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QUALITY OF LIFE FOR PATIENTS WITH CHRONIC RESPIRATORY DISEASE

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Key words: quality of life, chronic obstructive pulmonary disease, asthma bronchiale, questionnaire St. George's Respiratory,

Introduction: Quality of life is given by health status, age, socio-economic conditions but also by mental perception, wish, expectation, purposes. Disorder functions of lungs can be really affected by important parameters of life's quality in patients with COPD and asthma through pathological differences, too.

Aim: Purpose of this work is recognize how life quality have patients afflicted by chronic respiratory disease, how variety is in life quality by diagnose and recognize if health status of patients was regenerated after ending hospitalisation.

Material and methodology: Saint George's respiratory Questionnaire was standardized for data acquisition. Patients, included in this work, were hospitalized with diagnose of chronic obstructive pulmonary disease (COPD) and asthma bronchiale in the Clinic of Pneumology and Physiology of Faculty Hospital in Trnava. Data source were almost from internet databases (e.g. PuB Med, BMJ Journals, ERS Journals). Outcomes were processed by Microsoft Excel program and analyzed by R and Tinn – R applications, using paired and unpaired T-test.

Conclusion: Asthma bronchiale, but especially COPD is load not only for patients, but for those, who are caring about afflicted family member or friend with this disease and of course for whole society, too.

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SAFER DELIVERY AND OF LIFE FOR WOMEN IN DEVELOPING COUNTRIES. QUALITY INDICATORS AND SIGNAL FUNCTIONS OF MATERNITY FACILITIES.

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Keywords: Obstetrics, developing countries, quality indicators, signal functions

Against the background of success in reducing mother and perinatal mortality in developed countries remains the right woman for the safe delivery of key issues. Maternity mortality is also in the 21 century in developing countries 100 times greater. In countries with a conflict to two percent of women dying in connection with pregnancy and childbirth. Even countries that are living in peace availability remains an acute lack of obstetric care and to ensure the right emergency natal care is treated women in this area of the world as one of the major achievements of Western civilization while improving quality of life.

World Health Organization in achieving the Millennium Development Goal to reduce the maternity mortality by 2015 about 75% developed a tool to evaluate quality indicators to ensure minimal obstetric care. The basic indicators of acute obstetric care include the availability of basic and comprehensive obstetrics facility where 500 000 people expected 5 acute obstetrics facilities (including a complex nature). Other indicators include proportional geographic distribution of facilities for sub-national level, the degree of centralization of births in hospital, the management of all women with severe obstetric complications (15%) in the hospital, the proportion of caesareans (minimum 5%, maximum 15%) and mother mortality due to maternity complications in hospital (less than 1%).

The basic signal functions emergency maternity service considers the availability of parenteral antibiotics, uterotoncs, anti-convulsant medication for eclampsy and pre-eclampsy, manual revision of the uterus in placental retention, revision of instrumental uterine cavity and cervical dilation, the availability of assisted vaginal delivery (forceps, vacuum extractor) and basal neonatal resuscitation (mask,

ambuvak). Signalling functions of comprehensive obstetrics services are subject to the availability of surgical intervention (caesarean section) and blood transfusion.

Achieving a minimum level indicators and signal features of obstetric care is the next step in the development of human society, whose development is measured by the achievement potential of every individual. Safe childbirth for women in developing countries, the minimum quality of life.

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RISK MANAGEMENT OF VIRAL HEPATITIS IN RIMAVSKA SOBOTA COUNTY

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Key words: viral hepatitis, risk, management, incidence decreasing

In the long term it is observed one of the highest viral hepatitis incidence in Slovak republic in Rimavska Sobota county. It appears that standard arrangements in its prevention are not followed by expecting impacts, or it is necessary think of them as insufficient at present time. Therefore one of the main task of Public Health is to analyse the present state of viral hepatitis epidemiological situation, identify hazards and consequently by means of management decrease the incidence to the acceptable level on regional level.

In the work it was performance risk management on the basis of epidemiological analyses of viral hepatitis occurrence, prognosis settings of VH progress for next 5 years, risk identification in epidemic process and evaluation of relative risk.

Primary epidemiological data were available from the list of epidemiological examination which were available in Regional Office of Public Health in Rimavska Sobota county in years 1987-2006. Demographics data in years 1987-2006 were available from annual statements of Regional Office of Public Health and statistic yearbooks.

Measures realization for elimination of risk factors in the viral hepatitis area dry required effect for Rimavska Sobota county and this measures needs to complete of next steps orientation to risk elimination. Especially it is necessary to attent to the VHA problem, in which assume incidence decrease.

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ANTIGEN HLA-B27 AND ANKYLOSING SPONDYLITIS - GENETIC EPIDEMIOLOGY OF THE DISEASE

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Background: Ankylosing spondylitis (AS) is a chronic inflammatory, rheumatic disease that primarily affects the axial skeleton (sacroiliac joints and a spine). A prevalence of the disease in Caucasian populations varies from 0.5% to 1%. A discovery of the association between AS and the antigen HLA-B27 (immunogenetic studies) brought an important progress in a study of genetics and etiopathogenesis of the disease.

Objective: Results of a several years study of immunogenetic relationships in AS in the Slovak population are presented.

Patients and methods: 252 patients with AS fulfilling the New York diagnostic criteria (210 male, 42 female, aged 25-78 years). Healthy controls - n=760. HLA antigens were determined by the fluorescence microcytotoxicity test (87 antigens in total). Statistical analysis - chi-square test, Fisher's exact test, odds ratio (OR) with 95 % confidence interval (CI), corrected P (Pcorr).

Results and conclusions:

- AS is associated with the antigen HLA-B27 in the Slovak population with odds ratio OR=103. A frequency of HLA-B27 in patients – 92.5%, in controls – 10.6% (Pcorr<0.01). Sensitivity was 92%, specificity 90%.
- B27 – positive forms of AS have a worse prognosis than B27-negative forms – a more frequent occurrence of peripheral arthritis, a rapid progression of the disease and an early age of onset (20< years) was observed in B27-positive patients.
- The examination of the antigen HLA-B27 can be helpful in early and differential diagnosis of AS, in estimation of a course and prognosis of the disease.
- Although there is general agreement that HLA-B27 is the susceptibility gene for AS, underlying mechanism remains unknown. Some mechanisms are discussed.

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PREHOSPITAL AND EARLY HOSPITAL PHASE OF BRAIN TRAUMA MANAGEMENT. STUDY FROM AUSTRIA

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Keywords: Traumatic Brain Injury, treatment, prehospital, intensive care

The International Neurotrauma Research Organization (INRO) in Wien is implementing a 5 year project on mapping the prehospital and early in-hospital phase of treatment of traumatic brain injury victims in 17 treatment centers in Austria. INRO has developed a database for patient data collection. Within the prehospital phase of the treatment, the data on patient status and treatment by emergency service are recorded. In the early hospital phase, the data on treatment in Emergency Room, possible operations, results of the first CT scan and first five days in Intensive Care Unit are recorded. The date of and patient status on the discharge from the hospital are recorded. Long term outcomes of the patients are being followed by recording the status at 6 months after the discharge from the hospital. After the analysis of the differences in treatment and patient health outcomes, guidelines for prehospital TBI care will be developed and implemented.

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HOSPITALIZATION RATE OF MODERATE AND SEVERE TRAUMATIC BRAIN INJURIES IN TRNAVA REGION

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Keywords: brain injury, hospitalization rate, public health

Aims of work: The main aim of the work is to provide detail descriptive analysis of epidemiological situation of moderate and severe traumatic brain injuries in Trnava self-government region.

Methodology: Data was obtained from medical records of patients who were hospitalized on specific hospital departments. Patients were hospitalized in Trnava, Piešťany and Skalica hospital during the year 2008. Data was obtained by questionnaire and analysed by R-project software.

Results: In selected health care facilities were hospitalized 61 patients with moderate and severe traumatic brain injuries together. Hospitalization rate (HR) of severe injuries by admission on department in Trnava was 17,34/100 000, in Piešťany was HR 15,60/100 000 and in Skalica was HR 4,61/100 000 inhabitants. In every centre more men (82%) than women (18%) were hospitalized. Average age of all patients was 49,33±21,46. By patients in Piešťany and Skalica predominated good results according to GOS score, in Trnava was it opposite.

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THE RELATIONSHIP BETWEEN ECONOMIC CONDITION AND SDRS FROM TRAFFIC INJURIES IN SELECTED EU COUNTRIES

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Keywords: motor vehicle traffic accidents, EU, economic factors, public health

Aims of work: The main aim of our scientific work is to find out the relationship between selected parameters and the SDR on the roads. Another aim is to describe the change of particular parameters of selected countries at the beginning and the end of observed period. Our next aim is to predict change of the SDR on the roads by selected parameters' change.

Methodology: Data about the SDR on the roads was obtained by European HFA database. Data about selected parameters (length of motorways, length of all roads, number of passenger cars, number of new registered passenger cars and number of all motor vehicles, GDP, GDP per capita) was obtained by Eurostat database. These parameters were found for selected countries of EU 27 which are part of EU from 2004.

Results: Using simple linear regression for all countries together we determined statistical significant dependence between SDR on the roads and motorway's length; number of all motor vehicles; GDP per capita. Changes in selected parameters were predicted in the event of a reduction of the SDR on the roads for half the value in 2005.

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SENIOR ´S SMOKING

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Key words: seniors, smoking, addiction, prevalence

Authors of the research worked with the sample of 206 respondents in the rang between sixty and ninety-seven years of age. 50 percent of the respondents stated that they had never smoked. The more important finding is the fact that 60 percent of the smokers in the sample managed to quit smoking. An average senior smoker from the sample smokes 13 cigarettes a day. An average age of the beginning of regular daily smoking was 23 years of age.

Another finding of this research is the motivation of respondents to quit smoking. The most significant motivation was represented by problems with respiratory system, which are widely known.

44 percent of the inquired smokers have suffered in the time of the questionnaire inquiry from chronic illness. 72 % of the respondents agree with a ban on smoking in restaurants in public places.

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INDOOR AIR QUALITY AND RESPIRATORY HEALTH IN THE ROMA VILLAGES IN SLOVAKIA AND ROMANIA (IARQ-ROMA)

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Key words: indoor air quality, respiratory health, fossil fuels, Romanies

The aim of this project is to assess the indoor air quality in the Roma-villages and to educate the inhabitants about possible health risks.

We measured indoor air quality characteristics such as overall dust, CO and CO₂ concentrations and linked them to self reported respiratory health symptoms among the inhabitants in the winter and in the summer. The dust measurements will be supported by information from questionnaire survey.

We measured these average data CO = 6,7 mg/m³ (0-26,7 mg/m³), CO₂ = 2816,2 mg/m³ (543-5903 mg/m³), relative air humidity 39,4% (16,1-71%) a average temperature 26,4°C (8,5-36,2°C) in the Romanian Roma-village. We can allege that any value of these polluting gases in indoor air is not acceptable. Average relative air humidity and temperature are acceptable. Project is still in progress.

This survey is important and may serve as a base for further studies in the field in a broader context.

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QUALITY OF LIFE OF STREET CHILDREN IN AFRICA

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Key words: street children, quality of life, rehabilitation, resocialization

Street children live in groups known as gangs, have specific territories within large cities and they have little or no ties to their families. This research is an exploratory study that aims to describe and examine the state and nature of the quality of life of street children. The study aimed at finding out the factors that contribute to the high prevalence of street children in Africa. This presentation looks at children who are facing negative social and health problems as malnutrition, literacy, crime, drug addiction and HIV/AIDS and suggest the options of their rehabilitation and re-socialization.

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THE OCCUPATIONAL ENVIRONMENT AND ITS IMPACT ON OCCURRENCE OF CANCERS AMONG WORKERS IN NICKEL REFINERY

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Key words: occupational exposure, nickel, cancer disease, survival

Introduction: Excess risks of cancer diseases have been demonstrated in some studies of nickel exposed workers. Among workers employed at a nickel refinery in Sered' (Slovakia) between 1963 – 1993 an elevated risk of cancer diseases has been demonstrated.

Objectives: To demonstrate an occupation exposure impact on incidence of cancer diseases among nickel refinery workers in Sered'. To make a risk assessment and survival analyses in selected group of workers.

Material and methods: The historical cohort was created by workers in metallurgy industry between 1963 – 1993 in nickel refinery in Sered' (Galanta district). There was 4622 employees. Unexposed were 1348 (29%) and exposed were 3274 (71%) workers. The statistical analyses were done by logistic regression.

Results: Among 4622 workers were 400 (9%) with the cancer disease. The most often were respiratory cancer, cancer of digestive organs, skin cancer and limb cancer. The highest mortality incidence during first five years had founded respiratory cancers with 75% fatality rate. Than was founded, that with higher employed age is OR = 1,44 higher chance to have cancer disease (CI_{95%} = 0,70 – 0,92, P ≤ 0,001). In longer exposition time is OR = 2,16 higher chance to have a cancer disease (CI_{95%} = 2,0 – 2,33, P ≤ 0,01). Also, the occupational risk factor predicted OR = 1,49 higher chance to be ill (CI_{95%} = 1,25 – 1,78, P ≤ 0,001).

Conclusion: Historical cohort study proved statistically significant relation of health status, type of cancer disease and occupational exposure intensity in selected historical cohort group.

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EARLY POSTOPERATIVE COMPLICATIONS AFTER GI ONCOLOGY SURGERY

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Key words: ATB prophylaxis, drain, positive cultivation,

Objectives: The objective was to determine the impact of antibiotic prophylaxis administered, length of hospitalization, sex, type of drain on the patient's age and a positive culture of the marrow and the number of re-operation.

Material and methods: The target group of patients were diagnosed with C16 – C20

Data from the disease were 169 patients hospitalized over 6 months (June 2007-December 2007). Monitored parameters were the type of ATB prophylaxis, type of drain, cultivation from drain, length of hospitalization and number of reoperation. For statistical data processing software program was used for the R project. The probability $p \leq 0.05$ was considered statistically significant.

Results: The most common ATB prophylaxis was Unasyn in 104 of 169 cases. Average length of hospitalization was 13 days (5-35 days). The culture was dominated by agents detected E. coli, S.epidemicus and E.faecalis. The observation of factors potentially affecting the emergence of a positive culture of marrow, which were sex, patient age, length of hospitalization and prophylactic antibiotic administered was found that with increasing age 1.32 times ($p < 0.01$) increases the likelihood of a positive culture from the drain. The interaction of various factors and the absence of the Redon drain was studied 8.57 times higher ($p < 0,001$) probability of a positive culture than in cases where this type of drain was present. Conversely, in cases where the swab was recorded from the wound was observed 8.25. ¹⁰⁻⁵ times lower ($p < 0.0001$) probability of positive culture.

Conclusion: It was found that the type of antibiotic administered for prophylaxis does not affect the positive culture of marrow. Nor are the other factors demonstrated

a positive impact on cultivation. Even in cases where there was increased likelihood there was of value, which would be increasingly able to effect the rise of early postoperative complications.

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HEALTH PROMOTION EVALUATION AT WORK-SPACES WITH DISPLAY SCREEN EQUIPMENT IN SLOVAKIA AND ROMANIA

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Key words: work conditions, Health Promotion on the Workplaces, employers health, guidelines

The aim of project is assessment of health promotion level and work conditions of employees with display screen equipment in Slovak and Roman companies. Economical increase admit job opportunity, employment and economical power with premise of continual regional development. In contradiction to this trend are negative impacts, such as inapt work conditions, psychical and physical overwork and at the end health distress, occupational diseases and sickness absence.

Our information is often only illustrative, authors interrogate basic questions: What are real conclusions of mapping and employing modern technologies, level of workers adjustment, success of risk factors elimination and reduction on new and older workplaces? What is real situation in Occupation Safety and Health Review assurance in hole region? The main aim is management and evaluation of Health Promotion and Occupational Safety through the administration and evaluation activities directed to optimal work conditions creation with aim of work ability a work comfort retain. Investigation methodology consist of companies selection, preliminary questionnaire application and terrain phase of investigation in companies. Terrain phase consist of sanitary audit from Occupational Health sight, personal standardized interview and data collection from employees. As a guideline to evaluate Health Promotion will be applied questionnaire prepared by Finnish Institute of Occupational Health, which is applied all over the world and adapted to Slovak and Roman specific conditions.

Project updates should be directed to Dr. Tom Cook, professor of Iowa University, by the end of the fall semester. This award has been tentatively approved for the following project period: March 1, 2010 – February 28, 2011.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are received from the University of Iowa International Training and Research in Occupational and Environmental Health (ITREOH) Program, funded by the Fogarty International Center at the National Institutes of Health (NIH).

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ANALYSIS OF THE EATING HABITS AMONG STUDENTS FROM THE FACULTY OF THEOLOGY, FACULTY OF PHILOSOPHY AND FACULTY OF HEALTH AND SOCIAL WORK OF TRNAVA UNIVERSITY IN THE CONTEXT WITH THE NATIONAL PROGRAM OF THE OBESITY PREVENTION

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Key words: obesity, eating habits, students, fat, risk factor

Introduction: Unhealthy nourishment and inadequate physical activity belong among the paramount reasons of the non-communicable diseases in Europe.

Objectives: Was to find out the eating habits of the students of the FT and FF and to compare them with FHSW; to compare the anthropometric indexes of students among faculties; to prove the casual relation of the nutrition risk and protective factors to obesity.

Material and methods: The research was realized at TU with the number of respondents- 151, from FHSW- 50, FF- 50, FT- 51 students of the third class. The data were obtained by questionnaire and consequently prepared by means of statistical program R project and Epi info Software.

Results: The students of FT were consuming periodically the most of fruit (55%) and vegetable (49%), the students of FF the most of them never did not salt the completed food (32%). The students of FHSW consuming periodically a fruit (34%) and leguminous plants (62%). The students of all faculties had mostly common anthropometric indexes.

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QUALITY OF LIFE OF HUMAN TRAFFICKING VICTIMS

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Different understanding of the term trafficking in single countries presents problems by solving of this problems on international level. The idea of unlimited liberty is negate by term like servitude, bondage and victim of trafficking, which is giving a high quality of life for a small group of people. Worldwide income from trafficking should be around 8,5 to 12,3 billion of Euro. By this level of income is a change of values not very surprising. The number of victims of trafficking is growing. We do not have exact statistical numbers of victims, the premise is that the number of victims of trafficking is around 2 million victims and in Europe around 500 thousand. Most victims, which are crossing Slovakia is coming form Russia, Ukraine, Bulgaria, Romania, Moldavia, former Yugoslavia, Albania and Asian countries. Report from USA State Department understands Slovakia like a country of source and transit country, for young people, which are trafficking especially to Austria, Netherlands, France, Spain, Switzerland, Italy, Greece, Slovenia, Bohemia and Japan first of all for sex business. Victims from the former Soviet countries crossing Slovakia on the way to more advanced EU countries. To handle the trafficking is a multidisciplinary cooperation the initial solution.

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MULTICULTURAL APPROACH FOR HEALTH SERVICES IMPROVEMENT FOCUSED ON ROMA COMMUNITIES

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Key words : health services, Roma, access, multiculturality

The improvement of the situation within the Roma health calls for developing and implementing sector-wide policies. The Department of Public Health at Trnava University participated on several projects in improving access to health care services for Roma and other minority members in Bulgaria, Romania and Slovakia.

There are three principal areas to focus the multicultural approaches on: culturally competent care, language access services, and organizational supports. Mentioned projects focused on developing specific aspects of the approach.

The project in Bulgaria aimed to support the implementation of the health care strategic policies of the Framework Programme for equal Integration of the Roma into the Bulgarian Society through support for improvement of the equal access to health care services.

The project funded by the Ministry of Education in the Slovak Republic is focused on assessing effectiveness of health mediators in Slovakia.

The team continues interpreting collected evidence to formulate sustainable policies on community and national levels.

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CLIMATE CHANGE MITIGATION IN SLOVAKIA

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Key words : Indicators of the impact of climate change on health, Slovak municipal policy makers, Heat waves and emergency

Barriers and costs of adaptation mechanisms on climate change are not known well yet. Also, they are not defined standard indicators of health impact of climate change. The aim of the research was to evaluate the preparedness of policy makers to deal with these issues and to pilot-test a potential indicator of the impact of climate change on health in Slovakia.

They were conducted two studies where first study assessed impact of heat-waves on health using health emergencies in Slovakia as indicator. Second study analyzed knowledge, attitudes and practice of municipal policy makers in field of climate changes and their impact on health.

Results showed that there was an increase in number of health emergencies during heat-waves in concerned region. And they also showed a fair knowledge of city politicians on general principles of climate change impacts and possible precautions they could impose.

A suitable preparedness and rapid response system is crucial.

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INFECTIONS CAUSED BY ERW AND THEIR PREVENTION

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Varicella zoster virus is the 3rd herpes virus, which has a larger percentage encountered in childhood. Highly infectious disease, occurs seasonally and is manifested clinically as chickenpox - varicella.

The herpes virus is a typical period of latency and reactivation, which may cause the immune compromitation in frequent stressful situations shingles - herpes zoster.

The authors address the clinical picture of disease, complications and treatment options presented and the current vaccination against the virus.

Diseases caused by varicella-zoster virus among compulsorily reported to public health authorities.

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INDOOR AIR QUALITY AND HEALTH IN RURAL AND URBAN AREAS IN SLOVAKIA AND ROMANIA

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Indoor air pollution is a public health problem in both developed and developing countries. Urbanized areas are increasingly use fuels and energy sources, such as kerosene, gas, and electricity. In contrast, rural communities in central and eastern European countries still rely heavily or exclusively on biomass fuels, such as wood and dung. Although the use of these kinds of fuels and energy sources is being pushed out in the developed world by environment and health-friendly alternatives there are still places where these traditional techniques prevail.

The aim of this project is to assess the indoor air quality and the noise pollution in the rural and urban areas and describe the exposure sources in the households of these settlements.

We will collect data on indoor air exposure, on respiratory health and also on noise exposure. A questionnaire will be designed to collect data on respiratory health outcome and on exposure. We will measure indoor air quality characteristics such as particulate matter concentrations (continuous sampling for PM_{2.5} and PM₁₀ and overall PM), CO and CO₂ concentration and noise exposure. Indoor air concentrations data will be linked to self reported respiratory health symptoms and the spirometry test results among the inhabitants of the studied houses in the winter and in the summer.

We expect different levels of hazard present during these times of the year because we assume burning fossil fuels for heating and cooking to be the main source of hazards in the indoor environment.

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HISTORY OF TRAUMA SURGERY IN CENTRAL EUROPE

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Trauma Surgery is a part of chain of care for victims of injury or trauma. It represents an integral part of any trauma system. History of medicine describes, how surgery made major steps forward during wars. Physicians learned by doing how to treat wounds, broken bones, bleedings, etc. Only after the World War I the need for specialized surgical discipline was recognized. This was closely related to Lorenz Boehler, who initiated a trauma clinic in Vienna. Building on established emergency system in Vienna connected to Jaromir Mundy the trauma surgery developed into a recognized medical discipline. The system and techniques published was subsequently transferred to many countries of former Habsburg's monarchy, creating thus institutes for trauma treatment in Brno, Czechoslovakia, in Budapest, Hungary, in Zagreb, Croatia. Today, the trauma surgery departments are in all major hospitals in Central Europe saving lives of people after trauma.

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EVALUATION OF DEPRESSION LEVEL USING PHQ9 AMONG DIABETES PATIENTS

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Key words : diabetes, depression, chronic illness, costs

The main objective of this pilot study was to determine the prevalence of depression among diabetes patients living in Trnava County in Slovakia.

There were a total of 1065 patients involved with clinically confirmed diabetes from Trnava County. The prevalence of depression was determined using the Patient Health Questionnaire (PHQ9). The data were collected from August 2008 to February 2009.

Most of the patients were women (60%) and over 60 years old. The majority of the participants was married, had a junior middle school degree and was retired (not on medical ground). The mean of the years since diagnose was 9, the maximum was 60 years. Most of participants had other health problems besides diabetes - high blood pressure, heart conditions, arthritis or rheumatism, osteoporosis, etc. Prevalence of retinopathy was 9% and prevalence of diabetic feet was 3%. More than 23% of participants were insulin-dependent. From total 1065 participants 202 participants had depression according to results from screening tool – PHQ9. The prevalence was 19%.

The preliminary results demonstrate that the prevalence of depression as determined by the tool we used is relatively high. The subsequent treatment of these patients in Slovakia is not sufficient and a guideline and treatment plan should be developed.

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PROBLEMS OF PROFESSIONAL EXPOSURE TO MAN-MADE MINERAL FIBRES IN FACTORY WITH PRODUCTION AND PROCESS GLASS FIBRES

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Key words: glass fiber(s), dust, Man-Made Mineral Fiber(s), professional exposure, carcinogenicity

Many countries asserting precaution that limited using all respirable fibers with man-made mineral fibers that there are to establish in substitute productive programs instead of asbestos fibers. By using MMMF instead of asbestos is necessary to conscious that they would be more risks of carcinogen than relative dangerous asbestos fibers.

Goals of my work was analysis of subject troubles workers exposuring man-made mineral fibers- concrete glass fibers on workplace production and process glass fibers. Simultaneously, was executed objectivisation and assessment dust on comparable workplaces.

Analytic study acted in company on production and process glass fibers in Trnava on workplace PR by observation method and on the same workplaces was executed objektivisation dust with instrument MIKRODUST PRO. Following aggregate created 120 workers, from out 60 exposed to glass fibers and 60 non- exposed. Some information about dust on workplace were obtained from section BOZP and from owner measurement. Results confirmed statistical significance difference in occurrence skin ailments between exposed and non-exposed workers (38% vs. 6% ; $p \leq 0,05$). By eyes ailments and ailments with respiration was not confirmed statistical significancy difference in occurrence. Higher shiftlong concentration was measured at dust running ($K_c = 1,217 \text{ mg.m}^{-3}$) in compare with non dust running ($K_c = 1,018 \text{ mg.m}^{-3}$). These value did not cross the highest exposure limit $\text{NPEL}_c = 4 \text{ mg.m}^{-3}$.

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CRITERIA FOR HABILITATION: INFLUENCE ON RESEARCH OUTPUT AT AUSTRIAN MEDICAL UNIVERSITIES

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Goal

To investigate the influence of strict, transparent and fair criteria for habilitation on the research output of the three Austrian Medical Universities.

Methods

PubMed / Medline search on Sept 8, 2009 with these keywords: Vienna / Graz / Innsbruck [Affiliation] AND Year [Publication Date]. This PubMed / medline search covered 1979-2009 (30 years). Internet search for "Habilitation", "Kriterien", and Austrian universities.

Habilitation

= venia legendi; the right to teach at a university department, limited to the scientific field of the „Dozent“.

Based on the decision of a university committee („Habitations-Kommission“); knowledge in the chosen scientific field must be proven to and certified by the committee.

Old criteria (up to 1984): “venia legendi” based on number of publications, of lectures at conferences, and a monograph (thesis). Originals papers, case reports, letters, proceedings of conferences, and review articles were acceptable; there were no criteria regarding the journals where these papers were published.

The committee nominated 3 reviewers who were supposed to determine the quality of the research output, write an opinion, and make a recommendation to the committee. After a favourable vote the committee invited the candidate to give a lecture at the “Habitations-Colloquium” where the candidate had to present his/her research. After the colloquium the committee voted to accept or reject the candidate.

Consequences of the old criteria: Originals published mostly in German, without at least English abstracts, originals published in local journals only, reviews based on opinion rather than research. Good connections were more important than good research. Between 1979 und 1984 (6 years) the 2800 researchers at the 3

Medical Universities produced a total of 38 papers that were internationally available (published in journals listed in PubMed / medline).

New criteria (since 2002):

MU Vienna: Only published or accepted original research papers are counted; reviews, case reports, books or chapters in books, proceedings, etc. are not evaluated. Minimum: 2 publications in top journals (1 as first author), 10 or more in standard journals; 1 top = 2 standard publications; minimum: 8 publications as first author.

MU Graz: Original papers, short communications, and case reports (50%) are counted; Journal classification: Top (first 20%) 5 points, Standard 1 (21-40%) 3 points, Standard 2 (41-60%) 1 point, Standard 3 (<60%) 0.5 points (max. 6 p). Minimum: 2 top papers (1 as first author), total 30 points (15 points as first author).

MU Innsbruck: Original papers and case reports (50%) are counted: Journal classification: Top (first 20%) 5 points, Standard 1 (21-40%) 4 points, Standard 2 (41-60%) 3 point, Standard 3 (61-80%) 2 points, Standard 4 (<80%) 1 point (max. 10 p). Minimum: total 42 points (14 points as first or last author).

In addition, student teaching: 1 semester, “international reputation” (number of invited lectures and review papers), and university activities (member of committees, etc) are evaluated at all 3 universities.

Consequences of the new criteria: Research published mostly in international journals; between 2001 and 2008 (7 years) the 2800 researchers at the 3 Medical Universities produced 24135 papers that were internationally available. This equals 1,23 papers / researcher / year.

Conclusions: Strict criteria for habilitation (and, eventually, for full professorship) led to an increase in the number of papers published in recognized journals. If a department / university wishes to be internationally recognized establishment of strict criteria for habilitation and full professorship are essential.

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IMMIGRANTS INTEGRATION AND HEALTH POLICIES IN SELECTED EUROPEAN COUNTRIES

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Keywords: immigrants, access, health care, health status, barriers

Aims: To **analyse** available demographic and statistic health status data of immigrants, conditions and lows of foreigners providing health care. To define barriers from different points of view by making use of immigrants health services.

Methodology: Data were drawn from publications of WHO, IOM, OECD, UNFPA, Eurostat, MedLine, Medscape, portal MPI, EU and from journals Eurohealth, Euro Observer.

Results: In the countries, where the flow of immigrants has finally started since last 5 years, negatives are mostly in immigration policy. Indeed immigrants suffer by infection diseases, gr avidity problems and psychosocial disorders. Health systems most often divide immigrants to 3 basic groups: legal immigrants, people seeking asylum and irregular immigrants, whom access to health care is providing by different ways. In the Europe exist national and non-governmental organizations, that are helping with questions solving related access to immigrants health services or providing health services by themselves, but they are mostly concentrated only in the biggest towns. Barriers are growing part of immigrants, part of providers of health care and legislative barriers inherent, too.

Conclusion: There are only few data providing conclusive overview about health status and access to health care by immigrants, but also less information about eventual increasing problems by its application. Better integration and access to health information and health care is able to decrease immigrants and home population differences.

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VACCINATION BEFORE TRAVEL TO TROPICAL COUNTRIES

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Now we have a wide range of travel opportunities and understanding of countries which 20 years ago before we were an absolute taboo.

Countries that are in our temperate zone do not pose significant risks to our health in keeping with current hygiene habits, but if you plan to visit an exotic tropical country in terms of geographical zones is needed in sufficient time to consult the ambulance for exotic diseases.

The author in his presentation given to any possible vaccinations before traveling to tropical areas.

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DIFFERENTIAL DIAGNOSIS OF FEVERS AFTER RETURNING FROM TROPICAL COUNTRIES

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Travel to tropical areas of work or private reasons to become a normal part of our lives. In some cases, however, stay abroad complicating various diseases. Furthermore, dyspeptic difficulties is the second most common diagnosis of febrile state. The authors describe the differential diagnosis of febrile in conjunction with the residents in the tropics.

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QUALITY OF LIFE OF PEOPLE LIVING IN A SLUM WITHIN KENYA

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Key words: slum, poverty, social and health aspects, quality of life.

The study reflect upon the reality of the slums from the health and social aspects. Slum is a place where highest level of poverty can be found it is usually situated on the periphery of a city and is mostly habited by the poorest and social disadvantaged people. Because of the lack of land, social services and a high level of unemployment, people are living in conditions trenched with human dignity. Health care for majority of people in the slum is inaccessible, people suffer from many diseases which are very rare in western world. We focus especially on the qualite of life of people living is slum of Nairobi in Kenya.

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STROKE MORTALITY IN THE CZECH REPUBLIC

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Objective. To assess long-term trends in mortality from stroke in the Czech Republic (population 10 mil. inhabitants) was the aim of the present study.

Design and Methods. Yearly mortality from stroke in the Czech Republic was recorded from 1950 to 1999. The data on overall mortality and mortality for each gender separately were processed by spectral analysis (Blackman-Tukey method). In view of a prominent about 50-year cycle, analyses were repeated on the residuals from this long-term trend and from a third-order polynomial.

Results. Prominent about 50-year cycle ($p < 0.01$) and about 15-year cycle ($p < 0.05$) were found in men and women. Amplitude of about 50-year cycle in total mortality data was 2123 death per year (corresponding original data are: 1950 – 8000 death per year, 1985 - 22000 death per year, 1995 – 11000 death per year). In view of the non-sinusoidal waveform of the about 50-year cycle, a third-order polynomial was fitted to the data and the amplitude of about 15-year cycle was assessed to be 384 death per year.

Conclusion. The time course of stroke death is influenced by socio-economic development and by cyclic environmental factors. The proportion of both components cannot be not yet established.

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EPIDEMIOLOGICAL SITUATION OF TICK - BORNE ENCEPHALITIS IN SLOVAKIA FROM 1998 TO 2007

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Key words: tick-borne encephalitis, Slovakia, morbidity, seasonality

Aims: The main aim of this analysis is to describe a development of morbidity of TBE in Slovakia from 1998 to 2007. Other aims of the work are to describe an age-specific morbidity and morbidity in different regions of SR, to identify and describe seasonality of TBE. This work also includes information of numbers of sold vaccines against TBE for children and adults and the number of hospitalization due to TBE. The last aim of this work is to describe the most common way of transmission of TBE, also to identify the highest-risk professions and to describe a mortality of TBE in Slovakia from 1998 to 2007 and calculate relative risk for exposed group with tick-borne encephalities.

Materials and Methodology : Occurrence data of TBE and initial demographic data were obtained from the registers of the National Office of Public Health, the Regional Office of Public Health in Banská Bystrica, the National Health Information Center of the Slovak Republic and the Statistical Office of the Slovak Republic.

During the period 1998 - 2007 were recorded 689 cases of TBE (A 84.1). From the total number of sick persons were 62% men.

The morbidity by region and the age –specific morbidity by region are standardized.

Results: The standardized morbidity of TBE was moderately decreased from 1998 to 2007 in Slovakia (1998 – 7,85 cases per 100 000 inhabitants; 2007 – 7,74 cases per 100 000 inhabitants). Higher morbidity of TBE was in men like than women. During followed years the highest age-specific morbidity was higher in age group 45-64 years old. (2,3 cases per 100 000 inhabitants, year 1998; 3,05 cases per 100 000 inhabitants, year 2007). The highest standardized morbidity of TBE was in the Trenčín Region (35.28 cases per 100 000 inhabitants).

During followed years there were two peaks of distribution of TBE in Slovakia during the year – higher in June (1998 – 2002: 92 cases; 2003 – 2007:104 cases) and lower in October (1998 – 2002: 16 cases; 2003 – 2007: 28 cases). The number of hospitalization was increased slightly (by 9, 88%). The number of the sold vaccines was increased in the child population and also the adult population. The most common (51,7%) way of transmission of TBE in the monitored period in Slovakia was tick bite. After non-specific occupation (30%) there were two groups with the highest-risk: first group were pensioners and second one were unemployed people(15,5%). During followed period there was no case of death caused by TBE. Inhabitants, living in Trenčín region, had increased relative risk in comparing to inhabitants from Bratislava region.

Conclusion: The results show slightly increasing trend of incidence of TBE during followed period. The main risk factors which have been shown in our study are sex, living in Trencin region and age group 45-64 years old. We recommend to increase the quality of collecting data about TBE and improve vaccination especially in risk groups.

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THE NEW PUBLIC HEALTH AND IMPLICATIONS FOR EDUCATIONAL ACTIVITIES IN THE TRNAVA UNIVERSITY

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The first edition (2001) of the book *The New Public Health*, written by Theodore H. Tulchinsky, MD, MPH from Hebrew University-Hadassah and Elena A. Varavikova, MD, MPH, PhD I. M. from Sechenov Moscow Medical Academy Moscow resulted in a small revolution within the public health community. For those, who refuse to recognize clinical services as a part of the public health, this was a surprise and a challenge. Over the time, the shock diminished and the new concept was accepted by many, if not majority of public health professionals. The implications for practice are numerous: public health professionals getting involved in quality of care provided by hospitals, GPs, other health institutions. Their involvement in planning and evaluating policies and their impacts. Assessing health technology and available evidence in connection with the best practice. And many others.

There are various consequences for the Faculty of Health and Social Work. One of them is recent orientation on clinical epidemiology in terms of evidence based best practice. The School has a view of expanding the research towards molecular epidemiology and genetics. As a result of this there is an increasing number of projects addressing quality of care provided by hospitals, GPs and other health care facilities. However, there is also couple of restrictions, which limit our aims. One of them is low participation of clinicians from our faculty on those activities. Another stems from limitations to access to patients' records. However, we are convinced, that by keeping the direction, we will overcome most of the limitations.

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ASSESSMENT OF NEEDS FOR HEALTH CARE IN SOUTH SUDAN AFTER WAR

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The signing of Naivasha peace agreement as signed in Nairobi in beginnings of 2005 opens up possibilities for rebuilding South Sudan. Cordaid E&R has asked in 2005 Erik Heijdelberg MA, MsC and Martin Rusnak MD, PhD of Public Health Consultants Amsterdam to carry out an inventory of the health situation after recently ended war and health policies in South Sudan with a special focus on the Aweils. The mission has worked in the context of the Cordaid Emergency and Rehabilitation objectives and intentions for South Sudan. This indicates that the focus of the inventory of needs and identification of opportunities in health is framed by emergencies and a need for rehabilitation of the health system. The war left over a heritage of destroyed health care system followed with extreme prevalence of diseases mostly of social and environmental origin. The mission visited number of places in the area and tried to estimate the health needs. Observation was used as the epidemiological basis of needs assessment. Based on the project's results the Cordaid built up permanent office in Nyamlel and continues provision of support to people in the area.

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TEN YEARS OF NEUROTRAUMA RESEARCH IN AUSTRIA AND CENTRAL EUROPEAN AND BALKAN COUNTRIES

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The International Neurotrauma Research Organization (INRO) was established in November 1999 based on private initiative. The organization was registered as a “verein”, or non-for-profit organization according to Austrian law. The organization built upon previous research being executed in Central Europe, Baltic and Balkan countries based on a grant from Open Society Institute in US. The grant supported development of a database to track patients with severe Traumatic Brain Injury (TBI), and implementation of evidence based guidelines in hospitals. The project was coordinated by the Aitken Brain Trauma Institute, later renamed to Braintrauma Foundation and led by prof. Dr. Jamshid Ghajar, PhD. Based on experiences gained from this project and previous activities of prof. DrMed. Walter Mauritz, PhD the newly established organization in Vienna applied for funding from Jubilaem Fund, Austrian National Bank to study the use of TBI guidelines in 7 Austrian hospitals. New database ITCP was developed for the purpose. Successful application for FP6 program funding allowed to roll out a program for Balkan countries with a participation from Austria, Slovakia and Czech Republic. Those grants provided more than 1.000 patient's records which were subsequently analyzed and results published. INRO continues activities in research and education, too. It provides space and tutoring for several doctorand students in close collaboration with Trnava University.

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QUALITY MONITORING AND INDICATORS IN SLOVAK HEALTH CARE

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Key words: Health care, Quality, Safety, Indicators

Finding ways how to deliver high-quality health care to diverse populations and to respect diverse client's expectations is a major challenge for the public health. The quality monitoring systems with good defined indicators, adequate utilization of information technology and articulated self learning component could have the significant impact on the quality, safety and performance in the health care.

Quality indicators already monitored on national level and also in individual hospitals (in the frame WHO PATH project) in Slovakia are summarized. Results are compared with consumers' based health care system rating in EU countries. Feedback regarding the quality monitoring from the focus group consisted from Slovak experts is included in the discussion as well.

For the future development of good quality and safety indicators system in Slovak health care is important the utilization of international experiences same as the continuity in the building the own comprehensive quality monitoring system. Interactions with e-Health initiatives could have synergistic effect.

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INJURIES AND THEIR CONSEQUENCES - QUALITY OF LIFE AND UTILIZATION OF POST INJURY HEALTH CARE SERVICES IN TRNAVA REGION

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Key words: injuries, quality of life, health care services

Aims of work:

The aim of the work is to describe epidemiology situation in the field of injuries with long-term consequences in the Trnava region. Another aim is to evaluate quality of life of people after injury and to evaluate access and utilization of post injury health care services and satisfaction with provided services.

Methodology:

Data were obtained by questionnaire. File consists of patients who were injured and according to their physician's recommendation undertook rehabilitation. Patients were interviewed by university students. Data were obtained for year 2009.

Results:

The file consists of 121 respondents. More men were injured than women. The most often place of injury is a household. The most often mechanism of injury is falling down. Respondents are satisfied with equipment of the rehabilitation facility in 54 per cent and in 64 per cent they are satisfied with staff.

Conclusion:

At this stage deals our work with the partial results which are processed continuously. In the second phase of the project we will contact respondents by

phone where we will be interested in changing their health condition after
rehabilitation

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QUALITY OF LIFE QUESTIONNAIRES (QLQ) FOR CHRONIC RESPIRATORY DISEASES

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EPIDEMIOLOGICALLY INTERESTING CASE STUDIES OF VIRAL HEPATITIS - CASUISTICS

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The author presents the work of 3 very interesting case studies from the perspective of infectious diseases, primarily in terms of epidemiological history which is vital for further differential diagnostic search for a definitive diagnosis.

In the first presented case, the author pays attention to the transmission of viral hepatitis A.

Another case report confirms us in that part of history can be even harder to define an issue on sexual behaviour of the patient, we determined that other diagnostic possibilities and several ongoing infections simultaneously.

Last presented case report shows that the disease does not affect only the weaker social strata, but accepting them even a qualified man for failure to comply with basic hygiene - epidemiological patterns.

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ANTI-APOPTOTIC B-CELL CLL/LYMPHOMA ONCOPROTEIN 2 CHANGES IN ENDOMETRIAL HYPERPLASIA AND IN ENDOMETRIAL CARCINOMA

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Key words: Endometrial hyperplasia, Endometrial carcinoma, Oncoprotein Bcl-2, Immunohistochemistry, Prognostic marker

26 kDa B-cell CLL/lymphoma oncoprotein 2 (Bcl-2), from Bcl-2 protein family, is in the outer membrane of mitochondria, nucleus and surface of the endoplasmic reticulum of cells. It plays the central role in the inhibition of apoptosis. Its role in endometrial carcinoma is mostly unclear. Archived formalin-fixed and paraffin-embedded human endometrial biopsy specimens with proliferative endometrium, atypical complex endometrial hyperplasia (ACH), endometrioid (EC) grade G1 and G3, and clear cell (CCC) subset of endometrial carcinoma were evaluated

immunohistochemically for the Bcl-2 expression in cytoplasm of endometrial epithelial cells. The findings were evaluated semiquantitatively by light microscopy. Expression of Bcl-2 was high in proliferative endometrium, but it was gradually going down in ACH and further with the grade of EC. In CCC the expression of Bcl-2 was the lowest and it correlated with the worse clinical course of tumour disease. The evaluation of Bcl-2 expression in endometrial carcinoma by immunohistochemistry, could be relevant component, which may be useful in clinical practice. Supported by the grant 2007/28-UK-05 MZ SR and the Governor Dipl. Ing. T. Buček, 2006-07 LCI D-122.

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THE IDENTIFICATION OF THE PRO-APOPTOTIC BCL-2-ASSOCIATED X PROTEIN (BAX) IN PHYSIOLOGICAL AND MALIGNANT HUMAN ENDOMETRIAL TISSUE

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Key words: Physiological endometrial tissue, Malignant endometrial tissue, Bcl-2-associated X protein, Immunohistochemistry.

B-cell CLL/lymphoma oncoprotein 2 (Bcl-2) -associated X protein (Bax) pro-apoptotic partner, that has extensive amino acid homology with Bcl-2 oncoprotein, has molecular weight of 21 kDa. It belongs to Bcl-2 protein family, whose members act as anti- or pro-apoptotic regulators of cells. Protein Bax is in the outer mitochondrial membrane of cells also. Overexpressed Bax accelerates apoptotic death. Archived formalin-fixed and paraffin-embedded human endometrial biopsy specimens with proliferative endometrium, endometrioid grade G1 and G3, and serous histological subset of endometrial carcinoma were evaluated immunohistochemically for the Bax expression in cytoplasm of endometrial epithelial cells. The findings were evaluated semiquantitatively by light microscopy. The expression of Bax was irregular weak in proliferative endometrium. Malignant

changes of endometrium were accompanied by an increased in Bax expression. The highest rate of the Bax expression was related to the aggressive serous subset of endometrial carcinoma. Its evaluation by immunohistochemistry is a relatively cheap and simple method usable for clinical practice. Supported by the grant 2007/28-UK-05 MZ SR and the Governor Dipl. Ing. T. Buček, 2006-07 LCI D-122.

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COLLAGEN TYPE IV EXPRESSION IN CELL BASEMENT MEMBRANE OF NORMAL ENDOMETRIUM, OF ENDOMETRIAL HYPERPLASIA AND OF ENDOMETRIAL CARCINOMA

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Key words: Endometrium, Endometrial hyperplasia, Endometrial carcinoma, Collagen type IV., Immunohistochemistry

550 kDa collagen type IV (Col4) protein, a major component of cell basement membrane (BM) that is responsible for mechanical resistance. BM is highly specialized extracellular matrix structure, which play an important role in anchoring epithelial cells and separating them from the adjacent stroma. Using immunohistochemistry, we investigated the Col4 expression in BM of endometrial epithelial cells from archived formalin-fixed and paraffin-embedded biopsy tissue specimens with normal endometrium and compared it to the expression pattern in hyperplastic and neoplastic endometrium. The Col4 expression was high in normal proliferative and in hyperplastic endometrium, but it was gradually going down with the grade of histological differentiation of endometrioid subset of endometrial carcinoma (less aggressive phenotype). In serous subset of endometrial carcinoma

(aggressive phenotype) the Col4 expression was the lowest and it correlated with the worse clinical course of oncological illness. Our results indicates that malignant changes of endometrium are accompanied by a decreased in Col4 expression in cell BM. Altered composition and assembly of BM may influence carcinoma cell growth and invasion. Supported by the grants 2007/28-UK-05 MZ SR, VEGA 1/4313/07, VEGA 1/4252/07.

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CURRENT SOCIAL PROBLEMS IN SLOVAKIA FROM THE PERSPECTIVE OF SOCIAL WORK

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Key words: social exclusion, poverty, social work, community development

The paper deals with current issues of social work in the Slovak Republic, which are associated with the globalization process. In particular, poverty and social exclusion and other related problems are also challenges for social work:

- Unemployment
- Poverty and social exclusion
- Large socio-reconomic differences between regions in Slovakia
- Trafficking
- Roma population.

The article also lists ways of tackling the problems mentioned above in terms of the SR

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THE STANDARDIZED MORBIDITY OF THE LYME DISEASE BETWEEN 1998 - 2007 IN CERTAIN EUROPEAN COUNTRIES

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Key words: Slovakia, Czech Republic, Switzerland, Standardized morbidity,
European standardized population, Lyme Disease, relative risk

Aim: The main purpose of this thesis was to determine and compare the standardized morbidity of Lyme disease in several European countries within the past decade. The secondary purpose of this thesis was to determine the situation and trend of morbidity of Lyme disease in all of the Slovakian regions, age-specific morbidity, morbidity by gender, and by seasonality during the followed time.

Material and Methodology: Input data of Lyme disease morbidity in Slovakia were obtained from Regional Institute of Public Health in Banská Bystrica and demographic data were obtained from Statistical Office of the Slovak Republic. The data about Lyme disease morbidity in Czech republic were obtained from Department of Public Health, Prague and demographic data were obtained from Health Statistical Yearbooks of Czech republic. Data about the disease morbidity from Switzerland were obtained from Bundesamt für Gesundheit and demographic data were obtained from Bundesamt für Statistik. Data by gender and age-specific group were obtained from the databases of United Nations Economic Commission for Europe and were used to calculate the standard population. Microsoft Excel was used to calculate the standardized morbidity and risks. Microsoft Excel was also used to create the graphs from the data.

Results: Standardized morbidity of Lyme disease was the highest in Trenčín region, Slovakia, in the age group 45-54, in the period 1998-2007.

Standardized morbidity of Lyme Disease was the highest in female sex group in the age group 45-54 in Slovakia.

The Seasonality of the Lyme disease morbidity was the highest in June and July in Slovakia.

In Czech Republic, standardized morbidity of Lyme Disease was the highest in age group 45-54 in the period 1998-2007.

In Switzerland, standardized morbidity of Lyme Disease was the highest in age group 5-9 in the period 1999-2003.

In selected European countries, standardized morbidity of Lyme Disease was the highest in Czech republic in age group 45-54 through the analyzed period 1999-2003.

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THE IMPACT OF SOCIAL FACTORS ON THE OCCURRENCE OF SPONTANEOUS ABORTION AND ARTIFICIAL ABORTION IN THE DISTRICT OF TRNAVA AND GALANTA FROM 1998 TO 2007

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Key words: spontaneous abortion, artificial abortion, social factors, education

Aims: To describe differences in spontaneous and artificial abortion in the district of Trnava and Galanta during the exact period. To identify the tendency of development of abortion and abortion according to the age. To find out the impact of social factors on abortion in the exact period.

Materials and methodology: We obtained the statistical data from the Statistical Office of the Slovak Republic, from 1998 to 2007. The data are available on the web side. The information about the number of women in the various districts and during the exact period were given to us through the order of statistical information from the Statistical Office. For the exact comparison of abortion in the district of Trnava and Galanta we applied the method of direct standardization. The file was analysed by the MS EXCEL. The statistical significance of differences were evaluated by Chi-square test. The level of significance is considered as the very important point of the significance.

Results: We found out that there are statistically meaningful differences in the exact districts. Standardized spontaneous abortion in the district of Galanta is 30,73/1000, in the district of Trnava it is lower, 18,77/1000. Age-specific spontaneous abortion is the highest in the group of 25-29 years, with an increasing number of years it goes down, but the development in the last years increased. Spontaneous abortion according to the marital status and level of education is in both districts statistically significant, according to the number of live births the difference is not statistically significant. Standardized artificial abortion in the district of Galanta is 108,87/1000, in the district of Trnava it is lower, 85,33/1000. The age-specific artificial abortion is highest in group of 25-29 years, the trend of development of artificial abortion in this exact period is going down. Artificial abortion according to the

marital status and the level of education is not statistically significant, according to the number of live births the difference is statistically significant.

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OPPORTUNITIES OF LIFE QUALITY IMPROVEMENT OF ASYLUM SEEKERS IN SLOVAKIA

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Key words: Asylum, asylum seekers, care, social worker, quality of life.

Many people are forced to leave their homes each and every year because of various reasons. These people go to another country because their country of origin is not safe for them, they must leave because their freedom or their lives are imperilled because they have fear of persecuting for reason of race, religion, nationality, membership of a particular social group, or political opinion. They are refugees/asylum seekers. Asylum seekers and refugees are the most vulnerable people.

This contribution is about the asylum seekers who must leave everything what they knew. These people need and have special protection and care. We are mainly focused on describing of situation of asylum seekers in Slovakia and we also write about care of them.

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