SOME PROBLEMS OF ORGANIZATION AND REHABILITATION OF PATIENTS WITH VIRUSES HEPATITIS

Implemented medical measures in Kazakhstan have provided decreasing the incidence with hepatitis B and HBsAg-carrying. In the meantime, the increase of chronic hepatitis C (CHC) is being noticed. The incidence with CHC among inhabitants of the country has increased from 3.7 in 2003 to 11.3 in 2007 per 100 000 people. In these conditions alongside with the clinic-epidemic investigations, also paraclinical aspects of parenteral hepatitis appear as essential.

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Among the human infectious diseases the virus infection of liver takes a leading place in the world (Sorinson, 1998; Serov and Aproskina, 2004). At the same time the parenteral hepatitis (hepatitis B, C, D), in particular their chronic forms, become much significant. These diseases contain the medical, social-economic and demographic components as they have long-term latent infection period, high potential to develop to chronic form. Given inefficiency and accessibility of medical treatment and specific preventive measures, they have a high risk for the formation of liver cirrhosis and liver cancer, in (Zueva and Yafaev, 2006; Benvengiu, Gios, Boccatò, and Alberti, 2004; Lauer and Walker, 2001).

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The purpose of investigation is the estimation of LQ of patients with CHC and the considering new technologies in organization of medical rehabilitation of patients with virus hepatitis.

Materials and methods

Survey, based on SF-36 questionnaire, comprised 34 people (14 men and 20 women), the average age was 37.5 ± 1.29. For estimation of age differences, the patients were divided into two groups: the 1st included people of 35 years old and less, the 2nd - patients of more than 35 years old (35 - the medium of the general group). The received results were processed using MS Excel program.

Results and discussion

Survey has discovered a moderate decrease of LQ indicators in patients with CHC according to three spheres of eight spheres. This proves the latent and compensating character of disease with possibility to keep the long-term social adaptation of patients. It was defined that LQ evaluation had dependency on psycho-emotional and physical conditions of patients participated in the survey.
Estimations in eight LQ areas were the following: physical functions - 74.9 (of 100 scale model), role functions - 50.7, pain intensiveness - 86.1, general condition of health - 52.4, life activity - 66.5, social functions - 77.6, role functions, caused with emotional condition - 52.9, and psychic health - 72.8.

The status of CHC patient is accompanied with the LQ decrease, especially, expressed changes are noticed in the spheres of role functions, general conditions of health and life activity.

The analysis of sex differences of LQ among CHC patients showed that men have higher physical activity, less social functions addiction. At the same time, women with CHC pointed to the intensiveness of ache with more emotional components. It is important to note the high influence of indications of psychic health on own spiritual state and LQ (women - 70; men - 76.9, p<0.05).

The problems of rehabilitation and hospitalization of infected patients are actively studied in recent years. The following main principles of rehabilitation should be used for patients with virus hepatitis:

1. Possible early beginning of rehabilitation measures in an acute period or in early convalescence period, when the threat had passed and began the process of rehabilitation has started;
2. Ensuring strict consequence and continuity of rehabilitation measures ensuring continuous action in different stages of rehabilitation and hospitalization;
3. Providing complex character of recreation measures with participation of different specialists and with the use of various methods of influence;
4. Adequacy of rehabilitation-recreation measures and the actions to adaptive and reserve resources of reconvalsecence stage. This principle requires complying with the gradual increase of physical and mental loading, applying the differentiated methods of influence;
5. Monitoring and controlling effectiveness of conducted measures. The speed and rate of restoration of functional status and professionally significant functions of ex-patients are important indicators.

Considering these principles suggests algorithm in providing optimal rehabilitation procedures for patients with hepatitis (Figure 1)

**Figure 1. Use algorithm of rehabilitation of patients with virus hepatitis**

Thus, treatment and recreation measures in rehabilitation organizations and hospitalizations of patients with viral hepatitis are started in hospitals and as a rule finished when the patient starts his ordinary working activity. Correspondingly, In this regard, it is clear that rehabilitation and clinical examination can not be organized and implemented or the same health institution.

In these conditions, the strict consequence and continuity of treatment and recreation measures may be ensured only due to the united methodological and methodic approach to rehabilitation and hospitalization.

One of the variants of such a scheme is based on the principles of module theory. For developing rehabilitation programs we prepared the dictionary of main notions of module principles and module-block elements of informative parts of the recreation treatment
program. They can serve as useful tools in adapting of innovative processes in hepatocenters, consulting rooms on infectious diseases, also for doctors of rehabilitation. Introducing rehabilitation modules into the treatment process should allow:

- entering to the new state of recreation technologies;
- simplifying and shortening the time in developing rehabilitation programs;
- ensuring integrity and verifiability of rehabilitation process;
- organizing trustable and constructive relationships with patients and partners;
- coding and standardizing in simple way the rehabilitation programs;
- construct and manage both simple and difficult recreation complexes for patients with any profile of pathology using the computer programs or data bases;
- integrating rehabilitation programs in electronic medical records.

Thus, given the growing incidence of chronic viral hepatitis, the development of new technologies in medical rehabilitation of patients is important both for medical science, as well as for practical public health.

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