

transport erythrocytes functions insufficiency should include impact and drugs with hemoglobin regenerating attribute. There are a lot of known impact and drugs for different anaemias therapy. At the same time rehabilitation of hemoglobin functions also includes usage of antioxidant and organism sanitation. Glucose is linked with erythrocytes hemoglobin strong enough. Therefore, one of the first aid methods is the replacement of donor part erythrocytes with high or normal active (not glycosylated etc.) hemoglobin content. In all cases, when adsorption-transport erythrocytes functions insufficiency is poorly affected by therapy, donor erythrocytes or donor blood is required.

It is also timely at 2-3 weeks of therapy of severe cranio-cerebral injury. To the number of actions on prevention and therapy of deficiency we include: old erythrocytes extraction with further injection of erythropoiesis stimulator or injection of donor erythrocytes. According to our data, at slowing-down of utilization of old erythrocytes, positive effect can be achieved by Dorokhov antiseptic use (ASD-2, second fraction).

The question of utilization increase of glucose in lungs, require clinical approach and additional research. Probably local substances inhalation, stimulating metabolism (analogs of existing thyroid gland hormones and other drugs), will raise energy metabolism only in lungs. Influence on specified biologically active points of lungs meridian also can increase energy processes in this organ.

«Stress – regenerative» reaction was evolutionary generated in organism to cranio-cerebral injury, directed for recovery of injured tissue and dysfunction. With availability of initial «health reserves» total metabolism increased many times with body temperature raise, additional glucose intake, intensification of «receipt» glucose from lipids and proteins etc. In this case utilization of glucose in brain tissue is on the highest level. This also could not exclude appearance or increase in adsorption-transport erythrocytes functions insufficiency. Thereafter, many appropriate comments and suggestions according acute edema of lungs also directed to brain tissue edema. It is important to mark, very often in 2-3 weeks after serious craniocerebral injury emaciation of above mentioned protective-restorative reaction begins. Therefore, possibly, in this case it is necessary to maintain the necessary level not only glucose, but also appropriate «stress» hormone. Among them, according our data, we should draw attention on dopamine (Dopaminum). This hormone, according to animal experiments, shows evident effect on «hormone mobilization». This effect is very similar according to observation of astronauts at land day [3].

Return of protein from interstitium to blood flow with above mentioned mechanism – is relatively slow process. The decrease in adsorption-transport erythrocytes functions itself is not an underlying cause of acute edema of lungs, brain and

other tissue and organs. Offered actions – this is just an addition to well known treatment algorithms.

Our research in applied aspects in adsorption-transport erythrocytes functions [4], undoubtedly, can be accelerated by cooperating with other organizations. Additional financing required.

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OVERWEIGHT AND OBESITY IS MODERN PROBLEMS IN DEPRESSIVE DISORDERS

Kornetov N.A., Jarosch O.A.

*Siberian State Medical University, Tomsk,
e-mail: korn@mail.tomsknet.ru*

Continuous growth of overweight and obesity in the world, the European region, including the Russian cities is marked. Some psychiatric disorders, in particular depression are connected with obesity. Our preliminary data has shown that depression with bulimia or with binge-eating, low self-esteem, difficulties in social adaptation were found out in 53,9% of women among 359 who sought for psychotherapy care.

Overweight and obesity often lead to health disturbances. By the calculations made in 2005 by World Health Organization 1,6 billion adult people in the world have overweight and 400 millions suffer from obesity. It is predicted that by 2015 these figures will increase up to 2,3 billion and 700 million respectively. The sharp growth of the number of people with overweight and obesity in the countries with low and middle income, including Russia, especially in city areas, is registered [9]. Overweight and obesity contribute to a large proportion of diseases shortening life duration and adversely affecting the quality of life. More than one million deaths related to excess body weight in the WHO European Region [2].

Purpose. The analysis of various data about overweight, obesity and depression.

Methods. Short polemic clinical overview on depression and overweight.

Overweight and obesity can independently cause conditions with life quality decrease owing to

restriction of contacts (stigma of obesity), inertness and hypokinesia in the way of life (fast fatigue), experiences of distress from an image of a body and mental and behavioral disorders, in particular anxious and depressive [3].

It is supposed that overweight and obesity may be also connected with psychological and emotional problems [5]. Recently the idea that fatness could play an important role in the psychiatric nomenclature has been discussed. Researchers have shown high levels of fatness among people with disorders of food behavior, food excesses, unipolar depressive disorder and etc [7].

In a problem of the specified interrelation of depression and fatness, there is no unequivocal position. It is offered to divide all research works into three levels. Many researches in which frequencies of the general psychological functioning, concerning to depressions and anxiety in persons with excessive and normal weight were compared, did not often find certain distinctions in these two groups on psychological parameters. However, transcultural comparisons showed the expressed distinctions at these conditions and the negative relation to corpulent people. Tolerance of people with excess weight varies from resistance to negative estimations to their physical image and habitus to extreme degree of vulnerability. The second level of the approach suggests carrying out research which would begin with risk factor estimation model. This approach presumes to identify persons who suffer from their fatness in interrelation with features of psychological functioning. Thirdly, the following generation of researches is recommended. For these researches the establishment of pathophysiological mechanisms which would connect fatness with certain experiences of distress or mental disorder is offered [3]. However, there are several assumptions that fatness and problems of psychosocial and mental health are connected. Recent papers add evidence to previous work linking social network structures and obesity. Social capital and social stress are additional types of social influence [6]. Our preliminary data has shown that depression with bulimia or with binge-eating, low self-esteem, difficulties in social adaptation were found out in 53,9% of women among 359 who sought for psychotherapy care [1].

In this direction the problem of studying of the depressive disorders prevalence in obesity also develops. Thus, the given researches and the authors' points of view can be various or complementary [2, 3, 8, 10].

Secondly, interventions directed to bodyweight decline may be included in complex treatment of psychiatric disorders taking to the account the frequency of depressive and bipolar disorders. In groups with various characteristics psychosocial problems, low level of social support, problems with mental health, low self-respect and the self-esteem, low level of average life duration, subthreshold depressive mood are marked [8].

Conclusion. Excess weight and obesity increase has epidemic character worldwide as non infectious condition. Craftiness of obesity is in its accruing comorbidity with depressive disorders that undoubtedly reduces quality of a life and obviously would essentially raise the mortality.

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MODERN APPROACHES TO AN ESTIMATION OF EFFICIENCY OF SUPERVISION OVER CHILDREN FROM RISK GROUPS ON TUBERCULOSIS DEVELOPMENT

¹Kozlov L.B., ¹Tyulkova T.Y., ²Kornachev A.S.,
¹Kozlova O.F.

¹SEI HVT «The Tyumen state medical academy;

²FOBS «TSRIRIP», Tyumen, e-mail: kozlov@tyumsma.ru

VI group supervision the account at phthisiatricians is formed by data tuberculin tests. Being based on the immunological data, the standard approach to supervision over it was effective in 20% of cases. At 20% of patients initial indicators of immune system at children at the moment of removal from the account remained. In 60% dynamics of immunological indicators isn'ted, but it hasn't led to homeostasis restoration in an organism. On the basis of the discriminant analysis of immunological variables objective criteria of prophylactic medical examination of children of VI group of risk on de-