the distribution was relatively balanced among the cohorts. Group 1 presented 21.2% (n=14) in this range, while Group 2 and Group 3 showed 18.2% (n=2) and 22% (n=9).

Conclusions. Based on the above statistical data, following conclusions can be drawn about the impact of connective tissue dysplasia in children with pneumonia on the physical fitness of children. Children with comorbid pathology (CTD and pneumonia) had statistically significantly lower body length and BMI.

LITERATURE

1. Connective tissue dysplasia and pathogenetic mechanisms as a factor in impaired musculoskeletal adaptation in youth: a sports medicine review / M. Sankova, V. Nikolenko, E. Achkasov [et al.] // Sport Sciences for Health. – 2025. – Vol. 21. – P. 2391–2406. – doi: 10.1007/s11332-025-01474-y.

ANALYSIS ON HOW THE PROLONGATION OF CHRONIC GASTRITIS CAN AFFECT PHYSICAL DEVELOPMENT IN CHILDREN

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Relevance. The rate of growth of a child can be influenced by genetic factors and exogenous factors like the ongoing diseases in the child's body. [1, c. 2151]. This study investigates whether the duration of chronic gastritis correlates with differences in physical growth and anthropometric outcomes.

Target. To assess the relationship between prolongation of a disease (chronic gastritis) with the physical development of the children.

Research methods. 38 Clinical records of children with chronic gastritis in Grodno regional clinical pediatric hospital, Belarus in 2023 were recorded. For assessment of physical development AnthroPlus software was used. Data processing was carried out using Microsoft Excel 2010 tables and Statistica 10.

Cross-sectional comparative analysis was conducted with these children diagnosed with chronic gastritis by dividing them as follows.

Group 0: duration<12 months (n= 20)

Group 1: duration ≥12 months (n=18)

Results and their discussion. Among 38 pediatric clinical records analyzed (55% female, mean age 13.37 years), the study demonstrated average anthropometric measures of 54.62 kg weight, 164.37 cm height, and a BMI of 19.67 kg/m². Most children were in high school (55%), and two had a disease duration of approximately 10 years. Height for age z scores showed that most children fell within ±0.0–1.9 SD, while BMI for age z scores indicated that 60% were within the normal range and 40% deviated, with overweight more common than underweight.

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Across age, weight, height, BMI, and corresponding z scores, Group 1 consistently showed higher median and mean values. Group 1 children were slightly older (14.25 vs. 13.08 years), heavier (53 kg vs. 49 kg), and taller (171 cm vs. 164 cm), with moderate effect sizes for weight and height. Median weight was higher in Group 1, and the prolonged disease group displayed a wider weight range (maximum 101 kg vs. 78 kg). The mean weight difference favored Group 1 by 11.4 kg, approaching potential statistical significance ($p = 0.059$, Cohen's $d = 0.647$).

BMI medians were similar between groups (18.2 vs. 18.9) with overlapping distributions. Although some children in Group 1 reached higher BMI values (up to 33) the mean difference was not significant ($p = 0.117$, Cohen's $d = 0.532$). BMI for age z scores also showed comparable distributions, with medians of −0.09 in Group 0, and 0 in Group 1, and no significant difference ($p = 0.394$, Cohen's $d = 0.282$).

These trends suggest that children with longer disease duration may experience preserved or even enhanced growth trajectories. Potential explanations include nutritional adaptation, effective clinical management and increased appetite associated with chronic gastritis. The stability of BMI despite increases in height and weight supports the interpretation of balanced rather than excessive growth.

Conclusions. The findings suggest that children in Group 1 tended to be taller and have higher weight than those in Group 0, although BMI remained proportionate across both groups.

LITERATURE

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THE WILLINGNESS OF FUTURE DOCTORS TO USE CHATBOTS BASED ON ARTIFICIAL INTELLIGENCE

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Relevance. The processes of digital transformation in healthcare contribute to the active introduction of chatbots based on artificial intelligence (hereinafter – AI) into everyday practice. These tools are designed to provide emotional support to both medical staff and patients [1]. AI chatbots are based on three fundamental characteristics: empathy, generativity, and high responsiveness. Empathy implies the ability of AI to identify the user's emotional state and build trusting communication. Patients often rate the AI's response as more responsive than that of doctors [2, c. 592]. Generativity is the ability to create unique content using large language models and

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