

Graves' Disease in the Postoperative Setting: Assessment of Bone Turnover Markers during Treatment // Endocrine Society's 98th Annual Meeting and Expo, April 1–4, 2016 - Boston - Thyroid Case Reports III (posters).

5. Harvey C.D., O'Shea P.J., Scott A.J. et al. Molecular mechanisms of thyroid hormone effects on bone growth and function // Mol. Gen. Metab. 2002. V. 75. P. 17–30

6. Hassan K. H., Falchetti A., Jobany E et al. Evaluation of secondary osteoporosis with bone mineral densitometry and bone turnover markers //European Scientific Journal. – 2015.- V.2.- P. 234-240.

7. Khan MK, Mohiuddin MN, Owaisi N. A study on estimation of serum calcium in subclinical hypothyroid females of different age groups and its correlation with thyroid stimulating hormone (TSH). // J. Evid. Based Med. Health.- 2016- V.3(71).- P.3836-3839.

8. Mackie E.J., Ahmed Y.A., Tatarczuch L., Chen K.-S., Mirams M. Endochondral ossification: How cartilage is converted into bone in the developing skeleton// The International Journal of Biochemistry & Cell Biology, 2008, Volume 40, Issue 1, P. 46–62

9. Melmed S, Polonsky KS. Williams' Text book of Endocrinology. //In: Calcium and Phosphorous Metabolism, 12th edn. Philadelphia, PA: WB Saunders- 2011-P. 10–11.

10. Susanna TY, Sagayaraj A, Shashidhar KN et al A correlative study of thyroid profile and mineral status in patients with hypothyroidism- a hospital based case control study // Asian J Pharm Clin Res.- 2016.- Vol 9, Issue 3.- P.292-294.

11. Wojcicka A., Duncan Bassett J.H., Graham R. Williams. Mechanisms of action of thyroid hormones in the skeleton// Biochimica et Biophysica Acta. - 2013.-V. 1830- P. 3979–3986.

SOCIAL ISOLATION AS A FACTOR IN THE DETERIORATION OF ARTERIAL HYPERTENSION IN ELDERLY PATIENTS

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The main feature of contemporary demographic processes in the developed countries is an ongoing process of population aging. According to UN experts, by 2025 the total number of people aged 60 or older will reach 1.1 billion people. This process leads to an increase in social, economic and medical problems and requires new approaches to the issues of medical and preventive care for older persons. Socialization of health problems is changing the standard views on the management of patients, necessitates correction of treatment and rehabili-

tation programs, the formation of special groups of medical and social risk. Social factors that act as factors of cardiovascular risk, including patients with essential hypertension are chronic stressors [1].

Elderly persons are the most vulnerable group in relation to arterial hypertension. In Germany, arterial hypertension in the elderly persons (age 70-79 years) was detected in 75% of cases [2]. Meanwhile, the participation of social factors in the mechanisms of formation and progression of essential hypertension today is not questioned. This state of affairs makes the elderly patients with arterial hypertension particularly vulnerable categories of patients. For one of the most important social risk factors for progression of essential hypertension in elderly patients is social isolation of this persons.

Marriage - one of the most powerful defense mechanisms of social support for anyone - and the patient, and healthy, and young and elderly. Widowhood, on the contrary, is an acute problem of life. So the death rate from cardiovascular disease among widowed men is much higher than that of married men. The duration of widowhood is also important and likely to develop or die from heart disease is higher in the first five years after the loss of a life partner. The level of blood pressure is associated with marital status: widowed men have the highest prevalence of hypertension. In addition, the relative proportion of widows among elderly patients with hypertension in the 3 times higher than among patients with hypertension of middle age.

Professional isolation is a proven factor in the deterioration of arterial hypertension. It increases the cardiovascular morbidity and mortality. Exclusion of active life adversely affect the level of hypertension, and the blood pressure monitoring capabilities. So during a simultaneous study in Russia, Poland and the Czech Republic has been found that the individual business activities, ownership of the company reduced the risk of hypertension. At the same time, the cardiovascular risk at non-working pensioners increases [3].

Older people are very important to maintain a balance of autonomy, independence, and security, communication opportunities, to feel its significance for the family. Evaluation of pensioners of their life depends on the number of people who live in the same household with him. Pensioner who live with only one member of the family, are not inclined to be satisfied with their lives. If the pensioner lives with three or more members of the family, he is significantly more satisfied with their lives. Research has shown that retired people who meet with their

children at least once a month or do not meet at all very poorly assess the condition their health and their quality of life. The most positive evaluations of his life give elderly people who are able to communicate with close relatives almost every day. In turn, the low quality of life of elderly patients exacerbates the arterial hypertension. Quite often, the problem of lack of communication by relatives is exacerbated by low physical activity elderly patient.

Thus, elderly patients with arterial hypertension represent a large group of medical and social risk. Dynamic observation of an elderly patient ceases to be exceptionally medical aspects of medical activity and acquires social significance. Family doctor plays an important role in this situation. He comes into the family, and speaks not only to the elderly patient with arterial hypertension, but also with those family members who are around him. The doctor should pay attention young people living in the home on the elderly patient needs. He should indicate on their very high role in the treatment of older people.

REFERENCES

1. Cuffee Y., Ogedegbe C., Williams N. J. et al. Psychosocial risk factors for hypertension: an update of the literature // Curr. Hypertens. Rep. – 2014. - Vol. 16(10). - P.483.
2. Neuhauser H., Thamm M., Ellert U. Blood pressure in Germany 2008-2011: results of the German Health Interview and Examination Survey for Adults (DEG S1) // Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. – 2013. - Vol.56 (5-6). – P. 795 - 801.
3. Malyutina S. K., Bobak M., Pajak A. i dr. Arterialnaya gipertenziya v treh vostochno-evropeyskih stranah i ee svyaz s sotsialno – ekonomicheskimi faktorami // Kardiovaskulyarnaya terapiya i profilaktika. – 2008. - № 7 (6), Prilozhenie 1. - S. 231.

ИЗУЧЕНИЕ ВЛИЯНИЯ ХАРАКТЕРА ПИТАНИЯ НА СОДЕРЖАНИЕ КАЛЬЦИЯ В СЛЮНЕ

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Кальций необходим для осуществления жизнедеятельности организма: способствует образованию электрического потенциала мембран, поддержанию тонуса вегетативной и центральной нервной систем, принимает участие в реакциях нервно - мышечной проводимости, оказывает положительный инотропный эф-