

Реферати

**ЗМІНИ ПОКАЗНИКІВ ТОЛЕРАНТНОСТІ
ДО ФІЗИЧНОГО НАВАНТАЖЕННЯ
У ХВОРИХ З ХРОНІЧНОЮ СЕРЦЕВОЮ
НЕДОСТАТНІСТЮ ТА ЛАТЕНТНИМ
ЗАЛІЗОДЕФИЦИТОМ**

НА ТЛІ ПЕРОРАЛЬНОЇ ФЕРОТЕРАПІЇ
Іванов В.П., Колесник М.О., Колесник О.М.,
Білонько О.Ф., Ньюшко Т.Ю.

Відомо, що залізодефіцит (ЗД) при хронічній серцевій недостатності (ХСН), незалежно від наявності анемії, сприяє розвитку дисфункції скелетних м'язів, що приводить до зниження толерантності до фізичного навантаження (ТФН) у пацієнтів. Метою дослідження було оцінити зміни показників ТФН у хворих з ХСН зі зниженою фракцією викиду лівого шлуночка та супутнім латентним ЗД на тлі стандартного лікування в комбінації з тривалою пероральною феротерапією. Отримані дані продемонстрували, що проведена пероральна феротерапія супроводжується більш суттєвим покращенням показників ТФН у пацієнтів з ХСН, порівняно із застосуванням лише стандартного лікування. Це свідчить про доцільність 6-місячної ферококорекції латентного ЗД при лікуванні ХСН зі зниженою ФВ ЛШ, з метою покращення стану і працездатності таких пацієнтів.

Ключові слова: хронічна серцева недостатність, латентний залізодефіцит, оральна феротерапія

Стаття надійшла 20.06.2019 р.

**ИЗМЕНЕНИЕ ПОКАЗАТЕЛЕЙ
ТОЛЕРАНТНОСТИ К ФИЗИЧЕСКОЙ НАГРУЗКЕ
У БОЛЬНЫХ С ХРОНИЧЕСКОЙ СЕРДЕЧНОЙ
НЕДОСТАТОЧНОСТЬЮ И ЛАТЕНТНЫМ
ЖЕЛЕЗОДЕФИЦИТОМ НА ФОНЕ ПЕРОРАЛЬНОЙ
ФЕРРОТЕРАПИИ**

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Известно, что железодефицит (ЖД) при хронической сердечной недостаточности (ХСН), независимо от наличия анемии, способствует развитию дисфункции скелетных мышц, что приводит к снижению толерантности к физической нагрузке (ТФН) у пациентов. Целью исследования было оценить динамику показателей толерантности к физической нагрузке у больных с хронической сердечной недостаточностью со сниженной фракцией выброса левого желудочка и сопутствующим латентным ЖД на фоне стандартного лечения в сочетании с длительной пероральной ферротерапией. Полученные данные продемонстрировали, что проведенная дополнительная пероральная ферротерапия сопровождается более существенным улучшением показателей толерантности к физической нагрузке у пациентов с ХСН по сравнению с применением только стандартной терапии. Это свидетельствует о целесообразности 6-месячной ферококорекции латентного ЖД при лечении ХСН со сниженной ФВ ЛЖ, с целью улучшения состояния и работоспособности таких пациентов.

Ключевые слова: хроническая сердечная недостаточность, латентный железодефицит, оральная ферротерапия

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DOI 10.26724/2079-8334-2020-2-72-63-67

UDC 616.891-0001.3-036.82:355.11/422

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**BASIC PREDICTORS OF POST-TRAUMA STRESS DISORDER FORMATION AMONG
COMBATANTS**

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In the present work, the authors identify predictors of the post-traumatic stress disorder (PTSD) formation among combatants. The study results include: a) tendency to express negative feelings through the form and content of verbal answers; b) unstable balance between the simultaneous desire for truthfulness and aggravation of PTSD symptoms, which provides a PTSD prognosis at the level of $\Sigma D = 20.59 > 20$; c) correlation with the PTSD forecast of $\Sigma DK = 15, 82 > 13$. Thus, an important component of the rehabilitation for combatants with PTSD is the creation of an appropriate therapeutic environment based on a patient-centered approach to potentiate the psychological, psychotherapeutic work aimed at restoring the relations between combatants, at the level of micro- and macro-environment.

Key words: combatants, post-traumatic stress disorder, post-stress mental disorder, combat mental trauma.

The work is a fragment of the research project "Substantiation of applying diagnostic and restorative psycho-physiological measures in the post-contusional period of servicemen", state registration No. 0118U00326.

The peculiarity of wars and military conflicts of today has become a manifestation of characteristic specific symptoms in many of its participants and in those occurring in the battle area, that are associated with the complex influence of physical, psychological, informational and other factors of war and related informational and cognitive influences on people. According to the WHO, 16.2% and 12.5% (out of 10% of citizens in 21 countries) suffer the consequences of war or traumatic injuries, respectively [1, 3, 9, 10]. Combat mental trauma (CMT) causes major disorders in combatant serviceman - mental maladaptation states - in 80% of cases, and among the wounded, according to the experience of local armed conflicts, mental disorders make almost 50% [2, 4, 5].

Stress-related mental disorders occurring during military operations are one of the major internal barriers to combativity and efficient performance of professional duties by combatants (up to the reduced

ability to participate in active combat), and subsequently to adaptation in ordinary life through the layering of new stresses associated with social maladaptation.

Therefore, selection of predictors of the post-traumatic stress disorder (PTSD) formation among combatants and development of effective strategies for their early diagnosis and prevention are pressing issues today.

The purpose of the study was to determine the predictors of PTSD formation among combatants based on the comparative analysis of psychiatric history indices.

Materials and methods. During 2016-2018, 150 servicemen in the Armed Forces of Ukraine (AFU) and in military unit A0139 were inspected in compliance with the principles of ethics and deontology, based on the informed consent to participate in the examination, on the basis of the psychiatry clinic at the National Military Medical Clinical Center "Main Military Clinical Hospital".

The sample was formed by the simple probabilistic sampling method (using the random numbers table), the required sample size was determined by the method of current assessing the differences significance by Rafales-Lamarck ($p < 0.05$ was accepted as the threshold confidence level) [2].

According to the criterion of PTSD presence/absence, combatants were divided into two comparison groups. Group 1 included 93 persons who were diagnosed with PTSD (F 43.1) by the criteria of MKH-10, group 2 consisted of 57 apparently healthy persons (without signs of PTSD). All of the surveyed were men, with an average age of 33.71 ± 1.34 years, mainly sergeants and unranked soldiers of the AFU, who served under the contract; the mean duration of their participation in the combat actions being 214.7 ± 41.55 .

The following study methods were used: clinical-psychopathological, clinical-anamnestic, psychodiagnostic (Buss-Durkee Hostility Inventory, BDHI, 1957), the technique for diagnosing general communicative tolerance by V.V. Boyko, and the empathy levels study by M. Yusupov [2, 5, 6].

Results of the study and their discussion. Predictors or markers of susceptibility-resistance to the PTSD formation in combatants were identified by analyzing the psychological, personality and behavioral characteristics of combatants. At the same time, the indices were taken into account according to the methods of psychodiagnostic research, which according to the scientific literature were associated with the development of PTSD.

As a result of the distribution analysis with determination of the ratio frequencies of a particular sing carriers by the comparison groups, the limit values of each index were set, after which it acquires the signs of a predictor for susceptibility or resistance to the PTSD formation. According to the Buss-Durkee Hostility Inventory, BDHI, 1957 [5, 6], it was found that the mean value of the aggressiveness index corresponded to the "social aggression" value and was significantly higher in comparison group 1 (19.60 ± 0.83 points versus 17.04 ± 0.31 at $p < 0.005$). Mean values of the hostility index were higher in the surveyed of the comparison group 2 ($p < 0.00001$), they exceeded the normative value by almost 2 times among PTSD combatants (11.57 ± 0.67 points) and by 3 times – the indices of apparently healthy combatants (17.08 ± 0.35 points) (table. 1).

Table 1

Mean values by the results of hostility and aggressiveness study (Buss-Durkee method)

Index, measuring units (points)	Mean values of the index*		p(t) **
	Group 1 (n=93)	Group 2 (n=57)	
Physical aggression	5.96 ± 0.15	4.71 ± 0.31	0.00019
Indirect aggression	5.59 ± 0.21	5.67 ± 0.22	0.39831
Irritability	6.01 ± 0.28	4.84 ± 0.27	0.00153
Negativism	3.75 ± 0.14	5.85 ± 0.29	<0.00001
Soreness	3.96 ± 0.23	4.61 ± 0.33	0.05233
Suspiciousness	6.65 ± 0.28	4.76 ± 0.27	<0.00001
Verbal aggression	8.12 ± 0.33	4.84 ± 0.25	<0.00001
Guilt feeling	5.96 ± 0.21	7.19 ± 0.27	0.00025
Hostility index	11.57 ± 0.67	17.08 ± 0.35	<0.00001
Aggressiveness index	19.60 ± 0.83	17.04 ± 0.31	0.00227

The most significant indices were those of MS - aggressiveness index > 21 points (MI = 1.87), the tendency of combatants to express negative feelings through the form (cry, scream) and the content of verbal responses (curse, threat) (verbal aggression > 8 points at MI = 1.26), hostility index > 13 points (MI = 1.20). In determining PTSD resistance, the most significant were ranges of the following features: irritability ≤ 5 points (MI = 0.78), negativism ≤ 2 points (MI = 0.67), physical aggression ≤ 5 points (MI = 0.62), verbal aggression ≤ 8 points (MI = 0.61), aggressiveness index ≤ 21 (MI = 0.60). It should be noted that the value of the latter corresponds to the normative value.

Distribution of the surveyed by diagnostic methods indices of the general communicative tolerance by V.V. Boyko and the study of the empathic tendencies level suggested by I.M. Yusupov and the levels of differences reliability in the intergroup comparison are presented in table. 2.

Table 2

Mean values of general communicative tolerance and the level of empathic tendencies

Index, measuring units (points)	Mean values of the index *		p(t) **
	Group 1 (n=93)	Group 2 (n=57)	
Method to diagnose general communicative tolerance (Boyko)			
Scale 1	6.29±0.50	4.37±0.40	0.00147
Scale 2	6.33±0.42	4.16±0.31	0.00003
Scale 3	8.21±0.51	4.27±0.35	<0.00001
Scale 4	7.68±0.47	3.09±0.22	<0.00001
Scale 5	4.99±0.44	3.41±0.14	0.00041
Scale 6	6.77±0.53	3.40±0.27	<0.00001
Scale 7	6.25±0.50	3.09±0.17	<0.00001
Scale 8	5.57±0.42	2.49±0.21	<0.00001
Scale 9	6.29±0.49	1.99±0.17	<0.00001
Scale 10	57.33±3.59	30.28±1.95	<0.00001
Empathy test by I.M. Yusupov. Empathic tendencies level	46.57±2.85	39.61±0.37	0.00838

Establishing the most significant predictors of PTSD among personality preferences in the communication process permitted, on the one hand, to determine the tendency of combatants to form this disorder, and, on the other, to determine the directions of psychotherapeutic work on correction and help combatants in dealing with problems of interpersonal interactions. The personal trends that contributed to the combatants' intolerance in communicating with other people influenced the development of PTSD to the greatest extent: scale 2 - using oneself as a standard in assessing other people's behavior and way of thinking (more than 2 points at MI = 1.45), scale 9 - inability to adjust to the character, habits and desires of others (more than 58 points at MI = 1.36), which testified to the intolerance of the combatant to others, scale 1 - rejection or misunderstanding of another person's individuality (more than 3 points at MI = 0.81), scale 3 - self-righteousness or conservatism in the estimates of others (more than or equal to 6 points with MI = 0.77), scale 4 - inability to hide or smooth out the unpleasant feelings in contact with an uncommunicative partner (more than 4 points at MI = 0.65).

Informative markers appeared to be: communicative tolerance is defined by scale 2 (see above) ≤ 4 points (at MI = 1.29), scale 1 ≤ 3 points (at MI = 1.04), scale 3 ≤ 6 points (at MI = 0.77), by scale 4 ≤ 4 (at MI = 0.73), by scale 8 (intolerance to physical or mental discomfort created by other people) ≤ 1 points (at MI = 0.59), by scale 9 ≤ 58 (for MI = 0.51). The data obtained indicate the need to include lessons on communication skills formation into treatment programs and rehabilitation training classes.

Very informative (which should be considered together with other predictors of PTSD) and a pathogenic marker that also influenced the communication problems of combatants was the level of empathic tendencies. It was a tendency for empathy registered at a level above average (more than 41 points (DC = 3.83 at MI = 0.76). This meant excessive "involvement" in another person's situation, empathy, compassion, which probably hindered the participants of local combat actions (PLCA) of performing their professional duties in combat circumstances. In its turn, the level of empathic tendencies lower than 41 points (DC = 3.48 at MI = 0.69) provided an adequate balance of sympathy for comrades, brothers and hostile attitude to the enemy.

Recent epidemiological studies have shown that military personnel involved in military conflict in the eastern region of Ukraine have different personality traits, and 30-40% of military personnel have psychopathological disorders, which are transformed into mental pathology, mainly of stressogenic origin. The most commonly diagnosed are acute reactions to the stress of the asthenic-depressive, asthenohypochondriacal and asthenic-neurotic nature (36.6-59.2%), PTSD (13.3-30.6%), disorders of adaptation (25.0-29.7%), organic affective and anxiety disorders (1.6%), psychotic (1.4%) and somatoform disorders (2.5%). This contingent of servicemen also has mental and behavioral disorders due to the use of alcohol and other psychoactive substances [7, 8, 11].

The works on PTSD also pay great attention to comorbid disorders such as depressive and anxiety disorders, mental and behavioral disorders due to alcohol and other psychoactive substances, which in 20% - 39% accompany PTSD [1, 3, 8]. However, despite the considerable achievements of recent decades, there are still a number of unresolved and rather controversial issues in the study of neurobiological and pathopsychological features of stress-related psychiatric disorders and comorbid pathology.

Conclusion

The study found that none of the psychological, personal, behavioral predictors by their mean contribution did not exceed the threshold of self-sufficiency in the PTSD prognosis ($DC > 13$), so the predisposition-resistance to the development of this disorder in a particular soldier can only be claimed when registering these markers (taking into account the desired level of reliability for such a conclusion).

Достатнього рівня значущості набули маркери схильності до ПТСР, які обумовлюють проблеми у спілкуванні комбатантів, комунікативний бар'єр. Також до найбільш значущих таких предикторів відносяться

The PTSD predisposition markers that cause combatants' communication problems, the communication barrier, have gained considerable significance. Also, the most significant predictors are:

- according to Buss-Durkee method - aggression index > 21 points ($MI = 1.87$), verbal aggression > 8 points, i.e. the tendency to express negative feelings through the form and content of verbal responses ($MI = 1.26$), hostility index > 13 points ($MI = 1.20$);

- a number of personal preferences in communication that promote intolerance in communication, and the level of empathy tendencies is higher than the mean normative (more than 41 points, $DC = 3.83$ at $MI = 0.76$).

Somatogenic and psychogenic factors related to combat circumstances, previous peaceful life, problems in interpersonal relationships (socio-demographic factors) have been found to have the greatest pathogenic impact.

References

1. Aymedov KV, Aseyeva YO, Tolmachov OA. Suchasna diahnostychna kontsepsiya posttravmatychnoho stresovoho rozladu. Arkhiv psykhiiatriyi. 2016; 22(2): 128-129. [in Ukrainian]
2. Vasserman LI. () Psikhologicheskaya diagnostika i korrektsiya v somaticheskoy klinike: nauchno-prakticheskoe rukovodstvo. SPb: Rech. 2011. 270 s. [in Russian]
3. Voloshyn PV, Maruta NO, Shestopalova LF. Diahnostyka, terapiya ta profilaktyka medyko-psykholohichnykh naslidkyv boiovykh diy v suchasnykh umovakh: metod. rek. Kharkiv: 2014. 79 s. [in Ukrainian]
4. Kozhyna AM, Haichuk LM. Psykhoosvitni zakhody v umovakh hibrydnoyi viyny. Ukrainyskiy visnyk psykhonevrolohiyi. 2017; 25(1) 124-129. [in Ukrainian]
5. Metodyka rozrobky ta vprovadzhennia metodychnykh standartiv (unifikovanykh klinichnykh protokoliv) medychnoyi dopomohy na zasadakh dokazovoyi medytsyny. Hakaz Ministerstva okhorony zdorovya Ukrainy vid 28 veresnia 2012 roku № 751, zareiestrovanyi v Ministerstvi yustytzii Ukrainy 29 lystopada za №2001/22313: dodatok 6. 2017; 25(1): 124. [in Ukrainian]
6. Raygorodskiy DY. Prakticheskaya psihodiagnostika. Metodiki i testy. Samara: "Bahrakh-M"; 2002. 2672 s. [in Russian]
7. Chernenko IO. Pokaznyky psykhiatrychnoho anamnezu yak markery rannyyoi diahnostyky PTSR u uchasykyv lokalnykh boiovykh diy. United-journal. 2018; 21: 14-18. [in Ukrainian]
8. Shestopalova LF. Doslidzhennia transformatsiyi indyvidualno-psykholohichnykh osoblyvostey kombataniv, yaki perebuvaly u zoni ATO. Ukrainyskiy visnyk psykhonevrolohiyi. 2017; 25(1) 162. [in Ukrainian]
9. Badiuk MI, Shevchuk OS. The combat stress reaction as a scientific problem of the world, and its social and medical consequences. Clinical and Experimental Pathology. 2016; 4: 10-14.
10. Dalenberg C, Carlson EB. Dissociation in posttraumatic stress disorder part II: How theoretical models fit the empirical evidence and recommendations for modifying the diagnostic criteria for PTSD. Psychological Trauma: Theory, Research, Practice and Policy. 2016; 4: 51-67.
11. Kleim B, Ehlers A. Evidence for a curvilinear relationship between posttraumatic growth and posttrauma depression and PTSD in assault survivors. Journal of traumatic stress. 2009; 22(1): 45-52.

Реферат

ОСНОВНИ ПРЕДИКТОРИ ФОРМУВАННЯ ПОСТТРАВМАТИЧНОГО СТРЕСОВОГО РОЗЛАДУ СЕРЕД КОМБАТАНТІВ

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В дослідженні автори відокремлюють предиктори формування посттравматичного стресового розладу серед комбатантів. За результатами дослідження встановлено, що достатнього рівня значущості набули маркери схильності до ПТСР, які обумовлюють проблеми у спілкуванні комбатантів, комунікативний бар'єр. Також до найбільш значущих предикторів виявлено: а) схильність до виразу негативних почуттів через форму та зміст словесних відповідей; б) нестійка рівновага між одночасним прагненням до правдивості та агравції симптомів ПТСР, що забезпечує прогноз ПТСР на рівні $\Sigma ДК = 20,59 > 20$; в) сполучення високого рівня тривожності з нормальним рівнем спонтанності, що забезпечує прогноз ПТСР на рівні $\Sigma ДК = 15, 82 > 13$. Таким чином, важливою складовою реабілітації комбатантів з ПТСР є створення

ОСНОВНЫЕ ПРЕДИКТОРЫ ФОРМИРОВАНИЯ ПОСТТРАВМАТИЧЕСКОГО СТРЕССОВОГО РАССТРОЙСТВА СРЕДИ КОМБАТАНТОВ

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В работе авторы выделяют предикторы формирования посттравматического стрессового расстройства (ПТСР) среди комбатантов. По результатам исследования установлено, что достаточного уровня значимости получили маркеры предрасположенности к ПТСР: а) склонность к выражению негативных чувств через форму и содержание словесных ответов; б) неустойчивое равновесие между одновременным стремлением к правдивости и агравации симптомов ПТСР, что обеспечивает прогноз ПТСР на уровне $\Sigma ДК = 20,59 > 20$; в) сочетание высокого уровня тревожности с нормальным уровнем спонтанности, что обеспечивает прогноз ПТСР на уровне $\Sigma ДК = 15, 82 > 13$. Таким образом, важной составляющей реабилитации комбатантов с ПТСР является создание соответствующей терапевтической

відповідного терапевтичного середовища на тлі пацієнт-центрованого підходу задля потенціювання психологічної, психотерапевтичної роботи, спрямованої на відновлення взаємин комбатантів на рівні мікро- та макро-оточення.

Ключові слова: комбатанти, посттравматичний стресовий розлад, постстресовий психічний розлад, бойова психічна травма.

Стаття надійшла 24.06.2019 р.

среды на основе пациент-центрированного подхода для потенцирования психологической, психотерапевтической работы, направленной на восстановление отношений комбатантов на уровне микро- и макро-окружения.

Ключевые слова: комбатанты, посттравматическое стрессовое расстройство, постстрессовое психическое расстройство, боевая психическая травма.

Рецензент Скрипніков А.М.

DOI 10.26724/2079-8334-2020-2-72-67-70

UDC 616.31:616.34-008-053.2

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CHANGES IN INDICES OF CHEMICAL COMPOSITION AND MINERALIZING PROPERTIES OF ORAL FLUID IN CHILDREN WITH INTESTINAL DYSBIOSIS

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The purpose of our work was to study the indices of calcium, inorganic phosphorus and mineralizing properties of oral fluid in 2-3 year-old children with intestinal dysbiosis. The results obtained allowed us to conclude that in the oral fluid of 2-3 years old children with intestinal dysbiosis there was a decrease in the content of calcium and inorganic phosphorus compared to similar indicators in healthy children. Thus, the rate of ionized calcium in the oral fluid was 0.23 ± 0.01 mmol/l, which is 1.6 times less than the corresponding indice in children of the control group (0.37 ± 0.02 mmol/l). The content of inorganic phosphorus in the oral fluid in children with intestinal dysbiosis was 4.38 ± 0.03 mmol/l, and in somatically healthy children it was 4.66 ± 0.03 mmol/l, which is correspondingly lower by 0.28 mmol/l. They also showed a decrease in the mineralizing potential of the oral fluid, which indicates the tendency of the erupted teeth to the enamel demineralization and increasing the prevalence of dental caries. The distribution of children by the level of mineralizing potential indicated that only 6.6% of children with intestinal dysbiosis have a high rate, which is more than 2 times worse than in the control group. The cooperation of a dentist and a pediatrician is necessary for the timely detection and prevention of dysbiosis emergence in children and, as a consequence, dental pathology – dental caries.

Key words: dysbiosis, oral fluid, children.

This work is a fragment of the research project "Improvement of methods of prevention and treatment of hard teeth tissues and periodontal tissues on the background of somatic pathology in children, taking into account socio-economic factors and psycho-emotional state", state registration No. 0119U102852.

In recent years, the number of children with caries developed in early childhood has been increasing [9, 11]. This is due to various local and general factors [2, 4, 6, 12], one of which is the child's diseases in the first years of life [9, 11].

Currently, the number of intestinal diseases has increased, which is caused by a violation of the qualitative and quantitative ratio of aerobic and anaerobic microflora in the lumen of this organ. This disease is called "intestinal dysbiosis" [5, 8]. Intestinal dysbiosis occurs more often and faster in infant children, any intestinal infection in them in 100% of cases is accompanied by dysbiosis. Modern epidemiological studies show that the population of the Earth to some extent have disorders in the microflora composition, which is the basis of the organism microecology [8].

Changes in the normal intestinal microflora in dysbiosis can lead to functional changes in the intestine, which leads to impaired absorption of nutrients, calcium and phosphorus, synthesis of a number of vitamins, and this adversely affects the formation of hard teeth tissues [1, 3].

The study of the condition of the hard teeth tissues and increasing their resistance in children with dysbiosis, arose because of the recent increase in clinical cases of the most acute aggressive early dental caries in children aged 1 to 5 years [9, 11]. There is a clear relationship between the intestinal flora and calcium and phosphorus metabolism, which, of course, affects the mineralization of hard teeth tissues, as well as the influence of these processes on the early caries occurrence in children with intestinal dysbiosis [1].

The purpose of the study was to study the indices of calcium and inorganic phosphorus in oral fluid and mineralizing properties of oral fluid in children with dysbiosis.

Materials and methods. The content of mineral components (calcium and inorganic phosphorus) in the oral fluid was determined in 80 children aged 2-3 years: 60 children had intestinal dysbiosis and 20 children were the control group (almost healthy children). Children with intestinal dysbiosis were registered with a pediatrician at the place of residence. Their diagnosis was determined by an infectious disease doctor on the basis of bacteriological examination during the child's stay at hospital, dental status was determined by the oral cavity examination. The content of ionized calcium and phosphorus in the oral fluid was determined using the kit "Reagent" (DAC – SpekroMed s.r.l., Moldova). The mineralizing potential of oral fluid (MPOL) was determined by its microcrystallization. Oral fluid was taken in an amount of 0.2-0.3 ml from the bottom of the oral cavity with a sterile pipette. Then at least three drops of