Occurrence of social predictors of ischemic stroke (%)

Social factors	Groups of patients	
	A1 (n=140) %	A2 (n=45) %
Sleep disturbance	100	24,4
Excessive stress	100	31,1
Abnormal night activity	100	11,1
Long-term work with monitors	87,9	35,5
Physical inactivity	85,8	11,1
Meal problems	75,00	24,4
Alcohol, smoking	70,00	6,6

We have discovered that percentage of incidence of stroke predictors has demonstrated significant difference between grown-ups and young patients. But also we have to admit that such factors as sleep disturbance (24,4%), excessive stress (31,1%), long-term work with monitors (35,5%) and irregular and unhealthy meals (24,4%) were surprisingly high among children patients.

Conclusions This fact allows us to make a conclusion that some social risk factors have similar tendention to summon strike symptoms without any connection to age of patient. All this testify to the fact that early prevention of this factors is essential for protection of children from ischemic stroke.

P26

ASSESSMENT OF THE QUALITY OF PASSAGE AND THE LEVEL OF SATISFACTION WITH THE RECEIPT OF THE STATE SERVICE OF PASSING MEDICAL AND SOCIAL EXPERTISE (SSMSE) TO CHILDREN AND ADOLESCENTS

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The quality control of provision of SSMSE by patients is objective indicator of the work of expert service.

An analysis of 566 directions for passage of SSMSE by medical organization, filed by official representatives of children, patients registered in 2016–2018.

Independent assessment of quality of conditions of service provision by federal agencies; SSMSE provides for assessment of conditions of service provision on such common criteria as openness and availability of information about institution; comfortable conditions for provision of services, including the waiting time for its provision; goodwill, courtesy of employees of institution; satisfaction with conditions of service, as well as the availability of services for people with disabilities.

The time of provision of SSMSE $50.00 \pm 7.37\%$ ($p < 0.001$) was rated by patients as 'Excellent', $43.47 \pm 7.31\%$ ($p < 0.001$) - 'Good. The stated dates are fully satisfied and respected' and only $6.53 \pm 3.64\%$ ($t = 1.794$) - 'Normal. The stated deadlines are respected, but could be a bit shorter.'

Waiting time in queue when receiving SSMSE $54.35 \pm 7.34\%$ ($p < 0.001$) - 'Excellent'; $26.09 \pm 6.47\%$ ($p < 0.001$) - 'Good. I never stood in lines for whole time of applying for service'; a $17.39 \pm 5.59\%$ ($p < 0.001$) - 'Normal. We had to stand in small queue once for the whole time of applying for the service', and only $2.17 \pm 2.15\%$ ($t = 1.009$) indicated 'Bad. I had to stand in a big queue once' (1 person).

The exact waiting time in queue when receiving SSMSE (in minutes) was 6.41 ± 2.51 minutes (in pilot study, 21.00 ± 4.10 minutes).

The politeness and competence of employee who interacts with applicant in provision of SSMSE is rated as 'Excellent' $71.74 \pm 6.64\%$ ($p < 0.001$) by respondents; 'Good. The staff were very polite and showed a high level of competence' - $26.09 \pm 6.47\%$ ($p < 0.001$) and 'Normal. The staff were quite polite and competent' - $2.17 \pm 2.15\%$ ($t = 1.009$).

The comfort of conditions in room where SSMSE was provided among the respondents was noted as 'Excellent' - $56.52 \pm 7.31\%$ ($p < 0.001$) of official representatives of examined children; 'Good. The level of comfort in the room is fully satisfied' - $39.13 \pm 7.20\%$ ($p < 0.001$) and 'Normal. In general, comfortable, but there are minor remarks' - $4.35 \pm 3.01\%$ ($t = 1.445$).

The availability of information on procedure for submitting SSMSE was evaluated in questionnaires as 'Excellent' - $56.52 \pm 7.31\%$ ($p < 0.001$) of respondents; 'Good. Received information quickly and in full' - $39.13 \pm 7.20\%$ ($p < 0.001$) and 'Normal. Received information in full, but I had to spend more time searching for it than I wanted' - $4.35 \pm 3.01\%$ ($t = 1.445$).

P27

REDUCING THE INFLAMMATORY POTENTIAL OF THE RESPIRATORY TRACT IN CHILDREN WITH HERBAL MEDICINE

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Background and aims A study on the effect of the phyto-immunomodulator BNO 1030 (Bionorica SE, Germany) on the frequency of acute respiratory infections (ARI) in 128 children aged 3 to 14 years.

Methods Determining the level of expression of the transcription factor NF- κ B in peripheral blood lymphocytes by flow cytometry.

Results After the BNO 1030 therapy lasted for 4 weeks, a significant decrease in ARI multiplicity by 1.7 times, a modest shortening of the duration of follow-up ARI (1.4 days on average) was observed over the next 12 months, and the incidence of mild cases of ARI was increased (from 57% to 75%) decreased the number of antibiotic prescriptions (from 3.4 ± 0.4 to 1.6 ± 0.2 times). After therapy with BNO 1030, there was a decrease in the activity of the transcription factor NF- κ B from 44.4 ± 2.4 units to 32.4 ± 3.1 units ($t = 3.06$; $p = 0.002$).

Conclusions The BNO 1030 has a significant prophylactic effect, preventing the onset of ARI in children. This clinical effect is associated with inhibition of the pro-inflammatory potency of the child's body.