На вопрос респондентам Евлахского района «можете ли вы оплачивать» лекарственные расходы за счет обязательного медицинского страхования были получены следующие ответы: 148 человек полностью (38%), 242 человек частично (62%).

Количество обращаемых в аптеки в Евлахском районе было следующим: 140 человек - один раз в месяц, 90 - 2-3 раза в месяц, 35 - 4 раза в месяц и 25 – в редких случаях.

Выяснилось, что в Евлахском районе 129 человек могут получать лекарства за счет пенсии (33%), 66 – при помощи родственников (17%), 43 - из других источников (11%) и 152 – за счет месячной зарплаты (39%). Уровень удовлетворенности респондентов в Евлахском районе расходов на лекарства оценивается следующим образом: 53% (207) ответили «да», 11% (43) ответили «нет» и 36% (140) ответили «в зависимости от стоимости».

70% жителей Евлахской области удовлетворены деятельностью Агентства по лекарственному обеспечению. 148 человек (38%) полностью, а 242 (62%) частично покрывает потребность на лекарства за счет медицинского страхования. В Евлахском районе около 300 наименований препаратов используются пациентами, проходящими стационарное лечение.

Выяснилось, что расходы на здравоохранение на каждого человека населения в Евлахском районе составляют 114 манатов с инвестициями, а 93 маната без инвестиций.

В ходе исследования стало ясно, что 152 ($39,0 \pm 2,5$) человека используют ежемесячную заработную плату и 129 человек ($33,0 \pm 2,4$) пенсию, в качестве источника расходов на лекарства в Евлахском районе. На основании вышеизложенного, месячные зарплаты и пенсии являются основным источником расходов на лекарства.

Таким образом, администрация Евлахского района в качестве пилотного проекта по обязательному медицинскому страхованию показала, что население желает реализовать этот проект как можно скорее.

Вывод. Изучение приоритетной задачи в виде бесплатного доступа граждан к лекарствам через обязательное медицинское страхование показало, что желание населения бесплатного лечения и лекарств очень велико.

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Cochlear implantation in Azerbaijan

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doi:10.18411/sciencepublic-15-11-2019-08

idsp: sciencepublic-15-11-2019-08

Cochlear implantation is considered to be the most effective solution for the correction of bilateral hearing loss with high hearing thresholds and deafness. The criteria for selecting

patients for this type of intervention are constantly expanding: today it is permissible to implant patients with so-called "residual hearing" at low frequencies or infants under the age of 1 year (up to 6 months). [1]

Congenital deafness is often combined with other pathological conditions, usually on the part of the Central nervous system (cognitive impairment, developmental delay, attention deficit), which complicate the subjective assessment of the adequacy of the cochlear implant system (CI) processor settings and reduce the effectiveness of the entire process of auditory-speech rehabilitation. The information content of such subjective responses depends on the patient's age, the duration of the "auditory experience" and cognitive characteristics of development. In such conditions, objective audiological tests are the solution to assess the effectiveness of the established parameters of electrical stimulation. At present, considerable experience has been gained in using the results of registration of the auditory nerve action potential (auditory nerve telemetry), electrically induced stapedial reflex, to configure the processor. For each method, a correlation with the threshold of maximum comfort – one of the most critical settings of the processor-is determined. Determination of this characteristic for each of the channels of stimulation of the implant (channel from each frequency group) in such cases is the basis for creating a basic tuning map, on the basis of which further modifications will be made taking into account the behavioral responses of patients.[2]

Model of complex support of the child after CI, including the following components: special educational needs of deaf implanted children; main stages of support; goals, objectives, content of each area of activity of specialists of the Center; complex of medical-technical and psychological-pedagogical conditions; forms, methods and techniques of correctional-pedagogical work; methods of complex examination; organization of interaction of specialists of the Center with teachers and educators of educational institutions; unification of efforts of teachers with a family in implementation of joint work on all-round development of the implanted child, provides efficiency of process of rehabilitation.[3]

Goal. Assessment of quality of life in children with bilateral sensorineural hearing loss of III-IV degree after unilateral cochlear implantation.

Methods. The survey was conducted among patients who CI more than 6 months., most of them with bilateral perceptive (sensorineural) hearing loss of III-IV degree due to congenital malformation of the inner ear. This required an adapted translation of the Glasgow Benefit Inventory (GBI) and Glasgow Children Benefit Inventory (GCBI) questionnaires in Azerbaijani. For this, GBI and GCBI performed the procedure of "forward-reverse translation".

Results. 87 patients aged from 1 to 12 years (average age $(2,4 \pm 1,2)$ years) with the diagnosis "bilateral chronic sensorineural hearing loss of IV degree, borderline with deafness, condition after unilateral cochlear implantation" were examined. Women accounted for 58.6% (51 people), men – 41.4% (36 people) of the total number of selected patients. The duration of the period of deafness on average was (5.2 ± 1.7) years (from 6 months. up to 10 years).

The study was carried out in three stages: during the activation of the speech processor CI, 3 and 9 months after that. All patients underwent: standard tuning of the cochlear implant speech processor, tonal threshold audiometry in NWP and speech audiometry using verbal articulation tables. It was found that the level of quality of life of patients in the study groups for all tested scales was above average (50% or more), while the majority of scales was below the control values. There were statistically significant differences between the indicators of patients of group I and subgroup II A (adult children who were able to independently assess the quality of life) in relation to the scales "emotional state" ($p < 0.01$) and "General health" ($p < 0.05$). Statistically significant differences were recorded when comparing the indicators of scales between group I (adult patients) and the control group with respect to the scales "physical functioning" ($p < 0.05$) and "social functioning" ($p < 0.01$). Comparison of indicators of subgroup II A (children able to independently assess the quality of life) and the control group revealed statistically significant differences, as in the first group with respect to

the scales " physical functioning " ($p < 0.01$) and " emotional state " ($p < 0.05$). When comparing the results of the questionnaire in dynamics in group I in two related samples, statistically significant differences ($p < 0.05$) were revealed in the calculation of indicators of six of the eight scales of the questionnaire: the scales "physical functioning", "role physical functioning", "role emotional functioning", "emotional state", "social functioning", as well as the scales of pain. When comparing the indicators obtained in the survey of parents (guardians) of patients of subgroup II B, a correlation between the indicators of questionnaires "cochlear implant functioning Index" and "auditory integration Scale" on the scales "speech perception in the background noise" ($p = 0.02$) and "communication at school" ($p = 0.001$) was revealed.

Conclusion. Evaluation of the survey results using GBI and GCBI showed that cochlear implantation has a beneficial effect on the quality of life of patients.

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Provision of dental care to persons with mental disorders

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doi:10.18411/sciencepublic-15-11-2019-09

idsp: sciencepublic-15-11-2019-09

One of the important and unresolved issues in persons with severe mental illness is the provision of specialized dental care to this population, which is often due to their physical and mental state are not able to turn to the right specialists in time, and, despite a comprehensive examination and treatment, do not comply with medical appointments and rules for hygienic care of the oral cavity [1].

Thus, mental diseases and long-term use of tranquilizers, antidepressants, anticonvulsants cause negative changes in the autonomic nervous and endocrine systems, expressed disturbances in metabolic processes [2].

At the same time, the lack of proper hygienic care, violations in the functional state of the organs and tissues of the mouth significantly increase the risk of odontogenic foci of infection [3].

The aim of the research is to Assess the dental status of patients with mental disorders.

Methods. The study of 220 mentally ill and 208 practically healthy persons was conducted using CPI and CPITN indices to determine the level of prevalence and intensity of caries, periodontal diseases and to identify the need of the examined patients for complex dental treatment. Groups of patients are comparable in age: $n = 220$ -average age- $35,2 \pm 0,39$; $n = 208$ -average age- $34,3 \pm 0,40$, ($p = 0,1152$). The functional state of salivary glands and oral fluid was studied. The psycho-emotional status of patients was determined by us before the beginning of dental manipulations by the clinical and psychological method (spielberger-Hanin scale of assessment of the level of reactive and personal anxiety, 1970).

Results. In the main group, the number of patients with various forms of caries was 100%, while in the group of mentally healthy persons, the number of such was $91.8 \pm 1.90\%$ ($p = 0.0001$). Due to the high intensity of carious disease, especially the number of teeth removed, there was a rather high need for mental patients in dental prosthetics. The highest