

2003, Vol. 2, #2(4)

sarCevi :

saqarTvel os Sromis, j anmrTel obis da social uri dacvis ministris amiran gamyrel iZis weril i saqarTvel os samedicino dawesebul ebebis xel mZRvanel ebs, qarTul i medicinis da j andacvis l iderebs da ucxoETSi moRvawe qarTvel medikosebs 3

dasabuTebul i [faqtebze dafuZnebul i] medicina
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ucxoeTSi moRvawe qarTvel medikosebs - mecnierebs, aspirantebsa da rezidenteb

Zvirfaso Tanamamul eno!

mogosal mebiT Tqven, - ucxoeTSi moRvawe Cvens kol egebs.

vimedovneb, Tqvens mier amerikisa da evropis saukeTeso centrebsa da kl inikebSi miRebul i gamocdil eba iqneba is mniSvnel ovani resursi, rac uaxl oes momaval Si saqarTvel os biosamedicino mecnierebis da mkurnal obis qarTul i skol is aRmavl obas ganapirobebs, da zogadad qveynis ekonomikur-kul turul i potencial is mTavri ganmsazRvrel i iqneba.

minda mogmarToT TxovniT, rom SeZl ebisdamebr SeitanoT wvl il i saqarTvel oSi uwyveti samedicino ganaTI ebis sistemis, samedicino informatikis dargis, dasabuTebul i medicinis principebis danergvisa da ganvitarebis saqmeSi. Cveni samistros meoxebiT ukve erTi wel ia gamodis Jurnal i `Tanamedrove medicina- (Contemporary Medicine – Georgian Medical Journal), roml is el eqtronul i versia internetSic aris ganTavsebul i - http://nt1.nilc.org.ge/nilc/web-pages/contemporary_medicine.htm da xel misawvdomia saqarTvel os j andacvis sistemis www.health.net.ge da erovnul i sainformacio saswavl o centris www.nilc.org.ge - veb-gverdebidan.

am Jurnal is ZiriTadi daniSnul ebaa, rom internetSi ganTavsebul i da msofl io samedicino monacemTa bazebis mdidari resursebi xel misawvdomi gavxadoT maTTvisac - visac kompiuteri gaaCniat da ingl isurs fl oben, da maTTvisac – visac cifrul i teqno logiebis da enobrivi barieri j er ar gadaul axavs.

dasavl ur mecnierebaSi 70-iani wl ebidan didi yuradReba eqceva faqtebze dafuznebul medicinas, kohrenis monacemTa bazebs, randomizirebul kl inikur kvl ebebs, maT meta-anal izs da sistematur mimoxil vebs, kl inikuri praqtikis rekomendaciebs (gaidl ainebs) da aprobierebul gaidl ainebze damyarebul samedicino praqtikas, rac j andacvis samsaxurebis maRal i xarisxis garantirebis erT-erTi mniSvnel ovani meTodia. sadReisod 4800-mde biosamedicino Jurnal i gamodis msofl ioSi. aqedan zogadi praqtikis eqimebisaTvis rekomendirebul ia zogadsamedicino mimarTul ebis daaxl oebiT 200 Jurnal i. saWi roa momqancvel i skurpul ozuri anal izi, rom aseTi informaciul i okeanidan moxerxdes Sej erebul i anal itikuri masal ebis momzadeba, im saukeTeso mtkicebul ebebis da faqtebis amokrefa, rac namdvil ad eWvs ar iwevs, da romel Ta praqtikul gamocdil ebasTan integrireba eqims daavadebebtan sabrZol vel ad saWi ro Tanamedrove

codni TYai araRebs. Jurnal i "Tanamedrove medicina", romel ic rogorc nabeWdi, aseve cifrul i (el eqtronul i) saxiT gamodis, swored am saxis masal ebis gamoqveynebas isaxavs miznad da imedia mal e iqceva qarTvel i eqimebis, rezidentebis, studenti-medikoseb is da mkvl evarebisaTvis Tanamedrove miRwevebis gacnobis saukeTeso wyarod.

Zvirfaso megobrebo! Tqveni da Tqveni ucxoel i kol egebis mdidari gamocdil eba daufasebel i simdidrea axal Seqmnil i Jurnal is ganviTarebis mizniT. Tqvens mier momzadebul i dasabuTebul i medicinis mimoxil vebi, kl inikuri masal ebis ganzogadoebul i Tu meta-anal izi, Teoriul i diskusiebi, sagamocdo TviTsefasebis testebi metad saWiro iqneboda Cveni studentebisa da eqimebisaTvis.

gTxovT iTanamSroml oT Jurnal `Tanamedrove medicinaTan- misi redaqtori, erovnul i sainformacio saswavl o centris direqtori, medicinis mecn. kandidati zviad kirtava, romel ic amave dros `britis mediqal j ornel is- saredaqcio sabWos wevria, siamovnebiT miiRebs ara marto Tqvens masal ebs, aramed winadadebebsa da kritikul SeniSvnebsac, rogor gavxadoT axl adSeqmnil i Jurnal i ufro efeqturi.

erovnul i sainformacio saswavl o centris serverze amavdroul ad Seqmnil ia saqarTvel os j andacvis sistemis veb-portal i www.health.net.ge, romel ic aseve damatebiTi resursia, sadac Tqvens mier mowodebul i masal ebis – l eqciebis, prezentaciebis, Sromebis, reziუმebis da l iteraturul i mimoxil vebis bmul ebi ("l inkebi") SeiZl eba ganTavsdes.

Jurnal is redkol egiasTan dakavSireba SeiZl eba el eqtronul i fostiT: zkirtava@nilc.org.ge da kakha@nilc.org.ge

pativiscemiT,

ministri, prof. a gamyrel iZe

Letter of the Minister of Labour, Health and Social Affairs of Georgia Prof. Amiran Gamkrelidze to the leaders of Georgian healthcare system and Georgian medical doctors working abroad

In this letter Minister A. Gamkrelidze applies to the Georgian medical doctors inside Georgia and abroad to cooperate with the Journal *Contemporary Medicine* in provision of EBM materials, Clinical Practice Giuidliens and Clinical Reviews.

sarCevi

zemo sasunTqi gzebis infeqciuri daavadebebis mkurnal obis mimoxil va

kl inikuri mtkicebul ebani

Clinical Evidence, BMJ Publishing Group

2002 w. (V gamoSveba)

(moamzada z. kirtavam)

Carevebi (mkurnal obis meTodebi)

efeqturoba damtkicebul ia:

- ✓ antibiotikebis gamoyeneba garTul ebebis Tavidan asacil ebl ad (roml ebic sakmaod iSviaTial) Aj gufis beta-hemol izuri streptokokiT gamowveul i faringitis dros.

savaraudo eqturoba:

- ✓ antibiotikebis gamoyeneba ufro swrafad gamosaj anmrTel ebl ad infeqciuri daavadebebisas, roml ebic gamowveul ia Hemophylus Influenza, Moraxella Catarrhalis an Streptococcus Pneumoniae-Ti.
- ✓ beta-adrenomi metikebis gamoyeneba xvel ebis ufro swrafad Sesawyvetad.
- ✓ vitamini C;
- ✓ SeSupebi ssawinaaRmdago preparatebis miReba mwvave simptomebis Sesamsubuqebi ad, roml ebic gamowveul ia l orwovani garsis SeSupebi T;
- ✓ antihistaminuri preparatebis gamoyeneba surdos da cxvirisceminebis Sesamcirebl ad.

upiratesoba da nakl ovani mxareebi TITqmis Tanabaria (efeqturoba saeWvoa):

- ✓ antibiotikebis gamoyeneba mwvave bronqitis, faringitis da sinusitis dros

efeqturoba araa dadgenil i:

- ✓ TuTiis preparatebis gamoyeneba
- ✓ eqinaceas preparatebis gamoyeneba samkurnal o miznebi T
- ✓ eqinaceas preparatebis gamoyeneba profil aqtikuri miznebi T
- ✓ orTql is inhal aciebi

araefeqturoba anda ziani dadgenil ia:

- ✓ antibiotikebis gamoyeneba gacivebis, xvel ebis anda yel is tkivil is dros, rodesac daavadebis gamomwvevi araa dadgenil i;
- ✓ eqinaceas preparatebis gamoyeneba samkurnal o miznebi T;

- ✓ SeSupebi ssawinaaRmdego preparatebis miReba xangrZi ivad mimdinare simptomebis Sesamsubuqebi ad, roml ebiC gamowveul ia l orwovani garsis SeSupebiT.

ZiriTadi debul ebebi:

Catarebul i randomizirebul i klinikuri kvleebiT (rkk) meoradi garTul ebebis gareSe mimdinare gacivebisas antibiotikebis gamoyeneba ar ukavSirdeba raime klinikurad mniSvel ovani efeqts. sistematur mimxil vebSi deminstrirebul iqna mxol od umniSvel o efeqti mwvave bronqitis, faringitis da sinusitis dros antibiotikebis gamoyenebisas. antibiotikebis gamoyeneba saSual ebas iZi eva Tavidan avicil oiT A jgufis beta-hemolizuri streptokokiT gamowveul i faringitis araCirqovani garTul ebebi, Tumca ekonomikurad ganvitarebul qveynebsi aseTi garTul ebebis ricxvi umniSvel oa.

rkk-Ta erT sistematur mimoxil vaSi naCvenebi iqna Cveul ebrivi gacivebisas vitamin C-s gamoyenebiT simptomebis ufro mal e gaqroba. Tumca es efeqti u8mniSvel o iyo da al baT imiTac iyo ganpirobebul i, rom ZiriTadad moicavda dadaebiTi Sedegebis amsaxvel publ ikaciebs.

rac Seexeba TuTiis prepratebis, eqinaceis da orTql is inhal aciebis gamoyenebas, miRebul i Sedegebi sadReisod sakmaod winaaRmdogobrivia, rom raime erTmniSvel ovani daskvnis gamotanis saSual ebas iZi eodes.

1 sistematur mimoxil viT dadginda mcire xanmoki e efeqti SeSupebi ssawinaaRmdego preparatebis gamoyenebisas, Tumca anal ogiuri Sedegi maTi xangrZi ivi gamoyenebisas ver iqna nanaxi.

antihistaminuri preparatebis gamoyeneba erTi sistematuri mimoxil viT xel s uwyobs surdos da cxvirisceminebis Sencirebas.

Clinical Evidence

Review of EBM data on Treatment of an Upper Respiratory Tract Infections (based on Clinical Evidence – www.clinicalevidence.org) - prepared by Z. Kirtava

sarCevi

Tanamedrove Sexedul ebebi da rekomendaciebi bavSvebSi yuradRebis deficitis / hiperaqtiurobis sindromis diagnostikisa da mkurnal obis Sesaxeb

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yuradRebis deficitis / hiperaqtiurobis sindromi (ydhs) bavSvTa erT-erTi yvel aze gavrcel ebul i qronikul i daavadebaa. saskol o asakSi misi sixSire 1.7-17.8% Soris meryeobs [2,4,6,8]. igi upiratesad vaJebSi gvxxdeba (3:1-9:1) [4]. ydhs-is ZiriTadi simptomebi ayuradReboba, hiperaqtiuroba da impul suroba. daavadebul bavSvebs SeiZi eba hqondeT swavl asTan dakavSirebul i siZnel eebi, dabal i akademiuri moswreba, oj axis wevrebsa da Tanatol ebTan urTierTobis probl emebi, sakuTari Tavisadmi pativiscemis daqveiTeba. xSirad simptomebi mozardobis periodSi da Semdegac grZel deba [2,8]. am mdgomareobis adreul amocnobas, Sefasebasa da saTanado mkurnal obasa da marTvas mniSvnel ovani gavl ena SeuZi ia moaxdinobis ydhs-is mqone bavSvis ganviTarebaze.

ydhs-is diagnozi emyareba qvemoT moyvani l DSM-IV¹ kriteriumebis [1,2,6]:

A1. **uyuradRebobs** qvemoT CamoTvl il i niSnebidan eqvsi (an meti) sul cota 6 Tvis ganmavl obaSi gamoxatul ia imdenad,

¹ - (fsiquri darRvevebis diagnostikuri da statistikuri saxel mZRvanel os meoTxe gamocema)

rom aZnel ebs adaptacias da SeuTavsebel ia ganviTarebis donesTan:

uyuradReboba

1. xSirad yuradRebas ar aqcevs detal ebs an uyuradRebobiT uSvebs Secdomebs saskol o daval ebebis Sesrul ebasa Tu sxva saqmi anobis dros;
2. xSirad uWirs yuradRebis SenarCuneba daval ebebis Sesrul ebisas an TamaSis dros;
3. xSirad TiTqosda ar usmens, rodesac pirdapir mimarTaven;
4. xSirad ar mihyveba darigebebs da ver amTavrebs saskol o daval ebebs, moval eobebs (ara ganzrax da ara daval ebis vergagebis gamo);
5. xSirad uWirs daval ebebis da raime sxva saqmi anobis dagegmva;
6. xSirad gaurbis, ar uyvars an uxal isod akeTebis iseT daval ebebs, romel ic gonebriv daZabvas moiTxovs (rogoric aris saskol o an sxva saSinao daval eba);
7. xSirad kargavs daval ebis Sesasrul ebl ad an raime saqmi anobis Casatarebl ad aucil ebel nivTebis (mag. saTamaSoebs, saskol o dRiurs, fanqrebs, wignebs, an xel sawyoebis);
8. xSirad advil ad cdeba gareSe mi zezebis gamo;
9. xSirad gul maviwyia yovel dRiur saqmi anobaSi.

A2. hiperaqtiurobisa da impul surobis qvemoT CamoTvl ili niSnebidan eqvsi (an meti) sul cota 6 Tvis ganmavl obaSi gamoxatul ia imdenad, rom aZnel ebs adaptacias da SeuTavsebel ia ganviTarebis donesTan:

hiperaqtiuroba

- 1) xSirad xel ebs an fexebis ver asvenebis an kidev adgil ze ver Cerdeba;
- 2) xSirad tovebs adgil s kl asSi an sxva situaci ebSi, rodesac unda ij des;

- 3) xSirad zedmetad darb is an daZvreb a iseT situaciebSi, sadac es mi uRebel ia;
- 4) xSirad uWirs iTamaSos an gaerTos Cumad;
- 5) xSirad "mudmiv moZraobaSia" an "daqoqil iviT" iqceva;
- 6) xSirad metismets I aparakobs.

impul suroba

1. xSirad wamoisvris pasuxs manam, sanam SekiT xva dasrul deba;
2. xSirad uWirs, Tavis rigs dael odos;
3. xSirad sxvebs awyvetinebs da saubarsa Tu TamaSSi ereva.
 - A. darRvevis gamomwvevi hiperaqtiuroba-impul surobis Tu uyuradRebobis simptomTagan zogierTi 7 wl amde aRini Sneboda.
 - B. aRniSnul i simptomebiT ganpirobepul i darRveva vl indeba or an met garemoSi (mag. Sin, skol aSi da a.S.).
 - C. aucil ebel ia adgil i hqondes kl inikurad mniSvnel ovan darRvevebs social ur, akademi ur an profesi ul saqmi anobaSi.
 - D.** simptomebi ar aris gamowveul i ganviTarebis an/da fsiquri darRvevebiT.

ydhs-is kombini rebul i tipis diagnozi daismeba, Tu ukanasknel i 6 Tvis ganmavl obaSi orive A1 da A2 kriteriუმებს აგვს ადგილ i. Tu erT-erTi maTgani Warbobs, maSin diagnozi Semdegnairia - ydhs, yuradRebis deficit iT mimdinare tipis; an ydhs, hiperaqtiurobisa da impul surobis tipis.

kl inikuri al goriTmi yuradRebis deficit is / hiperaqtiurobis sindromiT daavadebul i bavSvis diagnostikisa da SefasebisaTvis mocemul ia danarTSi (ix. sur. 1) [2]:

ydhs-is diagnostikisaTvis SemuSavebul ia Semdegi rekomendaciebi [2]:

- ❖ pediatria (ოჯ აქსის ექიმმა) ელვი უნდა მიიტანოს და შეაფასოს უძის-ის არსებობაზე სასკოლო ასაკის ბავშვები, რომელთაც აქსიალური ურადრებობა, ჰიპერაქტიურობა, იმპულსურობა, დაბალი აკადემიური მოწონება ან უკმარისობა გამოეხატა;
- ❖ უძის-ის დიაგნოზის დასადგენად ბავშვის მდგომარეობა უნდა შეესაბამებოდეს DSM-IV (ფსიქიური დარღვევების დიაგნოსტიკური და სტატისტიკური სახელმძღვანელო (მედიკალური გამოცემა) კრიტერიუმებს;
- ❖ უძის-ის შეფასებისთვის აუცილებელია პირდაპირი მსოფლიო ებისგან ან არმზრდელ ებისგან იყოს მიღებული ინფორმაცია უძის-ის პირდაპირი სიმპტომების შესახებ სხვადასხვა გარემოში, დაუბნობის ასაკზე, სიმპტომების არსებობის ხანგრძლივობაზე, ფუნქციური დარღვევების ხარისხზე;
- ❖ უძის-ის შეფასებისთვის აუცილებელია პირდაპირი სკოლის მასწავლებლისგან (ან სკოლის ასობის მშობლისგან) ინფორმაციის მიღება უძის-ის პირდაპირი სიმპტომების შესახებ, სიმპტომების არსებობის ხანგრძლივობაზე, ფუნქციური დარღვევების ხარისხზე, თანამხლებელი მდგომარეობებზე;
- ❖ უძის-ის დაავადებულობის ბავშვის გამოკვლევა უნდა მოიცავდეს აგრეთვე შესაძლო თანამხლებელი (თანარსებულობის) მდგომარეობების დადგენასაც;
- ❖ უძის-ის დიაგნოზისთვის დამატებითი დიაგნოსტიკური ტესტები არ გამოიყენება, მაგრამ მათი გამოყენება შესაძლებელია სხვა თანარსებულობის მდგომარეობების (მაგ. სხვადასხვა უნარის დაკლებები, გონებრივი გამოცდები) შესაფასებლად.

ურადრების დეფიციტის / ჰიპერაქტიურობის სინდრომის დაავადებულობის ბავშვის მკურნალობისთვის მოვლადეობა უნდა იყოს შემდეგი რეკომენდაციები [3-7].

პირველი რიგის აუცილებელია, რომ პედიატრებმა (ოჯ აქსის ექიმებმა) სწორი ურადრების დეფიციტის / ჰიპერაქტიურობის სინდრომი, როგორც

qronikul i daavadeba, romelic saWiroebs special ur marTvas. aucil ebel ia moxdes mSobl ebisa da TviT bavSvebis garkveva imaSi, Tu ras warmoadgens ydhs, ra aris misi gamomwvevi mizezebi da, rac mTavaria, ra gavlena SeiZl eba moaxdinos swavl aze, qcevaze, sakuTari Tavisadmi pativiscemis grZnobaze, social ur da oj axur funqciebze. pacientebis ganaTl eba imis saSual ebas iZl eva, rom eqimebma, mSobl ebma, maswavl ebl ebma da TviT bavSvma erTobl ivad SeimuSavon da ganaxorciel on efeqturi mkurnal obis gegma. warmatebul i mkurnal obisTvis aucil ebel ia mkurnal obis winaswari dagegmva, kontrol i da monitoringi.

mkurnal ma eqimma, mSobl ebma da bavSvma, skol is personal Tan erTad, unda daazuston samizne Sedegebi. ydhs-is wamyvanma simptomebma, rogoric aris uyuradReboba, impul suroba, hiperaqtiuroba, SeiZl eba gamoiwvios bavSvis funqcionirebis darRveva saxl Si, skol asa an sazogadoebaSi. mkurnal obis pirvel adi mizani unda iyos funqciis maqsimal izacia. sasurveli Sedegebis ricxvs miekuTvneba: sxvebis saqmianobasa Tu saubarSi Carevis gaiSviaTeba, gaumj obesebul i akademiuri moswreba, momatebul i damoukidebl oba Tavisi Tavis movl asa Tu saSinao daval ebebis Sesrul ebis dros, sakuTari Tavisadmi pativiscemis momateba, momatebul i usafrTxoeba saxl is gareT (mag. quCaze gadasvl isas, vel osipediT seirnobisas). samizne Sedegebis SerCeva erTobl ivad unda moxdes.

samizne Sedegebis misaRwevad eqimma fsiqostimul atorebi da/an qceviTi Terapi a unda daniSnos. fsiqostimul atorebi amcirebs daavadebis ZiriTad niSnebs [3,7], xSirad aseve aumj obesebs bavSvis unars, misdios wesebs da amcirebs emociur hiperreaqtiul obas. ydhs-is Terapi aSi fsiqostimul atorebis garda gamoiyeneba agreTve antidepressantebic. fsiqostimul atorebis doza ar aris damokidebul i wonaze. eqimma unda daiwyos patara doziT da nel - nel a gazardos. is doza, roml iTac aRiniSneba simptomebis

gaumj obeseba, ar warmoadgens saukeTesos. optimal uri doza aris is, roml iTac aRiniSneba maqsimal uri efeqti da minimal uria gverdiTi efeqti. dozirebis reJimi damokidebul ia samizne Sedegebze. fsiqostimul atorebis gverdiTi efeqtebi msubuqi da xanmokl ea da maTi moxsna dozis SemcirebiT aris SesaZI ebel i. Tu arCeul fsiqostimul ators sasurvel i Sedegi ar moaqvs, saWi roa sxva waml is arCeva [3,4].

qceviTi Terapi a warmoadgens specifiuri RonisZiebebis erTobl iobas, romel ic mimarTul ia fizikuri da social uri garemos Secvl isaken, raTa moxdes qcevis cvl il eba. mSobl ebsa da maswavl ebl ebs unda avuxsnaT, ra unda moimoqmedon, raTa bavSvis qceva gaumj obesdes. magal iTad, daj il doeba sasurvel i qcevisas da garkveul i dasj a sapirispiro SemTxvevaSi. sabol oo j amSi ganmeorebiTi daj il doebisa da dasj is aseTi sistema qcevaze gavl enas axdens. aucil ebel ia ganvasxvaoT qceviTi Terapi a fsiqol ogiuri Carevisgan, romel ic miznad isaxavs bavSvis emociuri statusis an azrovnebis Secvl as. samwuxarod fsiqol ogiuri Careva, am sityvis viwro gagebiT, ydhs-is dros nakl ebad efeqturia [3]. mSobl ebis swavl eba j gufSi xdeba. mSobl ebs ganumartaven daavadebis arss da uxsnian, dadebiTi (daj il doeba) da uaryofiTi (dasj a) ganmtkicebis meSveobiT rogor moaxdinon zegavl ena bavSvis qcevaze. mizanSewonil ia qceviTi Terapi is SeTavseba medikamentur mkurnal obasTan [3,5].

Tu Terapi a ar gvaZI evs sasurvel efeqts, saWi roa sawyisi diagnozis gadasinj va; agreTve unda Semowmdes, Tu rogor srul deba daniSnul eba. ydhs-is dros SemTxvevaTa umravl esobaSi Terapi ul i RonisZiebani (medikamenturi da/an qceviTi Terapi a) efeqturia. rodesac gaumj obeseba ar aris, amis mizezebi SeiZI eba iyos: 1) arasworad gansazRvrul i ZiriTadi niSnebi; 2) bavSvis qcevis Sesaxeb informaciis arasakmarisoba; 3) araswori diagnozi; 4) Tanarsebul i daavadeba, romel ic xel s uSl is ydhs-is mkurnal obas;

5) daniSnul i mkurnal oba ar srul deba; 6) mkurnal oba uSedegoa. mkurnal obis uSedegoba gul isxmobs: a) 2 an 3 fsiqostimul atoris maqsimal uri doziT daniSvna araviTar efeqts ar axdens da arc gverdiTi movl enebi aRiniSneba; b) nebismieri doziT fsiqostimul atoris daniSvna autanel gverdiT movl enebis iwvevs; g) qceviTi Terapia ver akontrol ebs bavSvis qcevas; d) Tanarsebul i daavadeba aferxebs mkurnal obas [3,8].

aucil ebel ia daavadebul i bavSvis monitoringi. mSobl ebisgan, maswavl ebl ebisgan da uSual od bavSvisgan miReba dawvril ebiTi informacia samizne Sedegebisa da gverdiTi efeqtebis Sesaxeb. monitoringis sixSire damokidebul ia disfunqciis doneze, garTul ebebze, daniSnul i mkurnal obis xasiaTze. bavSvis mdgomareobis stabilizaciisas eqimTan 3-6 TveSi erTxel misvl ac sakmarisia.

ydhs-is mkurnal obis kl inikuri al goriTmi [3] mocemul ia danarTSi (ix. sur. 2).

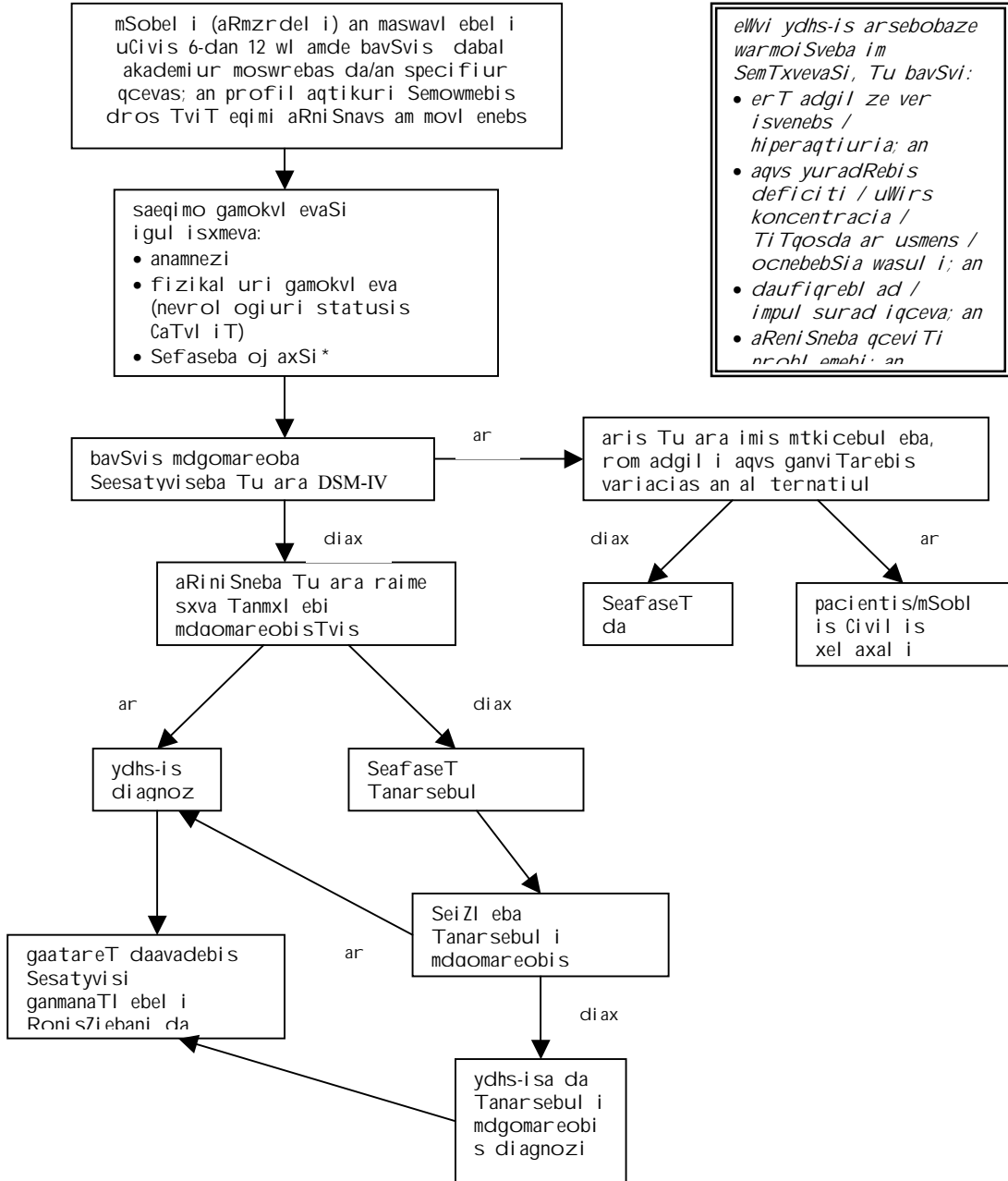
mizandasaxul i mkurnal obis Sedegad kl inikuri niSnebis gamoxatul eba asakis matebasTan erTad kl ebul obs. miuxedavad amisa, mozardebis 22-85%-sa da mozrdil ebis 4-66%-Si diagnozis moxsna ver xerxdeba [6,8].

amrigad, yuradRebis deficitis / hiperaqtiurobis sindromi warmoadgens saskolo asakis bavSvebSi qronikul admindinare daavadebas, romelic mniSvnel ovan zegavl enas axdens socialur adaptaciisa da akademiur moswrebaze. mkurnal obis gareSe simptomebi xSirad mozrdil obis asakSic grZel deba. mkurnal oba moicavs medikamentur da qceviT Terapias. efeqtis miRebisatvis mizanSewonilia samizne Sedegebis moxazva da mkurnal obis dagegmvasi uSual od bavSvis CarTva. aucil ebel ia avadmyofis mdgomareobis monitoringi.

suratI 1

yuradRebis deficiTis / hiperaqtiurobis sindromis (yDhs)

diagnostikuri al goriTmi



eWvi yDhs-is arsebobaze warmoiSveba im SemTxvevaSi, Tu bavSvi:

- erT adgil ze ver isvenebs / hiperaqtiuria; an
- aqvs yuradRebis deficiTi / uWirs koncentracia / TiTqosda ar usmens / ocnebebSia wasul i; an
- daufigrebl ad / impul surad iqceva; an
- aReniSneba qcevi Ti nrobl emahi; an

*** Sefaseba oj axSi** gul isxmobs uyuradRebobis / hiperaqtiurobis / impul surobis Civil ebTan mimarTebaSi Semdegi monacemebis daFiqsirebas:

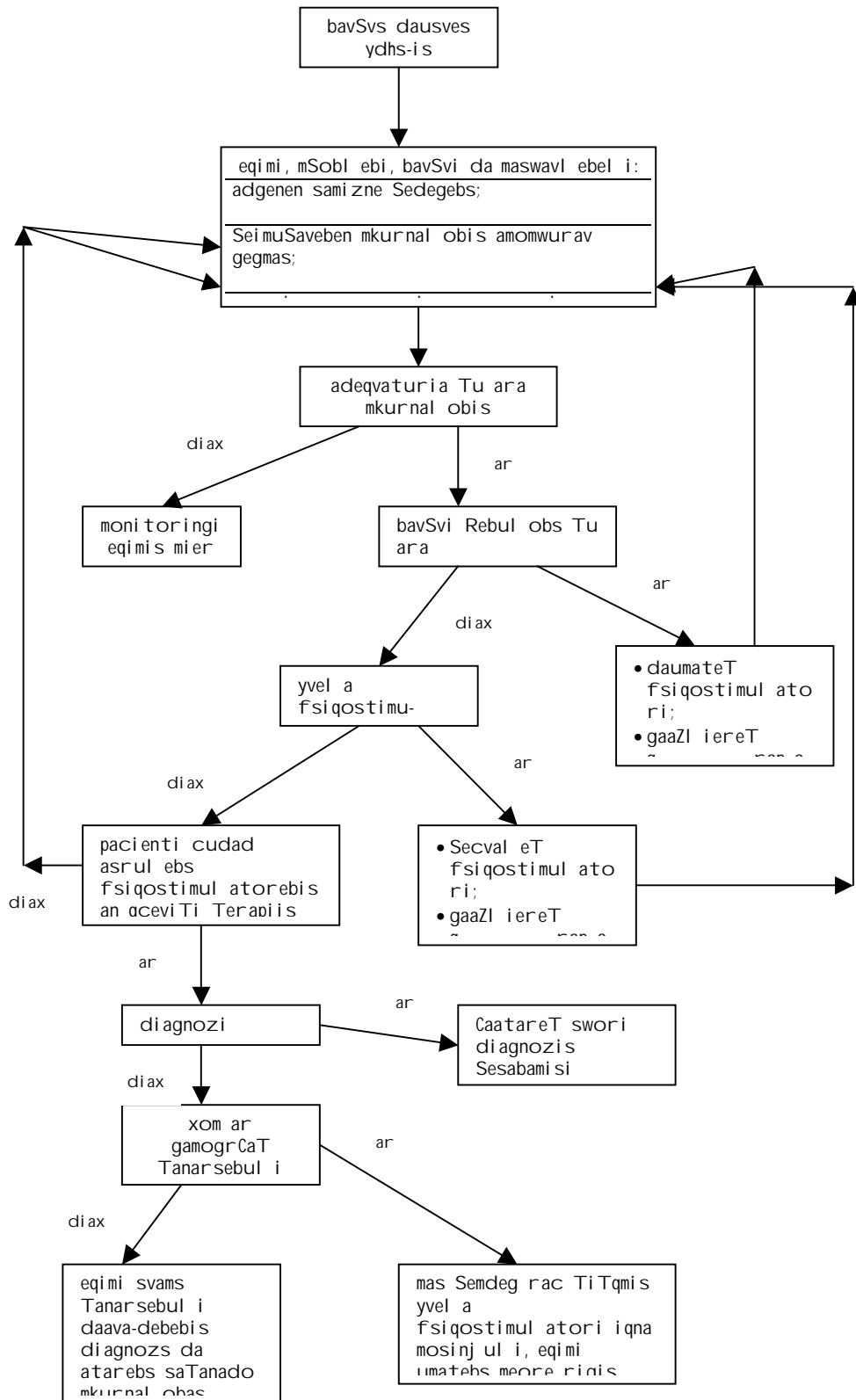
- gamovl enis adgil i,
- dawyebis asaki,
- simptomebis xangrZl ivoba,

**** Sefaseba skol aSi:**

- wamyvani simptomis - uyuradReboba / hiperaqtiuroba / impul suroba, - gamovl inebaTa daFiqsireba (sasurvel ia Sesabamisi special uri kiTxvaris daxmarebiT).
- maswavl ebl is gamokiTxva kl aSi bavSvis qcevaze, swavl is unarze, yofaqcevaze, Funqciuri darRvevebis xarisxis Sesaxeb.
- skol aSi moswrephis fircel i da saskol o

suraTi 2

yuradRebis deficiit is / hiperaqtiurobis sindromis (ydhs)
mkurnal obis al goriTmi



l i t e r a t u r a :

1. American Psychiatric Association. Diagnostic and Statistical Manual for Mental Disorders. 4th ed. Washington, DC: American Psychiatric Association; 1994.
2. American Academy of Pediatrics: Clinical Practice Guideline: Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder. *Pediatrics*. Vol. 105, No. 5, May 2000, 1158-1170.
3. American Academy of Pediatrics: Clinical Practice Guideline: Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder. *Pediatrics*. Vol. 108, No. 4, October 2001, 1033-1044.
4. Elia J, Ambrosini PJ, Rapoport JL. Drug Therapy: Treatment of Attention-Deficit-Hyperactivity Disorder. *N Engl J Med*. Vol. 340(10), March 11, 1999. 780-788.
5. Goldman LS, Genel M, Bezman RJ, Slanetz PJ. Diagnosis and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *JAMA*. Vol. 279(14). April 8, 1998. 1100-1107.
6. Guevara JP, Stein MT. Evidence based management of attention deficit hyperactivity disorder. *BMJ*. Vol 323(7323), November 24, 2001. 1232-1235.
7. Schachter HM, Pham B, King J, Langford S, Moher D. How efficacious is short-acting methylphenidate for the treatment of attention-deficit disorder in children and adolescents? A meta-analysis. *Can Med Assoc J*, Vol 165(11). November 27, 2001. 1475-1488.
8. Zametkin AJ, Ernst M. Current Concepts: Problems in the Management of Attention-Deficit-Hyperactivity Disorder. *N Engl J Med*. Vol. 340(1). January 7, 1999. 40-46.

**CURRENT TRENDS IN DIAGNOSIS AND TREATMENT OF ATTENTION
DEFICIT / HYPERACTIVITY DISORDER IN CHILDREN**

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Abstract

Attention deficit / hyperactivity disorder (ADHD) is among the most prevalent chronic health disorders affecting school-aged children. Its hallmarks are inattention, hyperactivity and impulsiveness. Diagnosis of the ADHD is based on the DSM-IV criteria. Management of the ADHD includes usage of stimulants and/or behavioral therapy. It is crucial to perform further follow-up and monitoring of the child.

tuberkul ozi da masTan brZol is Tanamedrove strategi a

Gg. xeCinaSvil i

tuberkul ozisa da fil tvis daavadebaTa erovnul i centri,
saxel mwifo samedicino akademi a

probl emis aqtual oba

Tanamedrove msofl ioSi tuberkul ozis farTomasStabiani
epidemi is saSiSroeba imdenad didi iyo, rom 1993 wel s j andacvis
msofl io organizaciam gadadga uprecedento nabij i da gamoacxada
tuberkul ozis gl obal uri safrTxe.

dRes msofl ioSi tuberkul oziT iRupeba ufro meti
axal gazrda da mozrdil i (yovel wl iurad 2-3 mil ionamde), vidre
nebismieri sxva infeqciuri daavadebiT. mosaxl eobis daaxl oebiT 1/3
tuberkul ozis bacil iTaa inficirebul i (l atenturi infeqcia),
maTgan 5-10% sicocxl is romel ime monakveTSi avaddeba
tuberkul oziT.

fil tvis aqtiuri tuberkul oziT daavadebul i piri
wel iwadSi saSual od 10-15 adami ans ainficirebs. navaraudevia, rom
tuberkul ozze kontrol is gaZl ierebis gareSe, 2020 wl isaTvis
dainficirdeba daaxl oebiT 1 mil iard adami anze meti, maTgan 200
mil ioni daavaddeba da 70 mil ioni daiRupeba.

yovel wl iurad, aRmosavl eT evropaSi registrirdeba meoTxed
mil ionze meti tuberkul ozis SemTxveva, afrikaSi daaxl oebiT - 2
mil ioni, xol o samxreT-aRmosavl eT aziaSi - 3 mil ioni.

tuberkul ozze arasrul fasovani kontrol is dawesebam,
qaoturma da araracional urma qimi oTerapi am kacobriobis wi naSe
wamoWra kidev erTi urTul esi probl ema – waml ebisadmi pol i- da
mul tirezistentul i tuberkul ozis saxiT. epidemi ol ogiuri da
kl inikuri Tval sazrisiT pol irezistentobis yvel aze
arasasurvel i variantia mul tirezistentoba anu daavadebis

gamomwvevi mikobaqterieb is mdgradoba sul mcire ori UumTavresi tubsawinaaRmdego medikamentis - izoniazidisa da rifampicini s mimarT.

msofli io masStabiT tuberkul ozis epidemiol ogiuri mdgomareobis gauaresebis mTavari faqtorebia:

1. j andacvis pol itikaSi tuberkul ozTan brZol is dabal i prioritetul oba - msofli os masStabiT warmoebul ma tuberkul ozis kontrol is praqtikul ad yvel a adre arsebul ma programam warumatebl oba ganicada, radgan ver SeZl o sazogadoebaSi infeqciis transmi siis mniSvel ovani Semcireba.

tuberkul ozTan brZol is programebis warumatebl obis Zi riTadi mi zezebi a:

programis araadeqvaturi dafinanseba - mwiri biuj eti an/da dabal i prioritetul obis RonisZiebaTa dafinanseba (magal iTad, masiuri fl uorografia, kurortul i mkurnal oba), arasrul fasovani diagnostika, mkurnal oba da prevencia.

tuberkul ozis diagnostikis, mkurnal obisa da prevenci is warmoeba mxol od special izebul dawesebul ebebSi - avadmyofTa didi nawil i rCeba gamokvl evisa da mkurnal obis gareSe. mkurnal obaze myofi pacientebis 30%-ze meti araregul arul ad iRebs waml ebs an saerTod wyvets qimioTerapias.

qimioTerapiis araracional uri sqemebis gamoyeneba da mkurnal obisa da misi efeqturobis Semafasebel i obieqturi moni toringis ararseboba.

2. demografiul i faqtorebi -- ukanasknel i 30 wl is ganmavl obaSi msofli ioSi stabil uri Sobadobis fonze bavSvTa sikvdil ianobis maCvenebl is swrafma Semcirebam bavSvTa da axal gazrda popul aciis mniSvel ovani momateba gamoiwvia. imis gamo, rom inficireba uxSiresad xdeba bavSvTa, mozardTa da axal gazrda asakSi, inficirebidan daavadebaSi transformirebul SemTxvevaTa raodenoba izrdeba.

3. **aiv/Sidsis gacrcel eba** – cnobil ia, rom l atenturi tuberkul ozuri infeqcia (inficireba) aiv inficirebis gareSe cxovrebis manZil ze aqtiur tuberkul ozSi transformirdeba SemTxvevaTa 10%-Si, maSin rodesac koinfeqciis dros aqtiur tuberkul ozSi transformirebis yovel wl iuri al baToba mniSvnel ovnad izrdeba (10-15%).

4. **aradamakmayofil ebel i social ur-ekonomikuri pirobebi** - cnobil ia, rom bol o 10 wl is ganmavl obaSi sustad ganviTarebul i qveynebis ricxvi orjer gaizarda, xol o zogierT saSual od ganviTarebul qveyanaSi Semcirca mTl iani erovnul i produqcia, ris gamoc SeizRuda tuberkul ozis srul fasovani kontrol istvis aucil ebel i resursebi. dReisaTvis mosaxl eobis migracia sxvadasxva saxis motivaciit gacil ebit ufro maRal ia, vidre warsul Si, rac aseve zrdis tuberkul ozuri infeqciis transmissiis risks. amasTanave, Tanamedrove satransporto saSual ebebis ganviTarebam mniSvnel ovnad gazarda daavadebul ebTan kontaqtetbis al baToba.

tuberkul ozis mxriv epidemiol ogiuri situacia gasul i saukunis 60-80-ian wl ebSi saqarTvel oSi, iseve rogorc mTel s sabWoTa kavSirSi, 30-50-ian wl ebTan Sedarebit, sagrZnobl ad gaumj obesda mosaxl eobis social ur-ekonomikuri mdgomareobis gaumj obesebisa da j andacvis sistemis efeqturi funqcionirebis gamo.

saqarTvel oSi 1991-94 wl ebSi mimdinare samoqal aqo omma, afxazeTisa da cxinval is regionis konfli qtebma da j andacvis sistemis srul ma kol afsma mosaxl eobis social -ekonomikuri mdgomareobisa da epidemiol ogiuri situaciis mkveTri gauareseba gamoiwvia da tuberkul ozis probl ema qveyanaSi kvl av aqtual uri gaxada.

2. tuberkul ozTan brZol is Tanamedrove DOTS strategia

gasul i saukunis oTxmocdaaTiani wl ebis dasawyi sSi, j anmo-m msofl ios SesTavaza tuberkul ozTan brZol is axal i DOTS strategija. (DOTS - Directly Observed Treatment Short course chemotherapy - si tyvasi tyvi T ni Snavs standartul i qimi oTerapi is mokl e kurss uSual o meTval yureobis qveS. amJamad es akronomi gamoiyeneba Tanamedrove strategiis aRsani Snavad). AaRni Snul i strategija ukve danergil ia msofl ios 140-ze met qveyanaSi. DOTS strategiis warmatebiT real izaciis gziT araerTma qveyanam (aSS, peru, CineTi, hol andia, vietnami, CexeTi) SesZI o sazogadoebaSi infeqciis gavr cel ebis SeCereba da mni Svnel ovnad gaaumj obesa epidemiol ogiuri mdgomareoba.

DOTS strategiis gl obal uri mizania: avadobis, sikvdil ianobis, infeqciis Semdgomi gavr cel ebisa da specifikuri medikamentebis mimaRT rezistentobis ganviTarebis prevencia.

imisaTvis, rom qveyanaSi srul i mocul obiT dainergos DOTS strategija da tuberkul ozze dawesdes srul fasovani kontrol i, aucil ebel ia Sesrul des am strategiis 5 ZiriTadi el ementi:

1. qveynis mTavrobis mxardaWera - tuberkul ozTan brZol is Tanamedrove DOTS strategiis saxel mwifo j anacviTi politikis rangSi ayvana da am strategiis moTxovnaTa Sesabamisad Seqmnil i tuberkul ozTan brZol is saxel mwifo (erovnul i) programis real izacia. saxel mwifo programiT gansazRvrul i RonisZiebi patientisaTvis aucil ebl ad ufaso unda iyos.

2. tuberkul ozis SemTxvevaTa upiratesad pasiuri gamovl ena zogadi profil isa da pirvel adi samedicino daxmarebis dawebul ebebSi naxvel is nacxis pirdapiri mikroskopiis saSual ebiT – dadgenil ia, rom tuberkul ozis SemTxvevaTa efeqturi marTva da am gziT infeqciaze srul fasovani kontrol is daweseba SeuZI ebel ia mxol od special izebul i tubsawinaaRmdego qsel is saSual ebiT, ris gamoc aucil ebel ia tubsawinaaRmdego servisebis danergva zogadi

profilisa da gansakutrebital pirveladi samedicino daxmarebis dawesebul ebebsi.

im qveynebsi, sadac tuberkul ozi farTodaa gavrcel ebul i, pacientebis umravlesoba, romel Tac aqvt respiratorul i xasiaTis simptomebi samedicino daxmarebisatvis Ziritadad mimarTaven zogadi profilisa da pirveladi samedicino daxmarebis dawesebul ebebs (SemTxvevaTa gamovlinis pasiuri metodi). Aamitamac, arniSnul dawesebul ebebsi unda dainergos diagnostikis, mkurnal obisa da monitoringis iseti metodebi, romel Ta ganxorciel eba adgil ze sirtul es ar warmoadgens da maqsimal urad misawvdomia mosaxl eobisatvis.

ganvitarebul qveynebsi, sadac tuberkul ozis gavrcel eba gacil ebit nakl ebia da tuberkul ozTan brZol isaTvis yvel a resursebi arsebobs, naxvel is nacxis cil-nilsenis wesit mikroskopiis nacvl ad gamoiyeneba l uminiscenturi metodi da kul tural uri gamokvl evebi (kl asikuri metodi).

mraval gzis dadgenilia, rom sazogadoebaSi infeqciis gavrcel ebis Tval sazrisiT gansakutrebul i kontagiozurobit gamoircevan fil tvis tuberkul ozit daavadebul i is pacientebi, roml ebic warbi raodenobit gamoyofen daavadebis gamomwvev mikrobebs (mgb+). maTi swrafi armoCena SesaZl ebel ia naxvel is nacxis pirdapiri mikroskopiis saSual ebit.Kkvl evis es metodi sakmaod informatiul i, iafi da teqniki Tval sazrisiT advil ad ganxorciel ebadia.

3. standartul i mokl evadiani qimioTerapia uSual o meTval yureobis qveS (prioriteti eniWebafil tvis tuberkul ozis SemTxvevebs, roml ebic mimdinareoben baqteriagamoyofit mgb+). DOTS strategiit rekomendebul i qimioTerapiis standartul sqemebSi Semaval i Ziritadi tubsawinaaRmdego medikamentebis kombinacia, dozebi da mkurnal obis vadebi optimal uradaa SerCeul i, rac maqsimal urad axdens daavadebis gamomwvevis ganadgurebas da pacientis

gankur nebas. amastan erTad, minimumamde dayvanil i recidivebis, waml ebisadmi mravl obiTi rezistentobisa da waml ebiT gamowveul i arasasurveil i reaqciebis al baToba. standartul i qimioTerapiis Catarebis aucil ebel i pirobaa samedicino personal is uSual o zedamxedvel obis daweseba waml ebis miRebis procesze, rac mkurnal obis bol omde miyvanisa da aqedan gamomdinare gankur nebis maRal al baTobas izi eva.

4. ZiriTadi tubsawinaaRmdego medikamentebiT regul arul i da uwyveti uzrunvel yofa. mkurnal obaze myofi ukl ebl iv yvel a pacienti uwyvetad unda iqnas uzrunvel yofil i maRal i xarisxis ZiriTadi tubsawinaaRmdego medikamentebiT, winaaRmdeg SemTxvevaSi Zal ze maRalia tuberkulozis qronikul i da waml ebisadmi mravl obiTi rezistentul i forme bis ganvitarebis al baToba.

5. SemTxvevaTa gamovl enasa da mkurnal obis Sedegebze monitoringis daweseba da supervizia --- j anmo-s mier SemuSavebul i registracia-angarisgebis sistemis saSual ebiT fasdeba aramarto individual uri SemTxvevis sawyisi mdgomareoba da SemdgomSi misi mkurnal obis efeqturoba, aramed samkurnal o dawesebul ebis, raionis, regionis da mTel i qveynis epidemiologiuri situacia da tubsawinaaRmdego programis efeqturoba.

DOTS strategiis Sesabamisad tuberkulozTan brZol is konkretul i amocanebia: 1. fil tvis tuberkulozis baqteriagamomyofi (mgb+) SemTxvevebis sul mcire 70%-is gamovl ena; 2. fil tvis tuberkulozis axal gamovl enil baqteriagamomyof (mgb+) SemTxvevaTa sul mcire 85%-is gankur neba.

gasul i saukunis oTxmocdaaTian wl ebSi saqarTvel oSi tuberkulozis mxriv Seqmnili Zal ze seriozul i mdgomareoba obieqturad iqna Sefasebul i da 1995 wl is meore naxevridan amoqmedda DOTS strategiis Sesabamisi mravl wliani saxel mwifo programa.

1995 wl is 5 TveSi programis mier registrirebuli iyo tuberkul ozis 3456 SemTxveva. 1996-97 ww. Sesabamisad - 10641 da 8446 SemTxveva (avadoba 133,8 da 105,2). 1998 wels registraciaSi moeqca 6695 (avadoba _ 85,79*), 1999 wels -- 6190 (avadoba _ 86,17), 2000 wels _ 5908 (avadoba _89,10**), 2001 wels _ 5491 (avadoba _ 83***), 2002 wels -- 4164 pacienti (avadoba 94).

Svidi wl is ganmavl obaSi programis realizaciam garkveuli dadebiti Sedegi gamoiRo, tuberkul ozi zogadad qveyanaSi mxol od kontrol irebadobis niSnebs izens, mdgomareoba ki Zal ze seriozuli rCeba.

tuberkul ozis SemTxvevaTa kl asifikacia

SemTxvevaTa standartuli kl asifikacia aucil ebel ia: pacientTa swori registraciisaTvis, samkurnal o kategoriebis miniWebisaTvis, standartuli qimioTerapiis Catarebis mizniT, mkurnal obis mimdinareobasa da mis Sedegebze obieqturi monitoringis dasaweseblad, agreTve kohortuli analizis sawarmoebli ad.

kl asifikacias safuZvl ad udevs: tuberkul ozis keris l okalizacia (fil tvis an fil tvgareSe tuberkul ozi), baqteriologiuri gamokvl evis monacemebi (fil tvis tuberkul ozi baqteriagamoyofiT [mgb+] an mis gareSe [mgb-]), e.w. tubsawinaaRmdego farmakologiuri anamnezi da misi Sedegi ("axali SemTxveva", "recidivi (relapse)", "uSedego mkurnal oba", "mkurnal obis ganaxleba Sewyvetis Semdeg", "qronikuli SemTxveva") da daavadebis simZime.

standartuli mokl evadiani qimioTerapia

qimioTerapiis mizania: daavadebul Ta gankurneba, l etal uri gamosavl isa da seriozuli gartuli ebebis Tavidan acileba, tubsawinaaRmdego wamlebisadmi rezistentuli formebis ganvitarebis prevencia da infeqciis sazogadoebaSi gavrcelebis maqsimal urad Semcireba.

pacientTa qimioTerapia sami samkurnal o kategoriis (I,II,III) mixedvit warmoebs (cxrili #1).

tuberkul ozi s samkurnal o kategori ebi

(cxril i #1)

Ffil tvis tuberkul ozi						fil tvgareSe	
axal i SemTxve va	axal i SemTxveva	rel afs i	uSedego mkurnal ob a	Sewyvetil i mkurnal ob a	sxva SemTxveva	axal i SemTxve va	sxva SemTxve va
mgb (+)	mgb (⊖)	mgb (+)	mgb (+)	mgb(+) an(⊖)	mgb(+/_)		
I	III; I	II	II	II; I; III	II	III; I	II

samkurnal o sqemebis dasafiqsirebl ad standartul Sifrebs iyeneben. maTSi TiToeul i preparati l aTinuri saxel wodebebis sawyisi asoTia warmodgenil i. (H-izoniazidi, R-rifampicini, Z-pirazinamidi, E-etambutol i, S-streptomocini). standartul i Sifrebs win mdgomi cifri gviCvenebs mkurnal obis xangrZi ivobas TveebSi, xol o asoebis Semdeg mdgomi cifri miuTitebs medikamentis miRebis sixSires kviris ganmavl obaSi. medikamentebis dozebi da ZiriTadi gverdiTi reaqciebi warmodgenil ia #2 cxril Si.

ZiriTadi (I rigi s) tubsawi naaRmdego medikamentebis dozebi da gverdiTi reaqciebi

(cxril i #2)

ZiriTadi tubsawi naaRmdego o medikamentebi	doza (mg/kg)		ZiriTadi gverdiTi reaqciebi
	Yyovel dRiu ri mi Reba	kviraSi 3-j er mi Reba	
izoniazidi (H)	5,0 (4-6) maqsimum 300	10,0 (8-12)	hepatiti, periferiul i neiropaTia, gamonayari kanze.

rifampicini (R)	10,0 (8-12) maqsimum 600	10,0 (8-12) maqsimum 600	bilirubinis momeba, gula Zmarva, anoreqsiya, diareya, Hhepatiti, Trombocitopeniya, Tirkml is disfunqcia.
pirazinamidi (Z)	25,0 (20-30)	35,0 (30-40)	artralgiya, Hiperuriqemiya, hepatiti, Rebinexa, anoreqsiya, gamonayari kanze.
streptomitsin (S)	15,0 (12-18)	15,0 (12-18)	smenis daqveiteba, Tirkml is disfunqcia.
etambutol (E)	15,0 (15-20)	30,0 (25-35)	mxedvelobis daqveiteba.

Seni Svna: cxril Si miTiTebul ia optimal uri dozebi. frCxil ebSi ki dozebis diapazoni (minimal uri da maqsimal uri).


avadmyof organizmSi mikobaqteriebis oTxi saxis populacia arsebobs:

1. qsovil ebis destruciuqubnebsi mudmivad gamravlebad aqtiuri metabolizms mqone cxirebi; 2. intracelularul ad (upiratesad makrofagebsi) ganlagebuli mikroorganizmebi; 3. nawil obriv "mTvl emare" anu persistiuqubnebsi (periodul ad gaZlierebuli metabolizmiT) da "mTvl emare", dabal sicocxlisunariani (praqtikul ad yovel Tvis i Rupebian) mikobaqteriebi.

antibiotikebis moqmedebis meqanizmebis zogadad miRebuli **"baqteriociduli"** da **"baqteriostatikuli"** definiciebi tubsawinaaRmdogo medikamentebTan mimaRtebaSi adekvaturi ar aris, ristvisac Michison-is mier mowodebul ia am medikamentebis aqtivobis ganmsazRvrelisami maCvenebel i: adreuli baqteriociduli aqtioba, masterilizebeli aqtioba da rezistentobis ganvitarebis prevenciis unari (cxrili # 3).

N t ubsawi naaRmdego medi kament ebi s aqti vobi s xari sxi

(cxri li # 3)

Aaqti vobi s xari sxi	rezistentobis prevencia	Aadreul i baqterioci dul o ba	Mmasteril izebel i aqti voba
MmaRali  Ddabali	izoniazidi rifampicini	izoniazidi	rifampicini pirazinamidi
	etambutoli streptomisini	etambutoli rifampicini	izoniazidi
	pirazinamidi	streptomisini pirazinamidi	streptomisini etambutoli

SeniSvna: etambutoli baqterio statiul i moqmedebis medikamentia, Tumca igi saSual o aqti vobiT monawil eobs adreul i baqteri acidul obis uzrunvel yofaSiC.

adreul i baqterioci dul i aqti vobi s qveS igul isxmeba medikamentis unari mkurnal obis dawyebis pirvel save dReebSi gaanadguros tuberkul ozis Cxirebi.

Cveul ebriv, **izoniazidi** qimioTerapiis pirvel ive dReebSi anadgurebs gamomwvevis 90%-s. es medikamenti gansakuTrebiT efeqturia mudmivad gamravl ebadi mikroorganizmebis mimarT. **rifampicini** moqmedebis im nawil obriv "mTvl emare" mikobaqteriebze, romel Ta mimarTac izioniazidi nakl eb aqtiurobas avl ens. **pirazinamidi** aqtiuria fagocitur uj redebSi moTavsebul i Cxirebis mimarT. sagul isxmoa, rom igi efeqturia mxol od mkurnal obis pirvel i ori Tvis ganmavl obaSi. im SemTxvevebSi, rodesac adreul i baqterio statiul i aqti voba ama Tu im mizezis gamo dabalia, izrdeba warumatebel i mkurnal obis al baToba.

masteril izirebel i aqti voba aris im „mTvl emare“ Cxirebis gauvnebel yofis unari, roml ebic darCnen swrafad gamravl ebadi

mikroorganizmebis ganadgurebis Semdeg (igul isxmeba adreul i baqteriocidul i aqtivobis gamovlinebis Semdeg). "mTvl emare" mikobaqteriebis srul i ganadgureba Zalze rTulia. maTi ganadgurebis mTavari mizania daavadebis recidivis Tavidan acil eba. yvel aze Zlieri masterilizebel i aqtivobiT xasiaTdeba rifampicini, aseTive unari gaaCnia pirazinamidsac, radgan igi upiratesad moqmedebs uj redSi myof gamomwveze.

tubsawinaaRmdego medikamentebis sadmi rezistentobis ganvitarobis prevencia aris medikamentebis unari, SeaCeron rezistentul i, mutaciurad Secvili i mikroorganizmebis sel eqciis procesi.

daavadebis gamomwvev mikobaqteriaTa Soris yovel Tvis arsebobs mikrobTa mcirericxovani populacia, romel Tac axasiaTebT bunebrivi rezistentoba tubsawinaaRmdego medicament(eb)is mimarT (es populacia arasodes „Sexvedria“ tubsawinaaRmdego waml ebs). bunebrivia, qimioTerapiis fonze B maT SenarCunebul i aqvT gamravlebis unari, ris gamoc aris albaToba imisa, rom es ukanasknel ni TandaTanobiT Caenacvlebian waml ebisadmi mgrZnobiare mikroorganizmebs. es albaToba mniSvnelovnad izrdeba maSin, rodesac: 1. mkurnaloba warmoebis medikamentebis araswori kombinaciiT; 2. irRveva standartul i qimioTerapiis sqemebi, tardeba araracionaluri an qaoturi mkurnaloba,

tubsawinaaRmdego medikamentebis sadmi mosalodnel i rezistentobis prevenciisaTvis yvel aze efeqtur saSual ebas warmoadgens izoniazidi da rifampicini, SedarebiT naklebi efeqturobiT xasiaTdeba streptomocini da etambutoli.

standartul i qimioTerapiis srul i kursi Sedgeba orifazisagan: intensiuri da gagrZel ebiTi (cxrili #4),

intensiur (I) fazaSi avadmyofi yovel dRiurad an kviraSi samj er Rebul obs sam, oTx an xuT medikaments (Sesabamisi samkurnal o kategoriis Sesabamisad 2 an 3 Tvis ganmavl obaSi).

intensiur fazaSi xdeba daavadebis gamomwvevis swrafi ganadgureba. fil tvis tuberkuloziT daavadebul i pacienti uxSiresad ori kviris Semdeg ar aris kontagiozuri. ori Tvis Semdeg naxvel Si adre arsebul i mJavagamZl e baqteriebis (mgb) aRmoCena uxSiresad ar xerxdeba. daavadebis kl inikuri simptomebi sustdeba an saerTod qreba.

gagrZel ebis fazaSi pacients kviraSi 3-j er 4 an 5 Tvis ganmavl obaSi eZl eva ori an sami tubsawinaaRmdego medikamenti. Tumca arsebobs gagrZel ebis fazis al ternatiul i sqemebic. am fazaSi xdeba j er kidev cocxl ad darCenil i, persistirebadi "mTvl emare" Cxirebis ganadgureba, rac recidivis Tavidan acil ebis ZiriTad saSual ebas warmoadgens.

standartul i qimi oTerapi is sqemebi

(cxrili #4)

samkurnal o kategoriebi	mkurnal obis reJimebi	
	intensiuri (I) faza	GgagrZel ebis (II) faza
I	2 EHRZ (SHRZ) an 2 H ₃ R ₃ Z ₃ E ₃	4 HR an 4 H ₃ R ₃
II	2 SHRZE / 1 HRZE	5 H ₃ R ₃ E ₃ an 5 HRE
III	2 HRZ an 2 H ₃ R ₃ Z ₃	4 H ₃ R ₃

Tanamedrove strategiis mixedvit, mkurnal obis Sedegebis Sesafasebl ad gamoiyeneba iseTi kriteriუმebi, rogoric aris naxvel is nacxis baqterioskopul i minitoringი da standartul i qimi oTerapi is sisrul e ("gankurneba"; "dasrul ebul i"; "uSedego" an "Sewyvetil i" mkurnal oba; "sikvdil i" da "sxva dawesebul ebaSi gadayvana").

standartul i mokl evadiani qimioTerapia uSual o meTval yureobis qveS (DOT)

qveynis masStabiT saxel mwifo programis fargl ebSi DOTS strategiis srul i mocul obiT danergvis erTerT ZiriTad kriteriums dasrul ebul i mkurnal obis maCvenebel i warmoadgens. Tu erTi wl is ganmavl obaSi dasrul ebul i mkurnal oba 90%-ze nakl ebia an saerTod cnobil i ar aris, saWiroa mxol od DOT-is gamoyeneba.

dadgenilia, rom rogorc organizaciul i, ise finansuri Tval sazrisiT gacil ebiT ufro efeqturia qimioTerapiis warmoeba uSual o meTval yureobis qveS, vidre mkurnal obis Semwyvet pirTa moZieba.

meTval yuris (supervaizoris) funqcia SeiZieba daeval os rogorc tubsawinaaRmdago dawesebul ebis DOT-meddas, aseve zogadi profil is samedicino dawesebul ebis an sofl is ambul atoriis saSual o samedicino personal s, zogjer ki winaswar instruqtirebul pirovnebasac (megobars, moxal ises).

saerTaSoriso gamocdil ebis Tanaxmad, qal aqis pirobebSi tuberkul ozze srul fasovani kontrol is dawesebis erTerT yvel aze efeqtur saSual ebas samkurnal o dawesebul ebebTan Seqmnil i social uri meurveobis samsaxuri warmoadgens (DOT-medda, social uri muSaki, outreach worker).

mul tirezistentul i tuberkul ozis probl ema da DOTS+

dReisaTvis, tuberkul ozze srul fasovani kontrol is dasawesebl ad msofli ioSi ar arsebobs DDOTS strategiaze ufro efeqturi saSual eba. ATumca TviT am strategiis warmatebul i realizaciis SemTxvevaSi ki pacientTa popul aciaSi Cndeba mul tirezistentul i pacientebis mcirericxovani j gufi (0,1-1% mde),

რაც უმთავრესად პირველ ადგილზეა მდებარეობს ტიპური ანტიბიოტიკების გამოყენების
ასეთი შემთხვევათა დიაგნოსტიკისა და მკურნალობისათვის განმარტებული
მნიშვნელობის მქონეა DDOTS+ სტრატეგია. DOTS სტრატეგიის ეს
კომპონენტები გულისხმობს მკურნალობის ტიპურ შემთხვევებში
მკურნალობის მეორე რიგის ტუბერკულოზის მკურნალებს,
სადაც 18-24 წლის განმავლობაში. ამ რისკის შემთხვევებში
პირდაპირი ტუბერკულოზის მკურნალების ნაკლებად
ეფექტური, საკმაოდ მოკლებული და ზვირვარულია. DOTS+ სი
დიაგნოსტიკისა და მონიტორინგისათვის აუცილებელია
მარალ ხარისხის ბაქტერიოლოგიური კვლევები (კულტურული
გამოკვლევა, მგრძობილი გენოტიპის განსაზღვრა) გამოყენება. DDOTS +
სტრატეგია არავითარ შემთხვევაში არ უნდა იყოს განხილული, როგორც
DOTS-ის ალტერნატივა.

ყვეანაშ, სადაც DOTS სტრატეგია სრული მოხერხებულობით არის
დანერგული, ხოლო «სახელმწიფო პროგრამის გარეშე» ტუბერკულოზის
ქსირად «მკურნალობის» გაერკვევების უზრუნველყოფის რეჟიმებით,
ბუნებრივი ამ სწრაფი საფუძვლის ადეკვატური კონტროლი უზრუნველ
დავსებელია.

მკურნალობის ტიპური ტუბერკულოზის პრობლემის ეფექტური
გადაჭრის ერთადერთი რეალური გზაა DOTS-ის შემდგომი გაერტობა
და სრული ყოფილი. ამოცანის შემდეგ შეიძლება ყვეანის პროგრამის
განხილვის DOTS+ სტრატეგიის დანერგვის პრეტენზია.

მას შემდეგ რაც, ყვეანაშ სრული მოხერხებულობით დაინერგება
DOTS, მაშინ შეიძლება განაცხადი შეიტანოს განმარტებული «მწვანე
სუკის კომიტეტი» DOTS+ დანერგვასთან დაკავშირებით.

„მწვანე სუკის კომიტეტი“ მხარდაჭერის შემთხვევაში, სახელმწიფო
პროგრამის შესაძლებლობა ექნება, პრაქტიკულად სიმბოლური ფასებით
შეიტანოს მეორე რიგის ტუბერკულოზის მკურნალები. „მწვანე სუკის
კომიტეტი“ მხარდაჭერის გარეშე, მეორე რიგის მკურნალებს ერთი
პაციენტის მკურნალობის სრული კურსის რეგულირება სადაც 18-
10000 აშდოლარს შეადგენს, რისი შესაძლებლობა ამოცანის

tuberkul ozis mxriv dabal i preval entobis, mZI avrad ganvi Tarebul qveynebs SeiZI eba hqondeT.

j anmo-s mixedviT DOTS+ strategia qveyanaSi SeiZI eba dainergos maSin, rodesac qveynis masStabiT DOTS strategia srul i mocul obiT ukve danergil ia da arsebobs: 1. central ur doneze special izebul i ganyofil eba an qveganyofil eba; 2. Tanamedrove tipis baqteriol ogiuri l aboratoria, roml is xarixic kontrol irdeba supranacional uri referens l aboratoriis mier; 3. DOTS+ strategiis moTxovnil ebaTa Sesabamisad momzadebul i samedicino personal i; 4. myari garantia imisa, rom mkurnal oba da monitoringi Catardeba DOTS+ sqemebis mixedviT; 5. meore rigis tubsawinaaRmdego medikamentebis xarj vase dawesebul i iqneba obiqhuri monitoringi da mkacri kontrol i.

rogoc zemoTaRniSnul idan Cans, saqarTvel oSi DOTS+ strategia SeiZI eba dainergos mxol od ramodenime wl is Semdeg.

aqedan gamomdinare, imis gamo, rom saqarTvel oSi DOTS strategiis srul i masStabiT danergvas 1-1,5 wel i esaWiroeba, DOTS+ SeiZI eba dainergos 2006 wl idan, razedac miTiTebul ia gafarToebis gegmaSi. amasTan erTad, 2004–2005 wl ebSi saxel mwifo programa wiTel i j vris saerTaSoriso komitetTan (ICRC) erTad nergavs pil otirebul DOTS+ mxol od Tavisul ebis aRkveTis adgil ebSi.

gamoyenebul i l iteratura:

1. A.Pio, P.Chautet. "Tuberculosis Handbook", WHO, Global Tuberculosis Programme, Geneva, Switzerland,1998, p.398.
2. W.N.Rom. Tuberculosis. Little Brown and Company, Boston, New York, Toronto, London, 1996, p.1002.
3. "Textbook of Respiratory Medicine"/edited by J.F.Murray, J.A.Nadel/ 2nd ed. W.B. Saunders Company, 1994, p.1094-1161.
4. **Final report of the 3rd DOTS Expansion Working group Meeting, 5-6 October 2002, Canada.**

5. WHO Global TB Control Report, 2003.
6. Guidelines for implementing collaborative TB and HIV programmes activities. Stop TB partnership Working group on TB/HIV, 2003.
7. Treatment of tuberculosis guidelines for national programmes, WHO Third edition, 2003.
8. Hans L. Rieder. Intervention for Tuberculosis Control and Elimination, International Union Against Tuberculosis and Lung Disease, 2002.
9. DOTS Expansion Plan to Stop TB in the WHO European Region 2002-06.
10. Hans L. Rieder. Epidemiologic Basis of Tuberculosis Control, 1999.
11. Surveillance of Tuberculosis in Europe-Euro TB, Report on tuberculosis cases notified in 1999-2001.
12. Michinson DA. Basis concepts in the chemotherapy of tuberculosis, 1998.
13. The role of the nurse in the community-based treatment of multi-drug resistant tuberculosis. E.Palacios, D. Guerra, K. Liaro, K. Chalo. The International Journal of Tuberculosis and Lung disease, 2003, N 4.
14. Olaf Scheel and Johannes Heimbeck, their contribution to understanding the Pathogenesis and prevention of tuberculosis. K. Bjarveit, The International Journal of Tuberculosis and Lung disease, 2003, N4.
15. A World-wide internet survey of public knowledge about tuberculosis. J.A. Corless, P.A. Stocktom, S.B. Myers, Respiratory Medicine, 2002, N14.
16. International Union Against Tuberculosis and Lung Disease: Tuberculosis Guide for Low Income Countries, fifth edition 2000.1996
17. Crofton J, Horne N, Miffler F. Clinical Tuberculosis, Macmillan Education Limited. 1997.
18. Guidelines for the Management of Drug-Resistant Tuberculosis by sir john. Crofton. Global TB Program, WHO, 1997.
19. Robert H. Friis, Thomas A. Saleers, Epidemiology for Public Health Practice, Second Edition. AN ASPEN PUBLICATION, Aspen Publishers, Inc. Gaithersburg, Maryland 1999.
20. Core curriculum on Tuberculosis; What the clinician should know; Fourth Edition, 2000
21. Zalesky R, Abdullajev F, Khechinashvili G, Safarian M, Madaras T, Grzemska M, Englund E, Dittmann S, Raviglione M. Tuberculosis control in the Caucasus: successes and constraints in DOTS implementation. Int J Tuberc Lung Dis. 1999 May;3(5):394-401.
22. Weinstock DM, Hahn O, Wittkamp M, Sepkowitz KA, Khechinashvili G, Blumberg HM. Risk for tuberculosis infection among internally displaced persons in the Republic of Georgia. Int J Tuberc Lung Dis. 2001 Feb;5(2):164-9.
23. Treatment of tuberculosis, Am J. Resp. Crit. Care Med 2003.

24. **Current medical treatment for tuberculosis Edward D Chan and Michael D Iseman BMJ, 2002.**
25. **The Global epidemic of multi-drug resistant tuberculosis. David Mitchell, BMJ, 2002.**
26. **Multi-drug resistant tuberculosis, Gavin Yamey, BMJ, 2003.**
27. **Latent tuberculosis infection, Jasmer RM, Nahid P, Hopewell PC , N J Engl Med 2002.**

Tuberculosis and its current management strategy

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TB epidemiological situation in the world during last decade is reviewed. WHO strategy and its practical realization ways based on literature are thoroughly analyzed according diagnosis, treatment and monitoring. The practical recommendations and prospective of DOTS strategy's evolution development in countries with high TB prevalence are presented.

Helicobacter pylori da masTan asoci rebul i daavadebebi

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sadRei sod Helicobacter pylori da masTan asoci rebul i daavadebebi erT-erT yvel aze gavr cel ebul da samedicino Tval sazrisiT metad mniSvnel ovan probl emas warmoadgens mTel msofl ioSi.

20 wel ze meti gavida mas Semdeg, rac Warren da Marshall-ma Jurnal "Lancet"-Si pirvel ad gamoaqveynes monacemebi qronikul i gastritiT daavadebul pacientebis kuWis l orwovanis epiTel iumSi ucnobi baqteriis aRmoCenis Sesaxeb.

Helicobacter pylori-s identifi cirebam da misi rogorc erT-erT wamyvani etio-paTogenezuri rgol is mniSvnel obis dadasturebam mTel i rigi daavadebebis, upiratesad - peptiuri wyl ul isa da kuWis kibos - ganviTarebaSi, axal eras misca dasabami gastroenterol ogiaSi.

1994 wel s aSS j anmrTel obis erovnul ma institutebis SemaTanxmebel i konferenciis gadawyvetil ebiT Helicobacter pylori peptiuri wyl ul ovani daavadebis ganviTarebis mTavar etiol ogiur mizezad mi iCnies. rekomendebul iqna, rom yvel a patients dadasturebul i wyl ul iT saval debul od Cautardes antimikrobul i Terapi a Helicobacter pylori eridikaciis mizniT. imave wl is ivniSsi j anmrTel obis msofl io organizaci asTan arsebul i kibos kvl evis saerTaSoriso saagentom Helicobacter pylori karcinogenTa l j gufs miakuTvna, romel Sic adami anSi avTvi sebiani simsvneebis gamomwvevi udavo, dazustebul i mizezebia gaerTianebul i. dadgenil ia, rom Helicobacter pylori-iT inficirebisas kuWis adenokarcinomis ganviTarebis riski j anmrTel pirebTan SedarebiT 9-j er ufro maRal ia.

ganvl il i ori aTeul i wl is ganmavl obaSi gaRrmavda codna Helicobacter pylori Sesaxeb, gaiSifra misi genomi. eWvgareSea am baqteriis kavSiri kuWis adenokarcinomisa da kuWis l orwovanTan asoci rebul i l imfuri qsovil is l imfomis (MALT-l imfoma) ganviTarebasTan. gamoaqveyn da Sromebi H. pylori infeqciis antimikrobul i Terapiis Sesaxeb, SemuSavda testirebisa da mkurnal obis strategi ebi.

A

duodenal uri wyl ul is gamomwvevi mizezebi (A.Harris, J.Misiewicz, 2001)

xSiri mizezebi

- H. pylori
- anTebi ssawinaaRmdegi arasteroidul i preparatebi (asap)

iSviaTi mizezebi

- zol inger-el isonis sindromi
- hiperkal cemia
- granulomatozuri daavadebebi (kronis daavadeba, sarkoidozi)
- simsi vnebi (karzinoma, leiomioma, limfoma, leiomyosarkoma)
- infeqciebi (tuberkulozi, sifilis, herpes simplex, citomegalovirusi)
- eqtopiuri pankreasuli qsovil

kuWis wyl ul is gamomwvebi mizezebi (A.Harris, J.Misiewicz, 2001)

- H. pylori
- anTebi ssawinaaRmdego arasteroidul i preparatebi
- simsi vnebi (karzinoma, limfoma, leiomyosarkoma)
- stresi
- kronis daavadeba
- infeqciebi (herpes simplex, citomegalovirusi)

amave dros mTel i rigi sakiTxebisa jer kidev Seswavi procesia, axali monacemebi ki xSirad urTierTgamomricxavia dacxare diskusiebis mizezad gvevl ineba.

Ami uxedavad imisa, rom H. pylori-iT inficirebis sixSire gansakuTrebiT ganvitarebad qveynebsi, sakmaod maralia, peptiuri wyl ul ebi da kuWis kibo H. pylori-dadebiTi kontingentis mxol odmcire nawil si manifestirdeba.

H. pylori-s masobrivi eridikaciis mizniT farTo Ronisziebebis Catareba ar aris gamarTlebuli didi danaxarjebisa da upirvel esad antibiotikebis mimarT rezistentobis ganvitarebis saSiSroebis gamo.

A H. pylori-iT daificirebis gamosaval ze mTel i rigi sxva faqtorebic axdens gavlenas, maT Soris metad mniSvelovania maspinZeli organizmis genetikuri ganwyoba da reaqtiuloba, gasakuTrebiT anTebis intensivoba kuWis lorwovanSi daparietaluri ujredebis mier sekretirebuli mJavis raodenoba. dadgenilia, rom H. pylori astimulirebs mJavis sekrecias impirebsi, romlebsac duodenaluri wyl ul ebi uviTardebaT, kuWis wyl ul ita da kiboTi daavadebul pacientebSi ki, piriqit, - aqveitebs sekreciul funqciakuwis lorwovanis atrofiis xarje. usimptomodainficirebis SemTxvevaSi mJavis sekreciis done praqtikulad ucveli rCeba.

cxadia, rom im natifi meqanizmebis dadgena, rac H. pylori-iT daificirebis fonze peptiuri wyl ul ebi, kibosa Tu kuW-nawlavis sxva patologiiebis ganvitarebas iwevs, metad aqtualuria.

kuWSi mJavas sekrecia autoregul aciuri meqanizmebiT xorciel deba. sakvebi astimul irebs kuWis antral uri G-uj rebedidan (G) gastrinis ganTavisufl ebas. Tavis mxriv gastrini enteroqromafinis msgavs (ECL) uj redebze zemoqmedebiT histaminis gadmosrol as uwyobs xel s, rac kuWis sxoul Si ganl agebul i parietal uri uj redebis (P) mier maril maJavas (HCL-is) sekrecias iwvevs. mJava astimul irebs somatostatinis gamoTavisufl ebas kuWis Sesaval Si l okal izirebul i somatostatin-maproducierebel i uj rebedidan (S) da Trgunavs gastrinis Semdgom gamoyofas.

cnobil ia, rom H. pylori pirvel rigSi gastritis ganviTarebas iwvevs. H. pylori zemoqmedeba HCL-is sinTezze kuWis sxvadasxva nawil Si mis mier gamowveul i anTebis intensiobazea damokidebul i, rac ganpirobebs mJavis sekreciis regul aciaSi monawil e gansxvavebul i l okal izaciis uj redTa sxvadasxva xarisxis dazianebas.

H. pylori-iT gamowveul i gastritis gavrcel eba da simZime ganpirobebs mJavobis dones da inficirebis kl inikur gamosaval s - kuWisa da duodenal uri peptiuri wyl ul is, kuWis kibosa Tu usimptomo infeqciis ganviTarebas.

H. pylori-is AaRmoCenamde cnobil i iyo, rom duodenal uri wyl ul is SemTxvevaSi kuWis mJavoba j anmrTel pirebTan SedarebiT orjer ufro maRal ia, rac parietal uri uj redebis momatebul i raodenobiT aris ganpirobebul i. kuWis wyl ul isa da funqciuri dispefsiis SemTxvevaSi parietal uri uj redebis raodenoba da Sesabamisad mJavobac normis fargl ebSia an daqveitebul ia. duodenal uri wyl ul ebi ar aRiniSneba aql orhidriiT Sepyrobil pirebSi da arc im SemTxvevaSi, rodesac HCL-is sekreciis done 15 mmol /sT-ze nakl ebia. es monacemebi daedo safuZvl ad mtkicebul ebas kuWis mJavobis gadamwyveti rol is Sesaxeb peptiuri wyl ul is formirebaSi.

amasTan, farmakol ogiuri preparatebiT mJavobis zemoaRni Snul donemde daqveitebiT duodenal uri wyl ul i SeiZl eba Sexorcdes, magram srul ad ar ganikurnos. K

12-goja nawl avSi kuWis l orwovanis metapl aziisas am ubnebsi H. pylori-is kol oniebi mravl deba, rac duodeni tsa da 12-goja nawl avis l orwovanis dazianebis Semdgom progresirebas iwvevs. kuWis l orwovanis metapl aziuri ubnebis gaCena SesaZl ebel ia uSual od H. pylori-is mizeziTac xdebodes. metapl aziuri ubnebis raodenoba damokidebul ia agreTve mJavis im raodenobasTan, romelic kuWidan 12-goja nawl avSi xvdeba. igi yvel aze nakl ebia perniciozul i anemiis anu aql orhidriis SemTxvevaSi da Zal ze maRal ia hipersekreciis SeTxvevaSi, mag. gastrin-mastimul irebel i simsivnebis (zol inger-el isonis sindromi) dros. duodenal uri wyl ul ebi SemTxvevaSi HCL-is hiperproduqcia praqtikul ad yovel Tvis H. pylori-iTaa ganpirobebul i. amas adasturebs is faqtic, rom H. pylori eridikaciis

Semdeg HCL-is sekrecia mcirdeba da praqtikul ad normas ubrundeba.

duodenal uri wyl ul ovani daavadebis dros upiratesad antral uri gastriti gvxdaba. maRal i mJavoba am SemTxvevaSi gamowveul ia somatostatin-maproduci rebel i (S) uj redebis daTrgunviTa da antrumSi arsebul i G-uj redebitan gastrinis gamoTavisufl ebis gaZl ierebiT.

cnobil ia, rom H. pylori kuWis distal uri kibos ganviTarebis winapirobaa. am paTol ogiis dros kuWis mJavoba dabal ia. winaT varaudobden, rom sekreciis daqveiteba kuWis kibos dros mis sxoul Si ganviTarebul i atrofiul i gastritiTa da Sedegad parietal uri uj redebis ganadgurebiT iyo ganpirobebul i. sadReisod cnobil ia, rom hiposekreciis wamyvani mizezi anTebaa da ara - pariesul i uj redebis raodenobis Semicireba.

H. pylori-is eridikaciis fonze anTeba mcirdeba, magram ar aris dadasturebul i displ aziuri histol ogiuri cvl il ebebis regresia.

H. pylori-iT gamowveul i hiposekreca SesaZl ebel ia agreTve genetikuradac iyos determinirebul i, radgan kuWis kiboTi daavadebul i pacientebis l rigis naTesavebs xSirad dabal i mJavoba aReni SnebaT.

dabal i mJavoba xel s uwyobs kuWis kibos ganviTarebas mTel i rigi meqanizmebis saSual ebiT, rogorc aris vitamin C Sewovis daqveiteba, kuWSi nawl avuri da nerwyvSi arsebul i baqterieb is Warbi zrda da sxva.

garemo faqtorebidan mJavobis daqveitebas xel s uwyobs agreTve sufris maril iT mdidari da antioqsidanturi vitaminebiT Raribi dieta. sigaretis moweva xel s uwyobs rogorc peptiuri wyl ul is, aseve kuWis kibos ganviTarebas.

@ mraVal i mecnieris azriT, sxva faqtorebTan erTad wamyvani mniSvel oba daavadebis ganviTarebaSi mainc uSual od H. Pylori-is eniWeba. ukanasknel wl ebSi misi sxvadasxva Stamia gamoyofil i, romel ic or mTavar fenotipad iyofa. Ees dayofa maTsi mavakuol izirebel i toqsini sa (VacA toxin) da virul entobis ganmsazRvrel i Cag paTogenurobis kunZul is (CagPI) produqtebis aRmoCenaze an ararsebobazea dafuZnebul i.

dadgenil ia, rom H. pylori/CagPI-dadebiT pirebSi l orwovani ufro gamoxatul i dazianeba aRiniSneba da Sesabamisad peptiuri wyl ul isa da kuWis kibis ganviTarebis al baToba ufro maRal ia.

Ukanasknel wl ebSi gamoqveynebul i Sromebis umravl esoba H. pylori-Tan asoci rebul i daavadebebis speqtris Seswavl asa da mkurnal obis strategias eZRvneba. intensiuri kvl eva mimdinareobs misi rol is dasadgenad gastro-ezofagul i refl uqsis, funqciuri dispefsiis, idiopaTiuri - H. pylori(-)/asap(-) wyl ul ebis, agreTve H. pylori da anTebissawinaaRmdego arasteroidul i preparatebis (asap) urTierTkavSiris Sewavl is mimarTul ebiT. Tumca kvl evis Sedegebi xSirad winaaRmdegobrivia da Semdgom dazustebas moiTxovs.

pirvel i Sroma H. pylori-sa da anTebissawinaaRmdego arasteroidul i preparatebis urTierTdamokidebul ebis Sesaxeb 1997 wel s gamoqveynda. sakiTxiMmaTi, rogorc sinergistul i Tu damouki debel i risk-faqtores mniSvnel obis Sesaxeb, dResac sakamaTod rCeba. winaaRmdegobrivi Sedegebis mizezi SesaZI ebel ia iyos kvl evebis dizainis araerTgvarovneba, H. Pylori-is diagnostikis gansxvavebul i meTodebis an sxvadasxva j gufis anTebissawinaaRmdegi preparatebis gamoyeneba da sxva.

Huang et al. mier Catarebul i 25 Sromis meta-anal izis mixedvi T asap-is momxmarebel H. pylori-dadebiT pacientebSi peptiuri wyl ul is ganviTarebis al baToba gacil ebiT xSiria (41,7%), vidre H. pylori-uaryofiT pirebSi (25,9%). am ori faqtoris Tanaarsebobisas peptiuri wyl ul iT daavadebis riski 61-j er, xol o gastrointestinul i sixl denis ganviTarebis riski 6,13-j er ufro maRal ia j anmrTel pirebTan SedarebiT, rac maTi sinergistul i efeqtis sasargebl od metyvel ebs. amave dros varaudoben, rom H. Pylori mTavar rol s TamaSobs duodenuri wyl ul ebis, xol o asap ki - kuWis peptiuri wyl ul is ganviTarebaSi.

Tanamedrove Sexedul ebebis Tanaxmad, pacientebSi, romel Tac asap-iT mkurnal obis fonze endoskopiurad peptiuri wyl ul i an mravl obiTi eroziebi daudasturdaT, H. pylori-is aRmoCenis SemTxvevaSi eridikaciul i Terapia aris naCvenebi. mkurnal oba tardeba imis miuxedavad, cnobil ia Tu ara, rom dazianeba H. pylori-is an asap-is mier aris gamowveul i.

AamasTanave, asap-iT mkurnal obis dawyebis win H. pylori-is eridikaciul i Terapiis Catareba garTul ebebis prevenciis Tval sazrisiT friad perspeqtiul i SeiZI eba aRmoCndes, rac Tanamedrove kvl evebmac daadastura.

Aarawyl ul ovani genezis, anu funqciuri, dispefsiis paTofiziologiuri meqanizmebi j er kidev Seswavl is procesSia. sxva mizezebTan erTad (kuWi dan sakvebis dagvianebl i evakuacia, cns-is disfunqcia) mis erT-erT gamomwvev faqtorad H. pylori-ic saxel deba. dadasturebul ia, rom H. pylori-iT inficirebis sixSire funqciuri dispefsiis SemTxvevaSi sarwmunod maRal ia da 30-50%-s Seadgens. amasTanave utyuari mtkicebul ebebi H. pylori-isa da arawyl ul ovani genezis dispefsiuri Civil ebis ganviTarebis urTierTkavSiris Sesaxeb sadReisod nanaxi ar aris.

1998-1999 wl ebSi Catarebul i 5 kvl evis (areal ebi - evropi, Sotl andia, aSS) Sedegebis mixedvi T H. pylori-is eridikaciis dadebiTi kl inikuri efeqti funqciuri dispefsiis SemTxvevaSi mcirea. Tumca unda aRiniSnos, rom es kvl evebi mTel i rigi meTodol ogiuri xarvezebiT aris Catarebul i. kvl eva am mimarTul ebiT kvl avac aqtual uria.

Aaseve farTo diskusiis sagania H. pylori-is rol i gastroezofagul i refl uqsis ganviTarebaSi. zogierTi mkvl evaris azriT, H. pylori-is eradikasiis Semdeg gastroezofagul i refl uqsis

ganvi Tarebis riski izrdeba, Sesabamisad H. pylori-is dacvi T funkci as miaweren. 1997 wel s germanel ma mecnier ebma gamoaqveynes Sroma, roml is Tanaxmadac peptiuri wyl ul is gamo H. pylori-is sawinaaRmdego warmatebul i Terapiis Sedegad endoskopi urad dadasturebul i ezofagitis sixSire 25%-s Seadgenda, H. pylori-is persistenciis gagrZel ebis as ki mxol od 12,9%-s. gakeTda daskvna, rom gamoxatul i gastritul i cvl il ebebis fonze eridikaciul i Terapiis Semdeg eroziul i ezofagitis ganvi Tarebis al baToba sarwmunod matul obs. am mosazrebebis sasargebl od metyvel ebs monacemebi imis Sesaxeb, rom gastro-ezofagul i refl uqsis arsebobisas, gansakuTrebiT ki mZime forme bis dros H. pylori-i T inficirebis procenti dabal ia.

Aaseve mTel rig SromebSi gamoTqmul ia mosazrebebi H. pylori-i T, gansakuTrebiT CagA-dadebiTi StamebiT inficirebis dros, baretis ezofagitsa da sayl apavis adenokarcinomas Soris uaryofiTi kavSiris arsebobis Sesaxeb. Tumca amis pirdapiri mtkicebul ebebi sadReisod ar arsebobs.

unda aRiniSnos, rom axal i prospeqtul i, ormagi brma meTodis gamoyenebiT Catarebul i randomizebul i kvl ebebis monacemebiT, H. pylori-is eridikacia xel s ar uwyobs gastro-ezofagul i refl uqsis recidivs da Sesabamisi simptomatikis gamovl inebas.

Tanamedrove amerikul gaidl ainebSi gastroezofagul i refl uqsis SemTxvevaSi H. pylori-is testireba ar aris rekomendebul i, Tumca zogierTi evropul i gaidl ainis mixedviT am paTol ogi iT Sepyrobil pacientebSi H. pylori-is diagnostika, da Sesabamisad eridikaciul i da antisekretorul i mkurnal oba, naCvene bia gastritul i cvl il ebebis Semdgomi progresirebis profil aqtikis mizni T.

mkurnal obis Cvenebebi Helicobacter pylori-is eridikaciis mizni T
(J.Calam, J.Baron et al, 2001)

diagnozi Cvenebebi	mtkicebul ebebze dafuZnebul i
duodenal uri wyl ul i (asap*-uaryofiTi)	di ax (+)
kuWis wyl ul i (asap*-uaryofiTi)	di ax (+)
duodenal uri da kuWis wyl ul i ganpi robebul i asap-is miRebi T	ara (-)
funqciuri dispefsia	ar aris cnobil i an ara (-)
gastro-ezofagul i refl uqsi	ar aris cnobil i an ara (-)

kuWis kibo	ar aris cnobil i an ara (-)
MALT-I imfoma	di ax (+)

* *asap - anTebi ssawinaaRmdego arasteroidul i preparatebi*

ukanasknel wl ebSi H. pylori (-)/asap(-) uaryofiTi peptiuri wyl ul ebis zrdis tendencia aRiniSneba. amerikel mecnierta monacemebiT, j er kidev ramdenime wl is win duodenal uri wyl ul isa da kuWis wyl ul is SemTxvevaSi H. pylori-iT inficireba Sesabamisad 90% da 60-84%aRwevda. axal i monacemebis Tanaxmad, duodenal uri wyl ul is 52%, xol o kuWis wl ul is 47% SemTxvevaSi H. pylori-iT inficirebis dadgena sadReisod arsebul i meTodebiT ver xerxdeba. amis mizezad mraval i faqtori saxel deba: H. pylori-is cru-uaryofiTi reaqsiebi, Aarasarul yofil ad Sekrebi i anamnezi (asap-is an misi msgavsi preparatebis miReba), kronis daavadeba, oportunistul i infeqsiebi, gastrinoma, Tumca bevr SemTxvevaSi isini e. w. idiopaTiur" wyl ul ebs miekuTvneba.

H. pylori(-)/asap(-) idiopaTiuri wyl ul ebi SedarebiT mZime mimdinareobiT (xSiri garTul ebebi da mkurnal obisadmi rezistentul oba), hipergastrinemiiTa da maRal i mJavobiT xasiaTdeba da xangrZi iv antisekretorul mkurnal obas saWi roeben. mkurnal obis arcevani protonis tumbos inhibitorebia, radgan am SemTxvevaSi H₂-bl okatorebi nakl ebad efeqturia.

MALT-I imfomis gamomwvevi mizezis dadgenamde misi mkurnal oba qimio-radioTerapiiTaAda qirurgiul i CareviT Semoifargl eboda. H. pylori infeqsiasa da MALT-I imfomas Soris mWidro asociaciis gamovl enam gadatrial eba moaxdina mkurnal obaSi. sadReisod H. pylori-is eridikacia pirvel i rigis Terapiul RonisZiebad aris aRiarebul i. am mkurnal obis fonze e. w. Low-grade E1 I imfomis (procesu mxol od I orwovansa da I orwqveSa garsze vrcel deba) gankurneba 80%-s aRwevs.

Chang. et al. mier H. pylori-is StamebSi aRmoCeni i 19-kD proteini kuWis MALT-I imfomasTan aris asocierebul i. Tumca, misi mniSvnel oba kuWis mal tomis ganviTarebaSi j er kidev ar aris gaSifrul i, am antigenis sawinaRmdego mocirkul ire antisxeul ebis gansazRvra sisxl Si SesaZi ebel ia friad mniSvnel ovani serol ogiuri markeri aRmoCndes. am etapze kiMMaLT-I imfomis diagnostikasa da marTvaSi gadamwyveti mnaSvnel oba maRal xarixxovan histopatol ogiur kvl evas, H. pylori-is testirebasa da endosonografiul ad simsi vni stadiis diagnostikas eniWebi.

H. pylori-sTan asocierebul i daavadebebis marTvaSi inficirebis zust da droul diagnostikas gadamwyveti mniSvnel oba eniWebi.

H. pylori testirebisaTvis mTel i rigi invaziuri da arainvaziuri meTodebia mowodebul i. invaziur anu endoskopiur meTodebs miekuTvneba biofsiuri masal is histol ogiuri kvl eva, baqteriis kul turis gamoyofa, ureazul i eqspres-diagnostika,

xol o arainvaziurs - serol ogiuri kvl evebi (ELISA, Prick-testi), ureazul i sunTqviTi testebi (UBT) da fekal uri antigenis (HpSA) aRmoCena. TiToeul maTgans Tavisi Cvenebebi, agreTve dadebiTi da uaryofiTi mxareebi gaaCnia.

Ncxril Si mocemul ia *H. pylori*-is diagnostikis meTodebis SedarebiTi daxasiaTeba.

Helicobacter pylori -is sadiagnostiko testebis SedarebiTi daxasiaTeba

(R.Logan. M.Walker, 2001)

testi	mgrZnobel oba	specifiuroba	
invaziuri			
histol ogia \$\$\$\$	88-95%	90-95%	++++
kul tura \$\$\$	80-90	95-100%	++
ureazul i \$\$\$\$ eqspres testi	90-95%	90-95%	++++
arainvaziuri testebi			
13C-UBT \$\$\$	90-95%	90-95%	++++
14C-UBT \$\$	86-95%	86-95%	+++
serol ogia:			
EELISA \$	80-95%	80-95%	+++
Prick testi \$\$	60-90%	70-85%	++++
Ffekal uri antigeni \$\$	90-95%	90-95%	++

M

maastixtis 2-2000 konsensusis rekomendaciebis (gai dl ainebis) mixedviT pirvel i arCevis sadiagnostiko testebad ureazul i sunTqvis testebi da fekal uri antigenis gansazRvraa rekomendebul i.

Bbiofsiuri masal is histol ogiuri kvl evisas, cru-uaryofiTi pasuxis asacil ebl ad, mowodebul ia masal is aReba ramdenime ubnidan, kerZod kuWis sxeul idan da antrumidan, agreTve erTi damatebiTi invaziuri meTodis gamoyeneba (ureazul i eqspres-diagnostika an kul turis gamoyofa). cru uaryofiTi Sedegebis

al baToba gansakuTrebiT xSiria kuWis atrofiis, nawl avuri metapl aziisa da naRvl ovani refl uqsis SemTxvevaSi, agreTve arasrul i eridikaciul i Terapiisa da protonis tumbos inhibitoribis miRebis fonze.

testireba aucil ebl ad unda CautardeT pacientebS peptiuri wyl ul iTa da MALT-I infomiT. rekomendebul ia agreTve H. pylori-iT inficirebis diagnostika kuWis kiboTi daavadebul Ta pirvel i rigis naTesavebSi, Tumca amis mtkicebul ebebi ar arsebobs. 45 wel ze ufrosi pacientebisaTvis gaurTul ebel i morecive dispepsiIT H. Pylori-is sadiagnostiko testireba mxol od maSin aris naCvnebi, Tu dadebiTi pasuxis SemTxvevaSi eridikaciul i mkurnal obis Catarebis gadawyvetil ebaa miRebul i (“test and treat” approach). am konsensusis Tanaxmad, gastro-ezofagal uri refl uqsis SemTxvevaTa umetesoba ar aris asocierebul i H. Pylori-iT inficirebasTan.

Tanamedrove hipotezebis Tanaxmad, H. pylori-sTan asocierebul i daavadebebi mxol od kuW-nawl avis traqtiT ar Semoifargl eba. mag. Singh at al. (2002) Catarebul i kvl evebis safuZvel ze gamoTqves mosazreba H.pylori/CagA-dadebiTi Stamebis koronarul i sisixl ZarRvebis dazianebasTan kavSiris Sesaxeb. am mosazrebebis dadastureba Semdgomi kvl evis sagans Seadgens.

H. pylori infeqciis mkurnal obis variantebi

H. pylori sawinaaRmdago mkurnal obis mizani kuWi dan misi eridikaciis miRvevaa, rac dasturdeba H. pylori-s testirebis uaryofiTi SedegebiT mkurnal obis damTavrebidan 4 kviris an meti xnis Semdeg. kvl evebis naadrevad Catarebis SemTxvevaSi cru-uaryofiTi pasuxis al baToba izrdeba H. pylori-s nawil obrivi kl irensis an daTrgunvis gamo. sadReisod H. pylori-s eridikaciis dadasturebis mizniT yvel aze informatiul ad ¹³C-ureazul i sunTqviTi testi iTvl eba. SesaZl oa, axal i - fekal uri antigenis aRmoCenis meTodic metad informatiul i aRmoCndes antibaqteriul i mkurnal obis Sesafasebl ad. serol ogiuri testebi nakl eb informatiul ia, radgan warmatebul i eridikaciis Semdeg antisxeul ebis titris sarwmuno daqveiTebas sul mcire eqysi Tve swirdeba.

H. pylori-s eridikacia sakmaod rTul ia antibaqteriul i preparatebis, gansakuTrebiT ki nitroimidazol ebis mimarT swrafad ganvitarebul i rezistentobis gamo. nitroimidazol ebis mimarT rezistentoba ufro xSirad gv xvdeba qal ebSi da pacientebSi ganvitarebadi qveynebidan (anamnezSi ginekol ogiuri paTol ogiebis an/da infeqciuri diareis gamo Catarebul i mkurnal obis Sedegad). SedarebiT iSviaTad gv xvdeba rezistentoba sxva antibiotikebis mimarT (mag. kl aritromicinis mimarT adre Catarebul i

warumatebel i eridikaciul i Terapiisa an respiratorul i traqtis infeqciebis mkurnal obis Sedegad).

sadReisod yvel aze farTod gavrcel ebul da efeqtur mkurnal obis reJimad dabal dozirebul i samkomponentiani sqema iTvl eba. igi gul isxmobs protonis tumbos romel ime inhibitoris (omeprazol i) kombinacias or antibiotikTan - amoqsacil inTan, kl aritromicinTan an/da metronidazol Tan. Mmkurnal obis xangrZl ivoba erTi kviraa, Tanamovl enebi - iSviaTi. mTel i rigi randomizirebul i kvl evebis Tanaxmad am sqemis gamoyenebisas H. pylori-s eridikacia pacientebis 90% aReniSneba (ix. cxril i)

rانيتidin-bismutcitrat (rbc) - special urad H. pylori infeqciis samkurnal od Seiqmna. bismutSemcvel i adre gamoiyenebul i preparatis - de-nol isagan gansxvavebiT, igi rogorc antisekretorul i, ise antibaqteriul i TvisebebiT xasiaTdeba. magram eridikaciis misaRebi maCvenebl ebi mxol od maSin mi iRweva, Tu igi samkomponentian sqemaSi protonis tumbos inhibitoris al ternativad antibiotikebTan kombinaciaSi (kl aritromicini + metronidazol i /an amoqsacil ini - 1 kviris ganmavl obaSi) iniSneba.

mkurnal obis oTxkomponentiani sqemis SemTxvevaSi kl asikur bismutis preparatze dafuznebul samkomponentian Terapias protonis tumbos inhibitori emateba. H. pylori-s eridikacia 80-90% aRwevs, Tumca igi mniSvel ovnadaa damokidebul i mkurnal obis reJimis zust dacvaze, amasTan gverdiTi movl enebic sakmaod xSiria (ix. cxril i). sarezervo variantis saxiT am sqemis gamoyeneba naCveneblia im pacientebSi, sadac samkomponentiani sqema araefeqturi aRmoCnda. amrigad, im regioneblSi, sadac rezistentoba metronidazol is mimarT dabal ia, (<30%) pirvel i rigis arCevani erTkviriani samkomponentiani sqemaa, rac gul isxmobs protonis tumbos inhibitoris, metronidazol sa da kl aritromicinis miRebas, metronidazol is mimarT arsebul i rezistentobis SemTxvevaSi ki antibiotikoTerapia amoqsacil iniTa da kl aritromiciniT grZel deba.

metronidazol is Semcvel i sqemiT warumatebel i mkurnal oba metronidazol -rezistentul i Stamebis arsebobaze miuTiTebis. Aam SemTxvevaSi protonis tumbos inhibitorebis kombini reba amoqsacil insa da kl aroTromicinTan xdeba. EerTkviriani mkurnal obis Semdeg dadebiTi Sedegi 90%-Si mi iRweva. Tu kl aritromiciniT mkurnal oba ararefeqturi aRmoCnda da aris varaudi metronidazol is mimarT rezistentul i Stamebis arsebobaze, iniSneba omeprazol i amoqsacil inTan da metronidazol Tan kombinaciaSi an arCevani mkurnal obis oTxkomponentiani sqemaa. aseT SemTxvevebSi efeqti 75% fargl ebSi meryeobs.

amasTan unda aRiniSnos, rom miuxedavad mraval ricxovani kvl evebisa, mxol od duodenal uri wyl ul iT, asap-uaryofiTi kuWis wl ul iT daavadebul i pacientebisa da MALT-I imfomis SemTxvevaSi a H.pylori-s eridikaciis Cvenebebi mtkicebul ebebze dafuznebul i.

dabal dozirebul i samkomponentiani Terapi a H.pylori-s eridikasi s mi zni T

(A. Harris, J. Misiewicz, BMJ, 2001)

	sqema #1	sqema #2
mkurnal oba	protonis tumbos inhibitori (2-j er dReSi)	protonis tumbos inhibitori (2-j er dReSi)
	amogsacil ini 1g 2-j er dReSi	kl aritromicini 250mg 2-j er dReSi
	kl aritromicini 500mg 2-j er dReSi	metronidazol i 400mg 2-j er dReSi
xangrZl ivoba	1 kvira	1 kvira
gverdiTi efeqtebi	gul isreva, faRaraTi, gemovnebis gaukuRmarTeba	
eridikacia	90%	90% mmS*, 75% mrS*

M*mmS - metronidazol -mgrZnobiare Stamebi

*mrS - metronidazol -rezistentul i Stamebi

oTxkomponentiani Terapi a H.Pylori-s eridikasi s mi zni T

(A. Harris, J. Misiewicz, BMJ, 2001)

	sqema #1
mkurnal oba	protonis tumbos inhibitori (erTj er an 2-j er dReSi)
	kol oiduri bismutis citrati 120mg oTxj er dReSi
	tetracikl ini 500 mg 4-j er dReSi
	metronidazol i 400mg 4-j er dReSi
xangrZl ivoba	1 kvira
gverdiTi efeqtebi	gul isreva, faRaraTi, gemovnebis gaukuRmarTeba
eridikacia	>90% mgS* >75% mrS*

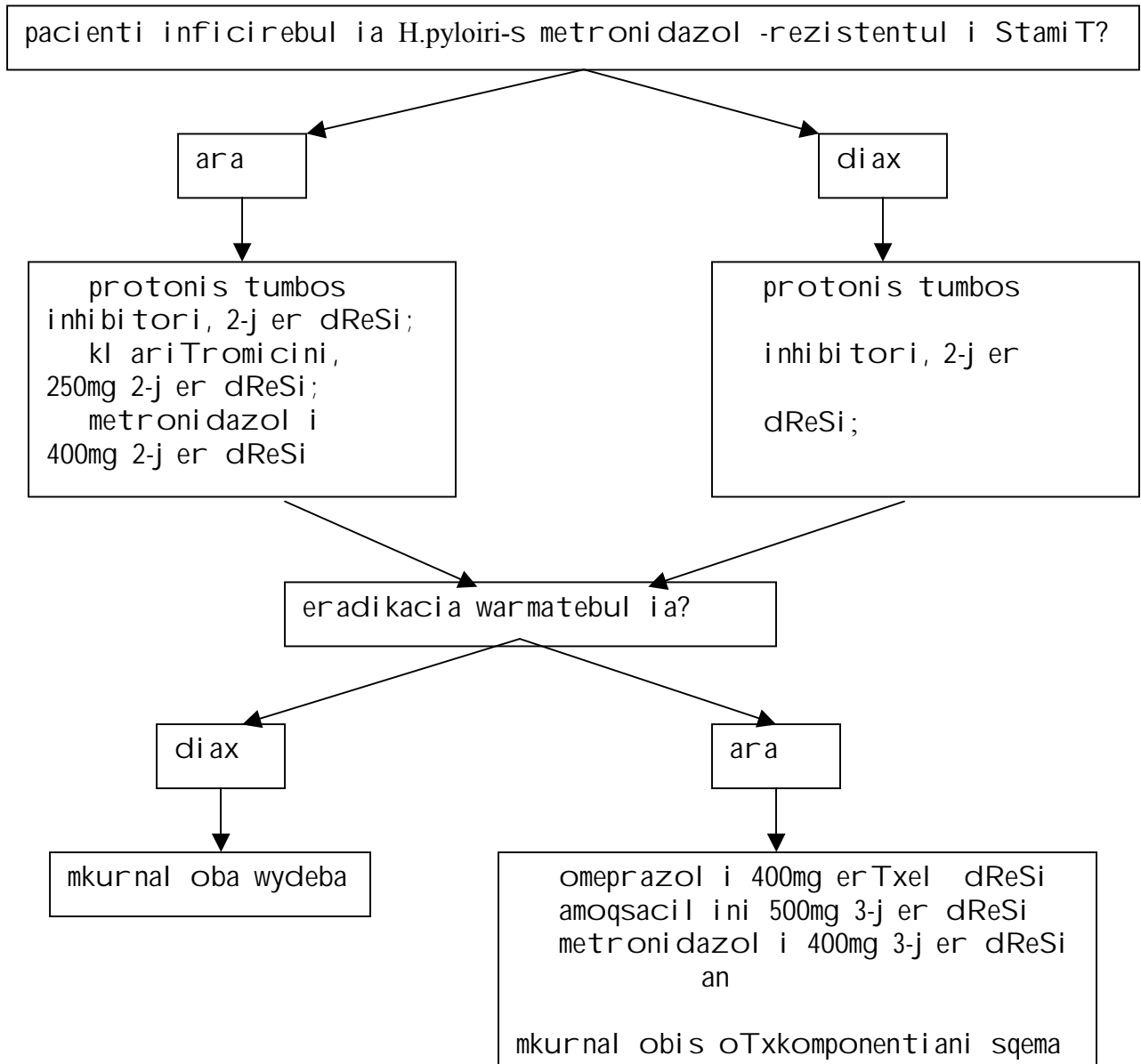
**nitroimidazol is mimarT rezistentobis risk-faqtoresi H.Pylori(+)
pacientebsi**

(A. Hariss, J. Misiewicz, BMJ, 2001)

- ✓ anamnezSi nitroimidazol iT mkurnal oba (mag. ginekol ogiuri infeqciebi, infeqciuri diarea)
- ✓ H.pylori-s eridikaciis mizniT nitroimidazol is preparatebis Semcvel i sqemiT Catarebul i warumatebel i mkurnal oba;
- ✓ qal aqebis (urbanul i) da misi mimdebare zonebi;
- ✓ pacientebi, roml ebic ganvitarebad qveynebsi dai badnen.

mkurnal obis al goriTmi H. Pylori-s eridikaciis mizniT

(A. Harris, J. Misiewicz, BMJ, 2001)



L i t e r a t u r a

1. J. Versalovich - Helicobacter Pylori – Pathology and Diagnostic Strategies. *Am.J.Clin.Pathol.* 2003 Vol. 119(3):403-412.
2. Mae f. Go - Treatment and management of Helicobacter pylori Infection. *Current Gastroenterology Reports*, 2002,Vol.4:471-477.
3. Michael K. Sanders, David Peura - Helicobacter Associated-Diseases. *Current Gastroenterology reports*. 2002.Vol.4:448-454.
4. L.Laine, J.Sugg - Effect of Helicobacter pylori Eradication on Development of Erosive Esophagitis and Gastroesophageal Reflux Disease Symptoms: A Post Hoc Analysis of Eight Double Blind Prospective Studies. *Am.J.Gastroenterology*. 2002:Vol.97(12):1992-1997.
5. J.Q.Huang, S.Sridhar, RH Hunt - Role of Helicobacter pylori infection and non-steroidal anti-inflammatory drugs in peptic ulcer disease; a meta-analysis. *Lancet*, 2002,Vol.359:14-22.
6. P.Malfertheiner, F.Megraud,C. O’Morian et al. - Current concepts in the management of Helicobacter Pylori infection: the Maastricht 2-2000 consensus report. *Alim Parmacol Ther* 2002, 16:167-180.
7. R.K.Singh, A.D.Mahon, H.Patel et al.- Prospective analysis of the association of infection with CagA bearing strains of Helicobacter pylori and coronary heart disease. *Heart*,2002,Vol.88:43-46
8. Adam Harris, J.J.Misiewicz - Management of Helicobacter pylori infection – *BMJ*, November 2001, Vol.323:1047-1050.
9. Robert P.H.Logan, Marjorie M.Walker - Epidemiology and diagnosis of Helicobacter pylori Infection. *BMJ*, October 2001,Vol.323:920-922.
10. John Calam, J.Baron - Pathophysiology of duodenal and gastric ulcer and gastric cancer. *BMJ*, October 2001 Vol.323:980-982
11. Walter I.Peterson, Mark A. Frederick, David A.Cave, David A.Peura et al. - Helicobacter Pylori-Related Disease: Guidelines for testing and Treatment. *Archives of Internal Medicine*, 2000 Vol.160 (9):1285-1295

***Helicobacter pylori* and diseases associated with it**

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The initial report by Marshall and Warren and the discovery of *Helicobacter pylori* and its association with a number of gastrointestinal diseases has revolutionized the field of gastroenterology. Over the past two decades, numerous studies have been implicated *H. pylori* infection in a variety of gastrointestinal disorders. Although the association of *H. pylori* infection with peptic ulcer disease, chronic gastritis, mucosa-associated lymphoid tissue (MALT-) lymphoma and gastric adenocarcinoma has been well documented, other areas remain still unclear, including the role of *H. pylori* in gastropathy associated with nonsteroidal anti-inflammatory drugs (NSAIDs), gastroesophageal reflux disease, and both uninvestigated and non-ulcer dyspepsia. Although these areas still remain somewhat controversial, recent reports further clarify the role of *H. pylori* in these conditions. A review of the recent literature

regarding *H. pylori*-associated diseases with recommendations of diagnosis and treatment is presented.

[sarCevi](#)

nawl avTa i Semi uri dar Rvevebis diagnozi da mkurnal oba

j ai aprakaS SrinaraSimhai a

BMJ 2003;326:1372-6*

(statiis Targmani moamzada eqimma k. papoSvil ma)

mucl is mwvave an qronikul i tkivil i mraval ma paTofiziol ogiurma procesma SeiZl eba gamoiwvios. am procesTagan bevri keTil Tvisebian xasiaTs atarebs, magram zogierTi SeiZl eba sicocxl isaTvis saSiSi aRmoCndes, Tu droul ad ar gamovavl ineT. mraval SesaZl o mizezs Soris eqimma ar unda daiviwyos nawl avTa i Semi uri dar Rvevebis al baToba. daavadebul i sisxl ZarRvebis raodenoba, dazianebul i nawl avis mdebareoba da daavadebis simwvavis sxvadasxva xarisxi mraval fero van kl inikur gamovl inebas ganapirobebs. am seriozul i mdgomareobis dadgena diagnostikur da Terapiul dil emas SeiZl eba wadmoadgendes. winamdebare mimoxil va mwvave da qronikul i mezenterul i iSemiis, mezenterul i venuri Trombozisa da iSemiuri kol itis Taviseburebebisa da mkurnal obis gacnobas emsaxureba.

kl inikuri ni Snebi

mwvave mezenterul i iSemia

*statiis gamoqveyneba SeTanxmebul ia BMJ redaqciasTan

mwvave mezenterul i iSemiis amocnoba advil i ar aris, radgan pacientTa umetesobas araspecificiuri simptomebi, kerZod mucl is tkivil i aReniSneba. Cveul ebriv, es tkivil i Seuferebl ad ZI ieria umniSvnel o fizikal ur monacemebTan SedarebiT da da 2-3 saatZe met xans grZel deba. SeiZl eba gamovl indes mwvave mucl is niSnebi daWimul obis, rigidobisa da hipotenziis saxiT, gansakuTrebiT - nagvianebl diagnozis SemTxvevaSi.¹ xSirad aRiniSneba cxel eba, diarea, gul isreva da anoreqsa. SemTxvevaTa 15%-Si vl indeba mel ena an sisxl iani ganaval i, pacientTa naxevars ki farul i sisxl dena aReniSneba.² iSemiis mizezs SeiZl eba warmoadgendes embol ia, arteriul i an venuri Trombozi, sisxl is dabal i nakadiT gamowveul i vazokonstriqcia an vaskul iti. SemTxvevaTa naxevarze meti j orjl is zemo arteriis embol iur okl uziaze modis.³ embol Ta umetesoba gul Si warmoiqmneba arITmiis an gul is iSemiuri daavadebiT gamowveul i sistol uri disfunqciis gamo (cxril i 1). SemTxvevaTa 25% adre arsebul i aTeroskl erozul i fol agebis TromboziT aris ganpirobepul i. aseT pacientTa umetesobas anamnezSi gardamaval i mezenterul i iSemiis Sesabamisi qronikul i simptomebi aReniSneba. araokl uziuri mezenterul i iSemia, romel ic mwvave mezenterul i iSemiis saerTo raodenobis 20-30%-s Seadgens, kl inikurad ar gansxvavdeba, Tumca j orjl is arteriebis gamavl oba darRveul i ar aris. am dros saqme gvaqvs mikrovaskul ur vazokonstriqciasTan, romel sac gul is ukmarisobiT, Tirkml is daavadebiT an RviZl is daavadebiT ganpirobepul i spl anqnuri hi poper fuzia iwvevs.⁴

mezenterul i venuri Trombozi

SemTxvevaTa 95% da nawl avTa iSemiuri movl enebis saerTo raodenobis 5-15% j orjl is zemo venis pirvel adi an meoradi TromboziT aris gamowveul i. pirvel ad Trombozs Cveul ebriv memkvidreobiTi an SeZenil i hiperkoagul aciuri darRvevebi iwvevs. xSirad vl indeba protein C-s, protein S-is, anti-Trombin III-isa da V faqtoris deficiiti, Tumca mwvave Trombozis dros am proteinTa cru daqveiteba SeiZl eba gamovl indes.⁵ meoradi Trombozis mizezad SeiZl eba mogvevl inos sxvadasxva avTvi sebiani da anTebiTi daavadebebi, magal iTad nawl avis anTebiTi daavadeba an pankreatiti. mezenterul i venuri Trombozi SeiZl eba ganviTardes operaciis Semdeg an travmis, cirozis, portul i hipertenziis, varikozul i venebis endoskopuri skl eroTerapiisa da oral uri kontrceptivebis gamoyenebis Sedegad.⁶ kl inikurad Trombozi mwvave, qvemwvave an qronikul xasiaTs atarebs, segmenturi daavadebis saxe aqvs da kol inj ze ufro metad ml iv nawl avs azianebs. mwvave venuri Trombozis dadgenas sasicocxl o

mniSvnel oba eniWeba nawl avis infarqtis an peritonitis
saSiSroebis gamo.

qronikul i mezenterul i iSemia

qronikul i mezenterul i iSemiis dros pacienti uCivis zogadi xasiaTis mucl is tkivil s, romel ic Cveul ebriv Wamis Semdeg aRiniSneba da 1-3 saaTi grZel deba. Tavidan tkivil i SesaZI oa umniSvnel o iyos, magram kvirebisa da Tveebis manZil ze SeiZI eba autanel i xasiaTi mi iRos. xSirad aRiniSneba wonis dakl eba da sitofobia (Wamis SiSi).³ uxvi kol ateral uri sisxl ZarRvebis ganviTarebis gamo simptomebis gaCenas win uswrebs 2 an 3 didi spl anqnuri arteriis mZime stenozi an srul i obstruqcia. yvel aze saSiS garTul ebas mwvave Trombozi da amis Sedegad gamowveul i nawl avis infarqti warmoadgens.⁷ misi amocnoba SeiZI eba gaZnel des, radgan uxvi kol ateral uri venebis arseboba daavadebis usimptomo mimdinareobas ganapirobebs. Tu Trombozi portul an el enTis venebs moicavs, sawyisi niSnebi varikozul i sisxl denis, spl enomegal iis an ascitis saxes iRebs.⁸

iSemiuri kol iti

kuW-nawl avTa traqtis iSemiuri dazianebebis yvel aze gavrcel ebul formas iSemiuri kol iti warmoadgens.⁹ kol inj isa da ml ivi nawl avis sisxl iT momarageba j orj l is zemo da qvemo arteriebis totebiT xorciel deba. swori nawl avi sisxl s damatebiT iRebs qvemo da Sua hemoroidul i arteriebidan, roml ebic menj is Sua arteriis ganStoebas warmoadgenen.¹⁰ kol inj is iSemia mraval ma faqtorma SeiZI eba gamoiwvios, Tumca ufro xSirad zusti mizezis dadgena ver xerxdeba (cxril i 2). j orj l is arteriis embolia, Trombozi an travma sisxl ZarRvTa okl uziasa da kol inj is perfuziis darRvevas iwvevs. xSirad es procesebi arsebul i aTeroskl erozis fonze viTardeba.¹¹ gul is ukmarisobiT ganpirobebul hipoperfuzias, postoperaciul i periodis gardamaval hipotenzias, sxvadasxva mizeziT (mag. hipovol emiis an sefsisis gamo) ganviTarebul Soks aseve SeuZI ia iSemiuri kol iti gamoiwvios.¹² axal gazrda pacientebSi unda gamovricxoT vaskul iti, estrogenebis, kokainis, meTamfetaminis, fsiqotropul i saSual ebebis an fsevdoefedrinis gamoyeneba, namgl isebruj redovani anemia da koagul aciis memkvidreobiTi darRvevebi.¹³ pacientTa umetesoba mucl is marcxena qvemo areSi uecrad dawyebul , msubuq tkivil s uCivis. 24 saaTis manZil ze SeiZI eba ganviTardes mcire sisxl iani ganaval i hemodinamikuri destabil izaciis gareSe. iSemiuri dazianebe yvel aze xSirad

vi Tardeba e.w. Semomxvev regionebsi, romel ic kol inj is el enTis kuTxesa da daRmaval an sigmoidur kol inj s moicavs.¹⁴ kol inj is mokl e segmentis dazianeba embol iur an fokal ur arteriul daavadebas axasiaTebis, grZel i segmentis dazianeba ki ufro metad araokl uziuri iSemiis niSans warmoadgens.

di agnozi

nawl avTa iSemiaze eWvis droul ad mitana damokidebul ia eqimis unarze, eWvi miitanos da amoicnos es daavadeba. mucl is tkivil is anamnezma da araspeciurma simptomebma SecdomaSi SeiZl eba Segviyvanos. miuxedavad amisa, swrafad unda gamovricxoT gavrcel ebul i kl inikuri mdgomareobebi da gul modgined unda gamovikvl ioT j orj l is sisxl ZarRvebis dazianeba zemoaRniSnul i riskis faqtorebis mqone pacientTa Soris. metabol uri acidozi, kerZod l aqtatis warmoqmnis gamo, nawl avTa mZime iSemiis damaxasiaTebel Tvisebas warmoadgens. mwvave mezenterul i iSemiis dros rentgenol ogiuri monacemebi Cveul ebriv araspeciurma da daavadebis gvianel stadiaze vl indeba; aRiniSneba nawl avTa gauval obis araspeciuri niSnebi da mezenterul i gasqel eba. kl asikuri thumbprinting, romel ic bariumis gamoyenebis drosac vl indeba, submukozuri hemoragiIT an SeSupebiT gamowveul kedl is adgil obriv gasqel ebas gamoxatavs. intramural uri pnevmatozi da portul i venebis aeracia Cveul ebriv nawl avis infarqtis gvianel stadienze aRiniSneba.¹⁵ rentgenografiis ZiriTad mizans perforaciis an nawl avis obstruqciis swrafi dadgena da droul i qirurgiul i mkurnal obis dawyeba warmoadgens. amave dros, ar unda dagvaviwydes, rom simptomTa gaCenidan 12-18 saaTs manZil ze monacemebi SeiZl eba araspeciuri iyos.¹⁶ angiografia tradiciul ad gamosaxul ebiTi kvl evis `oqros standartad- iTvl eba. igi xorciel deba arteriul i ineqciIT j orj l is zemo arteriaSi anda a. celiaca an a. lienalis arteriebsi, zogjer ki pirdapiri transhepaturi an transiugul arul i portografiIT venuri Trombozis gamosavl enad.¹⁷ angiografiis nakl ovanebas warmoadgens gamokvl evis metismetad invaziuri xasiaTi, potenciuri nefrotoqsiurobiTa da radiaciul i dasxivebiT. samagierod, angiografia imavdroul i endovaskul uri mkurnal obis saSual ebas iZl eva (ix. qvemoT). garda amisa, cifrul i subtraqciul i angiografia periferiul i spl anqhuri sisxl ZarRvebis saukeTeso vizual izacias axdens.^{6,34} feradi dopl erul i eqoskopia arainvaziuri da iafia, magram misi SesaZl ebl obebi SezRudul ia nawl avebsi haeris Semcvel obiT, eqimis teqniki unariTa da susti mgrZnobel obiT dabal nakaduri sisxl ZarRvebis dazianebs dros.¹⁸

aqsial uri kompiuterul i tomografia mezenterul i iSemiis
 diagnozis mZI avr saSual ebas da mwvave mezenterul i iSemiis
 sadiagnozo arCevis gamokvl evas warmoadgens. gamokvl eviT vl indeba
 nawl avis kedl is fokal uri an segmenturi gasqel eba, submukozuri
 SeSupeba an hemoragia, pnevmatozi da portul i venebis aeracia.¹⁹
 kontrastul i kompiuterul i tomografiis meSveobiT mwvave
 mezenterul i iSemiis dadgenis mgrZnobel oba 90%-s aRemateba.
 spiral ur kompiuterul tomografias gamosaxul ebis ukeTes
 xarixTan da ufro swraf skanirebasTan erTad aravaskul uri
 visceral uri dazianebebis gamovl enac SeuZl ia. aseve SegviZl ia
 gamoviyenoT tomografiul i angiografia sunTqvis erTj eradi
 Sekavebis teqnikiT, moZraobis artefaqtis Semcirebis mizniT.²⁰
 birTvul -magnituri rezonansi angiografiiTurT arainvaziuri
 gamokvl evis kidev erT meTods warmoadgens. mezenterul i venuri
 daavadebis dros igi sisxl ZarRvTa anatomiis brwyinval e
 vizual izacias gvaZl evs. amave dros, SegviZl ia SevafasoT portul i
 venebis gamavl oba, nakadis mimarTul eba, spl anqnuri Trombozi da
 portul i hipertenziis damaxasiaTebel i niSnebi. aseve gamoiyeneba
 sisxl ZarRvTa anatomiis samganzomil ebiani, gadol iniumiT
 gaZl ierebul i rekonstruqcia sunTqvis erTj eradi SekavebiTa da
 ul traswrafi skanirebiT cifrul i subtraqciul i angiografiis
 meSveobiT.²¹ birTvul -magnituri rezonansi angiografiiTurT
 kompiuterul tomografias ar Camouvardeba mgrZnobel obisa da
 specifiurobis mxriv, gadol iniumis usafrTxo saSual ebebis da
 maionizirebel i radiaciis ararsebobiT ki mas aRemateba kidec.
 Tumca birTvul -magnituri rezonansi angiografiiTurT qronikul i
 mezenterul i iSemiis Sefasebis brwyinval e saSual ebas warmoadgens,
 mwvave mezenterul i iSemiis diagnozis ZiriTadi meTodi mainc ver
 iqneba, radgan araokl uziuri dabal nakaduri mdgomareobebisa da
 distal uri embol iis saTanado gamovl ena ar SeuZl ia.^{22,23}
 iSemiuri kol itis diagnozi kl inikuri niSnebis amocnobas emyareba.
 Tu kol inj is iSemiis vvaraudobT, magram peritonitis niSnebi ar
 vl indeba, mukozis cvl il ebaTa gamosavl enad kol onoskopia unda
 Catardes. tomografiul i gamokvl eva Cveul ebriv araspecificuria da
 mxol od nawl avis kedl is gasqel ebas Tu gamoavl ens. mezenterul i
 angiografia aseve arainformaciul ia, radgan j orj l is
 sisxl ZarRvebis da wnul ebis gamavl oba darRveul i ar aris.
 hipoperfuziis gamomwvevi dazianeba arteriol ebis doneze
 aRiniSneba.²⁴

mkurnal oba

nawl avTa iSemiis samkurnal od mraval i saSual eba arsebobs da
 maTi arCevani daavadebis simwvavesa da simZimeze aris damokidebul i.
 peritonul i niSnebis arseboba qirurugiul Carevas moiTxovs, radgan
 savaraudod nawl avebis infarqti aRiniSneba. am dros dazianebul i
 nawl avis rezeqcia an embol eqtomia SeiZl eba ganxorciel des.

peritonul i niSnebis ararsebobisas qirurgiul i embol eqtomia mainc standartul mkurnal obad miiCneva.²⁵ bol o xans efeqturad gamoiyeneba invaziuri rentgenol ogiuri midgoma. Trombol izuri saSual ebebis (streptokinaza, urokinaza, pl azminogenis rekombinantul i qsovil ovani aqtivatori) intraarteriul i infuzia efeqturi aRmoCnda simptomTa gaCenidan 12 saatIs ganmavl obaSi.²⁶ nakl ebad invaziuri Careva ufro marTebul ia arsebiTi operaciul i riskis mqone pacientTa Soris. araokl uziuri mezenterul i iSemiis dros vazodil atoris (mag. papaverini) infuzia j orj l is zemo arteriaSi SeiZl eba sakmarisi aRmoCndes vazokonstriqciis moxsnisa da nawl avis infarqtis Tavidan acil ebis mizniT.²⁷ mezenterul i venuri Trombozis mqone pacientTaTvis aucil ebel ia Sesazl o hiperkoagul aciuri mdgomareobebis gamovl ena, raTa Tavidan avicil oT daavadebis ganmeoreba. peritonul i niSnebis arseboba gadaudebel qirurgiul Carevas moiTxovs. usimptomu pacientebi 3-6 Tviaan antikoagul aciasa da Semdgom ganmeorebiT Sefasebas saWi roeben. mraVal ma kvl evam daadastura, rom dauyovnebel i heparinizacia da mkurnal obis gagrZel eba varfariniT sikvdil obis Semcirebas iwvevs. cal keul i kl inikuri mdgomareobebi (mag. koagul aciuri darRvevebi da mocimcime arITmia) mudmiv antikoagul acias moiTxovs.^{6,28} qirurgiul i revaskul arizacia xangrZl iv simptomur gaumj obesebas iZl eva im pacientTa 96%-Si, visac operaciul i CarevisaTvis Sesafetisi qronikul i mezenterul i iSemia aReniSneba.²⁹ Suntis gamavl oba, romel ic warmatebis ufro obieqtur maCvenebel s warmoadgens, xuTi wl is Semdeg 78%-s Seadgens.³⁰ bol o aTwl eul Si Sesabamis pacientTa Soris qirurgiul i Carevis al ternativas mezenterul i angiopl astika an stentireba warmoadgens.³¹ arsebul i monacemebiT, angiopl astikas qirurgiul i Suntirebisa da embol eqtomiis msgavsi gamosaval i gaaCnia, magram aRniSnul i gamokvl evebi j erj erobiT pacientTa mxol od mcire raodenobas moicavs. Sesabamisad, mkurnal obis es al ternativa ufro metad operaciul i garTul ebis maRal i riskis mqone pacientTa Soris gamoiyeneba.³² iSemiuri kol itis mkurnal obis taqtikas daavadebis gamovl ineba gansazRvraVs. nawl avis hipoperfuziis gamomwvevi mizezis mkurnal oba iSemiis moxsnas iwvevs. pacientTa umetesoba nawl avis moqmedebis dazogvasa da damxmare mkurnal obas saWi roebs. profil aqtikuri antibiotikoTerapiis sargebel i dadasturebul i ar aris. zogj er aReniSneba ful minanturi iSemiuri kol iti gangreniT an perforaciIT, rac gadaudebel qirurgiul Carevas moiTxovs. xandaxan iSemiuri kol iti mTl ianad ar ikurneba da qronikul segmentur kol itad an striqturad gardaiqmneba. Tu simptomebi 2-3 kviraze met xans grZel deba, segmenturi kol oneqtomia xdeba saWi ro. usimptomu iSemiuri striqturis dros ki gamarTl ebul ia dayovneba, radgan 12-24 Tvis Semdeg zogierTi maTgani Tavistavad ixsneba.^{33,34}

daskvna

nawl avTa iSemiuri daavadebis kl inikuri speqtri metad mraval ferovania. droul i gamovl ena sasikeTo gamosavl is aucil ebel pirobas warmoadgens. mezenterul i sisxl is mimoqcevis Seferxeba, arteriul i iqneba Tu venuri, mwvave iSemia da infarqts iwvevs da saWi roebs agresul midgomas qirurgiul i da rentgenol ogiuri saSual ebebis gamoyenebi T. qronikul i mezenterul i iSemia yovel Tvis unda ganvixil oT mucl is tkivil is gamomwvev mizezad sxva ufro gavrcel ebul i mizezebis gamoricxvis Semdeg. iSemiuri kol itis gamosaval i srul i gamoj anmrTel ebidan ful minantur kol itamde meryeobs.

l i t e r a t u r a

1. Edwards MS, Cherr GS, Craven TE, Olsen AW, Plonk GW, Geary RL, et al. Acute occlusive mesenteric ischemia: surgical management and outcomes. *Ann Vasc Surg* 2003;17: 72-9.
2. Boley SJ, Sprayregan S, Vieth FJ, Siegelman SS. An aggressive roentgenologic and surgical approach to acute mesenteric ischemia. *Surg Annu* 1973;5: 355-78.
3. Brandt LJ, Boley SJ. AGA technical review on intestinal ischemia. *Gastroenterology* 2000;118: 954-68.
4. Trompeter M, Brazda T, Remy CT, Vestring T, Reimer P. Non-occlusive mesenteric ischemia: etiology, diagnosis, and interventional therapy. *Eur Radiol* 2002;12: 1179-87.
5. Kumar S, Sarr MG, Kamath PS. Current concepts: mesenteric venous thrombosis. *N Engl J Med* 2001;345: 1683-8.
6. Abdu RA, Zakour BJ, Dallis DJ. Mesenteric venous thrombosis—1911 to 1984. *Surgery* 1987;101: 383-8.
7. Moawad J, Gewertz BL. Chronic mesenteric ischemia: clinical presentation and diagnosis. *Surg Clin North Am* 1997;77: 357-70.
8. Bradbury MS, Kavanagh PV, Chen MY, Weber TM, Bechtold RE. Noninvasive assessment of portomesenteric venous thrombosis: current concepts and imaging strategies. *J Comput Assist Tomogr* 2002;26: 392-404.
9. Gandhi SK, Hanson MM, Vernava AM, Kaminski DL, Longo WE. Ischemic colitis. *Dis Colon Rectum* 1996;39: 88-100.
10. Harnsberger JR, Longo WE, Vernava AM. Vascular anatomy. *Semin Colon Rectal Surg* 1994;5: 2-13.
11. Greenwald DA, Brandt LJ. Colonic ischemia. *J Clin Gastroenterol* 1998;27: 122-8.
12. Sakai L, Keltner R, Kaminski D. Spontaneous and shock-associated ischemic colitis. *Am J Surg* 1980;140: 755.
13. Reinus JF, Brandt LJ, Boley SJ. Ischemic diseases of the bowel. *Gastroenterol Clin North Am* 1990;19: 319-43.
14. Hunter GC, Guernsey JM. Mesenteric ischemia. *Med Clin North Am* 1988;71: 1091-115.

15. Greenwald DA, Brandt LJ, Reinus JF. Ischemic bowel disease in the elderly. *Gastroenterol Clin North Am* 2001;30: 445-73.
16. Smerud MJ, Johnson CD, Stephens DH. Diagnosis of bowel infarction: a comparison of plain films and CT scans in 23 cases. *AJR Am J Roentgenol* 1990;154: 99-103.
17. Lefkowitz Z, Cappell MS, Lookstein R, Mitty HA, Gerard PS. Radiologic diagnosis and treatment of gastrointestinal hemorrhage and ischemia. *Med Clin North Am* 2002;86: 1357-99.
18. Roobottom CA, Dubbins PA. Significant disease of the celiac and mesenteric arteries in asymptomatic patients: predictive value of Doppler sonography. *AJR Am J Roentgenol* 1993;161: 985-8.
19. Sheehan SR. Acute mesenteric ischemia: recent advances in diagnosis and endovascular therapy. *Emery Radiol* 2000;7: 231-6.
20. Ha HK, Rha SE, Kim AY, Auh YH. CT and MR diagnoses of intestinal ischemia. *Semin Ultrasound CT MR* 2000;21: 40-55.
21. Meaney JF, Prince MR, Nostrant TT, Stanley JC. Gadolinium-enhanced MR angiography of visceral arteries in patients with suspected chronic mesenteric ischemia. *J Magn Reson Imaging* 1997;7: 171-6.
22. Laissy JP, Trillaud H, Douek P. MR angiography: noninvasive vascular imaging of the abdomen. *Abdom Imaging* 2002;27: 488-506.
23. Gilfeather M, Holland GA, Siegelman ES. Gadolinium-enhanced ultrafast three-dimensional spoiled gradient-echo MR imaging of the abdominal aorta and visceral and iliac vessels. *Radiographics* 1997;17: 423-32.
24. Fitzgerald SF, Kaminski DL. Ischemic colitis. *Semin Colon Rectal Surg* 1993;4: 222-8.
25. Endean ED, Barnes SL, Kwolek CJ, Minion DJ, Schwarcz TH, Mentzer RM. Surgical management of thrombotic acute intestinal ischemia. *Ann Surg* 2001;233: 801-8.
26. Simo G, Echenagusia AJ, Camunez F, Turegano F, Cabrero A, Urbano J. Superior mesenteric arterial embolism: local fibrinolytic treatment with urokinase. *Radiology* 1997;20: 775-9.
27. Rivitz SM, Geller SC, Hahn C. Treatment of acute mesenteric venous thrombosis with transjugular intramesenteric urokinase infusion. *J Vasc Interv Radiol* 1995;6: 219-28.
28. Rhee RY, Gloviczki P. Mesenteric venous thrombosis. *Surg Clin North Am* 1997;77: 327-8.
29. Kihara TK, Blebea J, Anderson KM, Freidman D, Atnip RG. Risk factors and outcomes following revascularization for chronic mesenteric ischemia. *Ann Vasc Surg* 1999;13: 37-44.
30. Moaward J, McKinsey JF, Wyble CW, Bassiouny HS, Schwartz LB, Gewertz BL. Current results of surgical therapy for chronic mesenteric ischemia. *Arch Surg* 1997;132: 613-9.
31. Loomer DC, Johnson SP, Diffin DC, DeMaioresibus. Superior mesenteric artery stent placement in a patient with acute mesenteric ischemia. *J Vasc Interv Radiol* 1999;10: 29-32.
32. Johnston KW, Lindsay T, Walker PM, Kalman PG. Mesenteric arterial bypass grafts: early and late results and suggested surgical approach for chronic and acute mesenteric ischemia. *Surgery* 1995;118: 1-7.

33. Guttormson NL, Bubrick MP. Mortality from ischemic colitis. *Dis Colon Rectum* 1989;32: 469-72.
34. Longo WE, Ballantyne GH, Gusberg RJ. Ischemic colitis: patterns and prognosis. *Dis Colon Rectum* 1992;35: 726-30.

Diagnosis and Management of Intestinal Ischaemic Disorders

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The clinical spectrum of intestinal ischaemic disease is quite extensive. Timely recognition is essential for a favourable outcome. Compromise of the mesenteric blood flow, both arterial and venous disease, can result in acute ischaemia and infarction and needs an aggressive approach combining surgical and radiological expertise. Chronic mesenteric ischaemia should be considered as a source for abdominal pain after other more common causes are excluded. The outcome of ischaemic colitis can range from complete resolution to fulminant colitis.

sarCevi

cxrili 1: mwavē mezenterul i iSemiis mizezebi

arteriuli okl uzia (50%)

- jorjli is zemo arteriis embolia:
muraluri trombi miokardiuli hipokineziis an mocimcime
aritmiiis gamo
gul is sarqvel ebis dazianeba
qol esterinuli embolizacia
- Trombozuli okl uzia:
sisxl ZarRvTa adre arsebul i aTeroskl erozuli dazianeba
mwavē obstruqcia an qronikuli mezenterul i iSemia
- aortis ganSrevebadi anevrizma
- vaskuliti an arteriiti
- fibromuskuluri displazia
- pirdapiri travma
- endotoqsiuri Soki

araokl uziuri mezenterul i iSemia (20-30%)

- sistemuri hipotenzia
- gul is ukmarisoba
- septiuri Soki
- mezenterul i vazokonstriqcia (refl eqsuri simpaTikuri
stimulaciis gamo)

venuri okl uzia (5-15%)

- jorjli is venebis pirveladi Trombozi:
protein C-sa da S-is, anti-Trombin III-isa da V faqtoris
deficiti
antifosfolipiduri sindromi
Ramis paroqsizmul i hemogl obinuria
- jorjli is venebis meoradi Trombozi:
paraneoplazmuri
pankreatiti
nawl avis anTebiTi daavadeba
cirozi da portuli hipertenzia
varikozuli venebis uwindeli skl eroTerapia
spl enomegalia an spl enektomia
postoperaciuli mdgomareoba
travma
oraluri kontractivebi

eqstravaskuluri mizezebi

- Tiaqaris strangulacia
- nawl avis strangulacia
- nawl avis invaginacia

- SexorcebiTi nawiburebi

cxrili 2: iSemiuri kol itis xel Semwyobi faqtorebi

- Trombozi:
 - jorjlis qvemo arteriis Trombozi
- embolia:
 - jorjlis arteriis embolia
 - qol esterinuli embolia
- gulis wutmocul obis Semcireba an aritmia
- Soki (sefsisi, hemoragia, hipovolemia)
- travma
- Tiaqaris an nawlavis strangulacia
- waml ebi:
 - digitalisi
 - estrogenebi
 - antihipertenziuli saSual ebebi
 - kokaini
 - meTamfetamini
 - vazopresini
 - fenilefrini
 - fsevdofedrini
 - imonosupresiuli saSual ebebi
 - fsiqotropuli saSual ebebi
- operacia:
 - koronaruli Suntireba
 - aortis ganSreveba da aRdgeniTi operacia
 - aorta-menjlis arteriis rekonstruqcia
 - kolonektomia jorjlis qvemo arteriis ligaciiT
 - ginekologiuri operaciebi
- vaskuliti:
 - sistemuri witelimglura
 - kvanZovani poliarteriti
 - maoblitirebeli Tromboangiiti
 - revmatoiduli vaskuliti
 - namglisebrujredovani anemia
- koagulaciis darRvevebi:
 - protein C-sa da S-is deficiti
 - Ramis paroqsizmul i hemoglobinuria
 - aqtivirebuli protein C-s rezistentoba
 - antiTrombin III-is deficiti
- grZel distanciebze sirbil i
- kolonoskopia an bariumis oyna
- idiopaTiuri

cxრი 3: ისერი კო იტი ღირღიული მკურნალობის ცენეები

- პერიტონული სნები: პერიფორაცია, ფლმინანტი კო იტი, განგრენა
- მასური ჰემორაგია
- რეკრენტული ცელებან სეფსისი
- სიმპტომების გაანგრღი იება 2-3 კვირზე მეტ ხანს
- პრუტეინის დაკარღვით მიმდინარე კრონიკული კო ონოპატია
- კრონიკული სეგმენტური კო იტი დაღული ებით
- სიმპტომური ისერი სტრიქტურა

მენეჯმენტის რილი და ამოცანები

სამედიცინო დაღეებულის ების ფინანსურ მართვაში

მირიან მურჯიკნელი

საღარღველის ოსტრომის, ჯანმრღელი ობისა და

სოციალური დაცვის სამინისტროს

საფინანსო-საბიუღეტო დეპარტამენტის უფროსი,

ეკონ. მეცნ. კანდიდატი, დოცენტი

სამედიცინო დაღეებულის ების ფინანსები, როგორც ღველ სამეურნეო სუბიეღტისა, მოიცავს ამ სუბიეღტების ფულად მიმოღვევას სღვა სამეურნეო სუბიეღტებთან, საღელ მღიფო მართღველის ობის ორგანოებთან, სამედიცინო დაღრღევის სამსაღეებთან და სღვა.

„j anmrTel obis dacvis Sesaxeb“ saqarTvel os kanonis 21–emuxl Si miTiTebul ia, rom `samedicino saqmi anobis samarTal subieqts, romel ic dadgenil i wesiT monawil eobs j anmrTel obis dacvis saxel mwifo programebSi, Sesrul ebul i samuSao unazRaurdeba saxel mwifos mier damtkicebul i tarifebis da wesebis Sesabamisad. saxel mwifo programebiT gaTval iswinebul i samuSaos mocul oba unda Seesabamebodes saqarTvel os Sromis, j anmrTel obisa da social uri dacvis saministros mier damtkicebul i saxel mwifo samedicino standartebis moTxovnebs-. am kanonis moTxovnebidan gamomdinare, samedicino dawesebul ebebSi samedicino momsaxureobidan da sxva ekonomikuri saqmi anobidan miRebul i Semosavl ebi war moadgens dawesebul ebis erTobl iv Semosavl ebs.

aseTi Semosavl ebi Sesazl ebel ia miRebul i iqnes:

- pacientebisaTvis gaweul i samedicino momsaxureobidan;
- central uri da adgil obrivi biuj etebidan transferebis saxiT;
- grantebisa da humanitarul i daxmarebis saxiT;
- sxva Semosavl ebi, roml ebic kanonmdebl obiT ar aris akrZal ul i;

pacientebisaTvis gaweul i samedicino momsaxureobidan miRebul i Semosavl ebi SeiZl eba daiyos:

- o “saxel mwifo Sesyidvebis Sesaxeb” saqarTvel os kanonis Sesabamisad samedicino dawesebul ebebis mier sadazRvevo organizaciebTan gaformebul i xel Sekrul ebebis Sesabamisad, samedicino standartis fargl ebSi, pacientebisaTvis gaweul i samedicino momsaxureobidan miRebul i Semosavl ebi;
- o “j anmrTel obis dacvis Sesaxeb” saqarTvel os kanonis Sesabamisad pacientebTan gaformebul i xel Sekrul ebis Sesabamisad samedicino momsaxureobidan miRebul i Semosavl ebi;
- o saxel mwifo programebis fargl ebSi pacientebisaTvis gaweul i samedicino momsaxureobisas patientis monawil eoba, egreT wodebul i “Tanagadaxdis” saxiT.

- o samedicino standartis zemoT pacientisaTvis gaweul i samedicino da sxva momsaxureobi dan miRebul i Semosavl ebi da sxva.

samedicino dawesebul ebaSi mniSvnel ovan rol s asrul ebs Semosavl ebisa da xarj ebis bal ansi, anu finansuri gegma, romel ic war moadgens dawesebul ebis safinanso-sameurneo saqmianobis Sefasebis ZiriTad kriteriums. misi saSual ebiT xdeba dawesebul ebis muSaobis yvel a parametris anal izi da Sefaseba. amdenad, finansuri maCvenebl ebis dagegmvisa da finansuri gegmis Sedgenas didi yuradReba unda daeTmos.

finansuri maCvenebl ebis dagegmva xorciel deba gansazRvrul i meTodebis safuZvel ze, kerZod, normatiul i, gaangariSebiT-anal izuri, sabal anso da optimizaciis meTodi.

normatiul i meTodi _ gansazRvrul i, raodenobrivad dasabuTebul i maCvenebl ebis normirebisa da normativebis safuZvel ze Sedgenil i finansuri gegma.

finansuri maCvenebl ebis dagegmvis normatiul i meTodis arsi mdgomareobs imaSi, rom winaswar dadgenil i normativebisa da teqnukur-ekonomikur-normativebis safuZvel ze moxdeba j andacvis subieqtis finansuri resursebisa da moTxovnil ebis gaangariSeba. aseTi normativebiT xdeba rbil i inventaris, mivl inebisa da kvebis xarj ebis gaangariSeba, gadasaxadebisa da amortizaciis anaricxebis gansazRvra da sxva.

samkurnal o dawesebul ebebis finansuri maCvenebl ebis gaangariSebiT-anal izuri meTodiT dagegmva gul isxmobs anal izisa da gaangariSebiTi maCvenebl ebis safuZvel ze finansuri maCvenebl ebis prognozirebas. am meTods farTod iyeneben mosal odnel i mogebis gansazRvrvisaTvis, wmindamogebisa da fondebSi anaricxebis gaangariSebisaTvis.

finansuri maCvenebl ebis sabal anso meTodiT gaangariSeba gul isxmobs davadginoT da ganvsazRvroT bal ansis muxl ebiT arsebul i ful adi resursebi da masze faqtobrivi moTxovnebi urTierTkavSirSi arian Tu ara. es meTodi gamoiyeneba mogebisa da sxva finansuri resursebis ganawil ebisas da sxva.

optimizaciis meTods finansuri resursebis dagegmvisas iyeneben imisaTvis, rom ganxil ul i iqnes sxvadasxva variantebi da maTgan airCes erTi optimal uri varianti. aseTi meTodi ZiriTad gamoiyeneba dawesebul ebis restruqturizaciis procesSi perspeqtiul i da mraval wliani finansuri maCvenebl is dagegmvisas, biznes gegmis Sedgenisas.

finansuri gegmis maCvenebl ebis swori prognozireba xel s uwyobs samkurnal o dawesebul ebebis saqmianobis momaval i periodis Sefasebas.

finansuri gegmis Sesadgenad iyeneben Semdeg informaciul wyaroebs:

- gaweul i samedicino momsaxurebisa da Rirebul ebis saprognozo gaangari Sebebs;
- wina wl ebis (wina periodis) finansuri gegmis Sesrul ebis Sedegebis anal izs da sabuRal tro angari Sebs;
- normatiul i aqtebiT damtkicebul ekonomikur normativebs (social uri dazRvevis gadasaxadi, biuj etSi gadasaxadebi, tarifebi, sagadasaxado ganakveTebi da sxva);
- momaval i periodisaTvis gasaformebel xel Sekrul ebebs.

finansuri dagegmva moicavs yvel a RonisZiebebis kompl eqss, rogorc sagegmo amocanebis Sesarul ebl ad, aseve mis cxovrebaSi danergvisaTvis.

finansuri gegmis SemuSaveba aerTianebs ramodenime urTierTdamakavSirebel etaps.

I. pirvel i etapi _ unda gakeTdes dawesebul ebis saqmianobis wina wl ebis Sedegebis anal izi Semosavl ebisa da xarj ebis mixedviT.

II. meore etapi _ unda gakeTdes Sefaseba, Tu TiToeul i struqturul i danayofi ra gavl enas axdens dawesebul ebis saerTo safinanso-sameurneo saqmianobis Sedegebze. gegmis gaangari Sebis ZiriTad maCvenebl ebs mi ekuTvneba:

- gaweul i samedicino momsaxurebis raodenoba;
- ambul atoriul _pol ikl inikur dawesebul ebebSi eqimTan misvl is raodenoba;
- sawol -dReTa raodenoba stacionarSi;
- gaweul i samedicino momsaxurebis struqtura nozol ogiebis mixedviT;
- sawol -dRis Rirebul eba;
- gaweul samedicino momsaxurebaze saSual o tarifi (fasi);
- gaweul i material uri danaxarj ebi da sxva.

III. mesame etapi _ Catarebul i anal izis Sedegad ra Sinagani rezervebi arsebobs muSaobaSi daSvebul i nakl ovanebebis gamosaworebl ad da finansuri dagegmvis operatiul i ganxorciel ebisaTvis.

samedicino dawesebul ebebis Semosavl ebebis dagegmvisas meti yuradReba unda gamaxvil des am dawesebul ebebis ZiriTad Semosavl ebze, rogoricaa angariS_faqturis safuZvel ze pacientebisaTvis gaweul i samedicino momsaxurebidan miRebul i Semosavl ebi. swori Sefaseba unda gaukeTdes wina wl ebSi momsaxurebisTvis gaweul samedicino momsaxurebas da mis struqturas (nozol ogiebis mixedviT), saSual o tariffs (fasi). Seswavl il unda iqnes samedicino momsaxurebis bazari, mosaxl eobis moTxovnebi samedicino momsaxurebaze, real urad gani sazRvros saangariSo periodSi samedicino momsaxurebis nomenkl atura da SesaZl o mocul oba. amasTan, Seswavl il unda iqnes sxva samkurnal o dawesebul ebebis SesaZl ebl obebi, romel Tac SeuZl iaT konkurenciis gaweva.

aseve Seswavl il da gaanal izebul unda iqnes Semosavl ebi organizaciebidan da dawesebul ebebidan, mosaxl eobidan, mi znobrivi dafinanseba, bankis kreditebi da sxva.

samedicino dawesebul ebebis xarj ebebis dagegmvisas gaanal izebul unda iqnes wina periodSi gaweul i xarj ebebis efeqturoba kl asifikaciis ZiriTadi muxl ebebis mixedviT. Sromis anazRaurebis fondis gaangariSebisas mxedvel obaSi miRebul unda iqnes rogorc normatiul i, ise anal izuri meTodi. dawesebul ebebis saStato ganrigis gaangariSebisas mxedvel obaSi unda mi viRoT datvirTvis faqtobrivi mdgomareoba. bevr stacionarsa da ambul atoriul -pol ikl inikur dawesebul ebaSi Zal ze dabal ia mimRebi eqimebis datvirTvis koeficienti, stacionarSi dabal ia sawol Ta datvirTva, ris gamoc dabal ia xarj -efeqturobac da samedicino dawesebul ebebi zaral iT amTavreben Taviant safinanso_sameurneo saqmi anobas.

Sromis anazRaurebis fondis dagegmvisaTvis pirvel rigSi unda vicodeT, Sromis anazRaurebis ra sistemas viyenebT, dasaqmebul Ta arsebul i da maTi optimal uri raodenoba.

Cven vfiqrobT, Sromis anazRaurebis fondi ambul atoriul - pol ikl inikur qsel Si ar unda aRematebodes 40%-s, xol o stacionarul qsel Si _ 30%-s.

damqiravebel Ta anaricxebi gaiangariSeba normatiul i meTodiT _ saqarTvel os kanoniT es gansazRvrul ia Sromis anazRaurebis fondis 31%-is odenobiT.

samkurnal o saSual ebebis xarj ebebis dagegmvisas gamoyenebul unda iqnes stacionarul dawesebul ebebiSi gatarebul i sawol dReebi, samedicino standartebi da wina wl ebebis faqtobrivi maCvenebl ebi, sadac gamoyenebul unda iqnes gaangariSebiTi-anal izuri meTodi, danaxarj ebi erT sawol dReze stacionarSi, eqimTan miRebaze pol ikl inikur-ambul atoriul dawesebul ebaSi da sxva.

rbil i inventaris gaangariSebisas mxedvel obaSi miRebul i unda iqnes misi SeZenisa da eqspl uataciis vada Camoweris mxedvel obaSi miRebiT.

dagegmvis normatiul i meTodi gamoiyeneba magari inventaris SeZenis xarj ebis gaangariSebisas, amortizaciis daricxvisas da a.S. samedicino dawesebul ebebis normal ur funqcionirebaSi didia menej mentis rol i. samedicino dawesebul ebebSi menej mentis amocanas warmoadgens finansur marTvaSi Tanamedrove meTodebis gamoyeneba. menej eri Tavis gadawyvetil ebebSi unda xel mZRvanel obdes ekonomikuri mosazrebebiT. misi saqmianoba unda efuZnebodes ekonomikuri saqmianobis Sedegebs.

menej eris mier miRebul i nebismeri gadawyvetil eba unda iyos ekonomikuri xasiaTis RonisZieba. menej mentisa da menej erebis saqmianoba unda izomebodes ekonomikuri Sedegebi T.

finansuri menej mentis mTavar amocanas unda warmoadgendes Tanasworad da efeqturad moaxdinis miRebul i Semosavl ebis ganawil eba da gadanawil eba ekonomikuri danaxarj ebsa da am Semosavl ebSi monawil e subieqtibs Soris.

Semosavl ebis gazrdis uzrunvel sayofad saWiroa samedicino momsaxurebis xarisxis gaumj obeseba, rac Sesazl ebel ia miRweul i iqnas pacientebisaTvis profesiul i maRal kval ificiuri special istebis SerceviT da axal i teqnol ogiebis danergviT. gl obal urad unda SevxedoT yvel a im probl emas, romel ic uzrunvel yofs pacientebis nakadis gazrdas.

statistikuri maCvenebl ebis anal izi migviTiTebis imaze, rom umravl es dawesebul ebaSi, obieqturi Tu subieqturi mizezebis gamo Tanxebi araefeqturad ixarj eba.

menej erma unda gaanal izos wina wl ebis Sedegebi da perspeqtivaSi gansazRvros is aucil ebel i xarj ebi Sromis anazRaurebasTan dakavSirebiT, roml ebic dawesebul ebas funqcionirebis normal ur saSual ebas miscems. Sromis anazRaurebis fondis mocul obis gansazRvris Semdeg, prioriteti unda mieniWos dasaqmebul Ta im kategorias, romel Ta saqmianoba uzrunvel yofs pacientebis mozidvas da Semosavl ebis gazrdas. unda ganisazRvros maqsimal uri da minimal uri Weri TiToeul i samsaxurisaTvis. Weris gansazRvraSi aqtiuri monawil eoba unda miRon Sesabamisi samsaxurebis warmomadgenl ebma, vinaidan maT ukeT ician, Tu vin rogor aris datvirTul i, vis ra wvl il i miuZRvis Semosavl ebis formirebaSi, misi gadasinj va unda moxdes arankl eb 6 TveSi erTxel - ganvl il 6 TveSi miRebul i Sedegebis gaTval iswinebiT.

finansuri nakadebis gamWvirval obis Tval sazrisiT, kargi iqneba, Tu TiToeul dawesebul ebaSi Sei qmneba eqspertTa sabWo, romel ic mWidro kavSiSi imuSavebs dawesebul ebaSi am saqmianobiT dakavebul samsaxurTan (menej erTan).

maT unda Seiswavl on, gaaanal izon da gansazRvron perspeqtivebi finansuri nakadebisa, roml ebic mimarTul i iqneba xarj ebis dasafaravad, rac dakavSirebul ia dawesebul ebis

eqspl uataciasTan, mis movl a-Senaxvasa da kapital ur xarj ebTan, Semdgom investiciebTan.

dawesebul ebas sakuTar saxsrebTan erTad SeiZl eba gaaCndes mozidul i saxsrebi, rogoricaa bankis kreditebi, grantebi, humanitarul i da teqnikuri daxmarebebi, Semowirul obani, aqciebis real izaciidan miRebul i Semosavl ebi, dividendebi wminda mogebis saxiT da sxva.

aseT pirobebSi Seswavi il unda iqnes bankis sesxis (kreditis) aucil ebl oba, misi gamoyenebis efeqturoba da dafarvis SesaZl ebl obebi da vadebi. racional urad unda iqnes gamoyenebul i miRebul i grantebi da humanitarul i daxmarebebi, raTa aq dazogil i Tanxebi mimarTul iqnes sxva gauTval iswinebel i xarjebis dasafaravad.

samedicino dawesebul ebebis Semosavl ebSi Sida standartebiT mosaxl eobisaTvis gaweul i samedicino momsaxurebidan da ekonomuri saqmianobidan miRebul i Semosavl ebis xvedriti wil i 2001 wels 24 procents Seadgenda. es imis Sedegia, rom dawesebul ebebSi, rogorc amas eqspertebi adastureben, srul ad ar aRricxeba Sida standartebiT da sxva ekonomikuri saqmianobidan miRebul i Semosavl ebi, adgil i aqvs aseTi Semosavl ebis damalvis faqtebs. aseT Semosavl ebs dawesebul ebebi aRricxvis gareSe mimarTaven Sida aRdgeniTi samuSaoebis dasafinansebl ad, mowyobil obebis SesaZenad, Sromis anazRaurebis gasaumj obesebl ad da sxva.

anal ogiurad Cveni qveynisa, araoficial ur gadasaxadebs adgil i aqvs centraluri da aRmosavleTi evropisa da damoukidebel i Tanamegobrobis sxva qveynebSi.

msofliio bankisa da sxva eqspertebis SefasebiT dadgenilia, rom pacientebis mier samedicino momsaxurebis gawevisaTvis

გადადილი ე.წ. არაოფიციალური გადასახადების ხვედრითი წილი, რომელიც არ არის ლეგალიზებული, შეადგენს 50 პროცენტს აწარმოებულ

აქტივების ფაქტების თავიდან აცილების მიზნით, საწარმოო შემოსავლის ეკონომიკური ნორმატივები, რომელიც ხელს შეუწყობს პაციენტების მოვლას, შემოსავლების ლეგალიზაციას, სრული ანაზღაურების პირობების გაუმჯობესებას, დამატებითი ინვესტიციებს, რაც თავისთავად გავლენას მოახდენს ბიუჯეტის შემოსავლების გაზრდაზე – სრული ანაზღაურების პირობების გაუმჯობესებით გაიზრდება ბიუჯეტი. შენატონები საწარმოო გადასახადის და სოციალური დაზრდის გადასახადის სახით დასახვა.

ლიტერატურა

1. საკრებულოს კანონი “ჯანმრთელობის დაცვის შესახებ”, თბ., 1997 წ.
2. საკრებულოს კანონი “საკრებულოს სესიების შესახებ”, თბ., 1998 წ.
3. მ. მურჯიკელი – სამედიცინო დაზრდა საკრებულოში, თბილისის უნივერსიტეტის გამომცემლობა, თბ., 2003 წ.
4. მ. მურჯიკელი – სამედიცინო დაზრდის განვითარების პერსპექტივები საკრებულოში, თბილისის უნივერსიტეტის გამომცემლობა, თბ., 2003 წ.
5. Сальтман В.Б., Фигейрас Дж. - Реформа системы здравоохранения в Европе, Москва, 2000 г.

Role and Tasks of Financial Management of a Healthcare Facility

Mirian Murjikneli

The author – Head of Financing-Budgeting Department of the Ministry of Labour, Health and Social Affairs of Georgia provides basic principles, role and primary goals of financial management of healthcare facilities in the new environment of Georgian health system. Both challenges and benefits of a proper accounting of sustainable development are analyzed.

sarCevi

uroloji saerTasoriso akademisi gacvli is programa _ "amerikali turi 2003"

med. mecn. doqt. guram qarazanaSvil i
Tssu urologiis da dial izis departamentis
endoskopuri urologiis seqciis xel mZRvanel i
Tsu samkurnal o-diagnostikuri centris
urologiuri samsaxuris xel mZRvanel i
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amerikis da evropis uroloji asociaciebis mier SemoRebul ia
saerTasoriso gacvli is programa. am Zl ier prestijli programis
fargli ebSi xdeba wamyvani axal gazrda da ufrosi Taobis
uroloji ogebis Serceva konkursis gziT da SemdgomSi maTi gacvli
okeanis gaRma, maT wamyvan kol egebtan codnisa da gamocdil ebis
gacvli is mizniT.

wel s evropel Tagan Seirca sul 4 urologi: profesori fric
Sroderi (holandia), docenti aqsel haidenraixi (germania),
profesori val eri zaicevi (ukraina) da medicinis mecnierebaTa
doqtori guram qarazanaSvil i (saqartvelo). es specialistebi
Serceul iqnen evropis uroloji asociaciis aRmasrul ebel i
komitetis mier. evropis 4 del egati warigzavna amerikis SeerTebul
Statebis 5 wamyvan sauniversiteto klinikaSi vizitisa da amerikis
uroloji asociaciis kongresze monawil eobis mizniT.

amerikali mturi gagrzel da 20 aprilidan 8 maisamde. tenesis
Statis qal aqneSvil is vanderbiltis universitetis urologiuri
qirurgiis departamenti warmoadgenda Cveni marsrutis pirvel
puncts (20-22 april i, 2003). departamentis xel mZRvanel i profesori
j. smiti da misi TanamSroml ebi iyvnen pirvel i maspinZl ebi,
romel Tac Tavis Tavze amerikali stumartmoyvareobis
demonstrirebis tvirti, rasac warmatebitac gaartves Tavi.

gacvli eT Cvens mier Catarebul i klinikaSi da bazisuri
samecniero kvl ebebis Sedegebi da gamocdil eba. amerikali mxridan
damaintrigebel i iyo r. matuSikis mier warmodgenili prostatitis
kibos model i virTagvebSi. evropuli del egaciidan profesori f.
Sroderisa da medicinis mecnierebaTa doqtoris g. qarazanaSvil is
mier warmodgenil iqna sakuTari samecniero kvl ebebis analizi.

STambeWdavi iyo saoperacio grafiki: erT saoperacio dResi
profesor j. smitis mier ganxorciel da cisteqtomia ortotopiuli

Sardis buStis SeqmniT da 2 radikal uri retropubul i prostateqtomia; dr-ma s. dukma ki Caatara l aporoskopiul i radikal uri nefreqtoma. roboti, saxel ad "da-vinCi" warmoadgens urol ogiuri departamentis axal SenaZens. Cven moveca saSual eba robotTan muSaobisa, rac Zal zed sasargebl o gamocdil eba iyo.

Semdegi punqti iyo Crdil o karol inis dukis universiteti (23-25 april i, 2003). Znel ia ar aRfrTovande dukis universitetis kompl eqsiT, misi saukunovani SenobebiT, ul amazesi baRnarebiT da im ideal uri pirobebiT, romel ic Seqmnil ia studentebisTvis. urol ogiuri qirurgiis divizioni ganTavsebul ia dukis universitetis samedicino centrSi. centris masStabebi STambeWdavia, Senobebs Soris gadaadgil ebas aCqarebs l iandagebze mosrial e vagonebi.

Zl ieria urol ogiuri ganyofil ebis endoskopuri urol ogia, romel sac xel mZRvanel obs profesori g. premingeri. Tanamedrove endoskopebi, axal i tipis kontakturni l iTotriptorebi TiTqmis srul ad Caanacvl eben eqstrakorporal ur distanciu r l iTotrifsiis. didi interesiT daveswariT Tirkml is marj niseburi qvebis perkutanul i l iTotripsias, Tirkml is divertikul is qvis daSl asa da divertikul is el qtroful guracias, ureTeroskopiasa da sxva endoskopur manipul aciebs.

Catarda samedicino l iteraturis mimoxil va (Journal Club), sadac amerikel i maspinZl ebis mier samsj avroze gamotanil iqna ukanasknel i periodis yvel aze saintereso samecniero publ ikaciebi. ganxil ul i iqna profesori f. Sroderisa da medicinis mecnierebaTa doqtoris g. qarazanaSvil is ukanasknel i publ ikaciebi msofi ios wamyvan Jurnal ebSi, roml ebmac didi mowoneba daimsaxures. Sesdga diskusia, azrTa da gamocdil ebis gacvl a. amis Semdgom Cven gavecaniT maspinZl ebis udavod saintereso samecniero kvl evebs, romel ebic exeba prostatitis kibos imunoTerapiasa da axal midgomebs SardkenWovani daavadebis mkurnal obaSi. did yuradRebas imsaxurebs eqstrakorporal uri distanciu r l iTotrifsiis Tirkml is qsovil ze damazianebel i zemoqmedebis Sesustebis mizniT mimdinare kvl evebi. vewviete vivariums. movl il i babuinebi, cxvrebi, da sxva cxovel ebi, brwyinval ed aRWurvil i cxovel Ta saoperacioebi, qmnan Seudarebel pirobebs nayofieri saswavl o-samecniero muSaobisTvis. dauviwyari iyo miReba profesor premi ngeris saxl Si.

amasobaSi mogviaxl ovda amerikas urol ogTa asaociaciis kongresic (26 april i - 1 maisi, 2003) da gavemgzavreT CikagoSi, il inoisis Stati. es udavod warmatebul i, giganturi forumia, 15.000-mde monawil iT, 2000-mde moxsebiT, uwyveti ganaTI ebis 70-mde

kursiT urol ogiis sxvadasxva qvespecial obaSi. Tval Sisacemi iyo endoskopuri da l aporoskopiul i urol ogiisadmi didi interesi - videoprezentaciebze darbazebi gadatvirTul i iyo damswreebiT. al baT yvel aze maRal procentS Seadgens moxsenebebi prostatitis kibos Sesaxeb. Zl ier saintereso iyo profesor s. Stenbergis l eqcia sadac igi aRniSnavda, rom Sardis buStis kibos mkurnal obaSi neoadiuvanturi Terapiia + Sardis buStis prezervacia Sedarebadia cisteqtomiasTan. aseve damaintrigebel i iyo prfesor d. skinerisa (icavda kontinentur derivacias) da profesor u. ionasis (icavda il eal ur konduits) paeqroba sadac auditoriis simpaTia udavod u. ionass ergo. warmodgenil i iyo sxvadasxva siaxl eebi: Tirkml is kibos axal i prognozul i markeri CA 9; Anti PSMA imunoTerapia, rogorc metastazuri prostatitis kibos samkurnal o saSual eba; psa, rogorc prostatitis keTil Tvisebiani hiperpl aziis mkurnal obis taqtikis ganmsazRvrel i da sxv. miviReT aqtiuri monawil eoba saganmanaTI ebl o kursebSi. davamyareT kontaqtebi eqspertebTan urol ogiis sxvavdasxva dargebSi. amerikis urol ogTa asociaciis prezidentis, profesori uinston mebiustis mier mowyobil saprezidento saRamoze araformal ur megobrul garemoSi Sevxdit amerikisa da evropis urol ogTa asociaciis xel mZRvanel ebs, amerikis urol ogTa asociaciis direktorTa sabWos wevrebs, evropis da amerikis wamyvan urol ogebs.

amerikis urol ogTa asociaciis kongresis damTavrebis Semdgom gadavinacvl eT Cveni marSrutis Semdgom punqtSi – Cikagos universitetSi (1 maisi, 2003). monawil eoba miviReT l aporoskopiul parcial ur da radikal ur nefreqtomiebiSi. Zl ier saintereso iyo radikal uri nefreqtomia robot “da-vinCi”-s gamoyenebiT, ramac kargad dagvanaxa am Tanamedrove teqnikiis miRwevis dadebiTi da uaryofiti mxareebi.

Semdgom gaCerebas warmoadgenda Cikagos Crdil o-dasavl eTis universitetis memorial uri hospital i (2-3 maisi, 2003). hospital i aSenebul ia ukanasknel wl ebSi da aRWurvil ia uaxl esi teqnikiT. monawil eoba miviReT urol ogiuri departamentis konferenciaSi, romel sac uZRveboda profesori a. Seferi. daveswarit radikal ur prostateqtomiebs, braqiTerapias. saintereso saubari Sesdga prostatitis kibos cnobil eqspertTan profesor u. katal onasTan.

da bol os Cveni mogzaurobis ukanasknel i punqti – meiosis kl inika – medicinis l egendarul i meqa (4-7 maisi, 2003). patara qal aqi roCesteri, minesotas Stati, ganTavsebul i aSS-s Crdil oeTIT, sadac zamTarSi temperatura –30 C-ssac ki aRwevs. mosaxl eoba ar aWarbebs 100.000 da misi umravl esoba dakavebul ia meiosis-s kl inikaSi. kl inikis masStabebi STambeWdavia, dReSi 200-ze

meti operacia keTdeba, maTgan urol ogiur operaciebs erT-erTi wamyvani adgil i uWiravs.

waruSI el i STabeWdil eba moaxdina profesor j. seguras xel ovnebam, profesional izmma da WeSmariti j enl tmenis pirovnul ma Tvissebebma. 1 saoperacio dReSi man haerovani simsubuqiT Seasrul a 4 perkutanul i nefrol iTotrifisia, 2 ureTerorenoskopia da l azerul i nefrol iTotrifisia da 1 ureTeroskopia da kontakhuri l iTotrifisia. prof seguras Sesrul ebul i aqvs ramodenime aTasi msagavsi manipul acia. man didi siamovnebiT gagvando Tavisi profesional uri "saiduml oebebi".

uaRresad sasargebl o iyo profesor r. maiersTan Sexvedra. mas Catarebul i aqvs unikal uri kvl ebebi prostatitis anatomiasTan dakavSirebiT. amastan Sesrul ebul i aqvs 3.000-ze meti radikal uri prostateqtomia. dawvril ebiT gagvacno misi aRmoCenebi prostatitis anatomis garSemo. erTi saoperacio dRis ganmavl obaSi Caatara 3 radikal uri prostateqtomia. video kameris gamoyenebiT saSual eba gvqonda gvexil a yvel a anatomiyuri Tu teqniki detal i, rasac Tan axl da operatoris ganuwvetel i komentarebi. vfiqrob es iqoniebs udides gavl enas Cvens operaciul teqnikaZe.

amerikul i turi organizebul iyo umaRI es doneze, raSic didi wvl il i miuzvis amerikisa da evropis urol ogTa asociaciebis aRmasrul ebel komitetesba da samdivnoebs. udidesi mniSvel oba iqonia profesor fric Sroderis faqtorma, radgan igi msofi ioSi cnobil i eqspertia da mastan erTad yofna mniSvel ovnad aadvil ebda Cvens amocanebs.

minda gamovxato udidesi madl iereba evropis da amerikis urol ogiuri asociaciebisadmi, rom Cems kol egebs da me mogveca unikal uri Sesazl ebl oba gavnobodiT Tanamedrove urol ogiis ukanasknel miRwevebs, dagvexvewa Cveni operaciul i teqnika, gagvefarTovebina Cveni samecniero, praqtikul i da Teoriul i codnis areal i. es iyo unikal uri saSual eba gagvecno amerikel i kol egebisaTvis Cveni gamocdil eba, Cveni Tavi, Cveni qveyana da megobrul i urTierTobebi dagvemyarebina maTTan.

dasasrul s minda gamovTqva Cemi Rrma rwmena, rom zemoarweril i mogzauroba Seitans Tavisi mokrZal ebul wvl il s saqarTvel os mosaxl eobis j anmrTel obis dacvis xarixis gaumj obaSi da qarTul i, tradiciul i samedicino azrovnebis Semdgom winsvl aSi.

Conference briefing:

Urology International Exchange Program – American Tour-2003

Guram Karazanashvili, MD, PhD, Head of Tbilisi State Medical University Endoscopic Urology Section, Head of Urology Service of Tbilisi State University Medical Diagnostic Center

Author provides briefing of exchange program organized for specially selected 4 European urologists to various leading clinics of USA – Vanderbilt University, Nashville, TN; Duke University, NC; North-West University Memorial Hospital, Chicago, IL; Mayo Clinic, Rochester, MN; and of the Annual Conference of the American Urology Association (Chicago, IL). Study tour, organized in April-May, 2003, by the AUA and European Urology Association was extremely useful as gave opportunity to learn about new methodologies, technical and practical innovations in field of urology from the most famous US clinicians and scientists.

sarCevi

Humori samedicino Temaze

Easy Diagnosis

The psychology instructor had just finished a lecture on mental health and was giving an oral test. Speaking about manic depression, she asked, "How would you diagnose a patient who walks back and forth screaming at the top of his lungs one minute, then sits in a chair weeping uncontrollably the next?"

A young man in the rear raised his hand and answered, "A basketball coach?"

advi l i diagnozi

fsiqol ogiis maswavl ebel ma daamTavra l eqcia fsiqiur j anmrTel obis Sesaxeb da j gufs testirebas utarebs. mani akal uri depresii Sesaxeb testi man Semdegi kiTxvis saxiT Camoyal iba - `ra diagnozs dausvamdiT pirs, romel ic win da ukan darb is saSinel i yviril iT, ise rom l amis fil tvebi amoigl ij os, Semdeg ki skamze miesvene ba da uil aj od Zl ivs sunTqavs?"

studenti pasuxobs - `kal aTburTis mwvrTnel i?~

qal is tvini

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- `da mainc, ra Rirs donoris tvini?~ - ikiTxes axl obl ebma.
- `mamakacis tvini al baT 500,000 dol ari, qal is al baT 200,000 dol arad SeiZl eba~ - upasuxa eqimma.

mamakacebma gagebis niSnad Tavi daaqnies. magram patientis qal iSvil i am pasuxma cota gaaRiziana da ikiTxa - `ratom aseTi gansxvaveba fasSi?~

- `Cveul ebrivi safaso pol itikaa. qal ebis tvini meoradi moxmarebis produqtad iTvl eba, radgan ukve sakmaod aqtiuradaa gamoyenebul i!~ - upasuxa eqimma

Female brains

A patient needed a brain transplant and the doctor told the family, "Brains are very expensive, and you will have to pay the costs yourselves."

"Well, how much does a brain cost?" asked the relatives.

"For a male brain, \$500,000. For a female brain, \$200,000," replied the doctor.

Some of the younger male relatives tried to look shocked, but all the men nodded because they thought they understood.

But the patient's daughter was unsatisfied and asked, "Why the difference in price between male brains and female brains?"

"Standard pricing practice," said the doctor. "Women's brains have to be marked down because they've actually been used."

[sarCevi](#)

internetis samedicino Internet Medical
daij esti Digest
#3-4 (91-92)
30.06.2003

- ✓ Most hazardous cigarettes
- ✓ First cloned horse was born
- ✓ Unique Virus Makes Source Hard To Find
- ✓ Chinese Alternative Medicine Screened for SARS
- ✓ Disappointment by Ribavirin against SARS
- ✓ SARS May Cause Deaths During Flu Season
- ✓ SARS will recur but there was not enough evidence to make meaningful forecasts.
- ✓ SARS) should be included in the differential diagnosis of all cases of community-acquired pneumonia
- ✓ **Obesity epidemic could wipe years off children's lives**
- ✓ Obesity burden 'outweighs smoking' - as it causes heart disease and cancer
- ✓ Three key periods of women's lives have been found to be especially risky for weight gain.

- ✓ gansakuTrebiT saxifaTo sigaretebi
- ✓ daibada pirvel i kl onirebul i cxeni
- ✓ mmrs ucveul o virusis warmoSobis dadgena probl ematuria
- ✓ mZime mwvave respiratorul i sindromis samkurnal od Cinuri al ternatiul i medicinis skringi
- ✓ ribavirinma ar gaamarTI a imedebi
- ✓ mZime mwvave respiratorul ma sindromma SesaZI oa gamoiwvios sikvdil ianoba gripis sezonze
- ✓ mZime mwvave respiratorul i sindromi al baT xel axl a iCens Tavs, Tumca prognozis gakeTeBa Znel ia
- ✓ mwvave respiratorul i sindromi unda gaTval iswinebul iqnas sazogadoebaSi-SeZenil i (gadamdebi) pnevmoniis yvel a SemTxvevis dros
- ✓ simsuqnis epi demi am SesaZI oa bavSvebSi sicocxl is xangrZI ivoba Seamciros
- ✓ simsuqnes aqvs meti datvirTva mowevasTan SedarebiT, vinaidan is iwvevs gul is daavadebasa da kibos
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Most hazardous cigarettes

Chemical Research of Toxicology journal has published the list of cigarette brands with especially high containing of special “free” type Nicotine. Free Nicotine gets extremely fast into a smoker’s blood and therefore could be considered even more hazardous, than ordinary nicotine.

The list starts the following brands: American Spirit, Galouises, Marlboro, Virginia Slims, Camel, Winston n Doral.

(Editor’s note: regardless the fact that other tobacco products aren’t listed, any of them is enough hazardous)

gansakuTrebiT saxifaTo sigaretebi

Jurnal ma Chemical Research of Toxicology gamoaqveyna CamonaTval i sigaretis markebis, romel Tac gamorCeul ad maRal i Semcvel oba aqvT gansakuTrebul i – “Tavisufal i” nikotinis tipis. Tavisufal i nikotini maqsimal urad swrafad xvdeba mwevel is sisxl Si da

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am maCvenebl is mixedviT ufro saSi Sad miCneul ia Semdegi marki s
si garetebi: American Spirit, Galouises, Marlboro, Virginia Slims, Camel, Winston и
Doral.

(redaqtoris komentari: miuxedavad am siaSi danarCeni sigaretebis
"aryofni sa" nebi smier maTgani sakamod mavnebel ia
j anmrTel obi saTvis).

First cloned horse, female called Prometea, was born on 28th of August, 2003 from the identical mother's cell. This is the biggest achievement in clonning area since the first cloned ship, called Dolley. Cesar Gali, Reproductive Technologies Laboratory in Cremona (Italy), has received Prometea's clone by clonning maternal skin cell's nucleus with non-nuclear cell of another horse.. The embrio then was trasnlanted into moter's uterus. Gali says horse clonning could be very prosperous field due to high demand on perfect breeds of horses.

2003 w. 28 mai ss dai bada pirvel i kl onirebul i cxeni. j anmrTel i
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kl onebs eqnebaT igive genetikuri warmoSoba, garemos sxva
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SeiZl eba aseve imoqmedon cxenis mdgomareobaze".

Unique Virus Makes Source Hard To Find

Experts who examined the genetic map of the SARS virus say that while it is related to the three families of coronaviruses that cause respiratory and gastrointestinal disease in animals, it is different enough to make up its own, fourth family.

It may have jumped from an animal to people, much as influenza does. "It is possible that maybe this was a human virus that no one recognized because it didn't cause disease and then it mutated," Saif said.

Attention has centered on farm animals because they have been widely studied, but experts at the conference said that did not necessarily mean SARS came from livestock.

"There's a lot of wildlife species out there that probably a lot of people haven't looked in," Thomas Ksiazek, of the CDC's special pathogens branch, told the New York meeting.

Some attention has centered on the "wet" markets of China's Guangdong Province, where SARS is believed to have originated in November 2002. Animals such as bears and monkeys are sold in these markets for food.

Other studies suggest it may be difficult to fully control SARS in China and other hard-hit areas because people who have recovered from SARS may not have immunity.

uÇveul o virusis warmoSobis dadgena probl ematuria

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sxva kvl evebidan gamomdinareobs is, rom rTul i iqneba mZime mwvave respiratorul i sindromis srul i kontrol ireba CineTsa da sxva dazaral ebul qveynebsi, vinaidan im adamiანებს, roml ebic gamoj anmrTel dnen, Sesazl oa ar hqondeT gamomuSavebul i imuniteti.

Chinese Alternative Medicine Screened for SARS

WASHINGTON (Reuters) - U.S. government researchers say they are so keen to find a cure for SARS (news - web sites) that they are looking at traditional Chinese remedies and even antibiotics that would not be expected to work against a virus.

So far, plenty has been found that does not cure SARS, including a powerful influenza drug called ribavirin.

Severe acute respiratory syndrome has infected nearly 8,000 people around the world and killed 662.

The disease, which emerged only in November in southern China, is proving far deadlier than influenza, although it so far has infected relatively few people.

"There are a tremendous number of pharmaceutical firms and individuals with an incredible amount of goodwill that want to do something to help and they are all calling and offering what they have. We are accepting all of those into the screening program," Catherine Laughlin, chief of the Virology Branch at the National Institute of Allergy and Infectious Diseases said.

"There are some natural products which we are quite excited about, including Chinese herbal medicine. Some others are not quite so exciting -- dried broccoli was one."

The U.S. Food and Drug Administration (news - web sites) and Federal Trade Commission are not excited about products offered on the Internet, including dietary supplements and colloidal silver, and has told Web sites promoting them as SARS cures to stop.

mZime mwvave respiratorul i sindromis samkurnal od Cinuri al ternatiul i medicinis skriningi

Washingtoni (Reuters) – aSS-s saxel mwifo mkvl evarebi acxadeben, rom isini enTuziazmiT uyureben mZime mwvave respiratorul i sindromis samkurnal o waml is aRmoCenas da aseT potenciur waml ad isini ganixil aven tradiciul Cinur saSual ebebs da antibiotikebs, romel Ta sargebel i virusis winaaRmdeg ar iyo mosal odnel i.

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ketrin Laughlin (Catherine Laughlin). arsebobs ramodenime, Zal ze saintereso bunebrivi produqti, maT Soris Cinuri bal axovani waml ebi~.

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Disappointment by Ribavirin against SARS

Chinese and Canadian scientists were disappointed to find that ribavirin, a powerful anti-influenza drug, does not work against SARS.

"We used ribavirin in almost in all patients early on," said Dr. Donald Low of Mount Sinai Hospital in Toronto, who treated many of the SARS cases there. "Clinically, it wasn't making a difference and we had lots of side-effects."

Patients have also been given steroids to suppress their immune systems to prevent damage to their lungs. The theory is that the body's reaction to the virus kills healthy cells.

But the steroids also apparently do not help and several researchers who have worked with related viruses in animals say they may worsen infection and also make it easier to pass the virus along.

Dr. David Ho, a leading AIDS (news - web sites) researcher who has been drafted into the SARS battle, is hopeful about products designed to mimic the activity of effective HIV (news - web sites) drugs. These include a new class of drugs called fusion inhibitors.

"Fuzeon was just licensed," Ho told the New York meeting, referring to the first fusion inhibitor, made by Trimeris and marketed by Roche.

The coronavirus that causes SARS uses a mechanism that can be blocked by fusion inhibitors, said Ho. "Knowing this ... it is a no-brainer to try out the idea with the SARS virus."

He said his team at the Aaron Diamond AIDS Research Center at Rockefeller University in New York had already made some peptides -- protein fragments -- similar to Fuzeon, was testing them in Hong Kong and would have more later this week.

Of course the quickest new drug is one already on the market, Laughlin said.

"If we can find any other drug that is already FDA approved for anything and happens to work against SARS as well, that would be wonderful," she said, adding that NIAID was even looking at antibiotics, which are designed to work against bacteria and not viruses.

ribavirinma ar gaamarTI a imedebi

Cinel da kanadel mkvl evarebs imedi gaucruvdaT, roca aRmoaCines, rom gripis sawinaaRmdego ZI ieri wamal i - ribavirini ar moqmedebs mZime mwvave respiratorul i sindromis dros.

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prof. devid ho (Dr. David Ho), Sidsis cnobili mkvl evari, romel ic CarTul iqna mZime mwvave respiratorul sindromTan brZol aSi, did imedebs amyarebs aiv virusis winaaRmdeg arsebul i efeqturi waml ebis msgavsi aqtivobis mqone produqtebze. maT ricxvSi Sedis waml ebis axal i kl asi - sinTezuri inhibitorebi.

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SARS May Cause Deaths During Flu Season

GENEVA - The SARS (news - web sites) virus could reappear in North America and Europe next flu season and cause some deaths, the U.S. health and human services (news - web sites) secretary said.

But the World Health Organization (news - web sites) said it was too early to tell whether severe acute respiratory syndrome, which first appeared only six months ago in China, will establish a seasonal pattern.

Health and Human Services Secretary Tommy Thompson, who was in Brussels, Belgium, to meet European Union (news - web sites) officials, said despite best efforts to contain severe acute respiratory syndrome, he expected it to cause deaths in areas unaffected so far.

"I do not think SARS is going to go away," Thompson said. "Even though it may level off now, it could come back in the fall and then you can, I think, anticipate that you will have deaths in all the continents."

SARS so far has killed at least 662 people worldwide and infected more than 7,800 — mostly in Asia. The United States has reported 67 cases to WHO but no deaths.

Thompson was on his way to WHO's annual meeting in Geneva, where health chiefs from around the world have gathered for the first time since the SARS outbreak began.

WHO experts said they are optimistic they can prevent SARS from taking root in communities and believe there is a chance they can wipe the virus out completely.

Part of the delay in recognizing SARS when it emerged in southern China stemmed from its appearance during the flu season in November and to its having some of the same symptoms as influenza, WHO officials said.

WHO scientists say there is no reason to believe SARS is more likely to occur during flu season than at any other time, but acknowledged such a relationship would be worrying because hospitals could be overwhelmed with people who believe they have SARS but who actually have the flu.

There also is no reason to believe the flu vaccination will protect against SARS because the viruses belong to completely different families, WHO spokesman Iain Simpson said.

mZime mwvave respiratorul ma sindromma SesaZI oa gamoiwvios sikvdiI ianoba gripis sezonze

Jeneva – mZime mwvave respiratorul i sindromis gamomwvevma virusma SesaZI oa xel axl a iCinos Tavi Crdil oeT amerikasa da evropasi, momaval gripis sezonze da gamoiwvios sikvdiI ianoba, ganacxada aSS j andacvisa da adamianta samsaxurebis departamentis mdi vanma.

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aseve ar unda gvjerodes imisa, rom gripze vaqcinacia daicavs adami anebis respiratoruli sindromisagan, radganac es virusebi miekuTvnebian or srul iad sxvadasxva ojaxs, ganacxada j andacvis msoflio organizaciis warmomadgenlema, iain simpsonma (Iain Simpson).

Dr. Davey Koech, director of Kenya's Medical Research Institute, said there was a worry that SARS will recur but there was not enough evidence to make meaningful forecasts.

"Even if it is brought under control in the geographical regions where it first occurred, we know from history that that may not be the end. Very soon, you may hear of it popping up in isolated areas of the world," Koech said.

"There is no cure for it, so if it does come, there will likely be deaths, of course."

But Koech cautioned that it was "far too early" to make predictions concerning the reoccurrence of SARS.

A SARS discussion drew significant interest Tuesday at the WHO meeting, where health chiefs from around the world heard agency experts and fellow health ministers share their experiences with the new disease.

In China, where the disease first surfaced, WHO is worried about a possible surge in new infections during the country's annual summer flood season as overloaded sewage systems back up.

Singapore began handing out cash relief to recovered SARS patients, while Hong Kong began checking China-bound train passengers for fever - a key symptom.

With 418 cases including 52 deaths, Taiwan has the world's third-highest SARS toll after China and Hong Kong. More than 12,000 people were under quarantine, officials said.

Costa Rica asked about evidence that children might get a milder infection, while officials from the West African nation of Togo asked whether airport screening measures clash with human rights. Spain sought information on whether people infected with the virus can spread it before showing symptoms.

WHO's communicable diseases chief, Dr. David Heymann, said, "The general public's perception of the risk has been much greater than the actual risk, despite clear guidance. Governments have not done a good job in educating the general public about this disease."

samedicino kvl eviT i institutis direktorma kenias, prof. devi koexma (Dr. Davey Koech) ganaxada, rom arsebobs SeSfoTebis mizezi, rom mZime mwvave respiratorul i sindromi xel axl a iCens TavS, Tumca ar arsebobs sakmarisi damamtkicebel i sabuTi mniSvnel ovani prognozis gasakeTebI ad.

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mZime mwvave respiratorul i sindromis ganxil vam didi interesi gamoiwvia j andacvis msofli o organizaciis Sexvedraze, j andacvis

muSakebi mTel i msofl iodan erTmaneTs gamocdil ebas uziarebdnen axal i daavadebis Sesaxeb.

CineTSi, sadac daavadebam pirvel ad iCina Tavi, j andacvis msofl io organizacia wuxs kanalizaciis sistemis gziT inficirebis axal i tal Ris SesaZl o agorebaze zafxulis sezozne. singapurma daiwyo fuladi kompensaciis gacema gamoj anmrTel ebul adaminebze, maSin roca hong-kongma daiwyo CineTidan momaval i matareblis mgzavrebis Semowmeba daavadebis mTavari simptomis - cxel ebis gamosavl enad.

daavadebis 418 SemTxveviT, maT Soris 52 l etal uriT, taivani gavrcel ebis mxriv mesame adgil zea CineTisa da hong-kongis Semdeg. 12,000-ze meti adamiანი imyofeboda karantinis pirobebSi, ganacxades mkvl evarebma.

kosta rikam dainterebul ia im sakiTxis SeswaviT, rom bavSvebSi inficireba SeiZl eba SedarebiT iol ad mimdinareobdes, maSin roca samxreT afrikuli qveynis - togos - warmomadgenl ebi dainteresdnen Tu ewinaaRmdegeba adamiანTa ufl ebebs aeroportSi Catarebuli skringi. espaneti cdil obs gaarkvios, SesaZl ebel ia Tu ara, rom virusiT inficirebul ma adaminebma daavadeba gavrcel on simptomebis gamovl enamde.

msofl io j andacvis organizaciis gadamdeb daavadebaTa centris direktorma, prof. devid heimenma (Dr. David Heymann) ganacxada, rom `mZime mwvave respiratoruli sindromis Sedegad gamowveuli SiSi sazogadoebaSi iyo ufro uaresi, vidre realuri riski". xel isufleba ar moiqca sworad, roca sazogadoebas am daavadebis Sesaxeb awdida zedmetad SemaSfoTebel informacias.

Severe acute respiratory syndrome (SARS) should be included in the differential diagnosis of all cases of community-acquired pneumonia, according to Drs. Richard P. Wenzel and Michael B. Edmond, from the Virginia Commonwealth University in Richmond. The physicians represent guidelines for management of SARS in the May 15th issue of The New England Journal of Medicine, which has devoted the entire issue to the identification, epidemiology and management of SARS.

The authors recommend that clinical specimens be sent to the US Centers for Disease Control and Prevention in Atlanta for viral identification and serologic analysis. "Once the pneumonia is proven to have a nonbacterial cause and initial screens or clinical impressions fail to rule out SARS, then physicians should get specimens to the CDC," Dr. Wenzel told Reuters Health. The authors also advise that the number of visitors and healthcare workers caring for SARS patients be limited as much as possible. They note that hospital disinfectants, including phenol and alcohol, are highly active against coronaviruses in general.

Dr. Wenzel and Dr. Edmond also maintain that prescribing standard antibacterial regimens for community-acquired pneumonia and a neuraminidase inhibitor is

"reasonable." "There are no data that steroids work, and because they have side effects, corticosteroids should be reserved for those who are not doing very well on supportive therapy," Dr. Wenzel added. Some clinicians have been using the antiviral ribavirin, but Health Canada refuses to provide access to the drug because of potential side effects and lack of in vitro efficacy against the virus.

"Not knowing where we are on the epidemic curve makes people anxious," Dr. Wenzel said. But so far, he noted, the number of deaths from SARS represents only a very small fraction of the number of deaths annually from influenza.

virjiniis saxel mwifo universitetis (riCmondi, aSS) prof. riCard venzel is (Dr. Richard P. Wenzel) da prof. maikl edmondisa (Dr. Michael B. Edmond) Tanaxmad mwvave respiratorul i sindromi unda gaTval iswi nebul iqnas sazogadoebaSi-SeZenil i (gadamdebi) pnevmoniis yvel a SemTxvevis dros. eqimebi warmoadgenen mZime mwvave respiratorul i sindromis marTvis rekomendaciebs (gaidl ainebs) `niu ingl end j ornel ov medisin" 15 maisis nomerSi, romel mac mTel i nomeri miuZRvna mZime mwvave respiratorul i sindromis identifikacias, epidemiol ogiasa da marTvas.

avtorTa rekomendaciiT, virusis identifikaciisa da serol ogiuri anal izis mizniT kl inikuri nimuSebi unda gaigzavnos aSS daavadebaTa kontrol isa da prevenciis centrebSi, atl antaSi. `Tu damtkicdeba, rom pnevmonia gamowveul ia arabaqteriul i mizeziT da Tavdapirvel i suraTi da kl inikuri STabeWdil ebebi ver SeZl eben mZime mwvave respiratorul i sindromis gamoricxvas, maSin eqimebma nimuSebi unda gaagzavnon daavadebaTa kontrol is centrSi", uTxra prof. venzel ma Reuters Health-s. avtorebi aseve urCeven im mnaxvel ebisa da j andacvis muSakebis ricxvis maqsimal urad Semicirebas, roml ebic uvl ian respiratorul i sindromiT daavadebul pacientebS. isini agreTve miuTiteben, rom sadezinfecio saSual ebebi, maT Soris fenol ebi da spirtebi, Zal ze aqtiuria zogadad koronavirusebis winaaRmdeg.

prof. venzel i da prof. edmondi aseve fiqroben, rom gamarTI ebul ia standartul i antibaqteriul i reJimisa da nevraminidazas inhibitoris daniSvna pnevmoniis dros. ar arsebobs aranairi monacemi imis Sesaxeb, rom steroidebi moqmedeben da vinaidan maT aqvT gverdiTi efeqtebi, kortikosteroidebi unda gamoyenebul iqnas mxol od sarezervo saSual ebad im pacientebSi, roml ebSic damxmare Terapia kargad ar moqmedebS", daumata prof. venzel ma. zogierTi eqimi kvl avac mizanSewonil ad Tvl is ribavirinis gamoyenebas, magram kanadis j andacvis sistema uars acxadebs – gaxados wamal i xel misawvdomi potenciuri gverdiTi efeqtebisa da virusis winaaRmdeg in vitro efeqturobis ararsebobis gamo.

Obesity epidemic could wipe years off children's lives

Children's poor eating habits could result in them living shorter lives than their parents, the Fabian Society has warned.

“As one in 10 British children are obese, urgent action is needed to promote more healthy eating”.

A new report by the society calls for a ban on advertising of sweets and fizzy drinks targeted at children, for example near schools or before the "watershed" time on television. The government is also urged to provide households with nutritional advice and recommended daily menus.

The Fabian Society also believes the responsibility for school sport should be transferred to the Department of Health.

The report, written by Dr Howard Stoate, Labour MP for Dartford and chairman of the All Party Parliamentary Group on Primary Care and Public Health, states that around 10% of children in Britain are obese.

"Not only do we stand on the brink of an obesity epidemic that could wipe years off children's lives, but poverty still condemns thousands of children every year to a lifetime of poor health followed by early death," said Dr Stoate. Their lives are likely to be shorter than their parents, and they will also enjoy fewer years free from chronic illness or disease. The government, parents and companies have a responsibility to act now if we are to avoid this time bomb.

Adrian Harvey, deputy general secretary of the Fabian Society, said: "We wouldn't wish to deny anyone the pleasure of the festive period.

"However at this time of traditional overindulgence it is important to remember the consequences of child obesity to their future health and life expectancy and to take this opportunity to draw to the government's attention the need for a children's public health strategy."

simsuqnis epidemiam SesaZI oa bavSvebSi sicocxl is xangrZI ivoba Seamciros

arasrul fasovanma kvebam bavSvebSi SesaZI oa gamoiwvios sicocxl is xangrZI ivobis Semcireba maT mSobl ebTan SedarebiT, afrTxil ebs fabianis sazogadoeba.

`vinaidan yovel i 10 britanel i bavSvidan erTi aris Warbi wonis, saWiroa dauyovnebel i moqmedeba ufro jansaRi kvebis xel Sesawyobad”.

fabianis sazogadobis axal i ganxadeba moiTxovs iseT sakvebze rekl amis akrZal vas, rogoricaa tkbil eul i da gaziani sasmel ebi, rasac yidian bavSvebze skol ebTan axl os, an ukeTeben rekl amas tel eviziiT, sarekl amo rgol ebSi. mTavroba aseve apirebs kvebasTan

dakavSirebiT rCevebis micemas diasaxl isebze da dRiuri menius SeTavazebas.

fabianis sazogadoebis azriT, saskol o sportze pasuxismgebel i ganyofil eba unda gadavides j andacvis departamentSi.

gancxadebaSi, romelic xel mowerilia pirveladi daxmarebisa da sazogadoebrivi janmrTel obis dacvis saporlamento jgufis Tavmjdomaris, prof. hovard stoutis (Dr. Howard Stoa) mier, naTqvamia, rom britaneli bavSvebis daaxl oebiT 10% Warbi wonis mqonea.

`garda imisa, rom Cven vdgavarT simsuqnis epidemiis zRvarze, rac bavSvebis sicocxlis xangrZlivobas amcirebs, siRaribe kvlav iwvevs aTasobiT bavSvSi janmrTel obis gauaresebas yovel wl iurad, rasac Sedegad naadrevisikvdili mosdevs", Tqva prof. stoutma. maTi sicocxle savaraudod maTi mSoblebis sicocxleze xanmokle iqneba da isini aseve metad iqnebian Sewuxebul ebi qronikulidaavadebebiT. mTavrobas, mSoblebs da kompaniebs akisriaT valdebul eba, rom axla imoqmedon, sanam SesaZlebelia am dayovnebuli bombis safrTxis Tavidan acileba.

fabianis sazogadoebis generaluri mdivnis moadgil em, adrian harveim (Adrian Harvey) Tqva: `Cven ar gvsurs is, rom adaminebma ver miRon siamovneba cxovrebis janmrTel i periodidan".

`mniSvnelovania gvaxsovdes bavSvTa Warbi wonis Sedegad miRebuli uaryofiti Sedegebis gavlena maT momaval janmrTel obasa da sicocxleze da gamoyenebul iqnas is SesaZlebl oba, rom mTavrobis yuradReba mieqces bavSvTa sazogadoebrivi janmrTel obis dacvis strategiis aucilebl obas".

Obesity burden 'outweighs smoking' - as it causes heart disease and cancer

More people are now falling ill through their couch potato lifestyle than through smoking, suggest Europe-wide figures.

The figures, compiled by the Swedish Institute for Public Health, and revealed at the European Society of Cardiology annual meeting in Berlin on Monday, were accompanied by a call for governments to encourage people to take more exercise.

The study suggests that smoking can be blamed for 9% of all chronic diseases in the EU.

As well as lung cancer, long-term smoking also causes or contributes to heart disease and other serious lung problems such as chronic obstructive pulmonary disease.

However, a combination of sedentary lifestyles and fat-laden diets mean that obesity is an increasing problem for Europe.

In addition, smoking rates have been falling generally in many European countries.

The research suggested that 9.7% of chronic disease could be blamed on lifestyle factors such as diet and exercise.

Dr Aileen Robertson, a regional adviser for nutrition at the WHO in Copenhagen, told the Berlin meeting: "I am not saying that smoking plays no part in ill-health.

"I am saying that diet is as important and we have to get that through because it is not understood at the moment."

She said that EU farm subsidies were doing little to encourage healthy eating.

"In Spain, Greece and Italy they grow a surplus of fruit and vegetables, but millions of tons are destroyed every year to maintain the market price.

"It is possible to produce enough fruit and vegetables for all of Europe to follow the recommendations by spreading the fresh food across the countries, but current policies do not support this."

A poor diet coupled with little exercise is likely to increase the risks of heart disease, but some kinds of cancer are also heavily influenced by diet and obesity.

Most experts recommend a diet involving five portions of fruit and vegetables a day.

simuqnes aqvs meti datvirTva mowevasTan SedarebiT, vinai dan is iwvevs gul is daavadebasa da kibos

[ganviTarebul qveynebsi – red.] dResdReobiT ufro meti adami ani avaddeba araj ansaRi cxovrebis stil is gamo, vidre sigaretis mowevis Sedegad, Tanaxmad evropis masStabiT arsebul i maCvenebl isa.

am maCvenebl ebis warmodgenasTan erTad, roml ebic Seagrova sazogadoebrivi janmrTel obis Svedurma institutma da warmodgenil iqna kardiologiis evropul i sazogadoebis yovel wl iur Sexvedraze berl inSi, mTavrobas mostxoves adami anTa waxal iseba ufro meti fizikuri varj isisaken.

kvlevis mixedvit, evropasi mowevas SeiZleba iyos yvel a qronikul i daavadebis mxol od 9%-is gamomwvevi mizezi.

mowevas, garda imisa, rom iwvevs fil tvis kibos, aseve iwvevs an xel s uwyobs gul is daavadebis ganviTarebas da fil tvTan dakavSirebul , sxva seriozul probl emebs, rogoricaa fil tvis qronikul i obstruqciul i daavadeba.

miuxedavad amisa, cxovrebis umozrao (mj domare) stil isa da cximebit gadatvirTul i sakvebis kombinacia niSnavs imas, rom Warbi wona ufro mzard probl emas warmoadgens evropisaTvis.

unda iTqvas isic, rom sigaretis moxmareba daeca evropis mraval qveyanaSi.

kvlevis mixedvit, qronikul i daavadebebis 9.7% SesaZl oa iyos cxovrebis stil is iseTi faqtorebis Sedegi, rogoricaa kveba da varjisi.

kopenhagenSi, jandacvis msofiio organizaciis regional urma mrCeval ma kvebis sakiTxebSi, prof. ailin robertsonma (Dr. Aileen Robertson) berl inis Sexvedraze ganacxada: `me ar vamtkicebimas, rom mowevara nair rols ar asrulebs janmrTel oba-avadobis sakiTxebSi. me mxol odimas vambob, rom kveba aseve mniSvnelovania da Cven unda davZliot es probl ema, radgan is jer ar aris bol omde garkveuli". man Tqva, rom evropis sasofi o-sameurneo subsidiebi Zal ian cotas akeTeben jansaRi kvebis xel Sewyobis mxriv.

`espaneTSi, saberZneTsa da italiaSi didi raodenobit mohyavT xili da bostneuli, magram yovel wliurad milionobit tona nadgurdeba bazarze fasis Senarcunebis gamo. mTel i evropisaTvis xil isa da bostneulis sakmarisi raodenobis miReba SesaZl ebel ia im rekomendaciis gatval iswinebit, romelic gvTavazobs axali sakvebis gavrcelebas mraval i qveynis masStabit, Tumca axl andeli politika amasar uwers mxars".

araj ansar ma kvebam arasakmaris varj iStan erTad SesaZl oa gazardos gulis daavadebis riski, magram kveba da Warbi wona aseve did gavlenas axdens zogierTi saxis kibos ganvitarebaze. eqspertTa umetesoba rekomendacias uwevs xil isa da bostneulis xuTi ul ufis miRebas dReSi.

Three key periods of women's lives have been found to be especially risky for weight gain. Investigators examined the causes of weight gain in women at the beginning of their menstrual cycle, after pregnancy, and after menopause.

In young girls, early menarche may operate in the development of obesity. Support for this notion comes from 2 studies, conducted by researchers at Tufts University School of Medicine, Boston, Massachusetts. These studies suggest that early menarche operates mainly as an intermediate on the pathway to later obesity. Early menarche may also contribute independently to increase the risk of later obesity. Moreover, other studies have established early menarche as a risk factor for breast cancer and cancers of the reproductive system.

Weight retention after pregnancy may be a factor in the obesity of young women, according to an overview of research, presented by researchers from the University of Alabama at Birmingham. While most women experience a modest weight gain after pregnancy, obese women are at risk for substantial weight gain.

Weight gain during menopause may be significantly prevented by long-term changes in dietary intake and increased physical activity, according to findings of the Women's Healthy Lifestyle Project, a 5-year, randomized clinical trial, funded by the National Institutes of Health.

"Weight change in the older woman may be more strongly associated with aging than with menopause. However, postmenopausal women have higher levels of body fat and central adiposity than other women the same age," said Laurey R. Simkin-Silverman, who presented the study. "The weight that many women gain during menopause is particularly troubling because it is associated with increased cholesterol, high blood pressure, and insulin resistance."

aRmoCenil iqna qal ebis sicocxl is sami mniSvnel ovani/gadamwyveti periodi, roml ebic gansakuTrebul ad sariskoa wonis matebis mxriy. mkvl evarebma Seamowmes qal ebSi wonis matebis gamomwvevi mizezebi menstrual uri cikl is dawyebisas, aseve orsul obisa da menopauzis Semdeg.

axal gazrda gogonebSi, naadrevma menstruaciam SesaZI oa gavl ena iqonios simsuqnis ganviTarebaze. am Sexedul ebas mxars uWers 2 kvl eva, romel ic Catarebul iqna taftsis universitetis samedicino skol is mkvl evarebis mier bostonSi, masaCusetsSi. am kvl evebis mixedviT, naadrevi menstruacia warmoadgens Sual edur safexurs mogvianebiT ganviTarebul simsuqnis gzaze. ufro metic, sxva kvl evebma aseve gansazRvres adreul i menstruacia, rogorc sarZeve jirkvl isa da reproduqciul i sistemis kibos risk-faqtori.

orsul obis Semdeg wonis SenarCuneba SesaZI oa iyos simsuqnis gamomwvevi faqtori axal gazrda qal ebSi, Tanaxmad mimoxil visa, romel ic warmodgenil iqna birmingemSi, al abamis universitetis mkvl evarebis mier. maSin, roca qal ebis umetesoba mxol od zomierad imatebs wonaSi orsul obis Semdeg, msuqani qal ebi dganan wonis matebis mniSvnel ovani riskis winaSe.

Tanaxmad qal ebis janmrTel i cxovrebis stil is proeqtis aRmoCenebisa, 5-wl iani randomizirebul i kl inikuri kvl evisa, romel ic dafinasebul iqna janmrTel obis dacvis erovnul i institutis mier, menopauzis dros wonis mateba SesaZI oa mniSvnel ovnad Semcirdes kvebis reJimis xangrZlivi Secvl iT da gazrdil i fizikuri aqtiurobiT.

`wonis cvl il eba asakovan qal Si SesaZI oa ufro metad damokidebul i iyos asakze da ara menopauzasTan. Tumca, postmenopauzur qal ebs aqvT sxoul is cximis ufro maRal i done da `central uri" simsuqne msgavsi asakis mqone sxva qal ebTan SedarebiT", Tqva kvl evis warmomdgenma, l auri simkin-silverman (Laurey R. Simkin-Silverman). `is wona, romel sac qal ebis umetesoba izens menopauzis dros, gansakuTrebiT probl ematuria, vinaidan ukavSirdeba qol esterinis donis momatebas, sixl is maRal wnevas da insul in-rezistentobas".

A "Mediterranean"-type diet--rich in vegetables, legumes, fruits and olive oil - indeed appears to lower the risk of death, according to a report published in the June 26th issue of The New England Journal of Medicine. After following more than 22,000 adults in Greece for almost four years, Dr. Dimitrios Trichopoulos and his colleagues found that

people who closely followed the Mediterranean-type diet were less likely to die of any cause.

Previous reports have shown that people living in Mediterranean regions tend to live longer than North Americans and people from Northern Europe, and this latest research adds further evidence to the theory that dietary factors are responsible for the survival differences.

In the new study, the researchers surveyed 22,043 adults in Greece about their eating habits, noting how closely each person followed the traditional Mediterranean diet. The researchers then followed participants for 44 months, noting who died, and of what cause. During the study period, the researchers recorded 275 deaths. And the more closely a person followed the Mediterranean diet at the outset of the study, the less likely he was to die of any cause.

In addition, people who followed the Mediterranean diet more closely than others were also 33% less likely to die from cardiovascular disease, and 24% less likely to die from cancer. Interestingly, after breaking down the individual components of the Mediterranean diet, the authors discovered that no single component appeared to reduce the risk of death.

bostneul iT, parkosani mcenareebiT, xil iTa da zeiTunis zeTiT mdiidari, xmel TaSuazRvispireTis tipis dieta aSkarad amcirebs sikvdil obis risks, Tanaxmad `niu ingl end j ornal ov medisn" 26 ivnisis nomerSi gamoqveynebul i statiisa. TiTqmis 4 wl is manZil ze, 22,000 mozrdil ze Catarebul i dakvirvebis Sedegad saberZneTSi, prof. dimitrios triqopul osma (Dr. Dimitrios Trichopoulos) da misma kol egebma aRmoaCines, rom im adami nebsi, roml ebic zustad icavdnen xmel TaSuazRvispireTis dietas, ama Tu im mizeziT gamowweul i sikvdil obis riski ufro dabal i iyo.

wina kvl evebma aCvena, rom xmel TaSua zRvis regionSi macxovrebl ebi ufro didxans cocxl oben, vidre Crdil oeT amerikel ebi da evropis Crdil oeTiT mcxovrebn. es kvl eva kidev ufro amtkicebs im Teorias, rom kvebiT faqtorebs aqvT didi mniSvnel oba sicocxl is xangrZl ivobas Soris arsebul gansxvavebaSi msofil ios sxvadasxva adgil Si mcxovreb adami nebsi.

axal kvl evaSi, mecnier ebma daadgines saberZneTSi mcxovrebi, 22,043 mozrdil i adami nis kvebis reJimi, imis gaTval iswinebiT, Tu ramdenad zustad icavda TiToeul i adami ni tradiciul xmel TaSuazRvispireTis kvebis reJims. Semdeg mkvl evarebi kvl evaSi monawil e adami nebs 44 Tvis manZil ze akvirdebodnen, axdendnen ra gardacvl il Ta raodenobis aRricxvas da gardacval ebis mizezis dadgenas. Seswavl is periodSi mkvl evarebma daafiqsires sikvdil is 275 SemTxveva. rac ufro zustad icavda adami ni xmel TaSuazRvispireTis dietas kvl evis dasawyisidanve, miT ufro mcire iyo ama Tu im mizeziT misi gardacval ebis riski. garda amisa,

xmel TaSuazRvispireTis dietaze myof adami anebSi 33%-iT dabal i iyo kardiovaskul arul i daavadebis Sedegad gardacval ebis riski da 24%-iT dabal i – kiboTi gardacval ebis riski.

sainteresoas faqti, rom xmel TaSuazRvispireTis tipis dietaSi Semaval i, TiToeul i komponentis Seswavl is Semdeg, kvl evis avtorebma aRmoacines, rom cal ke aRebul i arcerTi komponenti ar amcirebda sikvdil obis risks.

sarCevi

kuW-nawl avTa daavadebebi s monacemTa bazebi :

<http://pages.prodigy.com/DVBL86A/drk3-hp.htm> - veb-gverdze ganTavsebul ia detal uri da mudmivad ganaxl ebadi informacia gastrointestinal ur traqtis da RviZi is kvl evebis Sesaxeb.

<http://www.gastromd.com/education/gastrointestinal.html> – veb-gverdze ganTavsebul ia bazisuri informacia eqimTa da pacientTaTvis kuW-nawl avTa daavadebebis Sesaxeb.

<http://omni.ac.uk/browse/mesh/detail/C0017178L0017178.html> - warmodgenil ia srul i teqstebis farTo kol eqcia, ZiriTadad Jurnal idan GGastroenterology, romel sac amerikis gastroenterol ogTa asociacia gamoscems.

<http://www.riken.go.jp/engn/r-world/research/lab/idenn/gastro/> - kuW-nawl avis daavadebaTa I laboratoria

<http://www.dhs.vic.gov.au/phb/hprot/idci/title.html> - informacia pacientTaTvis kuW-nawl avis daavadebebis diagnostikis, profil aqtikis da mkurnal obis Sesaxeb

http://jama.ama-assn.org/cgi/collection/gastrointestinal_diseases amerikis samedicino asociaciis da misi Jurnal is (JAMA) masal ebis kol eqcia kuW-nawl avTa daavadebebis Sesaxeb

<http://www.looksmart.com/eus317837/eus317920/eus53948/eus89771/eus528278/r?l&> - kuW-nawl avTa daavadebebi – kuWis, sayl apavis da nawl avebis kvl evis masal ebi.

http://www.medwebplus.com/subject/Gastrointestinal_Diseases

<http://www.geriatricsyllabus.com/syllabus/main.jsp?cid=SCC-GAS> - kuW-nawl avTa daavadebebi da moSI il obani.

<http://www.ohsu.edu/clinweb/C6/C6.405.html>

<http://meds.queensu.ca/gidru/gidru.htm> - quinsis universitetis (kanada) kuW-nawl avis daavadebaTa kvl evis ganyofil eba

sarCevi

saqarTvel os j andacvis veb-gverdis saapl ikacio forma



erovnul i sainformacio
saswavl o centri (essc)
iv. j avaxi Svi l is q. #51
tel 94 13 88
faqsi 94 13 91
el -fosta: dmeskhi@nilc.org.ge
interneti: www.nilc.org.ge
www.health.net.ge

internetis veb-gverdis monacemebis forma organizaciebis aTv is
(Sei ZI eba mowodebul i qnas rogorc qarTul , aseve - ingl i sur enebze)

1. organi zaci i s dasaxel eba:

srul i dasaxel eba da abreviatura (rogorc
qarTul , aseve - ingl i sur enebze)

2. organi zaci i s mi samarTi :

qal aqi, kodi, quCa, nomeri, oTaxebis nomeri (rogorc qarTul , aseve - ingl i sur enebze)

3. tel eFoni #1:

+995-32-xx xx xx

4. tel eFoni #2:

+995-32-xx xx xx

5. faqsi :

+995-32-xx xx xx

6. el -fosta:

7. veg-gverdi :

arsebul i URL anda sasurvel i abreviatura ingl isurad

8. organi zaci i s struqtura:

1. ganyofil ebebis CamonaTval i
2. TanamSromel Ta raodenoba
3. SeiZI eba iyos organizaciul i gegma

9. organi zaci i s xel -l i piri s mokl e bi ografi a:

maqs. 300 si tyva
(sasurvel ia qarTul da ingl i sur enebze)

10. organi zaci i s mi znebi :

mokl e aRweril oba (maqs 100 si tyva)

11. organi zaci i s proeqt ebi :

mimdinare:

CamonaTval i da TiToeul proeqtze:

1. dasaxel eba
2. mokl e aRweril oba (daaxl ebiT 100 si tyva TiToeul proeqtze)
3. dafinansebis wyaro
4. ganxorciel ebis periodi
5. regioni, sadac mimdinareobda
6. beneficiarTa raodenoba
7. proeqtSi monawil eTa raodenoba
8. biujeti

Sesrul ebul i:

CamonaTval i da TiToeul proeqtze igive tipis informacia

12. organi zaci i s gegmebi :

mokl e informacia, anda Tu proeqtis zusti monaxazi arsebobs, maSin imave formiT, rac mimdinare proeqtebzea miTiTebul i:

13. organi zaci i s mier sxva iuridiul Tu fizikur pirebTan TanamSroml obis sfero:

gasaRebi si tyvebi: Keywords

organizacia sTavazobs: (eqspertiza /servisi)

organizacias sWirdeba: (eqspertiza /servisi)

14. organi zaci i s partni orebi :

miuTiTeT is organizaciebi, romel Tanac gindaT, rom Tqveni gverdidan iyos bmul i, mag. j andacvis saminstros romel ime departamenti, romel ime saerTaSoriso organizacia (mag. damfinansebel i) da a.S.

15. organi zaci i s simbol o (l ogo):

.jpg, .gif anda romel ime sxva grafikul i fail i, sasurvel ia mcire zomis (ara Corel)

16. sakontaqto piri s monacemebi (*araa aucil ebel i direktoris, umj obesia - teqnikuri personal is monacemebi*)

tel eFoni
faqsi
el -fosta
mobil uri tel eFoni