The Editorial Board and Editorial Office of JBCR gratefully acknowledge the time and efforts of the following colleagues from the organizing committee of the Jubilee Scientific Conference “Public Health Policy and Practice” who prepared the book of programme and abstracts for publication:

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JUBILEE SCIENTIFIC CONFERENCE
“PUBLIC HEALTH POLICY AND PRACTICE”

Dedicated to the 10th anniversary of the Faculty of Public Health, Medical University – Pleven
1 – 3 October 2015

PROGRAMME AND ABSTRACTS
DEAR COLLEAGUES,

It's my pleasure to invite you to attend the Jubilee Scientific Conference, dedicated to the 10th anniversary of the Faculty of Public Health at the Medical University of Pleven.

Since its official establishment, the Faculty of Public Health has become for a short period a leading structure within our university and a solid educational centre for training of public health professionals and managers.

Nowadays public health issues gain significant priority and importance for global development. Bulgaria faces many negative public health trends and finding solutions for their overcoming is an urgent matter. We believe that the Jubilee Conference would provide health professionals with the opportunity to exchange valuable experience and ideas, and enhance their professional connections in the field of public health research and practice for prevention and control of public health processes, and health systems’ development.

Prof. Dr. Slavcho Tomov, MD, PhD, DSc
Rector of the Medical University – Pleven
ORGANISATIONAL COMMITTEE
CHAIR OF HONOUR:
Prof. Dr. Slavcho Tomov, MD, PhD, DSc – Rector

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Assist. Prof. Atanas Anov
Assist. Prof. Asen Seizov
Programme and Abstracts of the Jubilee Scientific Conference “Public Health Policy and Practice”, 1-3 October 2015, Pleven

Contents
Vol. 8, No 1, Suppl. 1, 2015

5  Foreward
   Prof. S. Tomov

6  Committees

8  Programme planner

9  Scientific programme

20 Abstracts contents
<table>
<thead>
<tr>
<th>Programme planner</th>
</tr>
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<tbody>
<tr>
<td><strong>01.10.2015 (Thursday)</strong></td>
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SCIENTIFIC PROGRAMME

THURSDAY, 1 OCTOBER 2015

13.00 – 13.30  OFFICIAL OPENING
Ambroise Paré hall - TELEC Center

13.30 – 15.00  FIRST PLENARY SESSION
Ambroise Paré hall - TELEC Center

Moderator: Assoc. Prof. G. Grancharova, MD, PhD

1. THE PRECONDITION FOR PUBLIC HEALTH POLICY & PRACTICE: WHO TRAINS AND WHO EMPLOYS THE PUBLIC HEALTH PROFESSIONALS?
Prof. Dr. med. Ulrich Laaser DTM&H, MPH
Faculty of Health Sciences, University of Bielefeld, Germany

2. THE ROLE OF ASPHER COMMUNITY AND NETWORKING IN EDUCATION FOR PUBLIC HEALTH IN EUROPE
Prof. Vesna Bjegovic-Mikanovic, MD, MSc, PhD
ASPHER President 2014-2015
Vice-Dean, Faculty of Medicine, Belgrade University, Serbia

PARALLEL SESSIONS

15.30 – 17.30  SESSION 2. EPIDEMIOLOGY OF CHRONIC NON-INFECTIOUS DISEASES
Ambroise Paré hall - TELEC Center

Chair: Assoc. Prof. S. Aleksandrova-Yankulovska, MD, PhD, DSc
Secretary: Assist. Prof. M. Kamburova, MD, PhD

ORAL PRESENTATIONS

1. EFFECTIVENESS OF POPULATION BREAST CANCER SCREENING IN EUROPE
R. Koleva-Kolarova – Faculty of Public Health, Medical University – Pleven, Bulgaria

2. RELATIONSHIP BETWEEN THE NUMBER OF APPLIED HEALTH POLICIES IN EUROPEAN UNION IN RESPONSE TO CHRONIC NON-COMMUNICABLE DISEASES AND THE PROBABILITY OF PREMATURE DEATH - ASSESSMENT OF THE SITUATION IN BULGARIA
M. Kambourova, J. Simeonova – Department "Public health sciences", Faculty "Public Health", Medical University - Pleven, Bulgaria

3. REGIONAL INEQUALITIES IN PERINATAL MORTALITY IN BULGARIA 2010-2014
K. Dokova¹, A. Kerekovska¹, I. Mircheva¹, S. Popova¹, Z. Dimieva¹
¹Department of Social Medicine and Healthcare Organisation, Medical University – Varna, Bulgaria
²Department of Nursing, Medical University - Varna, Bulgaria

4. GENDER DIFFERENCES IN SELF-RATED HEALTH AMONG PATIENTS OVER 44 YEARS OF AGE
J. Simeonova¹, A. Velkova¹, S. Tsvetkova¹, P. Kostadinova¹, S. Georgieva¹, M. Kamburova¹
¹Department of Public Health Sciences, Faculty of Public Health, Medical University – Pleven, Bulgaria
²Faculty of Public Health, Medical University – Sofia, Bulgaria

5. ASSOCIATION BETWEEN EARLY SCHOOL LEAVING AND INCREASE OF BIRTHS FROM UNMARRIED WOMEN IN BULGARIA
D. Tsanova, M. Kamburova – Department „Public Health Sciences“, Faculty „Public Health“, Medical University, Pleven, Bulgaria
6. THE ROLE OF MEDICAL EXPERTISE IN TEPC OF EYE DISEASES-PLEVEN FOR UNCOVERING OF DIABETIC RETINOPATHY
A. Angelova, D. Stateva – TEPC, Eye Clinic, University Hospital “G. Stranski” – Pleven, Bulgaria

7. ASSOCIATION BETWEEN VITAMIN D LEVELS AND DEPRESSION
P. Kolarov, M. Stoimenova - Female Psychiatric Clinic, University Hospital “D-r Georgi Stranski” Pleven, Bulgaria

POSTERS

1. METHODS AND TECHNOLOGIES FOR ASSESSING THE QUALITY OF LIFE IN NON-COMMUNICABLE DISEASES
B. Levterova - Department "Health Management, Health Economics and General Medicine", Faculty of Public Health, Medical University – Plovdiv, Bulgaria

15.30 – 17.30 SESSION 3. EPIDEMIOLOGY OF INFECTIOUS DISEASES
Galen hall - TELEC Center

Chair: Prof. Tz. Dojchinova, MD, PhD
Secretary: Assist. Prof. T. Petkova, MD, PhD

ORAL PRESENTATIONS

1. STUDY ON THE DYNAMICS OF DISTRIBUTION AND BASIC EPIDEMIOLOGICAL INDICATORS IN ANTHRAX IN PLEVEN REGION FOR THE PERIOD 1991-2013
Ts. Mincheva, V. Doycheva, Y. Mitova, S. Angelova – Department of Epidemiology, Medical University - Sofia, Bulgaria

2. EPIDEMIOLOGICAL CHARACTERISTICS OF NOSOCOMIAL INFECTION OUTBREAKS IN BULGARIA
S. Angelova, Y. Mitova, V. Doycheva, Ts. Mintcheva – Department of Epidemiology, Faculty of Medicine, Medical University – Sofia, Bulgaria

3. DISTRIBUTION OF ENTEROBIOSIS AMONG HOSPITALIZED PEDIATRIC PATIENTS
I. Angelov1, N. Yordanova2, K. Tabakova1, M. Kostovska1
1 Department "Infectious Diseases, Epidemiology, Parasitology and Tropical Medicine ", Medical University – Pleven, Bulgaria
2 Department of Pediatrics, University Hospital "Dr Stransky" – Pleven, Bulgaria

4. CONTEMPORARY STATE OF LEISHMANIASIS CONTROL
D. Shalamanov1, I. Popivanov2, T. Petkova2
1 Faculty of Public Health, Medical University – Pleven
2 Military Medical Academy – Sofia, Bulgaria

5. ANTI-VACCINE MOVEMENTS: ORIGIN AND DEVELOPMENT
D. Shalamanov1, I. Popivanov2
1 Faculty of Public Health, Medical University – Pleven
2 Military Medical Academy – Sofia, Bulgaria

6. EPIDEMIOLOGICAL INDICATORS OF TUBERCULOSIS IN THE REGION OF LOVECH FOR THE PERIOD 2012-2014
D. Chervenkova, I. Sirakova, I. Chavdarova – “Specialized Hospital for Active Treatment of Pulmonary Diseases – Troyan” Ltd, Bulgaria

7. CARRIERSHIP OF ANTITOXOPLASMA ANTIBODIES IN PATIENTS WITH SCHIZOPHRENIA
I. Angelov1, I. Veleva1, P. Dimitrova1, M. Kostovska1, N. Yordanova1
1 Department of Infectious Disease, Epidemiology, Parasitology and Tropical Diseases, Medical University – Pleven, Bulgaria
2 Department of Psychiatry and Medical Psychology, Medical University – Pleven, Bulgaria
POSTERS

1. MEDITERRANEAN SPOTTED FEVER (MSF) WITH UNUSUAL PORTAL OF ENTRY – CASE REPORT
Ts. Doichinova, G. Gancheva – Department of Infectious Diseases, Epidemiology, Parasitology and Tropical Medicine, Faculty of Public Health, Medical University – Pleven, Bulgaria

2. ATYPICAL STREPTOCOCCAL INFECTION - CASE REPORT
T. Petkova, Ts. Doichinova – Department of Infectious Diseases, Epidemiology, Parasitology and Tropical Medicine, Medical University – Pleven, Bulgaria

3. CASE REPORT WITH PULMONARY AND NEURAL TUBERCULOSIS
G. Gancheva, H. Tsvetanova, H. Hristov - Department of Infectious Diseases, Epidemiology, Parasitology and Tropical medicine, Faculty of Public Health, Medical University – Pleven

FRIDAY, 2 OCTOBER 2015

9.00 – 10.30 SECOND PLENARY SESSION
Ambroise Paré hall - TELEC Center

Moderator: Assoc. Prof. S. Aleksandrova-Yankulovska, MD, PhD, DSc

1. DIGNITY-ENHANCING CARE FOR PERSONS WITH DEMENTIA: A FOUNDATIONAL AND CLINICAL ETHICAL FRAMEWORK
Prof. Chris Gastmans, MD, PhD,
President of EACME, Director of the Centre for Biomedical Ethics and Law, Faculty of Medicine – KU Leuven, Belgium

2. PERSPECTIVES OF BIOETHICS AND CLINICAL ETHICS DEVELOPMENT IN BULGARIA
Assoc. prof. S. Aleksandrova-Yankulovska, MD, PhD, DSc
Dean of the Faculty of Public Health, Medical University – Pleven, Bulgaria

PARALLEL SESSIONS

11.00 – 13.00 SESSION 7. ETHICS OF PUBLIC HEALTH AND CLINICAL PRACTICE
Ambroise Paré hall - TELEC Center

Chair: Assoc. Prof. S. Aleksandrova-Yankulovska, MD, PhD, DSc
Secretary: Assist. Prof. A. Anov

ORAL PRESENTATIONS

1. ETHICAL CHALLENGES IN CONTROLLING EBOLA EPIDEMIC
S. Aleksandrova-Yankulovska - Faculty of Public Health, Medical University of Pleven, Bulgaria

2. THE PATIENT RIGHT OF FREE CHOICE OF GENERAL PRACTITIONER AND CASES OF ITS VIOLATION (DATA FROM COMPLAINTS RECEIVED IN RHIF – PLOVDIV)
M. Tarnovska - Section „Medical ethics & Low”, Department of Healthcare Management, Faculty of Public Health, Medical University of Plovdiv, Bulgaria

3. THE CASE OF EXCHANGED EMBRYOS
M. Petrova - Neonatology, University Hospital "Dr. G. Stransky" - Pleven, Bulgaria

4. THE CASE OF THE DEFECTIVE BATCH OF A DRUG FOR ANESTHESIA
K. Ilieva - Operational unit, Oncology Center, University Hospital "Dr. G. Stransky" - Pleven, Bulgaria
5. PLAYING THE MEDICAL PROFESSION BY RECRUITING CHILDREN AND SIGNIFICANT RELATIVES
B. Parashkevova, J. Marinova - Department of "Social Medicine and Health Care Management", Medical Faculty, Trakia University - Stara Zagora, Bulgaria

6. WHERE BIEOETHICS AND PUBLIC HEALTH ETHICS DIFFER
A. Anov, S. Aleksandrova-Yankulovska - Department of Public Health Sciences, Faculty of Public Health, Medical University – Pleven, Bulgaria

7. THE CASE OF SERGIO CARNAVERO – BETWEEN THE EXPERIMENT AND PROTECTION OF PUBLIC HEALTH, BIOETHICAL REVIEW
A. Anov - Department of Public Health Sciences, Faculty of Public Health, Medical University – Pleven, Bulgaria

8. STUDY OF LEGAL FRAMEWORK OF INVOLVEMENT OF NURSES IN THE PROCESS OF PATIENT’S INFORMED CONSENT IN THE REPUBLIC OF BULGARIA AND OTHER COUNTRIES
A. Georgieva¹, M. Valkanova²
¹Department of Health Care, Medical University - Varna
²Department of Social Medicine and Organization of Healthcare, Academic and Research Center for Ethics and Law, Medical University – Varna, Bulgaria

11.00 – 13.00 SESSION 4. ENVIRONMENT AND PUBLIC HEALTH
Galen hall - TELEC Center

Chair: Assoc. Prof. M. Stojnovska, MD, PhD
Secretary: Assist. Prof. V. Birdanova, MD, PhD

ORAL PRESENTATIONS

1. EVALUATION OF THE NOISE EFFECT ON THE POPULATION IN AREA WITH DETERMINED EXCESSIVE EXPOSURE
P. Ivanova¹, M. Israel, H. Petkova¹, M. Dimitrova¹, D. Dimitrova¹
¹National Centre of Public Health and Analyses, Physical Factors Department, Sofia, Bulgaria
²Department of Hygiene, Medical Ecology, Professional Diseases and Disaster Medicine, Faculty of Public Health, Medical University - Pleven, Bulgaria

2. METHODS FOR SELECTION OF MEASUREMENT POINTS IN URBAN AREAS WITH HIGH DENSITY OF EMF SOURCES AND SUCH WITH “SENSITIVE PLACES AND BUILDINGS”
M. Izrael, I. Topalova, Ts. Shalamanova, V. Zaryabova
¹National Centre of Public Health and Analyses, Physical Factors Department, Sofia, Bulgaria
²Department of Hygiene, Medical Ecology, Professional Diseases and Disaster Medicine, Faculty of Public Health, Medical University - Pleven, Bulgaria

3. MEASUREMENTS OF MAGNETIC FIELDS IN RESIDENTIAL BUILDINGS WITH BUILT-IN TRANSFORMERS. OCCUPATIONAL AND ENVIRONMENTAL EXPOSURE
M. Ivanova, V. Zaryabova, H. Petkova - National Centre of Public Health and Analyses, Physical Factors Department, Sofia, Bulgaria

4. STUDY OF THE FOOD CONSUMPTION IN THE UNIVERSITY STUDENTS
V. Birdanova¹, V. Duleva¹, L. Ivanov¹, N. Statev¹
¹Department of Hygiene, Medical Ecology, Occupational Diseases and Disaster Medicine, Medical University Pleven, Bulgaria
²Department of Public Health Nutrition and Health Risk, National Centre of Public Health Protection and Analyses, Sofia, Bulgaria

5. ROLE OF HYGIENIC STANDARDS OF SAFETY IN A POSTINDUSTRIAL SOCIETY
Yu. Chukova - The Moscow Society of Researchers of Nature, Krasnopresnenskiy Ecological Fund, Moscow, Russia
POSTERS

1. CASE STUDY OF EMF EXPOSURE BEFORE AND AFTER DIGITALIZATION OF BROADCAST TECHNOLOGY IN POPULATED AREA
Ts. Shalamanova, M. Ivanova, R. Petrova, I. Topalova - National Centre of Public Health and Analyses, Physical Factors Department, Sofia, Bulgaria

2. WORK-RELATED UPPER LIMB DISORDERS
Z. Stoyneva, T. Kuneva, S. Dermendjiev, M. Stoynovska, I. Yordanova-Stoilova
1 Dep. of Occupational diseases Medical University - Sofia, Bulgaria
2 Dep. of Occupational diseases Medical University – Plovdiv, Bulgaria
3 Dep. of Hygiene, ecology and occupational diseases Medical University – Pleven, Bulgaria

3. SOCIAL INEQUALITIES IN ENVIRONMENT AND HEALTH
L. Boyanov, N. Statev, E. Bankova, Tz. Vitkova, M. Stoynovska - Dep. of Hygiene, Ecology, occupational diseases and medicine of disaster, Faculty of Public Health, Medical University-Pleven, Pleven, Bulgaria

4. SURVEY AND ASSESSMENT OF THE REGISTERED BIOCIDES IN BULGARIA BY MAIN GROUPS AND SUBGROUPS
K. Vasilev, V. Kamburova, V. Leonkeva, E. Bankova
1 National Center of Public Health and Analyses, Sofia, Bulgaria
2 Dep. of Hygiene, ecology, occupational diseases and medicine of disaster, Faculty of Public Health, Medical University-Pleven, Pleven, Bulgaria

5. CONDITIONS AT WORK AND HEALTH COMPLAINTS OF PEOPLE WORKING IN THE BRANCH OF WASTEWATER COLLECTION, DISPOSAL AND PURIFICATION
E. Toseva, St. Harizanova, T. Turnovska - Department of Hygiene and ecomedicine, Faculty of Public Health, Medical University – Plovdiv, Bulgaria

6. SECURITY AND PUBLIC HEALTH: MODERN ASPECTS OF THE PUBLIC HEALTH EMERGENCIES THAT AFFECT THE SECURITY OF A COUNTRY
V. Gonchev, M. Vladimirova - Diagnostic and Consulting Center “St. George”, Haskovo, Bulgaria

7. COMPARISON ANALYSIS OF REGULATORY REQUIREMENTS FOR THE SAFETY MONITORING OF FOOD SUPPLEMENTS, CONTAINING HERBAL EXTRACTS
S. Stoev, H. Lebanova, I. Getov
1 Faculty of Pharmacy, Medical University - Sofia
2 Medical University - Pleven

14.00 – 16.00 SESSION 1. HEALTH PROMOTION
Ambroise Paré hall - TELEC Center

Chair: Assoc. Prof. G. Grancharova, MD, PhD
Secretary: Assist. Prof. S. Georgieva, MD, PhD

ORAL PRESENTATIONS

1. GP COMPETENCE AND RECOMMENDATIONS ON INFANTS FEEDING
N. Usheva, K. Dokova, A. Kerekovska - Department of Social Medicine and Healthcare Organisation, Medical University - Varna, Bulgaria

2. HEALTH INDICATORS AND MUNICIPALITY’S STRATEGIC PLANNING
P. Kirova - Department of Public health sciences, Faculty of Public Health, Medical University - Pleven, Bulgaria

3. INFANT FEEDING – NURSING PROGRAM STUDENT SURVEY
P. Gergova, S. Iotova
1 Department of Nursing Surgical Care, Faculty of Health Care, Medical University – Pleven, Bulgaria
2 Department of Nursing Therapeutic Care, Faculty of Health Care, Medical University – Pleven, Bulgaria
4. FACTORS OF HEALTH AND WORK ABILITY AND OPPORTUNITIES TO AFFECT THEM THROUGH WORKPLACE HEALTH PROMOTION
S. Georgieva, D. Tcanova - Department of Public Health Sciences, Faculty of Public Health, Medical University of Pleven, Bulgaria

5. A SURVEY OF THE ADOSLESCENTS' ATTITUDE AND AWARENESS TO THE HARMFUL HEALTH FACTORS
E. Merdjanova, G. Petrova - Dep „Obstetric care”, Faculty of Public Health, Medical University – Plovdiv, Bulgaria

6. POLICY DELPHI TECHNIQUE FOR PUBLIC HEALTH POLICY DEVELOPMENT
D. Vankova - NGO “Public Health – 99”, Varna, Bulgaria

POSTERS

1. OPPORTUNITIES FOR STUDENTS MAJORING IN PUBLIC HEALTH INSPECTORATE IN THE MEDICAL COLLEGE, MEDICAL UNIVERSITY- VARNA TO WORK AS SPECIALISTS IN HEALTH EDUCATION IN SCHOOLS
Ts. Tarpomanova - Educational and Research Sector of Inspector of Public Health and Social Activities Medical College, Medical University of Varna, Bulgaria

2. IMPACT OF ANXIETY ON QUALITY OF LIFE IN PATIENTS WITH ISCHEMIC HEART DISEASE
M. Todorova, G. Petrova, P. Pavlova
1Department of Obstetric care, Faculty of Public Health, Medical University of Plovdiv, Bulgaria
2Clinic of Cardiology, St. George University Hospital, Plovdiv, Bulgaria

3. NURSE AND SOCIAL-PEDAGOGICAL ASPECTS IN PATIENTS WITH DIABETIC INSULIN THERAPY
E. Vladimirova, G. Chaneva
1Department-Health Care, Branch "Prof. Dr. Ivan Mitev"- Vratsa, MU - Sofia, Bulgaria
2Department - Health Care, Faculty of Public Health, MU - Sofia, Bulgaria

16.30 – 18.00 SESSION 1. HEALTH PROMOTION
Ambroise Paré hall - TELEC Center

Chair: Assoc. Prof. G. Grancharova, MD, PhD
Secretary: Assist. Prof. S. Georgieva, MD, PhD

ORAL PRESENTATIONS

1. THE LIFE CIRCLE, THE U-BEND AND PUBLIC HEALTH POLICIES – RELATED TO AGEING
D. Vankova, N. Feschieva - NGO “Public Health – 99”, Varna, Bulgaria

2. HEALTH PROMOTION ACTIVITIES DURING THE EARLY CHILDHOOD
G. Petrova, S. Dimitrova - Department of Social Medicine and Health Care Management, Medical Faculty, Trakia University - Stara Zagora, Bulgaria

3. SMOKING AND DEPRESSIVE SYMPTOMS AMONG MEDICAL STUDENTS
M. Güleç - Gulhane Military Medical Academy, Public Health Department, Ankara, Turkey

4. MOTIVES AND METHODS FOR SUICIDAL ACTIONS IN CHILDHOOD AND EARLY ADOLESCENCE
V. Nakov, T. Tatyozov, K. Stoychev, K. Ivanov
1National Centre for Public Health and Analyses, Bulgaria
2Medical University – Pleven, Bulgaria
3University Hospital – Pleven, Bulgaria

5. PROMOTING CARDIOVASCULAR HEALTH BY CHILDREN AGE
D. Zaharieva - Department of Physiotherapy and Rehabilitation, National Sports Academy "V. Levski", Sofia, Bulgaria
POSTERS

1. IS THE PROCESS OF HEALTH EDUCATION IMPLEMENTED IN NURSERIES IN PLEVEN DISTRICT?
   G. Markova, E. Dimitrova - Surgical nursing care department, FHC, MU - Pleven, Bulgaria

2. A STUDY OF HEALTHY EATING HABITS AMONG THE SCHOOLCHILDREN IN THE CITY OF PLEVEN
   V. Nedkova-Milanova¹, Ts. Valentinova¹, M. Karcheva¹, L. Gadzhelova¹, M. Balashkova¹
   ¹Department “General Medicine”, Medical University – Pleven, Bulgaria

3. IS BURNOUT SYNDROME A PROBLEM AMONG PRISON STAFF?
   St. Harizanova, E. Toseva, T. Turnovska - Department of Hygiene and ecomedicine, Faculty of Public Health, Medical University-Plovdiv, Bulgaria

14.00 – 16.00  SESSION 5. MANAGEMENT AND QUALITY OF HEALTH CARE
   Galen hall - TELEC Center
   Chair: Assoc. Prof. G. Petrova, PhD
   Secretary: Assoc. Prof. M. Draganova, PhD

ORAL PRESENTATIONS

1. VALIDATION OF THE BULGARIAN VERSION OF EUROPEP-QUESTIONNAIRE FOR APPROBATION OF A REPRESENTATIVE STUDY
   R. Dimova, M. Turnovska, R. Stoyanova, B. Levetrova, R. Asenova, B. Turnjova - Faculty of Public Health, Medical University – Plovdiv, Bulgaria

2. SURVEY RELATED TO THE OPINION OF GPS ON THEIR ACTIVITIES IN CONNECTION TO RISK POPULATION GROUPS AS PART OF PREVENTION OF ADULTS
   P. Kostadinova¹, A. Velkova¹, P. Hristova¹, S. Deyanov¹, S. Kostadinov¹
   ¹Faculty of Public Health, Medical University - Plovdiv
   ²Faculty of Public Health, Medical University - Sofia
   ³MU - Pleven, student IVth course, "Medicine", Bulgaria

3. RESEARCH FOR COMMUNICATION SKILLS OF THE “RADIOLOGY TECHNICIAN” STUDENTS IN MC “J. FILARETOVA” SOFIA
   N. Boninska, I. Borisova, Z. Grozdanov, D. Dzhambazova, D. Jovchev - Specialty “X-Ray technician”, Medical College, Medical University – Sofia, Bulgaria

4. MENTOR'S OPINION RESEARCH ABOUT STUDENT'S THEORETICAL TRAINING – X-RAY TECHNICIANS IN MC “Y. FILARETOVA”, SOFIA
   N. Boninska, N. Netzova, N. Peeva, P. Gagova, E. Markova - Specialty “X-Ray technician”, Medical College, Medical University – Sofia, Bulgaria

5. METODOLOGICAL ASPECTS OF WORKING OUT POLICY RECOMMENDATIONS ON EUROPEAN HEALTH WORKFORCE PLANNING
   T. Kostadinova¹, E. Moutafova¹, S. Koeva¹, M. Rohova¹, N. Radeva¹, G. Petrova¹, A. Dokova¹, S. Penova¹, M. Van Hoegarden¹
   ¹Medical University – Varna, Bulgaria
   ²Catholic University of Leuven, Belgium

6. FOR SOME LEGAL ASPECTS OF THE TERM “MEDICAL ERROR”
   M. Radeva - Faculty of Law, “Angel Kanchev” University of Ruse, Ruse, Bulgaria

7. BEST PRACTICES FOR HOSPITAL DISCHARGE PLANNING OF ELDERLY PATIENTS
   L. Georgieva - Department of Social Medicine and Healthcare Organization, Medical University - Varna, Bulgaria
8. RECOMMENDATIONS FOR CRITICAL CARE NURSES ABOUT DISINFECTION AND STERILIZATION OF THE ANAESTHESIOLOGY EQUIPMENT

V. Lalova - Medical University – Plovdiv, Faculty of Public Health, Department of "Nursing care", Plovdiv, Bulgaria

9. RECOMMENDATIONS FOR CRITICAL CARE NURSES ABOUT EMERGING BODY TEMPERATURE OF THE PATIENT IN ICU

V. Lalova - Medical University – Plovdiv, Faculty of Public Health, Department of "Nursing care", Plovdiv, Bulgaria

16.30 – 18.30 SESSION 5. MANAGEMENT AND QUALITY OF HEALTH CARE

Galen hall - TELEC Center

Chair: Assoc. Prof. G. Petrova, PhD
Secretary: Assoc. Prof. M. Draganova, PhD

ORAL PRESENTATION

1. SAFETY CLIMATE MEASUREMENT IN PRIMARY CARE

A. Kaptanoğlu¹, D. Bulu²
¹Health Management Section, Faculty of Health Sciences, Trakya University, Turkey
²Primary Care Center, Zeytinburnu Health District, Istanbul, Turkey

2. THE ECONOMIC BURDEN OF METASTATIC BREAST CANCER

R. Koleva-Kolarova – Faculty of Public Health, Medical University - Pleven

3. GYPSY OBSTETRIC ISSUES - ESSENCE, CONCLUSIONS, OVERCOMING

V. Tsvetanova¹, Y. Krasteva²,
¹MU - Sofia. Branch "Prof. Dr. Ivan Mitev"Vratsa, Bulgaria
²MHAT "Hristo Botev" Ltd, Vratsa, Bulgaria

4. UNDERSTANDING OF PATIENT - CENTERED APPROACH BY GPS

L. Kireva, Z. Ambareva, D. Mileva, M. Semerdjieva, G. Foreva, R. Asenova
Department HMHEGM, Section of General Medicine, Medical University of Plovdiv, Plovdiv, Bulgaria

5. HEALTH TECHNOLOGIES ASSESSMENT IMPACT ON PRICING AND REIMBURSEMENT OF NEW DRUGS IN BULGARIA (2015)

T. Vekov, N. Veleva
Department of Public Health Sciences, Faculty of Public Health, Medical University – Pleven, Bulgaria

6. HOSPITAL MERGERS AND ACQUISITIONS – WORLD EXPERIENCE AND PERSPECTIVES FOR IMPLEMENTATION IN BULGARIA

N. Veleva - Department “Public health sciences”, Faculty of Public Health, Medical University – Pleven, Bulgaria

7. ECONOMIC IMPACT OF THE CHANGE IN PRESCRIPTION STATUS OF MEDICINES WHICH BECOME OTC

V. Belcheva¹, E. Grigorov²
¹Department „Health economics”, Faculty of Public health, MU-Sofia, Bulgaria
²Department „Pharmaceutical sciences and pharmaceutical management”, Faculty of Pharmacy, MU-Varna, Bulgaria

POSTERS

1. CHRONIC DISEASE – ASPECTS AFFECTING THE ORGANIZATION OF MEDICAL FOLLOW-UP

T. Dimcheva¹, G. Foreva¹, D. Bakova¹, R. Asenova¹, N. Mateva¹, A. Kirkova¹
¹Department of Medical Informatics, Biostatistics and e-Learning
²Department of Health Management, Health Economics and General Medicine
³Department of Healthcare Management, Public Health Faculty, Medical University - Plovdiv, Bulgaria
2. APPROACHES FOR NURSING CARE PLANNING
M. Balaburova¹, M. Draganova²
¹Faculty of Health Care, Medical University – Pleven
²Faculty of Public Health, Medical University – Pleven

3. HEALTH CARE IN EARLY CHILDHOOD – INTERACTION BETWEEN THE MEDICAL TEAM AND THE FAMILY
G. Petrova¹, Hr. Petrov², N. Feschieva²
¹Department of Social Medicine and health management, Medical Faculty, Thracian University, St. Zagora, Bulgaria
²Faculty of Public Health, Medical University-Varna, Bulgaria

SATURDAY, 3 OCTOBER 2015

9.00 – 10.30  THIRD PLENARY SESSION
Ambroise Paré hall - TELEC Center
Moderator: Prof. T. Vekov, PhD, DSc

1. 10 YEARS OF HEALTH POLICY FOR RARE DISEASES IN BULGARIA
Prof. R. Stefanov, MD, PhD
Department of Social Medicine and Public Health, Faculty of Public Health, Medical University of Plovdiv

2. HEALTH TECHNOLOGIES ASSESSMENT: A NEW APPROACH TO MANAGEMENT OF QUALITY AND PUBLIC EXPENSES FOR TREATMENT OF ONCOLOGICAL DISEASES
Prof. T. Vekov, PhD, DSc
Faculty of Public Health, Medical University – Pleven

PARALLEL SESSIONS

11.00 – 13.00 SESSION 6. INFORMATION AND EDUCATIONAL TECHNOLOGIES
Ambroise Paré hall - TELEC Center
Chair: Assoc. Prof. G. Tsanev
Secretary: Assist. Prof. K. Statev

ORAL PRESENTATIONS

1. THE STUDENT'S-NURSES OPINION ABOUT THE QUALITY OF THEIR SPECIALIZED TRAINING
S. Iotova¹, P. Gergova²
¹Department of Nurse Therapeutic Care, Faculty of Health Care, Pleven Medical University, Bulgaria
²Department of Nurse Surgical Care, Faculty of Health Care, Pleven Medical University, Bulgaria

2. STUDY ON SELECTION OF RESEARCH METHODS IN GENERAL PRACTICE
Y. Staykova-Pirovska¹, L. Despotova-Toleva¹
¹Department “General Medicine and Ophthalmology”, MF, Trakia University, Stara Zagora, Bulgaria
²Medical University - Plovdiv, Bulgaria

3. E-HEALTH AND THE NEED FOR EDUCATION IN NURSING INFORMATICS FOR THE NURSES IN BULGARIA
I. Mircheva - Department of Social Medicine and Healthcare Organization, Faculty of Public Health, Medical University – Varna, Bulgaria

4. IMPROVING THE QUALITY OF EDUCATION OF STUDENTS THROUGH E-LEARNING
R. Paskaleva - Medical Faculty, Trakia University, Stara Zagora, Bulgaria
5. INFORMATION AND COMMUNICATION TECHNOLOGIES IN MU – PLEVEN AND TRENDS IN THE DEVELOPMENT OF THE UNIVERSITY TOWARDS ELECTRONIZATION OF PROCESSES
G. Tzanev, A. Seizov, K. Statev - Sector of Information technologies and biostatistics, Department of Public health sciences, Faculty of Public health, Medical University – Pleven, Bulgaria

POSTERS

1. SPECIALIZATION IN GENERAL MEDICINE THROUGH THE EYES OF POSTGRADUATE DOCTORS
Ts. Valentinova, M. Balashkova, V. Nedkova-Milanova, L. Gadgelova
Department of General Medicine, Faculty of Public Health, Medical University – Pleven, Bulgaria

2. MOTIVATION OF NURSES FOR PARTICIPATION IN VARIOUS FORMS OF POSTGRADUATE EDUCATION
S. Dyulgerova, E. Dimitrova - Faculty of Health Care, Medical University – Pleven, Bulgaria

3. SURGICAL CARE IN THE TRAINING OF THE STUDENTS FROM SPECIALITY “NURSE”
A. Chifligarska¹, M. Draganova¹, T. Deliyski²
¹Department of “Nursing Surgical Care”, Faculty of Health Care, Medical University – Pleven, Bulgaria
²Department of “Public Health Sciences”, Faculty of Public Health, Medical University – Pleven, Bulgaria

4. USE OF SOCIAL NETWORKING SERVICES IN EDUCATIONAL PROCESS
O. Kalmykova, A. Cherepanov - Moscow State University of Economics, Statistics and Informatics (MESI), Moscow, Russia

5. USE OF OPEN EDUCATIONAL RESOURCES IN THE EDUCATIONAL PROCESS
O. Kalmykova, A. Cherepanov - Moscow State University of Economics, Statistics and Informatics (MESI), Moscow, Russia

11.00 – 13.00 SESSION 8. MEDICAL REHABILITATION AND ERGOTHERAPY
Galen hall - TELEC Center
Chair: Assoc. Prof. N. Mihajlova, PhD
Secretary: Assist. Prof. R. Kostov, PhD

ORAL PRESENTATIONS

1. PHYSIOTHERAPY IN STABLE ANGINA
T. Megova, N. Michailova - Department “Physical medicine, rehabilitation, ergotherapy and sport”, Faculty of Public Health, Medical University – Pleven, Bulgaria

2. KINESITHERAPY AND OCCUPATIONAL THERAPY FOR CHILDREN WITH CEREBRAL PALSY
R. Paskaleva¹, T. Petkova¹, M. Petrova²
¹Medical Faculty, Trakia University - Stara Zagora, Bulgaria
²Student in 3rd year, Medical Rehabilitation and Occupational Therapy, Medical Faculty, Trakia University - Stara Zagora, Bulgaria

3. VENTRAL GLENOHUMERAL INSTABILITY. POSTOPERATIVE REHABILITATION AFTER ARTHROSCOPIC CAPSULORRHAPHY
R. Kostov - Department of Physical Medicine, Rehabilitation, Ergotherapy and Sport, Faculty of Public Health, Medical University – Pleven, Bulgaria

4. PHYSIOTHERAPY IN VESTIBULAR DISORDERS
N. Michailova, T. Megova - Department of Physiotherapy, medical rehabilitation, occupational therapy and sports, Faculty of Public Health, Medical University – Pleven, Bulgaria

5. KINESIOLOGICAL GROUND OF PHYSICAL THERAPY AFTER SHOULDER HEMIARTROPLASTY
N. Popov - Department of theory and methods of physical therapy, National sports academy, Sofia, Bulgaria
6. PHYSIOTHERAPY PROGRAM FOR IMPROVING THE QUALITY OF LIFE IN PATIENTS WITH COXARTHROSES
L. Kraydjikova, L. Nikolovska, T. Krstev, T. Stratorska
1Department of "Sports Medicine", National Sports Academy "Vasil Levski", Sofia, Bulgaria
2Department of Physical Medicine and physiotherapy, University "Goce Delcev" Stip, Macedonia

7. MASSAGE METHODS FOR PREVENTION AND TREATMENT OF LUMBOSACRAL PAIN SYNDROME
T. Krstev, L. Kraydjikova, S. Shahin, L. Nikolovska, T. Stratorska
1Department of Physical Medicine and physiotherapy, University "Goce Delcev" Stip, Macedonia
2Department of "Sports Medicine", National Sports Academy "Vasil Levski", Sofia, Bulgaria

8. PROFESSIONAL SKILL FORMATION IN STUDENTS DURING THE TRAINEESHIPS
V. Ivanova, V. Pavlova - Department of Medical Rehabilitation and Ergotherapy, Physical Medicine and Sport, Faculty of Medicine, Trakia University, Bulgaria

POSTERS

1. BODY POSTURE AND PHYSICAL ENDURANCE IN THE PRESCHOOLAGE CHILDREN
S. Filkova, N. Usheva
1Speciality Rehabilitation Therapist, Medical College, Medical University-Varna, Bulgaria
2Department of Social Medicine and Healthcare Organisation, Medical University-Varna, Bulgaria

2. COMPLEX FUNCTIONAL ASSESSMENT OF THE HIP JOINT
M. Krastanova - Department for Physical Medicine, Rehabilitation, Occupational therapy and Sport, Faculty of Public Health, Medical University – Pleven, Bulgaria

3. ASSESSMENT OF THE EFFICIENCY OF THE SPECIALIZED OFFICE FOR REHABILITATION AND OCCUPATIONAL THERAPY FOR CHILDREN WITH MOTOR DEFICIENCY
D. Vacheva, A. Mircheva - Department „Physical Medicine, Rehabilitation, Occupational Therapy and Sports”, Medical University – Pleven, Bulgaria

4. COMPARATIVE STUDY OF TWO-YEAR STRENGTH DEVELOPMENT TRAINING IN BODYBUILDING CLASSES
G. Mratskova, M. Sinilkova, S. Dimitrov, D Petrov
1Department of “Medical Rehabilitation and Ergotherapy, Physical medicine and Sport”
2Department of “Social medicine and Health Management” Faculty of Medicine, Trakia University, Stara Zagora, Bulgaria

13.30 – 14.00 CLOSING CEREMONY
Ambroise Paré hall - TELEC Center
Contents
Vol. 8, No. 1, Suppl.1, 2015

PLENARY ABSTRACTS
25 THE PRECONDITION FOR PUBLIC HEALTH POLICY & PRACTICE: WHO TRAINS AND WHO EMPLOYS THE PUBLIC HEALTH PROFESSIONALS? - Prof. Dr. med. Ulrich Laaser, DTM&H, MPH
26 THE ROLE OF ASPHER COMMUNITY AND NETWORKING IN EDUCATION FOR PUBLIC HEALTH IN EUROPE - Prof. Vesna Bjegovic-Mikanovic, MD, MSc, PhD
28 DIGNITY-ENHANCING CARE FOR PERSONS WITH DEMENTIA: A FOUNDATIONAL AND CLINICAL ETHICAL FRAMEWORK - Prof. Chris Gastmans, MD, PhD
29 PERSPECTIVES OF BIOETHICS AND CLINICAL ETHICS DEVELOPMENT IN BULGARIA - Prof. Silviya Aleksandrova-Yankulovska, MD, PhD, DSc
31 10 YEARS OF HEALTH POLICY FOR RARE DISEASES IN BULGARIA - Prof. Rumen Stefanov, MD, PhD
32 HEALTH TECHNOLOGIES ASSESSMENT: A NEW APPROACH TO MANAGEMENT OF QUALITY AND PUBLIC EXPENSES FOR TREATMENT OF ONCOLOGICAL DISEASES - Prof. Toni Vekov, MD, PhD

SECTION 1. HEALTH PROMOTION

ORAL PRESENTATIONS
33 GP COMPETENCE AND RECOMMENDATIONS ON INFANTS FEEDING - N. Usheva, K. Dokova, A. Kerekovska
33 HEALTH INDICATORS AND MUNICIPALITY’S STRATEGIC PLANNING – P. Kirova
33 INFANT FEEDING – NURSING PROGRAM STUDENT SURVEY - P. Gergova, S. Iotova
34 FACTORS OF HEALTH AND WORK ABILITY AND OPPORTUNITIES TO AFFECT THEM THROUGH WORKPLACE HEALTH PROMOTION - S. Georgieva, D. Tcanova
34 A SURVEY OF THE ADOSLESCENTS’ ATTITUDE AND AWARENESS TO THE HARMFUL HEALTH FACTORS - E. Merdjanova, G. Petrova
34 POLICY DELPHI TECHNIQUE FOR PUBLIC HEALTH POLICY DEVELOPMENT - D. Vankova
35 THE LIFE CIRCLE, THE U-BEND AND PUBLIC HEALTH POLICIES – RELATED TO AGEING - D. Vankova, N. Feschieva
35 HEALTH PROMOTION ACTIVITIES DURING THE EARLY CHILDHOOD - G. Petrova, S. Dimitrova
36 SMOKING AND DEPRESSIVE SYMPTOMS AMONG MEDICAL STUDENTS - M. Güleç
36 MOTIVES AND METHODS FOR SUICIDAL ACTIONS IN CHILDHOOD AND EARLY ADOLESCENCE - V. Nakov, T. Tatyozov, K. Stoychev, K. Ivanov
36 PROMOTING CARDIOVASCULAR HEALTH BY CHILDREN AGE - D. Zaharieva

POSTERS
37 OPPORTUNITIES FOR STUDENTS MAJORING IN PUBLIC HEALTH INSPECTORATE IN THE MEDICAL COLLEGE, MEDICAL UNIVERSITY-VARNA TO WORK AS SPECIALISTS IN HEALTH EDUCATION IN SCHOOLS - Ts. Tarpomanova
37 IMPACT OF ANXIETY ON QUALITY OF LIFE IN PATIENTS WITH ISCHEMIC HEART DISEASE - M. Todorova, G. Petrova, P. Pavlova
38 NURSE AND SOCIAL-PEDAGOGICAL ASPECTS IN PATIENTS WITH DIABETIC INSULIN THERAPY - E. Vladimirova, G. Chaneva
38 IS THE PROCESS OF HEALTH EDUCATION IMPLEMENTED IN NURSERIES IN PLEVEN DISTRICT? G. Markova, E. Dimitrova

J Biomed Clin Res Volume 8, Number 1, Supplement 1, 2015
Abstracts from Jubilee Scientific Conference “Public Health Policy and Practice”, 1-3 October 2015

38 A STUDY OF HEALTHY EATING HABITS AMONG THE SCHOOLCHILDREN IN THE CITY OF PLEVEN - V. Nedkova-Milanova, Ts. Valentinova, M. Karcheva, L. Gadzhelova, M. Balashkova

39 IS BURNOUT SYNDROME A PROBLEM AMONG PRISON STAFF? - St. Harizanova, E. Toseva, T. Turnovska

SECTION 2. EPIDEMIOLOGY OF CHRONIC NON-INFECTIOUS DISEASES

ORAL PRESENTATIONS

39 EFFECTIVENESS OF POPULATION BREAST CANCER SCREENING IN EUROPE - R. Koleva-Kolarova

40 RELATIONSHIP BETWEEN THE NUMBER OF APPLIED HEALTH POLICIES IN EUROPEAN UNION IN RESPONSE TO CHRONIC NON-COMMUNICABLE DISEASES AND THE PROBABILITY OF PREMATURE DEATH - ASSESSMENT OF THE SITUATION IN BULGARIA - M. Kambourova, J. Simeonova

40 REGIONAL INEQUALITIES IN PERINATAL MORTALITY IN BULGARIA 2010-2014 - K. Dokova, A. Kerekovska, I. Mircheva, S. Popova, Z. Dimieva

40 GENDER DIFFERENCES IN SELF-RATED HEALTH AMONG PATIENTS OVER 44 YEARS OF AGE - J. Simeonova, A. Velkova, S. Tsvetkova, P. Kostadinova, S. Georgieva, M. Kamburova

41 ASSOCIATION BETWEEN EARLY SCHOOL LEAVING AND INCREASE OF BIRTHS FROM UNMARRIED WOMEN IN BULGARIA - D. Tsanova, M. Kamburova

41 THE ROLE OF MEDICAL EXPERTISE IN TEPC OF EYE DISEASES - PLEVEN FOR UNCOVERING OF DIABETIC RETINOPATHY - A. Angelova, D. Stateva

42 ASSOCIATION BETWEEN VITAMIN D LEVELS AND DEPRESSION - P. Kolarov, M. Stoimenova

POSTERS

42 METHODS AND TECHNOLOGIES FOR ASSESSING THE QUALITY OF LIFE IN NON-COMMUNICABLE DISEASES - B. Levterova

SECTION 3. EPIDEMIOLOGY OF INFECTIOUS DISEASES

ORAL PRESENTATIONS

43 STUDY ON THE DYNAMICS OF DISTRIBUTION AND BASIC EPIDEMIOLOGICAL INDICATORS IN ANTHRAX IN PLEVEN REGION FOR THE PERIOD 1991-2013 - Ts. Mincheva, V. Doycheva, Y. Mitova, S. Angelova

43 EPIDEMIOLOGICAL CHARACTERISTICS OF NOSOCOMIAL INFECTION OUTBREAKS IN BULGARIA - S. Angelova, Y. Mitova, V. Doycheva, Ts. Mintcheva

43 DISTRIBUTION OF ENTEROBIOSIS AMONG HOSPITALIZED PEDIATRIC PATIENTS - I. Angelov, N. Yordanova, K. Tabakova, M. Kostovska

44 CONTEMPORARY STATE OF LEISHMANIASIS CONTROL - D. Shalamanov, I. Popivanov, T. Petkova

44 ANTI-VACCINE MOVEMENTS: ORIGIN AND DEVELOPMENT - D. Shalamanov, I. Popivanov

45 EPIDEMIOLOGICAL INDICATORS OF TUBERCULOSIS IN THE REGION OF LOVECH FOR THE PERIOD 2012-2014 - D. Chervenkova, I. Sirakova, I. Chavdarova

45 CARRIERSHIP OF ANTI-TOXOPLASMA ANTIBODIES IN PATIENTS WITH SCHIZOPHRENIA - I. Angelov, I. Veleva, P. Dimitrova, M. Kostovska, N. Yordanova

POSTERS

46 MEDITERRANEAN SPOTTED FEVER (MSF) WITH UNUSUAL PORTAL OF ENTRY – CASE REPORT - Ts. Doichinova, G. Gancheva

46 ATYPICAL STREPTOCOCCAL INFECTION - CASE REPORT - T. Petkova, Ts. Doychinova

46 CASE REPORT WITH PULMONARY AND NEURAL TUBERCULOSIS - G. Gancheva, H. Tsvetanova, H. Hristov
SECTION 4. ENVIRONMENT AND PUBLIC HEALTH

ORAL PRESENTATIONS

47 EVALUATION OF THE NOISE EFFECT ON THE POPULATION IN AREA WITH DETERMINED EXCESSIVE EXPOSURE - P. Ivanova, M. Israel, H. Petkova, M. Dimitrova, D. Dimitrova

47 METHODS FOR SELECTION OF MEASUREMENT POINTS IN URBAN AREAS WITH HIGH DENSITY OF EMF SOURCES AND SUCH WITH “SENSITIVE PLACES AND BUILDINGS” - M. Izrael, I. Topalova, Ts. Shalamanova, V. Zaryabova

48 MEASUREMENTS OF MAGNETIC FIELDS IN RESIDENTIAL BUILDINGS WITH BUILT-IN TRANSFORMERS. OCCUPATIONAL AND ENVIRONMENTAL EXPOSURE - M. Ivanova, V. Zaryabova, H. Petkova

48 STUDY OF THE FOOD CONSUMPTION IN THE UNIVERSITY STUDENTS - V. Birdanova, V. Duleva, L. Ivanov, N. Statev

49 METHODS FOR SELECTION OF MEASUREMENT POINTS IN URBAN AREAS WITH HIGH DENSITY OF EMF SOURCES AND SUCH WITH “SENSITIVE PLACES AND BUILDINGS” - M. Izrael, I. Topalova, Ts. Shalamanova, V. Zaryabova

49 STUDY OF THE FOOD CONSUMPTION IN THE UNIVERSITY STUDENTS - V. Birdanova, V. Duleva, L. Ivanov, N. Statev

49 ROLE OF HYGIENIC STANDARDS OF SAFETY IN A POSTINDUSTRIAL SOCIETY - Yu. Chukova

POSTERS

49 CASE STUDY OF EMF EXPOSURE BEFORE AND AFTER DIGITALIZATION OF BROADCAST TECHNOLOGY IN POPULATED AREA - Ts. Shalamanova, M. Ivanova, R. Petrova, I. Topalova

49 WORK-RELATED UPPER LIMB DISORDERS - Z. Stoyneva, T. Kuneva, S. Dermendjiev, M. Stoynovska, I. Yordanova-Stoilova

50 SOCIAL INEQUALITIES IN ENVIRONMENT AND HEALTH - L. Boyanov, N. Statev, E. Bankova, Tz. Vitkova, M. Stoynovska

51 SURVEY AND ASSESSMENT OF THE REGISTERED BIOCIDES IN BULGARIA BY MAIN GROUPS AND SUBGROUPS - K. Vasilev, V. Kamburova, V. Leonkeva, E. Bankova

51 CONDITIONS AT WORK AND HEALTH COMPLAINTS OF PEOPLE WORKING IN THE BRANCH OF WASTEWATER COLLECTION, DISPOSAL AND PURIFICATION - E. Toseva, St. Harizanova, T. Turnovska

52 SECURITY AND PUBLIC HEALTH: MODERN ASPECTS OF THE PUBLIC HEALTH EMERGENCIES THAT AFFECT THE SECURITY OF A COUNTRY - V. Gonchev, M. Vladimirova

52 COMPARISON ANALYSIS OF REGULATORY REQUIREMENTS FOR THE SAFETY MONITORING OF FOOD SUPPLEMENTS, CONTAINING HERBAL EXTRACTS - S. Stoev, H. Lebanova, I. Getov

SECTION 5. MANAGEMENT AND QUALITY OF HEALTH CARE

ORAL PRESENTATIONS


53 SURVEY RELATED TO THE OPINION OF GPS ON THEIR ACTIVITIES IN CONNECTION TO RISK POPULATION GROUPS AS PART OF PREVENTION OF ADULTS - P. Kostadinova, A. Velkova, P. Hristova, S. Deyanov, S. Kostadinov


54 METODOLOGICAL ASPECTS OF WORKING OUT POLICY RECOMMENDATIONS ON EUROPEAN HEALTH WORKFORCE PLANNING - T. Kostadinova, E. Moutafova, S. Koeva, M. Rohova, N. Radeva, G. Petrova, A. Dokova, S. Penova, M. Van Hoegarden

54 FOR SOME LEGAL ASPECTS OF THE TERM “MEDICAL ERROR” - M. Radeva
BEST PRACTICES FOR HOSPITAL DISCHARGE PLANNING OF ELDERLY PATIENTS - L. Georgieva

RECOMMENDATIONS FOR CRITICAL CARE NURSES ABOUT DISINFECTION AND STERILIZATION OF THE ANESTHESIOLOGY EQUIPMENT - V. Lalova

RECOMMENDATIONS FOR CRITICAL CARE NURSES ABOUT EMERGING BODY TEMPERATURE OF THE PATIENT IN ICU - V. Lalova

SAFETY CLIMATE MEASUREMENT IN PRIMARY CARE - A. Kaptanoğlu, D. Bulut

THE ECONOMIC BURDEN OF METASTATIC BREAST CANCER - R. Koleva-Kolarova

GYPSY OBSTETRIC ISSUES - ESSENCE, CONCLUSIONS, OVERCOMING - V. Tsvetanova, Y. Krasteva

UNDERSTANDING OF PATIENT-CENTERED APPROACH BY GPS - L. Kireva, Z. Ambareva, D. Mileva, M. Semerdjieva, G. Foreva, R. Asenova

HEALTH TECHNOLOGIES ASSESSMENT IMPACT ON PRICING AND REIMBURSEMENT OF NEW DRUGS IN BULGARIA (2015) - T. Vekov, N. Veleva

HOSPITAL MERGERS AND ACQUISITIONS - WORLD EXPERIENCE AND PERSPECTIVES FOR IMPLEMENTATION IN BULGARIA - N. Veleva

ECONOMIC IMPACT OF THE CHANGE IN PRESCRIPTION STATUS OF MEDICINES WHICH BECOME OTC - V. Belcheva, E. Grigorov

POSTERS


APPROACHES FOR NURSING CARE PLANNING - M. Balaburova, M. Draganova


SECTION 6. INFORMATION AND EDUCATIONAL TECHNOLOGIES

ORAL PRESENTATIONS

THE STUDENTS’-NURSES OPINION ABOUT THE QUALITY OF THEIR SPECIALIZED TRAINING - S. Iotova, P. Gergova

STUDY ON SELECTION OF RESEARCH METHODS IN GENERAL PRACTICE - Y. Staykova-Pirovska, L. Despotova-Toleva

E-HEALTH AND THE NEED FOR EDUCATION IN NURSING INFORMATICS FOR THE NURSES IN BULGARIA - I. Mircheva

IMPROVING THE QUALITY OF EDUCATION OF STUDENTS THROUGH E-LEARNING - R. Paskaleva

INFORMATION AND COMMUNICATION TECHNOLOGIES IN MU – PLEVEN AND TRENDS IN THE DEVELOPMENT OF THE UNIVERSITY TOWARDS ELECTRONIZATION OF PROCESSES - G. Tzanev, A. Seizov, K. Statev

POSTERS

SPECIALIZATION IN GENERAL MEDICINE THROUGH THE EYES OF POSTGRADUATE DOCTORS - Ts. Valentinova, M. Balashkova, V. Nedkova-Milanova, L. Gadjelova

MOTIVATION OF NURSES FOR PARTICIPATION IN VARIOUS FORMS OF POSTGRADUATE EDUCATION - S. Dyulgerova, E. Dimitrova


USE OF SOCIAL NETWORKING SERVICES IN EDUCATIONAL PROCESS - O. Kalmykova, A. Cherepanov
SECTION 7. ETHICS OF PUBLIC HEALTH AND CLINICAL PRACTICE

ORAL PRESENTATIONS

64 ETHICAL CHALLENGES IN CONTROLLING EBOLA EPIDEMIC - S. Aleksandrova-Yankulovska

65 THE PATIENT RIGHT OF FREE CHOICE OF GENERAL PRACTITIONER AND CASES OF ITS VIOLATION (DATA FROM COMPLAINTS RECEIVED IN RHIF – PLOVDIV) - M. Tarnovska

65 THE CASE OF EXCHANGED EMBRYOS - M. Petrova

65 THE CASE OF THE DEFECTIVE BATCH OF A DRUG FOR ANESTHESIA - K. Ilieva

66 PLAYING THE MEDICAL PROFESSION BY RECRUITING CHILDREN AND SIGNIFICANT RELATIVES - B. Parashkevova, J. Marinova

66 WHERE BIOETHICS AND PUBLIC HEALTH ETHICS DIFFER - A. Anov, S. Aleksandrova-Yankulovska

67 THE CASE OF SERGIO CARNAVERO – BETWEEN THE EXPERIMENT AND PROTECTION OF PUBLIC HEALTH, BIOETHICAL REVIEW - A. Anov

67 STUDY OF LEGAL FRAMEWORK OF INVOLVEMENT OF NURSES IN THE PROCESS OF PATIENT’S INFORMED CONSENT IN THE REPUBLIC OF BULGARIA AND OTHER COUNTRIES - A. Georgieva, M. Valkanova

SECTION 8. MEDICAL REHABILITATION AND ERGOTHERAPY

ORAL PRESENTATIONS

68 PHYSIOTHERAPY IN STABLE ANGINA - T. Megova, N. Michailova

68 KINESITHERAPY AND OCCUPATIONAL THERAPY FOR CHILDREN WITH CEREBRAL PALSY - R. Paskaleva, T. Petkova, M. Petrova

68 VENTRAL GLENOHUMERAL INSTABILITY. POSTOPERATIVE REHABILITATION AFTER ARTHROSCOPIC CAPSULORRHAPHY - R. Kostov

69 PHYSIOTHERAPY INVESTIBULAR DISORDERS - N. Mihailova, T. Megova

69 KINESIOLOGICAL GROUND OF PHYSICAL THERAPY AFTER SHOULDER HEMIARTROPLASTY - N. Popov

69 PHYSIOTHERAPY PROGRAM FOR IMPROVING THE QUALITY OF LIFE IN PATIENTS WITH COXARTHROSES - L. Kraydjikova, L. Nikolovska, T. Krstev, T. Stratorska

70 MASSAGE METHODS FOR PREVENTION AND TREATMENT OF LUMBOSacRAL PAIN SYNDROME - T. Krstev, L. Kraydjikova, S. Shahin, L. Nikolovska, T. Stratorska

70 PROFESSIONAL SKILL FORMATION IN STUDENTS DURING THE TRAINEESHIPS - V. Ivanova, V. Pavlova

POSTERS

71 BODY POSTURE AND PHYSICAL ENDURANCE IN THE PRESCHOOL AGE CHILDREN - S. Filkova, N. Usheva

71 COMPLEX FUNCTIONAL ASSESSMENT OF THE HIP JOINT - M. Krastanova

72 ASSESSMENT OF THE EFFICIENCY OF THE SPECIALIZED OFFICE FOR REHABILITATION AND OCCUPATIONAL THERAPY FOR CHILDREN WITH MOTOR DEFICIENCY - D. Vacheva, A. Mircheva

72 COMPARATIVE STUDY OF TWO-YEAR STRENGTH DEVELOPMENT TRAINING IN BODYBUILDING CLASSES - G. Mratskova, M. Sinilkova, S. Dimitrov, D. Petrov
Ulrich Laaser, Professor Dr. med., D.T.M. & H., M.P.H. Head (since 1998), Section of International Public Health at the Faculty of Health Sciences, School of Public Health, University of Bielefeld. Principal investigator of the Stability Pact Project on Public Health Training and Research in South Eastern Europe. Visiting professor at the Schools of Public Health in Belgrade, Sofia and Tirana. Member of the executive boards of the World Federation of Public Health Associations and of the German Association for Health Sciences and Public Health. Co-editor of the book series on International Public Health, Hans Jacobs Editing Company, Lage, Germany and of the (German) Journal of Public Health, of the (Bulgarian) Journal of Healthcare Management; special editor of the (American) Journal of Public Health Policy. Degrees 1970 from the Johns Hopkins Bloomberg School of Public Health, Baltimore, USA (Master of Public Health) and 1969 from the London School of Hygiene and Tropical Medicine (Diploma of Tropical Medicine & Hygiene).

THE PRECONDITION FOR PUBLIC HEALTH POLICY & PRACTICE: WHO TRAINS AND WHO EMPLOYS THE PUBLIC HEALTH PROFESSIONALS?

Prof. Dr. med. Ulrich Laaser DTM&H, MPH
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There are many professionals within the European Union that are still waiting for the recognition of their qualifications. Contrary to regulated professions such as doctors, nurses, midwives, pharmacists and architects, the public health profession is still not clearly defined in the European states, which hinders professional mobility, rights to an automatic recognition and integration of public health professionals in the single market (Czbanowska et al. 2014).

The presentation deals with the following questions:
Who are the public health professionals?
Who trains them? Who employs them? What to do?

Who are the public health professionals?
The public health workforce can be divided into three groups: I) “public health specialists”; II) “people indirectly involved in public health activities through their work”; and III) “people who should be aware of public health implications in their professional life” (Whitfield 2004).

Group I is characterized by the basic Public Health Sciences, as there are the Scientific foundation (Academia), Preventive orientation (Practice), and Societal dimension (Governance), created by competence based education and training.

Who trains them?
Correspondingly the profile of modern Schools of Public Health is defined by 1) Training for research and services, 2) Monitoring population health, 3) Applied research on public health 4) Consulting the decision makers, and 5) Community oriented intervention. To cover these areas the Schools must cooperate closely with the two other main organizations in Public Health, i.e. the Institutes of Public Health and the Public Health Associations.

The ASPHER Surveys of 2011/12 revealed that the majority of SDPH offers programmes according to Bologna format, predominantly Master of Public Health (or Health Sciences; others refer to management, nutrition, health promotion, epidemiology or environmental health; one programme is online). However many SDPH indicate also traditional postgraduate master programmes of a non-Bologna format. Together with the 47 Bologna programmes more than 80 masters are offered in the European Region. In addition 18 SDPH offer bachelor programmes. As regards Continuing Education (CE), there are only 23 institutions offering short courses, modules or summer schools, mainly in Public Health and/or Health Management.

Who employs them?
Employers in Europe rated the performance of their public health professionals between -0.1 and -0.8 out of a maximum of 5 points as regards the 10 Essential Public Health Operations (EPHOs) of WHO-EUR. The capacity of the European Schools of Public Health has been shown to be far below a critical level and they need targeted support to develop Distance Learning, Social Media, and Alumni Surveys as well as to improve exit performance of graduates especially re EPHOs 3,4,9,10 in order to meet the needs of the labour market.

What to do?
1) Certification, licensing and credentialing
2) Professional chambers
3) Corresponding conditions for lead positions in Public Health
4) Credentialing to be based on competences
5) Harmonisation of education acc. to Bologna
6) Advancing self organization of public health professionals
7) Code of ethical conduct
Since its foundation in 1966, the Association of Schools of Public Health in the European Region (ASPHER) has provided educational institutions with the opportunity for networking, sharing experiences and wisdom. The networking provides a valuable environment that allows leaders of schools of public health in the European region to work with their partners. They make decisions regarding public health education priorities, collaborative strategies to address them, sharing of resources, and assessment of improvements. A stated goal of the ASPHER is to build the relationships and networks within Europe to enhance public health education, research and improve the overall performance of public health professionals. A recent assessment of ASPHER activities, within the development of strategic plan up to 2020, suggests high impacts across the public health system. It includes an increased ability to leverage public health stakeholders for priorities, pooling resources, more coordinated decision-making and securing more multi-agency grants.

In this context, interdisciplinary higher education and continuing training of a multiprofessional public health workforce are of fundamental importance. The main deficits relate to the interface between the Essential Public Health Operations (EPHOs) and required competencies for better performance of public health professionals in practice. Capacity and standards of quality of the Schools and Departments of Public Health in Europe regarding all three Bologna Cycles need to be improved to meet the public health challenges of the 21st century. ASPHER community sees increasing importance of strategies for lifelong learning in higher education. Shortly new challenges in response to the Bologna process will be oriented to student-centred and on-line learning, modularisation and learning outcomes. Besides the Bologna Process, which almost all European countries embraced, there are supporting developments at national level. Looking at the recent changes in curricula, members of ASPHER community, are obviously very vibrant environments. Even 46 institutions (69.7%) indicate recent additions, changes or removal to respond to particular challenges, looking at the type of changes the whole spectrum is visible from instructional innovations towards competency-driven curricula. The most valuable are those representing examples of best practices. They are willing to share their models of best practice with ASPHER members in more than half of the cases (54.5%). ASPHER members are looking to spread good practices of problem-oriented learning, based on real life scenarios and the combination of competences from different groups, also including certain experience and attitudes towards the job. However, in this survey only 27 SDPHs—less than half of respondents (40.9%) indicate to have strong practice links of their professional involvement. They usually collaborate with ministries of health, institutes of public health, other state services, private health services and nongovernmental organizations. They estimate the percentage of their faculty time engaged in such activities during the last 12 months to be about
20% (45/66 institutions). Activities were usually part of research projects, technical assistance, staff development or training and/or professional advisory committees. At the same time, only 19.7% of institutions indicate a very high importance of practice-based activities in recruiting faculty for the School/Department. Similarly, only 28.8% reported a substantial practice relevance for their students and the median percentage of students who have used this opportunity was only 30%. Almost one-fourth of institutions listed various barriers to enhancing student practice: “Overburden with regular teaching activities, lack of time, and lack of motivation”; “Weak financial situation, limited staff availability”; “Public health still fights for its' position in the health care system”. 

Besides education and training, it is also important to consider actual performance of public health professionals as the background. Securing the performance of Essential Public Health Operations (EPHOs) as adopted by WHO member states in Europe and delivery of public health services involves a variety of institutions and differs from country to country. Despite differing institutional set-ups between countries, the EPHOs need to be secured and implemented across all areas of public health to ensure the best possible level of coverage, quality, and performance of public health services. EPHOs should guide curricula for education within academic programmes leading to a master of public health degree or equivalents. There is a need for stronger marketing actions of education for public health among professionals’ audience, together with increasing supply of certain knowledge and skills, which will cover competences requested/demanded by employers. The way forward has been identified as developing partnerships for better capacity building of public health professionals at the European level. The business includes ethical considerations of connections involved in education and importance of the networking in the teaching for public health. Examples are the academic and ministerial networks initiated by WHO-EURO and ASPHER. 

Future tasks for schools of public health as outlined in the adopted ASPHER strategy 2020 are tremendous given the central mission of the Association. The main strategic objectives of the Association are the following:

1. Improving quality of academic programmes and CPD for public health, 
2. Strengthening research capacity among all members, 
3. Setting up a public health profession for public health services in Europe, 
4. Developing the global dimension of education and training for public health, and 
5. Strengthening governance, management and sustainable development of ASPHER. 

It also has the steady growth during the last years up to more than 110 members as of today. Despite many schools in ASPHER community are showing evidence of significant developments, most member institutions are of limited size, and the public health is not everywhere considered to be a political priority. To that end, ASPHER will support networking, celebrating the half-century of existence in 2016 in Athens and build on its ambassador function in support to schools of public health, especially in the transition countries.
The number of older people continues to increase worldwide. Given that older people are especially prone to suffer from dementia, many countries will be confronted with a rising number of people with dementia. This demographic evolution has increased clinical interest in the early diagnosis of dementia. These demographics as well as clinical evolutions result in important new responsibilities for older people, in general, and people suffering from dementia, in particular. What do they consider to be good care and a good death for persons with dementia? What do they consider as their own responsibility in 'preparing the future'? What do they think about legal regulations regarding patient rights, advance directives, euthanasia, and assisted suicide, and what do these legal frameworks mean for their own situation? In our contribution, we propose a comprehensive foundational and clinical ethical framework to deal with the above-mentioned questions about care for persons with dementia. First, we briefly outline the general philosophical-ethical background from which we developed our framework. More particularly, a wider ethical perspective characterized by three aspects is presented: lived experience, interpretative dialogue, and normative standard. Against this background, we identify and explore three cornerstone concepts that must be observed in an ethical approach to dementia care: vulnerability, care, and dignity. Based on these concepts, the ethical essence of dementia care practices is described as 'providing care in response to the vulnerability of a human being in order to maintain, protect, and promote his or her dignity as much as possible.'
Public health ethics regulatory and policy bioethics, cultural bioethics, theoretical ethics, clinical ethics, public health ethics, ethical methodologies in an interdisciplinary setting. Life sciences and health care, employing a variety of moral vision, decisions, conduct, and policies – of the systematic study of the moral dimensions – including evolving through unique style of analysis, and of the ideas and values of the old medical ethics but and what is harm. Traditional duties. It was no longer clear what is benefit became increasingly technical which challenged medical science advanced and medical interventions good physicians. In the decades after World War II regulate the professional conduct and the duties of the rules of etiquette developed in the profession to medicine and later by Percival refers chiefly to the medical ethics as introduced in Ancient physicians and in 2000 Code of Professional Ethics of medicine, bioethics, public health ethics and management and ethics of hospice care with medical students, nurses, midwives, laboratory technicians, rehabilitators and social workers. Silviya Yankulovska is a pioneer in the introduction of a detailed method for ethics case analysis in medical education and of methodology for clinical ethics consultation in Bulgaria. She is a member of European Clinical Ethics Network, International Association on Ethics Education, World Association for Medical Law, EUPHA, ASPHER, Bulgarian professional organisations. Silviya Yankulovska published the monograph “Hospice care – management and ethics”, for which she received High scientific achievement award by the Bulgarian Association of Scientists (2004). She is an author of 8 and co-author in 9 textbooks. She is the author of the chapter “Bulgaria” in the “Handbook of global bioethics” and the chapter “Hospice” in the “Encyclopedia of bioethics”, both published by Springer. She has published more than 100 articles in national and international scientific journals.

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**PERSPECTIVES OF BIOETHICS AND CLINICAL ETHICS DEVELOPMENT IN BULGARIA**

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The aims of this plenary speech are to demarcate the subject fields of medical ethics, bioethics, public health ethics and clinical ethics, to present the developments in the field of medical ethics in Bulgaria, to delineate the obstacles to effective ethics education of medical professionals, and to present the results of the application of an adapted bottom-up methodology for clinical ethics consultation in several clinical units in Bulgaria.

**Medical ethics, bioethics, public health ethics and clinical ethics**

The term “medical ethics” as introduced in Ancient medicine and later by Percival refers chiefly to the rules of etiquette developed in the profession to regulate the professional conduct and the duties of the good physicians. In the decades after World War II medical science advanced and medical interventions became increasingly technical which challenged traditional duties. It was no longer clear what is benefit and what is harm. Bioethics was born, inheriting some of the ideas and values of the old medical ethics but evolving through unique style of analysis, and embracing many more participants. It was defined as “systematic study of the moral dimensions – including moral vision, decisions, conduct, and policies – of the life sciences and health care, employing a variety of ethical methodologies in an interdisciplinary setting.” Different areas of inquiry are distinguished – theoretical ethics, clinical ethics, public health ethics, regulatory and policy bioethics, cultural bioethics. Public health ethics was given rise in 80’ in relation to the debates on resource allocation in the provision of health care. Since public health is the broadest field in medicine in many countries teaching of medical ethics/bioethics was assigned to the public health specialists. The term “clinical ethics” refers to the day-to-day moral decision making of those caring for patients. It typically focuses on the individual case. In pursuit of managing uncertainty physicians looked for advice and the emergence of clinical ethics consultation was triggered.

**Developments in Bulgaria**

There is a long tradition in medical and professional ethics in Bulgaria. The first ethical guidelines for physicians were adopted in 1904. With the establishment of the Medical Faculty at the University of Sofia in 1918 deontology was officially included in the undergraduate curriculum. In the period 1945-1989 the subject was not taught separately and it was just in 1991 when medical ethics was introduced again in curricula. In 1973 the Moral Code of Bulgarian physicians and in 2000 Code of Professional Ethics of Physicians were adopted. In 1988 Prof. Vasil Prodanov, the former Director of the Institute of Philosophy at the Bulgarian Academy of Science, published the book “Bioethics” which was considered as the first monograph on the topic in the European ethical literature.

Other significant developments include: introduction of Ethics committees (Bulgarian Health Act, Chapter 7, Part IV and Law of medicinal products in human medicine), recognition of patient rights, strengthening of the role of professional organizations towards professional ethics. Several public debates over bioethical issues took place in the media last decade (on legalization of euthanasia, surrogate motherhood, law on smoking etc).

In 2004 the Bulgarian Academy of Science initiated tradition of yearly ethics conferences. Ten years later Silviya Yankulovska started the initiative “Day of
Bioethics” in Medical University of Pleven. The first two events were dedicated to research ethics and human rights in patient care. Several International round tables were organized by the Bulgarian Centre for Bioethics. The Foundation for development of justice organized two national bioethical conferences since 2013.

Obstacles to effective ethics education of medical professionals

Although teaching of medical ethics has been introduced more than two decades already, there are obstacles to its effective outcomes. There are no other philosophical disciplines in the medical curriculum which makes the understanding of bioethical concepts difficult and hinders their practical application. The courses are scheduled in the first years of medical studies when students still lack clinical experience. Additionally, there is a disproportion of teaching hours between different medical specialties. Ethics education stands mainly as theoretical expertise and there is insufficient motivation for application of dilemma training in clinical settings (no “ethical climate”).

Last but not least, there is a lack of cooperation between the universities. Every university uses different study materials and educational approaches. The information for scientific activities in the area of bioethics often is insufficient and the collaboration between professionals, working in the field, is doomed to failure.

Application of an adapted bottom-up methodology for clinical ethics consultation in Bulgaria

Bearing in mind the problems of achieving effectiveness in bioethics education in Bulgaria, the fact that many of the practicing physicians did not pass any bioethics course but at the same time they rely mainly on their own judgement in cases of ethical dilemmas the introduction of clinical ethics consultation services is justifiable. However, the lack of trained clinical ethicists in the country and the predominant conservatism of medicine as profession to outside personal involvement in the decision-making process suggest that bottom-up models of clinical ethics consultation would be more appropriate to the Bulgarian context than the classical top-down approaches.

One such bottom-up approach is the METAP project which aims at improving the ethical quality of clinical decisions and relies on enhancing the ethical competence of the clinical staff involved in making these decisions by providing knowledge through material, procedures and instruments. In the period May 2013 – December 2014 the original METAP methodology was adapted to Bulgarian context and 6 clinical wards were chosen for introduction of the clinical ethics consultation methodology. Altogether 69 ethics meetings were organized. Their main characteristics will be presented in the plenary speech. Their main characteristics, results and benefits will be presented in the plenary speech.

Conclusion. Development of bioethics in Bulgaria follows recent trends in the world and Europe. Several ideas could be applied towards increasing the effectiveness of ethics education. The establishment of a National association on bioethics could improve the cooperation between educational institutions and experts in the field. Foundation of a national bioethics journal would contribute for development of bioethical studies. Results of the application of the adapted METAP methodology in Bulgaria lead to the conclusion that it is a successful and well accepted approach for clinical ethics consultation with a potential for wider introduction in the medical practice.
Dr. Rumen Stefanov is a Professor in Public health and the Dean of the Faculty of Public Health at the Medical University of Plovdiv (Bulgaria). He serves as a Director of the Institute for Rare Diseases, a clinical and research platform that is a major rare disease stakeholder in Bulgaria and Europe. Rumen Stefanov received a MD and a PhD in Public health from the Medical University of Plovdiv, Bulgaria. He is a Marie Curie fellow, completing various specialisations in public health, epidemiology and clinical trials on small populations.

Dr. Stefanov is a participant in several EU funded projects (Orphanet, EUROPLAN, BURQOL-RD, EPIRARE, RARE Best Practices, STORE, ASDEU). He is an active member of the European Commission's Task Force on Rare Diseases (2004-2009), EU Committee of Experts on Rare Diseases (2013) and Commission Expert Group on Rare Diseases (2013 –). Member of the International Rare Disease Research Consortium (IRDiRC) Interdisciplinary Committee, board member of the Central & Eastern European Genetic Network and board member of the International Conference on Rare Diseases (ICORD) Society.

Dr. Stefanov is recognised expert in the field of rare disease policies at national and European level, being a member of the drafting group of the EU Communication for rare diseases, chair of the Ministry of Health's working groups for the National Programme for Rare Disease and for the Ordinance on the Designation of Centres of Expertise for Rare Diseases and Establishment of a National Registry for Rare Diseases. He currently chairs the Commission on Rare Diseases at the Ministry of Health. Dr. Stefanov is an EU TAIEX programme expert for rare diseases public health policy.

Dr. Stefanov has successfully launched several pilot projects on rare diseases in Eastern Europe – the Information Centre for Rare Diseases and Orphan Drugs (2004), the annual Eastern European Conferences for Rare Diseases (2005), the "RareDis" Medical Center (2009), the "Rare Diseases & Orphan Drugs" online newsletter (2010), the Centre for Analyses and Health Technology Assessment (2013). He has supported many rare disease initiatives in Russia, Romania, Turkey, Ukraine and other countries in the region.

Rumen Stefanov is fluent in Bulgarian (native), English, Italian and Russian languages.

10 YEARS OF HEALTH POLICY FOR RARE DISEASES IN BULGARIA

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EU Community action programme on rare diseases (1999 – 2003) defined the prevalence for a rare disease as affecting no more than 5 per 10 000 persons in the EU. Rare diseases are a threat to the health of EU citizens insofar as they are life-threatening or chronically debilitating conditions with a low prevalence and a high level of complexity. It is estimated that between 5 000 and 8 000 distinct rare diseases exist today, affecting between 6% and 8% of the population in the course of their lives. In other words, although rare diseases are characterised by low prevalence for each of them, the total number of people affected by rare diseases in the EU is between 27 and 36 million. Most of them suffer from less frequently occurring diseases affecting one in 100 000 people or less. These patients are particularly isolated and vulnerable.

Because of their low prevalence, their specificity and the high total number of people affected, rare diseases call for a global approach based on special and combined efforts to prevent significant morbidity or avoidable premature mortality, and to improve the quality of life and socioeconomic potential of affected persons. The principles and overarching values of universality, access to good quality care, equity and solidarity, as endorsed in the Council conclusions on common values and principles in EU health systems of 2 June 2006, are of paramount importance for patients with rare diseases.

Over the last decade rare diseases have been gradually identified as a health policy priority at both European and national level. The establishment of the Information Centre for Rare Diseases and Orphan Drugs (now part of the Institute for Rare Diseases) in 2004 was a triggering factor for the overall progress of Bulgarian health policy in the field of rare diseases. Today, Bulgarian rare diseases stakeholders are looking forward to designating centres of expertise and reference networks for rare diseases, as well as to launching a national registry for rare diseases.

Key words: rare diseases, health policy, Bulgaria, EU, centres of expertise, registries
HEALTH TECHNOLOGIES ASSESSMENT: A NEW APPROACH TO MANAGEMENT OF QUALITY AND PUBLIC EXPENSES FOR TREATMENT OF ONCOLOGICAL DISEASES

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Introduction. Health technologies assessment gives evidence based guidelines for pricing and reimbursement of targeted drug therapies for treatment of oncological diseases. The aim is to identify therapies that offer maximum health value per unit of expense. This approach in development of new pharmacotherapeutic recommendations is expected to improve 5-year relative survival of patients and effectiveness of public expenses. Material and methods. The study includes authorized in Bulgaria targeted therapies for treatment of breast cancer, non-small cell lung carcinoma, colorectal carcinoma and chronic myeloid leukemia. According to data of the Bulgarian National Framework Registry, a significant growth of public expenses for treatment of the above diseases and a significantly lower 5-year relative survival are registered in Bulgaria compared to other member states of the European Union. ICER and LYG of the studied medicinal alternatives are compared using data from phase 3 randomized clinical trials cited in the approved Summaries of Product Characteristics (SPCs). Therapeutic efficacy is defined as extension of average overall survival (OS) and progression-free survival (PFS). Expenses for drug therapy are calculated based on reference prices in the Positive Drug List by June 2015, the average duration of treatment and administered dosage regimen as described in the analyzed clinical trials. The health perspective and point of view of the payer, i.e. the National Health Insurance Fund, is accepted. ICER is calculated as additional expense for a new drug therapy in relation to improved clinical outcome. A comparative analysis of the therapeutic recommendations of the Bulgarian Association of Oncology (BAO) and Bulgarian Scientific Society of Clinical, and Transfusion Hematology (BSSCTH), National Institute for Health and Care Excellence, UK (NICE) and the pharmacotherapeutic recommendations resulting from the current study was performed. Results. Targeted drug therapies intended for treatment of breast cancer (bevacizumab, pertuzumab, trastuzumab, trastuzumab emtansine, lapatinib) have values for ICER amounting to 56,470 BGN/LYG – 879,480 BGN/LYG. The expenses for targeted drug therapies for non-small cell lung cancer (gefitinib, crizotinib, bevacizumab, afatinib, erlotinib) vary within the range of ICER from 231,509 BGN/LYG to 948,600 BGN/LYG. The drug therapies intended for treatment of metastatic colorectal carcinoma (bevacizumab, cetuximab, panitumumab, aflibercept, regorafenib) also register variety in a wide range of values of ICER – from 61,942 BGN/LYG to 619,608 BGN/LYG. Analogical results are found also for drug therapies for treatment of chronic myeloid leukemia (imatinib, nilotinib, dasatinib, bosutinib, ponatinib) – ICER from 256,800 BGN/LYG to 1,995,780 BGN/LYG. The comparative analysis of therapeutic recommendations of BAO and BSSCTH, on the one hand, and the NICE recommendations and the current study recommendations, on the other hand, establishes significant differences. A large part of the therapies recommended by BAO and BSSCTH are not recommended by NICE. Discussion. The therapies recommended by BAO and BSSCTH are in compliance with authorized indications from Summaries of Product Characteristics but do not comply with relative assessments of therapeutic efficacy, safety and cost effectiveness of drug products. This has an effect on the significantly lower levels of relative survival in Bulgaria compared to the average for the European Union at the background of increasingly higher public expenses, which are not in compliance with widely accepted thresholds for rate of ICER, which must not exceed the tripled amount of GDP per capita. Conclusion. Pharmacotherapeutic recommendations for treatment of oncological diseases in Bulgaria must be targeted to the improvement of therapeutic efficacy and cost effectiveness. Therefore, they must be based on comparative assessments of health technologies.
SECTION 1. HEALTH PROMOTION

ORAL PRESENTATIONS

GP COMPETENCE AND RECOMMENDATIONS ON INFANTS FEEDING

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Introduction
The medical professionals working with infants and especially the General Practitioners (GP), taking over the care on newborns, play important role in parents' learning how to feed their infants properly. Studies as old as from 15 years ago raised the question about the competence and the preparedness of the GP with reference to the infants feeding issues.

Methods
Direct individual questionnaire study among 650 GP from five districts of Eastern Bulgaria having contract with NHIF conducted in 2011 and aiming at identifying the recommendations of the GP about infants feeding.

Results
The main source for updating of GP knowledge about feeding is specialized medical literature (33,3%), followed by educational courses (13,5%). Only 64 (12,2%) of the GP identify the WHO definition of the term «exclusive breastfeeding». About 1/3 (n=168; 31,9%) of the respondents admit that they «are not sure, don't know or don't consider this as a medical term». 63,12% (n=332) of the participants recommend administering of sweetened water. Only 150 (29,1%) GP recommend breast-milk substitutes to be used on condition of absolute contraindications and impossibility of breastfeeding. The recommended start age for supplemental feeding is $3.2 \pm 1.3$ months with inclusion of fruit juice and puree, however only 29,7% (n=149) of the participants regard juice (fruit, vegetable or mixed) as supplemental food. The significant factors influencing the competence and the recommendations given by GP are sex, the practicing region, the specific specialty obtained and the share of the children aged below 3 years in the list (p<0,05).

Conclusion
It is necessary to update regularly the GP knowledge about the infants feeding issues.

Keywords: feeding, infants, GP

HEALTH INDICATORS AND MUNICIPALITY'S STRATEGIC PLANNING

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Introduction
Municipalities in the Republic of Bulgaria could play a leader role in protecting and improving citizen's health through integrated healthy policies. Information for health indicators is important factor for its designing, implementation and evaluating.

Aim
The aim of this study is to identify the acquaintance of local government with health indicators.

Materials and methods
Direct mail survey was conducted in 264 municipalities. Out of them 168 officials from municipalities (64%) have responded to the invitation.

Results and discussion
We have found, that sufficiently informed about health problems in their municipality are 116 (78,6%) from respondents, but almost one fifth of them (19,6%) are poor informed. Information about most common diseases in society have 91 (54,2%), general information have 18 (10,7%), and 10 (6%) from respondents don't have any information. Only 12 (7,1%) report that receive monthly data on morbidity of local population and 35 (20,8%) often receive such information. A large proportion of respondents – 51 (30,4%) from municipalities report, that they don't receive any information.

Conclusions
Healthy policy in the European Union is aimed at health promotion, disease prevention and strengthens health systems. It requires public authorities, responsible for establishing and implementing policies, to take informed and responsible for health decisions. Despite the legally prescribed responsibilities of municipalities to create and implement policies in all spheres of public life, they are poorly informed about health problems as state public authorities do not administer data on health indicators at local level.

Keywords: municipalities, health, health indicators

INFANT FEEDING – NURSING PROGRAM STUDENT SURVEY

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Introduction
Child nutrition is an important factor for their physical and neuro-psychological development and overall health not only in childhood but also in adulthood. Breast milk is the best food for the baby; it could protect him or her from diseases. The World Health Organization recommends that mothers should be informed about the advantages and the enormous benefits of breastfeeding. It is part of the professional responsibility of nurses to promote good health care habits among women in fertile age and raise the overall health awareness of parents.

Objective
The aim of the study was to research the knowledge of infant feeding among students in the Nursing Program.

**Methods**

An anonymous survey was conducted among students in the Nursing I class. The survey group included a total of 51 students, ranging from 19 to 47 years old.

**Results**

It was found that over 70% of students rate the advantages of breastfeeding for the mother as follows: faster recovery (27.5%); much easier and cheaper way of bottle-feeding (27.5%); reduces the risk of cancer in women (22.2%). The majority of students were able to point out specific steps to successful breastfeeding (50%) and the respective time schedules of infant feeding (70.6%). The study found less satisfactory results of the participants' knowledge on how to prepare infant dairy blends 19 (30.3%) and the duration of breastfeeding in 11 (21.6%).

**Conclusion**

Students in the Nursing Program demonstrate good knowledge of infant nutrition.

**Keywords:** infant nutrition, health awareness promotion, student knowledge, nurse, education

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**FACTORS OF HEALTH AND WORK ABILITY AND OPPORTUNITIES TO AFFECT THEM THROUGH WORKPLACE HEALTH PROMOTION**

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**Background**

Working environment directly influences the physical, mental, economic and social well-being of workers, respectively the health of their families, communities and society. The concept of the health promoting workplace (HPW) is becoming increasingly relevant because of the fact that sustainable socio-economic development, especially in terms of global market, can only be achieved with a strong, qualified and motivated workforce.

The aim of this paper is to emphasize on the factors of health and work ability of active age people with a view to their better understanding and improvement the opportunities to influence them.

**Materials and methods**

A literature review and internet databases of the World Health Organization, International Labour Organization, European Agency for Safety and Health at Work etc. were used.

**Results and discussion**

The main factors affecting individual capacity for work are health and functional characteristics, competencies, values, attitudes and motivation, various aspects of the working environment, work intensity and organization, leadership etc. Changing demographics of the workforce, the open labor market, technology development, which creates unknown or not yet completely examined workplace risks, sets new challenges for health and social policy to protect the health and performance of the active population.

At the same time they connect with new opportunities for increasing the productivity and quality at work, which must know and use.

**Conclusion**

Changing conditions in the workplace and the labor market suggest demand new approaches to ensure health and safety at work and increase its efficiency.

**Key words:** workplace health promotion, working ability factors

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**A SURVEY OF THE ADOLESCENTS’ ATTITUDE AND AWARENESS TO THE HARMFUL HEALTH FACTORS**

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**Introduction**

The school as an institution plays an important role for the shaping of a healthy behavior.

**Goal**

A survey of the adolescents’ attitude and awareness to the harmful health factors.

**Materials and methods**

In February 2013/2014 a pilot survey was conducted among 12 years old students at “Hristo Danov” Secondary School, Plovdiv. The statistic processing of the data is done through a variational, dispersion analysis and with non-parametrical and classification methods of the SPSS software package.

**Results**

All interviewed said that they did not smoke. 75% of the boys and the girls were informed for the negative health effects of the smoking and the drug use. 6% of the students, mainly girls, had drunk alcohol. 50% of both boys and girls answered they had had stressful situations during the last year and 31% said they were connected to school. 38% of the students reported they personally were a subject of aggression from their school mates who were mainly boys (32%).

**Conclusion:** The harmful health factors like smoking and drug and alcohol use during adolescence are observed and it is mainly among the girls. Although the mass informative campaigns for the negative consequences of the unhealthy lifestyle, still a significant part of the interviewed said they were insufficiently informed. A higher degree of aggression from boys to the girls was found out.

**Keywords:** unhealthy habits, adolescents, awareness, school

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**POLICY DELPHI TECHNIQUE FOR PUBLIC HEALTH POLICY DEVELOPMENT**

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Background

Efficient public health policies and practices count on analysis of the best available research evidences. The Policy Delphi technique is a systematic method for obtaining, exchanging, and developing informed opinion on an issue. The goals of the Policy Delphi are to describe a variety of alternatives to a policy issue and to provide a constructive forum in which consensus may occur. The method includes a multistage process. The methodology and core characteristics (Anonymity, Iteration, Controlled Feedback) are similar to the Classic Delphi. The definition of the term 'expert' in a Policy Delphi may differ from that of the Classic Delphi. It is crucial that a homogeneous group of experts be identified, to gather all possible options on an issue. It has been observed that “a policy issue is one for which there are no experts, only informed advocates and referees”.

Aim

To describe the Policy Delphi technique and to present how it was used in a research study at a community level in Bulgaria. The study intended to examine stakeholders' perceptions on health-related quality of life (HrQoL) and its determinants, and further public health priorities to be outlined.

Methods

A literature review about Policy Delphi technique. Its application is illustrated by a case example of the community research project on HrQoL. A two-round policy Delphi study was the second phase of a sequential explanatory mixed-methods design.

Discussion and conclusion

The complexities of using the Policy Delphi methodology to explore policy options are discussed broadly in literature. The results and analysis of the Delphi-study at a community context has been published recently in a peer-reviewed setting which adds credibility to the work, and builds the body of evidence on this topic. Policy Delphi technique is a timely and effective tool that could benefit health policy development. Policy Delphi can offer researchers a means to explore levels of consensus on policy issues that have major effects on health policy. Practitioners may also benefit because it provides a useful way to assess and validate expert knowledge that could be contestable in a range of practice situations.

Key words: Policy Delphi Technique, public health policy

THE LIFE CIRCLE, THE U-BEND AND PUBLIC HEALTH POLICIES – RELATED TO AGEING

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Background

Life circle is a natural phenomenon. By 2050, 21.1% of the world population will be 60 years or older and 80% of this demographic group will live in low and middle-income countries like Bulgaria. The ageing of Bulgarians has become a major public health challenge.

Aim

To provide evidence that asking old people about their health e.g. researching their well-being, subjective health and quality of life, not only the morbidity and mortality patterns, is essential for creating effective public health policies.

Methods

A literature review about health policy related to ageing. Mixed-methods approach to health-related quality of life - a population study research.

Discussion and conclusion

A conceptual policy framework that focuses on functioning rather than disease would be most relevant. A summary of research data (America's GS Survey, Eurobarometer etc.) shows that young people at the age of 18 assess very high their well-being and then this subjective assessment starts to decrease. Self-reported well-being is lower at the age of 40s and early 50s, followed by a steep increase at the age of 60s and over, forming the so-called U-bend of life. Although in Western countries well-being has a typical U-shaped pattern related to age, it progressively decreases in older adults from Eastern Europe. Therefore, a mechanical transfer of policy models from west to east is irrelevant. Since better health status and longer survival are significantly associated with higher subjective well-being, public health policies towards ageing need to target this component. Ageing populations usually are associated with a higher demand for medical and social care. However, older people can be a valuable intellectual and economic support for their community.

Key words: ageing, public health policy, well-being

HEALTH PROMOTION ACTIVITIES DURING THE EARLY CHILDHOOD

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Introduction

In the nearest past the children consultation has been a well-established organizational structure for promotional health care services including health prevention. In the reforming Bulgarian health care system there are elements of conflict between the new normative regulation and the professional competencies of the nurse.

Aim

Aim of the present report is the normative regulation of health promotional activities in the age since the birth until the second year to be analyzed and on that base the problems which solving would contribute to the improving of the quality of health care services for the children in the given age group.

Methods

Documents analysis, inquiry of nurses working at
children healthcare facilities.

Results and discussion
From the document analysis the following is discovered: there is no regulation of the nurse compulsory participation in the primary health care team including the health prevention of children; the regulated activities of GP and nurses are not clearly defined and distinguished as far as the prevention care in the early childhood is concerned; there is a contradiction between the professional competencies of the nurse and the restrictions from the existed regulations in the children healthcare.
The nurses who are being inquired define their place in improving the quality of health care in children consultation both by helping the doctor in the traditional for the CC activities such as anthropometry and immunization and by the expanding the educational work with mothers considering their health culture.

Conclusion
After the quality analysis of the primary information that was performed the opinion of the inquired persons is in the direction of improving the patronage work and mainly of the prevention and health education.

Key words: children consultation, promotional health care services, nurses.

SMOKING AND DEPRESSIVE SYMPTOMS AMONG MEDICAL STUDENTS
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Aim
An association has been documented between two important health concern, smoking and depression. Certain hypotheses have already been established in the literature to explain the nature of this association. An attempt has been made to find out whether this relationship exists in a sample of Turkish military medical undergraduates.

Material and Methods
This was a cross-sectional study carried in a sample of Turkish medical students. Of total 779 military medical undergraduates, 690 accepted to participated in the study. Have responded a self-administered questionnaire including Turkish adaptation of Beck Depression Inventory (BDI) and a smoking history domain. Spearman correlation, student t-test, ANOVA methods and odds ratios were used to analyze data.

Results
It was determined that the smokers among medical students 2.2 times more likely to have depressive symptoms than nonsmokers. This result extends our knowledge that the significant association between smoking and depressive symptoms in the literature exists among Turkish military medical undergraduates. Thus, the mean scores on individual BDI items differed significantly between smokers and nonsmokers.

Discussion
This result extends our knowledge that the significant association between smoking and depressive symptoms in the literature exists among Turkish military medical undergraduates.

Conclusion
Further research is needed to explore the implications of variations, which were determined on individual items of BDI between smokers and nonsmokers.

Key Words: Smoking, Beck Depression Inventory, Depression, Turkey

MOTIVES AND METHODS FOR SUICIDAL ACTIONS IN CHILDHOOD AND EARLY ADOLESCENCE
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Aim
Presentation of data on suicide attempts and completed suicides among children in Bulgaria for a six year period 2009-2014.

Methodological approaches
There are standard forms "death notification" and "card for suicidal action" of the Ministry of Health. The information is collected by the regional health inspections and summarizes from National Center for Public Health and analyses.

Main results
Methods of suicide are self-poisoning and cut with stab within girls and among boys self-poisoning and hanging. Reasons for self-destructive actions are conflicts with parents and unrequited love.

Conclusion
Suicide remains the most important issue in public and mental health with strong cultural, ethnic and socio-economic determinants. Each of the age groups is characterized by features that allow specific preventive measures in this area.

Key words: attempts, suicide, children, motives, methods.

PROMOTING CARDIOVASCULAR HEALTH BY CHILDREN AGE
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Introduction
Over 50 years of progress in understanding the pathophysiology of atherosclerosis, improvement in risk factors and improved intensive care, the burden of cardiovascular disease in terms of years of life lost, loss of productivity due to chronic disease, and diminished quality of life are substantial. In addition,
medical costs related to treatment of cardiovascular disease are quite high. It is now clear that the atherosclerotic process that results in adverse cardiovascular outcomes begins in childhood and is progressive.

**Purpose**

As detailed presentation of prevention remedies in childhood to cardiovascular disease in adulthood.

**Material and Methods**

Depth analysis of the risk factors in childhood leading to cardiovascular disease in adulthood and opportunities for prevention of these diseases by children age – even from birth.

**Results**

Recommendations for physical activity, sleep, diet and nutrition

**Conclusion**

The promotion of cardiovascular health in children and adolescents depends on establishing optimum health behaviors early in life and maintaining them over time. In the current environment, this can be a difficult task, but the long-term payoff is great.

**Key words:** promotion, cardiovascular health, children, adolescents

**POSTERS**

**OPPORTUNITIES FOR STUDENTS MAJORING IN PUBLIC HEALTH INSPECTORATE IN THE MEDICAL COLLEGE, MEDICAL UNIVERSITY- VARNA TO WORK AS SPECIALISTS IN HEALTH EDUCATION IN SCHOOLS**

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Health knowledge and skills are built from the earliest age and are confirmed by health education in school. There are proposals to introduce health education specialists with comprehensive training. Public health inspectors have the necessary health and hygiene training. Since 2011, the curriculum of the students of the Medical College of Varna includes an elective course in Promotion of Health in School that develops specific skills for working with students.

The purpose of this paper is to present a study on first-year students majoring in Public Health Inspector at the Medical College of Varna for the level and the quality of awareness on healthy lifestyles of pupils from the primary school level and to assess the opportunities of the graduates to work as specialists in health education in schools.

The study included a total of 160 pupils of 8th to 11th class. A direct individual poll was used. A secondary analysis was made of data from a study on the readiness, attitude and professional training of the students.

The study indicated that about 20-30% of the students have inaccurate or incomplete information with respect to topics related to nutrition, physical activity, drug use). Eighty percent report that no meetings have been ever held in school with parents on these topics. On the average, 75% of the students of the Public Health Inspector major have a positive attitude towards the need for health education in schools. About 90% believe that it is possible for them to work in the field of health education. This gives grounds to the graduates to be human resources in this area.

**Key words:** health education, Promotion of Health in School, Inspector of Public Health

**IMPACT OF ANXIETY ON QUALITY OF LIFE IN PATIENTS WITH ISCHEMIC HEART DISEASE**

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**Introduction**

The importance of personal traits and psycho-emotional condition to the capacity to cope with the disease is often neglected by health professionals. Along with the established and accepted traditional coronary risk factors, more and more attention is paid to the psycho-social component in the field of prevention.

The purpose of survey is to study the anxiety as a feature of personality and quality of life in patients with ischemic heart disease.

**Methods**

A pilot study was conducted in patients with chronic ischemic heart disease. The following assessment tools were used: questionnaire to determine quality of life, an adapted version of the Spielberger Trait Anxiety Inventory (STAI), and Type D personality assessment questionnaire.

**Results**

In 53.8% of respondents were revealed personal characteristics of type D. A correlation was found between quality of life in the five studied fields and the presence of negative affectivity and poor social adaptation characteristic of type D personalities ($\chi^2=8.27$, $p=0.005$). Significant differences were discovered between anxiety and the distribution of patients by age ($\chi^2=9.11$, $p=0.01$). Anxiety is pronounced in inhabitants of smaller towns ($\chi^2=14.92$, $p=0.002$) and aged above 60.

**Conclusion**

The data analysis showed lower self-assessment of quality of life in the sample in terms of physical functionality, ability to cope with daily routine and emotional well-being. On the other hand emotional instability and anxiety have a negative impact on the perception of health.
Key words: quality of life, anxiety, chronic coronary artery disease, Type D personality.

NURSE AND SOCIAL-PEDAGOGICAL ASPECTS IN PATIENTS WITH DIABETIC INSULIN THERAPY

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Introduction

There is a need for urgent action to training and support to people with diabetes, in which the leading role for the nurse. The work of the nurse to be based on a new philosophy, mostly socially oriented course without underestimating its medical activities. It acquired by health-scientific and social-scientific knowledge it will be possible to detect and analyze the socio-economic factors that influence the health of a family and it can be assisted in solving their health problems. The aim of the research is to investigate the importance of social and educational aspects of the work of the nurse in people with diabetes on insulin therapy as a factor influencing their quality of life.

Materials and Methods

85 patients were interviewed at random from the 1-st general ward of the hospital "Hristo Botev" c. Vratsa and patients endocrinologists to DCC - I, DCC - II and First Private Hospital c. Vratsa for the period from September to April 2014/2015

Conclusion

Extremely important for people with diabetes is to have a comprehensive and accurate information that can be provided by nurses to acquire practical skills and be able to find social support through which to achieve the required control and safety.

Key words: diabetes, nurse, social support, training

A STUDY OF HEALTHY EATING HABITS AMONG THE SCHOOLCHILDREN IN THE CITY OF PLEVEN

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Introduction

Nutrition is essential for normal physical and nervous-mental development of children and is one of the essential factors for lowering the risk of hypertension, dyslipidaemia, metabolic syndrome and coronary heart decease, cancer, type two diabetes, osteoporosis, arthritis, gout and other diseases in adulthood, which can disrupt the quality of life and reduce life expectancy.

The purpose of the current research is to determine what the regular diet of schoolchildren is and whether the most important food groups are present in their everyday menu.

Material and Methods

A direct anonymous poll is carried out among 111 students from the city of Pleven of ages from nine to twelve years old in month September 2013, from which 49 are boys and 62 are girls.

Results and Discussion

The results from the carried out research show that the majority of the inquired schoolchildren – 90%, prefer eating breakfast, 10% don't have breakfast at all, as this
trend is observed mostly in girls – 9%, while boys – 6%. Of the inquired schoolchildren 48% consume cereal with milk, 18% prefer eating buns, cheese patties and other types of paste products for breakfast. The majority of schoolchildren prefer white bread – 69%, whole grain – 12%, brown – 9%; 1% don't consume bread at all, and 9% limit bread. From the inquired schoolchildren 58% consume milk and dairy products daily, 4% don't consume milk and dairy products. The majority of schoolchildren – 41% daily consume fruits and vegetables. Meat and meat products are taken daily in 58% of the examined schoolchildren, while fish – 36%. A worrying fact is the high percentage – 54%, of the ultra-processed foods (chips, snacks, fries) and the intake of energy drinks – in 20% of the children.

**Conclusion**
The received results show an increased consumption of bread and paste products and ultra-processed foods and energy drinks and a decreased intake of milk, dairy products and fish. The established unhealthy regular diet with an increased consumption of nutrition, ultra-processed food and energy drinks impose the induction of prophylactic measures for alternating our lifestyle and nutrition of children in ages 9-12 years old.

**Key words:** nutrition, schoolchildren, diseases

**IS BURNOUT SYNDROME A PROBLEM AMONG PRISON STAFF?**

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**Background**
Among the people working in the penitentiary system (prisons, correctional facilities, jails), much higher levels of burnout have been registered and not only compared to the levels observed in the general population but also in comparison with the levels found among the other police officers. This problem has not been studied in Bulgaria.

The aim of the research is to analyze and evaluate the prevalence of burnout among prison staff.

**Material and methods**
The study took place through individual, voluntary and anonymous interviewing of 307 employees from 3 district prisons in Bulgaria (209 men and 98 women) at the mean age of 40.59±0.48 years, as the only criterion for their selection is to have direct contacts with inmates. The average duration of the respondents' work experience in the respective prison is 11.37±0.44 years. Demographic variables and statements by the method of V. Boyko concerning the diagnostics and assessment of burnout are included in a used questionnaire. As the method of Boyko has been applied for the first time in Bulgaria, it was preliminarily adapted and validated.

**Results**
40.39% of the participants are in the phase of “straining”, 66.78% - in the phase of “resistance” and 36.81% – in the phase of “exhaustion”. The prevalence of burnout is 73.62% with no significant difference between men and women.

**Conclusion**
It was found a high prevalence of burnout among the prison employees. The results suggest that there is a need to develop and implement effective strategies to reduce and prevent development of burnout.

**Key words:** Burnout, Correctional officers, Prison

**SECTION 2. EPIDEMIOLOGY OF CHRONIC NON-INFECTIONOUS DISEASES**

**ORAL PRESENTATIONS**

**EFFECTIVENESS OF POPULATION BREAST CANCER SCREENING IN EUROPE**

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**Introduction**
Breast cancer is a leading cause of morbidity and mortality amongst women in Europe. Most European countries have introduced population breast cancer screening programs which aim at decreasing the mortality from the disease. The aim of this study was to present an overview of the existing breast cancer screening programs of the general population in the European countries and analyze their effectiveness.

**Material and methods**
The analysis was based on official reports and databases regarding the implementation, spread and outcomes of mass screening for breast cancer in the European countries.

**Results and discussion**
Population breast cancer screening has been implemented in most European countries at a starting age of 50 (or younger for women in the United Kingdom and some counties in Sweden) and ending age of 69-75 years. The screening interval is bi-annual (except in the United Kingdom) and most countries have adopted digital mammography which has improved early detection. The implementation of breast cancer screening in Europe has led to a reported decline in the mortality from the disease ranging from 10% to 31%. Overdiagnosis is an issue which has risen constant debate, however, its quantification is difficult and ranged from 1% to as high as 50%. The false positive rate is another issue which leads to unnecessary referrals to further testing and treatment.

**Conclusion**
As European population ages an increase in the incidence of breast cancer could be expected. Therefore, public awareness and compliance to population breast cancer screening programs is essential for their effectiveness.
**Key words:** breast neoplasm, mass screening, mortality, overdiagnosis

**RELATIONSHIP BETWEEN THE NUMBER OF APPLIED HEALTH POLICIES IN EUROPEAN UNION IN RESPONSE TO CHRONIC NON-COMMUNICABLE DISEASES AND THE PROBABILITY OF PREMATURE DEATH - ASSESSMENT OF THE SITUATION IN BULGARIA**

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**Introduction**
Non-communicable diseases (NCDs) are the leading causes of deaths in the European Union (EU) where four major NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) are responsible for over 90% of NCD deaths. The duty of every national health care system is to implement policies on reducing the negative consequences for public health.

**Aim**
Analysis of the number of health policies applied by the member states of the EU in response to non-communicable diseases, their association with the likelihood of premature deaths from these diseases and assessing the situation in Bulgaria.

**Material and methods**
Primary information was extracted from World Health Organization's Global status report on NCDs (2014). The data were processed statistically and illustrated with tables and graphs.

**Results and Discussion**
The probability of premature death (between 30 and 70 years of age) of fourth NCDs (cardiovascular, cancer, chronic lung diseases and diabetes) is between 24% for Bulgaria, Hungary and Latvia and 9% for Cyprus. In countries in which the number of the policies is high (8) probability of dying prematurely is low (11-12%). The lowest number of policies has been implemented in Bulgaria (2), and the highest in Lithuania (9), where the likelihood of premature death is 22%.

**Conclusion**
It was found necessary to implement national policies to solve the problems with chronic non-communicable diseases in countries like Bulgaria and Romania, in which the probability of premature death is higher, but the number of health policies applied is lower in comparison with other member states of the EU.

**Key words:** chronic non-communicable diseases, health policy, mortality, public health

**REGIONAL INEQUALITIES IN PERINATAL MORTALITY IN BULGARIA 2010-2014**

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**Introduction**
Regional health inequalities from the earliest periods of life are considered to be an important health policy priority.

**Aim**
The aim is to study inequalities in perinatal mortality comparing the twenty eight regions of Bulgaria for the period 2010-2014.

**Material and methods**
Data for perinatal mortality by region and by urban / rural residence for the period 2010-2014 was obtained from the National Statistical Institute. Average period perinatal mortality rates were estimated by region – for total and separately for urban and rural population. Disparities in perinatal mortality were assessed with rural/urban and regional highest / lowest rate ratios (RR).

**Results**
The rate ratio for regions with highest to lowest average for the period rates is 2.88. Rate ratio for highest to lowest mortality is 3.21 for the urban and 3.37 for the rural population respectively. Perinatal mortality rates are expectedly higher for rural population in twenty one of the studied twenty eight regions. In seven regions (Lovech, Burgas, Vratza, Blagoevgrad, Sofia-region, Montana and Yambol) the indices are higher for the urban population. In some regions urban/rural disparities in perinatal mortality are negligible – 2-3%, while in others they are considerable - more than 200%.

**Discussion**
Significant disparities in perinatal mortality were found and those between regions dominate over the urban/ rural ones.

**Conclusion**
Systematic in-depth study of the causes for the existing regional disparities is required in order to reduce them.

**Key words:** perinatal mortality, regional health inequalities

**GENDER DIFFERENCES IN SELF-RATED HEALTH AMONG PATIENTS OVER 44 YEARS OF AGE**

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**Introduction**
Gender differences in self-rated health are reported constantly. Most studies detect lower self-rated health in females, which is associated with poor physical functioning, depression and anxiety, limited psychosocial control of females in some communities.
To determine gender differences in self-rated health among patients over 44 years of age. 

**Aim**

A cross-sectional study was carried out in 2014. Two hundred and twelve patients over 44 years of age were included in the study. The study was a part of the Project No 11/2014, which was funded by the Medical University of Pleven. General measure of self-rated health (GSRH) was used. The influence of some variables (chronic diseases and functional deficits, well-being index, physical activity and body-mass index) on self-rated health of females and males was determined. Data were processed by SPSS.v.19. Parametric and non-parametric statistical methods were applied.

**Results and discussion**

Although the majority of females (68.8%) assessed their health as fair or poor, there were not significant gender differences in GSRH ($\mu=0.235$). Functional deficits in each of the five dimensions of GSRH were significantly associated with lower self-rated health. After controlling for the effect of gender the relationship between well-being index and GSRH remained significant ($r=-.435; p=0.001$). Significant gender differences were not found for the relationships of GSRH with the average number of chronic diseases, physical activity and body-mass index ($p>0.05$).

**Conclusion:** Our study did not find significant gender differences in self-rated health while studying the effect of several variables of physical and mental health, and health behavior.

**Key words:** self-rated health, gender differences, chronic diseases, well-being index, physical activity
presence of diabetic retinopathy these patients can be distributed in the next groups: with saved visual acuity and without retinopathy – 29%, with saved visual acuity and non proliferative diabetic retinopathy (NPDR) data – 20%, with saved visual acuity and presence of PDR – 0,8%, with decreased visual acuity and NPDR – 24%, with decreased visual acuity and PDR – 16%, with others eye diseases and reduced visual acuity, but without retinopathy – 10,2%. Laser treatment have been realized at 63% of patients with NPDR and 85% of patients with PDR.

Conclusion
Each TEPC-certification of patients with socially significant, such as diabetes mellitus, for the working ability-aged persons accomplish through the period from one to tree years and it is related with respective specialized examinations, including ophthalmologic check up. In view TEPC-certification in many cases is started a laser treatment or diagnosed DR.

Key words: diabetic retinopathy, visual acuity, diabetes mellitus

ASSOCIATION BETWEEN VITAMIN D LEVELS AND DEPRESSION
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Introduction
Depression in adults has been linked to decreased bone mineral density, osteoporosis and increased incidence of fractures. Altered dietary intake of bone-related nutrients such as calcium and vitamin D has been reported to have implications for the development of these conditions. Thus, incidentally depression has been related to altered levels of vitamin D, however, this relation has never been studied systematically. Therefore, the aim of this study was to determine whether altered levels of vitamin D led to the development of depression and whether the supplementation of vitamin D could affect the development/course of depression.

Material and methods
A systematic literature search was performed in PubMed. Publications of randomized control trials (RCTs)/other studies were selected in which vitamin D was supplemented for osteoporosis and depression was measured as a secondary outcome.

Results and discussion
Forty five hits appeared in the literature search, all were published in the period 1975 – 2012. The articles contained at least one of the search terms in headline, abstract or body of the text. The results regarding the association between vitamin D and depression were conflicting. While some studies found that long term low levels and hypovitaminosis of vitamin D could be manifested as depression and were associated with the severity of the disease, others rejected the hypothesis and concluded that high doses of supplemented vitamin D could not prevent depressive symptoms.

Conclusion
As current literature displays contradictory results, there is a need of RCTs to determine the association between vitamin D levels and depression.

Keywords: depression, vitamin D, osteoporosis

POSTERS

METHODS AND TECHNOLOGIES FOR ASSESSING THE QUALITY OF LIFE IN NON-COMMUNICABLE DISEASES
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The prevalence of chronic non-communicable diseases (NCDs) represents global crisis in almost all countries in the world and covers all age groups. According to WHO, "the management of chronic diseases (Chronic disease management) is a systematic approach for coordinating the medical, pharmaceutical, social interventions at different levels of the health care system (individual, organizational, local and national". The management of NCDs represents a comprehensive, coordinated and continuous care to improve the clinical status, reducing unnecessary expenses for healthcare and improvement of the quality of life of patients.

Quality of life (QoL) is the "degree of prosperity and personal satisfaction experienced by a person or a group of people," measurable in seven domains: (1) physical functioning, (2) social functioning, (3) emotional functioning (4) cognitive functions (5) pain (6) vitality, and (7) the general well-being. Each of these areas can be assessed in two dimensions: (1) objective assessments of functioning or health status, and (2) subjective perception of health status.

Approbation methodologies for assessing the quality of life of patients with the most common NCDs include direct inquiries direct observations, interviews (face to face and by phone) using self-assessment questionnaires. Common generic tools and tools that measure specific QoL in a disease are used. The choice of suitable instrument is determined by the type of study conducted, the practical conditions in which it is performed and the necessary time available for its completion, as well as consideration for self-completion by the patient when this is not possible or desirable.

Keywords: HNB, quality of life, methods and technologies for the assessment of QoL
SECTION 3. EPIDEMIOLOGY OF INFECTIOUS DISEASES

ORAL PRESENTATIONS

STUDY ON THE DYNAMICS OF DISTRIBUTION AND BASIC EPIDEMIOLOGICAL INDICATORS IN ANTHRAX IN PLEVEN REGION FOR THE PERIOD 1991-2013
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Introduction
As a result of the imposed complex preventive and anti-epidemic measures in Bulgaria, the incidence of anthrax in humans is sporadic.

Objective
The aim of this study is to trace the dynamics of distribution and the main epidemiological indicators of human anthrax in Pleven region for the period 1991 - 2013 in order to identify possible changes in the development of the epidemic in modern conditions and to update the approaches to prevention and control of the disease.

Materials and methods
The study covers the period from 1991 by 2013. The used data is provided from reports and analyzes of RHI Pleven, from epidemiological studies of infected persons and from the Cadastre of anthrax outbreaks in Bulgaria.

Results
For the period 1991-2013 in Pleven are registered 7 cases of anthrax in humans in three settlements. Throughout the years cases are distributed as follows: 1997 - 3 cases 1998 – 3 cases and 2012 – 1 case. Morbidity was 0,9‰ and 0,37‰. All registered cases of the disease are in villages where there were cases of anthrax in humans in previous periods.

Discussion
The epidemic process of anthrax in Pleven region retains its sporadic nature. All registered cases of diseases are associated with the slaughter of sick animals in rural areas during the summer months. All persons are in active age. The conducted preventive and epidemiological measures in previous periods are effective.

DISTRIBUTION OF ENTEROBIOSIS AMONG HOSPITALIZED PEDIATRIC PATIENTS
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Introduction
Enterobiosis is a cosmopolitan parasitosis and it represents a medical and social problem for many countries. The disease is reported more frequently in children and in people with low socio-economic standard of living. The contact route of transmission, the universal susceptibility to the parasite, the high resistance of infectious elements in the environment are a prerequisite hospital pediatric clinics to create conditions for the spread of enterobiosis.
**Purpose**
The aim of our study was to determine the incidence of infection with Enterobius vermicularis in hospitalized pediatric patients and to assess what is the epidemiological risk of enterobiosis spread in hospitals.

**Material and methods**
During the period from February to March year 2015 are taken single perianal swabs of 265 children (139 boys and 126 girls) who were hospitalized in the pediatric clinic of the University Hospital - Pleven. The taken material was studied by a light microscopy in native preparations at 100x magnification.

**Results and discussion**
Infestation with E. vermicularis was found in 39 children (14.72%). The prevalence of enterobiosis among children in the pediatric clinic is significantly higher than that in Pleven region (0.27%) in Pleven childcare centers (0.91%) and in the country (0.87%) in 2014. Among children in early age (1-3 years) the prevalence of enterobiosis is 9.09%; from 4 to 7 years of age (pre-schoolers) - 14.44% and over 7 years of age - 20.69%. Boys are more often affected (20.83%) than girls (7.43%).

**Conclusion**
The high frequency of infestation with E. vermicularis among hospitalized pediatric patients increases the risk of parasitosis spread and creates unfavorable epidemiological situation not only in pediatric hospital wards, but also in kindergartens and schools.

**Key words:** enterobiosis, E. vermicularis, children

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**CONTEMPORARY STATE OF LEISHMANIASIS CONTROL**

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**Introduction**
Leishmaniasis is a parasitosis, in which the risk of increasing incidence is growing. Without discounting the importance of infectious diseases, which recently highly engaged public and medical interest, it could be argued that leishmaniasis is a topical disease.

**Objectives**
To consider the situation in Bulgaria and in nearby endemic regions, to present current clinical and epidemiological features of the disease and to systematize the main measures for prevention and control.

**Materials and methods**
Data from reports made by international and national health institutions and scientific studies made by leading parasitologists were used. Also findings from own studies regarding some of control measures were included. Descriptive and medico-geographical methods were used.

**Discussion**
The manifestation of the disease in Bulgaria, Mediterranean and Middle East was analyzed. The current diagnostic criteria and treatment options were pointed out. Also the achievements and prospects for improving the efficiency of chemical vector control were presented. A short overview of both recently used vaccines and vaccines under development was made.

**Conclusions**
The dynamics of the epidemic process indicates increasing trends. This requires updating knowledge of infectious diseases specialists and other diseases specialists about epidemiology, treatment and prevention. New opportunities for immunoprophylaxis are under development. At present, the Leishmaniasis control basically relies on early diagnosis, appropriate treatment and complex use of agents for insect control. The introduction of improved insecticides from the group of Insect growth regulators is forthcoming.

**Key words:** leishmaniasis, epidemiology, vector control, immunoprophylaxis, insect growth regulators.

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**ANTI-VACCINE MOVEMENTS: ORIGIN AND DEVELOPMENT**
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**Introduction**
Notwithstanding the achievements of applied immunology, resistance against immunizations is becoming increasingly topical.

**Objectives**
To present the historical development and contemporary state of anti-vaccine movements. Tasks
To consider the reasons for arising and strengthen of these movements ant to disprove the concepts that disputed the benefits for society of mass immunization.

**Materials and methods**
Sources from specialized medical literature, reference books and various publications which reflect different aspects of the issue were used. The data were summarized and analyzed in historical and logical method based on scientific evidence.

**Results and discussion**
The first anti-vaccine movements was established before Edward Jenner's first vaccination in 1796. Historically stand out: an early period of religious-mystical arguments, a second period in which the confrontation was based on legal arguments and contemporary stage with complex use of legal norms and tendentious interpretation of official statistics and scientific data. Adverse effects of vaccination are the main factor which in the past and today feed these movements and adversely affects the vaccination coverage of the population. The following is established: during epidemic outbreaks immunization is perceived by the society as a necessary measure, vaccination coverage of the risk groups leads to decrease severity of disease, people's concerns
disappear and memories about previous tragedies fade away. This affects the attitude on the importance of the vaccine. At continuation of the immunization program instilling opinions on enormous risks of adverse effects of vaccination is activated. It reaches to dispute on the necessity of vaccination, and even the denial of achieved result. Different countries have adopted different approaches to immunization calendar: mandatory, partly mandatory and even liberal.

Conclusions
Anti-vaccine movements precede and accompany the mass immunization. The offensiveness of the groups that question the importance of vaccines for public health is increased. This increases the responsibility of medical professionals – epidemiologists, infectious disease specialists, pediatricians and health managers to assert the adopted strategy for immunization more convincingly. Today more than ever is essential to resist attempts to neglect the epidemiological control with speculative statements about the adverse effects of vaccines.

Key words: anti-vaccine movements, origin, argument

EPIDEMIOLOGICAL INDICATORS OF TUBERCULOSIS IN THE REGION OF LOVECH FOR THE PERIOD 2012-2014
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Introduction
For the period after 1990, the tuberculosis has attained enormous medical and social significance worldwide. Every year it is the cause for the death of about 3 million people and affects a large population, relatively more than AIDS, malaria and tropical diseases put together. According to the World Health Organization for the European Region, Bulgaria belongs to the second group, comprising 11 countries with an average level of prevalence of TB – morbidity of 12-80 per 100 000 people.

Aim

Materials and methods
Epidemiological indicators of tuberculosis in the region of Lovech for the period of 2012-2014 are presented, based on the activity of pneumotheatric dispensary office and hospital ward in the “Specialized Hospital for Active Treatment of Pulmonary Diseases – Troyan” Ltd /SHATPD – Troyan Ltd/.

Results
The properly applied treatment contribute to the healing of the infection carriers and breaks the chain of the spread of the disease. Therefore the greatest efforts in the fight against tuberculosis should be directed to the prevention, that means the healing of the ill people who can spread the infection further.

Conclusion
Tuberculosis leads to reduced work efficiency, increased disability and mortality, it has also and adverse effects on the financial and social stability of the individual, family and society. The enormous damage caused by this disease in personal and social perspective as well as the significant costs to treat the severe and multidrug-resistant forms, sets demands on society to mobilize all its efforts to control this socially important illness.

Key words: epidemiological indicators, tuberculosis, morbidity/ incidence, prevalence, multidrug-resistant forms

CARRIERSHIP OF ANTI-TOXOPLASMA ANTIBODIES IN PATIENTS WITH SCHIZOPHRENIA
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Toxoplasma gondii is an unicellular parasite widely spread throughout the world. It possesses expressed neurotropism and the ability to form cysts in brain tissues. The acute form of congenital and acquired toxoplasmosis may be accompanied by neurological symptoms and mental disorders similar to those seen in schizophrenia. Latest research has demonstrated that the latent form of the disease may lead to changes in behavioural reactions, thinking and emotions. In search of a possible connection between T. gondii infection and changes in basic mental functions of infected subjects, we compared the incidence of carriership and the levels of anti-toxoplasma antibodies in 108 schizophrenics and 108 mentally healthy subjects in a control group.

The levels of anti-toxoplasma IgG and IgM serum antibodies were assessed with an immunoenzymatic method (ELISA). The frequency of carriership of anti-toxoplasma IgG antibodies was significantly higher in schizophrenics than that in the controls: 52 subjects (48.15%) in the study group and 23 subjects (37.96%) in the control group (p=0.01). Anti-toxoplasma IgM antibodies were detected in only two patients with schizophrenia. In 36 out of 52 schizophrenics with a positive serology (69.23%) and in 23 out of the 41 controls (56.10%) we found high levels (>200 IU/ml) of anti-toxoplasma IgG antibodies. No statistically significant differences in IgG antibody levels were found between the two groups (p>0.05).

The role of genetic factors in the aetiology of schizophrenia has been proven and accepted. We assume that, when combined with a genetic predisposition, T. gondii infection may act as an
additional factor that triggers clinical manifestations in schizophrenia.

**Key words:** Toxoplasma gondii, toxoplasmosis, schizophrenia

**POSTERS**

**MEDITERRANEAN SPOTTED FEVER (MSF) WITH UNUSUAL PORTAL OF ENTRY – CASE REPORT**

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Mediterranean spotted fever (or Boutonneuse fever) is re-emerging tick-borne infectious disease, caused by Rickettsia conorii. The trend of the disease distribution in Bulgaria is increasing during last two decades. Pleven region is not endemic and only sporadic cases had been registered. The aim was to report a case of R. conorii infection with unusual portal of entry.

**Case presentation.** 58-years-old woman had crushed a tick manually followed by conjunctival exposure on left eye by tick blood. Six days later, fever and shivering had appeared suddenly. Intensive conjunctival hyperemia, eyelids swelling and worsened vision had followed. On the 5th day after admission generalized papulous rash appeared involving the palms and the soles. The fever persisted; the woman was excited, with headache and hepatomegaly; without neurological signs. Laboratory investigations revealed normocytosis with granulocytosis (WBC 6.9 x 10³/L; granulocytes 0.76, respectively), C-reactive protein 16.1 mg/dL, fibrinogen level 5.14 g/L, and normal liver biochemical investigations. Later, the leukocytosis and granulocytosis had increased and C-reactive protein had risen up to 90.2 mg/l. Hemoculture was negative, and serological investigation was positive for R. conorii. Complex etiologic and supportive treatment was administered including ciprofloxacin, lincomycin and metronidazole intravenously, eye-drops ant symptomatic drugs. The patient had improved and discharged after twelve days hospital treatment.

**Conclusions:** The case is interesting because of unusual portal of entry. An increased awareness for MSF could eliminate the risk of delayed and wrong diagnosis and could improve the prognosis.

**Key words:** Rickettsia conorii, Mediterranean spotted fever, intraocular inflammation

**ATYPICAL STREPTOCOCCAL INFECTION - CASE REPORT**

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**Introduction**

The clinical manifestation of streptococcal infection is variable and depends on the localization of the pathological process and the condition of the infected organism. Group A streptococci are the most common bacterial causative agent of pharyngitis and tonsillitis in childhood. Over the last 2-3 decades lighter and atypical clinical course of streptococcal infections have been seen.

**Purpose**

The aim is the presentation of a case of atypically gone streptococcal infection.

**Material and methods**

Data from ambulatory and hospital records of a 6 years old child, treated at the Clinic of Infectious Diseases at the University Hospital "Dr. G. Stransky" – Pleven, December 2014 were used.

**Results and discussion**

A case of 6 years old boy with catarrhal angina, low-grade fever and erythematous rash on wrists, fingers and feet is presented. The rash is accompanied by swelling and itching with dry skin (cutis anserina). After 7 days wholesale lamellar desquamation of the skin on the palms and soles was seen. S. pyogenes was isolated by microbiological testing of throat swabs. The results of paraclinical tests showed no leukocytosis, but presence of changes in leukocyte formula - neutrophilia with left shift and eosinophilia. An etiologic treatment with Klaricid and symptomatic agents have been used.

**Conclusion**

Based on clinical symptoms and microbiological testing, the characteristic changes in leukocyte formula and rapid response to antibiotic treatment, we have assumed that it is a case of an atypical course of acute streptococcal tonsillitis.

**Key words:** S. pyogenes, streptococcal tonsillitis, desquamation.

**CASE REPORT WITH PULMONARY AND NEURALTUBERCULOSIS**

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Neutrotuberculosis is the most hazardous type of systemic tuberculosis (TB) because of high mortality and possible serious neurological complications. We described a case of severe tuberculous meningoencephalitis and pulmonary TB.

**Case presentation:** A 36-year-old woman was admitted in suburban Ward of Infectious Diseases with fever, headache, and vomiting with primary diagnosis “viral encephalitis”. Four days later, she was unconsciousness and was transported to Clinic of Infectious Diseases at University Hospital – Pleven. On the physical examination, there were syndrome of meningeal irritation, depressed tendon reflexes and positive Babinski’ sign bilaterally. Investigation of
cerebrospinal fluid (CSF) revealed increased protein level (3.15 g/L), leucocytes count 80/μL (30% neutrophils and 70% mononuclears), decreased glucose level (0.61 mmol/L). *Mycobacterium tuberculosis* was confirmed by culture of CSF. CT scan revealed brain edema and subarachnoid cyst subocipitally. The first X-ray of the lungs was concluded as “negative”, the second as „pleuropneumonia”. Tuberculostatic (streptomycin, isoniazid, rifampicin, pirazinamide) and supportive treatment was performed but the patient’s condition worsened, cranial nerves were involved (oculomotorius and abducens), respiratory disorders appeared requiring mechanic ventilation. The patient died on the 20th day after admission. On autopsy, infiltrative-pneumonic TB and fibrinous-purulent pneumonia, and bronchiolitis were found histologically. Consequent tuberculous meningencephalitis was found, visualized morphologically by lymphocytic basal meningitis and parenchymal vassal vasculitis with microthrombosis. Cortical and basal multifocal ischemia and pulmonary disorders were the direct reason for lethal outcome.

**Conclusion:** The globally increased incidence of TB and co-existence of extra-neural tuberculosis TB and neutron tuberculosis require diagnostic improvement and specific therapy even in suspicious case.

**Key words:** tuberculous meningencephalitis, pulmonaly tuberculosis, tuberculostatic therapy

**SECTION 4. ENVIRONMENT AND PUBLIC HEALTH**

**ORAL PRESENTATIONS**

**EVALUATION OF THE NOISE EFFECT ON THE POPULATION IN AREA WITH DETERMINED EXCESSIVE EXPOSURE**

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**Introduction**

Environmental noise is amongst the major hazardous factors with significant harmful effects on human health.

**Aim**

Assessment of the effect of noise on the population in an area with established excessive noise exposure.

**Materials and methods**

A method is developed, which comprises two stages – measurement of noise levels in a preselected area and conducting a survey (questionnaire based) among the population in the respective region. The area to be surveyed was selected on the basis of the values of the National system for noise monitoring. Point measurements were performed in 49 points, determining the equivalent noise level.

To conduct the survey among the general population, 70 questionnaires were distributed in the survey area. All residents living close to the measurement points were invited to join the survey.

**Results**

In the survey attended 33 people, aged from 30 to 77 years, 15 men and 18 women.

**Discussion**

More than half of respondents indicate sensitivity to the noise factor. This result is confirmed by their self evaluation, also from the assessment which they gave in the various components of the questionnaire.

**Conclusions**

The developed questionnaire can serve as a basis for confirming the results of a complex study of the health status of the residents of the surveyed area.

**Keywords:** Citizens; noise; transport; discomfort; questionnaire

**METHODS FOR SELECTION OF MEASUREMENT POINTS IN URBAN AREAS WITH HIGH DENSITY OF EMF SOURCES AND SUCH WITH “SENSITIVE PLACES AND BUILDINGS”**

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**Introduction**

The report presents methods for the selection of points for measurement of EMF in urban areas developed within the project BG07 Program: "Initiatives for public health." The planned measurements and hygienic assessment of EMF according to project requirements should be carried out in places "with a high density of EMF sources" as well as "the existence of a sensitive buildings and places", which determines the necessity of development concrete methods.

**Aim**

The aim of the study is to develop methods for selection of points for measurement and evaluation of the electromagnetic field according to the cited criteria.

**Materials and methods**

The development of "controlled method for selection and designation of points of measurements and evaluation of the electromagnetic field in populated areas" requires preliminary information about the location of the emitters, and electronic geographical map as well.

The second method "Selection of points for measurement and assessment of EMF in "sensitive buildings and places" requires advance information concerning the location of sensitive buildings and
places for particular region, no information for the emitters and distribution on the field is necessary.

**Results and discussion**

Methods for selection of measurement points are developed. They are based on two approaches for selection - controlled and randomized.

**Conclusion**

The methods will contribute to the improvement of control by applying the relevant points of measurement and setting them on electronic geographical map and to raising the awareness of the population. In the selected locations by the two methods EMF exposure from sources emitting in different frequency ranges will be tested, as well as in "sensitive buildings and places" exposure will be evaluated.

**Keywords:** method EMF sources, exposure populated territory

**MEASUREMENTS OF MAGNETIC FIELDS IN RESIDENTIAL BUILDINGS WITH BUILT-IN TRANSFORMERS. OCCUPATIONAL AND ENVIRONMENTAL EXPOSURE**

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**Introduction**

This study was a part of the International project TRANSEXPO which aim was to find the epidemiologic association between extremely low frequency magnetic fields (ELF-MF) and childhood leukemia.

**Aim**

The aim of this study is to perform an exposure assessment of magnetic field in apartment buildings with built-in transformer rooms located throughout the Sofia city.

**Materials and methods**

Randomly 43 buildings with built-in transformers were identified from all regions of Sofia. Finally, measurements of 50 Hz magnetic field (MF) were performed in 65 apartments, 21 buildings, with built-in transformer stations. In each building, measurements were made in the following types of apartments: 1. apartments that have rooms directly above and next to the transformer; 2. apartments selected on the same floor as the one directly above and next to the transformer; 3. apartments on the upper floors randomly selected among all the other apartments of the building. Measurements were performed also inside the transformer rooms, regarding the possible exposure of personnel responsible for the technical maintenance of the stations.

**Results and discussion**

The measurement results show clear difference among the magnetic field values measured of the three categories of apartments, respectively 0,4 μT for the “exposed” apartments 0,23 μT on the same floor, and 0,1 μT on other floors. These results confirm that classification of magnetic field exposure based on apartment location is possible with specificity 0.91 and sensitivity 0.95 for cut-off point 0.4 μT. Values of 0,4 μT and above were measured in 18 out of 19 apartments that have rooms directly above and next to the transformer. The measured values of magnetic flux densities inside the transformer stations are in the range: 0.56 T to 60 μT.

**Conclusion**

The exposure assessment in the buildings with built-in transformer station shows that the apartments can be reliably categorized as an exposed, low exposed or unexposed based on their location to the transformer stations. The measured values in transformer rooms are in compliance with limit values according to the National legislation and ICNIRP.

**Key words:** Exposure Assessment, Transformer, Built-In, Magnetic Field, Measurement

**STUDY OF THE FOOD CONSUMPTION IN THE UNIVERSITY STUDENTS**

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**Introduction**

The varied and balanced diet strengthens the health of the young peoples and reduces the risk of chronic diseases.

**Aim**

To study and analyze the food consumption of the university students.

**Material and methods**

We studied 701 university students of medical specialties (19 to 30 years, 78% female). The three days 24-hour dietary recall method was used for dietary assessment.

**Results**

The white bread consumption averaged 126-132.6 g/d in men and 103.5-120.6 g/d in women. The pastries accounted for 25% of men and 19.2 to 21.8% for women of the total consumed grains per day. The intake of vegetables was 223.9-224.1 g/d in men and 192.7-221 g/d in women. The average daily consumption of fruits to students for masters was 125.7-147.9 g in men and 110.3 – 114.6 g in women. Consumption of sweets to students for masters was 48.1-55.6 g/d, while students of bachelors were 36.5 - 57.5 g/d. The average daily consumption of
added fats was high.

**Discussion**

In food consumption of university students found some positive and a number of unfavorable characteristics.

**Conclusion**

Measures are needed for the improvement of university nutrition in accordance with national and international recommendations.

**Key words:** food consumption, university students, medicine

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**ROLE OF HYGIENIC STANDARDS OF SAFETY IN A POSTINDUSTRIAL SOCIETY**

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Epidemics and pandemics were a global problem within 19 centuries after a birth of the Christ. As a result of long struggle, the medicine has adequately answered this challenge and has now out vaccines against all infections agents. Soviet scientist A.L. Chizhevsky [1] as a result of statistical processing of the extensive information has found correlation of cyclic character of epidemics and pandemics with eleven-year a cycle of solar activity. Persons and a science cannot influence on sun activity. Therefore a single way (vaccination practice) was productive and effective. Now it is possible to think, that from an epoch of epidemics and pandemics we have only weak traces in the form of flu epidemics.

As distinct from the previous epoch when the person could not affect the basic main root reason of disease and death rate (intensity of solar activity) a coming epoch of postindustrial society allows to make it. As was shown statistically, now the main reason of the death rate is cardiovascular diseases and cancer disease, which are connected with human activity and consequences of technical progress.

As is known, agents of external influence on health of the person have either the chemical or physical nature. Quarter of the century ago, the determined dependence of oncological disease and death rate of the population under the influence of harmful emissions into atmosphere of industrial productions and transport has been visually shown [2]. The topology of a cancer from industrial production has local character with the determined recession from the centre of harmful emissions to periphery.

Struggle against cancer can go on two different ways. The first is the control of ecological conditions and decrease of harmful emissions into atmosphere. The second is strength of immunity of the population living in a vicinity of factory and plant. The role of hygienic standards of safety thus gets paramount value.

Thus, the modern situation gives easier way for a solving of problem at the reasonable organisation of public health services in each separately taken country. Existence the WHO can facilitate the decision of a problem and to provide saving of the means necessary for the decision of a problem.

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**POSTERS**

**CASE STUDY OF EMF EXPOSURE BEFORE AND AFTER DIGITALIZATION OF BROADCAST TECHNOLOGY IN POPULATED AREA**

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**Introduction**

Bulgaria completed the process of digitization of broadcast system, regarding to the Directive 2002/21/EC of the European Parliament and of the Council of 7 March 2002, in September 2013. The paper presents an exposure assessment procedure of electromagnetic field (EMF) for one TV and radio transmitter, also a comparison of EMF exposure before and after digitalization.

**Aim**

The aim of this report is to perform exposure assessment of EMF emitted from broadcast transmitters, after the digitalization of the equipment.

**Material and methods**

Calculation methods were used for a theoretical evaluation of the hygienic safety zone. The exposure assessment was made using non-selective and selective methods for measuring the EMF values.

**Results**

The measured values of the electric field and power density in the region of the emitters show compliance with the national legislation for protection of general public from RF EMF exposure. Higher values were measured in the close proximity of the facility where access of the general public is not permitted, so limit values for controlled (working) environment are applicable there.

The results of the evaluation show that after the digitization and replacement of technical equipment, the power transmitted from digital broadcasters is lower than the analogue ones, which results in smaller safety zone and correspondingly lower measured values of electromagnetic field.

**Conclusion**

The analysis revealed a reduction of the exposure for the general population. This result corresponds to the reported data in the SCENIHR’s report.

**Keywords:** EMF, digitalization, exposure, broadcast, limits

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**WORK-RELATED UPPER LIMB DISORDERS**

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Introduction
Work-related upper limb disorders comprise the dominating musculoskeletal diseases of the working population and are a significant problem with respect to ill health and associated costs within the workplace in the EU member states.

Aim
Accepting of united criteria for diagnosis, treatment, rehabilitation, and preventive measures of work-related upper limb disorders. The objective: to present different occupational and individual risk factors associated with upper limb disorders and point out criteria for use in assessing their occupational or work-related origin.

Material and methods
An analysis of the 1500 patients with upper limb disorders hospitalized during the last three years in university clinics/departments of occupational diseases of Sofia, Plovdiv, and Pleven was carried out with an attempt to standardize and unify the criteria for accepting occupationally induced etiology of the diseases according to different risk factors from the work. Recognizing individual peculiarities and accompanying diseases also were done.

Results
The neck was the most frequently affected segment, presented by cervical radiculopathies commonly associated with degenerative vertebral and/or intervertebral changes. Distal autonomic neuropathy and entrapment syndromes (mostly carpal tunnel with median nerve neuropathy or less cubital tunnel with ulnar neuropathy) were more rare upper limb disorders. Musculoskeletal diseases (radial or ulnar epicondylitis of the humerus, myotendinosus of the hand extendors, shoulder capsulitis or bursitis, tenovaginitis) were the least reason for hospitalization.

The study found strong relationships between workplace physical exposures to vibration, cold, static and dynamic muscle loads, overuse and repetitive strain and upper limb disorders though most of them were assessed as work-related but not occupationally induced and therefore not compensated for.

Discussion
Recommendations are made for risk prevention strategies to facilitate musculoskeletal health that will enable longer and healthier careers, increase productivity, provide safer workplace and prevent upper limb disorders.

Acceptance of united criteria for diagnosis, treatment, rehabilitation, and preventive measures of those disorders for all medical departments would tend to better quality of labour health care.

Key words: occupational upper limb disorders, labour health care
low-income households, which tend to live in less adequate buildings due to their lack of financial resources. More deprived settlements and less affluent population groups are more often exposed to the location of hazardous activities or polluted places, such as waste sites, incineration plants, polluted rivers.

**Conclusion**

Effective interventions: water safety plans, transport/domestic emissions limitation, health-oriented building standards, food safety.

**Key words:** inequalities, worse environments

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**SURVEY AND ASSESSMENT OF THE REGISTERED BIOCIDES IN BULGARIA BY MAIN GROUPS AND SUBGROUPS**

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**Introduction**

In Bulgaria are registered 2100 biocidal products. It is found out that all procedures and rules for biocide registration accepted in European Union are followed.

**Aim**

To complete survey and analysis of the registered biocides in Bulgaria up to 2015.

**Material and methods**

As a result of the executed analysis is found that in the country are registered products from all 4 main groups of biocides: main group „Disinfectants“ – 1326 products, main group „Preservatives“ – 165, main group „Pest control“ – 605, and main group „Other biocidal products“ – 9 products. Assessed are the applied active substances, which are substantially less than the number of biocidal products as some of the registered products contain one and the same active substance.

**Discussion**

In 18 of the subgroups (product types) from the total of 22 are registered at least several products in each subgroup. Throughout the period are not registered biocidal products belonging to the 4 subgroups: subgroup № 15 – „Avicides“, subgroup № 16 – „Molluscicides“, subgroup № 17 – „Piscicides“ and subgroup № 22 „Embalmimg and taxidermist fluids“.

The hazard of the biocides is evaluated based on the accepted hazard categories. The analyses of the data reveals that the potential acute health hazard effects can be expected for the biocides from main group 3 „Pest control“. According to their hazard classification the biocides are distributed in three categories: professional usage, mass usage and professional/mass usage.

**Conclusion**

The existing biocide registration system in Bulgaria corresponds to the European requirements for registration of these products. Supported is the required free access to information for the products through the public register managed by the Ministry of Health. Some technical recommendations are made for the register management in order to assure possibilities for its more informative usage.

**Key words:** biocide registration system

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**CONDITIONS AT WORK AND HEALTH COMPLAINTS OF PEOPLE WORKING IN THE BRANCH OF WASTEWATER COLLECTION, DISPOSAL AND PURIFICATION**

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**Introduction**

The good practices for workplace safety restrict the risk of exposure to biological agents of workers in Wastewater Treatment Plants.

**Aim**

The aim of the study was to analyse the relation between the conditions at work and some health complaints of the people working in the branch of wastewater collection, disposal and purification.

**Materials and methods**

In the period November 2014 – February 2015, a questionnaire study was carried out among 111 workers in the branch of Wastewater Collection, Disposal and Purification (study group) and 50 workers in the branch of Drinking Water Treatment and Delivery (control group). The questionnaire required provision of information related to Conditions at Work, Individual Habits and Public Services at Work and Subjective Health Complaints for the last 12 months. The data were processed using the chi-square test.

**Results**

85.59% of the study group were provided with a Dining area on the premises vs. 96.00% of the control group, P>0.05; the Prohibition against food consumption at the workplace was adhered to by 58.56% of the study group vs. to 32.00% of the control group, P<0.01. Evidence of Abdominal pains was found in 48.65% of the study group vs. 36.00% of the control group, P<0.05.

**Conclusion**

Irrespective of the adherence to the requirements for safety and health at work, a higher incidence of complaints was observed in the people working in the branch of wastewater collection, disposal and purification.

**Key words:** wastewater, health risk, health complaints, working people.
SECURITY AND PUBLIC HEALTH: MODERN ASPECTS OF THE PUBLIC HEALTH EMERGENCIES THAT AFFECT THE SECURITY OF A COUNTRY

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The health of a country is probably the most important part of its national security. Public health is part of national health care. In general, what we call “public health” is the art and science of protecting and improving community health by various means. Traditionally, national security is understood to be a collective term for all activities that are brought to bear by a national government to defend its population and territory against threats from hostile nations and subnational groups. These activities encompass both diplomatic and military means. However, as the different parts of the world become more and more interconnected through instant communications and the physical distances between them are bridged by rapid means of transport, it has become widely recognized that traditional concepts of national security are inadequate. Public health emergencies potentially can challenge a country’s security in many ways. In this short article we discuss four such challenges: (1) a public health emergency can exert enormous pressure on both the micro and macro levels of a country’s economy; (2) public health emergencies can lead to social disruption; (3) a government may become destabilized by a health crisis; and (4) a public health disaster can severely affect national defense forces.

COMPARISON ANALYSIS OF REGULATORY REQUIREMENTS FOR THE SAFETY MONITORING OF FOOD SUPPLEMENTS, CONTAINING HERBAL EXTRACTS

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The study aims to investigate the current methods and good practices for safety monitoring of food supplements, containing herbal extracts. An analysis of the legislative requirements, current problems and future challenges for safety monitoring of herbal products and their impact for the public health, was conducted.
areas (86.70%). Mean scores for all items of the questionnaire is 4.12, range from 3.42 on “waiting time in the waiting room” to 4.64 on “keeping patients records and data confidential”. A reliability coefficients (Cronbach’ alpha) are 0.95 for “clinical behaviour” and 0.81 for “organisation of care”. ICC-coefficient (0.97) is calculated for dimensions identified in the total sample.

**Conclusion**
The reliability and validity of the Bulgarian version of EUROPEP-instrument is very high. This allows approbation of the questionnaire in a representative survey in Bulgaria and comparative analysis of results with results from other international studies.

**Key words:** General Practitioner, Patient, Satisfaction, Validity, Reliability

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**SURVEY RELATED TO THE OPINION OF GPS ON THEIR ACTIVITIES IN CONNECTION TO RISK POPULATION GROUPS AS PART OF PREVENTION OF ADULTS**

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**Introduction**

One of the activities carried out by general practitioners (GPs) is the prevention of compulsory insured people over ‘18 and the formation of groups at risk. When there are indications of increased risk for the occurrence of cardiovascular diseases; Diabetes and malignancies patients are included in a risk register and are a subject to further consultation and research.

**Objective**
The aim of this survey is to examine the views of the GPs for their work with risk groups of the population and to analyze the impact of certain factors on observed levels.

**Materials and Methods**

Official data from the arrays of the NHIF and the annual reports of the NHIF have been used. A direct individual survey of 229 GPs from the regions of Plevn, Montana and Yambol has been carried out. Statistical processing of the raw data is carried out with software packages Microsoft Office Exel 2010 and SPSS for Windows v.13.0.

**Results**

Identification and active surveillance of people at increased risk for the occurrence of major diseases is regarded as an important commitment of 76% of respondents, but only 12% of them believe that the activities covered by the NHIF are sufficient for effective monitoring of these individuals. More than half of the GPs do not support risk register, and 21% did not include all people who meet the criteria. As main reasons for this are stated insufficient limit for directions and research, insufficient clarity about the work to the program and lack of motivation.

**Findings and conclusion**

When carrying out prevention to adults GPs most often have a formal approach. One proof of this is the insufficient working with patients having an increased risk for major diseases.

**Key words:** GPs, insured people, risk groups, screening.

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**RESEARCH FOR COMMUNICATION SKILLS OF THE “RADIOLOGY TECHNICIAN” STUDENTS IN MC "J. FILARETOVA" SOFIA**

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Communication is an exchange of information between two or more persons. The communication skills are constructive part of the social behavior of the health specialists. During the learning process the communication with the teacher, mentor, colleagues, patients and others is essential. We have set ourselves the objective of the present research to determine the communicative skills of the “X-ray technician” students from MK “J. Filaretova”, Sofia, also to analyze their potential for successful communication. Have been used a documentary and sociological method. In March has been held its own anonymous poll amongst 72 undergraduate and graduate “X-ray technician” students from I, II and III course. Analysis of results indicates that: 93% of respondents consider the impact of the communication during the learning process for essential; 95.8% prefer to communicate in person; According to the respondents, the desire for collaboration and the professionalism are necessary for successful communication. Few of them share that the embarrassment and the lack of time hinder the communication. 73.6% of respondents reported that teachers and mentors are explaining clearly and precisely, while they themselves are waiting for an appropriate time to ask questions. The effective communication is a prerequisite for successful understanding of the material taught, also for the acquisition of professional skills and habits. One communicative student would be a good and professional colleague.

**Key words:** Communication skills, “X-ray technician” students, effective communication

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**MENTOR’S OPINION RESEARCH ABOUT STUDENT’S THEORETICAL TRAINING – X-RAY TECHNICIANS IN MC “Y. FILARETOVA”, SOFIA**

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**Abstracts from Jubilee Scientific Conference “Public Health Policy and Practice”, 1-3 October 2015**
Getting professional skills and habits of X-ray technician students is long and permanent process of interaction between university medical school /college/ and clinical bases. Basic form of practical training is teaching practice, where the main role in process is for the mentor. The purpose of development is to study mentor's opinion in clinical bases for knowledge and training, which X-ray students will apply in real conditions. The anonymous poll is carrying through 31 mentors from 14 clinical bases in city of Sofia, through April 2015. It documentary, sociological and statistical methods was applied. The result shows: mentors evaluated student's theoretical practice as well and very well; 90.32% reports that students keeps labor discipline; visits regularly educational practice and take active participation in clinic/department work /93.56%/.

41.94% of students have been imposed corrections of assignments, which proves he essential role of mentor in process of training in real work environment. Feedback, received from mentors and employers give opportunity to evaluate and change and improve, if it is needed, the quality of X-ray student's education in Medical College “Y. Filaretova”, Sofia.

Key words: mentor, student, educational practice, opinion, quality

METODOLOGICAL ASPECTS OF WORKING OUT POLICY RECOMMENDATIONS ON EUROPEAN HEALTH WORKFORCE PLANNING

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The availability and quality of human resources are universally acknowledged to be a key determinant of health systems. According to the 2006 World Health Report, there were a total of 59.2 million full-time paid health workers worldwide (WHO, 2006). However, a recent analysis conducted by the World Health Organization and the Global Health Workforce Alliance shows that there was a shortage of 7.2 million professional health workers in 2012, and it is expected to reach 12.9 million over the next decades (WHO, 2014).

Recognizing the European dimension of the health workforce challenges and acknowledging that cooperation at European level has an added value to help tackle the workforce imbalances, the European Union has set up a Joint Action of Member States (MS) in the areas of forecasting workforce needs and improving planning methodologies. The Joint Action has identified and suggested a series of measures and initiatives to respond to the challenges. They are summarized as policy recommendations aiming at influencing MS governments to recognize the importance of health workforce planning and to strengthen the application of appropriate tools and approaches.

The process of identifying and formulating the policy recommendations has been based on the findings and conclusions of the deliverables of the Joint Action, the input by associated and collaborative partners as well as the studies and documents of WHO, Organization of Economic Cooperation and Development, and Eurostat. The recommendations are structured in five groups according to the Knoster Change model (Knoster, 1991). The policy recommendations are grouped by main topics concerning cooperation at EU, European and international level; sustainability of the healthcare systems and investments in health workforce planning and forecasting; capacity building and education; establishing a network of experts; developing and pursuing evidence-based action plans.

Key words: policy recommendations, planning and forecasting, health workforce, change

FOR SOME LEGAL ASPECTS OF THE TERM “MEDICAL ERROR”

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The term „doctor’s error” or “medical error” does not have a legal definition in Bulgarian legislation. The Bulgarian law does not regulate the doctor’s/medical error as legal term. The concept doctor’s/medical error is used mainly in non-legal context and mainly in media publications.

A patient who states that is laid as a result of rendered (action) or not rendered (inaction) medical aid has different legal defense means.

At injury or causing death the concerned persons respectively their heirs may claim for receiving compensation. The right of compensation is realized by means of tortuous liability. The tort is laid in the Obligations and Contracts Act. According the legal framework everybody is obliged to correct the damages which he guiltily caused to somebody else. The proving of guiltily caused damages as well as the due compensation is made according the procedure of Civil Procedure Code.

In particular hypotheses at injury of patient or causing death there may be indicted also criminal liability. In Bulgarian criminal law the causing of death respectively causing personal injury due to ignorance or careless execution of legally regulated activity representing source of increased hazard (here is also included the medical profession) is a crime laid in the Criminal code. In these cases the responsibility of the physician is realized according the rules of the Criminal Procedure Code.

In the last years is noticed a tendency at using the term
RECOMMENDATIONS FOR CRITICAL CARE NURSES ABOUT DISINFECTION AND STERILIZATION OF THE ANESTHESIOLOGY EQUIPMENT
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Introduction
Development of critical care nurse starts since the beginning of 1950 to 1990. In the subsequent development of ICUS have appeared complex problems associated with caring for seriously ill patients, the difficulty in implementing long and continuous work of nurses, often ending with unintended consequences and extremely cost of critically ill treatment.

Purpose
To validate the protocol for nurses' obligations in disinfection and sterilization of the supplies, which have been contaminated with biological fluids from the patient or subject to such exposure.

Materials
Established protocol is part of a dissertation, related to the activities of the nurses in ICUS. Objects of the study are patients with a minimum hospital stay of five days in the Clinic of Anesthesiology and Intensive Therapy at the University Hospital "St. George" in Plovdiv.

Methodology
Organizing and taking technical measures to avoid or minimize the development of hospital-acquired infection during the stay of the patients in ICUS. In all cases of professional contact with pathogens transmitted by the blood, should be ensured appropriate clinical examinations.

Results/exhibition/
We recommend mandatory mechanical cleaning followed by chemical sterilization of anesthesiology equipment and tools immediately after use, to avoid drying out secretions and cultivation of the microorganisms.

Conclusion/conclusions and recommendations/
The anesthesiology equipment, which has been used, especially in septic environment, must be placed in antiseptic solution before starting the mechanical cleaning under tap water. They should have been compulsory sterilized, if they were used in infected cases.

Key words: ICU, recommendations, disinfection, sterilization, hospital-acquired infections, anesthesiology equipment

RECOMMENDATIONS FOR CRITICAL CARE NURSES ABOUT EMERGING BODY TEMPERATURE OF THE PATIENT IN ICU
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Abstracts from Jubilee Scientific Conference “Public Health Policy and Practice”, 1-3 October 2015

Best Practices for Hospital Discharge Planning of Elderly Patients
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Introduction
Patients aged 65 years and over are at serious risk of deterioration after hospital discharge and rehospitalization because of the reduced functional capacity as well as because of the necessity for wide range of activities for continuation of the treatment, examinations, rehabilitation etc., which elderly ill could hardly perform on their own.

Aim
The aim of the report is to present best practices for hospital discharge planning of elderly patients intended to complete organization of posthospital activities.

Materials and Methods:
Models of standardized hospital discharge planning from world experience are analyzed.

Results and Discussion
Understanding that the policy for shortening hospital stay leads to necessity for continuation of the treatment in outpatient conditions is in the base of strategies for discharge planning developed in different countries. Generally, this process includes the following elements: complex assessment of patient's needs, individual plan of posthospital care development, performance monitoring. It aims the sources of care to be accessible to patients in terms when they are in need. Discharge date is specified only after an agreement with the general practitioner and other sources of care (institutions, relatives). An important element of the planning is providing of technical aids even before the discharge, as well as adjustment of home environment to the patient's status.

Conclusion
Patients over 65 years of age cannot cope alone with everything needed for their recovery after hospital discharge. The hospital discharge planning contributes to continuity of care, which has positive effect on health status and reduces the risk of rehospitalization.

Key words: elderly patients, rehospitalization, hospital discharge planning

Doctor's/medical error in the judicial acts. This research analyses the use and content of the term doctor's/medical error in the acts of the courts in Republic of Bulgaria. The entry of expressions by the linguistic circulation in the court practice at the lack of explicit legal regulation may have negative consequences.

Keywords: doctor’s error, medical error, medical malpractice, tort, crime
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Introduction
Development of critical care nurse starts since the beginning of 1950 to 1990 - an era in which there have been radical changes in the treatment of patients (severely ill, and all other life-threatening indicators), which led to the appearance of intensive care units in the hospitals.

Purpose
To create and validate a protocol for the conduct of a nurse in evaluation of the emerging body temperature of the patients in ICUS.

Materials
The established protocol is part of a dissertation about the activities of the nurses in ICUS. Object of the study are patients with a minimum hospital stay of five days in the Clinic of Anesthesiology and Intensive Therapy at the University Hospital "Sv. George" in Plovdiv.

Methodology
Organizing and taking technical measures to avoid or minimize the development of complications during the hospital stay of patients in ICUS.

Results /exhibition/
Any increase of the body temperature of the patient above 38 C, measured by using a mercury thermometer in the axilla, requires special attention in order to determine infection. It appears as a trigger for clinical evaluation, which does not necessarily include laboratory and radiological studies.

Conclusions and recommendations
The information, which has been given by the positive blood samples, has important prognostic and therapeutic application. Intravenous catheters can cause an increasing temperature, which can be caused by the local infection or rare allergic reaction. Selective decontamination of the gastrointestinal tract in severely ill patients is performed by local antibiotics' application.

Key words: protocols, ICUS, recommendations, infection, body temperature, blood tests

SAFETY CLIMATE MEASUREMENT IN PRIMARY CARE
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Introduction
Safety climate measurements are needed for providing a safety management instrument for the use in health care organisations. Safety climate can be regarded as the surface features of the underlying safety culture in the health organisations. Therefore, “Safety Climate Questionnaire” was designed by Yildirim-Kaptanoğlu et al. for primary care settings. The examination of the psychometric properties of the scale was made to measure the safety climate construct of primary health care organisations. Safety climate is examined, compared, monitored and improved at work groups such as nurses and physicians. Safety climate is thought to consist of a number of factors (also called dimensions).

Methods
A systematic literature review was undertaken in Pubmed with the Word “Primary Care”, “Nurses”, “Physicians” "Hospital safety", "Patient safety", "Safety climate", and "Safety culture" to investigate and design questions characteristics (source, no of items, scale type), construct validity (content validity, factor structure and internal reliability, concurrent validity), within group agreement, and level of analysis.

A crossectional study was conducted with primary health care professionals in family practice centers (FPC) in Zeytinburnu / Istanbul. Validity of the instrument was examined by means of Cronbach's alpha. Item-descriptive statistics group differences and percentage of 'problematic responses' (PPR) were calculated.

Results
25 FPCs completed the study (response rate: 84.49%). There was 117 nurses and 118 doctors. Internal consistency (Cronbach's alpha) of the Safety Climate Scale was found 0.86. Missing rates at item level were (0.19–3.1%). Profession, managerial function, work area and time spent in direct patient care. At item level, 12 out of 1.5 items showed a PPR higher than 15%.

Conclusions
Results indicate that the Safety Climate Scale might be a useful measurement instrument for safety climate in health care organisations. Especially in primary care health centers. Analyses at item level allow for differentiating facets of safety climate into more positive and critical safety culture aspects.

Keywords: Primary Care, Nurses, Physicians, Hospital safety, Patient safety, Safety climate, and Safety culture

THE ECONOMIC BURDEN OF METASTATIC BREAST CANCER
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Introduction
Distant spread of breast cancer is observed among 3-11% of all initially diagnosed patients and another 10-25% of the primary cases would eventually develop metastatic disease within the first five years after diagnosis and treatment. When diagnosed, metastatic breast cancer (MBC) is generally considered incurable and therefore the goal of treatment is to prolong life and provide palliative care to relieve symptoms which could involve substantial costs. The aim of this study was to analyze the costs and
Results and discussion

Material and methods
The costs and cost-effectiveness analysis was based on systematic review of published studies regarding diagnosing and treating of MBC.

Results and discussion
The diagnosing of MBC with conventional imaging (X-ray, computed tomography, scintigraphy, magnetic resonance imaging, and ultrasound) was less costly as compared to MBC diagnosis with conventional imaging combined with positron emission tomography (PET) or PET alone. However, PET imaging could reveal information about receptor status of the metastatic disease and thus potentially guide treatment selection and monitor treatment response. First line targeted therapies were generally found to be more cost effective than second and third line therapies as these usually involved patients with non-resistant and non-rapidly progressive disease.

Conclusion
Diagnosis and treatment of MBC was associated with increase in costs. As the MBC progressed the cost-effectiveness of therapies decreased. Since new treatment options, which could prolong life in MBC patients, constantly emerge, future studies should be directed to prior selection of patients and development of personalized treatment plans.

Keywords: breast neoplasm, neoplasm metastasis, diagnostic imaging, targeted therapy, costs and cost analysis

GYPSY OBSTETRIC ISSUES - ESSENCE, CONCLUSIONS, OVERCOMING

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Introduction
In the last few years Maternity Vratsa, observed extremely negative trends in the reproductive health of our patients Roma girls.

Although we are all witnesses to the deteriorating health status of Roma women, to now have not collected enough official statistics to outline more fully the problems and to serve as a basis for the development of actually running programs specifically aimed at reproductive health Roma women.

Aim of the study
To demonstrate the exponential growth of obstetrics and gynecology problems of Roma women patients.

Material and methods
The study, which performed covers a period of 3 years (2012 - 2014). In the Maternity Hospital to "Hristo Botev" AD, Vratsa.
The study used: observation, interview, statistical analysis, documentary method.

Results and discussion
1. frequent complications during pregnancy.

Abortions in the early months of pregnancy. Preeclampsia and eclampsia because of not covering of pregnant Roma women and nephalyudene during pregnancy from JK.

In Roma women usually diagnoses as - Intrapartalna fetal asphyxia, anemic syndrome, irregular praevidna fetal abnormalities of the fetus and placenta are detected incidentally on urgent hospitalization. Increase throughput in the department of pulmonary tuberculosis patients and pregnant mothers.

2. Complications during childbirth
Premature birth and high rate of prematurity following premature burst membranes, placenta previa and placenta previa.

Increases the rate of cesarean section at Roma women. There is frequent because of Resectio- shortening the interval between births. One disturbing fact is kvochtecheniya increase in postpartum anemia, coagulopathy.

Recommendations
Development and effective implementation of programs to promote the health of Roma women reproduction.

Keywords: Roma women, pregnancy and childbirth, promotion, health

UNDERSTANDING OF PATIENT-CENTERED APPROACH BY GPS
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Introduction
Patient-centered approach is a key competence in general practice focused on respect and ideas, expectations and concerns of the patient, with positive effect on health outcomes.

Objective
To investigate the understanding of patient-centered approach among GPs.

Material and Methods
An individual direct survey among 230 GPs was done. The questionnaire included socio-demographic data and semi-structured questions aimed at the patient-centered approach and its implementation in the practice was used. The average age of the participants was 50.97 ± 9.4 years, the average work experience 24.81 ± 9.5 years, the average number of patients per practice 1621.31 ± 824.82.

Data processing was used software product SPSS 17 version.

Results
Most GPs identify the patient-centered approach as one that "ensures continuity in solving the health problem" - 56.1%; as characteristics describing patient-centeredness are the "desire of the doctor to understand the needs and preferences of patients" - 44.3% and "doctor examine disease in terms of patient" - 40.0%. Positively, doctors' significant
HEALTH TECHNOLOGIES ASSESSMENT IMPACT ON PRICING AND REIMBURSEMENT OF NEW DRUGS IN BULGARIA (2015)
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Introduction
Contemporary health policy development in the EU countries is increasingly restricting the random decisions for reimbursement and free pricing of health technologies and drug therapies by application of comparative assessments of efficiency, safety and cost effectiveness of the health products supplied.

The aim is to assess Bulgarian policies on pricing and reimbursement of new health technologies in view of the European tendency toward enhanced importance of health technology assessment (HTA).

Material and methods
The study is based on critical analysis of Bulgarian health legislation and data on public health expenditures in Bulgaria.

Results
Up to the beginning of 2015 HTA is slightly emerging and has no actual impact on the management and control of public health expenditures in Bulgaria. The System of Health Accounts only registers their continuous growth while the total added health value for the patients due to new medical interventions and drug therapies is unknown.

Conclusion
The objective assessment of Bulgarian health and drug policy is impossible without sound evidence provided via profound HTA. Thus Bulgarian health authorities should be urgently engaged in introduction and development of HTA.

Key words: health technologies assessment, health and drug policy

HOSPITAL MERGERS AND ACQUISITIONS – WORLD EXPERIENCE AND PERSPECTIVES FOR IMPLEMENTATION IN BULGARIA
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Introduction
Hospital mergers and acquisitions are strategic business combinations aiming at increased effectiveness and increased patients’ added value. They are widely spread worldwide, especially in the USA, but are innovation for the Bulgarian healthcare system.

Aim
To study the world experience in the field of hospital mergers and acquisitions in order to assess the perspectives for implementation of these management strategies in Bulgaria.

Material and methods
Systematic review of studies on health organizations' consolidations. Data bases Google Scholar, Scopus and Medline were searched based on key words – mergers, acquisitions, hospitals and effectiveness. Out of all the studies identified only studies exploring hospitals' financial effectiveness and patients' added value were analyzed.

Results: Hospitals are an essential part of the health care system, but they should not be the center of the delivery system as they are very expensive and complex organizations, and they are not known for their efficiency and low prices. Rather, physician-led organizations based in ambulatory and community settings are likely to be more efficient and provide cheaper care.

Conclusion
Bulgarian health authorities' idea of hospital mergers in an effort to improve the coordination of patient care must be given full expert consideration as according to the latest studies such consolidations are backfiring and increasing the cost of patient care. Instead, policymakers should consider supporting the use of bundled payments for hospitals and outpatient care utilities to improve coordination of care.

Key words: hospital mergers, economic effectiveness

ECONOMIC IMPACT OF THE CHANGE IN PRESCRIPTION STATUS OF MEDICINES WHICH BECOME OTC
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Introduction
Switching drugs from prescription to non-prescription status (Rx-to-OTC) presents a unique regulatory and marketing process, which transfers drug distribution...
costs from the public health care insurance system to the individual consumer. In recent years various governments, pharmacy associations, consumer groups and the pharmaceutical industry have suggested that more drugs should be switched, because this will gain positive health economic impact in terms of managing pharmaceutical spending and steering of consumer choices of therapy.

**Aim**

To present a critical literature review of economic impact which is related with Rx-to-OTC switches

**Material and methods**

A comprehensive search strategy was performed in PubMed, Medline and Embase, to retrieve published economic evaluations on Rx-to-OTC switches for the period 1995–2015.

**Results**

The economic impact of Rx-to-OTC switches has been evaluated in a total of 18 peer-reviewed publications. The majority of the researches were based in the USA, covering various disease categories, including allergy, contraception, gastroenterology and hypercholesterolemia. The publications clearly predicted the presence of cost savings for payers and the health care system.

**Discussion**

The economic impact on different players in the healthcare system, however, has been discussed controversially in the reviewed articles.

**Conclusion**

The review of economic evidence of Rx-to-OTC switches finds out that they may produce cost savings to public and private health payers. It is also suggested that this reclassification will result in lowering the overall public healthcare costs, as patients will take advantage of pharmacists’ training and knowledge, promoting the concept of prevention and self-care, and increasing sales of pharmaceuticals.

**Key words:** Economic impact, Rx-to-OTC switch, Policy

**POSTERS**

**CHRONIC DISEASE – ASPECTS AFFECTING THE ORGANIZATION OF MEDICAL FOLLOW-UP**


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**Introduction**

The epidemiologic data show that the global morbidity is dominated by the chronic diseases. This implies creation of appropriate long-term care in the health systems for chronic diseases. Each country determines how to manage the process of care for the chronically ill people, and therefore defines differently the chronic disease monitoring. In Bulgaria, there is a list of chronic diseases according to the International Statistical Classification of Diseases and Related Health Problems for which a long-term monitoring called dispensary is carried out.

**Aim**

The aim of the present study is to analyze the specific aspects of the chronic diseases, influencing the organization of the medical follow up.

**Materials and Methods**

A quality survey was carried out in five focus groups including representatives of the medical and the patient community with a total number of participants 60 people. The participants in the groups associate chronic diseases with many aspects determining this condition in the broadest sense, far beyond the code of disease according to the International Statistical Classification of Diseases and Related Health Problems, namely "duration"; "disease progression"; "severity"; "reducing suffering" and others.

**Conclusions**

A large-scale approach, analyzing the specific aspects of the chronic diseases is the necessary basis for optimizing the follow up system for patients with chronic diseases.

**Key words:** Chronic disease, long-term care, healthcare system, public health

**APPROACHES FOR NURSING CARE PLANNING**

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**Introduction**

Modern nursing care is identified with assessment of quality of care for patient and necessity of its continuous improvement. The patient and his/her health are in the base of nursing interventions to reach short and long term objectives and expected results.

**Objective**

The aim of this scientific resume is to make a comparative analysis among the approaches for nursing care planning in Netherlands, Great Britain and USA.

**Sources and methods**

The research is based on systematic analyses of published scientific papers and reviewed scientific glossaries and magazines.

**Results and discussions**

It has been established that planning of nursing care in referenced countries is based on nursing process, that is – nursing diagnosis of patient’s problems, objectives, defined with the active participation of patient, specific nursing activities and expected results. In nursing care plans in the Netherlands and
Great Britain, a detailed patient's history and background, personal, medical and social, information and performance of interventions with consecutive assessment is taken into consideration. In the USA are being used standard plans, unified for patients with certain disease that are to be tailored through additional data. A difference was found in terms of design and structure of data in the nursing care plans that were reviewed.

**Conclusions**

The documentation and planning of care is demonstration of inventiveness and creativity that determines the differences in their introduction as well coordination and preciseness in their implementation.

**Key words:** nursing care plan, nursing process, patient, nursing diagnosis

**HEALTH CARE IN EARLY CHILDHOOD – INTERACTION BETWEEN THE MEDICAL TEAM AND THE FAMILY**

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**Introduction**

Early childhood is a field of interaction between the child consultation (CC) team, which usually provides preventive health care services, and the family of the child. Investigation of the factors, which can improve the effectivesness of that interaction, will contribute for a better quality of care.

**Aim**

To be researched, through the mothers points of view, the quantity and the quality of the care, provided by CC. Further to investigate the factors, which determine these health care services.

**Materials and methods**

Via “face to face” interview is revealed the opinion of 242 mothers of children, who are less than two years old, about the activity of CC; their self-assessment related to their knowledge and skills, and sources of information connected to raising a child, as well as the factors, influencing them.

**Results and discussion**

Regular surveillance of the children is found in 75,5% of the mothers, with straight correlation dependence of the education level; enough for being able asses their knowledge for growing up children 58,8%, having in mind that the need of additional education is hardly prominent in the ones with lower level of education. There is the need of more patronage visits. Lower level of education is a factor for receiving less advice about taking care for children. There is a relation between the mother tongue and the level of education.

**Conclusion**

The level of mother's education is a factor which can cause inequalities in health services provision for children. Improving the educational function of CC will increase the quality of the child health care services and can prevent inequalities in this kind of medical care in the early childhood.

**Key words:** child consultation, quality of health care, early childhood, mother's education

**SECTION 6. INFORMATION AND EDUCATIONAL TECHNOLOGIES**

**ORAL PRESENTATIONS**

**THE STUDENT'S-NURSES OPINION ABOUT THE QUALITY OF THEIR SPECIALIZED TRAINING**

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**Introduction**

The quality of higher education nurses receive is particularly relevant in the context of the practical purposes of the training.

**Objective**

The aim of the study was to optimize the learning process by analyzing the views of student nurses on the quality and satisfaction of profiling specialized disciplines - Nursing and Practice training.

**Material and Methods**

The study was conducted based on data from a group anonymous questionnaire, filled in by 48 first year student nurses at the Medical University - Pleven.

**Results**

The result from the study showed a positive attitude and motivation for training in the specialty among the majority of students. The main reason for their choice was to acquire quality education and a good opportunity for further development. Attendance was satisfactory and dictated mainly by individual interest in the course. The profiling disciplines: Introduction to Philosophy and nursing - 94% and Practice - 38% were evaluated by the students as the most important for building professional competence. A critical attitude to the learning process was established. Willingness for increase of practical training session by 71% of the respondents prevailed. Readiness of the 42% of the students was declared for evaluation of progress using tests. Satisfaction with their education was expressed by 83% of the surveyed, while 10% wished to change the speciality and 6% would switch the University. Many of the respondents would like to choose their practice training teacher.

**Conclusion**

The specialized training of nursing by profiling disciplines corresponds largely to their expectations. The foreground establishes a need for quality professional guidance and plan activities to maintain
interest in the profession.

**Key words**: specialized training, satisfaction with the training, students' opinion, student nurses.

**STUDY ON SELECTION OF RESEARCH METHODS IN GENERAL PRACTICE**

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**Introduction**

While we design a plan for study in GP, we must consider the influence of various factors (holistic approach, family as a patient, long-term relationship between doctor and patient, dynamic communication, building trust, etc.) with which we must comply.

**Aim**

To choose the most appropriate methods / tools for a particular study

**Material and methods**

This study is a bibliographic review of the scientific publications about the methods and instruments used for different research projects in GP

**Results**

Analyze was made on the scientific publication from the last few years. The advantages and disadvantages of the most common methods and instruments used are compared.

We focus upon

1. differences in the choice of methods for scientific research in the clinical, non-clinical and GP
2. The use of mixed methods as the optimal solution for a research tool on studies in GP

**Discussion**

Finding the best suitable research method is very important for whole process of conducting the study.

In the context of scientific research general medicine has its peculiarities, specific difficulties and problems that the researcher must know and comply with them.

**Conclusions**

Type of the research method is essential, because evidence obtained from scientific studies are basic for making responsible decisions and suggestions about change in human health and wellbeing, they must be received by precise methods and instruments.

**Key words**: General practice, methods, research, instruments

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**E-HEALTH AND THE NEED FOR EDUCATION IN NURSING INFORMATICS FOR THE NURSES IN BULGARIA**

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**Introduction**

The need for improving the population's health requires from the medical professionals to have knowledge and skills in the field of information management and communication of electronically stored medical data and above all to be prepared for the challenges of e-Health. The effective provision of healthcare as appropriate to the e-Health environment, needs not only suitable buildings and modern medical equipment, it needs adequately trained medical staff.

**The aim** of this study is to assess the readiness and the willingness of the Bulgarian nurses to work in e-Health environment, and to give reason for the necessity of education in nursing informatics.

**Material and methods**

An enquiry was carried out among the nurses in Bulgaria aiming at the assessment of their knowledge of using computers in their daily medical practice and their readiness to work in e-Health environment.

**Results and discussion**

The study showed that 95.5% of the Bulgarian nurses have a positive attitude to information technologies and 74% recognise the need of using computers in medicine. Although 63.6% declared that they have the necessary skills and knowledge to use computers, it turned out that this is just a basic computer literacy (word-processing and Internet). Only 14.89% are aware of the principles of e-Health. The recognized need for additional education is: health information systems (38.3%), graphical software (42.32%), statistical software (39.24%), and specialized medical software (49.65%).

**Conclusions**

Adequate education in nursing informatics is especially required and this one of the key prerequisites for the successful implementation of e-Health in Bulgaria.

**Key words**: Nursing informatics, e-Health, computer literacy, ICT

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**IMPROVING THE QUALITY OF EDUCATION OF STUDENTS THROUGH E-LEARNING**

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**Introduction**

Training of students majoring in "Rehabilitation therapist" at Medical College and Medical Rehabilitation and Ergotheraphy at Medical Faculty is directed to mastering the skills and competencies that meet modern requirements for the implementation in the healthcare system and in specialized rehabilitation centers.

**The purpose** of this paper is to study the influence of innovative methods of training on the quality of education and its application in clinical practice.

**Material and Methods**

Object of the study are 85 students majoring in "Rehabilitation therapist" and " Medical Rehabilitation and Ergotherapy" in Trakia University - Stara Zagora during 2014 – 2015 academic year, using
Results and discussion
As a result of studies we found that students from both disciplines are satisfied with the e-learning, the organization and the conduct of clinical practice, but they recommended the introduction of new clinical facilities and rehabilitation centers in the region.

Conclusions
The introduction of the e-training is an innovative approach to improving the quality of education and leads to improvement of professional skills of students in clinical practice.

Key words: Innovation, e-learning, students, educational and practical bases, practical training.

INFORMATION AND COMMUNICATION TECHNOLOGIES IN MU – PLEVEN AND TRENDS IN THE DEVELOPMENT OF THE UNIVERSITY TOWARDS ELECTRONIZATION OF PROCESSES
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Introduction
Application of modern high-tech information and communication technologies (ICT) and innovations in medical education and medical practice, and development of automated computer systems based on these technologies are among the distinctive features of the educational and scientific research process in MU – Pleven.

Aim
To review and analyze the existent ICT structure in MU – Pleven and to mark out possible guidelines for its future development towards electronization of all processes of the main University activities.

Material and methods
Review and analysis of the characteristics of computer information systems, databases, electronic modules and hardware components.

Discussion
Computer systems in the University could be grouped into three main classes - Systems for administrative services and management of educational process, Systems supporting teaching process and Systems supporting scientific research. The networks connecting these computer systems are maintained and administered by a specific communication computer center. Some of the important strategic goals in the ICT development in the University are: reorganization and establishment of a modern and advanced ICT environment; development and deployment of accessible, universal and standardized electronic educational content; optimization of administrative documents and minimization of paper document flow; integration of library, accounting and human resources computer information subsystems into single information system with web-based access.

Conclusion
To fulfill the outlined strategic goals MU – Pleven should rely on continuous improvement of teacher and administrative personnel competence in ICT field, introduction of new computer and information technologies and procuring of the necessary funding.

Key words: ICT, information systems, e-Learning

POSTERS

SPECIALIZATION IN GENERAL MEDICINE THROUGH THE EYES OF POSTGRADUATE DOCTORS
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Objective
This study aims to investigate the views of doctors specializing in general medicine in the Medical University-Pleven, regarding the problems and perspectives in front of their specialization.

Material and Methods
Participants in the study are General Practitioners accomplish a specialty in department of General Medicine in MU-Pleven according Ordinance №34 and №15. The information is collected with self-administered questionnaire.

Results and Discussion
The majority of surveyed physicians determines the specialization in general medicine as useful and necessary, but reported of quote some difficulties in its implementation. The majority of respondents reported lack of time and opportunities for training and upgrading of their education. The main difficulties in front of specialization in general medicine are related to lack of motivation, old age of doctors working in primary health care, the remoteness of the practice of trainee from training centers, problems with the financing of education, the absence from work in time of specialization and others. The recipients indicate the most commonly used sources of information and topics that they feel need of more knowledge.

Conclusion
Doctors recognize the need for specialization, but its organization must be such as to motivate them and to create more and better opportunities to combine work and training.

Key words: general medicine, training, specialization

MOTIVATION OF NURSES FOR PARTICIPATION IN VARIOUS FORMS OF POSTGRADUATE EDUCATION
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Introduction
Nurses face professional challenges related to enrichment, application development, improvement of theoretical knowledge and practical skills relevant to the modern European standards of nursing. This requires them to continuously increase their qualifications in the field, and to have the necessary knowledge in the field of health care.
Objective: To determine the motivation of nurses working in the University Hospital "Dr. George Stransky" EAD Pleven for participation in various forms of postgraduate training.

Material and Methods
Poll - conducted anonymous survey among 112 nurses of varying degree, seniority, work experience and age. The questionnaire consists of 30 questions, of which 28 are closed.

Results and Discussion
The different forms of postgraduate training are essential to provide the necessary resources and implementing innovative incentives that support the process of further training. Proof of this is the willingness of a significant part 21.43% (24) of nurses surveyed for inclusion in various forms of continuous and continuing education.
Postgraduate training is motivated 41.96% (47) of the respondents for future implementation, because a hold of their professional development.

Conclusion
The self-evaluation of the nurses shows that various forms of postgraduate training are important for them, but 30.78% (38) cited adequate funding and appreciation of their labor as a factor influencing their desire to develop and improve the profession.

Keywords: post-graduate training, nurses, motivation

Surgical care in the training of the students from speciality of “Nurse”
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Introducution
During the four-year study in the Medical University of Pleven in the speciality of “Nurse” the students acquire knowledge and skills in the area of general and special health care. Nursing care for patients with surgical diseases is a part of the specialized training of the students.

Objective
The objective of this communication is to analyze the practical training in surgical care of the students from the speciality of “Nurse” in the Faculty of Health Care of the Medical University of Pleven and in the Department of “Health Care” of the Faculty of “Public Health and Health Care” of the Ruse University “Angel Kanchev”, Ruse.

Material and Methods
The investigation is based on a systematic analysis of scientific publications and a comparative analysis of the curricula and syllabuses in the disciplines related to mastering of competencies to provide surgical care in the two higher educational institutions.

Results and Discussion
The mastering of competencies to provide surgical care begins in the first course of study in the specialty of “Nurse” and continues during the whole period of study in both settlements. The modes of study are identical, but the number of academic hours and the training bases, in which the practical training and pre-graduation practice (internship) are carried out, are different. The academic hours of practical training in the Ruse University are more, as compared to the Medical University of Pleven.

Conclusion
Work in the Surgical clinic is dynamic, responsible and requires specific professional training of the nurse students in the basic education, adequate to the needs in practice.

Keywords: surgical care, practical training, nurses

USE OF SOCIAL NETWORKING SERVICES IN EDUCATIONAL PROCESS
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Introduction
Currently on the Internet, there are several hundred social networks with billions of accounts.

Aim
To find out whether full-time and online students use social networks, the possibility and advisability of using social networks in educational process.

Material and methods
An anonymous survey of full-time students was conducted. The survey involved more than 140 first-year students of the Institute of computer technologies.
In addition, a questionnaire was distributed among distant (online) students. It was placed in LMS, and the students were sent an email invitation to participate in the survey. More than 100 students responded. For data processing, there were used grouping, calculation of averages, percentages and other statistical methods.

Discussion
More than 73% of full-time students are using social networks in the learning process. At the same time, about 87% of surveyed full-time students indicated that their preferred social network is VKontakte (http://vk.com/), Facebook (https://www.facebook.com/) accounted for less than 3%, Twitter (https://twitter.com/) - 5%, Odnoklassniki (http://ok.ru/) – less than 1%, and others networks– about 4%. Accordingly, 87% of respondents named VKontakte, as the most
convenient for the team work. As the first reason for this more than 80% of respondents answered that "students generally communicate via this network, and are logged in almost always/or many times a day". A similar survey was offered to online students. Unlike full-time students which participate in blended learning, online students use LMS only. The most often used social network was VKontakte for 64% of them, Facebook accounted for 18%, Twitter was not mentioned at all, Odnoklassniki – 7%, other networks – 11%. As the most convenient for team work was also named VKontakte (54%).

**Conclusion**

The emergence of new resources and services requires careful examination of the possibility and necessity of using them in the educational process. The survey has shown that most students, regardless of a learning form constantly use social network VKontakte, which makes it suitable for the educational process, for example, for dissemination of information to students.

**Key words:** social network, learning management system (LMS), e-learning, distance learning.

**USE OF OPEN EDUCATIONAL RESOURCES IN THE EDUCATIONAL PROCESS**

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**Introduction**

The educational process of full-time students in MESI is carried out in the form of blended learning, that is, along with traditional activities like lectures and seminars, it includes forums, tests, individual assignments in e-learning environment. In addition, students have the opportunity to use course materials posted by the teacher in the learning management system (LMS). There are a lot of Internet resources containing freely accessible educational materials, so-called open educational resources (OER). In this regard, it was interesting to find out if students are interested in such materials and use them in their own learning.

**Aim**

To find out the full-time and distance learning (online) students use OER, which OER they use, and how useful OER can be in the educational process of the University.

**Material and methods**

An anonymous survey of full-time students was conducted. The survey involved more than 140 first-year students of the Institute of computer technologies. In addition, a questionnaire was distributed among distant (online) students. It was placed in LMS, and the students were sent an email invitation to participate in the survey. More than 100 students responded. For data processing there were used grouping, calculation of averages, percentages and other statistical methods.

**Discussion**

To the question "Have you studied the course (s) online on the platforms of distance learning?" only slightly more than a quarter of full-time students answered positively. Moreover, among those who used the OER, 26% mentioned Coursera (https://www.coursera.org/), 19% – Universarium (http://universarium.org/), 16% – Edx (https://www.edx.org/), 13% – Udacity (https://www.udacity.com/), about 10% – Intuit (http://www.intuit.ru/), 16% – other resources. Some of these resources are in Russian while others are in English. Interesting data about the use of OER was obtained from online students. 45% of them studied courses of Intuit, 31% – Coursera, 25% – Universarium, 16% – Edx, 12% – Elitarium (http://www.elitarium.ru/).

**Conclusion**

In general, we can conclude that online students are more focused on the use of OER in contrast to full-time students which prefer traditional practice. Among the surveyed online students there was no one who had not studied some OER course. However this could be attributed to the fact that the survey was answered by those students that are more actively engaged and interested in learning.

**Key words:** learning management system (LMS), blended learning, e-learning, online student, open educational resources (OER).

**SECTION 7. ETHICS OF PUBLIC HEALTH AND CLINICAL PRACTICE**

**ORAL PRESENTATIONS**

**ETHICAL CHALLENGES IN CONTROLLING EBOLA EPIDEMIC**

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In March 2014 new Ebola epidemic started and till December over 6002 people died. The fight with the disease crossed national borders and involved international actions thus fostering discussions on the ethical dimensions of the problem. This report aims at analysis of ethical aspects of measures undertaken to control the Ebola epidemics on regional and international level.

**Discussion**

The balance between the protection of the interest of society and infringement of individual rights centers the ethical debates on the measures for limiting contagious infectious diseases. How far should we go with quarantine measure and should we introduce them at first place? Is it ethical for medical professionals to refuse taking care of Ebola patients in case of failure of a country to secure safe practicing of the profession? Is it ethical to allow import of cases of contagious disease through medical professionals in countries with no primary outbreak? These and many
other questions must be considered in the application of principles of control of infectious diseases.

Conclusion
Are there limits for the humanity and is it ethical to draw such? Despite the huge technological development the modern world encounters public health problems with characteristics similar to those of past epidemics. New values of respect for autonomy are not sufficient in problems at the level of society. International support in controlling wide-spread epidemics must be based on clear guidance for ethical decision-making.

THE PATIENT RIGHT OF FREE CHOICE OF GENERAL PRACTITIONER AND CASES OF ITS VIOLATION (DATA FROM COMPLAINTS RECEIVED IN RHIF – PLOVDIV)
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Introduction
The right of free choice of physician and hospital is part of the methods for democratizing the healthcare system in Bulgaria. Violation of this law by illegal registration of health insured persons (HIP) in the patient lists of general practitioners (GPs) is one of the common violations found by the National Health Insurance Fund (NHIF).

The aim of this study is to survey cases of illegal registration of patients to GP practices based on data from complaints received by the Regional Health Insurance Fund – Plovdiv (RHIF).

Materials and Methods
An approach of a qualitative consent analysis of the complaints’ contents has been applied after a previously prepared registration card for retrieving primary sociological information from documents. 516 complaints received by the RHIF for the period 2000-2013 were examined, 138 of which related to the problem.

Results and discussion
Leading motive for signals to RHIF by health insured persons is their impaired right of freely choosing a GP, and from the side of the affected physicians - the write off of patients from their practices, without the knowledge and consent of the patients themselves and transferring them to other practices for primary medical care. The main mechanism is a documentary infringement of some GPs in the sense of improperly using HIPs’ personal data for illegally registering them to their practices. There is a trend of a gradual increase of the total number of complaints submitted to the NHIF. A certain peak in complaints concerning violation of the right of free choice of GP is reported in 2002 and 2006, which is probably related to the formation of general medical practices and redistribution of market share of patients from the newly formed structures.

The time interval 2007-2013 is characterized by a gradual decrease in frequency of submitted complaints. Although subsiding in character, the problem of illegal registration of HIP without their knowledge and consent into the lists of GPs persists as a problem in primary medial care.

Keywords: general practitioners, patients’ rights, improper using personal data, complaints of patients and physicians to RHIF.

THE CASE OF EXCHANGED EMBRYOS
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Introduction
M.A. is a widow, she has three kids, she is working at “Center for reproductive health” as midwife. She spends her salary to pay off her mortgage and her children tuitions. I.K. and P.R. are doctor’s X.Y. patients. M.A.’s five years old son has fever, at the day of the two women embryo transfer. She asks management to let her go home, but they refused. After the intervention, M.A. notices that she exchanged the patients’ embryos. She informs the director of the Center. She has been offered a raise plus a payment in the amount of half the mortgage, if she remains silent, or they threatened to fire her. M.A. is devastated. Her job is crucially important to support her family, but she cannot forgive herself for the fact her actions altered the entire life of two families.

Purpose
To make a decision if whistleblowing should take place.

Methods
Ethical analysis is performed utilizing prof. Ronald Jeurissen’s method, studied at “Business ethics” in master’s program in Management of health care in Medical University of Pleven.

Results
Decision is made considering protecting the interests and the risk of consequences for all sides involved.

Discussion
Arguments “for” whistleblowing would be in the best interest for both of the families. However, the arguments “against” would be in favor of the organization, midwife, and the doctor.

Conclusion
Whistleblowing would bring negative consequences for all parties involved. However, according to Law, morals and ethics, telling the truth would be the only acceptable solution.

Keywords: switched embryos, whistleblowing

THE CASE OF THE DEFECTIVE BATCH OF A DRUG FOR ANESTHESIA
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**Introduction**

Department of OGS has a very good reputation. A part of the manipulations are carried out on the territory of the ward. These procedures require a short term intravenous anesthesia. One day, the nurse on duty G.H. notices a problem in two of the patients who underwent the treatment. The next day, N.K. noticed the same symptoms in one of the patients. After several days, during the morning report G.H and N.K. decide to tell their colleagues. The head of department subsequently meets with the anesthesiologist on duty and tells him about the situation. It was established that the bottles of one of the drugs are from the same batch and in a bigger package and one vial is used for several patients. The large parcels are sent for analysis. The results indicate that the particular vials contain microorganisms. The head of the department suggests to the management that the concrete batch be discarded. The manager of the anesthesia team in his turn is against this particular proceeding. The hospital is facing a difficult decision.  

**Objective**  
To be decided by the hospital whether or not the drug to be used.  

**Material and methods**  
Ethical code analysis is done by the method of Prof. Ronald Jeurissen, studied in the course "Business Ethics" – MU -Pleven, FPH, HCM -Masters  

**Results**  
The decision is made after weighing the benefits and risks of each alternative.  

**Discussion**  
The alternative of using the drug is in favor of the hospital and the alternative of the batch being scrapped / discarded is in favor of the patients.  

**Conclusion**  
Considering the effect on many stakeholders and the many possible outcomes, it is wiser that the management of the hospital would choose to use the available quantities of the drug, assuming responsibility for patient care. This will prevent financial loss and conflict with the pharmaceutical firm and patients.  

**Key words:** drug, defective batch

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**PLAYING THE MEDICAL PROFESSION BY RECRUITING CHILDREN AND SIGNIFICANT RELATIVES**  
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**Introduction**  
Undoubtedly, the key to effective and efficient Public health care is the Primary health care. The crisis in human resources particularly strong affects physician staff in Primary care. In this context, questions arise about the feasibility of the general medical practice as a professional career.  

**Aim**  
Research on the attitudes of general practitioners for the recruitment of their own children and relatives in the medical profession as an aspect of career development, with respect to the prestige and professional accolades.  

**Materials and methods**  
Empirical comprehensive study was conducted – structured interview with 223 GPs from the region of Stara Zagora, Bulgaria (response rate achieved 94,90%). The interview was devoted to the career development in the general medical practice. Original questionnaire developed by the authors of the study was applied for gathering primary data.  

**Results and discussion**  
Physicians with children over 18 years are asked questions about their children's professional orientation. GPs with children under 18 were asked whether they would try to orient their children to the medical profession in the future. Nearly 69 % of them said that their children are not recruited in the medical profession, being deliberately rebuffed by the parent. Relations between recruitment and professional orientation with basic socio-demographic and professional characteristics of the interviewed GPs were studied and discussed.  

**Conclusion**  
The professional orientation of GP's children is a part of a study on their (GPs) career and job satisfaction. Results of the study follow the logic of the doctors' personal feelings about the public prestige of their profession. This is an indicator of the respect for the work of the doctors in the Primary care, and is oriented towards the career prospects of general practitioner.  

**Key words:** recruitment in the profession, GPs, social prestige, career

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**WHERE BIOETHICS AND PUBLIC HEALTH ETHICS DIFFER**  
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**Introduction**  
Public Health Ethics is new and dynamic scientific field. It aims at assuring protection of the population from different moral and non-moral harms. Despite the obvious connection of public health ethics and bioethics, on many points they differ from one another. The aim of this report is to indicate the point where bioethics and public health ethics differ by analyzing the problems that emerged from this difference.  

**Methods**  
Review, analysis and philosophical reflection on literature sources.  

**Discussion**  
The main difference between bioethics and public health ethics starts with the critique to bioethics, which...
sets its focus mainly on access to medical care without taking into account the key determinants of health. This criticism is based mainly on the fact that bioethics is primarily engaged in clinical practice problems and it would be difficult for it to solve many problems in public health ethics. An example for this is the emphasis that public health ethics puts on health promotion. Aiming at policies that improve public health, public health ethics ignores the autonomy of the individual and adopts health inequalities. This calls into question what should be the nature of public health policy in general: liberal, utilitarian or egalitarian?

**Conclusion**

Public health policies should be flexible. A regulator for this will be public health ethics, which in order to achieve this it should stand to the sides of the processes, not between them.

**Key words:** Bioethics, Public Health Ethics, autonomy, health inequalities, liberalism, utilitarianism, egalitarianism.

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**THE CASE OF SERGIO CARNAVERO – BETWEEN THE EXPERIMENT AND PROTECTION OF PUBLIC HEALTH, BIOETHICAL REVIEW**

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**Introduction**

The case of Sergio Caranvero m.d. became central topic for discussion in Public health ethics due to a number of public statements about the ambition of the Italian surgeon to transplant a human head. The **aim** of the report is to analyze the case of Dr. Karnavero and to emphasize on the role of public health ethics in protecting the population.

**Methods**

Review and analysis by a original four-step model for analyzing ethical cases developed and applied in MU - Pleven.

**Discussion**

In April 2015 Dr. Karnavero publicly announced that he is ready to perform the world's first transplantation of human head, which aims to help people with severe disability. His desire for transparency of the whole process from presentation of the procedure to the very end, the availability of a volunteer for the operation, draws attention for discussion of this case from Public Health Ethics’ perspective.

The ambition of Dr. Karnavero for such transplantation raises serious medical, social and economic problems: what is the status of the human body, poisoning the body with immunosuppressants, identity problem, problems with procurement of transplants, returning of eugenics, will the discovery be available to everyone. The analysis of these problems by the basic ethical principles will show that public health ethic must protect the population even from the progress of medicine. This protection may include interference with individual liberty of the individual.

**Conclusion**

The progress of medicine is based on experiments with human beings, but public health must act as a regulator for such experiments. Development of medicine should be combined with fundamental ethical principles.

**Key words:** Public health ethics, experiments, transplantation, protection.

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**STUDY OF LEGAL FRAMEWORK OF INVOLVEMENT OF NURSES IN THE PROCESS OF PATIENT’S INFORMED CONSENT IN THE REPUBLIC OF BULGARIA AND OTHER COUNTRIES**

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**Introduction**

Essential in providing medical assistance to patients is achieving clarity and legal certainty in the work of medical professionals. To this end, a clear and uniform approach in regulation of involvement of nurses in the process of patient's informed consent, which is currently lacking in the legislation of the Republic of Bulgaria, is to be adopted.

**Objective**

To examine the legal framework of the involvement of nurses in the process of patients’ informed consent in the Republic of Bulgaria and other countries.

**Materials and methods**

We have applied a documentary method. A comparative legal analysis of the legislation on the involvement of nurses in the process of patients’ informed consent in the Republic of Bulgaria and other countries within the period January 2014 – May 2015 has been made.

**Deliverables**

Based on the comparative legal analysis of the legislation of the Republic of Bulgaria and the countries studied, it was found that there is no single approach to the regulations of the involvement of nurses in the process of patients’ informed consent in the country unlike the laws of other countries where it is clearly and systematically arranged.

**Discussion**

In the laws that have been reviewed the liability to inform patients lies on all health professionals. According to the analyzed legal definitions in the legal sources compared, a nurse is a health professional and as such, she has certain obligations in the process of informed consent of patients.

**Conclusion**

It is necessary the current Bulgarian legislation on the involvement of nurses in the process of patients’
informed consent to be further developed and refined taking into account the experience of other countries.

**Key words:** nurse, informed consent, legal regulation, patient

**SECTION 8. MEDICAL REHABILITATION AND ERGOTHERAPY**

**ORAL PRESENTATIONS**

**PHYSIOTHERAPY IN STABLE ANGINA**

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**Introduction**

In recent decades cardio rehabilitation has been an integral part of the treatment of patients with cardiovascular diseases.

**Purpose**

The purpose of this article is to present methodology for rehabilitation in patients with stable angina.

**Material and Methods**

The rehabilitation methodology includes physical exercises with moderate and moderate to high intensity - active exercises, dosed walking and exercise active life activities.

**Results**

Rehabilitation in patients with stable angina leads to a decrease in the tone of the peripheral blood vessels, it also increases the stroke volume and improves the coronary circulation.

**Discussion**

Implementation of the rehabilitation procedures in patients with stable angina improves functional capacity, relieves symptoms and reduces risk factors.

**Conclusion**

Cardio rehabilitation is associated with improved quality of life and better prognosis for the patients.

**Key words:** rehabilitation, exercise, heart diseases

**KINESITHERAPY AND OCCUPATIONAL THERAPY FOR CHILDREN WITH CEREBRAL PALSY**

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**Introduction**

According to modern concepts for the treatment of children with cerebral damage, the kinesitherapy takes the most significant place in the complex treatment whose principles are determined by the degree of physical and mental development of the child and the clinical form of cerebral palsy. Kinesitherapy in childhood has its own specific characteristics and solves specific tasks, distinguishing it from the tasks in adults. It is part of a complex treatment, as the main goal is to prevent any delays in the result of existing disease and to stimulate the maximum physical and mental development of the child.

The aim of kinesitherapy and occupational therapy for children with cerebral palsy in infancy is to ensure correct and timely development of movements and correction of pathological motor stereotypes occurring as a result of brain damage.

**Material and Methods**

The object of the study is a 4 year old child with established delays in motor development - lower paraparesis, unable to sit and walk independently. According to the upper limbs there are disturbances in the fine motor skills. For this purpose several courses of rehabilitation were conducted, including individual program with complex means (passive exercises for the lower limbs, active exercises for the upper limbs, relaxing massage, gradual verticalisation, play therapy and thermotherapy). Conducted activities lasted five weeks, three times a week for 20-30 min. during the clinical practice of students in second year of specialty "Medical rehabilitation and occupational therapy."

**Results and discussion**

After the conducted rehabilitation program the motor capabilities of the child are being improved. The result is walking with a walker and placing the patient to seat and stand with help of the physical therapists. The muscle tone of the lower limbs is improved. The active movements of the upper limbs are improved.

**Conclusions**

The implementation of timely and continuous rehabilitation for children with cerebral palsy improves their motor abilities, stimulates the locomotion, the balance reactions and psycho-emotional development of the children.

**Key words:** kinesitherapy, occupational therapy, cerebral damage, complex means

**VENTRAL GLENOHUMERAL INSTABILITY. POSTOPERATIVE REHABILITATION AFTER ARTHROSCOPIC CAPSULORRHAPHY**

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**Introduction**

Dysfunctions of shoulder complex happen very often in the clinical rehabilitation practice. Glenohumeral joint rely on many stabilizing factors, working in closely synergy and delicate balance. The ventral capsulorrhaphy reconstruction is one of the most used interventions for joint stability rehabilitation. Restoring of complex kinetic and kinematic of glenohumeral joint and physiological shape of health process is priority in such intervention.
Purpose
In the present report we follow some main anatomic-kinesiological factors for providing of joint stability and complex rehabilitation strategy after operation of ventral glenohumeral instability.

Material and Methods
Literature search of articles published in the last five years concerning ventral capsulorrhaphy reconstruction and postoperative rehabilitation.

Results
Complex rehabilitation approach was structured based on the results of the contemporary trends of surgical treatment and postoperative rehabilitation of patient with ventral glenohumeral instability.

Conclusion
The application of new approaches in postoperative rehabilitation after arthroscopic capsulorrhaphy is a precondition for full recovery of glenohumeral functions.

Key words: ventral capsulorrhaphy, rehabilitation

PHYSIOTHERAPY IN VESTIBULAR DISORDERS
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Introduction
Vestibular apparatus is an organ of balance, a basic unit of equilibrium analyzer. It is closely associated with muscle analyzer. The etiology of this disease still remains unknown. The clinical observations indicate that it is a primary disease, and it is not a consequence of other pathological process.

Aim
Presentation of a modern approach to physiotherapy treatment for vestibular disorders.

Materials
The literature review was made on the topic. Meniere's disease is a socially significant disease, which is determined by the fact that patients are with reduced working capacity or impossibility to practice some specific professions.

Method
The current therapy aims to reduce the available symptoms. The optimal treatment should stop the vertigo, to reduce the noise in the ear and to improve hearing. A great part of the healing methods are directed to control of the most disturbing symptom, dizziness and dilution and seizure control.

Results
Through selected and dosed physical exercises we aim to develop better coordination between the eye analyzer and deep muscle and joint sensitivity which actively supports the biological compensation.

Discussion
Vestibular function disorders, although not threaten the patient's life, they lead to unpleasant consequences associated with impaired balance, coordination of movements, orientation in space.

Conclusion
Physiotherapy occupies a significant place in the treatment plan with their features, because of the social significance of the illness.

Key words: vestibular apparatus, physiotherapy, electrotherapy

KINESIOLOGICAL GROUND OF PHYSICAL THERAPY AFTER SHOULDER HEMIARTROPLASTY
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Functional recovery of the shoulder region after arthroplasty in cases of fractures of the proximal humerus present a great challenge because the recovery of the soft tissue tension and anatomical position of the tubercles are very difficult. The surgical intervention changes the shoulder biomechanics and put some specific demands on the development of the physical therapy program.

The aim of the study is to presents the kinesiological base of the special features of the physical therapy following shoulder hemiarthroplasty in cases proximal humeral fractures.

On the basis of recent publication and clinical experience, the main patobiomechanical/pathokinesiological changes after shoulder hemiarthroplasty are determined, and the main characteristics of the postoperative physical therapy are pointed. The accent is put on the key role of the recovery of the rotator cuff for development of dynamic stabilization and complex function of the shoulder. The Main patobiomechanical problem is reactivation of the rotator cuff muscles, since trauma, operative intervention and postoperative immobilization lead to marked inhibition and hypotrophy of these muscles. Since biomechanical changes after shoulder hemiarthroplasty for fractures could not be fully avoided, adequate physical therapy is of main importance for maximal functional recovery.

Key words: hemiarthroplasty, shoulder, pathokinesiology, kinesitherapy.

PHYSIOTHERAPY PROGRAM FOR IMPROVING THE QUALITY OF LIFE IN PATIENTS WITH COXARTHROSES
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Introduction
Coaxarthrosis /CA/ not only restricts the functionality of the people, but also affects the psyche of the patient. It is among the most common diseases of modern times, lowering the quality of life of patients.

The aim is to investigate the effect of the application of the manual physiotherapeutic mobilization and myofascial techniques to improve the quality of life in patients with arthrosis.

Material and methods
36 patients with unilateral coaxarthrosis (23 women and 13 men) of mean age 61.67, were divided into two groups: experimental (EG) - 19 and a control (CG) -17 subjects. Studied are: pain (visual analogue scale -VAS); range of motion of the hip; muscle imbalance; gait; degree of disability (ODI); physical and mental status (SF-8). Treatment program for the two groups include electrotherapy and physical therapy (PT). CG is treated with classic massage and EG - with manipulative massage (MM), myofascial techniques, incl. techniques for trigger points (MFRT) and mobilization with movement on Mulligan (MWM).

Results
Statistically significant at the end of treatment ODI reduced in both groups. The percentage of disability in experimental group decreased by 10.53, and in the control group by 6.76%. The assessment of physical health status in EG increased by 103.05%, reaching 54.74 ± 4.65 points at the final examination. For CG the final result is 50.88 ± 6.09.

Discussion
Lesser degree of disability and better health status of patients in EG proves the effect of applied manual techniques through which more pronounced reduces pain, improves joint mobility and the functionality of muscles.

Conclusion
The inclusion of manipulative massage, myofascial techniques, massage trigger points and mobilization with movement by Mulligan in treatment program by patients with arthrosis leads to statistically significantly better results and improves the quality of life of respondents.

Keywords: arthrosis, physical therapy, quality of life.

MASSAGE METHODS FOR PREVENTION AND TREATMENT OF LUMBAR SACRAL PAIN SYNDROME
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Introduction
Functional disorders with motor deficits of the sacroiliac joint (SIJ) is characterized by local and radiating pain. They can cause secondary occurred scoliosis, blockages and various clinical syndromes - dysmenorrhea, morbus Crohn, chronic adnexitis, and others.

Aim
The aim is to create and test Physiotherapeutic (PT) methodology, combining manual techniques and analytical exercises for patients with dysfunction of the sacroiliac joint and chronic pain syndrome in the lumbosacral area.

Material and methods
In the period 2014-2015, we treated 29 patients (18 men and 11 women) with pain syndrome and functional blocks of SIJ with an average age of 32.76 years. The patients were divided into 2 groups: control group (CG) - 14 and an experimental group (EG) - 15 patients. Before and after the treatment we assessed the intensity of pain (visual-analogue scale – VAS), SIJ mobility and muscle imbalance. The therapeutic program included classic massage, post isometric relaxation, analytical exercise and auto mobilization of SIJ. For the experimental group, classical massage was replaced by myofascial and positional release techniques.

Results
Statistically significant (p <0.05) reduction of pain was registered in both groups, but it is 0.8 points higher in EG. Relaxation of shortened static muscles and improved mobility of SIJ is a prerequisite for improving the static and dynamic strength endurance of the abdominal, back and gluteal muscles, reliably more prominent in EG.

Discussion
Restoration of joint mobility and muscle balance significantly reduces symptoms of pain, which is why relapses in EG are significantly lower than those in the control -26.7% for EG and 35.7% for CG.

Conclusion
Comprehensive methodology with co-administration of active PT, myofascial techniques and trigger points massage achieves maximum efficiency and can be reliably used by therapists in the country.

Key words: lumbosacral pain, muscle imbalance, massage

PROFESSIONAL SKILL FORMATION IN STUDENTS DURING THE TRAINEESHIPS
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Introduction
The additional traineeships are an element of innovation in the practical training of medical rehabilitation students at the Medical College. They are aimed at mobilisation of students, improvement of their practical skills, strengthening of team work and remuneration of participants.

The purpose of the present study was to perform opinion research among medical rehabilitation
students at the Medical College in Stara Zagora about their motivation and participation in traineeships and their collaboration with the mentors from rehabilitation teams.

**Material and methods**

The survey was carried out with 43 medical rehabilitation students at the Medical College, Trakia University in Stara Zagora. The survey was individual and anonymous and comprised third-year students during the academic 2013-2014 after the pregraduation traineeship and the additional practical trainings.

**Results and discussion**

The results of the survey proved that students were satisfied with the level of acquired professional skills, with their collaboration with mentors at the clinical units and the good relationships within the rehabilitation teams.

**Synopsis and conclusions:**

- The opinion research surveys provided evidence for the very good motivation of students to participate in additional project-funded traineeships and practical trainings.
- On the basis of additional training, the desire of students for independent work with patients at the educational and clinical units has become stronger.
- Questioned students were satisfied with their work with mentors and the other members of rehabilitation teams.

**Key words:** traineeships, professional skills, motivation, mentors, rehabilitation teams.

**POSTERS**

**BODY POSTURE AND PHYSICAL ENDURANCE IN THE PRESCHOOL AGE CHILDREN**

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The improper body posture and spinal deformities are the most common problems of the locomotor system in the children and adversely affect the normal development of the adolescents. The first manifestations of these deviations are found already in the preschool age when the best preventive and therapeutic prospects for their removal exist.

The presented results are part of a case-control study on the body posture and assessment of the application of kinesitherapy (recovery gymnastics and gymnastics with hammock) for stabilisation of the preschool age children posture. The study was conducted in the period February 2014 - May 2015 in 2 municipal kindergartens in the city of Varna and includes children aged 5-7 (n = 263). The most significant deviations (asymmetries) are observed in the frontal plane, mainly in the shoulder region, in 33.1 % (n = 87) of the examined children. In the chest area of the vertebral column, in particular in the sagittal plane, an increased anterior curvature is observed in 12.9 % (n = 34) of the children and an increased lordosis in the lumbar areas observed in 15.6 % (n = 41) of the children. The mean of the Matthiass endurance test is 18.63 s and of the balance test – 3.58 s. The initial mean static-strength endurance of abdominal muscles was 17.07 s, while that of back muscles was 15.57 s. Amethology to improve the tonus of the muscles maintaining the proper body posture is necessary to be developed and implemented regularly in the daily regime of the childcare facilities.

**Keywords:** body posture, children, preschool age

**COMPLEX FUNCTIONAL ASSESSMENT OF THE HIP JOINT**

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**Introduction**

In relation to the study reporting the effects of applying phased complex rehabilitation in patients with total hip arthroplasty, it has been concluded that the everyday clinical practice in Bulgaria does not apply complex examination, giving an objective picture about the extent of functional status of patients with trauma and diseases of the hip.

**Aim**

The main goal of this report is to present a test which incorporates all known and routine research and in which the total number of points determines the functional status of patients with trauma and diseases of the hip.

**Resources and Methods**

Based on the Hip dysfunction and Osteoarthritis Outcome Score (HOOS), the Harris Hip Score modified test, scale D.Aubigne and Postel and Iowa's test for complex functional evaluation of the hip joint, we have developed a test including information about the degree of pain; goniometry and manual muscle testing of the hip; locomotor test – type of gait and adjuvants; test for Daily Activities of Life. The test additionally includes a scale with an equation of results in points and a key for defining the degree of functional status in patients with trauma and diseases of the hip. The test has been developed on the basis of expert assessment by doctors and physiotherapists of the proposed indicators for evaluation and determination of the weighting factors' contribution to the general condition of the patient. The total number of points for each indicator has been determined by an average of data used by the experts.
Conclusion
The developed and tested method of complex functional assessment of the hip joint enables our colleagues, dealing with trauma and diseases of the hip, to use it in various research and scientific projects, as well as in general medical practice.

Key words: functional assessment, hip joint, rehabilitation, occupational therapy

ASSESSMENT OF THE EFFICIENCY OF THE SPECIALIZED OFFICE FOR REHABILITATION AND OCCUPATIONAL THERAPY FOR CHILDREN WITH MOTOR DEFICIENCY
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Introduction
Medical Rehabilitation of children requires high professional care, great care, big responsibility and unconditional love for the young patients. There are diagnoses where physio-rehabilitation treatment starts first days after birth and continue until the child grows.

Objective
This communication aims at sharing and assessment of the multi extensive experience of the Department of Physical Medicine and Rehabilitation, University Hospital – Pleven in the use physical factors in the treatment and rehabilitation of children with motor deficits due to congenital or acquired diseases of the nervous system and the musculoskeletal system.

Material and methods
The message includes data from the work of Departments of Physical Medicine and Rehabilitation, University Hospital – Pleven for children with obstetric injury of the brachial plexus, cerebral palsy, other neuromuscular diseases and fracture conditions through 2014, as well as coverage of office equipment for children’s rehabilitation, facilitated by the initiative of the Presidency “Bulgarian Christmas”.

Results
At the beginning and the end of the observed period were made tests and measurements that show an improvement in the physical condition of children and facilitate daily life in families with problem children.

Conclusion
Caring for children with disabilities is the responsibility of state institution, but the real work is done by parents supported, by a team of highly qualified professionals, which includes pediatricians, doctor – specialists in physical and rehabilitation medicine, physical therapists, therapists, teachers, psychologist, speech therapists, occupational therapist and social workers.
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Corresponding Author

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Address
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Thursday, October 01, 2015
11:00 – 12:30 PANEL DISCUSSION:
MENTAL HEALTH AND STIGMA.
MYTHS AND REALITY – BARRIER TO
HEALTH CARE QUALITY.

Moderators:
Assoc. Prof. M. Stoimenova, MD, PhD
Assoc. Prof. S. Aleksandrova – Yankulovska, MD, PhD, DSc

Presenters:
Assist. Prof. P. Kolarov MD
Assist. Prof. P. Chumpalova, MD
Assist. Prof. G. Georgiev, MD
L. Tumbev, MD
Assoc. Prof. M. Stoimenova, MD, PhD

Department of Psychiatry and Medical Psychology,
Faculty of Public Health, Medical University – Pleven
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Summary: Around half the population will experience a mental illness at some stage of their life and about one in five people will experience some form of mental health problem each year. A mental illness is not a character flaw. It is caused by genetic, biological, social and environmental factors. The prejudice and discrimination of mental illness is as disabling as the illness itself. It undermines people attaining their personal goals and dissuades them from pursuing effective treatments. Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people. People with a mental illness are no more violent or dangerous than the rest of the population. People with a mental illness are more likely to harm themselves – or to be harmed – than they are to hurt other people. Having a mental illness does not make the person immune to somatic problems. Receiving a proper care does not only include treating the psychiatric aspect, it should be thorough and start with prophylactics, health promotion, and social assistance. Often the severity of the somatic disease poses a much greater threat to the patient's life than the mental disorder he suffers from. The lack of proper understanding of the nature of the mental illness in vast part in the medical society leads to stigmatization and worsens the quality of medical care.

Key words: mental health, stigma, quality of health care