The scientific sense of the hygienic fears problem investigation is deeply intertwined with the described in the last years by social psychologists problem of "catastrophism", which is one of the foundational modern problems of social life.

Very different fears and the ability to apperceive various risks adequately or inadequately were and will always be a powerful social regulator. It is a weapon not only in the fight for the Nation's health, but also a weapon of political and ideological struggle.

## References:

- Savelyev S.I., Zaitsev V.M., Kotova G.N., Vishnyakov N.I. Estimation of hygienic activity of modern youth on the results of extended statistical analysis of life-style/ Under the editorship of Academician of RAMS, Professor Onishchenko G.G. – L., 2004. - p.416.
- 2. Yadov V.A. Structure and motive impulses of socially anxious consciousness/ "Sociological magazine", 1997, №3.

## INCIDENCE OF PSYCHOEMOTIONAL STRESS IN YOUTH MEDIUM

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One of the most significant parts in many ways determining the whole life mode of the learning youth is their being provided with proper accommodation. It is connected with the fact that dwelling is one of the basic hygienic demands, dissatisfaction with which is a destabilizing many human life activity sides factor. And vice versa, satisfaction of this demand benefits the lifestyle. The research results testify it: stressful situation frequency decreased noticeably with the increase of young people's satisfaction with their living conditions. For example, among those who were fully satisfied with their accommodation the low stress frequency group made 36,5%. Among persons, who were not satisfied with their accommodation or were satisfied only partially, this group made 23,8%-22,3%. Accordingly, the high stress frequency group grew from 3,0% to 13,4%.  $(x^2 = 96,2 \text{ with } P << 0.001, C_{norm} = 0.23)$ 

The stress frequency alteration with accommodation satisfaction change depended greatly on sex and age of the examined. In particular, among persons of male gender the contingence of accommodation satisfaction and stress manifestation frequency was higher than among female one (for men  $C_{norm}=0.28$ , for women  $C_{norm}$ =0,20 with P<<0,001). So, among fully satisfied with their living conditions men the low stress frequency group made 49,2%. Among women with the same everyday life satisfaction this group made only 27,4%. Among unsatisfied or partially satisfied with their accommodation men there turned out to be 27,8% of persons with such stress manifestation, among women - 19,7%.

In the junior age group of learners the contingence of accommodation satisfaction and stress manifestation frequency was notably higher than in the senior age cohort (for learners aged from 16 to 19  $C_{norm}$ =0,25, at the age of 20 and older  $C_{norm}$ =0,20 with P<<0,001). Among fully satisfied with their living conditions respondents aged from 16 to 19 the group of low stress frequency made 40,0%, from 20 and older - 27,5%.

Among persons unsatisfied with their accommodation or satisfied with them only partially, whose age didn't exceed 19, the given marker was 20,4%, at the age of 20 and older - 23,8%.

The objectivity of the revealed tendency was proved by the contingence of home stress incidence markers and private hygienic dwelling features (housing type and living space) as well. For example, the better was the housing type, the lower was stress frequency. If among the persons who lived in a hostel the low stress frequency group made 22,2%, among those who roomed in a multifamily unit - 28,9%, then in the group of learners who lived in a separate apartment or a private house - 31,2%. The group of high stress frequency altered accordingly. Among those who lived in a hostel this group made 7,7%, in a separate apartment or private house - 4,0% - 5,0%.

Especially vividly the specified tendency was observed at the analysis of such hygienic dwelling feature as living space. The better a family was provided with living space, the lower was stress frequency. So, among persons, who lived in the conditions when there were not more

than  $6\text{M}^2$  per a family member, the group of low stress frequency made 19,7%; among those who lived on the area of 6-9 $\text{M}^2$  - 25,8%; on the area of 12m and over - 32,0%. The group of high stress frequency altered accordingly. Among those who lived in the conditions when there were not more than  $6\text{M}^2$  per a family member, the group of high stress frequency made 10,4%, among those who lived on the area of 6-9 $\text{M}^2$  - 6,3%, on the area of 12m and over - 2,7%.

Interconnection of stress incidence and separate, private dwelling features as well as general satisfaction with living conditions depended on age-sex peculiarities of young people.

Among men who lived in a hostel the group of low stress frequency made 29,7%, women - 18,4%. In the group of men who lived in a separate apartment or private house this group made 39,0%; in the group of women -30,5%. Among men who lived on the area of  $6\text{m}^2$ and less per a person the group of low stress frequency made 27,2%, on the area of 6-8  $\text{m}^2$  -31,4%, on the area of  $12 \text{ m}^2$  and over - 41,3%. Among women these markers made accordingly 22,3%o, 22,5%. The data given 16,1%, authentically testify that the absolute gain of markers among persons of male gender was almost three times as much than among female one; i.e. men appeared to be more sensitive to hygienic dwelling features, especially to density of occupation of the dwelling, than women.

The detailed consideration of the influence of living conditions on stress frequency separately – on schooling and housing place allowed stating the following: the more satisfied with their accommodation the young people were, the less home stress situations appeared. For example, among the learners who were fully satisfied with their living conditions home stresses were marked as "often" and "always" in 14,8% of the cases; among those who were satisfied with their living conditions only partially – in 18,4% of the cases; and among the examined people who were not satisfied with their living conditions at all these stresses were marked in every third person (32,4%).

By the way, the men connected home stress situations' frequency with their living conditions satisfaction more actively than the women (for men  $C_{norm} = 0.27$ , for women  $C_{norm} = 0.18$  при P<0,01). At the analysis of the age

factor role a more close connection between the accommodation satisfaction and stress situations' frequency among younger people, than among persons of the senior age group (for the age cohort of 16-19  $C_{norm}$ = 0,27, for the group of 20 and older  $C_{norm}$ = 0,17 with P<0,01).

At the analysis of the role of such components of dwelling satisfaction as housing type and living space in "home" stress situations frequency alteration there were no essential agesex differences found out.

## ESTIMATION OF IMMUNOLOGIC REACTIVITY IN ELDERLY PATIENTS WITH DIFFERENT BRONCHOPULMONARY PATHOLOGY

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A method of estimation of immunologic reactivity of elderly patients with different bronchopulmonary pathology is offered. It is based on lactoferrin (LF) value definition in serum by means of enzyme immunodetection (EID) using a commercial test-system of "Vector-Best-Europe" CJSC according to the instruction attached. The results are represented in Table 1. The analysis of LF serum indicants in young and elderly patients depending on nosologic form of the disease revealed authentically (p < 0,01) lower albumin concentration showings in blood serum at all the cases of pulmonary pathologies in patients older than 60 (Table 1). Authentically (p < 0.01) higher concentration of serum LF in patients older than 60 among the examined groups was recorded at community-acquired pneumonia - CAP (1597,1 + 121,4), and authentically (p < 0.05) lower showings are marked at non-allergic (infective) form of bronchial asthma - N(I)BA (1006,9 + 32,8) and carcinoma of lung – CL (1021,3  $\pm$ 74,2).

Studying lactoferrinemia in elderly patients with different bronchopulmonary pathology we carried out a correlation analysis of LF concentration in blood serum and basic showings of immunogram (Table 2). As it is seen from Table 2, positive correlation relationships of different efficacy between the blood serum LF