

Большинство респондентов (54,9 %) при возникновении вышеперечисленных симптомов принимают растительные препараты, ноотропные средства (29,4 %) антидепрессанты (11,8 %), ничего – (8,8 %). Наиболее популярными среди растительных препаратов, указываемыми респондентами являлись препараты валерьяны, ромашки, мята, зверобой. Не принимают антидепрессивные средства (75,5 %) респондентов. Позитива, Эсциталопрам, Рексетин – основные антидепрессанты, принимаемые участниками анкетирования. 71 % респондентов принимают ноотропные препараты. После употребления данных препаратов отмечалось сонливость (8,8 %), вялость (5,9 %), бессонница и набор веса (2,9 %) респондентов.

В результате основными препаратами, применяемых при возникновении симптомов тревожного состояния препараты валерьяны (19,6 %), Фенибут (13,7 %), Глицин (6,8 %), Адаптол (4,9 %), Новопазит (2,9 %), а также 37,25 % не принимают лекарственные препараты.

### **Выводы**

На основании анализа результатов социологического исследования и результатов онлайн-анкетирования было выявлено, что, к сожалению, большинство участников исследования в последнее время ощущают симптомы психоэмоционального состояния.

Респонденты недостаточно информированы в вопросах выбора лекарственных средств при возникновении вопросов, касающихся здоровья. Чаще при возникновении стрессорных факторов большинство предпочитает не обращаться за помощью в учреждения здравоохранения, а предпочитают принимать лекарственные препараты самостоятельно. Основным элементом профилактики является распространение научно обоснованной и актуальной информации о правильном использовании тех или иных групп лекарственных средств.

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## **THE INFLUENCE OF DRUGS ON THE MENTAL ABILITY OF STUDENTS**

### **Introduction**

Studying in medical universities requires huge mental and physical costs from medical students. The most serious situation for students in the exam session. The amount of information that needs to be memorized is usually huge. Anxiety increases, appetite decreases, pulse increases, there is a tremor in the limbs, irritability, insomnia – these are typical manifestations of the fear of examination. The student is experiencing a phenomenon called exam stress. Examination stress is manifested in students regardless of the degree of integrity of preparation for the educational process. In this regard, the frequent questions of students of the 3rd year of medical school studying pharmacology are: “What drug can be taken as a means to improve the

process of memorization? Is that drug improving mental capacity during the exam? Is there an improvement in students scoring?" [1, 2].

Currently, cognitive stimulants are understood to be a group of nootropics, which unites different classes of medicines, varying in chemical structure and mechanism of action. This group of drugs include metabolic and antioxidant drugs, drugs that have a pronounced ability to cause the expansion of brain vessels [3, 4, 5].

### **Goal**

The study aims to study the use of medicines by students during the examination session to improve mental activity and to establish the relationship between medication and the outcome of the session.

### **Material and Methods of research**

The study involved 158 volunteers of the 3<sup>rd</sup>-course Russian speaking students of the Gomel state medical university. Each volunteer was interviewed. The questionnaire consisted of the following points: course, state of fear (subjectively) during the session, taking drugs and dietary supplements to improve mental performance during the session, naming drugs, effectiveness from taking drugs, the results of the last session.

The results of the research and their discussion

Of the students surveyed, 141 (89.24 %) students experience subjective exam stress during the session, and only 17 (10.76 %) students consider themselves out of stressful condition.

In this, 84.81 % (n = 158) of anxiety and 54.43 % (n = 158) of the constant feeling of fatigue and apathy are experienced by students during their exam session.

During the exam session, 24.68 % (n'158) of the students surveyed took pharmacological drugs, respectively, 75.32 % (n'158) of people did not use medication to enhance memory. In the survey, students who took drugs have been consuming it during the session in two types of variants, 79.49 % (n'158) monotherapy and 20.51 % (n'158) combination therapy.

The most commonly used groups of medicines to improve memory were:

1. Nootropics and drugs with nootropic activity (for example, glycine, piracetam, pantocalcin etc.) – 42,7 % (n'158).
2. Sedatives (for example, tincture of valerian and leonurus, persen, novo-passit etc.) – 29,5 % (n'158);
3. Vitamins (for example, multivitamins, magnefar B6 etc.) – 4,2 % (n'158).
4. CNS stimulating drug (for example, caffeine, ginseng etc.) – 9,7 % (n'158).
5. Tranquillizers (for example, afobazole, grandaxine, mebicar, hydroxyzine, fenibut etc.) – 9,7 % (n'158).
6. Other drugs (for example, mildronate, riboxine etc.) – 4,2 % (n'158).

Glycine (n'65, 41 %) and (n'24, 15.38 %) Valeriana was the most taken drug by students to enhance the memory during exam sessions which comes under nootropics drugs and sedatives.

The average score in the exam for students (n'158) mean value was 7.1, in those who took the drugs – mean value 7.2, and those who did not take drugs – mean value 7.1, which is shown here. And according to the average of people taking drugs, among them, 71.80 % (n'113) says there is an improvement in scores; another side, 28.20 % (n'45) says no improvement in scores even after consuming drugs. Thereby students acquire a benefit in examination by taking specific memory enhancer medication.

According to the ANOVA analysis of the data in two categories. In that, one category (n'158) which represents different between students take drugs 6.418-8.141 and who did not take drugs 6.85-8.262, p-value-0.5802). In another category (n'39) which represents different between students having an improvement in exam scores after taking drugs 6.468-8.203 and no-improvement even after taking drugs 6.266-8.007, p-value-0.8808). These analyses did not

show statistically significant differences in the average score received during the session by students who took medicines and did not take drugs and, improvement and no improvement of the score after taking drugs.

### **Conclusions**

1. As a result of the study, we did not identify there is a significant difference in cognitive improvement in students taking medications and students who did not use medication during the examination session. In my opinion, the reasons for “lack of achieve” in the use of drugs are the lack of indications for using it; incorrect dose selection, insufficient duration of medication; the use of sedatives that balance the processes of arousal and inhibition of the brain, which leads to a decrease in its activity. So, consult the doctor before taking the medication.

2. The use of mental stimulants during the exam session can be seen as an additional factor only in the systematic preparation for training during the semester, which in turn will reduce the impact of exam stress and improve the quality of education which has been explored from the students by questionnaire method.

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## **STRUCTURE OF HOSPITALIZED PATIENTS WITH MIGRAINE ATTACKS AND FEATURES OF THEIR THERAPY**

### **Introduction**

Migraine is a disease with biphasic change in cerebral vessels tone: short constriction is followed by dilatation. It is one of the most disabling conditions in the world, currently ranked as the 7<sup>th</sup> leading cause of disability [1]. Head pain or headache accounted for 3 % of emergency department (ED) visits annually and was the fourth or fifth leading reason for patients to visit the ED [2]. The prevalence of migraines or severe headache is 15.3 %, with 20.7 % prevalence in women and 9.7 % prevalence in men [3]. Migraines affect people’s quality of life and ability to participate in work, family, and social event [4]. Migraines are classified as with or without aura. Migraines with aura have fully reversible sensory, visual, or other symptoms related to the central nervous system. The aura usually begins before migraine onset but may occur with headache onset or after the headache has stopped. The most common type of aura in patients with migraine is visual aura, followed by sensory disturbances, and, less frequently, speech disturbances [3, 4]. Drugs used for the treatment of an acute migraine attack are ergot alkaloids and its derivatives,