the classic manifestation of which is insulin resistance, through the formation of pro-inflammatory cytokines, which include IL-6, TNF-α, and IL-6.

Conclusions. The conducted research points to the important role of systemic immunological disorders, the consequences of which are the cytokine attack of the body as a whole and periodontal tissues in particular. Studying the role of local cytokine destruction in relation to the involvement of the pituitary-adrenal system in the process, as prognostic markers, provides an opportunity to develop effective systems of primary prevention of periodontal tissue diseases in the safety of young people.

Key words: periodontium, periodontal disease, dentistry, inflammatory process, antigens

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MENTAL HEALTH CHALLENGES IN FAMILY MEDICINE

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The war in Ukraine has become the most difficult test in the history of its independent existence, and the terrible events have caused enormous stress, leading to a significant deterioration in the general physical condition and mental well-being of the population. The war, combined with the post-Covid-19 situation, is the "perfect incubator" for the growing burden of mental health disorders on public health. The WHO reports that at the current stage of development, no country in the world has created an ideal health care system, and family medicine is recognized as the one that can best meet the needs of the population in medical care and is economically feasible for the condition. It is advisable to introduce psychological assistance in the family doctor's office, since we have a wide and decentralized network of institutions that use a patient-centered approach. A family doctor has the opportunity to comprehensively assess a person's state of health, prescribe treatment taking into account the interaction of drugs, and give recommendations on the regimen and duration of their intake. The aim of our study was to analyze and highlight the current data on the role of a family doctor in providing care to comorbid patients with mental disorders in combat conditions.

Improving human mental health and preventing mental disorders have become one of the priorities of national policy. The combat capability of the Armed Forces and the stability of the country as a whole in the face of enormous threats, including its very existence, depend on its solution. In general, the introduction of effective treatment and prevention of mental health is relevant in Ukraine, which requires a systematic approach, cooperation and involvement of various parties to achieve improvement in the psychological and mental health of the population.

Key words: *war, mental health, a family doctor.*

Connection of the publication with planned research works.

The paper is a fragment of the research work “Multidisciplinary personalized approach to the management of patients with comorbidities and mental health disorders”, state registration number 0124U000097.

Introduction.

The war in Ukraine has become, without exaggeration, the most severe challenge in the history of its independent existence. The horrific events that every Ukrainian is witnessing today have caused enormous stress and, as a result, led to a significant deterioration

in the overall physical condition and mental well-being of the population. War is an extreme situation, i.e., one that goes beyond the limits of ordinary, normal, human experience. For some people, this situation is hyper-extreme: the internal stress often exceeds the capabilities of the human body, disrupts habitual behavior, and can cause dangerous health consequences. Currently, the Ukrainian people are going through the most difficult times in their centuries-long history. The war, combined with the post-COVID-19 situation, is an "ideal incubator" for the growing public health burden of mental disorders. War becomes a life-changing experience not only for military personnel but also for civilians. In modern wars, civilians suffer even more, being subjected not only to physical but also to severe psychological, social and environmental torture. Factors such as participation in hostilities or staying in the frontline zone with constant rocket and artillery attacks, bombing, and being under occupation significantly increase the vulnerability of our fellow citizens to psychosocial stress, and contribute to the spread of mental disorders such as depression, anxiety, post-stress disorders, etc. The same consequences can be caused by: loss of a sense of security due to the vulnerability of almost the entire territory of the country to missile attacks and UAV attacks; displacement to other regions or countries and the associated loss of work and a familiar, comfortable environment; domestic problems; financial difficulties; social isolation; uncertainty about the future and anxiety about family and friends [1, 2, 3, 4, 5].

The aim of the study.

To analyze and highlight current data on the role of a family doctor in providing care to comorbid patients with mental health disorders in the context of military operations.

Main part.

A high level of mental health of the population is one of the indicators of the well-being of the state, the quality of life of its people and the level of health of the nation as a whole. If we analyze the definition of mental health, it is a state of a person's body and emotions in which his/her functions are performed to the fullest extent possible, a person copes with stress, works productively, rests and adapts to constantly changing conditions. It is a state of balance.

If a patient experiences difficulties in studying and working, interacting with the outside world, close people, or cannot cope with negative emotions, despair or anxiety for more than two weeks, they should consult a doctor. Also, if any of these conditions are accompanied by symptoms such as dizziness, prolonged fatigue, rapid or irregular heartbeat, tremors, dry mouth, excessive sweating, shortness of breath, abdominal pain and nausea, headache, insomnia, loss of appetite or overeating that impairs quality of life [6, 7].

Symptoms can vary: low self-esteem and long periods of bad mood, neuroses, depression and even mental illness. It is important to emphasize that everyone feels bad mood, fear, anger, sadness from time to time, but if it interferes with life, causes persistent sleep disturbances, loss of appetite, headaches, blood pressure spikes, it is a sign of a problem and time to seek help. The first physician you should see is your family doctor [8, 9].

First, the family doctor should interview the patient in detail about the symptoms, prescribe additional examinations or tests if necessary, and determine whether the symptoms are caused by a mental health disorder or a somatic disease.

Secondly, if necessary, the family doctor will refer to an appropriate mental health professional: a psychiatrist or psychotherapist. In some cases, if the doctor has the appropriate training and if the disorder is mild, the family doctor can provide the necessary assistance himself/herself. For example, in case of mild forms of depression or mild symptoms of post-traumatic stress disorder.

A family doctor has the ability to make an integrated assessment of a person's health status, prescribe treatment taking into account the drug interaction and provide recommendations on the regimen and duration of their intake.

The WHO reports that, at the current stage of development, no country in the world has created an ideal healthcare system, while the family medicine is recognized as the one that can best meet the healthcare needs of the population and is economically feasible for the state. The family doctor is recognized as a healthcare professional who can most fully influence the health of the population. Among those who seek medical care from a family doctor in Ukraine, the share of patients with combined pathology is more than 80%, and stress is often the cause of both the onset and exacerbation of diseases.

Stress is a cause of psychosomatic diseases. That is, if some time earlier, it was believed that the cause of the disease was some kind of "breakdown" in the body/organ, now the causes of diseases are viewed from the point of view of an unfavorable combination of genetic prerequisites, stress factors and social problems. For many Ukrainians, a family doctor is now the person with whom they can discuss most health issues. Family medicine is about a long-term relationship between a doctor and a patient based on empathy, respect and trust.

Psychogenic disorders in warfare occupy a special place due to the fact that they can occur simultaneously in a large number of people ("collective trauma"). This determines the need for prompt assessment of the victims' condition, prognosis of the disorders that are detected, as well as all possible (in specific extreme conditions) corrective and therapeutic measures [10, 11, 12, 13].

Experts estimate that 40-50% of the population will need psychological assistance during the war. The development of certain forms of mental disorders significantly affects people's productivity and, consequently, the country's economy – losses from mental health problems can reach 4-5% of GDP [1, 2, 3, 14].

Patients often visit family doctors and neurologists with manifestations of persistent somatization in the form of atypical pain of various localizations, resistant to painkillers, chronic fatigue, impaired esophageal motility, nonulcer dyspepsia, etc. The duration of such symptoms exceeds 6 months, leading to a violation of the quality of life. In addition, these patients may have symptoms of autonomic agitation. The formation of mental disorders occurs due to interpersonal sensitivity, that is, the patient's personality and premorbid traits are very important, but post-traumatic stress disorder (PTSD) can form regardless of personality traits, and, depending on

the characteristics of the trauma and the existence of PTSD, can lead to the development of depression. When a person reacts to a stressor with anxiety, depression or sleep disturbance, the immune system reacts by manifesting inflammation, allergies or pain, and hormonal changes occur due to the reaction of the thyroid, adrenal and gonadal panels of the endocrine system. Despite the fact that not all types of mental reactions reach the level of clinically defined mental disorders, even at the subsyndromal level they significantly reduce a person's physical, mental and social well-being, destroying their mental health [7, 15, 16, 17].

Poltava State Medical University did not stay away from the problems of mental health. On September 4, 2023, the Mental Health Educational and Research Center, organized on the initiative of the Rector, Professor V. Zhdan, who is also the founder of the training course of family doctors in Poltava region, began operating at the university as its subdivision to develop mental health care, improve the level of mental health and psychosocial support services in Ukraine. The main tasks of the center are: participation in the implementation of state and regional targeted programs and projects in the field of mental health; participation in projects aimed at innovations in the field of mental health support; psychoeducational and counseling activities; development of special training courses and programs, methodological recommendations on mental health issues and their implementation in the educational process, etc.

The specialized department for training family doctors is the Department of Family Medicine and Therapy at PSMU, which since 2001 has been training family doctors through primary and secondary specialization, as well as the advanced training course to improve the qualifications of family doctors. Close cooperation with the Ukrainian Association of Family Medicine, experts from WONCA, EURACT and the Vasco da Gama Movement, and participation in the international conferences, contribute to obtaining and analyzing information on approaches, methods and duration of family doctors' training in European countries, to identify manuals (textbooks) used for family doctors training and the principles of their context structure.

The priority development of primary health care involves, first of all, training of qualified primary care physicians, family doctors, whose qualifications would meet international and European standards. There are two ways to train family doctors in Ukraine. Firstly, it is the training of family doctors in a two-year internship program according to the curriculum approved by the Ministry of Health of Ukraine, covering the educational part at the Department and the practical part at the training bases (primary health care centers). Secondly, it is the training of family doctors through the re-profiling and re-specialization of physicians of other specialties in the cycles of secondary specialization in General Practice-Family Medicine. When teaching the discipline "General Practice – Family Medicine" at the postgraduate stage, special attention is paid to medical and social aspects of public health as the basis of preventive and curative medicine, prevention, early diagnosis and treatment of patients in outpatient settings, pre-hospital care for mental health disorders [10, 18].

A family doctor should be a qualified general practitioner who has good theoretical knowledge and practical diagnostic skills in all areas of medicine, as well as the ability to provide first aid and treatment, preventive care, psychosocial assistance, and should also be an advisor, consultant, "family advocate," integrator of patients' problems, and mediator between all specialists.

We all feel the effects of war, and it is almost impossible to find a person who feels the same way now as before the full-scale invasion. War affects us in different ways, we experience our personal drama and our history. It also affects our level of resilience. Some people are more resilient to stress, while others have inherited a lower level of resilience to negative emotions. Noteworthy, in addition to objective factors that negatively affect the mental health of the population, there are subjective problems, including, as the wife of the President of Ukraine, O. Zelenska, put it, "social stigma" that applies to people with mental illness or disorders. There is a stereotype in society that "the strong ones don't go to a therapist or psychologist... you have to keep your emotions inside and not show your face." Consequently, people often attend the specialists when the disease has gone beyond the initial stage and its treatment will require more time and effort [19, 20, 21, 22].

The European Declaration on Mental Health defines the main focus of work as ensuring a higher level of daily functioning of people and increasing their resilience to external negative influences. Given the existing challenges, a practice has been created where a family doctor can take care not only of a person's physical health, but also assess their mental state and provide the necessary psychological support. It is advisable to introduce psychological care at a family doctor's office, because we have a wide and decentralized network of institutions that use a patient-centered approach. A new package "Support and Treatment of Adults and Children with Mental Disorders at the Primary Level of Medical Care" has already been introduced in the Medical Guarantees Program as part of the All-Ukrainian Mental Health Program "How Are You?", which is being implemented at the initiative of the First Lady of Ukraine Olena Zelenska. To train healthcare professionals, the Ministry of Health, together with the WHO, launched the Mental Health Gap Action Program (mhGAP) first and second parts, which have already been successfully completed by 40% of family doctors on the platform of the NHSU Academy – "Management of common mental disorders at the primary level of care using mhGAP"! Topics covered during the course include: the impact of mental disorders on a person, their family, and the community in which they live; how to build effective communication with patients with mental disorders; algorithms for assessing, managing, and following up on people with mental and neurological disorders; managing people with agitated and/or aggressive behavior; stigma and violence; evidence-based treatments for mental and neurological disorders [23, 24, 25, 26].

A family doctor will be able to assess the mental state of adults and children, provide medical care and psychological support to patients. Specialists in family medicine are also trained to provide pharmacological and psychosocial interventions, including short-term psychological care, interpersonal therapy, cognitive behavioral therapy, and problem-solving counseling. If a patient needs more specialized psychological care, the family doctor

can refer them to specialists in psychological rehabilitation and specialized psychiatric departments.

As a result, Ukrainians will be able to get a number of answers and advice about their mental health when they visit their family doctor. This will help reduce the stigma and fears associated with patients' visits to psychiatrists and psychotherapists.

Conclusions.

Improving human mental health and preventing mental disorders has become one of the priorities of the national policy. The combat capability of the Armed Forces and the resilience of the country as a whole in the face of enormous threats, including its very existence, depend on its solution. Academic staff, interns and medical students of Poltava State Medical University are actively studying on the platform of the NHSU Academy under the mhGAP program to provide qualified care to patients with mental health disorders, to provide advisory assistance to practitioners and to implement this program in the educational process. In general, the implementation of effective prophylaxis of mental health is relevant in Ukraine, which requires a systematic approach, cooperation and involvement of various parties to achieve improvement of the psychological and mental health of the population.

Prospects for further research.

To analyze statistical data on the provision of care to comorbid patients with mental health disorders by a family doctor.

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ВИКЛИКИ В СФЕРІ МЕНТАЛЬНОГО ЗДОРОВ'Я В СІМЕЙНІЙ МЕДИЦИНІ

Ждан В. М., Бабаніна М. Ю., Ткаченко М. В., Кітура Є. М., Кир`ян О. А., Іваницький І. В., Лебідь В. Г.

Резюме. Війна в Україні стала найтяжчим випробуванням за всю історію її незалежного існування, ці страшні події спричинили величезний стрес і, як наслідок, призвели до значного погіршення загального фізичного стану і психічного благополуччя населення. Війна, ще й у поєднанні з ситуацією пост-COVID-19, є «ідеальним інкубатором» зростання тягаря для громадського здоров'я через психічні розлади. Всі ми відчуваємо наслідки війни, і зараз практично неможливо знайти людину, яка почувалася б так само, як і до повномасштабного вторгнення. Війна по-різному впливає на нас, ми переживаємо свою особисту драму та свою історію. На це також впливає наш рівень стійкості. Частина людей, є більш стійкі до стресу, деякі успадкували нижчий рівень протистояти негативним емоціям.

Метою нашого дослідження було провести аналіз та висвітлити сучасні дані стосовно ролі сімейного лікаря в наданні допомоги коморбідним пацієнтам з порушеннями ментального здоров'я в умовах воєнних дій.

За даними ВООЗ на сучасному етапі розвитку в жодній країні світу не створено ідеальної системи охорони здоров'я, водночас, сімейна медицина визнана такою, що здатна найповніше задовольнити потреби населення у медичній допомозі та є економічно доцільною для держави. Європейська декларація з охорони психічного здоров'я основним напрямком роботи визначає забезпечення більш високого рівня повсякденного функціонування людей та підвищення їх стійкості до зовнішніх негативних впливів. З огляду на наявні виклики створено таку практику, коли сімейний лікар зможе піклуватися не лише про фізичне здоров'я людини, а й проводити оцінку психічного стану та надавати необхідну психологічну підтримку. Впроваджувати надання психологічної допомоги у сімейного лікаря доцільно, адже ми маємо широку і децентралізовану мережу закладів, в яких діє пацієнтоорієнтований підхід. Сімейний лікар має можливість інтегральної оцінки стану здоров'я людини, призначення лікування з урахуванням взаємодії медикаментозних препаратів, надання рекомендацій щодо режиму і тривалості їх прийому. Для навчання медичних працівників Міністерство охорони здоров'я разом з ВООЗ запустило програму підготовки лікарів первинної ланки медицини Mental Health Gap Action Programme (mhGAP) першу та другу частину, які вже успішно пройшли 40% сімейних лікарів на платформі Академії НСЗУ – «Ведення поширених психічних розладів на первинному рівні медичної допомоги з використанням mhGAP». Питання, які розглядаються під час курсу: вплив психічних розладів на людину, її сім'ю та громаду, в якій вона проживає; правильну побудову ефективної комунікації з пацієнтами, які мають психічні розлади; алгоритми, за якими можна оцінювати, вести та проводити подальший супровід осіб з психічними та неврологічними розладами; ведення осіб зі збудженою та/або агресивною поведінкою; стигматизацію та проблеми насильства; науково-доказові методи лікування психічних та неврологічних розладів.

Поліпшення психічного здоров'я людини та профілактика психічних порушень стала одним з пріоритетних завдань державної політики. Від його розв'язання залежить боєздатність Збройних Сил і резистентність країни загалом при величезних загрозах, у тому числі й самому її існуванню. Загалом, впровадження ефективного лікування і профілактики психічного здоров'я є актуальним в Україні, яке вимагає системного підходу, співпраці та залучення різних сторін для досягнення покращення психологічного та психічного стану здоров'я населення.

Ключові слова: війна, ментальне здоров'я, сімейний лікар.

MENTAL HEALTH CHALLENGES IN FAMILY MEDICINE

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Abstract. The war in Ukraine has become the most severe challenge in the history of its independent existence, and these horrible events have caused enormous stress and, as a result, led to a significant deterioration in the overall physical condition and mental well-being of the population. The war, coupled with the post-COVID-19 situation, is an "ideal incubator" for the growing public health burden of mental disorders. We all feel the effects of war, and it is almost impossible to find a person who feels the same way now as they did before the full-scale invasion. War affects us in different ways, we experience our personal drama and our history. It also affects our level of resilience. Some people are more resilient to stress, some inherited a lower level of resilience to negative emotions.

The purpose of our study was to analyze and highlight current data on the role of a family doctor in providing care to comorbid patients with mental health disorders in the context of military operations.

The WHO reports that, at the current stage of development, no country in the world has created an ideal healthcare system, while family medicine is recognized as the one that can best meet the healthcare needs of the population and is economically feasible for the state. The European Declaration on Mental Health defines the main focus of work as ensuring a higher level of daily functioning of people and increasing their resilience to external negative influences. Given the existing challenges, a practice has been created where a family doctor can take care not only of a person's physical health, but also assess their mental state and provide the necessary psychological support. It is advisable to introduce psychological care at the family doctor's office, because we have a wide and decentralized network of institutions that use a patient-centered approach. A family doctor has the ability to make an integrated assessment of a person's health status, prescribe treatment taking into account the interaction of medications, and provide recommendations on the regimen and duration of their intake. To train healthcare professionals, the Ministry of Health, together with the WHO, launched the Mental Health Gap Action Program (mhGAP) first and second parts, which have already been successfully completed by 40% of family doctors on the platform of the NHSU Academy – "Management of common mental disorders at the primary level of care using mhGAP". Topics covered during the course include: the impact of mental disorders on a person, their family, and the community in which they live; how to build effective communication with patients with mental disorders; algorithms for

assessing, managing, and following up on people with mental and neurological disorders; managing people with agitated and/or aggressive behavior; stigma and violence; evidence-based treatments for mental and neurological disorders.

Improving human mental health and preventing mental disorders has become one of the priorities of state policy. The combat capability of the Armed Forces and the resilience of the country as a whole in the face of enormous threats, including its very existence, depend on its solution. In general, the implementation of effective treatment and prophylaxis of mental health is relevant in Ukraine, which requires a systematic approach, cooperation and involvement of various parties to achieve improvement of the psychological and mental health of the population.

Key words: war, mental health, a family doctor.

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HEMATOLOGICAL ANOMALIES OF RHEUMATIC DISEASES AND SYNDROMES

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Based on the results of clinical trials, the article discusses aspects of haematological manifestations and the dynamics of the cellular blood picture and haemostasis in severe rheumatic diseases and syndromes. The study of the current state of the problem shows that the most common blood symptoms are neutropenia, lymphopenia, thrombocytopenia, haemolytic anaemia, thrombotic thrombocytopenic microangiopathy, arterial and venous thrombosis. Thrombus formation is promoted by endothelial dysfunction, formation of a wide range of pathological antibodies, including to vascular wall cardiolipin, nephrotic syndrome, arterial hypertension, rapid development of atherosclerosis in the setting of systemic inflammation. The existing haematological symptoms, or their combination, are an important clinical reference point for timely recognition of rheumatic disease, differential diagnosis, the possibility of assessing the course features, the prognosis of severe complications, and the quality and safety of treatment. Among these particularly dangerous complications requiring intensive treatment are thrombosis, haemorrhagic syndrome and secondary thrombocytopenic microangiopathy. Neutropenia is accompanied by a risk of infections, including generalised infections. Injectable glucocorticoids, cyclophosphamide, but if possible, anticoagulants, thrombopoiesis and leukopoiesis stimulants, and some modern biological drugs (tocilizumab, rituximab) remain the basis for the treatment of haematological complications. At the same time, the problem of the negative impact of synthetic and biological anti-rheumatic drugs on blood parameters is being discussed. Secondary thrombotic thrombocytopenic microangiopathy is a direct consequence of endothelial dysfunction in antiphospholipid syndrome, systemic lupus erythematosus, systemic scleroderma, or the use of cytostatic agents. It includes several clinical, often urgent, conditions with haemolysis in small vessels, thrombocytopenia, renal, pulmonary and central nervous system ischaemia. The systematisation of clinical trial results on the characteristic changes in the blood cellular picture and haemostasis contributes to the timely diagnosis and optimisation of therapeutic approaches.

Key words: *rheumatic diseases, leukaemia, thrombocytopenia, thrombosis, haemolytic anaemia.*