ABSTRACT&REFERENCES

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ANALYSIS OF POST OPERATION PERIOD AFTER PRIMARY HIP ARTHROPLASTY IN PROXIMAL FEMORAL FRACTURE DEPENDING ON POSTSURGERY WOUND DRAINAGE

p. 4-7

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Drainage of postoperative wounds for a long time remained the obligatory stage of operative intervention at arthroplasty of a hip joint. But recently in many clinics there are a tendency for a total refusal from this stage. The results of the research highlight only the positive features of these changes, but our experience has shown both an improvement and a decrease in the outcome of treatment.

*The **aim of the research** is to establish the expediency of refusing to drain postoperative wounds after hip replacement with fractures of the proximal thigh.*

***Material and methods.** The analysis of 44 patients with fractures of the proximal thigh after the initial replacement with unipolar prothesis with a dual movement head was performed. Representative groups have been formed depending on the use of post-operative wound layer drainage. In the postoperative period, an assessment of pain syndrome for VAS was used. We applied a visual assessment of health (EQ VAS) and questionnaires EQ-5D-5L. Hidden blood loss = BCC x (hematocrit before - hematocrit after), where hematocrit before is the value of the indicator for the operation, hematocrit after – the value of the index for 7 days after the operation. The determination of the volume of circulating blood (BCC) was carried out using the formula by Nadler, Hidalgo and Bloch: PBV=K1×height (m)3+K2×weight (kg)+K3, where K1=0.3669, K2=0.03219, K3=0.6041 for men; K1=0.3561, K2=0.03308, K3=0.1833 for women.*

***Results.** The intensification of pain syndrome was detected up to 3 days after the postoperative term in the case of failure of layer drainage. There was no statistically significant difference in the indicators of the quality of life assessment, but the patient's ability to raise the straightened limb with refusal of drainage was observed more often than 2 days compared with 4 days in patients who performed layered drainage of postoperative wound. Significantly improved hemodynamic rates to 7 days of the postoperative period and consequently reduced blood loss. Twice times more often, hyperemia of the postoperative wound was observed in the event of withdrawal from drainage. Increase the length of the hip circumference and regress to 7 days. According to the assessment of the questionnaire EQ-5D-5L, there was no statistically significant difference in the assessment of the quality of life of the affected, depending on drainage.*

***Conclusions.** Denial from drainage improves hemodynamic rates in the postoperative period in the study group, slightly increasing the pain syndrome from the first to the third day. Refusal from the layered drainage of the postoperative wound with the fractures of the proximal thigh section in the primary arthroplasty is reasonable*

***Keywords:** proximal femoral fracture, primary hip replacement, drainage, blood loss, hemoconcentration*

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EVALUATION OF THE SAFETY AND TOLERANCE OF ORAL 25 % MALTODEXTRIN AS A CARBOHYDRATE DRINK DURING PREOPERATIVE FASTING IN CHILDREN

p. 8-13

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The aim of the study *was to estimate safety and tolerance of oral 25 % maltodextrin 5 ml/kg two hours before induction of anaesthesia in children.*

Methods*: sixty patients 2–17 years old scheduled for orthopaedic surgery were divided into two groups. Patients in group "M" received 5 ml/kg of 25 % maltodextrin as a carbohydrate drink two hours before the surgery. Patients in group "K" were fasted according to current recommendation for preoperative fasting. A present of the gastric content before induction and its volume and pH after induction was evaluated. Cases of bronchial aspiration were registered. In group "M" tolerance of preoperative oral 25 % maltodextrin was estimated.*

Results: *the gastric content defined seldom by ultrasound examination before induction in both groups. Volume of gastric content from gastric tube after induction was comparable (0.4± ±0.28 ml/kg in group "M" vs. 0.5±0.44 ml/kg in group "K", p=0.68), but pH of gastric content was significantly higher in group "M" (2.86±0.99 vs. 2.10±0.9, p<0.001). We did not register any cases of bronchial aspiration nor patient's complaints after preoperative administering of 25 % maltodextrin. Children drank a carbohydrate drink for 1 (63 %) or 2 (37 %) ingestions.*

Conclusions: *the oral administration of 25 % maltodextrin two hours before induction of anaesthesia is well tolerated and does not lead to the risk of aspiration complications in children. Using of 25 % instead of 12.5 % solution of maltodextrin allows choosing the optimal volume for a child with saving energy value of a carbohydrate drink*

Keywords: *preoperative fasting in children, maltodextrin, carbohydrate drink, paediatric surgery, paediatric anaesthesia*

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STATE OF ANTICOAGULANT AND FIBRINOLYTIC SYSTEMS OF BLOOD IN PATIENTS WITH HYPERTENSION IN COMBINATION WITH NON-ALCOHOLIC FATTY LIVER DISEASE

p. 14-18

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Aim of the research. *To determine the state of the anticoagulant and fibrinolytic activity of blood in patients with hypertension and concomitant non-alcoholic fatty liver disease.*

Methods. *132 patients were examined. 45 patients with hypertension stage II (HT) with concomitant non-alcoholic fatty liver disease (NAFLD), 31 patients with NAFLD without HT, 41 patients with HT without concomitant NAFLD. The control group – 15 healthy individuals of comparable age and sex. To achieve the aim the study of the anticoagulant and fibrinolytic link was carried out by special laboratory studies.*

Results. *When compared with the control group, the level of Antithrombin III decreased by 16.4 % in the HT group ($p<0.01$) and in the NAFLD group ($p<0.01$), HT+NAFLD – by 20.3 % ($p<0.001$). The level of Protein C in patients with hypertension decreased by 26 % ($p<0.001$), with NAFLD – by 9.5 % ($p<0.05$), with NAFLD+HT – by 14.1 % ($p<0.01$). Plasminogen decreased in HT – by 15 % ($p<0.001$), NAFLD – by 20.9 % ($p<0.001$), NAFLD+HT – by 16.5 % ($p<0.001$). The duration of Hageman-dependent fibrinolysis is increased in all groups compared to control: in the HT group – by 47 % ($p<0.001$), in the NAFLD group – by 78 % ($p<0.001$), in the NAFLD+HT group – 2.4 times ($p<0.001$).*

Conclusions. *Suppression of anticoagulant hemostasis is observed in patients with hypertension and with NAFLD. The decrease in the fibrinolytic activity of the blood system is reflected in the extension of the dissolution time of the fibrin clot in the group of patients with hypertension, NAFLD, NAFLD combined with HT. The level of plasminogen decreased to the same extent in patients with hypertension and with the combination of hypertension and NAFLD but isolated NAFLD had a stronger effect on this indicator. NAFLD is a risk factor for thrombophilic changes in the blood*

Keywords: *hypertension, non-alcoholic fatty liver disease, anticoagulant, blood fibrinolytic activity*

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THE ROLE OF IL-6 GENE (-174 C/G) POLYMORPHISM IN PATIENTS WITH ACUTE BRUCELLOSIS

p. 19-22

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The interrelationship of the IL-6 polymorphism (–174C/G) and susceptibility to brucellosis is well known.

The aim: *to determine the polymorphism of IL-6 (–174C/G) in patients with acute brucellosis*

Materials and methods. *The article presents the results of a survey of 120 patients with acute brucellosis. The control group consisted of 30 healthy individuals. Patients of both groups are ethnic Azerbaijani who permanently reside in the Republic of Azerbaijan. The diagnosis of brucellosis was made on the basis of complaints, anamnesis, epidemiological and clinical data and the results of a specific study. Specific research methods were carried out by ELISA with the detection of IgM and IgG for brucella. In addition to the specific diagnostic data, the diagnosis of acute brucellosis took into account the duration of clinical symptoms up to 3 months after the first complaints appeared. All patients were tested for IL-6 polymorphism (-174C/G). The exclusion criteria for the study were age up to 18 years, confirmation of the diagnosis of subacute or chronic brucellosis, the presence of severe chronic comorbidity, which could significantly affect the reliability of the results. A detailed description of patients with brucellosis is presented. Among the surveyed individuals, men of young working age dominated. The criterion of severity was the following symptoms: fever, sweating, chills, headache, insomnia, low blood pressure, tachycardia, hepatosplenomegaly, levels of pro-inflammatory and anti-inflammatory cytokines.*

Results. *Mild disease was established in 74 (61.7 %) people, while severe - only in 11 (9.1 %) patients. There were no statistically significant differences between different IL-6 genotypes between patients with brucellosis and healthy individuals. It was established that allele G was detected almost 3 times more often in patients with acute brucellosis compared to allele C.*

Conclusions. *No statistically significant difference between different IL-6 genotypes (–174 C/G) in patients with brucellosis and healthy individuals was detected. The GC IL-6 genotype was significantly more often associated with severe brucellosis, while the GG genotype with mild*

Keywords: *brucellosis, cytokine, interleukin-6, polymorphism, gene, severity, immunopathogenesis, genotype, interleukin-4, susceptibility*

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FEATURES OF CHANGES IN ANTICOAGULANT HEMOSTASIS SYSTEM IN PATIENTS WITH HYPERTENSIVE DISEASE WITH CONCOMITANT HYPERURICEMIA

p. 22-26

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Aim of the research *was to study the state of anticoagulant and fibrinolytic units of the hemostasis system in patients with hypertension associated with hyperuricemia.*

Materials and methods. *We surveyed 133 people (80 male and 53 female), whose average age was 56.19±7.29 years, all patients were divided into 3 groups. The first main group was 54 patients with arterial hypertension with concomitant hyperuricemia, the second group was made up of 50 patients with hypertension and normal uric acid levels, and the third – 15 patients with hyperuricemia without increase in blood pressure, and the control group consisted of 14 practically healthy subjects comparable in age and sex. Hyperuricemia was determined at uric acid levels >7 mg/dL (>413 μmol/L). The activity of anticoagulant and fibrinolytic units of hemostasis was studied as a result of conducting of special laboratory tests: antithrombin III, protein C, plasminogen and XIIa-dependent fibrinolysis. Non-parametric statistical methods were used to analyze the data: U-Mann-Whitney, probable differences were considered at p<0.05.*

Results*. In the examination of patients, we found suppression of the activity of antithrombin III, in the first group of patients, 23 % was large in terms of the control group, while the difference between the groups (in groups I and II) was 18.3 %. The protein C activity in the first group was reduced by 25.7 % compared with the control group and by 14.8 % less than that of group II. When comparing the parameters of the anticoagulating potential of blood groups among patients, it was determined that the level of antithrombin III was the lowest in patients with group I, namely 18.3 % when compared with group III (p<0.001) and 23.1 % when compared with II group (p<0.001). The protein C was the lowest in patients in group I by 14.8 % compared with group III (p<0.001) and by 25.7 % when compared with group II (p<0.001).*

Plasminogen (PG) was suppressed in all groups of patients: at hypertension by 16.7 % (p<0.01), with hyperuricemia by 32.1 % (p<0.001), with hypertension with concomitant hyperuricemia by 26.7 % (p<0.001). A significant increase in the activity of indicators of Hageman-dependent fibrinolysis was also found, in group I of patients with combined course of Hageman-dependent fibrinolysis, it was 3.5 times more (p<0.001), compared to the control group, in group II patients this indicator was 2.2 times more than in patients of the control group (p<0.001), and in group III patients 2.8 times (p<0.001).

Conclusion. *In hypertensive disease without concomitant hyperuricemia, AT III and protein C decreased, reflecting the anticoagulant potential of blood plasma, and in hypertensive patients associated with concomitant hyperuricemia, an even greater decrease in plasma hemostasis and prolonged fibrinolysis time was observed*

Keywords: *hyperuricemia, hypertension, antithrombin III, protein C, Hageman-dependent fibrinolysis, atherosclerosis*

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THE PROGNOSIS MODEL OF TREATMENT EFFICIENCY FOR PULMONARY TUBERCULOSIS IN INTENSIVE PHASE OF ANTITUBERCULOSIS THERAPY

p. 27-32

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Search of ways to improve the treatment efficacy of pulmonary tuberculosis is the main task of phthisiology at the present stage of its development. According to our opinion, one of such way is the prediction of outcomes of anti-tuberculosis therapy intensive phase at its initial stage, which will allow to make correction of the treatment regimen opportunely.

The aim *of the study was to determine informative indicators for predicting the efficacy of treatment of patients with pulmonary tuberculosis in the intensive phase of anti-tuberculosis therapy. Based on the results, to create a model for predicting the efficacy of treatment for tuberculosis in the intensive phase for the correction of the treatment regimen.*

Materials and methods: *80 patients with active pulmonary tuberculosis, which were registered in categories 1 and 2, were*

examined. The patients were divided into groups: the first group of 30 patients with positive effect, the second group of 50 patients with delayed or negative treatment effect at the end of the intensive phase. The control group consisted of 20 healthy individuals. The sampling of diagnostic material was performed at the beginning of therapy. The results of clinical analysis of blood, as well as serum levels of neopterin, C-reactive protein, creatinine, ceruloplasmin, haptoglobin, seromukoid were evaluated. To achieve this goal, the nonparametric χ2 criterion and correspondent analysis were used.

Results: *There are 3 parameters with threshold values identified, which could be transformed into dichotomous indicators, of the 11 studied indices. These 3 variables are: the proportion of lymphocytes in the leukocyte formula, the content of neopterin, and seromucoids in the serum. Using correspondence analysis method, the formula to predict the result of the intensive phase from the initial values of the indicated variables was derived. Approbation of the formula showed high prediction accuracy (>80 %) for both groups.*

Conclusions: *With the help of the developed formula, which takes into account the initial indicators of serum neopterin and seromucoid and the proportion of lymphocytes in the leukocyte formula, the efficacy of treatment of pulmonary tuberculosis in the intensive phase of tuberculosis therapy can be predicted*

Keywords: *pulmonary tuberculosis, anti-tuberculosis therapy, neopterin, predicting of treatment efficacy, correspondence analysis*

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THE CHARACTERISTICS OF PROFIBROSIS MARKERS AND ENDOTHELIAL DYSFUNCTIONS IN ASTHMA PATIENTSWITH OBESITY AND DIABETES MELLITUS TYPE 2

p. 33-37

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The urgency of asthma (A) and comorbid pathologies such as diabetes mellitus type 2 (DM2) and obesity is doubtless in internal medicine.

The aim. *To study the effects of profibrotic mediators, endothelial dysfunction markers and homeostasis on the pulmonary and renal functions in patients with moderately severe and uncontrolled A.*

Materials and methods*.The study involved 252 patients with: A – group I (n=62), A+DM2 – group II (n=105), A+obesity – group III(n=85). General clinical methods of examination were combined with assessments of the respiratory unction, loop flow volume, fasting blood glucose level, insulin level, HOMA-IR,MCP-1, IL-8, MMP-9, endothelin-1(ET-1), von Willebrand factor (VWF) and glomerular filtration rate (GFR).*

Results. *Group II had the longest duration of the illness and the state of carbohydrate metabolism subcompensation. FEV_1 in the groups: I=64.0 [44.5; 69.3] %, II=51.0 [44.2; 78.0] %, III=57.0 [44.5; 69.3] %; group III had the highest BMI. Groups II developed hyper glycaemia, II and III groups higher HOMA-IR and ET-1 concentration. All groups showed differently strong positive relationships between HOMA-IR and MCP-1. In group II, an excessive concentration of MCP-1 as the marker of fibrosis with progressing signs of a renal involvement was restrained by a proportional increase of fibrolysis indicator MMP-9 in favour of adaptive responses. A negative correlation with GFR and a positive one with albuminuria confirmed engagement of MCP-1 into tubulointerstitial damage processes. VWF was elevated in all patients and increasing with augmentation and severity of the course of A with comorbid states and involvement of vascular endothelium.*

Conclusions. *A patients with comorbid states developed higher levels, versus isolated A and the controls, of MCP-1, IL-8 and MMP-9 in blood, therewith revealing the participation of these molecular mediators in affection of the lungs and kidneys by the universal mechanism of formation of fibroplastic changes in the respiratory tract and tubulointerstitial fibrosis*

Keywords: *asthma, diabetes mellitus type 2, obesity, cytokines, profibrotic markers, endothelial dysfunction*

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CRITERIA OF DIAGNOSTICS OF INTRACCELLULAR INFECTION IN CHILDREN WITH COMMUNITY-ACQUIRED PNEUMONIA

p. 38-45

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Community-acquired pneumonia is the largest group of pneumonia, which the doctor has to meet daily in outpatient practice and in the hospital.

The interest in this problem is due to the fact that no final response has been received regarding the prevalence of intracellular pathogens with this disease, the role of herpes viruses, mixed associations, the entire spectrum of immuno-pathological changes caused by persistence of infection in the child's body.

Undetermined criteria for the diagnosis of pneumonia on the background of intracellular infection with herpes virus persistence, which are based on clinical, anamnestic and paraclinical indicators.

The aim of the study *was to determine the criteria for the diagnosis of intracellular infection in children with community-acquired pneumonia with the development of a diagnostic algorithm for this cohort.*

Methods. *A comprehensive survey of 120 children hospitalized for community-acquired pneumonia was conducted. The average age of patients was 6.9±0.2 years. Verification of the diag-*

nosis was carried out on the basis of a complex of clinical and anamnestic, laboratory and radiological data. The determination of pathogens was established on the basis of: bacteriological culture of material from the pharynx, nose on the flora with an antibiogram, bacteriological culture of sputum on the flora with an antibiogram. The presence of Streptococcus pneumoniae, Haemophilus influenzae in smears from the pharynx, nose, sputum was determined by real-time polymerase chain reaction. The method of immunoassay was determined immunoglobulin classes M and G to Ch. pneumoniae, M. pneumoniae, the presence of antibodies to herpes viruses (human herpes virus 6th type, cytomegalovirus, Epstein-Barr virus).

According to the results of the polymerase chain reaction in real-time determined the presence of DNA Ch. pneumoniae, M. pneumoniae, herpes viruses. Using heterogeneous sequential Wald-Genkin procedures, diagnostic factors (DF) and diagnostic informativity (I) of symptoms were determined with the formation of generalized and reduced algorithms for diagnosing intracellular infection with herpesvirus persistence in children with community-acquired pneumonia.

***As a result of the study**, community-acquired pneumonia was diagnosed in 38.3 % of patients against intracellular infection with herpes virus persistence (Mycoplasma pneumoniae, Chlamydophila pneumoniae, cytomegalovirus, Epstein-Barr virus, human herpes virus 6th type).*

Considering that all types of examination of patients differ in significant diagnostic information, this made it possible to form an algorithm for diagnosing intracellular infection with herpes virus persistence in children with community-acquired pneumonia.

The obtained properties of the algorithms have a positive significance for clinical practice, since it is better to overestimate the unfavorable clinical situation than to admit the absence of a proper assessment.

***Conclusions.** The highest diagnostic information in the diagnosis of intracellular infection of children with community-acquired pneumonia are: the contents of monocytes (I=1.84); the number of replacements of ABT (I=1.65); the nature of the adaptation reactions of the body (I=1.39); severity of pneumonia (I=1.34); dimensions of the main area of darkening in the lungs (I=1.31); conducting infusion therapy (I=1.27); body temperature (I=1.12) and the form of pneumonia (I=1.12).*

The high diagnostic reliability of the proposed algorithm allows recommending it for clinical use

***Keywords:** community-acquired pneumonia, intracellular pathogen, intracellular infection, diagnostic criteria, diagnostic algorithm*

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NOMOGRAMS OF VASCULARIZATION INDICES OF UTERINE HEALTH WOMEN, STUDYED WITH THE USE OF THREE-DIMENSIONAL ENERGY DOPPLEROGRAPHY

p. 46-54

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Differential diagnosis of benign and malignant tumors using the Doppler method is based on the fact that the blood supply of these tumors has its own peculiarities.

The aim *of the research is to study the nomograms of volumetric blood flow rates of the body and cervix of healthy women of different ages by means of three – dimensional angioplasty in search of differential diagnostic criteria for simple, proliferating leiomyoma and sarcoma of the uterus in the long term.*

Materials and methods. *157 practically healthy women were examined. The patients were divided into women of reproductive age, women in perimenopausal women and climacteric women. With the help of 3D uterine reconstruction using the energy mapping function and VOCAL (Virtual Organ Computer Aided Analysis), an objective assessment of the hemodynamics of the body and the cervix was performed by calculating the vascularization index (VI), which characterizes the percentage ratio of blood vessels to a certain extent tissues, blood flow index (FI), which characterizes the intensity of blood flow, which shows the volume of blood cells that move in the vessels at the time of the study and vascularization – flow index (VFI), which is an indicator of perfusion of the organ.*

Results. *As a result, the nomograms of the volumetric blood flow (VI, FI, VFI) parameters of the uterus body were improved, and the nomograms of the volumetric blood flow (VI, FI, VFI) parameters of the cervix of healthy women were designed and the patterns of their changes depending on age were determined. The authors have established that the technique of three-dimensional echography-3D – reconstruction of the uterus in angiography with the use of the VOCAL option with the determination of volumetric blood flow parameters allows to objectively evaluate the degree of vascularization of the body and cervix of healthy women of all ages, preventing a subjective approach to assessing hemodynamics, which is present in the two-dimensional energy Doppler mapping mode.*

Conclusions. *Based on the obtained results, the development of differential diagnostic criteria for benign, borderline and malignant tumors of myometrium with the determination of quantitative parameters of 3D – energy dopplerography will be based on the prospect, which will significantly increase the level of ultrasound diagnostics in gynecologic oncology and will allow to develop a rational tactic for treating patients.*

Keywords: *three-dimensional echography, VOCAL option, nomograms, hemodynamics of the uterus body and cervix*

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MODERN SYSTEM OF PSYCHOPROPHYLAXIS OF AUTOAGRESSIVE BEHAVIOR IN PATIENTS WITH BIPOLAR AFFECTIVE DISORDER

p. 55-58

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The aim. *To develop a pathogenetically justified system of psycho prophylaxis of auto-aggressive behavior in BAD patients on the basis of studying the features and formation.*

Material and methods of the research. *To solve the goal, following the principles of bioethics and deontology, a comprehensive clinical, psychopathological and psycho-diagnostic examination of 117 patients with BAD with signs of auto-destructive behavior, of both sexes, at an average age of 40.5±5.5 years was carried out. Research methods: clinical, psychopathological, psycho-diagnostic, statistical.*

Results. *In the course of the work, it was found that 48.7±2.4 % of the surveyed registered an affective version of auto-aggressive behavior, 31.5±1.9 % – true, 19.8±1.1 % – a demonstrative version and described their features depending on the polarity of the affect.*

Auto-aggressive behavior in the manic episode of BAR was associated with the prevalence of irritable mania in combination with a high level of frustration in the sphere of active life and independence of actions, a high level of internality in the field of achievements and low failures in the industry.

With a depressive episode of BAR - the prevalence of dreary depression, combined with a high level of frustration in the field of love and family relationships, a high level of internality in the field of family relationships and failures.

With a mixed episode of BAR – a combination of irritable mania and anxious depression in combination with a pronounced degree of frustration in the material and domestic sphere, a high level of internality in the area of failures and a low level of internality in the field of performance.

A pathogenetically substantiated system for the prevention of auto-aggressive behavior in patients with BAR has been developed, which consists of five stages: crisis therapy, a comprehensive diagnosis, basic and supportive therapeutic and preventive measures, and socio-psychological assistance. And it includes the use of methods of pharmacotherapy, psychotherapy and psychosocial therapy.

Conclusions. *Based on the obtained data in the course of the work, a pathogenetically substantiated system for the prevention of suicidal behavior of BAR patients has been developed, which consists of five stages: crisis therapy, a comprehensive diagnosis, main and supportive treatment and preventive measures, and socio-psychological assistance. The means of therapeutic influence at all stages were applied in the form of pharmacotherapy, psychotherapy and psychosocial care*

Keywords: *bipolar affective disorder, depressive episode, manic episode, mixed episode, frustration, psycho-prophylaxis program*

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CLINICAL-PSYCHOPATHOLOGIC AND PATHOPHYCHOLOGICAL FEATURES OF ADAPTATION DISORDERS IN COMPUTER ADDICTED INDIVIDUALS

p. 59-62

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The aim. *Comprehensive study of clinical, psychopathological and pathopsychological features of adaptation disorders in persons with computer addiction.*

Materials and methods. *147 patients with adaptation disorders (F43.21, F43.22). The main group consisted of 85 patients with signs of computer addiction according to the results of AUDIT-like tests, the control group – 62 patients with no signs of addictive behavior. The average age of the patients was 27.0±3.0 years.*

Methods of the research: clinical and anamnestic; clinical-psychopathological, using AUDIT-like tests for a comprehensive assessment of addictive status (Linsky I. V., Minko A. I., Artemchuk A. P., et al., 2009); psycho-diagnostic using the hospital anxiety and depression scale (HADS) (Zigmond A.S., Snaith R.P., 1983); Clinical scales of anxiety and depression by Hamilton (M. Hamilton, 1967), adapted to ICD-10 (G. P. Panteleeva, 1988) (HDRS) scales of situational and personal anxiety by C. D. Spielberger (in adaptation by Yu. L. Khanin, 1981); enquirer of neuro-psychological stress by Nemchin T.A. (1984); statistical.

Results of the research. *The structure of computer addiction in the main group of surveyed was as follows: intrusive surfing (46.2 %), computer games (22.3 %); virtual dating (6.4 %); passion for online gambling (13.7 %); cybersex (1.4 %).*

Depression of mood dominates in the clinical picture of eradication adaptation in persons with computer addiction; internal stress with inability to relax; increased susceptibility to previously neutral stimuli; irritability; asthenic symptoms; loss of interest in work or school, family and friends; sleep-wake cycle disorders.

According to the psychodiagnostic examination data, the main group of examined showed clinical signs of anxiety and depression on a hospital scale; severe depressive and disturbing episodes on the Hamilton scale; high drop situational and personal anxiety according to the method of C. D. Spielberger, a high level of severity of neuropsychic stress on a scale T. A. Nemchin.

Conclusions. *For the clinical picture of adaptation disorders in individuals with computer addiction, a characteristic is decreased mood background; irritability, tendency to affects; disturbing manifestations; hyperesthesia; sleep-wake cycle disorders; clinical manifestations of anxiety and depression on the HADS scale; severe depressive and disturbing episodes on the HDRS scale; high drop situational and personal anxiety; excessive mental stress*

Keywords: *adaptation disorders, computer addiction, anxiety, depression, psychological stress, asthenia*

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