

Late postoperative period: State anxiety during the late postoperative period was: moderate in $36,0\% \pm 4,80$ cases and severe in $4,0\% \pm 1,95$ cases. Compared with state anxiety during the confinement period, state anxiety during the late postoperative period has significantly decreased.

Conclusion: 23% of the patients had a moderate trait of anxiety and 1% had severe trait anxiety before cesarean section.

a) During the confinement period, state anxiety is dominated by the moderate form (58%), depending directly upon postoperative stress.

b) During the late postoperative period, the level of state anxiety is decreased, predominant being light state anxiety (60%).

Keywords: anxiety, postpartum, cesarean.

THE CLINICAL FEATURES AND THE RECOVERY PROCESS IN PATIENTS WITH ISCHEMIC STROKE WITH TRANSIENT ISCHEMIC ATTACKS IN THE PAST

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Introduction: According to WHO, the global mortality from ischemic stroke is 9% annually, representing the third cause of death after heart diseases and cancer. The stroke is the main determinant of physical and mental disabilities in adults. The incidence and prevalence of transient ischemic attacks (TIAs) are continuously increasing due to the aging of the population worldwide. The importance of rapid and accurate diagnosis of TIAs is based on the fact that after a first TIA approximately 5% of patients develop a stroke during the next two days and about 20-30% - over the next 90 days. TIAs are important predictive factors of future stroke. The effective treatment of TIAs can prevent the recurrence of cerebral infarction. Recent studies show that the TIAs in the history of patients presenting an actual stroke can stimulate the cerebral resistance, like a neuroprotective factor.

Purpose and objectives: The clinical research of the evolution and recovery process in patients with ischemic stroke with TIAs in the past; the analysis of literature medical data on the importance of TIAs in the development and evolution of strokes; the stroke evolution assessment in patients with TIAs in the past during the acute, early and late recovery phases.

Materials and methods: The study was conducted on 33 patients with ischemic stroke, the acute, early and late recovery phases, with and without TIAs in the past, and included: clinical examination of the patients (general clinical examination, neurological examination, history disease, underlining the presence of TIAs in the past); assessment of functional independence degree after stroke, using the Barthel score; statistical evaluation of data obtained by comparative analysis and graphics.

Results: In the present study was determinate that TIAs were present in 12 (36,4%) from 33 patients with ischemic stroke, at different intervals before the current stroke (from 2 week to 24 months). According to Barthel score, the average score obtained in examined patients was 37,8 points. The average score in patients with ischemic stroke without TIA in the past (21 patients - 63,3%) was 31,9 points, significantly lower than in the patients with stroke and TIA (12 patients- 36,4%), who accumulated, on average, 46,04 points. We also analyzed the functional independence degree depending on the time of ischemic stroke occurrence and the Barthel score achievement. In this case, the highest score was obtained in patients

evaluated during the early post-stroke recovery (at 4-6 months distance from the ischemic stroke) with 52,5 points, which can be explained by the presence of TIAs in the past of 2 patients from this subgroup and who accumulate a high Barthel score – 72,5 points.

Conclusions: TIAs can be considered as factors that induce cerebral ischemic preconditioning. The assessment of disability degree in patients with ischemic stroke using the Barthel score showed a significantly higher mean score in patients with stroke and TIA than in patients without TIA in the past. The highest Barthel score was obtained in patients evaluated in the early recovery period and in patients with TIA at 12 months before stroke.

Keywords: stroke, transient ischemic attacks, cerebral ischemic preconditioning, Barthel score.

INDICATORS OF DIABETES MELLITUS TYPE 2 PATIENTS COMPENSATION BY THE LEVEL OF GLYCATED HEMOGLOBIN IN TERNOPOL REGION, UKRAINE, 2011

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Introduction: WHO notes that diabetes mellitus (DM) leads to increased mortality of patients by 2-3 times and reduces their life duration by 10-30 %. Epidemiological studies in Ukraine indicate a permanent increase in the number of patients with both DM types. The most objective and long-term indicator of diabetes compensation is glycated hemoglobin (HbA1c).

Purpose: Our study was to estimate the stage of compensation for patients with DM types 1 and 2 in Ternopil region on the basis of HbA1c levels.

Materials and methods: We examined 285 patients with type 2 diabetes, among them 150 people received insulin therapy. The duration of diabetes was from 2 to 17 years. Patients' age was from 42 to 75 years. Due to the fact that the study involved 49.2% of patients older than 50 years, stages of compensation of diabetes were the following: HbA1c less than 7.0% - good control, 7,0-8,0% - satisfactory control, above 8.0% - poor control.

Results: The amount of patients with HbA1c level under 7% was 8.65%, with HbA1c from 7.0 to 8.0% - 17.11%, with HbA1c above 8.0% - 74.24%, respectively. The average HbA1c level among clients with type 2 diabetes and insulin treatment was $(9.62 \pm 0.07)\%$ and among those, who used anti-diabetic drugs - $(9.34 \pm 0.08)\%$, respectively.

The average HbA1c concentration in patients with type 2 DM in Ternopil region, Ukraine in 2011 was $(9.48 \pm 0.06)\%$.

Conclusions: The average level of glycated hemoglobin in patients with type 2 diabetes mellitus in Ternopil region, Ukraine in 2011 was $(9.48 \pm 0.06)\%$, and did not depend on the method of its treatment (insulin or anti-diabetic drugs). The majority of clients with diabetes mellitus type 2 (74.24%) presented poor control of the disease.

Key words: Diabetes Mellitus, glycated haemoglobin.