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INTERNET ADDICTION

Zhikharev K.

Scientific Supervisor: Galfanovich I.L., Senior Lecturer, Polumeyeva D.S., Lecturer
Department of General and Applied Psychology
Department of Foreign Languages
Saint-Petersburg State Pediatric Medical University

Research relevance: nowadays it is impossible to imagine a person living without an access to the Internet. Internet can be used for good, or be mindlessly misused. It may cause health problems including mental diseases such as Internet Addiction Disorder (IAD).

Objective: to survey information about the disorder, its symptoms, methods of treatment, observe its historical development and evaluate the range of the disorder's spread.

Materials and Methods: review and analysis of medical literature on the theme.

Results: the idea that problematic Internet usage meets the criteria for an addiction and should be classified as a mental disorder was originally suggested by Kimberly Young (1996, USA). Since then IAD has been extensively studied and in 2013 it was included into the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Emotional symptoms include: depression, dishonesty, feelings of guilt, anxiety, euphoria upon reaching the Internet, avoidance of work, agitation, mood swings, fear, loneliness, boredom with routine tasks, procrastination. Diagnosing often faces difficulties due to high comorbidity with other psychiatric disorders and extensive use of Internet throughout the world, resulting in the disorder being easily masked. Ways of treatment include mainly cognitive behavioral therapy, with some medication being administered for associated disorders. Approximately six percent of global Internet users are estimated to be addicted.

Conclusion: internet Addiction Disorder is a serious issue in modern society which will continue to expand rapidly with Internet being provided to larger amounts of world population. Governments need to consider it and develop an appropriate policy.

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THE ROLE OF PROTEINS IN INFANT NUTRITION

Verkhovskaya E.V.

Scientific Supervisor: Tyumina L.M., Senior Lecturer
Department of Foreign Languages
Saint-Petersburg State Pediatric Medical University

Research relevance: lack of proteins in infant nutrition disrupts cognitive functions and immune status. Qualitative protein composition is affected by thermal processing, which may lead to interaction between dairy components with the formation of "Mayar's reaction products".

Objective: to study the influence of protein nutritional factor on growth and development of an infant's body.

Materials and methods: the researches included infants getting either artificial formula or breast milk; infants getting either standard formula or formula with reduced protein; healthy full-term newborns getting either formula with protein content 13–18 g/l or breast milk; children with allergy

and lactose intolerance. Soya milk and fermented soya beverages were applied in complex therapy of such children aged from 2 months to 13 years.

Results: the first investigation showed that infants of the age of 4–6 months getting artificial feeding have a higher level of protein consumption than the ones getting breast milk. The second investigation showed authentic increase of the kidney volume in the group of infants with a higher level of protein in formulas compared to those getting breast milk or formulas with a decreased level of protein. The third investigation showed authentic correlation of body mass gain and C-peptide concentration in urine with the level of protein consumption. The fourth investigation resulted not only in the decrease of severe skin and respiratory allergy accompanied by eosinophilia reduction but also in significant improvement of gastrointestinal tract function.

Conclusion: the formula protein digestion can be optimized by the control of glycosylation and denaturation processes that occur during the technological protein processing. The researches have showed that α -Lactalbumin is characterized by a higher tryptophan level compared to other whey proteins and can be used in formulas. Moreover, the importance of proteins for an infant's body is hard to overestimate.

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COMPARATIVE CHARACTERISTICS OF ASTHMATIC CHILDREN WITH AND WITHOUT ALLERGIC CONDITIONS IN THEIR FAMILY HISTORY

Pankratova P.A., Davletova, L. A.

Scientific Supervisors: Gaiduk I.M., MD, PhD, Galfanovich I.L., Senior Lecturer
A.F. Tur Polyclinic Pediatrics Department
Foreign Languages Department
Saint-Petersburg State Pediatric Medical University

Research relevance: bronchial asthma is the most common chronic disease among children and young adults in the world.[1]. The prevalence varies from 1 to 18% in different countries [2], with it being higher in preschool and school age children than in adults. 7% of children with BA are found disabled [3].

Objective: to compare the features of bronchial asthma in children depending on the presence or absence of an allergic pathology in their family history.

Materials and methods: We retrospectively evaluated 109 outpatient children diagnosed bronchial asthma (girls 42, boys — 67) ranging in age from 2 years 10 months to 16 years (the mean age 8.4 ± 0.84). They were followed up in the clinic, “Allergomed” in 2016–2017.

Results: the first group included 76 children who had an allergic disease in their family. The average age of the debut was 5.5 years. Concomitant comorbid diseases were: allergic rhinitis-46%, atopic dermatitis 49% of cases. The BA was mild in 62% and of average severity in 30%. According to the results of skin tests, the most frequent allergens were: household allergens-68.76%, epidermal allergens — 64.7%, meadow herbs — 23.52%. The second group included 33 children without any allergic diseases in the family. The average age of the debut was 7 years. Allergic rhinitis was found in 39%, atopic dermatitis in 30% of cases. The current BA is mild in 78%, of average severity in 21%. According to the results of skin tests, the most frequent allergens were: household allergens- in 68.75%, epidermal allergens –in 50%, meadow herbs in 31.25%.