



**FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF EDUCATION
KUBAN STATE MEDICAL UNIVERSITY» MINISTRY OF HEALTH OF THE
RUSSIAN FEDERATION**

**DEPARTMENT OF DISEASE PREVENTION,
HEALTHY LIFESTYLE AND EPIDEMIOLOGY**

**TASKS FOR PRACTICAL CLASSES OF THE
DISCIPLINE**

Diseases Prevention

Textbook for English-speaking students of the medical university

**Krasnodar
2023**

УДК: 616 -084

ББК: 51.1(2)2

П 84

Compiled by:

Associate Professor of the Department of Disease Prevention, Healthy Lifestyle and Epidemiology of the Kuban State Medical University of the Ministry of Health of Russia, Ph.D. **V.M. _ Bondina**

Assistant of the Department of Disease Prevention, Healthy Lifestyle and Epidemiology, Kuban State **Medical** University of the Ministry of Health of Russia **D.A. Gubareva**

Under the editorship of the head of the Department of Disease Prevention, Healthy Lifestyle and Epidemiology of the Federal State Budgetary Educational Institution of Higher Education of the Kuban State Medical University of the Ministry of Health of Russia, MD, **S.N. Alekseenko**

Prevention of diseases: a workshop for foreign citizens studying in English / edited by S.N. Alekseenko; / Federal State Budgetary Educational Institution of Higher Education Kuban State Medical University of the Ministry of Health of Russia; compilers: V.M. Bondina, D.A. Gubareva, I.P. – Krasnodar: FGBOU VO KubSMU of the Ministry of Health of Russia, 2023. – 77 p. – Text: direct

Reviewers:

Head of the Department of Public Health, Health Care and History of Medicine, Doctor of Medical Sciences, Professor **A.N. Redko**

Acting chief physician of the Center for Public Health and Medical Prevention of the Ministry of Health of the Krasnodar Territory, Ph.D., **A.V. Sakharov.**

The manual was compiled in accordance with the Federal State Educational Standard of Higher Education (3 ++) of the specialties "General Medicine" (order No. 988 of 08/12/2020), and on the basis of the work program of the discipline "Disease Prevention".

The publication is intended to ensure the control of knowledge and skills of students during practical (seminar) classes on discipline "Prevention of diseases", and independent development of the material by students of the medical faculty.

Recommended for publication by CMS FSBEI HE KubSMU

Minutes No. __ dated " __ " _____ 2023

УДК: 616 -084

ББК: 51.1(2)2

П 84

S.N. Alekseenko, V.M. Bondina, D.A. Gubareva

PREFACE

The proposed educational and methodological manual contains a modern point of view on the elements of a healthy lifestyle, its categories that are of a social nature, such as quality of life and standard of living.

The purpose of the manual is to assist students in mastering the discipline, to form a holistic system of views on the basics of a healthy lifestyle. The manual is dedicated to effective measures to reduce the impact of risk factors on a person, and, accordingly, the ability to talk with people who have bad habits, as well as to identify and help individuals with addictive behavior.

Medical professionals have virtually no influence on socio-economic factors or change the environment. However, by promoting and teaching the population healthy habits (health-saving technologies), you can try to correct the image and stereotypes of life of individuals or certain groups of the population. The main task is to inform and teach certain behavioral skills; the goal is to increase the individual's responsibility for their own health and change the motivation of behavior.

Health promotion is impossible without a dialogue between the health professional and the individual. This dialogue should be aimed at explaining the need for certain preventive measures. Without dialogue, an individual is not able to actively perceive and often ignores information about factors that affect their health and put them at risk.

For the successful implementation of health promotion measures, a medical professional must be well-versed in all areas of medicine. But, first of all, they must understand what health and disease are, what criteria exist for their detection, and how they affect the quality of life of an individual. In addition, the health care provider must have information about the main factors affecting health. It is also necessary to know about the specifics of implementing health promotion programs in various target groups.

The structure of the manual includes educational questions to the topics of practical classes, which must be summarized directly in the workshop, methodological material necessary for solving situational problems, test tasks, as well as recommended literature.

TABLE OF CONTENTS

	page
Introduction	5
Chapter 1. History of the emergence and development of preventive medicine. Prevention as one of the priority areas of public health protection.	6
Chapter 2. Terms and concepts used in medical prevention. Definition of the concepts "prevention", "medical prevention". Types of medical prevention. Routine checkups and preventive counseling.	8
Chapter 3. Risk Factors for the development of diseases: definition, classification, practical significance. Diagnostic criteria for risk factors for chronic non-communicable diseases. Screening: definition, purpose, and types.	12
Chapter 4. Features of prevention in different categories of the population.	15
Chapter 5. Diseases of the cardiovascular system: significance, risk factors, prevention. The concept of total risk. SCORE scale.	18
Chapter 6. Diabetes mellitus: significance, risk factors, prevention.	25
Chapter 7. Chronic kidney disease: significance, epidemiology, risk factors, prevention.	31
Chapter 8. Diseases of the bronchopulmonary system (chronic obstructive pulmonary disease, bronchial asthma): significance, risk factors, and prevention.	35
Chapter 9. Diseases of the digestive system: significance, risk factors, prevention.	40
Chapter 10. Diseases of the musculoskeletal system: significance, risk factors, and prevention.	48
Chapter 11. Traumatism: significance, classification of injuries. Risk factors for various types of injuries. Prevention of injury.	54
Chapter 12. Malignant neoplasms: relevance, risk factors, prevention. Development of cancer alertness in the population	58
Chapter 13. Infectious diseases: relevance, features of infectious pathology at the present stage, risk factors, prevention	63
Chapter 14. Tuberculosis: significance, types of prevention	66
Chapter 15. Chemical addictions. Alcohol and related problems. Smoking tobacco (nicotine) and its harm to health.	68
Chapter 16. Disease dependent behavior (continued). Drug addiction and substance abuse: relevance, risk factors, psychosomatic pathology. Levels of prevention of diseases of dependent behavior.	74
List of references	77

INTRODUCTION

A serious victory over many infectious diseases, which was marked by the first half of the 20th century, thanks to the development of methods of vaccination, and then the discovery of antibiotics, antiviral, antifungal and antiparasitic drugs, led to a significant increase in life expectancy.

However, the progress of medical science, along with the development of the benefits of civilization, brought to mankind new diseases, which, if they were known before, did not represent such a serious problem. We are talking, first of all, about non-communicable diseases (cardiovascular, endocrine, oncological, etc.).

The development of agriculture and the food industry has led to the elimination of hunger and, at the same time, to an increase in the availability of food, a decrease in their cost, the appearance of freeze-dried, processed foods. Overeating is no longer a rarity. Industrialization and urban climate change have led to a change in the ecological situation.

Thus, non-communicable diseases, being the reverse side of the development of human society, are often referred to as "diseases of civilization". At the same time, the risk of their development is not the same, and depends not only on environmental, genetic factors, on progress in the field of medicine, but also on the behavior of a particular individual. That is why in recent years the paradigm of a healthy lifestyle has begun to take shape as an integral part of preventive medicine.

Like everything new, a healthy lifestyle is rooted in the deep past. However, the philosophy of a healthy lifestyle began to take shape only in the second half of the twentieth century. It has become clear that many non-communicable diseases are cheaper and easier to prevent than to subsequently treat. In addition, there is an idea of the paramount role of health saving of each individual in the prevention of non-infectious pathology. Therefore, a healthy lifestyle is a certain cultural tradition of society, which is widely instilled in many foreign countries.

The growing interest in this problem in our country is due to the fact that there has been an awareness of the health of the individual as one of the basic values of society, and the need to strengthen the preventive component of healthcare has been repeatedly noted in the speeches of the President of the Russian Federation and other top officials of the state. Of course, the prevention of many diseases is impossible without lifestyle changes. Therefore, the central point in the preservation and strengthening of both individual and public health is the creation and maintenance of motivation for the formation of a healthy lifestyle and commitment to a healthy lifestyle.

TOPIC 1.
HISTORY OF THE EMERGENCE AND DEVELOPMENT OF PREVENTIVE
MEDICINE.
PREVENTION AS ONE OF THE PRIORITY AREAS OF PUBLIC HEALTH
PROTECTION.

1. *The main stages in the history of the emergence and development of the preventive trend in medicine?*

a) *Ancient Egypt, China, Greece*

b) *Ancient Rome*

c) *VI - XII centuries.*

d) *XI*

e) *XVIII - XIX*

f) *XIX : M. Petternkofer and A. Dobroslavin-*

F. Erisman-

G. Khlopin-

F. Krotkov -

g) *who introduced the following terms: "sanology"*

"vleology"

"healthy lifestyle"

h) *at the end of the 20th - beginning of the 21st century*

2. Fill in the table. What international organizations work in the field of health protection?

Full name of the organization	The main goals and tasks of the organization related to health
WHO-	
UNESCO -	
UNICEF-	
ILO -	
R... C....	
W.... M..... A.....	
W.... B....	
P..... F.... UN	
UNAIDS	

3. What are the functions of the World Health Organization at present?

**TOPIC 2. TERMS AND CONCEPTS USED IN MEDICAL PREVENTION.
DEFINITION OF THE CONCEPTS "PREVENTION", "MEDICAL
PREVENTION". TYPES OF MEDICAL PREVENTION. ROUTINE
CHECKUPS AND PREVENTIVE COUNSELING**

Security questions for self-training:

1. Define the concept of
"health". _____

2. What types of health do you know (according to
WHO)? _____

3. Define the main concepts:

4. Healthy lifestyle— _____

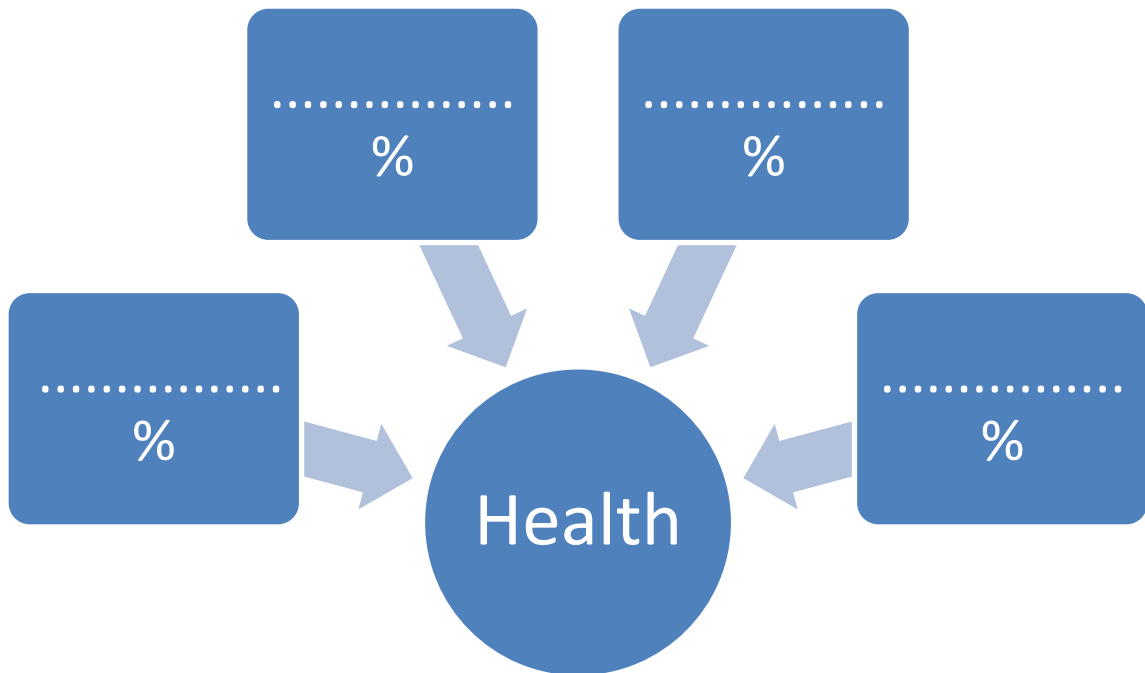
5. Personal health— _____

6. Public health— _____

7. Quality of life- _____

8. Health promotion _____

9. Factors and conditions that determine the health of the population (fill in the form below).



10. Disease prevention
(concept) _____

11. Types of prevention _____

1. Primary prevention –

2. Secondary prevention –

3. Tertiary prevention –

4. Rehabilitation (restoration of health) –

12. Medical prevention in relation to the population (FORMS prevention measures)
1) the individual -

2) group -

3) population (mass) -

13. Fill in the table : "the Ratio of different types of prevention»

	Individual	Group	Population (<i>mass</i>)
Primary			
Secondary			
Tertiary			

14. Preventive medical examinations –

15. Preventive counseling –

16. Risk factors –

**TOPIC 3. RISK FACTORS FOR THE DEVELOPMENT OF DISEASES:
DEFINITION, CLASSIFICATION, PRACTICAL SIGNIFICANCE.
DIAGNOSTIC CRITERIA FOR RISK FACTORS FOR CHRONIC NON-
COMMUNICABLE DISEASES. SCREENING: DEFINITION, PURPOSE,
AND TYPES.**

1. Даўме Define the concept of " risk factor» _____

1. Classification of risk factors: _____

2. How does WHO categorize risk factors? _____

3. Risk allocated to public health practice?

1) _____

2) _____

3) _____

4) _____

5) _____

4. What are the diagnostic criteria for risk factors for chronic non-communicable diseases?

Elevated levels of blood pressure –

Dyslipidemia –

Elevated levels of glucose in the blood –

1) in the capillary (from the finger)

2) in plasma (from a vein)

Tobacco Smoking –

Poor nutrition –

Overweight –

The norm

pre-obesity

obesity of the 1st degree

obesity of the 2nd degree

obesity of the 3d degree

abdominal obesity:

men's waist circumference

women's waist circumference

Low physical activity –

**Risk of harmful alcohol consumption and risk of consumption of
narcotic drugs and psychotropic
substances**

Total cardiovascular risk _____

1. *What is the definition of "screening"?*

2. *What types of screening do you know?*

1. _____

2. _____

TOPIC 4. FEATURES OF PREVENTION IN DIFFERENT CATEGORIES OF THE POPULATION.

1. Fill in the table.

Stage and result	Priority areas of prevention
<p>Before and during labor: birth of a healthy baby</p>	<p><i>Before and during pregnancy:</i></p> <ul style="list-style-type: none"> • • • • • • <p><i>During pregnancy:</i></p> <ul style="list-style-type: none"> • • • • • <p><i>During and immediately after childbirth:</i></p> <ul style="list-style-type: none"> • • • • • • • <p><i>During the first month of life:</i></p> <ul style="list-style-type: none"> • • • •
<p>First year of life: surviving through the most vulnerable period</p>	<ul style="list-style-type: none"> • • • • •
<p>Early childhood (up to 5-6 years):</p>	<ul style="list-style-type: none"> • •

preparation- for school admission	• • • •
Late childhood (up to 10- 11 years): beginning of puberty	• • • • •
Teen age Adolescence: a healthy teen	• • •
Throughout your life	• • •

2. Specify the specifics of prevention among middle-aged people.

Group of chronic noninfectious diseases:

- 1) _____
- 2) _____
- 4) _____

Main risk factors for these diseases:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

3. Classification of methods of contraception:

4. What are the main directions of preventive measures for the elderly (who)?

- _____
- _____

- _____

- _____

- _____

- _____

5. *What are the proven risk factors for disability in the elderly?*

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

**TOPIC 5. DISEASES OF THE CARDIOVASCULAR SYSTEM: RISK
FACTORS, PREVENTION
(GENDER AND AGE CHARACTERISTICS).
THE CONCEPT OF TOTAL RISK. THE SCORE RISK SCALE.**

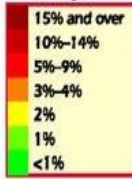
*1. Methodology for determining the total cardiovascular risk using the
SCORE scale*

1. Select a column that corresponds to the patient's gender, age, and Smoking status.
2. Next, inside the table, you should find the cell that most corresponds to the individual level of measured SBP (mmol/ lт.ст) and total cholesterol (mmol/l)
3. The figure in the cell corresponds to the 10-year cumulative risk of death *is not being used in patients with proven atherosclerotic CVD Genesis (IBS, TSVB, aortic aneurysm, peripheral artery atherosclerosis), diabetes mellitus type I and II with damage to target organs, chronic kidney disease, in individuals with very high levels of individual FR, individuals under the age of 65 years (these groups of people are at **very high** CV risk) and citizens under the age of 40, since regardless of the presence of FR (with the exception of very high levels of individual FR) they have a low risk of CVD on the scale.*

The total CV risk may be higher than on the SCORE scale and the relative risk scale in individuals:

- overweight or obese people, especially young people with abdominal obesity, with low physical activity (sedentary work);
- with diabetes: the SCORE scale should only be used in patients with type 1 diabetes without damage to target organs (the risk increases with increasing blood sugar concentrations);
- low HDL cholesterol, high triglyceride levels, especially in combination with familial hypercholesterolemia;
- with a proven atherosclerotic lesion of the carotid arteries, but without clinical manifestations of cerebral circulatory insufficiency;
- with moderate to severe chronic kidney disease [glomerular filtration rate (GFR) <60mL /min/1.73 m²];
- with a family history of early CVD development in the next of kin.

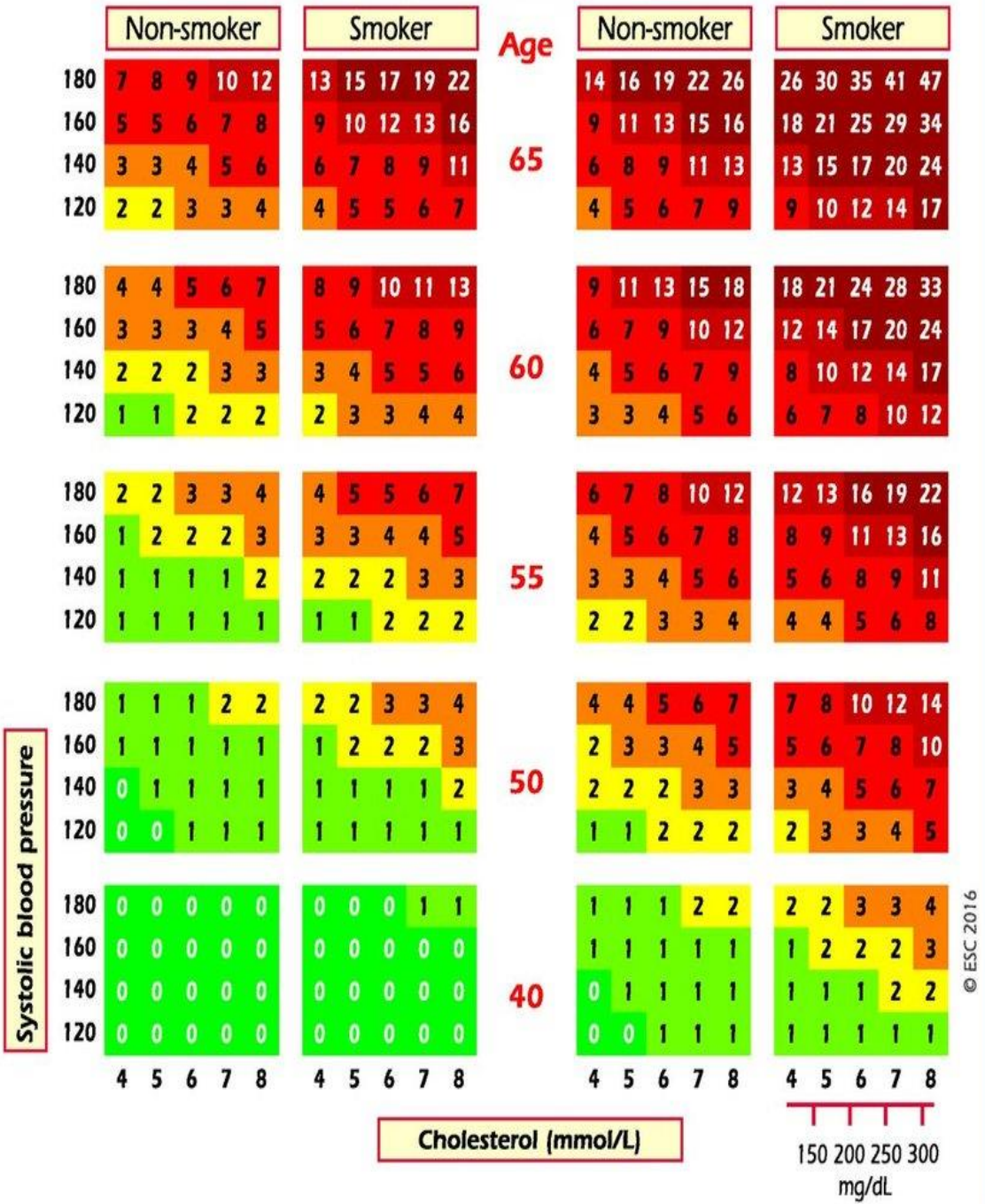
SCORE



10-year risk of fatal CVD in populations at high CVD risk

WOMEN

MEN



© ESC 2016



Assessment of total cardiovascular risk is a key position, since the level of total risk determines the choice of a preventive strategy and specific interventions.

2. List the main CVD risk factors:

1) *uncorrectable*

- _____
- _____
- _____
- _____

2) *correctable*

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

3. Write the criteria for the metabolic syndrome :

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

4. Describe the mechanism of pathological influence on CVD under psychological stress:

5. Why can't alcohol be recommended for CVD prevention ?

6. What are the most important aspects to pay attention to when preventing CVD in women?

1. _____

2. _____

3. _____

4. _____

7. Screening of CVD in children in relation to the following RF :

1. _____

2. _____

3. _____

4. _____

Solving a typical problem. Example.

TASK

The patient is 54 years old. He suffers from hypertension and regularly takes antihypertensive medications. In the anamnesis of gastritis (non-thin form). Complaints of heart pain (suspected angina pectoris), non-smoker, poor nutrition, alcohol abuse.

Objectively: the condition is satisfactory, blood PRESSURE 145/90 mm Hg, height 179 cm, weight-86.5 kg. During auscultation, heart sounds are clear and rhythmic, and vesicular respiration occurs in the lungs. The abdomen is soft and painless on palpation. Symptom Pasternatsky negative. Stool and diuresis are normal.

*Laboratory parameters: TC 5.6 mmol/l, blood glucose 4.0 mmol/l.
No ECG changes.*

Questions

:

- 1. Identify the patient's risk factors for developing cardiovascular disease.*
- 2. Evaluate the cardiovascular risk on the SCORE scale and set a health group for the patient.*
- 3. patient management Tactics.*

Creating a response to an issue Advanced preventive counseling

Age, gender 54 years, husband

Anthropometry: height 179 cm (1.79 m) _ _ _ **weight** 86.5 kg

Abdominal circumference (no information available)

BMI 27.0 kg/m² **interpretation:** pre-obesity

Risk factors for developing NCDs : :

uncorrected: male gender, age

correctable : hypertension; overweight; poor nutrition; alcohol abuse;

hypercholesterolemia (>5.0 > mmol/l)

Existing NCDs in the anamnesis: CHD: angina pectoris? GB

SCORE level: according to table 3% - average, but due to existing conditions, such as hypercholesterolemia, overweight, suspected coronary heart disease, the final interpretation of the USSR level is **high!**

Recommendations to the patient for lifestyle correction:

- follow the principles of healthy eating;*
- deal with the pain in the heart, this is a priority, as it is deadly! (in the lower column "Research of the 2nd stage of medical examination" we describe recommendations for physical examinations); further:*
- physical activity: 30 minutes of moderate physical activity per day;*

- body mass index $25\text{kg}/\text{m}^2$ and no Central obesity;
- Blood PRESSURE <math><130 / 80\text{mmhg}</math>, if there are no contraindications;
- comply with the principles of rational nutrition (we recall the healthy lifestyle);
- control of blood PRESSURE; OHS; UAC; eKG

Recommended research methods :

Cardiologist's consultation: ECHO-CS (because CHD?); determination of the blood lipid spectrum of HDL, LDL, triglycerides (because hypercholesterolemia);
endocrinologist's consultation: determination of glycated hemoglobin in the blood or glucose tolerance test (because overweight +hypercholesterolemia)

Write out a similar task yourself, write it on the appropriate form (below):

TASK

The patient is 51 years old. He has a history of hypertension and does not take antihypertensive medications. Complaints of pain in the heart, suspected tension angina, prolonged cough with sputum discharge. Smokes up to a pack of cigarettes a day, low physical activity.

Objectively: *the condition is satisfactory, BMI – 26.0 kg /m².*

During auscultation in the lungs, respiration is vesicular, heart sounds are clear, rhythmic, heart rate is 81 beats./ minute. Blood PRESSURE – 120/80 mm Hg. the Abdomen on palpation is soft and painless.

SymptomPasternatsky negative on both sides. Stool and diuresis are normal.

Survey results

Biochemical blood test: *TC – 7.8 mmol/ l, blood glucose-5.0 mmol/l.*

Questions:

1. *Identify the patient's risk factors for developing cardiovascular disease.*
2. *Evaluate cardiovascular risk on the SCORE scale and set a health group for the patient.*
3. *Patient management tactics.*

**Creating a response to an issue
Advanced preventive counseling**

Age, gender _____

Anthropometry: growth _____ weight _____

Abdominal circumference _____

BMI _____ interpretation _____

Risk factors for developing NCDs :

There is a history of NCDs (Existing NCDs in the anamnesis):

Total vascular risk level by SCORE _____

Recommendations to the patient for lifestyle correction:

Recommended research methods :

TOPIC 6. DIABETES MELLITUS: SIGNIFICANCE, RISK FACTORS, TYPES OF PREVENTION ., ФАКТОРЫ РИСКА, ВИДЫ ПРОФИЛАКТИКИ.

1. *Diabetes mellitus – DM) - definition)-* _____

2. *Type 1 diabetes-* _____

3. *Why is type 1 diabetes called "latent"?* _____

4. *Type 2 diabetes-* _____

5. *Gestational age SD card holder -* _____

6. *«Prediabetes»-* _____

7. *Under what criteria is the diagnosis of "metabolic syndrome" established?*

1) _____

2) _____

3) _____

4) _____

5) _____

High-risk factors include:

- _____
- _____
- _____
- _____

Medium risk factors include:

- _____
- _____
- _____
- _____
- _____
- _____

11. Prevention of type 1 diabetes should include::

- _____
- _____
- _____
- _____

12. Primary prevention measures for type 2 diabetes include::

- _____
- _____
- _____
- _____
- _____
- _____
- _____

13. risk Group for early carbohydrate metabolism disorders:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

- _____
- _____
- _____

19. Recommendations for physical activity:

1) Formula for calculating the max value of heart rate, taking into account age: _____

2) How many calories do you need to utilize when "burning" 450 g of fat? _____

20. What is the goal of tertiary DM prevention? _____

Its main purpose is: _____

Write down the solution to the problem on the appropriate form:

TASK

A man, 40 years old, suffers from diabetes mellitus 2 tops duringu 3 years. The patient's mother is 64 years old, бо́льнаhas type 2 diabetes and hypertension. The father is 67 years old, suffers from hypertension, and suffered a myocardial infarction at the age of 50. My brother was diagnosed with hypertension. Higher education, works as a Manager of a construction company. Smokes 15 cigarettes a day. He doesn't drink much alcohol.

Objectively: Height 172 cm, body weight 87 kg. The skin is normal color, moist. Heart tones are clear and rhythmic. Blood PRESSURE – 125/75 mm Hg, heart rate-76 beats /min. The abdomen is soft and painless on palpation. The liver is not palpable, the symptom of beating is negative on both sides.

Survey results

General blood test: Er-4, $0 \times 10^{12}/l$, Lake – $7.9 \times 10^9/l$, p/I – 4%, s/I – 43%, e – 1%, l – 45%, m-7%, ESR – 7 mm/h.

Urinalysis: relative density-1023, protein-no, white blood cells-0-1 in the field of vision, red blood cells-0-1 in the field of vision.

Biochemical bloodtest : fasting blood glucose – 7.1 mmol/l, OXC – 5,6 l, total cholesterol – 5.6mmol /l, LDL – 3.0 mmol/l.

EKG: sinus rhythm, heart rate-78 beats./ minute.мин.

TASK:

1. Does the patient have risk factors for developing hypertension? Name them.
2. Is diabetes a risk factor for developing hypertension?
3. Patient management tactics.

**Creating a response to an issue
Advanced preventive counseling**

Age, gender _____

Anthropometry: height _____ weight _____

Abdominal circumference _____

BMI _____ interpretation _____

Risk factors for developing CNID:

There is a history of CNIDUS:

Answer to the 2nd question of the task _____

Health group _____

Recommendations to the patient for lifestyle correction:

Recommended research methods

TOPIC 7. CHRONIC KIDNEY DISEASE: SIGNIFICANCE, RISK FACTORS, PREVENTION

1. What are the markers of kidney damage? _____

2. The definition of CKD is _____

3. What are the criteria for diagnosing CKD? (Five!) _____

1) _____

2) _____

3) _____

4) _____

5) _____

4. What groups of risk factors are identified in CKD?

1) _____

2) _____

3) _____

4) _____

5. Complete the *table of major risk factors for CKD*:

Unmodified ones	Modifiable ones

--	--

6. What are the clinical guidelines for screening?

1) _____

2) _____

a) _____

b) _____

c) _____

3) _____

4) _____

7. Fill in the table:

**Focus of practical prevention measures
and management of chronic kidney disease, depending on its stage**

Stage, designation	And characteristics of kidney function	GFR level in adults	Recommended preventive measures
C1	<i>High optimal</i>	>90	
C2	<i>Slightly reduced</i>	60-89	

C3A	<i>Moderately reduced</i>	45-59	
C3B	<i>Significantly reduced</i>	30-44	
C4	<i>Sharply reduced</i>	15-29	
C5	<i>End-stage renal failure</i>	<15	

8. Write the task on the appropriate form:

TASK

A 38-year-old woman had a sore throat 2 weeks ago. I didn't go to the doctor, I was treated with home remedies (herbs). Allergic history is burdened (Allergy to seafood).

Objectively: the condition is satisfactory. Temperature 37.1° C. The physique is normosthenic. The skin is usually colored. The peripheral lymph nodes are not enlarged. In the lungs, breathing is vesicular, there is no wheezing. BDD – 18/min. The borders of the heart are not expanded. The heart tones are sonorous, the rhythm is correct. Heart rate – 72 beats./ minute. Blood PRESSURE – 105/65 mm Hg. the Abdomen is soft, painless. Liver at the edge of the costal arch. The symptom of beating in the kidney area is negative on both sides. There is no swelling. Urination and stools are normal.

Survey results:

General blood test: red blood cells. – $4.3 \times 10^{12}/l$, leukocytes- $6.7 \times 10^9/l$, p/I-4%, s/I-43%, e-1%, l-45%, m-7%, ESR-18 mm/h.

General analysis of urine: specific gravity-1020, protein-no, sugar-no, white blood cells-1-2 in the field/vision.

TASK:

1. *What are the risk factors for developing kidney pathology in the patient?*
2. *РазвумееWhat kidney pathology is possible in the patient?*
Doctor's tactics for primary prevention (what pathology) ???? in a patient with a sore throat.

**Creating a response to an issue
Advanced preventive counseling**

Age, gender _____

Anthropometry: height _____ weight _____

BMI _____ interpretation _____

Risk factors for developing CNID:

There is a history of CNIDUS:

Please note!

Answer the 2nd question of the task:

Recommendations to the patient for lifestyle correction:

Recommended research methods :

**TOPIC 8. DISEASES OF THE BRONCHOPULMONARY SYSTEM
(CHRONIC OBSTRUCTIVE PULMONARY DISEASE, BRONCHIAL
ASTHMA); SIGNIFICANCE, RISK FACTORS, PREVENTION.**

1) **Chronic obstructive pulmonary disease (COPD)** , *this is* _____

2) *COPD risk factors*

Table. Risk factors for COPD

Probability of factor values	External factors	Internal factors
Installed	— —	—
High	— — — —	— — —
Possible	— · —	—

3) *How to calculate the smoker's index?* _____

4) *Who needs to conduct screening studies. (Screening groups)* _____

5) *Components of secondary COPD prevention:*

- 1)
- 2)

3)

4)

6) **Bronchial asthma (BA)** is _____

7) *Principles of COPD treatment in a stable state.*

1.

2.

3.

4.

5.

6.

7

8

9.

8) *What are **asthma INDUCERS?*** _____

*What are **asthma TRIGGERS?*** _____

9) *Factors that contribute to the development of asthma (inducers)*

Table. Factors that contribute to the development of asthma (inducers).

Factors	Description
1.Internal factors	1. 2.

	3 4.
2.Environmental factors	1. 1.1. 1.2. 2. 3. 4. 4.1. 4.2. 5. .

10) *Trigger factors for Bronchial asthma*

Table. BA trigger factors

--	--

11) *Primary prevention of ASTHMA (briefly, highlights):*

Prenatal activities _____

postnatal activities _____

12) Secondary: predictors of risk groups

- _____
- _____
- _____

13) Goal tertiary prevention of bronchial asthma: _____

14. Write the task on the appropriate form:

TASK

A 45-year-old male who doesn't file any complaints. Smokes 20 cigarettes a day for 12 years. Professional history: works in the foundry for 4 years. The allergic history is not burdened.

Objectively: The skin is normally colored, dry and clean. The physique is normosthenic. The breathing rate is 16 per minute. On palpation, the chest is painless. Respiration is vesicular. Heart tone is rhythmic, heart rate-96 beats./minute. Blood PRESSURE – 135/75 mm Hg.

The belly is a regular shape. On superficial palpation, the abdomen is soft and painless. The lower edge of the liver protrudes 1 cm from under the edge of the costal arch, on palpation the liver is painless. Dimensions of the liver according to Kurlov: 9x8x7 cm. The spleen is not palpable.

Survey results

General blood test: Erythrocytes – $4.1 \times 10^{12}/l$, Leukocytes- $5.9 \times 10^9/l$, p/I-4%, s/I-43%, e-1%, l-45%, m-7%, ESR-8 mm / h.

TASK:

1. What are the risk factors for COPD in this patient?
2. Determine the patient's Smoking index. Is the patient a heavy smoker?
3. Patient management tactics?

Creating a response to an issue
Advanced preventive counseling

Age, gender _____

Anthropometry: height _____ weight _____

BMI _____ interpretation _____

Risk factors for developing CNID:

There is a history of CNIDUS:

Please note!

Answer the 2nd question of the task

Recommendations to the patient for lifestyle correction:

Recommended research methods



4. Secondary prevention of GERD:

Goal: _____

Recommendations: _____

5. Chronic gastritis-definition: _____

6. Causes of chronic gastritis. Fill in the table:

Exogenous factors	Endogenous
- infection H.Pylori;	-
-	-
-	-
-	-
-	-
-	-

7. CG risk groups: 1. _____

2. _____

3. _____

11. Risk factors for Stomach ulcer and duodenal ulcer?

Fill in the table:

Unmodified ones	Modifiable ones
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-

12. Risk factors NSAIDs - gastropathies (non-specific anti-inflammatory drugs)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7.

13. Primary prevention:

Goal:

Priority areas:



14. Chronic cholecystitis-definition:

15. Risk factors for chronic cholecystitis?



❖ _____
❖ _____

16. Cholelithiasis (GI)- definition: _____

17. GI risk factors:

❖ _____
❖ _____
❖ _____
❖ _____
❖ _____

❖ _____

❖ _____
❖ _____
❖ _____
❖ _____
❖ _____

18. Prevention of pathology of the biliary system?

• _____
• _____
• _____
• _____

• _____

• _____
• _____

• _____
• _____
• _____
• _____
• _____
• _____

- _____

- _____

Write the task on the appropriate form:

TASK

Patient S., 57 year sold. He suffers from hip osteoarthritis of 5 Let, constantly takes NSAIDs (diclofenac), also has coronary heart disease, takes 75 mg of acetylsalicylic acid daily. According to the patient, he had a stomach ulcer in his youth.

***Objectively:** height 168 cm, weight 82 kg. The skin is clean and moist, the heart rate is 90 beats/minute, the blood PRESSURE is 145/90 mm Hg, the heart sounds are clear and rhythmic. In the lungs, breathing is vesicular, there is no wheezing. The abdomen is soft and painless on palpation. Stool and diuresis are normal.*

Survey results:

***Total blood count:** Erythrocytes $-3,9 \times 10^{12}/l$, Leukocytes $-6,1 \times 10^9/l$, p/i-4%, s/I-43%, e-1%, l-45%, m-7%, ESR – 10 mm/h.*

***Biochemical blood test:** TC – 6.5 mmol/l.*

TASK:

- 1. List the patient's risk factors for NSAID-associated gastropathies.*
- 2. What other risk factors for gastropathies exist?*
- 3. Prevention of the development of gastropathies in the patient.*

Creating a response to an issue
Advanced preventive counseling

Age, gender _____

Anthropometry: height _____ weight _____

BMI _____ interpretation _____

Risk factors for developing CNID:

There is a history of There is a history of chronic non-communicable diseases :

Please note!

Answer the 2nd question of the task :

Recommendations to the patient for lifestyle correction:

Recommended research methods :

**TOPIC 10. DISEASES OF THE MUSCULOSKELETAL SYSTEM:
SIGNIFICANCE, RISK FACTORS, AND PREVENTION.**

1. *Medical and social significance of diseases of the musculoskeletal system?*

2. *The most common diseases of the musculoskeletal system?*

3. *Osteoporosis-definition:* _____

4. *The most characteristic places of fractures in osteoporosis are:* _____

5. *The most serious complication (fracture)?* _____

6. *How is osteoporosis classified?*

Primary OP:

IType

I _____

IIType

II _____

Secondary OP _____

7. Risk factors for developing osteoporosis?

Fill in the table: **Modifiable and unmodifiable risk factors for osteoporosis**

Unmodified:	Modifiable:
1.	1.
2.	2.
3.	3.
4.	
5.	4.
	5.
6.	6.
7.	7.
8.	
9.	
10.	

8. Effect of acid-base balance on calcium metabolism:

9. Indications for densitometry:

- ---

- ---

- ---

- ---

- ---

- _____

- _____

- _____

- _____

- _____

- _____

- _____

- _____

- _____

- _____

10. *What measures does primary prevention of osteoporosis include?*

11. *What is an indication for secondary prevention of osteoporosis?*

12. *Nutrition for osteoporosis?* _____

- _____

- _____

- _____

- _____

13. *Groups of drugs used for the prevention and treatment of osteoporosis:*

- _____

- _____

- _____

14. *Osteoarthritis (OA)- definition:* _____

15. *Classification of osteoarthritis:*

16. *Fill in the table: fact about the increased risk of developing osteoarthritis:*

Genetic resources	Non-genetic ones

--	--

17. Primary prevention of osteoarthritis?

- _____

- _____
- _____

- _____

18. Secondary prevention?

Recommended:

- * _____
- * _____
- * _____
- * _____
- * _____
- * _____
- * _____
- * _____

TOPIC 11. TRAUMATISM: CONCEPT, SIGNIFICANCE, CLASSIFICATION OF INJURIES. RISK FACTORS FOR VARIOUS TYPES OF INJURIES. INJURY PREVENTION.

1. Types of injuries _____

2. Risk factors for occupational (industrial) injuries?

3. Risk factors for domestic and street injuries?

4. Risk factors for road traffic injuries?

5. Risk factors for sports injuries?

- _____

- _____

- _____

6. Features of epidemiology of child injuries

7. Who has higher injuries (men or women) and why ?

8. Features of prevention of certain types of injuries:

1) Traffic injuries _____

2) Occupational injuries _____

3) Sports injuries _____

4) Domestic injuries _____

9. Complete the task on the appropriate form:

TASK

A 59-year-old man, smokes 1 pack of cigarettes a day, abuses alcohol, and his diet is dominated by meat. He is registered at a dispensary for urolithiasis.

Objectively: condition on examination is satisfactory. A patient with a hypersthenic. Height-171 cm, weight-92 kg. In the lungs, breathing is vesicular on both sides, there is no wheezing. Heart tones are clear and rhythmic. Heart rate-76 beats / min, blood pressure-130/70 mm. r. t. st. The abdomen is symmetrical, participates in the act of breathing, and is painless on palpation.

Survey results

General blood test: Erythrocytes - $4,1 \cdot 10^{12}/l$. Leukocytes- $6,2 \cdot 10^9/l$, p/ i - 4%, s / i - 43%, e-1%, l-7%, ESR - 8 mm/h.

General urinalysis: color-light yellow, reaction-acidic, relative density-1013, protein-0.04 g / l, salts-**urates** +++.

TASK:

1. What are the risk factors for the patient to develop musculoskeletal disorders?
2. What pathology of the musculoskeletal system is possible in the patient?
3. Patient management tactics.

**Creating a response to an issue
Advanced preventive counseling**

Age, gender _____

Anthropometry:

height _____ weight _____

BMI _____ interpretation _____

Risk factors for the development of:

There is a history of CNIDUS:

Please note!

Development of what pathology of the musculoskeletal system is possible in the patient _____

Recommendations to the patient for lifestyle correction:

Recommended research methods:

TOPIC 12. MALIGNANT NEOPLASMS: MEDICAL AND SOCIAL SIGNIFICANCE, EPIDEMIOLOGY, RISK FACTORS, PREVENTION.

1) *Structure of oncological morbidity (or cancer incidence) in women* _____

in men _____

2) *Fill in the table: Directions of primary prevention oncological diseases*

Direction	Main goal
Oncohygienic prevention	
Biochemical prevention (chemoprophylaxis)	
Medical and genetic prevention	
Immunobiological prevention	
Endocrine and age-related prevention	

3) *Principles of an anti-cancer diet*

1) _____

2) _____

3)

4)

5)

6)

4) Fill in the table: *Substances that have a carcinogenic effect*

1. Nitrites, heavy metal salts (how do they affect the body?)
2. Fats: a) b)
3. Canned and smoked products (what do they contain?)
4. Carbohydrates (what? what do they lead to and how?)
5. Aflotoxins (which food have the highest content?)

5) *Mass prevention of cancer. Requirements for the screening program:*

- _____
- _____
- _____
- _____
- _____
- _____

6) *List the oncological diseases that it is advisable to create screening programs for the diagnosis of:*

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

7) *Principles of secondary cancer prevention:*

*Fill in the table: **Diagnostic methods recommended for screening the most common cancer diseases.***

Diseases	Research method and frequency	Description	Age
Cervical cancer			
Breast cancer			
Colon and rectal cancer (colorectal cancer)			

Prostate cancer			

8) *List the cancer risk groups.*

1. _____

2. _____

3. _____

4. _____

5. _____

9) *Complete the task on the appropriate form.*

TASK

The patient is 55 years old. I have a history of stomach ulcers, the last exacerbation was 2 years ago. Osteochondrosis of the thoracic spine without exacerbation. Smokes up to 20 cigarettes a day. The patient's father suffered from CHD.

Complaints of abdominal pain, weight loss.

Objectively: *the condition is satisfactory. Low nutrition*

BMI – 17.5 kg /m².

During auscultation in the lungs, respiration is vesicular. Heart sounds are clear, rhythmic, heart rate-84 beats./ minute.m Blood pressure – 130/70 mm Hg. The abdomen on palpation is soft and painful in the epigastric region. Symptom Pasternatsky negative on both sides.

Survey results:

Biochemical blood test: TC – 3,8 mmol/ l, blood glucose 4.0 mmol/ l.

**Creating a response to an issue
Advanced preventive counseling**

Age, gender _____
Anthropometry: growth _____ weight _____
BMI _____ interpretation _____

Risk factors

There is a history of CNIDUS:

Recommendations to the patient for lifestyle correction:

Recommended research methods :

TOPIC 13. INFECTIOUS DISEASES: SIGNIFICANCE. PATTERNS OF DEVELOPMENT OF THE EPIDEMIC PROCESS. THE CONCEPT OF IMMUNITY, TYPES OF IMMUNITY. TYPES OF PREVENTION OF INFECTIOUS DISEASES.

1. What are the features of infectious pathology at the present stage?

2. Please indicate the main risk factors that contribute to the development of infectious diseases: _____

3. What is an infectious process? How does it differ from the epidemic-process?

4. Epidemic process-definition: _____

5. Describe the first link of the epidemic process: _____

- person-_____
- animals_____
- external environment_____
- "both human and animal_____
- both the external environment and animals_____

6. Describe the 2 links of the epidemic process.

Mechanism of transmission	Mechanism of infection transmission	Factors of infection transmission
<i>Fecal-oral</i>		
<i>Aerogenic</i>		
<i>Transmissive</i>		
<i>Contact number</i>		
<i>Vertical</i>		
<i>Artificial</i>		

7. What is immunity? _____

Make your own diagram (drawing) of the types and "subspecies" of immunity:



8. Fill in the table: Preventive and anti-epidemic measures aimed at 3 links of the epidemic process

<i>Event groups</i>	<i>Types of events</i>
<i>1. Activities related to the source of infection</i>	
<i>2. Activities related to the transmission mechanism</i>	
<i>3. Activities related to the susceptible population</i>	

9. Types of immunological preparations: 1) _____

2) _____

3) _____

4) _____

5) _____

Definitions (information for tests).

A bacteriophage is a group of viruses that parasitize bacteria.

A vaccine is a drug that provides the development of active artificial immunity, which creates immunity to the pathogen.

Immunoglobulins are human or animal proteins that have antibody properties.

Immunoprophylaxis of infectious diseases is a system of measures implemented to prevent, limit the spread and eliminate infectious diseases through preventive vaccinations.

Medical immunobiological preparations – vaccines, anatoxins, immunoglobulins, and other drugs designed to create specific immunity to infectious diseases.

The National calendar of preventive vaccinations is a regulatory legal act that sets the terms and procedure for conducting preventive vaccinations to citizens.

Post-vaccination complications – complications caused by preventive vaccinations included in the National Calendar of Preventive Vaccinations, and preventive vaccinations for epidemiological indications-severe and(or) persistent health disorders due to preventive vaccinations.

Certificate of preventive vaccinations – a document that registers a citizen's preventive vaccinations.

Immune sera are blood products from animals or humans that contain antibodies and are used for the diagnosis, treatment, and prevention of infectious diseases.

A cold chain is a continuously functioning system that provides optimal temperature conditions for storing and transporting vaccines and other

immunobiological preparations at all stages of their journey from the manufacturer to the vaccinated ones.

TOPIC 14. TUBERCULOSIS: SIGNIFICANCE, EPIDEMIOLOGY, RISK FACTORS, RISK GROUPS. TYPES OF PREVENTION.

1. *What is tuberculosis? Name the causative agent of tuberculosis.*

2. *Who is most at risk of tuberculosis?*

3. *What is meant by the term "multidrug-resistant tuberculosis"?*

4. *What are the clinical manifestations of tuberculosis in children? HIV-positive people ?*

5. *What factors contribute to tuberculosis?*

6. *What groups of measures does TB prevention include?*

7. *How is early and timely detection and treatment of tuberculosis patients performed?*

8. *What are the main measures of sanitary prevention of tuberculosis?*

9. *How is tuberculosis vaccination implemented?*

10. *What is tuberculin diagnostics ? How and to whom is the tuberculin diagnosis performed ?*

TOPIC 15. CHEMICAL ADDITIONS. ALCOHOL AND RELATED PROBLEMS.

Write answers to *questions about the topic studied:*

1. How alcohol affects health:

a) disorders of the central nervous system _____

b) disorders of the digestive system _____

b) disorders of the cardiovascular and respiratory systems: _____

c) disorders of the endocrine and reproductive systems:

d) disorders of the urinary system:

2. How alcohol affects the fetus (consequences of exposure):

a) what is FAS _____

b) write the FAS triad _____

c) what are the differences between FAE and FAS _____

3. **Metabolism** involving *alcohol dehydrogenase* - normally this is the main metabolic pathway for alcohol, it includes two stages:

1) *oxidation to acetaldehyde.*

By slowing down the rate of oxidation of ethyl alcohol, resistance to alcohol decreases.

Individuals with genetic low enzyme activity quickly become intoxicated. On the contrary, with increased activity of the enzyme, a person cannot get drunk even with a significant amount of alcohol drunk.

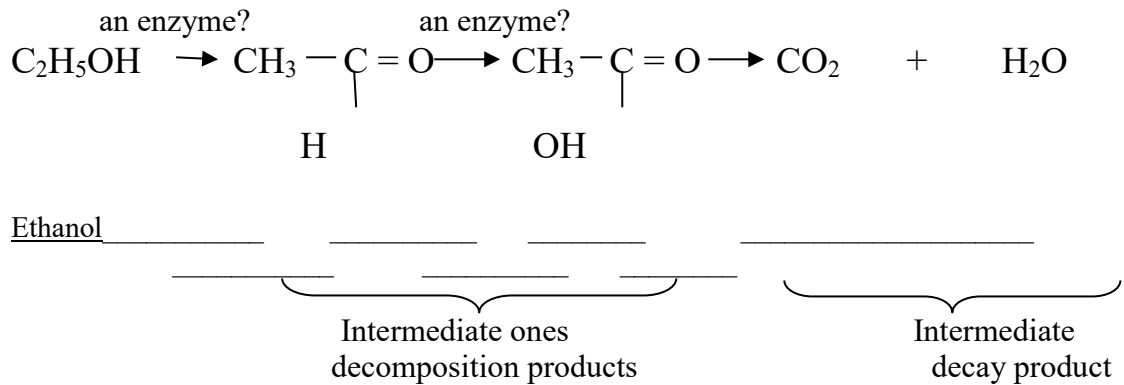
The resulting acetaldehyde is largely toxic, therefore, the faster the second stage of ethanol metabolism proceeds, the less pronounced its toxic effect.

With the accumulation of acetaldehyde during its slow oxidation, the development of intoxication in hangover syndrome is associated. In adolescents, enzymatic oxidation of acetaldehyde is practically absent, so even small amounts of alcohol can cause poisoning.

2) *conversion to acetic acid under the influence of acetaldehyde dehydrogenase.*

When the process slows down, intoxication is observed, which is all the more pronounced, the more the process is slowed down.

Sign the names of the oxidation products during the transformation (metabolism) of ethyl alcohol in the body:



4. Would you recommend alcohol to your patients and why? _____
5. What are the basic principles of alcoholism treatment:
 - 1) medicines (common name) _____
 - 2) psychotherapeutic techniques _____
 - 3) other _____
6. What is your personal relationship with alcohol? _____
7. Can drinking alcohol cause death? _____
8. What are the features of the action of the enzyme *alcohol dehydrogenase* on people of different nationalities:
 - a) Russians _____
 - b) Mongoloids _____
 - c) Europeans _____

Test tasks.

Choose one correct answer from the given options

- ◆ What addiction can alcohol use cause?
 - a) physical
 - b) mental
 - c) none, if used for preventive purposes and little by little
 - d) both mental and physical
 - e) none if there is no genetic predisposition

◆ Where is the effect of alcohol primarily directed?

- a) on the cardiovascular system
- b) on germ cells
- c) dividing cells
- d) the central nervous system
- e) on the hepatobiliary system

◆ The action (over time) of ethyl alcohol on the body eventually results in

- a) a constant desire to sleep
- b) to a decrease in working capacity, rapid fatigue
- c) to the mental destruction of the personality
- d) thirsty
- e) aversion to smoking

◆ Is it more common in chronic alcoholics?

- a) being overweight
- b) underweight
- c) limb hypertrophy
- d) swelling of the lower half of the body at the end of the day
- e) pink cheeks

◆ How does alcohol affect the central nervous system?

- a) depressing
- b) exciting
- c) in three stages
- d) in two stages: 1st stage of excitation, 2nd stage - inhibition
- e) in two stages: 1st stage of inhibition, 2nd - excitation

◆ Is it permissible for a pregnant woman to drink alcohol for "prophylactic" purposes?

- a) yes, with initial manifestations of ARI
- b) only in medicines
- c) yes, if there is a strong desire
- d) no way
- e) yes, only in the first trimester of pregnancy

◆ What is the effect of ethyl alcohol on the fetus?

- a) in the prophylactic antibacterial action
- b) ethanol does not affect the fetus in the last trimester of pregnancy
- c) ethanol accumulates in the amniotic fluid and is present there even when it is no longer present in the mother's blood
- d) the content of ethanol in the amniotic fluid is directly proportional to its content in the mother's blood

e) weak alcoholic drinks have a positive effect, as they cause positive emotions in the mother

◆ What is the toxicity of ethanol?

- a) in the initial action on the central nervous system by a whole molecule
- b) in the production of the liver enzyme primary alcohol dehydrogenase
- c) in the action on the body of metabolites: acetaldehyde and acetic acid
- d) in the action on the body of metabolites: formaldehyde and formic acid
- e) in the cumulative (accumulation effect) in hepatocytes (liver cells)

◆ Why can even small amounts of alcohol cause poisoning in teenagers?

- a) they do not know how to control the dosage
- b) lack of "training"
- c) there is practically no enzymatic oxidation of acetaldehyde
- d) labile (unstable) central nervous system
- e) lack of funds for high-quality alcoholic beverages

◆ What is the reason for the presence of hangover intoxication in the morning after drinking alcohol?

- a) with joint smoking while drinking alcohol
- b) the absence of fatty, oily foods in snacks
- c) if you do not drink plenty of liquid
- d) with the accumulation of acetaldehyde during its slow oxidation
- e) genetics

SMOKING TOBACCO (NICOTINE) AND ITS HARM TO HEALTH.

Test questions for self-study

1. *List the substances found in cigarette smoke?*

2. *What diseases from various organs and systems can occur in smokers?*

3. *Can pregnant women smoke and why?*

4. *What is the physicochemical mechanism of smoking?*

5. *What drugs are used to relieve withdrawal symptoms when quitting tobacco?*

6. *Does the WHO recommend e-cigarettes as an alternative to smoking cessation?*

7. *What substances are present in hookah smoke?*

8. *List the toxic and carcinogenic substances contained in electronic cigarettes?*

9. What are the two main directions of the WHO policy on smoking control?

10. Write recommendations to avoid weight gain
With withdrawal syndrome in tobacco dependence:

TOPIC 16. NARCOTIC SUBSTANCES AND THEIR IMPACT ON HEALTH. DRUG ADDICTION AND ITS TYPES

On the spread of a double sheet of notebook, fill in the table.

Characteristics of the main drugs.

Substance name	Application in medicine	Features of the action of a substance on the body	First aid, antidotes.
1. Opiates (opioids) 1) morphine; 2) codeine; 3) fentanyl; 4) methadone; 5) tramadol			
2. Cannabinoids			
3. Cocaine.			
4. Stimulants: 1) amphetamine; 2) methamphetamine; 3) ecstasy			

(MDMA)			
5. Hallucinogens: 1) psilocin and psilocybin; 2) phencyclidine; 3) DLC.			
6. Entheogens			

**TOXIC SUBSTANCES AND THEIR EFFECT ON THE HUMAN BODY.
TOXICOMANIA AND ITS TYPES.**

Test tasks .

Choose one correct answer from the given options

◆ Toxic substances are:

- a) substances that cause toxicosis of pregnant women
- b) substances that cause aversion to food
- c) substances that disturb the normal chemical balance or interfere with the chemical processes occurring in the body
- d) substances that promote detoxification
- e) all drugs in high doses

◆ Who needs a detox program?

- a) all children
- b) astronauts
- c) older people
- d) mentally ill
- e) for those who were associated with "harmful" production, for residents of large cities and environmentally unfavorable zones

◆ What is the difference between substance abuse and drug addiction?

- a) they are the same
- b) addiction to alcohol is classified as drug addiction, but not to substance abuse
- c) pathological addiction to substances that are not considered as drugs.
- d) routes of administration of substances
- e) complications

◆ What are the most common substances used by drug addicts?

- a) smoking mixtures like "Spice"
- b) opioids
- c) alcohol
- d) sedatives or hypnotics
- e) cocaine

◆ What are the "volatiles" used by drug addicts?

- a) Phosphacol, atropine, galantamine
- b) ficillin
- c) acyzol, amyl nitrite
- d) gasoline, acetone, toluene, perchlorethylene, stain removers
- e) amphetamine, methamphetamine

◆ Which of the following substances is not classified as a drug?

- a) psilocin and psilocybin
- b) spice
- c) LSD
- d) cyclodol
- e) cannabinoids

◆ Where are substance abusers treated?

- a) outpatient at the place of residence
- b) in hospitals at the place of residence
- c) in neurological sanatoriums
- d) in drug or mental dispensaries
- e) in isolation wards of a special strict regime

◆ What are the main principles of the treatment of substance abuse with seduxen and other tranquilizers?

- a) abrupt and unconditional withdrawal of drugs
- b) begin with a gradual decrease in daily doses of tranquilizers; sleep and mood disorders are eliminated with the help of antipsychotics
- c) the use of blood substitutes
- d) the use of a pressure chamber and physiotherapy
- e) lobotomy

◆ What do drug addicts who use gasoline and other "volatile" substances seek to achieve?

- a) restful sleep
- b) problem solving
- c) euphoria and hallucinations
- d) suicide
- e) improving performance and quality of life

◆ What is the development of addiction and substance abuse related to?

- a) unhappy life
- b) mental trauma
- c) individual features of the functioning of neurotransmitter systems and their compensatory capabilities during prolonged exposure to substances
- d) from the initial dosage and route of administration
- e) none of the above

BASIC LITERATURE LIST

1. Joann G. Elmore, Dorothea M.G. Wild, Heidi D. Nelson, David L. Katz. Jekel's Epidemiology, Biostatistics, Preventive medicine, and Public Health.- St.Lous, Missouri: ELSEVIER, 2020. – 451 p.
2. David L. Katz Joann G. Elmore, Dorothea M.G. Wild, Sean C. Lucan. Jekel's Epidemiology, Biostatistics, preventive medicine, and public health, Student Consult - Philadelphia: ELSEVIER, Saunders, 2014,-403 p.

FURTHER READING LIST

3. Ющук Н.Д., Маев И.В., Гуревич К.Г. Здоровый образ жизни и профилактика заболеваний. - Москва, 2019. С.536.
4. С. Н. Алексеенко, В. А. Шашель. Здоровый образ жизни, профилактика заболеваний у детей и подростков: учебное пособие для студентов медицинских вузов - Краснодар, 2020.-324с.
5. Ющук Н.Д., Маев И.В., Гуревич К.Г. Здоровый образ жизни и профилактика заболеваний, учебное пособие. – М.: изд-во Перо, 2012. – 650 с.