

**Objectives:** to establish the level of valeological knowledge of students, to reveal its influence on a person's lifestyle, to find out the reasons of non-use of valeological knowledge in practice.

**Materials and methods:** the research was conducted according to the special questionnaire consisting of two parts: the first part is questioning, the second part is testing. Sex and age weren't considered. The majority of respondents were the students.

**Results:** 87 people took place in the questionnaire. 62.4% of respondents have sufficient valeological literacy and are well-informed in matters of a healthy lifestyle. 47.1% of respondents say that they lead a healthy lifestyle, while more than 70% do not perform the simplest health and preventive procedures, such as morning exercises or cold acclimation. 52.9% of respondents say that they do not lead a healthy lifestyle, 63% of them do not lead a healthy lifestyle due to the lack of time, 43.5% do not do it because of laziness, and 13% do not see it as necessity. It is also interesting that 51.7% of respondents drink alcohol, while only 20.7% smoke. It indicates a decline in this trend among young people.

**Conclusions:** based on the results, it can be concluded that people with greater valeological literacy often lead a healthy lifestyle, although it is impossible to say how systematically they do it. There was often lack of time showing high workload of students or perhaps an inability to organize their time. A separate item should be mentioned about the large number of alcohol users among young people, so it requires the need of educational work.

## CHOLESTEROL: LIPOPROTEINS OF LOW AND HIGH DENSITY. THEIR MEANING IN PEOPLE CARDIOVASCULAR HEALTH

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**Research relevance:** nowadays the largest amount of the deaths in the entire world is due to cardiovascular pathologies. Cardiovascular diseases are associated with an excess of cholesterol in the blood which is controlled by lipoproteins and unbalanced cholesterol causes cardiovascular diseases.

**Objectives:** to analyze recent investigations of the role of high and low density lipoproteins in cholesterol metabolism and find out the optimal cholesterol concentration in blood to maintain health.

**Materials and methods:** studies of research papers and statistics about cardiovascular diseases over the last 10 years.

**Results:** cholesterol metabolism is controlled by lipoproteins. Low-density lipoproteins transport cholesterol from the liver to organs and tissues and high-density lipoproteins carry excess cholesterol to the liver cells to reduce it. Normally, the HDLP concentration should be greater than LDLP concentration. Otherwise, the low-density cholesterol accumulates on walls of blood vessels and forms plaques. The imbalanced proportion of lipoproteins of high and low density is one of the main reasons why is cholesterol accumulates in the blood, formulate thromboses and causes cardiovascular fatal diseases. According to the results of the analysis the optimal content of cholesterol in blood was found. For men from 35 to 55 years old this rate is contained within from 3,78 to 7, 17 mmol / liter, for women from 35 to 55 years old — from 3.37 to 7.38 mmol / liter.

**Conclusions:** there are about 30% of all deaths are caused by diseases like cerebral strokes, myocardial infarctions, atherosclerosis, arrhythmia and others. The imbalanced proportion of lipoproteins of high and low density is the main reason why is cholesterol accumulates in the blood. Excess of cholesterol deposits on the walls of blood vessels and causes cardiovascular diseases.

Healthy people should do a blood test of lipid profile and of cholesterol content once a year and people who have predispositions to diseases of the cardiovascular system and metabolic disorders

(for example defects in metabolism of lipids) should be tested very often and they should be under medical supervision.

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## PERMANENTLY RECURRENT COURSE OF ATOPIC DERMATITIS IN CHILDREN: THE RISK FACTORS ASSESSMENT

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**Research relevance:** lately the atopic dermatitis (AD) is seen as an important sociomedical problem: AD incidence rate is increasing. Despite the large-scale implementation of new therapeutic practices there is still the high rate of patients with permanently recurrent disease course (PRDC).

**Objectives:** to reveal the significant risk factors of AD severe forms in children with PRDC.

**Materials and methods:** there was a comparative assessment of AD clinical course distinctions in children groups aged between 4 months and 3 years receiving medical treatment at the serum department with the statistical analysis and the identification of correlation ( $r$ ) between risk factors and the development of PRDC.

**Results:** the main group consisted of 36 patients of early age with a severe form of AD; the comparison group consisted of 43 children with mild form of the disease. According to the results, it was revealed that during this time the frequency of hospitalizations of early age children increased. They were patients with permanently recurrent course of AD (28%). The ELISA and PCR diagnostics in 45 out of 79 examined patients of early age confirmed the presence of bacterial or mixed infection (56, 9%). Burdened allergic anamnesis had a more significant matrilineal relationship than the patrilineal ( $r = 0.48$ ,  $p < 0.001$  and  $r = 0.34$ ,  $p < 0.05$ ). The additional factors of PRDC of AD were gestosis of the first and second half of pregnancy ( $r=0,32$ ,  $p<0,01$ ), constant threat of abortion ( $r=0,49$ ,  $p<0,001$ ), recurrent ARVI and bronchitis in first year children ( $r=0,49$ ,  $p<0,01$ ), signs of intestinal dysbacteriosis ( $r = 0.52$ ,  $p < 0.001$ ).

**Conclusion:** the factors of AD PRDC were the following: Burdened allergic anamnesis had more significant matrilineal relationship than the patrilineal ( $r = 0.48$ ,  $p < 0.001$  and  $r = 0.34$ ,  $p < 0.05$ ). The additional AD factors of PRDC were gestosis of the first and second half of pregnancy ( $r=0,32$ ,  $p<0,01$ ), constant threat of abortion ( $r=0,49$ ,  $p<0,001$ ), recurrent ARVI and bronchitis in first year children ( $r=0,49$ ,  $p<0,01$ ), signs of intestinal disbacteriosis ( $r = 0.52$ ,  $p < 0.001$ ).

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