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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии
საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

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GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

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WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и http://www.nlm.nih.gov/bsd/uniform_requirements.html В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned
Requirements are not Assigned to be Reviewed.**

ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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THE DYNAMIC OF LIFE SATISFACTION'S CORRELATIONS IN ADOLESCENTS WITH INTERNALIZING DISORDERS

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Abstract.

Aim: To clarify the dynamic of the links between Life Satisfaction, depression and anxiety symptoms, and various related variables: particularly, family income, space, school environment, health problems, self-esteem as well as Covid encounter, before and after clinical improvement (Study was provided during COVID lockdown).

Materials and Method: 30 adolescents, who have different impairments of psychosocial functioning in terms of internalizing problems (depression and anxiety), took part in the research. Age 13-18. While studying adolescents through clinical- psychological interview, and anamnestic data. adolescents completed questionnaires twice before treatment and after treatment. Following Questionnaires were used: The Satisfaction with Life Scale, Spielberger Trait Anxiety Scale, Situational Anxiety Scale, Georgian version of the Beck Depression Inventory, Rozenberg Self -Esteem Scale. Pearson's r coefficient was used for data analysis.

Results: Different correlations were revealed in the first and second stage of the study. On the second stage of the study former correlation's strengthening and new correlations emergence were revealed.

Conclusions: Our pilot study reveals that dynamic of correlations are mostly dependent on the increasing insights of adolescents. Adolescents inner reality is more important than their external reality. We can consider that some social deprivations existed due to the lockdown period contributed for these results. The study opens the line for further research for contribution in elaborating and planning adolescents mental health prevention and intervention strategies in more differentiated manner.

Key words. Life satisfaction, depression, anxiety, adolescents, youth.

Introduction.

Nowadays Well -Being is considered as a valuable area of academic research [1,2]. Life Satisfaction is a cognitive component of Subjective Well – Being. Life Satisfaction refers to a judgmental process, in which individuals assess the quality of their lives on the basis of their own unique set of criteria [3].

The level of Life Satisfaction perceived during childhood and adolescence is an excellent indicator of healthy psychological emotional development. Numerous studies demonstrate that people with a high indicator of Life Satisfaction (LS) are less prone to manifest depression and anxiety. Low indicator of Life Satisfaction is a frequent precursor of depression, and this is assumed as an important factor to evaluate the risk of development of depression, meanwhile numerous studies demonstrate that people with a high indicator of Life Satisfaction

(LS) are less prone to manifest depression and anxiety [4-6]. Many factors act and influence the development of adolescents, and we must take into account that adolescents are extremely sensitive to disruptive factors [7].

But relations are not so simply as it seems at the first sight. the results of one study does not confirm the view that Life Satisfaction and symptoms of depression may be much interrelated dimensions, at least in women. So, in order to use Life Satisfaction as preventive and interventional strategy, it must be reliable that it is strongly associated with depression both in male and female genders during lifetime [8].

So the knowledge of Life Satisfaction relationship with internalizing disorders, predictors and causality during adolescence and young adulthood, understanding the variables on which the change/invariability of Life Satisfaction depends, will allow us to better understand the relationship between Life Satisfaction and psychopathology, particularly this knowledge can be used in interventions to improve the well-being of young adults, to support healthy development and decrease adverse health outcomes that are related to low Life Satisfaction [9]. May be used for tailoring the interventions aimed to improve Life Satisfaction as well as to determine the direction of further longitudinal research that will contribute to the development of preventive and interventional measures for mental health of adolescents.

The aim of our pilot study was:

- To clarify the dynamic of the links between adolescents internalizing disorders symptoms (depression and anxiety) and Life Satisfaction.
- To Study the dynamics of LF in adolescents before and after clinical improvement .
- Clarify the associations between Life Satisfaction and various related variables particularly depression, self-esteem, family income, space, school environment, health problems, as well as encounter with Covid. (Study was provided during COVID lockdown)

Materials and Methods.

Study Population and Design: In the present investigation, spanning from January 1, 2023, to May 20, 2023, a total of 220 pediatric patients under the age of 15, presenting symptoms of diarrhea and/or abdominal discomfort, were enrolled from three healthcare facilities: Pediatric Hospital, Azadi Teaching Hospital, and Kirkuk Teaching Hospital, all located in Kirkuk City.

Results.

30 adolescents, who have different impairments of psychosocial functioning in terms of internalizing problems (depression and anxiety), beneficiaries of Centre “Ndoba” took part in

the research. Age 13-18. (Male 6, Female 24) While studying adolescents through clinical- psychological interview, and anamnestic data. adolescents completed questionnaires twice: before treatment and after clinical improvement. (Treatment included Psychotherapy-CBT, Art therapy-combined with proper pharmacotherapy).

Used Questionnaires:

- The Satisfaction with Life Scale
- Spielberger Trait Anxiety Scale,
- Situational Anxiety Scale,
- Georgian version of the Beck Depression Inventory.
- Rozenberg Self -Esteem Scale (changing of self-esteem as one of the most important contributors of the feelings of worth and security and closely related indicator with depression and anxiety [10].

• Anamnestic Questionnaire for collecting information regarding family income, living space, school environment, (school achievement and how the adolescents feel about their school) health problems, as well as encounter with Covid in the family.

Data Analysis for Correlation Analysis Pearson’s r Coefficient was used. We examined how changes LF and related variables in adolescents before and after clinical improvement. Statistical analysis was performed using the statistical software package SPSS 23.

Results.

On the first stage of the study as expected, a statistically negative correlation was observed between depression and Life Satisfaction, not strong. A moderate positive correlation was observed between the situational anxiety scale and the general anxiety disorder scales. Other correlations were not significant.

On the second stage of our survey former correlation’s strengthening and new correlations emergence were revealed. (See table 2) Particularly, depression and LS remained negatively correlated but correlation become more prominent.

Prominent negative correlation was revealed between depression and self-esteem. Situational anxiety was no more significantly correlated with general anxiety, but Depression became strongly correlated with situational anxiety.

Strong positive correlation was revealed also between self-esteem and LS. As well as correlation between situational anxiety and self-esteem. Whilst on the first stage these connections were not significant.

Discussion.

It seems that after crisis intervention, adolescents’ awareness, and insights regarding their problem and /or maybe age dynamics was increased. Correlations revealed on the first stage of the study, become more important and urgent and new correlations emerged.

We argue that the cause of this result is that on the first stage self-esteem was not acknowledged and realized as stressful and painful as on the second stage. We can consider that on the second stage of the study self -esteem is strongly tied with depression and becomes the important part of adolescent’s emotional state. Actually, self-esteem become one of the key areas of concern for adolescents and further additional study is needed for understanding the factor what changed the correlation of this variables.

Depression became strongly correlated with situational anxiety The role of situation anxiety becomes more prominent in depression state of adolescent, after therapy and maturation.

Social-Demographic Factors-One of the unexpected results of our study was that family income, living space and even COVID encounter in the family, school grades, school environment, were not correlated with LS.

Absence of correlation with demographic factors contradicts with the part of the studies confirming that Life Satisfaction is related to these indicators, [11] nevertheless, simultaneously coincides with the data of other studies confirming that there is no unequivocal positive correlation with Life Satisfaction indicator and the income, and it is greatly affected by the gap between person’s aspirations and their realization.

An aspect of age between Life Satisfaction and the income is also not studied. As most part of these studies concerns adult persons, and it is also recognized that age plays role of a moderator between the income and Life Satisfaction [12-14]. So, this connection needs further study in a more differentiate manner.

Considering school environment as one of the important factors connected with LS [15].

Table 1. Correlations between psychological variables before treatment.

Variables	1	2	3	4	5
1.Beck Depression Inventory		.058	-.499**	-.219	.129
2.Generalized Anxiety Disorder Assessment	.058		.017	-.148	.446*
3.Satisfaction with life scale	-.499**	.017		.290	-.275
4.Rosenberg Self-Esteem Scale	-.219	-.148	.290		-.280
5.State Anxiety Inventory	.129	.446*	-.275	-.280	

Pearson’s r for the rest of the data. **. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).

Table 2. Correlations between psychological variables after clinical improvement.

Variables	1	2	3	4	5
1.Beck Depression Inventory		.778	-.523*	-.553*	.827**
2.Generalized Anxiety Disorder Assessment	.778		.935	.472	.029
3.Satisfaction with life scale	-.523*	.935		.727**	-.534*
4.Rosenberg Self-Esteem Scale	-.553*	.472	.727**		-.275
5.State Anxiety Inventory	.827**	.029	-.534*	-.471*	

We aimed to understand in which extent school factor, was related with LS but received no correlation.

Maybe these demographic variables were not so important for adolescents during COVID pandemic lockdown? but at the same time due to the small sample we cannot insist this yet.

Other Important datas.

Our study is based on deep clinical face to face observation (not online) and gathering anamnestic data. During the clinical psychological examinations of our patients, problems were revealed that were not included in the questionnaires, so were not measured as variable. Namely, it was related to such topics as a friendship, misunderstanding with parents and peers, and the desire to percept the parent as a cheer leader and caregiver who will solve the problems in life and understand and will never deceive him. So perceived parental raring was revealed as one of the important factors which has high influence on the dynamics of the mental state of adolescents.

Thus, psychosocial factors, which are not considered as variables in the present study, are issues of great importance.

Conclusion.

Our pilot study reveals that dynamic of correlations mostly depend on increased insights of adolescents. (Insights were achieved through treatment process-psychotherapy and art-therapy). Adolescents inner reality is more important than their external reality. We can consider that some social deprivations contributed to these results existed due to the lockdown. Despite the limitations (Small sample, gender limitations -LS is approved as gender sensitive variable,)The study opens the line for the further research where current study limitations will be overcome and parents role would be emphasized among other important variables. Specifically studying big sample for understanding which variable predicts another during different age periods and reveals stability or instability of correlations between important variables during different periods of development. for contribution in elaborating and planning prevention and intervention strategies in a more differentiated manner.

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cxovrebiT kmayofilebis korelatebis dinamika internalizebuli aSlilobis mqone mozardebSi

kvlevis mizania cxovrebiT kmayofilebis, depresiisa da masTan dakavSirebuli sxvadasxva cvladebs Soris kavSirebis dinamikis garkveva: kerZod, ojaxis Semosavali, sivrce, saskolo garemo, janmrTelobis problemebi, TviTsefaseba, aseve Covid-is arseboba ojaxSi.Seswavla moxda klinikur gaumjobesebamde da klinikuri gaumjobesebis Semdeg.

(kvleva Catarda COVID-19 lokdaunis periodSi)

masala da meTodi: kvlevaSi monawileoba miiRo 30 mozardma,asaki (13-18). romlebsac aReniSnebodaT internalizebuli problemebi (depresia da SfoTva). mozardebis Seswavla moxda klinikur-fsiqologiuri gasaubrebisa da anamnezuri monacemebis Sekrebis meSveobiT. mozardebma Seavses kiTxvari orjer- mkurnalobamde da klinikuri gaumjobesebis Semdeg. gamoyenebul iqna: bekis depresiis kiTxvari, cxovrebiT kmayofilebis kiTxvari,situaciuri SfoTvis skala,spilberbergis kiTxvari, rozenbergis TviTsefasebis kiTxvari. anamnezuri kiTxvari.monacemTa damuSaveba moxda pirsonis koeficientis gamoyenebiT .

Sedegebi:: kvlevis pirvel da meore etapze gamovlinda cvladebs Soris gansxvavebuli korelaciebi. kvlevis meore

etapze gamovlinda ukve arsebuli korelaciis gaZliereba da axali korelaciebis gaCena.

daskvnebi:

Cveni sapilote kvleva cxadyofs, rom Seswavlili korelaciebis dinamika ZiriTadad damokidebulia mozardebis Sinagani problemebis gaazrebasTan da mozardis Sinagani realoba ufro mniSvnelovania, vidre maTi garegani realoba. aRsaniSnavia, rom am Sedegebis miReba moxda kovid lokdaunis periodSi, da arsebulma socialurma deprivaciამ savaraudod garkveuli wvlili Seitana am Sedegebis miRebaSi.

kvleva saSualebas gvaZlevs davgegmoT semdgomi kvlevebi, romelic prevenciisa da intervenciis strategiebis ufro diferencirebul SemuSavebasa da dagegmvaSi Seitans wvlils.

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Динамика корреляций удовлетворенности жизнью у подростков с интернализированными расстройствами

Цели исследования Изучение динамики связей между удовлетворенностью жизнью, симптомами депрессии и тревоги, различными связанными с УЖ переменными: (семейным доходом, жилой площадью, удовлетворением школьной средой, проблемами со здоровьем, самооценкой, а также наличием в семье с Covid) до лечения и после клинического улучшения (Исследование проводилось во время COVID карантина).

Материалы и метод: В исследовании приняли участие 30 подростков, имеющих различные нарушения психосоциального функционирования в плане интернализирующихся проблем (депрессия и тревога). Возраст 13-18 лет. При изучении подростков посредством клиничко-психологического интервью, и Анамнестических данных: подростки дважды заполнили анкеты до лечения и после лечения. Использовались следующие опросники: шкала удовлетворенности жизнью, шкала личностной тревожности Спилбергера, шкала ситуационной тревожности, грузинская версия опросника депрессии Бека, шкала самооценки Розенберга, шкала Пирсона. Для анализа данных использовался коэффициент. **Результаты:** На первом и втором этапе исследования были выявлены различные корреляции. На втором этапе исследования выявлено усиление прежних корреляций и появление новых корреляций.

Заключение Наше пилотное исследование показывает, что динамика корреляций в большей степени зависит от повышения уровня осознанности подростков. Внутренняя реальность подростков важнее их внешней реальности. Мы можем считать, что существовали некоторые социальные депривации из-за периода изоляции, который способствовал этим результатам. (Исследование проводилось в период COVID локдауна) Исследование открывает возможности для дальнейших исследований которые внесут вклад в разработку и более дифференцированного планирования стратегий превенции и интервенции психического здоровья подростков.