

transient loss of consciousness in the emergency ward; an inventory]. *Ned Tijdschr Geneesk.* 2005; 149 (29): 1625-1630. Gebruikte termen voor Voorbijaande bewusteloosheid' op de Eerste Hulp; een inventarisatie.

10. Brignole M., Alboni P., Benditt D., Bergfeldt L., Blanc J.J., Bloch Thomsen P.E., et al. Guidelines on management (diagnosis and treatment) of syncope. *Eur. Heart. J.* 2001; 22 (15): 1256-1306. Epub 2001/07/24.

11. Hilz M.J., Marthol H., Neundorfer B. [Syncope — a systematic overview of classification, pathogenesis, diagnosis and management]. *Fortschr Neurol Psychiatr.* 2002; 70 (2): 95-107. Synkopen — eine systematische Übersicht zur Klassifikation, Pathogenese, Diagnostik und Therapie.

12. Bakker M.J., van Dijk J.G., van den Maagdenberg A.M., Tijssen M.A. Startle syndromes. *Lancet Neurol.* 2006; 5 (6): 513-524.

13. Trenite D.G. Photosensitivity, visually sensitive seizures and epilepsies. *Epilepsy Res.* 2006; 70 Suppl 1: 5269-5279.

14. Van Donselaar C.A., Geerts A.T., Schimsheimer R.J. Usefulness of an aura for classification of a first generalized seizure. *Epilepsia* 1990; 31 (5): 529-535.

15. Sheldon R., Rose S., Connolly S., Ritchie D., Koshman M.L., Frenneaux M. Diagnostic criteria for vasovagal syncope based on a quantitative history. *Eur Heart J.* 2006; 27 (3): 344-350.

16. Sheldon R., Rose S., Ritchie D., Connolly S.J., Koshman M.L., Lee

M.A., et al. Historical criteria that distinguish syncope from seizures. *J Am Coll Cardiol.* 2002; 40 (1): 142-148.

17. Hoefnagels W.A., Padberg G.W., Overweg J., van der Velde E.A., Roos R.A. Transient loss of consciousness: the value of the history for distinguishing seizure from syncope. *J. Neurol.* 1991; 238 (1): 39-43.

18. Kowalik A., Bauer J., Elger C.E. [Asystolic seizures]. *Nervenarzt* 1998; 69 (2): 151-157. Asystolische Anfälle.

19. Reuber M., Howlett S., Khan A., Grunewald R.A. Non-epileptic seizures and other functional neurological symptoms: predisposing, precipitating, and perpetuating factors. *Psychosomatics* 2007; 48 (3): 230-238.

20. Ribai P., Tugendhaft P., Legros B. Usefulness of prolonged video-EEG monitoring and provocative procedure with saline injection for the diagnosis of non epileptic seizures of psychogenic origin. *J. Neurol.* 2006; 253 (3): 328-332.

21. Zaidi A., Crampton S., Clough P., Fitzpatrick A., Scheepers B. Head-up tilting is a useful provocative test for psychogenic non-epileptic seizures. *Seizure* 1999; 8 (6): 353-355.

22. LaFrance W.C., Jr. Psychogenic nonepileptic seizures. *Curr. Opin. Neurol.* 2008; 21 (2): 195-201.

23. Oliva M., Pattison C., Carino J., Roten A., Matkovic Z., O'Brien T.J. The diagnostic value of oral lacerations and incontinence during convulsive "seizures". *Epilepsia* 2008; 49 (6): 962-967.

24. Van Dijk N., Boer K.R., Colman N., Bakker A., Stam J., van Grieken

J.J., et al. High diagnostic yield and accuracy of history, physical examination, and ECG in patients with transient loss of consciousness in FAST: the Fainting Assessment study. *J Cardiovasc Electrophysiol.* 2008; 19 (1): 48-55.

25. Petersen M.E., Williams T.R., Sutton R. Psychogenic syncope diagnosed by prolonged head-up tilt testing. *Qjm.* 1995; 88 (3): 209-213.

26. Zeman A., Douglas N., Aylward R. Lesson of the week: Narcolepsy mistaken for epilepsy. *Bmj.* 2001; 322 (7280): 216-218.

27. Macleod S., Ferrie C., Zuberi S.M. Symptoms of narcolepsy in children misinterpreted as epilepsy. *Epileptic Disord.* 2005; 7 (1): 13-17.

28. Overeem S., Mignot E., van Dijk J.G., Lammers G.J. Narcolepsy: clinical features, new pathophysiologic insights, and future perspectives. *J. Clin. Neurophysiol.* 2001; 18 (2): 78-105.

29. Stevens D.L., Matthews W.B. Cryptogenic drop attacks: an affliction of women. *Br. Med. J.* 1973; 1 (5851): 439-442.

30. Diener H.C., Weimar C. Leitlinien für Diagnostik und Therapie in der Neurologie. Stuttgart, Thieme Verlag; 2012.

31. Westby M., Bullock I., Cooper P.N., Davis S. Transient loss of consciousness-initial assessment, diagnosis, and specialist referral: summary of NICE guidance. *Bmj.* 2010; 341: c4457. Epub 2010/09/04.

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PREVALENCE AND ATTITUDES TO TOBACCO USE AND CONTROL AMONG PEDIATRICIANS IN THE ODESA REGION

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РАСПРОСТРАНЕННОСТЬ, ОТНОШЕНИЕ К ТАБАКОКУРЕНИЮ И ЕГО КОНТРОЛЬ СРЕДИ
ВРАЧЕЙ-ПЕДИАТРОВ ОДЕССКОГО РЕГИОНА

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Целью исследования было изучение распространенности табакокурения среди врачей Одесского региона (Украина) с различным стажем и содержанием профессиональной деятельности, а также оценка их профилактической работы по прекращению табакокурения. Врачи, особенно педиатры, в значительной степени могут способствовать борьбе против табакокурения.



Для анонимного анкетирования со стандартными вопросами, рекомендованными ВОЗ, из общего числа врачей Одесского региона были отобраны 150 врачей — 40 педиатров, 40 семейных врачей и 70 врачей-интернов.

Распространенность табакокурения среди опрошенных респондентов недопустимо высокая для представителей медицинской профессии: 32,5 % педиатров, 37,5 % семейных врачей и 50,0% врачей-интернов, преимущественно мужчин. Только менее половины респондентов задумывались о преимуществах прекращения курения и серьезно пытались отказаться от этой вредной привычки. Число курильщиков, которые считают, что врач не должен курить в силу своей профессиональной деятельности довольно низкий (58,6 % педиатров, 57,5 % семейных врачей и 27,1 % врачей-интернов). Врачи-интерны менее часто спрашивают своих пациентов о табакокурении (52,5 % врачей-интернов по сравнению с 80,0 % педиатров и 72,5 % семейных врачей) и записывают эту информацию в медицинскую документацию (45,0 % врачей-интернов по сравнению с 65,0 % педиатров и 70,0 % семейных врачей). Педиатры чаще всего дают совет бросить курить каждому, кто курит, тратят более 5 мин на рекомендации по прекращению табакокурения (37,5 %) и объясняют подробно риск, связанный с табакокурением (67,5 %).

Согласно интегративной балльной шкале, наиболее активными в противодействии табакокурению среди опрошенных респондентов, были педиатры. Неотложным шагом в профилактике и борьбе с табакокурением является доработка учебных программ дипломного и последипломного обучения в высших медицинских учебных заведениях Украины и совершенствование алгоритма консультаций врачей различных специальностей по проблеме никотиновой зависимости.

Ключевые слова: распространение табакокурения, борьба против табакокурения.

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PREVALENCE AND ATTITUDES TO TOBACCO USE AND CONTROL AMONG PEDIATRICIANS IN THE ODESSA REGION

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The **aim** of the study is to determine differences among physicians of various specialities in prevalence of tobacco use and recommendation to their patients in Odessa region (Ukraine). Physicians, especially pediatricians can greatly contribute to tobacco control.

Materials and methods. A sample of represents (40 pediatricians, 40 family doctors and 70 interns), n=150 were selected from the entire number of doctors of the Odessa region. Physicians were asked to respond to standard questions recommended by WHO regarding their own tobacco use and recommendation made to their patients.

The percentage of smokers among the surveyed respondents is unacceptably high for healthcare professionals: 32.5% among pediatricians, 37.5% among family doctors and 50.0% among interns. The majority of smokers were males. Only less than half of smokers had thought about benefits of quitting smoking and seriously attempted to give up smoking. The percentage of smokers who believe that the physician should not smoke due to their professional status is low (58.6% pediatricians, 57.5% family doctors and 27.1% interns). Interns least frequently ask their patients about smoking (52.5% vs 80.0% of pediatricians and 72.5% of family doctors) and write this information in patient records (45.0% vs 65.0% of pediatricians and 70.0% of family doctors). Pediatricians more frequently advise every smoker to quit smoking, spend more than 5 minutes on recommendations (37.5%) and explain in detail the smoking-related risks (67.5%).

Results. Overall, all groups of physicians do a poor job of providing help for their patients to quit smoking. According to the integrated point-based scale, the most active opponents of tobacco use among the respondents were pediatricians. Tobacco control measures need to be promoted in Medical Universities. Smoking of cigarettes by physicians is still higher than what is should be for Health care professionals. Professional physician groups need to encourage their member to quit smoking.

Key words: spread of tobacco smoking, tobacco control.

Nicotine is one of the most potent poisons of plant origin capable of causing psychological and physical addiction in all humans especially children. Tobacco use is directly responsible for development of many diseases, in particular, cancer, cardiovascular diseases, sudden infant death syndrome in children [1; 2; 4]. The studies by Henningfield and Benowitz [3; 5] showed that nicotine develops physical addiction of a greater degree than caffeine

and marijuana, although lesser than alcohol, cocaine, and heroin. Despite the information that proves how harmful this habit is, tobacco use is rapidly penetrating into the child and adolescent population [9].

The acuteness and high medico-social importance of this problem necessitated adoption of national programs aimed at improvement of public health and intensification of tobacco control [7].

Physicians, especially pediatricians can greatly contribute to tobacco control among children and the youth thanks to their special knowledge, regular contacts and authority among the public.

Healthcare professionals' tobacco control efforts must include detection of tobacco usage by motivating and encouraging smokers to quit and youth not to start smoking.

In this respect, the study of tobacco use prevalence among



physicians becomes of special interest, because they are traditionally viewed as a "model group" for the rest of people in terms of formation of healthy lifestyle [10]. In many developed countries of the world, active quitting of smoking among physicians preceded the reduction of tobacco use among the general population [5; 9]. This is no different for the Ukraine.

According to data by A. Robert et al. (2006), deficiencies in tobacco control efforts among healthcare providers in the course of their professional activities were discovered in Russia [12]. It was shown that although between 64% and 87% of physicians have always or often asked patients about their smoking status and want them to quit smoking, less than 2% of practitioners were advising on the period needed to quit smoking or suggesting nicotine-replacement therapy. 60.6% of physicians offered patients their support, but only 23.9% of them have knowledge of quitting methods and 18.9% of physicians are aware of the signs of abstinence syndrome. In Finland, only 49% of respondents believe that physicians must serve as an example of non-smoking [13].

According to statistical data (2003), smoking in Ukraine is prevalent among 38% to 45% of men and among 8.5% to 15% of women. A study (2004) has revealed the particularities of primary care physicians' attitude to smoking in several region administrative centers of central and eastern Ukraine, and showed high prevalence of smoking among physicians (57.4% of male physicians and 15.3% of female physicians are smokers). It was established that a physician's status as smoker with nicotine addiction represents the decisive factor in his attitude to

smoking and personal influence on smoking patients. Smoking physicians are far less interested whether their patients smoke and do not often recommend them to quit smoking [8].

This study expands on the previous study [8] to investigate the prevalence of smoking among physicians in the Odessa region investigating various length of work experience and areas of professional activity, and to evaluate their efforts in cessation of tobacco use. Our hypothesis is that physicians of different specialties may differently ask their patients about tobacco use and make different efforts to help them quit smoking cigarettes.

Study Objectives

1. Determining the prevalence of tobacco use and smoking status among pediatricians, family doctors and interns.

2. Detecting differences among these physicians of various specialties, their knowledge of tobacco use problem.

3. Determining differences among physicians of various specialties in how they counsel their patients on tobacco use and the meaning of their professional recommendations.

Materials and methods

150 doctors were chosen from entire number of doctors of the Odessa region for anonymous questioning: 40 pediatricians, 40 family doctors, 70 interns were conducted through personal interviews. These specialties were selected as they represented a diverse group of physicians treating different groups in the community.

The questionnaire form was based on the standard questions recommended by WHO and the Center for Disease Control [11]. The questionnaire included 66 questions covering the following

areas: personal information (age, education, place of residence, site of practice, income, health); tobacco use by respondents (frequency and duration of smoking, attempts to quit); physician's knowledge about tobacco-related diseases; physician's efforts at reduction or cessation of tobacco use among patients; physician's attitude to prevention of tobacco use in general; physician's beliefs about prevention of smoking habit among children and the youth. In 33 questionnaires respondents didn't provide information on their personal income, the income of their family, the physical data, religious beliefs.

The data was processed using Statistica software and Excel's statistical component. The standard methods of descriptive statistics (calculations of average and standard deviations, rank statistics) and value criteria (Student's t-criterion, chi-square) were used.

Survey Results

The general characteristics of survey respondents are presented in table 1. The age of pediatricians and family doctors was comparable in the young age interval, with physicians under 35 accounting for slightly over one-third. Physicians aged over 60 were more often registered among pediatricians than family doctors. All interns were from the young group (under 35). Breakdown of respondents by sex was different in different groups: female practitioners accounted for 77.5% of pediatricians, 50.0% of family doctors, and 74.3% of interns. The majority of pediatricians and family doctors had work experience exceeding 10 years. 70.0% of respondent pediatricians and 64.2% of interns worked at inpatient institutions; 69.5% of family doctors practiced at polyclin-



Table 1

General Characteristics of Survey Respondents, %

Sign	Speciality		
	Pediatricians	Family doctors	Interns
Age			
< 35	35.0	37.5	100.0
35–60	37.5	47.5	0.0
> 60	27.5	15.0	0.0
Sex			
Males	22.5	50.0	25.7
Females	77.5	50.0	74.3
Length of work experience			
< 2 years	0.0	0.0	100.0
2–10 years	41.5	42.5	0.0
> 10 years	58.5	57.5	0.0
Site of practice			
Inpatient institution	70.0	30.5	64.2
Polyclinic	30.0	69.5	35.8
Qualification			
II category	19.0	20.0	0.0
I category	21.0	23.0	0.0
Higher category	60.0	57.0	0.0

ics. The majority of pediatricians (60.0%) and family doctors (57.0%) had the higher qualification category.

Particularities of survey respondents' smoking status are shown in table 2. High prevalence of smoking among physicians with predominantly physical addiction is worth noting.

The majority of smoking respondents were interns (50.0%) comparing to family doctors (37.5%) and pediatricians (32.5%) ($p < 0.05$). Males account for the substantial majority of family doctors (72.9%) and pediatricians (70.0%) compared to females. Among interns there were no significant difference between men (52.9%) and women (47.1%). Less than a third of all smoking physicians thought about the benefits of quitting this habit or seriously tried to quit smoking. The

Table 2

Smoking Status of Survey Respondents, % (95% CI)

Respondents	Pediatricians	Family doctors	Interns
Percentage of smokers	32.5 (17.98–47.01)	37.5 (22.49–52.50)	50.0* (34.5–65.49)
— males only	70.0* (55.79–84.20)	72.9* (62.59–83.40)	52.9 (42.17–65.52)
— females only	30.0 (15.79–44.20)	27.2 (16.59–37.40)	47.1 (35.30–58.69)
Psychological tobacco addiction	27.2 (16.59–37.40)	34.3 (23.08–45.31)	42.5* (27.18–57.81)
Physical tobacco addiction	72.9 (62.59–83.40)	65.7 (54.57–76.82)	57.5 (42.18–72.81)
Thought about the benefits of quitting smoking	40.0* (24.81–55.18)	37.5* (22.49–52.50)	22.5 (9.55–35.44)
Seriously tried to quit smoking	42.5* (27.18–57.81)	35.0* (20.21–49.78)	20.0 (10.62–29.37)
Believe that the physician should not smoke	58.6* (47.03–70.10)	57.5* (42.18–72.81)	27.1 (16.5–37.4)

Note. In table 2–6: * — variables $p < 0.05$.

belief that the physician should not smoke in principle was not sufficiently expressed, especially among interns (27.1%).

Analysis of the physicians' knowledge about tobacco-related diseases (table 3) has shown that pediatricians (72.9%) and family doctors (82.9%) have the highest. It sometimes wrong knowledge of information about smoking-related risks: 8.6% of family doctors and 10.0% of pediatricians could not answer this question. At the same time, full knowledge of risks to which smokers are exposed was not often found in interns (52.9%). In

addition, 20.0% of interns could not answer the question about smoking-related risks. Full knowledge assumed full the respondent's answer to the question on the risk for a smoker, with the indication of the development of possible cardiovascular, lung disease and cancer, the threat of increased mortality and disturbance of reproductive function in women smokers, pathology of pregnancy and childbirth, increase of perinatal mortality.

The differences among physicians of various specialities in counseling their patients are shown in table 4.

Table 3

Awareness of Physicians of Various Specialities about Smoking-related Risks, % (95% CI)

Group	Full knowledge	Partial knowledge	Could not answer
Pediatricians	72.9* (62.59–83.40)	15.7 (7.41–24.58)	10.0 (0.70–19.29)
Family doctors	82.9* (74.01–91.68)	12.5 (2.25–22.74)	8.6 (1.96–15.03)
Interns	52.9* (42.17–65.52)	27.5 (13.66–41.33)	20.0 (10.62–29.37)



Table 4

**Differences among Physicians of Various Specialties
in Counseling Their Patients, % (95% CI)**

Respondents	Pediatricians	Family doctors	Interns
Ask about smoking	80.0* (67.60–92.39)	72.5* (58.76–86.33)	52.5 (37.02–67.97)
Record smoking information in patient records	65.0* (50.29–79.78)	70.0* (59.26–80.73)	45.0 (29.58–60.41)
Advise every smoker to quit smoking	47.1* (35.30–58.69)	45.7* (34.04–57.37)	20.0 (10.62–29.37)
Spend 1–2 minutes on promoting the benefits of nonsmoking	22.5 (9.55–35.44)	57.5* (42.18–72.81)	58.6* (47.03–70.10)
Spend 3–5 minutes on promoting the benefits of nonsmoking	40.0 (24.81–55.18)	30.0 (15.79–44.20)	27.1 (16.59–37.40)
Spend > 5 minutes on promoting the benefits of nonsmoking	37.5* (22.49–52.50)	12.5 (2.25–22.74)	14.3 (5.87–22.12)

Interns least frequently ask their patients about smoking (52.5% vs 80.0% of pediatricians and 72.5% of family doctors) and write down this information in patient records (45.0% vs 65.0% of pediatricians and 70.0% of family doctors). Pediatricians more frequently advise every smoker to quit smoking and spend more than 5 minutes on recommendations than family doctors and interns.

Respondents' recommendations concerning methods of ceasing tobacco use are shown in table 5.

Pediatricians are most likely to explain in detail the smoking-related risks (67.5%); a sole advice to quit smoking is heard most often from interns (40.0%); family doctors are the ones who provide their patients with materials on smoking hazards the most often (27.5%). Respondents of various specialties seldom (without statistical variations) set the date when a patient should quit smoking; send the patient to see a specialist; prescribe nicotine-substituting medications, and set special days for controlling tobacco cessation.

Respondents' attitude towards effectiveness and limitations of tobacco control is shown in table 6.

Far from all physicians, especially interns, consider counseling a sufficiently efficient instrument. At the same time, the majority of physicians (58.6% of pediatricians, 57.1% of family doctors, and 55.0% of interns) believe that all patients are honest and open with them as far as their smoking habit is concerned. A large number of healthcare professionals, especially pediatricians, believe that patients are insufficiently aware of smoking-related hazards. According to family doctors, providing counseling represents a sub-

stantial obstacle in tobacco control sphere. Interns believe that counseling takes too much time.

Activity of physicians of various specialties in tobacco control sphere was evaluated on ag-

gregate according to our own-developed scale (table 7). Activity was considered high if the score was 7–8 points, low if the score was 5–6 points, and unsatisfactory for the score of 1–4 points. The activity scale includ-

Table 5

**Respondents' Recommendations
Concerning Methods of Ceasing Tobacco Use, % (95% CI)**

Respondents	Pediatricians	Family doctors	Interns
Explain in detail the smoking-related risks	67.5* (52.98–82.01)	40.0 (24.81–55.18)	35.7 (24.47–46.92)
Give a sole advice to quit smoking	35.7 (24.47–46.92)	27.5 (13.66–41.33)	40.0* (24.81–55.18)
Set the date when a patient should quit smoking	5.0 (1.75–11.75)	1.4 (1.35–4.15)	0.0 (0–0)
Provide the patient with relevant materials	12.5 (2.25–22.74)	27.5* (13.66–41.33)	11.4 (3.95–18.84)
Send the patient to see a specialist	2.5 (2.33–7.33)	4.3 (0.46–9.02)	2.5 (2.33–7.33)
Prescribe nicotine-substituting medications	7.5 (0.4–16.4)	10.0 (0.70–19.29)	7.1 (1.01–12.97)
Set special days for controlling tobacco cessation	5.0 (1.75–11.75)	2.9 (0.99–6.99)	1.4 (1.35–4.15)



Respondents' Attitude Towards Effectiveness and Limitations of Tobacco Control, % (95% CI)

Table 6

Respondents	Pediatricians	Family doctors	Interns
Consider counseling an efficient instrument	45.0* (29.58–60.41)	45.7* (34.04–57.37)	22.5 (9.55–35.44)
Regard conversations as open and trusting	58.6 (47.03–70.10)	57.1 (39.21–62.71)	55.0 (39.58–70.41)
Believe that patients are insufficiently aware of smoking-related hazards	70.0* (59.26–80.73)	65.0* (50.21–79.78)	47.1 (35.30–58.69)
Believe that counseling takes too much time	25.0 (11.58–38.41)	31.4 (20.54–42.29)	52.5* (37.02–67.97)
See the problem in giving up counseling	27.5 (13.66–41.33)	65.7* (54.57–76.82)	44.3 (32.37–55.62)

icians, 57.5% of family doctors, and 72.8% of interns) practice in clinics where on-premise smoking is prohibited.

Discussion of Survey Results

For the first time, this study provides the analysis of tobacco use prevalence among pediatricians and other speciality groups of physicians in the Odessa region and their counseling efforts aimed at prevention and control of tobacco use among adult patients, children and the youth.

The survey has revealed an unexpectedly high prevalence of smoking among healthcare practitioners: almost one-third of surveyed pediatricians and family doctors and half of interns were smokers, with the majority of them being males. Unfortunately, only less than half of the pediatricians, family doctors, and interns have thought about the benefits of quitting smoking and seriously attempted to give up this bad habit. The percentage of smokers who believe that the physician should not smoke due to his professional status is unacceptably low (especially among interns).

The survey data proves the unacceptably frequent disregard of bioethical principles of healthy lifestyle, professional deontological norms and cultural standards, which to a certain degree can be explained by respondents' (especially interns') incomplete awareness of smoking-related risks.

The differences between physician groups in terms of the counseling efforts were established. As a rule, pediatricians more frequently ask their patients about tobacco use, give advice to quit smoking, and spend the most time on promoting the benefits of nonsmoking. Comparing to other physicians,

Tobacco Control Activity, %

Table 7

Activity criteria	Physicians	0	1	2
1. Own nicotine addiction: physical (0), psychological (1), none (2)	Pediatricians	20.0	12.5	67.5
	Family doctors	28.0	9.5	62.5
	Interns	27.0	23.0	50.0
2. Knowledge about tobacco use problem: insufficient (0), average (1), full (2)	Pediatricians	7.5	20.0	72.5
	Family doctors	14.0	57.0	29.0
	Interns	52.0	11.0	37.0
3. Length of counseling: none or incomplete (0), 3–5 minutes (1), more than 5 minutes (2)	Pediatricians	22.5	40.0	37.5
	Family doctors	12.5	30.0	57.5
	Interns	58.6	27.1	14.3
4. Supportiveness of tobacco control measures: unsupportive (0), partially supportive (1), fully supportive (2)	Pediatricians	16.0	37.5	46.5
	Family doctors	14.2	51.2	34.6
	Interns	24.7	62.8	12.5

ed information about knowledge of tobacco use problem, quality of counseling, supportiveness of legislative tobacco control measures, own nicotine addiction (physical and psychological). Physical addiction — neurotransmitting addiction, based on the action of nicotine on the nerve cells like acetylcholine and bringing them into the excited state. Psychological addiction — hunting for an exciting action of nicotine; smoking as a way to fill the semantic pause in communication; the desire of the adolescent to be an adult.

According to the integrated point-based scale, the most active among the comparison groups were pediatricians with (7.2±0.3) points compared to (5.6±0.3) point activity in family doctors and (3.2±0.6) points scored by interns. The greater score achieved by pediatricians appears to stem — from the least frequently-occurring own nicotine addiction, the greatest knowledge about tobacco use problem, and the greatest supportiveness of tobacco control measures. The majority of respondents (80.0% of pediatri-



family doctors most frequently record tobacco use information in patient's records. Overall, the quantitative characteristics of the patient counseling on tobacco use, especially by interns, prove the existence of flaws in this area. Perhaps for many physicians, these flaws stem from own nicotine addiction, insufficient professional experience, or gaps in graduate and postgraduate training on this problem. The survey results agree with the data by certain foreign studies showing that only between 43% and 50% of physicians give advice to quit smoking [9; 10]. The survey conducted at 122 medical colleges and universities in the United States has revealed that the number of academic hours allocated to train students on prevention of tobacco use is insufficient, and the students' awareness of this important problem is unsatisfactory [6]. In the meantime, in order to convince a patient to quit smoking one short (3–5 minutes) counseling session should be sufficient if the physician is quite clear in his advices and recommendations. If the physician will ask a teenager about his smoking in a rational, friendly and professional manner, there is a higher probability that he will get a truthful answer [14].

Our survey has revealed the insufficiency of efforts aimed at implementation of tobacco control methods. Pediatricians (67.5% of respondents) are the ones who explain the smoking-related risk in the greatest detail, because their job involves perinatal aspects and is aimed at explaining the use of tobacco on the health of the fetus and mother. The insufficiency of knowledge in this area is proved by the more than threefold increase of the smoking prevalence among Ukrainian women during the past 10 years.

Only a small number of respondents (12.5% of pediatricians, 27.5% of family doctors, and 11.4% of interns) provide their patients with materials demonstrating smoking-related hazards. For comparison: 57% of British physicians provide anti-smoking materials as leaflets, and 4% of them even provide video materials [12].

The majority of respondents practice at medical institutions where on-premise smoking is prohibited. The surveyed respondents' support the ban on smoking in public places and especially in medical institutions, although sometimes partial only. This is an important step toward improvement of public health and smoke free faculties.

When making comparative evaluations of physicians' activity in tobacco control, we considered it important to use a point-based scale which incorporated data on the physicians' personal smoking behavior, their knowledge about the risks of tobacco use, the quality of counseling and supportiveness of legislative tobacco control measures. According to the integrated point-based scale, the most active opponents of tobacco use among the respondents were pediatricians.

A conclusion may be drawn that active stance of a physician free from smoking and possessing the entire sum of the necessary knowledge, skills, and training in tobacco control and prevention of smoking plays a substantial role in the formation of bioethical model of health in Ukraine [15].

Conclusions

1. The prevalence of tobacco use among the surveyed respondents in the Odessa region must be considered unacceptably high for healthcare profes-

sionals. The majority of smoking respondents are men.

2. The level of knowledge of the problems of epidemiology, tobacco control and prevention of smoking among physicians of various specialties in the Odessa region cannot be considered sufficient for implementation of the healthy lifestyle concept.

3. The counseling of patients on tobacco use and the methods of assistance in stop smoking must continuously improve taking into account specifics of physician's professional activities and the latest achievements of medical and bioethical science and practice.

4. Revision of graduate and postgraduate education programs at Ukrainian medical universities needs to be improved. The algorithm used by physicians of various specialties when counseling patients on nicotine addiction problem represents an indispensable measure of tobacco control and prevention of smoking that need to be promoted in Medical Universities.

REFERENCES

1. Aryayev N., Bredeleva N., Tyutyunevich A. Age, Sex and Season Distribution in SIDS Cases in Odessa (Ukraine) 1991, 1992, 1993. *Europ. J. of Ped.* 1995; 154, Suppl. 1 (5): 7.
2. Aryayev N., Zaporozhan V., Bredeleva N. Prenatal Risk Factors, Associated with SIDS in Odessa (Ukraine). *Pren. and Neon. Med.* 1996; 1, Suppl. 1: 293.
3. Benowitz N.L. Pharmacology of nicotine: addiction, smoking-induced disease, and therapeutics. *Ann. Rev. Pharmacol. Toxicol.* 2009; 49: 57-71.
4. Einspeiler C., Kahn A., Aryayev N. et al. ECAS. Report on Coordinated Case-Control Studies to Determine Ways of Reducing SIDS Rates in Europe. Norway, Bergen, 1996. 82 p.
5. Henningfield J.E. Tobacco dependence treatment: scientific challenges; public health opportunities. *Tob. Control.* 2000; 9, Suppl. 1: 3-10.
6. Hyder Ferry L., Grissino L.M., Sieler Runfola P. Research of Medical



School students knowledge level about smoke. *Brown Univ. Dig. Addict. Theory and Appl.* 2000; 19 (4): 4-5.

7. On the Measures of Controlling and Reducing Tobacco Use and its Harmful Effect on Public Health : Law of Ukraine of 22.09.2005 N 2899-IV [Pro zakhody shchodo poperedzhennya ta zmeshennya vzhyvannya tyutyunovykh vyrobiv i ikh shkidlyvogo vplyvu na zdorov'a naselennya : Zakon Ukrainy vid 22.09.2005 N 2899-IV]. <http://zakon1.rada.gov.ua/laws/show/2899-iv>

8. Lowe J., Squier C., Hesli V. et al. Tobacco use, cessation advice to patients and attitudes to tobacco control among physicians in Ukraine. *European Journal of Cancer Prevention* 2006; 15: 458-463.

9. McEven A., Akotia N., West R. General practitioners' views on the English national smoking cessation guidelines. *Addiction* 2001; 96 (7): 997-1000.

10. McEven A., West R. Smoking cessation activities by general practitioners and practice nurses. *Tobacco Control* 2001; 10 (1): 27-32.

11. Pirs J. <http://factsheets.org/en/prevalence.shtml>, 2005.

12. Schnoll Robert A., Engstrom Paul F., Somasundaram Subramanian Smoking Cessation Counseling by Russian Oncologists: Opportunities for Intervention in the Russian Federation. *International Journal of Behavioral Medicine* 2006; 13 (1): 8-15.

13. Sandstrom P., Korhonen T., Mannonen P. et al. On behalf of the Working Group of International Quit and Win 1998. Helsinki National Public Health Institute (KTL) B5/2001. 3 p.

14. Ward M.M., Doebbeling B.N., Vaughn T.E. et al. Effectiveness of a nationally implemented smoking cessation guideline on provider and patient practices. *Preventive Medicine* 2003; 36: 265-271.

15. Zaporozhan V.M., Aryayev M.L. Bioethics : textbook. Odesa : The Odesa State Medical University, 2008. 288 p. (Series "Medical Student's Library").

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КЛІНІКО-АНАМНЕСТИЧНІ ПРЕДИКТОРИ ПРОГРЕСУВАННЯ ПРИ ДИСМЕТАБОЛІЧНИХ НЕФРОПАТІЯХ У ДІТЕЙ

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КЛИНИКО-АНАМНЕСТИЧЕСКИЕ ПРЕДИКТОРЫ ПРОГРЕССИРОВАНИЯ ПРИ ДИСМЕТАБОЛИЧЕСКИХ НЕФРОПАТИЯХ У ДЕТЕЙ

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В структуре заболеваний мочевой системы у детей наблюдается рост обменных нефропатий с активным камнеобразованием. Особенно остро встает проблема у детей подросткового и раннего возраста. Выявляются неблагоприятные тенденции рецидивного нефролитиаза и высокая частота осложнений.

В работе проведена оценка значимости отдельных предикторов развития и прогрессирования обменной нефропатии у детей. На основании комплексного математического анализа доказана сопряженность патогенетических механизмов при дисметаболической нефропатии и мочекаменной болезни, выявлены предикторы развития, созданы модели прогноза течения обменных нефропатий, что позволяет оптимизировать тактику ведения пациентов для предотвращения эволюции метаболических расстройств.

Ключевые слова: дети, дисметаболическая нефропатия, мочекаменная болезнь, предикторы.

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CLINICAL AND ANAMNESIS PROGRESSION PREDICTORS AT DYSMETABOLIC NEPHROPATHY IN CHILDREN

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Introduction. Increase of dysmetabolic nephropathy rate with active stone formation is in structure of the urinary system diseases in children. As a result of metabolic processes imbalance under the influence of endogenous complex and exogenous factors, there is a progression of renal metabolic disturbances from crystalluria till nephrolithiasis.

Aim of the research was identifying the importance of the most typical and common for nephrolithiasis and dysmetabolic nephropathy clinical and anamnesis predictors with analysis of their role in the progression of metabolic disturbances and the development of predictive models.

Methods and subjects. The research was carried out with participation of 300 patients with diagnosed nephrolithiasis and dysmetabolic nephropathy at the age 3–25 years.

Results. There had been analyzed 78 factors. After mathematical analysis it was marked out 15 key predictors, including the availability of associated disease (respiratory, digestive and urinary systems, allergic disease), history data about repeated antibiotic therapy courses, burden heredity in diseases of the urinary pathology and metabolic disorders, disorders of intestinal biocenosis, peculiarity of diet and drinking regime.

