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SCIENTIFIC ACHIEVEMENTS OF MODERN SOCIETY



**ABSTRACTS OF IX INTERNATIONAL
SCIENTIFIC AND PRACTICAL CONFERENCE
APRIL 28-30, 2020**

**LIVERPOOL
2020**

SCIENTIFIC ACHIEVEMENTS OF MODERN SOCIETY

Abstracts of IX International Scientific and Practical Conference

Liverpool, United Kingdom

28-30 April 2020

**Liverpool, United Kingdom
2020**

UDC 001.1

BBK 83

The 9th International scientific and practical conference “Scientific achievements of modern society” (April 28-30, 2020) Cognum Publishing House, Liverpool, United Kingdom. 2020. 1175 p.

ISBN 978-92-9472-193-8

The recommended citation for this publication is:

Ivanov I. Analysis of the phaunistic composition of Ukraine // Scientific achievements of modern society. Abstracts of the 9th International scientific and practical conference. Cognum Publishing House. Liverpool, United Kingdom. 2020. Pp. 21-27. URL: <http://sci-conf.com.ua>.

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TABLE OF CONTENTS

1.	<i>Abrahamovych U., Tsyhanyk L., Synenkyi O.</i> TREATMENT OF SYSTEMIC LUPUS ERYTHEMATOUS: MODERN PRINCIPLES TAKING INTO ACCOUNT PATHOGENETICALLY ASSOCIATED LESIONS OF OTHER ORGANS AND SYSTEMS.	17
2.	<i>Albeshchenko O. S.</i> SYSTEMATIZATION OF THE DEVELOPMENT INDICATORS OF THE TOURIST-HOTEL ENTREPRENEURSHIP AND ITS INFORMATION PROVISION.	20
3.	<i>Aliyarbayova Aygun Aliyar, Gasimov Eldar Kochari, Sadiqi Ilaha Bahram, Yildirim Leyla Etibar, Qurbanova Shahana Qazanfar</i> MORPHOMETRIC ASSAYS OF PRIMARY SENSORY NEURONS OF DORSAL ROOT GANGLION OF THE RATS.	28
4.	<i>Armine Agvan Baghdasaryan, Akopyan Anna Abuzet</i> COMPUTER ADDICTION AS A PSYCHOLOGICAL-PEDAGOGICAL PROBLEM.	35
5.	<i>Axatova Durdona Aktamovna, Axatova Xilola Aktamovna, Tuyboeva Gulnoza Kuvondikkizi</i> A NON-TRADITIONAL APPROACH TO ORGANIZING LESSONS.	43
6.	<i>Bagmut I. Yu., Kolisnyk I. L.</i> PHOSPHOLIPID COMPOSITION OF ERYTHROCYTE MEMBRANES AND RAT HEPATOCYTES CAUSED BY SODIUM FLUORIDE.	49
7.	<i>Bakhtiyarov S. B.</i> MODIFICATION OF THE ADSORBENT.	53
8.	<i>Biba E. V.</i> INFORMATION SYSTEM ANALYSIS OF THE ACTIVITIES OF TRADE ENTERPRISES.	59
9.	<i>Brytan Yu. V.</i> WEB-CONTENT IN THE CONTINUOUS PROFESSIONAL EDUCATION AND DEVELOPMENT OF THE ENGLISH LANGUAGE TEACHERS.	65
10.	<i>Chernovol O.</i> FORMATION OF THE LINGUISTIC PERSONALITY OF A FOREIGN STUDENT WITHIN THE CONTEXT OF INTERLINGUAL COMMUNICATION.	73
11.	<i>Dunaievska O. F., Sokulskyi I. M., Dunaievska A.</i> MORPHOGENESIS OF THE WHITE PULP OF THE CATTLE'S SPLEEN.	79
12.	<i>Dobrovolska S. R., Opyr M. B.</i> PRODUCTIVE USE OF SOME VOCABULARY SOURCES.	83
13.	<i>Eliseeva T., Zemlianyi O.</i> POTASSIUM AND ITS EFFECTS ON HUMAN HEALTH.	91

14.	<i>Fedorova N., Sobolieva O., Madzihon V., Tkachenko L.</i> UNITED KINGDOM'S EXPERIENCE OF USING COMPUTER GAMES IN EDUCATIONAL INSTITUTIONS.	97
15.	<i>Fedoriv O. Ye., Melnyk N. A., Kopach O. Ye., Yurchyshyn O. M., Palytsia L. M., Fartushok T. V., Halabitska I. M., Tsvyntarna I. Ya.</i> EFFECT OF LEAD ACETATE IN COMBINATION WITH STEARATES ON BONE MARROW CELLS OF ANIMALS.	116
16.	<i>Hapon Yu., Chyrkina M.</i> STUDY OF CATODE MATERIALS IN THE ELECTROCHEMICAL METHOD OF WASTEWATER TREATMENT.	125
17.	<i>Khudik L. M., Tretiakova S. O., Ponomarenko A. M.</i> THEORETICAL JUSTIFICATION BACKGROUND ELECTRIC ARC METALLIZATION MODE TO THE RESTORE THE CRANKSHAFT WEIGHT TRACTOR.	129
18.	<i>Khrenova V.</i> EFFICIENCY OF THE PEDAGOGICAL CONDITIONS IMPLEMENTATION IN THE FUTURE CRAFT AND TECHNOLOGY TEACHERS' PROFESSIONAL TRAINING TO TEACHING TEXTILE CRAFTS AT HIGH SCHOOL.	133
19.	<i>Kovalenko-Marchenkova Ye., Tovstonoh O.</i> CRISIS OF THE NEW YORK STOCK EXCHANGE 2020.	143
20.	<i>Korniyaka O. M.</i> PSYCHOLOGICAL SUPPORT FOR UNIVERSITY LECTURERS' COMMUNICATIVE AND PROFESSIONAL SELF-FULFILMENT.	147
21.	<i>Korepanov O. S., Taiwo A.</i> HEALTHCARE IT MARKET ANALYSIS AS A BASIS FOR INFORMATION TECHNOLOGY IMPLEMENTATION IN HEALTHCARE ENTERPRISES.	157
22.	<i>Kokhan M., Mazur A.</i> ELEMENTS OF STARTUP ECOSYSTEM.	165
23.	<i>Kolotylo T. R.</i> IMMUNOPATHOGENESIS OF HIV AND TUBERCULOSIS.	170
24.	<i>Kyrylko N.</i> MANAGEMENT DECISION AS A RESULT OF MANAGEMENT ACTIVITY OF ENTERPRISES.	176
25.	<i>Loboda N., Bozhok Yu.</i> THE ROLE OF METEOROLOGICAL DROUGHTS IN LOW FLOW PERIOD ON THE RIVERS OF THE NORTH-WEST BLACK SEA REGION IN PRESENT AND FUTURE (BY THE CLIMATE SCENARIOS DATA).	185
26.	<i>Mahdalyna L., Chyzhma D.</i> UNDERSTANDING AND INTERPRETATION OF FOREIGN LANGUAGE EDUCATIONAL TEXT IN THE DEVELOPMENT OF STUDENTS' COMPETENCE IN READING.	195

27.	Mandra G. IS A MARKET FOR CITIZENSHIP JUSTIFIABLE?	205
28.	Mishchenko M. M., Mishchenko A. N., Shevchenko A. S. THE IDENTIFICATION OF RISK FACTORS OF CARDIOVASCULAR DISASTERS AND MONITORING OF ACTIONS OF MEDICAL STAFF.	211
29.	Obukhov I. IMPORTANCE OF SCIENTIFIC METHOD IN ACHIEVING SUSTAINABLE DEVELOPMENT.	219
30.	Peniuk V. O. MANAGEMENT EFFICIENCY OF TEACHER'S ACTIVITIES - MANAGER OF HIGHER EDUCATION IN UKRAINE.	224
31.	Sanaev S. T., Rakhmatov I. I. RESULTS OF EVALUATION AFTER GROWING SORTS OF VEGETABLE (SWEET) CORN AS RE-SOWING.	231
32.	Bobojonov Shavkat BAKHOUDIN NAKSHBAND'S SHRINE IN DARIES OF TRAVELERS.	235
33.	Tereshchenko O. P. DECENTRALIZATION REFORM IN UKRAINE AND THE POST- SOVIET COUNTRIES: COMPARATIVE ANALYSIS.	244
34.	Tokar O. EVALUATION OF THE EFFECTIVENESS OF TREATMENT OF GINGIVAL RECESSIONS BY COATING A FREE CONNECTIVE TISSUE GRAFT WITH A CORONARY DISPLACED GUM FLAP USING A PRF MEMBRANE.	253
35.	Verkhola I. L., Yaroshenko K. O., Malinovskiy S. L. VENOUS THROMBOEMBOLISM IN SURGICAL PRACTICE.	260
36.	Vorobyova E. V. ATTRIBUTIVE CONSTRUCTIONS IN THE JURIDICAL DISCOURSE TEXTS.	266
37.	Wenhui Wie, Kandyba N., Qiaoyan Chen EFFECT OF LOW TEMPERATURE ANTI – OXIDATION SYSTEM.	270
38.	Yevstihnieiev I. V. PROBLEMS OF EARLY IDENTIFICATION OF TUBERCULOSIS IN PRIMARY HEALTH.	273
39.	Zamlynskyi V., Zamlynska O. THE ROLE OF COMMUNICATION AND BUSINESS REPUTATION IN ANTI-CRISIS MANAGEMENT.	278
40.	Азизов III. И. АУТСОРСИНГ - В СФЕРЕ ОКАЗАНИЯ ГОСУДАРСТВЕННЫХ УСЛУГ.	285

UDC 616.1; 616.831-005; 612.141; 616.8

**THE IDENTIFICATION OF RISK FACTORS OF CARDIOVASCULAR
DISASTERS AND MONITORING OF ACTIONS OF MEDICAL STAFF**

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Abstract. Self-identification of the first signs of cardiovascular disease and control of risk factors are an important part of their prevention. Such a strategy is also a component in the formation of the valeological competence of people without a medical education, and increases the chances of survival in emergencies. However, the organization of medical care and the financing of health programs play a leading role in reducing mortality and disability. However, the organization of medical care and the financing of health programs play a leading role in reducing mortality and disability.

Keywords: cardiovascular diseases, cerebral stroke, risk factors, hypertension, blood pressure measurement, epidemiology, prevention, Health Pedagogy.

Myocardial infarction and cerebral strokes are the cause of 2/3 of premature deaths in Ukraine [1]. Ukraine is a country with a high mortality rate from cardiovascular diseases due to the high prevalence of risk factors (tobacco smoking, unhealthy diets, alcohol abuse) and “civilization diseases” (obesity, hypertension, atherosclerosis,

diabetes), and a low commitment to a healthy lifestyle, poor ecology, low per capita income and a deep multi-year crisis in the health care system.

The incidence of cerebral strokes exceeds the European average by 1/3 (280-290 cases per 100 thousand people, 100-120 thousand cases per year, according to some estimates up to 150 thousand per year), high mortality (30-40% in the first 30 days, up to 50% in the first year after a stroke) and high disability (up to 40% become dependent on outside help, only 10% returns to a full life). Such indicators are associated with the lack of a national stroke program, a network of stroke centers, a shortage of personnel and their low qualifications, significant underfunding by the state, treatment with drugs without proven clinical efficacy [2-4], without compliance with the approved protocols [5; 6].

Patients with cerebral strokes are taken to neurological or therapeutic departments, instead of specialized stroke centers, they are transported between several clinics, some of which can be diagnosed using neuroimaging tools (computed tomography scanners, nuclear magnetic resonance imaging), others can perform blood clot removal operations, and others must be provided ward for the patient. Ambulance dispatchers and ambulance team doctors often do not follow counseling protocols, pre-hospital care examinations, refuse to deliver patients to private clinics, where there are more diagnostic and treatment options. Due to waiting in lines and transportation of the victim from one clinic to another, time is wasted ("therapeutic window" 4.5 hours). There are cases of diagnosing a stroke without neuroimaging tools. Many neuropathologists and therapists are poorly aware of the protocol for the care of stroke, prescribe drugs with unproven clinical efficacy, but do not perform thrombolysis or thrombectomy. Of all stroke patients, thrombolysis is carried out by 0.12% of victims instead of 10-15%. Nutrition, rehabilitation and payment of 1/2-2/3 of the costs assigned to the relatives (family) of the victim. Rehabilitation often has to be negotiated privately, although by protocol this is the duty of a medical institution. There is no organization in Ukraine whose duties would include constant monitoring of the implementation of stroke treatment protocols. Entering data in stroke registers

is not necessary, although it also helps the doctor to correct treatment regimens, monitor the results of work, his and colleagues.

Primary prevention of cardiovascular catastrophes (for example, the programs of the All-Ukrainian and regional associations to fight against heart attack and stroke, the Medical Youth Organization of Kharkov, the Kharkov Regional Institute of Public Health Services, the social project “The Heart that Loves You. The Brain that Remembers You” [7]) are usually short-term (held in the form of one-time events, for the implementation of grant programs) and local (intended for one or several of the thousand departments in which patients with myocardial infarction and cerebral strokes undergoing treatment). High-quality secondary and tertiary prevention programs (for example, the “school of post-stroke patients”) are even less common.

Interaction of relatives of a stroke patient with medical workers is often difficult: medical workers do not have enough time to communicate, relatives of the victim do not have basic knowledge about the problem. Many relatives of the victims do not know exactly how assistance should be provided, that they have the right to demand that the patient survive and recover after a stroke or heart attack.

With strokes and heart attacks, it is quite obvious that prevention is easier and cheaper than treatment and rehabilitation. For prevention, it is recommended to lead a healthy lifestyle, find out your hereditary predisposition to vascular catastrophes, regularly undergo medical examinations, independently monitor blood sugar level in case of diabetes, weight and size in case of obesity, blood pressure in case of hypertension. Self-examination is becoming common practice due to the interest in all kinds of tests described in previous decades in the press, in this decade – on the Internet. Self-examination is taught in secondary schools and universities, in the disciplines of Valeology, Health Pedagogy (Shtefan, L.V., Shevchenko, A.S., 2019, 2020), Fundamentals of Life Safety, Fundamentals of Medical Knowledge [8]. A common practice of teaching women self-examination of the mammary glands due to the high prevalence of cancer. Many people aged 50+ have their own tonometers and are able to measure blood pressure. However, myocardial infarction and cerebral strokes have become much younger in recent years [9], and now every third

Ukrainian in age 30+ needs to be trained in this skill and the need to control blood pressure [10]. In the educational materials of the Pedagogy of Health discipline for non-medical students, we proposed the topic of measuring blood pressure and self-assessment of risk factors for developing hypertension, which is the most significant risk factor for cardiovascular disasters [11] - tables 1 and 2 are used in the description:

**Test for the detection of hypertension by blood pressure and risk factors
for hypertension by genetic factors, lifestyle and nutrition**

Part 1. Test for the detection of arterial hypertension in terms of blood pressure

Measure your blood pressure with a tonometer and phonendoscope, or with an automatic (electronic) tonometer. Complete the table 1:

Table 1

<i>Blood Pressure (Systolic / Diastolic), mmHg</i>	<i>1 metering</i>	<i>2 metering</i>	<i>3 metering</i>	<i>The average</i>
<i>At state of rest</i>				
<i>On the right hand</i>	/	/	/	/
<i>On the left hand</i>	/	/	/	/
<i>After exercise (after 10 squats)</i>				
<i>On the right hand</i>	/	/	/	/
<i>On the left hand</i>	/	/	/	/

If the average blood pressure at rest exceeds 140 mmHg (Systolic Pressure) and 80 mmHg (Diastolic Pressure), you have arterial hypertension, but the diagnosis of "hypertension" and determine its degree can only doctor-therapist, family doctor or cardiologist. Exceedance of pressure of more than 140/90 mmHg at state of rest, or greater than 150/100 mmHg within 5 minutes after exercise, this is a good reason to seek the advice of the listed doctors. If you have not yet been diagnosed with hypertension, you can use the second part of the study to determine the risk of hypertension. To do this, answer "yes" or "no".

Part 2. *Weighted assessment of the risk factors for hypertension
by genetic factors, lifestyle and nutrition*

1. Did you find hypertension during the first part of the task?

2. Do you have the extra weight by the formula “Your height in cm – 100 = normal weight in kg”?
3. Do you have kitchen salt abuse (more than 3-5 grams per day when salted and in ready meals)?
4. Is it possible to call your lifestyle as “sedentary”? (If you do less than 6000 steps daily, do not work physically or exercise regularly – answer “yes”).
5. Do you respond too much to stress? (If you feel your heart pounding at the chest at least once a day after stress, or your blood vessels throb in your head, if you have redness, or when measuring pressure for 5 minutes after stress alone, without exercise, your pressure exceeds 140/90 mmHg - answer “yes”).
6. Do you drink alcohol? (If you have been diagnosed with “drinking” or “alcoholism”, if you have withdrawal syndrome and high alcohol tolerance, if you drink alcohol in excess of 30 grams in terms of 100% alcohol every day, answer “yes”).
7. Do you smoke?
8. Have you been diagnosed with chronic kidney failure?
9. Have you been diagnosed with thyroid or adrenal hyperfunction?
10. Does your biological father and mother have hypertension? (If you answered “yes” to questions 11 and 12, do not answer).
11. Does your biological father have hypertension?
12. Does your biological mother have hypertension?

If you answered any of these questions “yes”, check the appropriate boxes in the table 2, summarize the maximum likelihood of risk. If the sum of all risks exceeds 100%, consider the risk is maximum.

Table 2

<i>Test Question #</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
<i>Maximum risk in %</i>	<i>10</i>	<i>30</i>	<i>20</i>	<i>30</i>	<i>20</i>	<i>10</i>	<i>10</i>	<i>20</i>	<i>20</i>	<i>90</i>	<i>50</i>	<i>50</i>
<i>If “yes” - write “+”</i>												
<i>Your risk of hypertension is _____%</i>												

This assessment model is designed for people aged 15-40 years who are not in the period of convalescence after serious infectious diseases (for example, after the flu [12]). The results of self-assessment of cardiorespiratory fitness for physical activity usually decrease with age, and the level of functional reserves decreases faster in women [8], but not so much as to significantly affect the assessment results under the age of 40 [13].

Among the skills of self-assessment of their condition for the survival of patients with vascular catastrophes, recognition of close symptoms of myocardial infarction and cerebral stroke is also important. To diagnose myocardial infarction, it is important to remember about pain (with typical and atypical irradiation) and painless forms of the disease. For the diagnosis of strokes – FAST assessment of the condition (Face – Hand – Speech – Time) [6].

An assessment of one's own risks of a disease has a more motivating effect of abandoning bad habits, adhering to a healthy lifestyle model and more often medical examinations than data on the prevalence of the disease and even mortality [14]. However, even with a high commitment to a healthy lifestyle and the partnership of patients with the healthcare system, the survival of patients with advanced vascular accidents depends on the organization of healthcare and the financing of medical programs.

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Cite as:[Mishchenko, M.M., Shevchenko, A.S., Mishchenko, A.N. (2020) Risk factors of ischemic stroke and their interconnection. Dynamics of the development of world science: Abstracts of the 8th International scientific and practical conference (Vancouver, Canada, 2020, April 15-17). Publishing House "ACCENT" (ISBN 978-1-4879-3791-1). Pp. 124-129. <https://doi.org/10.5281/zenodo.3755806>]

Цитируйте как:[Мищенко, М.М., Мищенко, А.Н., Шевченко, А.С. (2020) Выявлении факторов риска сердечно-сосудистых катастроф и контроль действий медицинского персонала. Научные достижения современного общества: Тезисы докладов 9-й Международной научно-практической конференции (Ливерпуль, Великобритания, 28-30 апреля 2020 года). Издательство Cognum (ISBN 978-92-9472-193-8). С. 211-218. <https://doi.org/10.5281/zenodo.3782811> (На английском)]

Самовыявление первых признаков сердечно-сосудистых заболеваний и контроль факторов риска – важная часть их профилактики. Такая стратегия также является составляющей в формировании валеологической компетентности людей без медицинского образования, увеличивает шансы выжить при неотложных состояниях. Однако ведущую роль в снижении смертности и инвалидности играют организация медицинской помощи и финансирование программ здравоохранения.

Ключевые слова: сердечно-сосудистые заболевания, церебральный инсульт, факторы риска, артериальная гипертензия, измерение артериального давления, эпидемиология, профилактика, педагогика здоровья.