Следовательно, переход ХВГС в ЦП сопровождается не только повышением интенсивности уже имеющихся проявлений заболевания, но и появлением новых симптомов.

Выводы

При ХВГС клиническая симптоматика более скудная по сравнению с ЦП. Степень тяжести симптомов и частота их появления увеличивается по мере перехода гепатита в цирроз печени.

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УДК 612.393.2:159.942.53

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IMPACT OF CAFFEINE ON ANXIETY, MOOD AND ENERGY

Introduction

Caffeine is a central nervous system stimulant widely recognized and consumed by many people as the most utilized psychoactive stimulant worldwide. Studies about caffeine consumption primarily negotiates the fact that it alleviates fatigue and drowsiness but has numerous additional therapeutic applications [1]. Caffeine has been found to increase self-rated happiness, well-being, calmness and alertness or anger, anxiety and nervousness depending on the dose administered. Typically, low doses (20–200 mg) produce positive feelings (e.g. heightened energy, ability to concentrate, liking), while higher doses (200–800 mg) produce feelings of anxiety, nervousness and jitteriness that increase in severity with dose [2]. Doses of 200 to 250 mg of caffeine elevate mood and that these effects can last for up to 3 h [3]. Caffeine is well absorbed by the body, and the short-term effects are usually experienced between 5 and 30 minutes after having it. These effects can include increased breathing and heart rate, and increased mental alertness and physical energy. Depending on the individual, these effects can last up to 12 hours [4]. Studying the impact of caffeine on anxiety, mood, and energy is crucial due to its widespread consumption and significant effects on mental and physical health. Understanding effects of caffeine helps in developing guidelines for safe consumption, particularly for individuals with anxiety disorders or mood sensitivities.

Goal

This study aims to explore the impact of caffeine on anxiety, mood and energy.

Material and methods of research

An anonymous online questionnaire survey was conducted with 108 participants distributed among the following countries: Australia 1 (0.9%), Japan 1 (0.9%), Malaysia 1 (0.9%), Nigeria 1

(0.9%), Saudi Arabia 1 (0.9%), Pakistan 1 (0.9%), Philippines 1 (0.9%), Serbia 1 (0.9%), Yemen 1 (0.9%), Belarus 2 (1.9%), Sweden 2 (1.9%), Syria 3 (2.9%), Italy 3 (2.9%), United Kingdom 4 (3.7%), Maldives 6 (5.5%), India 16 (14.8%), Sri Lanka 63 (58.3%).The questionnaire consisted of the following questions: occupation, age, gender, how long the participants have been using caffeine in their life, number of cups of coffee/tea consumed on an average day, sources of caffeine consumed, mood after consuming caffeine, how often the participants feel energetic after caffeine consumption, the energy levels after consumption, how often the participants feel anxiety after caffeine consumption, the anxiety levels after consumption, how they would feel if their regular caffeine intake was skipped and any additional ideas they would like to share with relative to the utilization of caffeine.

The results of the research and their discussion

The study comprised of 108 individuals with 60 (55.6%) being Female and 48 (44.4%) being Male. The age ranges of the participants ranged from 12 (11.1%) less than the age of 18; 59 (54.6%) of age range 18–25; 8 (7.4%) of age range 2 –30; 4 (3.7%) of the age range 31–35 and 25 (23.2%) of participants aged more than 35 years. Out of the participants, it was revealed that 72 (66.6%) have been consuming caffeine for more than 5 years; 11 (10.2%) for 3–5 years; 14 (13%) for 1–2 years and 11 (10.2%) for only less than a year. Figure 1 portrays the duration of consumption of coffee.

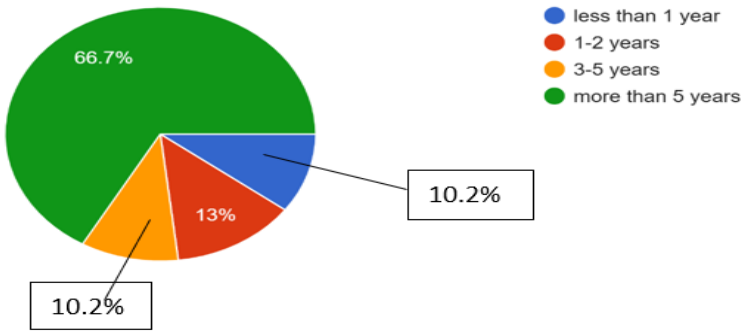

Figure 1 – Duration of consumption of coffee

Based on the survey responses, coffee was consumed by 37 (34.6%) of the respondents, tea is consumed by 34 (31.7%), chocolate (energy bars) by 20 (18.8%), energy drinks by 14 (12.9%), supplements by 2 (1.7%) and only 1 (0.3%) indicated that they do not consume caffeine at all.

The influence of caffeine on mood levels shows that majority 54 (50%) of the respondents, reported feeling “positive”; 35 (32.4%) felt “neutral”; 18 (16.7%) felt more “positive”; 1 (0.9%) felt “negative” while none felt “very negative”. Figure 2 shows the influence of caffeine on mood levels.

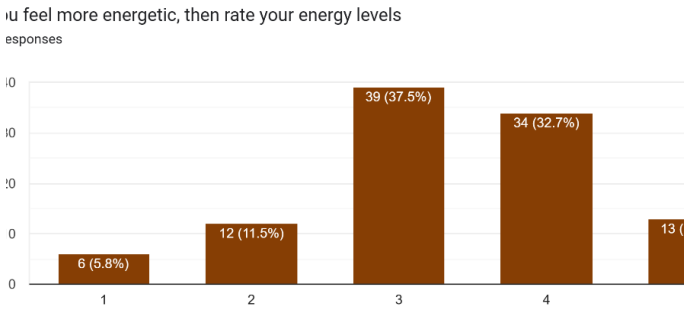

Figure 2 – The influence of caffeine on mood levels

The experience of increased energy levels after caffeine consumption showed 39 (36.1%) feeling more energetic "sometimes," making it the most frequent response. Nearly as many, 36 (33.3%) "often" feel more energetic after consuming caffeine. About 22 (20.4%) of the participants report to feeling more energetic "Always," while the rest 11 (10.2%) "rarely" feel more energetic.

But however, the energy levels of the individuals after caffeine intake showed that the majority of participants, 39 (37.5%) feel a medium level of energy, while 34 (32.7%) felt high energy, 13 (12.5%) felt very high energy, 12 (11.5%) felt low energy and only 6 (5.8%) felt very low energy. Figure 3 displays the energy levels of the individuals after caffeine intake (1 being low energy while 5 being high energy).

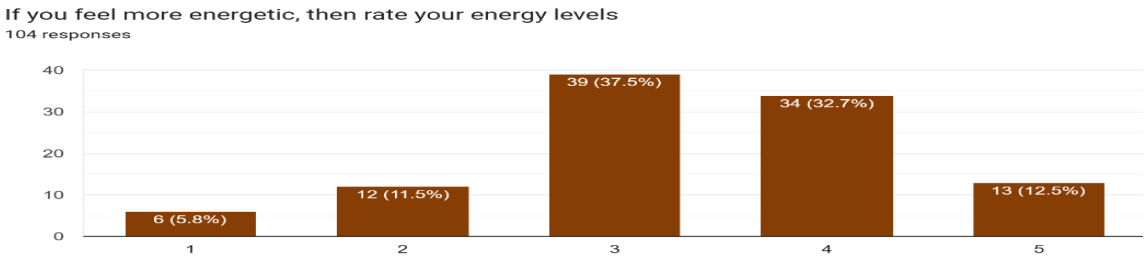

Figure 3 – The energy levels of the individuals after caffeine intake (1 being low energy while 5 being high energy)

66 (61.1%) participants do not experience increased anxiety after consuming caffeine. However, 13 (12%) do report experiencing increased anxiety, and 29 (26.9%) experience it sometimes.

It was recorded with a majority of 27 (37.5%) having very low anxiety levels, while equally 18 (25%) of individuals experienced neutral or low anxiety, 5 (6.9%) experienced high anxiety levels and only 4 (5.6%) experienced very high levels. Figure 4 shows the levels of anxiety of the individuals after caffeine intake (1 being low anxiety and 5 being high anxiety).

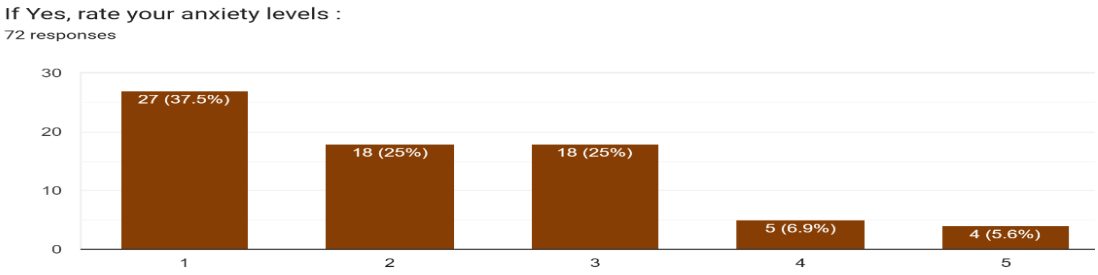

Figure 4 – The levels of anxiety of the individuals after caffeine intake (1 being low anxiety and 5 being high anxiety)

When inquired about how the individuals feel after skipping their regular caffeine intake, many responded saying that no special change was observed in their regular activities but feeling of lethargy, tiredness, dizziness, sleepiness, agitation, laziness, annoyance, moodiness and eagerness for more caffeine which explains the addictive nature.

Conclusion

1. These data indicate that caffeine is associated with increased energy for most respondents at least some of the time, though it's not a consistent effect for everyone.

2. Caffeine has proved to increase the mood status into a better state.

3. The individuals claim to experience low anxiety levels but however contrarily. Withdrawal of caffeine will cause anxiety due to its addictive nature.

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УДК 615.276:378.6-057.875]:615.065

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ASSESSMENT OF SIDE EFFECTS AND USE OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS AMONG MEDICAL STUDENTS

Introduction

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are common analgesics, antipyretics and anti-inflammatory drugs [1]. The key enzyme in the manufacture of prostaglandins is cyclooxygenase (COX). There are two isoforms of it: constitutive COX-1, which is in charge of physiological processes, and inducible COX-2, which is implicated in inflammation [2]. NSAIDs work by blocking the action of cyclooxygenase enzymes, which are involved in the production of prostaglandins, chemical's that promote inflammation, pain, fever in the body. They are primarily used to relive pain, reduce inflammation, lower fever. NSAIDs consumption pattern and self-medication behavior is a common practice [3].

Goal

The aim is to study the assessment of side effects and use of non-steroidal anti-inflammatory drugs among medical students.

Material and methods of research

The Google Forms questionnaire consisted of 24 questions aimed at assessing NSAIDs usage among students. The questionnaire consisted of the following questions: age, gender, country, university course), frequency and duration of NSAIDs use, health conditions treated with NSAIDs, whether they use over-the-counter or prescription NSAIDs, decision-making for usage, types of NSAIDs used, intake methods, adherence to dosage guidelines, side effects experienced, awareness of risks from prolonged use, and confidence in using NSAIDs without medical supervision.

The results of the research and their discussion

Our research involved conducting of an anonymous online survey which included 90 medical students from Gomel State Medical University, including 45 (50%) female students and 45 (50%) male students. The study included 50 (55.7%) Sri Lankans, 15 (16.7%) Indians, 7 (7.8%) Nigerians, 3 (3.3%) Iranians, 3 (3.3%) Moroccans, 2 (2.2%) Pakistanis, 2 (2.2%) Americans, 2 (2.2%) Britons and 1 (1.1%) student form each of these countries: Syria, Iraq, Liberia, Yemen, Cameroon and Norway.