

## Materials of Conferences

**INFLUENCE OF SEX DIFFERENCE  
ON THE PAIN CHARACTER  
AND TACTICS OF CURE**

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According to World Health Organization, in the developed world, the pain on the scale of its dissemination is quite comparable to the pandemic. The pain - a subjective phenomenon, not amenable to any objective.

In particular emotions and tolerance of pain may be influenced by ethnic characteristics, demographic factors, age and sex. Current studies of the age and gender differences of perception of pain, is one of the new approaches to this problem (Averkin N.A., Filatova E.G., 2000; Adashinskaya G.A., 2003; Veyne A.M., 2006).

We researched 3 groups of patients with neurogenic (such as neuralgia facialis vera and trigeminal neuralgia), somatogenic (postoperative pain, pain due to joint inflammation, abdominal pain) and psychogenic painful syndromes (Tension headache, vertebral pains), low-back pain, myalgias and migraines. We researched the peculiarities of pain perception and the emotionally-affective relation to it (alarm level and level of depression) in these groups.

Methods of research: Scoring by Numerical Rating Scale (NRG) scale from 0 – «no pain» to 10 – «unbearable pain», Hamilton scale for alarm and depression valuation (HARS).

Results revealed that men have more anxiety disorders (7-8 points) in relation to an expressed painful syndrome (6-7 points). Women prevailed over the depressive component (10-12 points) and the level of pain perceived was insignificant (3-4 points). In 3 groups – by lowering the alarm level – it will lower the pain perception. By lowering the depressive component, the pain reactions became stronger in group of men; in the group of women, no reliable difference was observed.

A combination of pharmacotherapy (Analgetics, Anxiolytic and Antidepressants) let to registration of considerable lowering of the pain perception and improvement of emotional condition.

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**THE FREQUENCY OF ASSOCIATED  
PATHOLOGY OF GASTROINTESTINAL  
TRACT OF THE PATIENTS WITH  
THE GASTROESOPHAGEAL REFLUX  
DISEASE**

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**The aim of research:** to reveal the frequency of association of gastroesophageal reflux disease (GERD) with other diseases of gastrointestinal tract (GIT).

**Materials and methods:** there were examined 115 patients with the GERD, their average age were 42±7,6, from them 36 women and 76 men. The criterion of including to the research was the presence of nonerosive or erosive GERD. Patients went through the standard examination which includes fiberoptic esophagogastroduodenoscopy (EGD) with the morphological verification of diagnosis, radioscopy of esophagogastroduodenal region, ultrasonic research of abdominal organs (ultrasonic examination of abdominal organs), diagnosis of infection *Helicobacter pylori* (HP) was carried out by means of urease breath test and histobacterioscopic, the examination of bowel included lower gastrointestinal series and/or colonoscopy.

**Results:** It was established that 90 cases (78,3%) GERD was combined with the chronic gastritis (CG). The structure of CH while the EGD occurred with the following way: 25 patients (27,8%) had the focal atrophic gastritis, 2 patients (2,2%) had the total atrophic gastritis, 42 patients (46,7%) had the catarrhal gastritis, 21 patients (23,3%) had the erosive gastritis. 35 patients (30,4%) had GERD associated with the ulcerous disease (UD), and in 33 cases (94,3%) there was diagnosed UD of duodenum, in 2 cases (5,7%) – UD of stomach. 75 patients (65,2%) had GERD combined with the chronic pancreatitis, 20 patients (17,4%) with the GERD had chronic cholecystitis, 30 patients (26,1%) with the GERD had chronic nonspecific colitis, 65 patients (56,5%) with the GERD had the infection *Helicobacter pylori*. Besides, in 30 cases (26,1%) GERD was associated with the hernia of esophageal opening of diaphragm, in 45 cases (50%) – with the *antro*-pyloric duodenal discoordination, in 40 cases (34,8%) – with the anomalies of form of gall bladder.