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ASSESSMENT OF LIFE LIMITATIONS IN THE PROCESS OF MEDICAL AND SOCIAL EXAMINATION FOR CITIZENS AGED 18 YEARS AND OLDER WITH HIV-INFECTION — AIDS

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ABSTRACT. When a person with HIV-infection — AIDS is identified as a disabled person, it is necessary to conduct examination, which is carried out in the Federal State Institutions of Medical and Social Expertise (ITU). The criteria for establishing disability set out in the Order of the Ministry of Labor of Russia dated August 27, 2019 No. 585n are currently applied. The conditions for recognizing a citizen as a disabled person are persistent violations of the functions of the body, which lead to restrictions of vital activity, as well as the need for social support of the citizen. The notion of disability implies partial or complete loss of the ability or capacity to carry out self-care, independent movement, to navigate, communicate and be engaged in work activities. To determining the category and severity of disability is necessary not only for establishing the fact and group of disability, but also for planning the type and scope of social protection measures, including rehabilitation. The crucial point for specialists of a medical organization is filling in the “Referral for medical and social examination by a medical organization” (form No. 088/u), since when making a decision to establish disability, ITU doctors rely largely on the information recorded in this document, including major categories of disability. The definition of restrictions in the main categories of life activity is also extremely necessary for the formation of an individual program for the rehabilitation or habilitation of a disabled person (IPRA) and planning a complex of necessary rehabilitation measures. A professional analysis of the medical history and a competent, thorough registration of a referral to the ITU (form No. 088 / u) contributes to the qualitative conduct of a medical and social examination and availability for the person of the entire range of social protection measures.

KEY WORDS: medical and social expertise; HIV-infection; AIDS; disability; disabled; limitation of life; Referral for medical and social examination by a medical organization; form No. 088/u; individual program for the rehabilitation or habilitation of a disabled person.

ОЦЕНКА ОГРАНИЧЕНИЙ ЖИЗНЕДЕЯТЕЛЬНОСТИ В ПРОЦЕССЕ МЕДИКО-СОЦИАЛЬНОЙ ЭКСПЕРТИЗЫ ГРАЖДАНАМ 18 ЛЕТ И СТАРШЕ С ВИЧ-ИНФЕКЦИЕЙ — СПИДОМ

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РЕЗЮМЕ. При признании лица с ВИЧ-инфекцией — СПИДом инвалидом необходимо проведение процедуры освидетельствования граждан, которое осуществляется в федеральных государственных учреждениях медико-социальной экспертизы (МСЭ). При проведении МСЭ в настоящее время применяют критерии для установления инвалидности, изложенные в Приказе Минтруда России от 27.08.2019 г. № 585н. Условиями признания гражданина инвалидом являются стойкие нарушения функций организма, которые приводят к ограничению в различных категориях жизнедеятельности, а также необходимость в социальной поддержке гражданина. Ограничение жизнедеятельности подразумевает частичную или полную утрату способности или возможности осуществлять самообслуживание, самостоятельно передвигаться, ориентироваться, общаться и заниматься трудовой деятельностью. Определение категории и степени выраженности ограничений жизнедеятельности необходимо не только для установления факта и группы инвалидности, но и для планирования вида и объема социальных мер защиты, включая реабилитацию. Ответственным моментом для специалистов медицинской организации является заполнение «Направления на медико-социальную экспертизу медицинской организацией» (форма № 088/у), так как при решении вопроса об установлении инвалидности врачи МСЭ во многом полагаются на зафиксированные в данном документе сведения, в том числе и по основным категориям ограничения жизнедеятельности. Определение ограничений в основных категориях жизнедеятельности также крайне необходимо для формирования индивидуальной программы реабилитации или абилитации инвалида (ИПРА) и планирования комплекса необходимых реабилитационных мероприятий. Профессиональный анализ истории болезни и грамотное, тщательное оформление направления на МСЭ (форма № 088/у) способствует качественному проведению медико-социальной экспертизы и получению гражданином всего комплекса мер социальной защиты.

КЛЮЧЕВЫЕ СЛОВА: медико-социальная экспертиза; ВИЧ-инфекция; СПИД; инвалид; инвалидность; ограничение жизнедеятельности; направление на медико-социальную экспертизу медицинской организацией; форма № 088/у; индивидуальная программа реабилитации или абилитации инвалида.

INTRODUCTION

The spread of HIV-infection — AIDS continues. By December 31, 2021, 137,596 citizens of the Russian Federation (RF) have been living with a laboratory-confirmed diagnosis of HIV-infection. 71,019 new cases of HIV-infection detected in the immune blot. During the entire period of studying the incidence in Russia, namely since 1987, when the first HIV-infected patient was identified, HIV was detected in 1,562,570 people, 424,974 of whom died (27.2%). The HIV morbidity rate for 2021 was 48.7 per 100,000 population. Considering that HIV-infection is an incurable disease and the number of new HIV-infections exceeds the number of deaths, there is an increase in the total number of people living with HIV in the Russian Federation. In recent years, HIV-infection in Russia has been detected among the population of the most active working age [1].

At the stage of secondary lesions, HIV-infection is characterized by persistent disorders of functions of various organs and systems, which reduce the quality of life, lead to difficulty or complete inability to self-care, labor activity, which requires medical, psychological, and financial assistance. The system of economic, legal and social support measures in Russia is guaranteed by the state if a person is recognized as a disabled person [10].

AIM

To formulate the basic requirements for the development of life activity limitations (LAL) in patients with HIV-infection referred for medical and social expert assessment (MSEA) on the basis of the analysis of current normative-legal documents. A medical organization must refer a patient to the MSEA office in case there are per-

sistent impairments of body functions, which remain despite adequate and full complex of treatment and rehabilitation measures, as well as there are signs of life activity limitations in order to provide the most complete and comprehensive medical and social expert assessment (MSEA) of patients with HIV-infection.

MATERIALS AND METHODS

The authors have analyzed the actual normative-legal documents, which most fully reflect the whole range of dysfunctions in patients with HIV-infection — AIDS. The research analyzes the practical use of actual normative acts and careful observance of their requirements when the documents for referring citizens to MSEA are prepared on the basis of an expert example.

RESULTS AND DISCUSSION

A disabled individual is a person who has a health disorder with an enduring impairment of body functions, caused by diseases, consequences of injuries or defects, leading to a limitation of life activity and resulting in the need for social protection [8]. Federal organizations of MSEA are responsible for establishing disability, its causes, term, time of onset, and the need of a disabled person for various types of social assistance [5]. The Order of the Russian Ministry of Labor of 27.08.2019 No. 585n (p. 9) states that the criterion for establishing disability is a health disorder with II and more pronounced degree of persistent impairment of body functions (in the range from 40 to 100%), caused by diseases, consequences of injuries or defects, leading to a limitation of a person's life activity, determining the need for social protection [4].

Quantitative assessment of persistent impairment of body functions (in the range from 10 to 100%) for citizens over 18 years old is given in Appendix No. 1 of the normative document. When a persistent impairment of body functions is established within the quantitative expression of not less than 40%, expert physicians of the MSEA bureau assess the impact of the impaired functions on a citizen's vital activity. Determination of the structure and degree of life activity limitation (LAL) is one of the main tasks of federal state MSEA institutions [5]. Determination of the category

and degree of disability is necessary not only to ascertain disability, but also to plan the type and scope of social protection measures, including rehabilitation. The Federal Law "On Social Protection of Disabled Persons in the Russian Federation" of 24.11.1995, No. 181-FZ, defines disability as "a complete or partial loss of a person's ability or opportunity to perform self-care, to move independently, to orient, to communicate, to control his or her behavior, to study and to engage in labor activity" [10].

Order of the Russian Ministry of Labor of 27.08.2019 No. 585n identifies 7 categories of human life activity: a) ability to self-care; b) ability to move independently; c) ability to orientate; d) ability to communicate; e) ability to control one's behavior; f) ability to learn; g) ability to work. There are 3 degrees of life activity limitations (LAL): 1st, 2nd and 3rd degree [4]. LAL is defined as a complete (3rd degree) or partial (1st, 2nd degree) loss of a person's ability to carry out life activities in these main categories.

LAL is caused by persistent disorders of functions of body systems as a result of chronic disease. The severe course of HIV-infection is manifested by dystrophic and autoimmune processes, opportunistic diseases, malignant neoplasms, which is a clinical reflection of the failure of immune defense [2].

Stage 4A is characterized by bacterial, fungal and viral pathological changes in mucous membranes and skin, inflammatory diseases of the upper respiratory tract. 4B stage is accompanied by lesions of internal organs, peripheral nervous system, localized Kaposi's sarcoma. Stage 4B is characterized by severe generalized opportunistic diseases, pneumocystis pneumonia, lymphomas, including brain lymphomas with further involvement of the central nervous system [2]. In addition, liver damage, acute necrosis of skeletal muscles, myopathy, pathologic fractures due to decreased bone mineral density and other adverse reactions of antiretroviral therapy are registered against the background of treatment. Multi-organ character of HIV-infection is caused by the lesion of vascular endothelium and connective tissue, involvement of all organs and systems with autoimmune reactions, immune complex diseases and metabolic disorders, which is manifested by cardiovascular, neurological, endocrine and bone and joint pathology. All pathological pro-

cesses associated with HIV-AIDS lead to persistent disruption of the functions of various body systems: peripheral and central nervous, digestive, urinary, cardiovascular, respiratory, immune and blood, endocrine and metabolic, neuromuscular and skeletal systems, as well as movement-related (statodynamic) and mental functions.

Each of the LAL categories is determined by the peculiarities of organism function disorders. Certain persistent violations lead to certain limitations of vital activity.

For instance, disorders of movement-related (statodynamic) functions caused by lesions of the nervous system, diseases of muscles, joints and bones, contribute to limitation of such categories of life activity as self-care, independent movement, ability to work. Persistent disorders of cardiovascular, respiratory, digestive, endocrine and urinary systems are polyetiologic, however, they are mainly manifested by shortness of breath, weakness, dizziness. Ultimately, the violation of these functions limits the ability to self-care, independent movement, labor activity. The degree of restriction may vary. Disorders of mental functions such as consciousness, intelligence, memory, emotion, perception, thinking, and others result in limitations in the following categories: self-care, orientation, communication, control of one's behavior, learning, and ability to work.

The same category of LAL may be related to a few permanent impairments. For example, limitation of independent movement is caused both by statodynamic problems, and by shortness of breath, weakness, and dizziness, which appear in case of damaged respiratory, cardiovascular and nervous systems.

The greatest significance in the development of social insufficiency are such limitations as the ability to self-care, independent movement, labor activity.

The ability to perform self-care is a person's ability to independently fulfill basic physiological needs and perform daily household activities: observing personal hygiene (washing the face, washing hair and the whole body, brushing teeth, cutting nails on hands and feet), putting on and taking off outer clothing, underwear, hosiery, hats, shoes, using fasteners (buttons, hooks, zippers), cooking and eating, using bedding, cleaning, washing, ironing and repairing linen, cleaning the room, using

household appliances, door locks, buying food, clothing and household items, medicines, etc., as well as other activities.

In the 1st degree of self-care limitation, the patient is independent and can do the same amount of housework, but it takes more time than before due to interruptions and (or) slower pace of performance; sometimes auxiliary technical means are required (for cooking, washing dishes, laundry, household cleaning, etc.). Self-care limitation of the 2nd degree is manifested by regular partial assistance of others with the use of auxiliary technical means if necessary, as the patient has difficulties in buying and bringing home groceries, cooking, bathing, etc. Self-care ability limitation of the 3rd degree is characterized by the need for constant assistance and care, complete dependence on other people [4].

The ability to move independently is the ability to move independently in space (walk, run, move on flat and rough surfaces, on stairs, within an apartment, room, bed), use a private car and public transport (getting in and out of it), bend over, pick up objects from the floor, etc.

The 1st degree of limitation of the ability to move independently is established when the patient spends more time to overcome a certain distance, which is caused by slow walking or forced stops for rest. If necessary, the patient uses auxiliary technical means (e.g., a cane) to facilitate movement. The 2nd degree limitation of the ability to move independently is manifested in regular partial assistance of other people, using auxiliary technical means if necessary. In the 3rd degree of this category, the patient is unable to move independently and needs constant assistance from others.

Ability to work — the ability to perform labor activity in accordance with the requirements to the content, volume, quality and conditions of work performance.

The 1st degree of limitation is the ability to perform labor activity under normal working conditions with reduced qualification, severity, tension and (or) reduction of the workload, inability to continue working in the main profession (position, specialty) while retaining the ability to perform labor activity of lower qualification under normal conditions. At the 2nd degree of limitation of the ability to work, patients can work in specially created

conditions with the use of auxiliary technical means. The 3rd degree of limitation of the ability to labor activity implies preservation of the ability to perform elementary labor activity with significant assistance of other people, or the impossibility of its implementation is ascertained.

When examining patients with HIV-infection — AIDS in the stage of secondary lesions, most often there is *a limitation of the ability to self-care, the ability to move independently, the ability to work*. This is explained by increased fatigue, weakness, shortness of breath due to anemia, significant loss of body weight up to the development of cachexia, asthenic state, respiratory failure, which reduces tolerance to physical and mental workload.

HIV-associated dementia up to severe dementia and loss of speech develops in some examinees when the nervous system is involved (vascular lesions, brain abscesses and neoplasms, aseptic meningitis, etc.). Inadequacy of behavior, disorientation in space and time lead to limitation of *self-care, independent movement* and labor activity, up to limitation of the *ability to communicate, orientation, control of one's behavior, learning*.

Vision acuity reduction arising from demyelination and degeneration of optic nerve fibers reflects a persistent impairment of sensory functions, which leads to *limited ability for self-care, independent movement, orientation, communication, education, and labor activity*.

It is necessary to assess the somatic, neurological and mental status and analyze the impact of the existing disorders of body functions on one or another sphere of life activity during the examination process. Identification of disability, clarification of its category and degree makes it possible to determine the need of a disabled person for specific measures of social protection, including rehabilitation. The necessary list of needs for social protection measures during the MSEA is specified in the Individual Program of Rehabilitation or Habilitation of a Disabled Person (IPRA) [6].

Expert example (examination on 28.02.2020). Male, 35 years old.

The man graduated from a mechanical-technological college with a specialty “Mechanic for repair of radio equipment”, had no permanent place of work. Currently he does not work.

He was resented for examination for the first time.

The diagnosis was confirmed in October 2018, when he was urgently hospitalized in the intensive care unit of the city hospital for fever, headache, the condition was determined as serious. Generalized cryptococcosis (cryptococcal meningitis and pulmonary cryptococcosis), pneumocystis pneumonia was diagnosed against the background of low immune status and high viral load (CD4+ 115 cells/ μ L (14%), HIV viral load (VL) — 7,008,407 copies/mL). Antiretroviral therapy (ART) was started, which was further adjusted due to the development of anemia. The patient is registered at the “Center for Prevention and Control of AIDS and Infectious Diseases” since 2018. At present, the treatment regimen (darunavir 800 mg/day, ritonavir 100 mg/day, raltegravir 400 mg 2 times a day) is applied, which resulted in the increase of CD4+ cells to 528 cells/ μ L (amounted to 15%), HIV viral load — 301 copies/mL, and the patient has been in clinical remission for more than 6 months.

The patient addressed to the MSEA bureau and complained on dizziness, constant weakness, rapid fatigability, constant sleepiness, decreased appetite, shortness of breath at minor physical activity and at rest, unsteadiness, uncertainty in walking.

He lives with his wife, who does housework, including shopping. The patient requires assistance when bathing, washing his body as he has physical difficulties. Due to constant weakness, dizziness, and shortness of breath he rarely goes outdoors. He came for examination with his wife (waiting in the corridor).

Objective status. He entered the room on his own, without an escort. The man walks very slowly; after taking off his clothes, shortness of breath appears when he talks. He sits on the couch, changes body position and stands up slowly, supporting on his arms. Conscious, the mood is lowered, quickly becomes fatigued. Sharply reduced nutrition, body mass index (BMI) — 13. The skin is pale with grayish plaque, dry. No peripheral edema. Peripheral lymph nodes are not enlarged. The sclera is subicteric. The tongue is crimson in color, with teeth impressions on the lateral surface. The chest is of asthenic type. The intercostal spaces are retracted. Respiratory rate is 21 per minute. Respiration over the lungs is vesicular, sharply

weakened in the lower parts with no rales. Pulse 96 per minute, rhythmic. Heart tones muffled. The abdomen is retracted, soft, painless. The liver protrudes from under the edge of the rib arch by 2 cm. Stroking on the lumbar region is painless.

Psychologist. He makes contact, understands instructions, performs tasks with shortness of breath, with a slight decrease in the pace of activity. Research on Schulte tables (52 sec, 47 sec, 1 min 10 sec, 1 min 15 sec, 1 min 06 sec) — a slight decrease in the volume of arbitrary attention. Memory 7/10, 8/10, 9/10, 9/10, delayed reproduction — 9 words. Short-term visual memory — from the first presentation 9 out of 9 pictures. In the study of thinking he performed tasks on generalizations and selection of phrases to proverbs and sayings (according to the received education). Emotional-personal sphere was investigated by the HADS method: anxiety scale — 7 points, depression scale — 15 points (clinically expressed depression). As a result of the experimental-psychological examination during the MSEA examination, changes in mental processes were revealed in a mild degree (due to a slight decrease in the function of arbitrary attention).

Principal diagnosis. HIV-infection, stage 4B, incomplete remission on ARVT. *Complications:* Molluscum contagiosum. Erosive pyoderma. Oropharyngeal candidiasis. Leukoplakia of the tongue. Left-sided lower lobe pneumonia in 2019. Pneumocystis pneumonia in 2018. Generalized cryptococcosis (cryptococcal meningitis, pulmonary cryptococcosis) in 2018. Consequences of cryptococcal meningitis in 2018, cryptococcal meningoencephalitis with the development of mild changes in mental processes (due to a slight decrease in the function of arbitrary attention). Encephalopathy (mixed genesis) of the 2nd degree. Anemia of mild severity. Severe hypotrophy of the 3rd degree (BMI 13). Chronic hepatitis C virus, antibodies to *Hepatitis C Virus*, HCV Ab+ positive, with minimal biochemical activity.

The MSEA examination was guided by following data: stage 4B of HIV-infection with phenomena of incomplete remission on ART, with the presence of multiple complications, opportunistic infections, including meningitis and pneumonia twice. In accordance with item 1.4.3 of Appendix No. 1 to the Order of the Ministry of Labor of Russia from 27.08.2019, No. 585n,

which states that the quantitative assessment of persistent impairment of functions corresponds to 70–80% in the presence of “HIV-infection: stage 4B (secondary diseases), progression phase on the background of ART. Expressed disorders of body functions on the background of ART and CD4+ level from 100 to 200 cells/ μ L”, the condition was considered as manifestation of persistent expressed disorders of blood and immune system function in quantitative expression of 70%, as there is stage 4B, signs of incomplete remission and CD4+ level of 115 cells/ μ L before treatment and 528 cells/ μ L against the background of ART and HIV — 301 copies/mL [4].

Hypotrophy with BMI 13, according to modern concepts, can be considered as a sign of severe malnutrition, reflecting persistent pronounced impairment of the digestive system function [3].

In addition, persistent minor disorders of mental functions with anxiety-depressive symptomatology and cognitive disorders in the form of a slight decrease in attention were observed.

Thus, the revealed persistent pronounced disorders of different systems, manifested by dyspnea, dizziness, weakness, rapid fatigability, lead to limitation of such vital spheres as self-care, independent movement and ability to work. Minor impairments of mental functions do not have a significant impact on life activity.

Determining the degree of severity of LAL, it is necessary to find out how the patient performs a particular life function. The answer to one of the questions about the performance of daily living activities and mobility will help to decide the degree of severity of the limitation in self-care and independent mobility: 1) always independently in full (previous) volume; 2) independently with a longer expenditure of time and (or) with a reduction in volume, using technical means if necessary; 3) limited independence, requires regular partial assistance from others (1–3 times a month, 1–3 times a week, etc.) with the use of technical means if necessary; 3) limited independence, requires regular partial assistance from others (1–3 times a month, 1–3 times a week, etc.) 4) fully dependent on others, needs constant assistance and care from others.

The examined citizen can move independently, however there are limitations due to

shortness of breath, unsteadiness, uncertainty in walking. He moves only within his apartment or room. He goes outdoors only in case of extreme necessity accompanied by his wife. This limitation of *independent movement* corresponds to the 2nd degree, as it is characterized by a pronounced decrease in the speed and pace of walking, its fractional performance, reduction of the distance of movement (mainly within the apartment), limited independence, requires regular partial assistance of other persons.

In the sphere of *self-care*, the patient requires regular partial assistance of others in buying groceries, medicines, bathing. "Partial" assistance implies that there is no complete dependence on other people — the examined independently performs hygiene procedures, uses household appliances, eats food, he can open and close the door lock, etc. The ability to self-care with regular partial assistance of other people corresponds to limitation of the 2nd degree of severity [4].

The *ability to work* is considered as professional capacity to work — namely to perform work of a certain qualification, volume and quality in specific conditions. The main occupation of the examined person (since he received special education) is a mechanic for radio equipment repair. It is assumed that during the working day the radio equipment repair mechanic performs disassembling, cleaning, assembling of radio receivers, tape recorders, electric playback devices with replacement of fuses, repairs control knobs, power cords with plugs, cleans the workplace, etc.

Persistent pronounced disorders of immune, digestive and blood system functions, manifested by dizziness, weakness, rapid fatigue, drowsiness, exclude the ability to meet the requirements for labor complexity, working environment conditions, which are necessary in the course of professional activity. The examinee is incapable of reproducing special professional knowledge, skills and abilities at the usual workplace due to his physical and psychophysiological characteristics, but he will be able to work in lightened conditions. This corresponds to the 2nd degree of LAL — the ability to perform labor activity in specially created conditions with the use of auxiliary technical means. Specially created working conditions imply a number of measures to be taken by the employer with regard to the disabled person: an individual sche-

dule with the establishment of the beginning of work and the duration of the shift, free pace of work, reduction of the workload (0.25–0.5 rate), individual performance standards, the possibility of partial performance of work at home and other forms as agreed upon by both parties (the administration of the enterprise and the disabled person).

Thus, according to the submitted medical and expert documents, the data of objective examination, complex evaluation of indicators, the condition of the examined person with HIV-infection was assessed as the 3rd degree of severity of persistent disorders of the blood and immune system function, corresponding to 70%. This degree of persistent functional impairment was determined on the basis of a range of features. The patient has been diagnosed with stage 4B HIV-infection with incomplete remission of the disease — clinical remission has been lasting for 6 months. Moreover, the patient suffered from opportunistic infections — passed pneumocystis pneumonia, generalized cryptococcosis, oropharyngeal candidiasis; there are multiple complications of the disease — consequences of cryptococcal meningitis and cryptococcal meningoencephalitis in the form of mild changes in mental processes. The 3rd degree of severity of the digestive system dysfunction was also determined, since there is pronounced hypotrophy of the 3rd degree (BMI — 13, significant body weight deficiency), which can be characterized as a slim disease in HIV-infection.

The examined person had persistent impairments of body functions resulting in life activity limitations in the following categories:

- self-care abilities of the 2nd degree, as the patient requires regular partial assistance of other people to buy groceries, medicines, bathing;
- moving ability of the 2nd degree — can move independently, but with walking pace limitations due to shortness of breath; the patient can move only within the apartment or room, on the street — only accompanied by other people due to shakiness and uncertainty in walking;
- ability to work of the 2nd degree — can work in facilitated conditions, but the patient is not able to reproduce special professional knowledge, skills and abilities at a regular workplace,

- the above-mentioned limitations require social protection, including rehabilitation and habilitation, which provides grounds for establishing a disability.

The second disability group was established, as persistent organ dysfunction corresponds to the 3rd degree (70%), there are limitations of vital activity of the 2nd degree in three categories, and the patient needs social protection measures.

Previously, before the RF Government Decree No. 339 of 29.03.2018 “On Amending the Rules for Recognizing a Person as Disabled” came into effect, the examined person would have been assessed as having the second group of disability, for a period of one year, the cause of disability — “general disease” [7].

In accordance with p. 37 of Resolution No. 339, in case of HIV-infection at the stage of secondary diseases (stage 4B, 4B) and terminal stage 5, the disability group is established *without a period of re-examination at the initial examination*. Thus, according to the results of the examination, the examined person will be recognized as a disabled person of the second group for an indefinite period of time.

Despite the fact that the RF Government Resolution No. 339 issued on 29.03.2018 became invalid on 01.07.2022, the enacted RF Government Resolution No. 588 of 05.04.2022 “On recognizing a person as a disabled person” [8], namely the section IV of the Appendix “Diseases, defects, irreversible morphological changes, dysfunctions of organs and body systems, in which the disability group (the category “disabled child”) is established without a period of re-examination (until the age of 18 years) during the initial examination” includes a corresponding paragraph which regulates the establishment of disability for an indefinite period of time, during the initial examination: paragraph 39. HIV-infection, secondary disease stage (stages 4B, 4C), terminal stage 5.

The representatives of the Federal State Budgetary Institution of Additional Professional Education “St. Petersburg Institute for Advanced Training of Medical Examiners” of the Ministry of Labor and Social Protection of the Russian Federation [9] conducted a research, studying the peculiarities of MSEA of individuals with HIV-infection — AIDS. The results showed that disability for the indefi-

nite period of re-examination was established more often during the initial re-examination in the main group compared to the control group, before the RF Government Decree No. 339 of 29.03.2018 entered into force (48.6 vs. 19.0%; $\chi^2=0.491$ at the level of significance $p < 0.01$). This trend is currently fixed in the Resolution of the Government of the Russian Federation from 05.04.2022 № 588 “On recognizing a person as a disabled person” [8], which makes it possible to predict an increase in the rates of establishing “indefinite” disability groups during the initial examination of patients with HIV-infection and, accordingly, a decrease in the rates of establishing disability without the term of examination during the repeated examination of disabled people. This fact provides a more efficient and cost-effective use of resources of medical organizations and MSEA institutions, determining the disability group “indefinitely” at the initial examination and developing the individual program for rehabilitation and habilitation (IPRH) for the entire period of examination.

CONCLUSION

Undoubtedly, the assessment of LAL is an important stage in establishing the fact of disability in the MSEA bureau. Correct and comprehensive determination of the category/categories of LALs and the degree of LALs allows to determine the disability of a citizen during the examination, as well as to formulate rehabilitation measures for a particular patient, taking into account the category and degree of LALs. The plan of rehabilitation measures is reflected in the IPRA. Correct and adequate preparation of IPRH is impossible without a professional assessment of the patient’s disability. Taking into account the current trend of conducting MSEA in absentia, which is preferable for many citizens, it is extremely important for the medical commission of a medical organization to reflect the LALs even more attentively forming a “Referral for medical and social expert evaluation by a medical organization” (form No. 088/u) when referring a patient with HIV-infection — AIDS to MSEA. In this regard, it is necessary to give a detailed description of every categories of disability in Form No. 088/u and record the identified limitations in detail, which will allow the MSEA to

correctly assess and determine the disability, as well as to form an individualized list of rehabilitation measures. Furthermore, when referring a citizen to the MSEA, form No. 088/u should indicate the entire recommended list of necessary rehabilitation measures for the examined person including all rehabilitation areas (not only medical rehabilitation), which is impossible without an adequate assessment of the LALs.

ADDITIONAL INFORMATION

Author contribution. Thereby, all authors made a substantial contribution to the conception of the study, acquisition, analysis, interpretation of data for the work, drafting and revising the article, final approval of the version to be published and agree to be accountable for all aspects of the study.

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