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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.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

**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.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

### WEBSITE

[www.geomednews.com](http://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](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.nlm.nih.gov/bsd/uniform_requirements.html)  
[http://www.icmje.org/urm\\_full.pdf](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 შედეგების 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.

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## EPIDEMIOLOGY OF DEPRESSIVE STATES IN ACUTE AND CHRONIC CONDITIONS

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### Abstract.

Depression is the only silent cause that mainly affects the adult population and manifests itself in this case in 4% of the world population. However, more than three quarters of those affected belong to land in urbanization without receiving any type of treatment; a situation that represents a gap in access to mental health services. Now, the hallucinatory relationships mean that this condition has a high level of competition with chronic diseases such as HIV, diabetes, lung disease, asthma, arthritis, angina pectoris and cerebral palsy; Assimilation, it has been detected that patients with affective disorders such as coronary syndrome, inflammation, malnutrition, pain, stress and even critical stages of COVID-19 infection act as risk factors for the development of the disease. In this context, as a result of concern for public health, particularly in countries following the crisis, this study presents a proposal to carry out a review regarding the prevalence of depression in the presence of aggravated cases and crises. Strategies are implemented to address this situation. For this, a systematic review of the literature was carried out, complemented with bibliometric data on scientific contributions, with a period of 10 years (2011-2021) registered in the databases: Web of Science, Scopus and PubMed. In this way, the results allowed us to identify that, in recent years, in the fight to combat this problem, various remedies were used for its treatment and prevention; in which the focus is on the modification of health behaviors and collaborative care, which seeks quality of life in cases of patients with chronic diseases. On the other hand, the bibliometric information allows us to determine that the United States, Australia and Canada are the countries with the greatest scientific production on the subject. It is concluded that, although health services have demonstrated and improved their strategies in recent years, and that part of them have been supported by technological innovation, there are bridging markets at the cultural and socioeconomic level that the treatment and primary care of these patients.

**Key words.** Depression, mental health, developing countries, chronic disease.

### Introduction.

Depression affects almost 4% of the world's population, with a higher incidence in adults and older adults [1] it differs from the usual mood swings and can become a severe problem when it occurs repeatedly or when its intensity is moderate or severe [2].

In a depressive state, the individual may experience irritability, sadness, lack of concentration, feelings of guilt, distorted thoughts, anhedonia and even suicidal ideation for a

considerable period of time, which can lead to difficulties at work, school and family life.

In some cultural contexts, individuals' manifest depression through somatisation (headache, pain, tiredness, paralysis, etc.) because they find it difficult to express themselves due to the stigma attached to mental health and its treatment; however, in more severe cases, the illness may lead to suicide [2].

Regarding access to mental health services, the literature points out that only a minority of people with mental disorders receive treatment, considering higher income countries, while in developing countries the rates are even lower [3]. The above confirms the existence of a gap in access to mental health services and may also highlight the influence of stigmatisation associated with mental health problems [4].

Likewise, the prevalence of depression in comorbidity with other medical conditions, both acute and chronic, is high, as the diagnosis and treatment for these conditions can lead to anxious or depressive states, mainly because individuals must adapt to a new lifestyle; therefore, it is important that in primary care, actions are focused on psychoeducation about the disease in order to assist the patient to cope with the situation of change [2,5].

Consequently, it is clear that depression is a public health issue due to its prevalence, its impact on quality of life and the disability it can cause [5]. On the other hand, although it is important to focus on treatment, it is also key to address prevention through community strategies that seek to promote positive coping models in the population for the youth population and that contribute to the stigmatisation of mental health and its treatment [2].

Currently, after the Covid-19 pandemic, public health management problems, underinvestment in health and the precariousness of the various health systems have become evident; specifically Latin America has divided, inconsistent and unequal health systems [6].

In this context, in view of the worrying public health situation, primarily in developing countries, the present study aimed to review the prevalence of depression in the presence of acute and chronic conditions, as well as the coping strategies employed.

### Materials and Methods.

Based on the nature of the research and in order to respond to the research objectives, the present research uses a systematic literature review as it is considered a detailed and selective research that analyses and manages information from scientific documents and which in turn allows for replicability [7]. On



the other hand, we sought to complement the aforementioned review with bibliometric data, which overcomes biases and provides an objective view of the areas of knowledge to which it is applied [8].

In order to ensure the accuracy and quality of the research, the present review has been constituted in five stages: 1) definition of the objectives of the review, 2) bibliographic search in databases, 3) establishment of search strategy and inclusion and exclusion criteria, 4) organisation of the information, 5) analysis and synthesis of information for the writing of the results.

In addition, we followed the Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) statement, a tool currently used in systematic reviews to provide consistency and clarity [9].

The present study aims to review research on the prevalence of depression in the presence of acute and chronic conditions and the strategies employed for coping with it, the search took place during the month of February 2022.

During the identification phase, the criteria that delimited the search were given from the descriptors "depression" "diseases" "strategies" "epidemiology", which were combined in multiple ways at the time of exploration with the aim of broadening the search criteria; also, the time of publication was delimited to the period 2011-2021. Under these conditions, 258 references were obtained in the Web Science database, 533 in Scopus, and 1531 in PubMed, from which 798 duplicate references were eliminated; the final compilation was 1524 articles.

During the selection phase, the following inclusion and exclusion criteria were applied by typology and accessibility of consultation:

The inclusion criteria were:

- a) Time of publication between 2011-2021.
- b) Articles containing at least two keywords in the title or abstract.

The exclusion criteria were:

- a) Duplicate studies.
- b) Studies such as book chapters, books and/or dissertations.

Subsequently, in the eligibility stage, the selected documents were reviewed by reading both the summary and the full text, excluding those that could not be accessed and which, according to their reading, were not in accordance with the objectives of this study. Finally, in the analysis and synthesis stage, each of the documents included after the process was systematised and exhaustively analysed, and information relevant to the research questions posed was compiled (Figure 1).

### Results.

This section will detail the results of the systematic review and the bibliometric data. The research articles reviewed address the prevalence of depression in the presence of acute and chronic conditions with an emphasis on identifying the coping strategies employed.

So, the initial search through the selected databases (Scopus, PubMed and Web of Science) yielded a total of 2322 studies. Of these 2322 documents, 798 were excluded due to duplication criteria; therefore, 1524 were included in the selection process, followed by the analysis of titles and abstracts, where 1454 studies were eliminated, and 70 documents were considered for the analysis of inclusion and exclusion criteria, where 10 articles were eliminated, leaving 60 for the eligibility process.

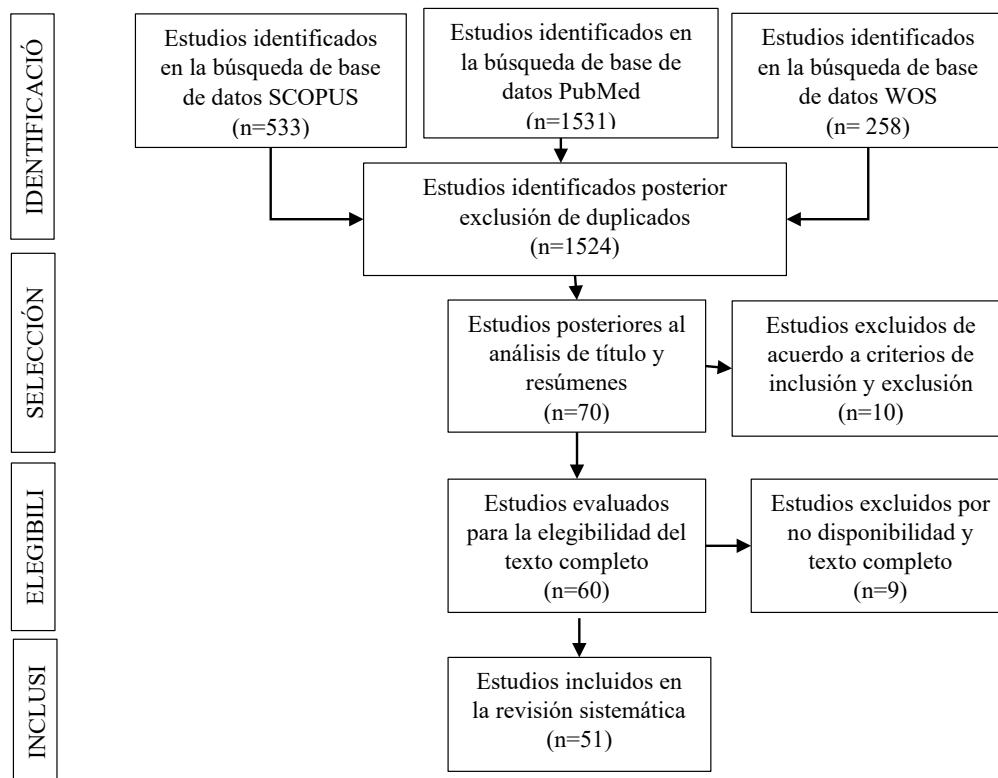
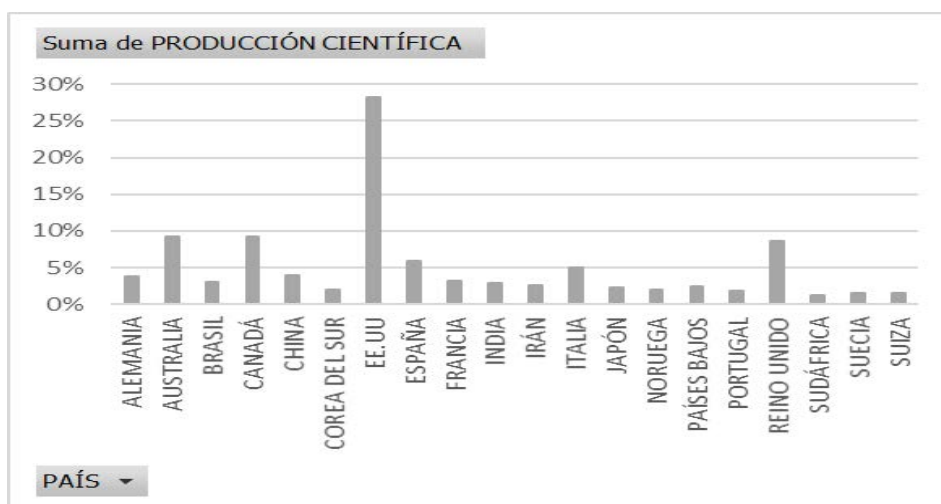


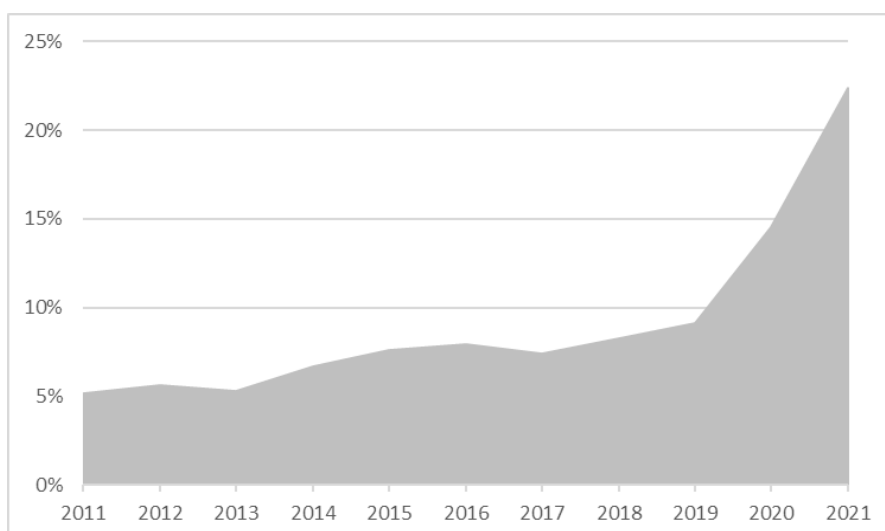
Figure 1. PRISMA flowchart.

**Table 1.** Analysis matrix of the articles reviewed, aimed at addressing strategies, in the systematic literature review.

Research trends	Authors	Main ideas from the research
Drug therapy with ISRS	Aarsland et al (2012); Villa et al. (2018)	Based on the limited evidence on the effectiveness of other antidepressants, the rationale is that it is necessary to continue to recommend pharmacological treatment with SSRIs or TCA.
Psychological therapy	Chauvet y Bonin (2017); Féki et al. (2021); Savary et al. (2021)	The combined use of psychological information and brief therapy is relevant; however, while in some studies positive psychology (positive affect and optimism) improves treatment adherence, in other studies, making use of problem-focused strategies shows better results.
Collaborative care	Göthe et al. (2012); Baumeister (2014); Agorastos et al. (2015); Li et al. (2019); Tully y Zartaloudi et al. (2020) Abdel et al. (2021)	Currently, the effect of new models of care such as collaborative care (case management, monitoring, interventions and follow-up via internet or telephone, psychoeducation, multi-professional therapeutic approaches) has been studied. The construction of an integrated model that involves the collaboration of professionals from different areas can improve the incidence of depression as it acts under a systemic perspective.
Adjuvant exercise	Blumenthal et al (2012); Pope y Wood (2020)	Studies also show a greater efficacy of pharmacological therapies when combined with physical exercise, i.e., a change in health behaviours can be a determining factor in the evolution of depressive states.



**Figure 2.** Scientific production by country.



**Figure 3.** The largest amount of research on the topic has occurred in 2021 (22%), followed by 2020 (15%) and 2019 (9%).

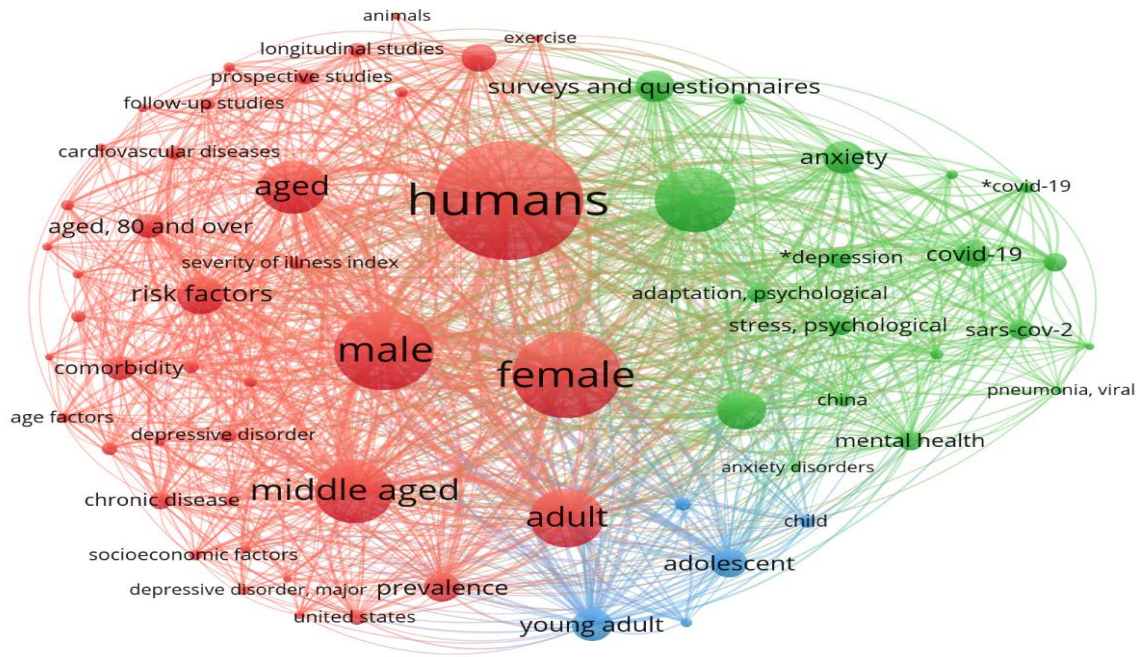


Figure 4. Keyword network.

In the eligibility process, 9 articles were excluded due to unavailability of the study and lack of full text analysis. Finally, 51 articles were considered in the inclusion process for the present systemic review. Likewise, prior to the information extraction process, the articles were organised using the reference manager Mendeley References Manager.

In addition, in order to identify the perspectives of studies that focus specifically on strategies for the treatment of depression, Table 1 was developed to visualise the main research trends.

Regarding the bibliometric analysis, Bibliometrix was first used to identify the amount of scientific production by country and year, and then Vos Viewer was used to construct the bibliometric network of keywords.

Consequently, the country with the highest scientific output was the USA (28.23%), followed by Australia (9.21%) and Canada (9.17%) (Figures 2 and 3).

With regard to the network of keywords, it can be seen that human is the word that is repeated most frequently and in turn is the one that registers the greatest number of connections with the rest of the keywords. In addition, three clusters of keywords can be seen, the first and largest is made up of words linked to the adult population and chronic illnesses, the second comprises words linked to psychological conditions and acute illnesses, and finally, the third cluster comprises words linked to the young population (Figure 4).

### Discussion.

The prevalence of depression in concomitance with other chronic and acute diseases is quite high, as depression is both a risk factor for the development of the other diseases and arises as a consequence of the disease itself. Such comorbidity has

been studied most frequently in diseases such as heart disease, cerebrovascular diseases and diseases of the nervous system [10-13].

With regard to heart disease, 20% of depression in patients with heart disease corresponds to a diagnosis of major depression and 50% of them have some depressive symptoms. Following myocardial infarction, it is women who are at higher risk of death, which seems to explain why women are more likely to develop depression or depressive symptoms. On the other hand, although the concomitance mentioned above could be explained by biological mechanisms, it is social and behavioural factors that would explain the association, since little or no physical activity and a decrease in support networks following diagnosis or cardiac events would have a direct influence on the evolution of the disease [11]. Research also suggests that exercise may be a good alternative to traditional mental health procedures in individuals with heart disease; as a therapeutic activity, exercise may reduce depressive symptoms [14].

With respect to cerebrovascular diseases, post-stroke depression affects one third of stroke survivors, which has a negative influence on recovery as it reduces adherence to therapies, social and physical conditions, cognitive function and consequently compromises the process of neuroplasticity [15]. On the other hand, it is necessary to ensure that all patients who have suffered a stroke are treated, since, although it is a highly relevant problem, there is little information on its aetiology and treatment [16]. Currently, research indicates that the use of antidepressants in these cases has shown a beneficial result on depressive symptoms, however, among the limitations of these studies is that clinical trials have been conducted with small

samples; however, several new trials have shown the usefulness of brief psychosocial therapies for the treatment of depression [17,18]. Furthermore, the authors point out that a systemic approach to understanding post-stroke depressive symptoms is necessary for the development of treatment [16].

With regard to diseases of the nervous system, it affects 30-40% of patients, and studies indicate that depression is often persistent and its prognosis for remission is indirectly proportional to age and duration of the disease. Since, like the aetiology of depression in cerebrovascular diseases, there is also little information on the aetiology of depression in diseases of the nervous system, it is suggested that pharmacological treatment be used without excluding other strategies, but without further evidence on the effectiveness of these strategies [13].

Consequently, the evidence provided by the reviewed research acknowledges the bidirectional relationship between depression and chronic and acute illnesses, however, it does not yet present solid treatment proposals for the respective depressive symptoms.

In relation to coping strategies for depression, four research trends have been identified in recent years (1) pharmacological therapy with SSRIs (2) psychological therapy (3) adjuvant exercise and (4) collaborative care.

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