialized medical care is provided in therapeutic hospitals. Hemosorption, bone marrow transplantation, placement of patients in aseptic wards, probe or parenteral nutrition, leukocyte's concentrate and platelet transfusions can be carried out.

Medical sorting is really important. Person who was affected with radioactive substances has to be separated at sorting post and sent to site for partial sanitary treatment. All others are examined by a doctor who is a part of the medical brigade at the sorting.

Conclusions. Radiation damage is a factor that spreads rapidly and causes great destructive changes in the body. That is why emergency medical care should be provided as soon as possible, evacuation should be organized quickly and carried out step-by-step in order to save the health of the population or minimize the negative impact of radiation.

THE CURRENT STANDARDS OF MEDICAL CARE IN THE TREATMENT OF DEPRESSION

Zhadko Yu.V.

Scientific supervisor: prof. Kireev I.V.

National University of Pharmacy, Kharkiv, Ukraine

yulyamodest@gmail.com

Introduction. Depression is a common and serious disease. A patient feels depressed for a long time (at least two weeks), loses interest in activities that have previously been satisfying, and cannot do the daily chores. According to the World Health Organization (WHO), about 300 million people worldwide suffer from depression. In Ukraine, depression is the most common problem among mental disorders. One cause of depression cannot be named because depression develops as a result of a complex interaction of social, psychological and biological factors.

Aim. The aim of the report is systematization of data on pharmacotherapy of depression in international and Ukrainian medical practice.

Materials and methods. We conducted analysis of the Ukrainian unified protocol providing medical care to patients with depression, information from American Psychiatric Association and WHO, NICE guidelines, Medscape and SIGN, concerning pharmacotherapy of depression.

Results and discussion. For the diagnosis of major depression, more than 5 of the following signs should be present almost daily for the same 2-week period, and one of these signs should be mood-depressed or loss of interest: significant (> 5%) weight loss/weight gain or decreased/increased appetite; insomnia or hypersomnia; observed by others psychomotor excitation or inhibition; fatigue or loss of energy; feelings of futility or excessive guilt; reduced ability to think, concentrate or indecision; repeated thoughts of death, suicide or suicide attempt.

In all patient populations, the combination of medication and psychotherapy generally provides the quickest and most sustained response. Drugs used for treatment of depression include the following:

- selective serotonin reuptake inhibitors: Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Vilazodone and Vortioxetine;
- Serotonin/norepinephrine reuptake inhibitors: Venlafaxine, Desvenlafaxine, Duloxetine and Levomilnacipran;

- atypical antidepressants: Bupropion, Mirtazapine, Nefazodone and Trazodone;
- tricyclic antidepressants: Amitriptyline, Clomipramine, Desipramine, Doxepin, Imipramine, Nortriptyline, Protriptyline and Trimipramine;
- monoamine oxidase inhibitors: Isocarboxazid, Phenelzine, Selegiline and Tranylcypromine.
- N-methyl-D-aspartate receptor antagonists: Esketamine.
- St. John's wort (*Hypericum perforatum*).

A significant part of these medicines are not available on the Ukrainian pharmaceutical market.

Conclusions. Thus, we have analyzed the current standards of medical care in the treatment of depression. The goal of therapy is always to completely eliminate the symptoms. Approximately two-thirds of patients show complete response to therapy, and nearly half of them managed to achieve complete disappearance of symptoms (complete remission).