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HEALTH-CARE STATUS OF CHILDREN IS A VITAL FACT OF LIFE

Improving the quality of life of the population is a fundamental task of public authorities of both a particular region and the state as a whole. The concept of quality of life includes a set of indicators that affect various spheres of the population's life, which requires the active participation of authorities in the search for solutions to emerging socio-economic problems.

Keywords: *quality of life, indicator, medical and social assistance.*

The previous criteria-the main indicators of the quality of medical care- «average life expectancy, mortality, mortality from certain causes, morbidity, disability, physical development now do not satisfy doctors» [1, 2]. A new, optional, parameter of quality of care is health-related quality of life (HrQL) [3, 4, 5, 6, 7, 8, 9, 10].

The definition of health plays an important role in the development of the concept of QL research. According to the recommendations of the world health organization, health can be defined as the complete physical, social and psychological well-being of a person, and not just the absence of disease or physical defects [11]. Child's life-integral-characteristic of physical, psychological and social functioning of the child, based on his subjective perception and / or subjective perception of parents or other persons from the child's immediate environment [12]. The inclusion of the criterion of QL in the system of preventive and clinical medicine as an integral element can improve their effectiveness [3, 13, 14].

Today, the concept of «quality of life» has become a common designation of non-physiological aspects of the disease [15]. The term «quality of life» (Index medicus) introduced J. Gilbrat in 1977. In 1982, Kaplan and Bush suggested that the term «Health-Related Quality of Life» in order to distinguish aspects of quality of life related to health status and taking care of him, from broad General concept of quality of life [16]. In 1995 M. Shumaker and Naughton gave his formulation of this concept HrQL - assessment of people's subjective factors that determine their health at the moment, health care [17]. The HrQL is an important tool to complement the traditional analysis of objective clinical and instrumental data [65]. According to experts, QL assessment will contribute to understanding the importance of health in children and adolescents [18].

In recent decades, the concept of «quality of life» has become an integral part of health care, firmly entered into clinical and medical-social research. The gradual change of biomedical model of health and disease model biopsychosocial led to the need to take into account the subjective human opinion about their well-being. The development of the QL criterion made it possible, which should be attributed to significant scientific events of the XX century [19]. The introduction into clinical practice of tools for measuring QL gave a unique opportunity to obtain very important information about the subjective assessment of various spheres of life of the patient, which can be used both for the development of treatment and rehabilitation programs, and for monitoring the patient's condition in the process of their implementation.

In Pediatrics, the range of application of the method of examination of QL is quite extensive, below are some of them.

1) Definition of population standards of life quality of children: a study of parameters of QL of children belonging to different national and geographical populations, and the study of the impact of demographic, social and other factors on the quality of life of children [20]. Winyarskii I. V. (2008) conducted a medico-social study, in particular, determining age-and-sex norms QOL and identify factors influencing this figure, the regional characteristics of QOL, exploring the use of QL as a parameter to assess the health status of children population [21].

No less important is the study of QL healthy children of different sexes and ages. Thus, according to J. Landgraf can be traced to the heterogeneity of the assessment of QL of children in different scales depending on the age of the child, as well as the differences between identical scales of QL of girls and boys, which suggests the existence of gender-specific QL of children [22].

Also, the method of assessing the quality of children opens up the possibility of studying the views of parents regarding the health and well-being of their own children and comparing these views with the subjective opinion of the children themselves [23, 24, 25, 26, 27].

2) Study of the influence of the disease on the quality of life of children: comparison of parameters of QL of sick and healthy children. The research method provides extremely valuable information about the impact of the disease on the various components of the child's life cycle, as well as gives an idea of the individual reaction of the child to the disease [28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39]. Currently, the study of the effect of " disease on the physical, psychological and social functioning of the child is carried out in pulmonology, Oncology, Hematology, endocrinology, cardiology, Nephrology, neurology, rheumatology, transplantation, dermatology and other sections of Pediatrics [40, 41, 42, 43, 44, 45, 46, 47].

As an example, the study of QL of children with bronchial asthma, and living in the UK and Australia, compared with the QL of healthy children living in the same countries. The study found that in Australia, the QL rates of children with asthma were significantly lower than those of healthy children. A similar trend took place in the UK, but the differences between the rates of QL in healthy and sick children were less pronounced [48, 49].

Another example is a comparison of QL in children with epilepsy and asthma, conducted in 1993 in the United States [45]. The results of the study showed that children with epilepsy were more prone to deterioration of the parameters of QL on the scales of psychological, social and school well-being than children with bronchial asthma, in which the most vulnerable was the scale of physical health. This once again confirms that the mere control of the occurrence of epileptic seizures cannot cover the entire range of problems associated with the QL of a child with epilepsy [40].

Another study in Latin America assessed the quality of life in children with cancer in remission for more than 2 years using the HUI questionnaire. The results of the study showed that the lowest rates of QL were found in children with lymphogranulomatosis in remission. The lowest QL scores corresponded to the emotional component, cognitive component and pain scale [47].

3) Quality of life as a criterion for evaluating the effectiveness of various treatments. In the modern paradigm of multicenter

clinical studies devoted to the evaluation of the effectiveness of various treatments, it is recognized that the physical, laboratory and instrumental parameters are not enough to fully verify the response to therapy. The list of necessary criteria for assessing the effectiveness of treatment recently included indicators of QL [50, 51, 52]. In the case of determining as a result of a randomized study of the same clinical efficacy of different treatment programs, it is the results of the study of QL allow to give preference to a particular approach [47]. In clinical medicine, the indicator of QL is included in the standards of examination and treatment of patients, with its help, individual monitoring is carried out during the treatment of the patient, evaluate the effectiveness of therapy and the prognosis of the disease [53, 54, 55].

4) Quality of life as a method of individual monitoring at different stages of treatment can be extremely useful for optimization and individualization of therapy [56, 57, 58, 59].

5) Quality of life as a component of pharmacoeconomical calculations, allowing to establish the economic feasibility of the use of new drugs or treatment regimens for children, and to justify the most appropriate from the point of view of pharmacoeconomics (cost-effectiveness analysis, cost-usefulness, etc.) standards of treatment in Pediatrics [60, 61, 62, 63].

The methodology of QL research is based on strict principles of evidence-based medicine, which is especially important when assessing a person's subjective opinion. The results obtained on the basis of the use of international standards can be considered to meet modern requirements [64].

In foreign Pediatrics, the indicator of QL is actively used in population studies to develop age and sex standards, monitor various contingents of children, assess the effectiveness of preventive measures, determine the complex effect of chronic diseases on children [65]. Children's QL can serve as an end point in assessing the effectiveness of medical interventions in prevention, treatment and rehabilitation [66].

One of the urgent medical and social problems of Pediatrics is celiac disease, which occupies a Central place among the diseases of impaired absorption. According to foreign researchers, the frequency of celiac disease in Europe is from 1: 300 to 1.99 children, with a ratio of explicit and hidden forms from 1:5 to 1: 13 [25]. In Kazakhstan, targeted clinical and epidemiological studies on this pathology were not carried out, the estimated prevalence in Kazakhstan is 1: 1000 [45].

Currently available in our country database on the studied problem does not allow to fully assess the impact of the disease, psycho-emotional state and complex therapeutic measures on the quality of patients with celiac disease. The study showed that the QL of patients with celiac disease is a systemic characteristic and largely depends on a number of clinical, social and psycho-emotional factors.

In the literature, only a few works are devoted to the study of QL in celiac disease. Including C. Rodgers et al. (1999) noted the improvement in the quality of life of celiac patients on a diet, as well as the importance of this to address the need to continue gluten-free diet (BP). This is especially true for patients with asymptomatic form of celiac disease. The study of QL in celiac disease, conducted By S. Hallert (1998) among adult patients who were on a diet for about 10 years, showed a decrease in it compared with healthy. Indicators of General health scales and viability are significantly lower, regardless of favorable biopsy data, than normal, that is, the functional state and self-perception of health in patients with celiac disease are not associated with biopsy data. Indicated sex differences: women have worse QL [67]. Comparing the quality of life of patients with celiac disease, intestinal bowel disease and cephalalgia, noted that patients with celiac disease have a better quality of life - experience, perception, assessment, responsibility for their condition is much higher than in patients with intestinal bowel disease, such differences were not detected between patients with celiac disease and cephalalgia. Thus, the self-perception of health in these patients was not correlated with the results of morphological examination of the TC, which once again proves the need for a comprehensive approach to assessing the patient's condition [68].

At the same time, in Kazakhstan, despite the world practice, the problem of QL research remains insufficiently studied.

Developed the Russian version of QUALIN questionnaire (Qualite de vie du Nourisson, S. Manificat, A. Dazard, France, 1997) and the PedsQL™4.0 (Varni et al. USA, 2001) significantly expanded the Arsenal of tools for assessing QL and made it possible to study this indicator in young children (3 months. - 17 years 2 - 18 years).

Evaluation of QL in pediatric practice is now carried out much less frequently than in adult patients. In Pediatrics, there are difficulties associated with anatomical, physiological, psychological and age-related features that require special approaches and methods for assessing the quality of life [69, 70]. The researchers, agreeing with the generally accepted definition of QL, refined it in accordance with the work carried out in a particular field of medicine, offered additional methods for assessing QL in this field of medicine [71]. Young children are not able to complete questionnaires themselves and are not always able to answer adult questions. At the same time, filling out questionnaires by parents of children deprives this method of one of the most valuable qualities - objectivity. It is obvious that questionnaires for assessing children's QL should be adapted to a specific age. Many of the data-objectification questionnaires consist of overlapping scales to be filled in by children and their parents. References to the following questionnaires for assessing QL in pediatric practice have been found in the available literature: PedsQL™4.0 (Varni et al., USA, 2001), Kidscreen Questionnaire, Disabrids (to assess Soci children with chronic diseases). The most common common questionnaire for assessing children's QL is PedsQL™4.0 (Varni et al., USA, 2001). It includes questionnaires for children of 4 age groups (2-4 years, 5-7 years, 8-12 years and 13-18 years) and their parents.

In 2002, IMPACT and IMPACT II questionnaires specific for inflammatory bowel diseases were successfully validated and approved for use in Pediatrics. In 2004-two Russian versions of the General children's questionnaire QL PedsQL™4.0 (Varni et al., USA, 2001) for children 8-12 years old and 13-18 years old, including separate forms for children and parents, and well established according to foreign studies.

There is a limited number of papers that used General or specific questionnaires [72, 73]. The purpose of most of them was to evaluate the effectiveness of the drug, and not specifically the quality of children with various pathologies. Of particular interest and relevance is the study of FGM children 8-18 years, as this period of development is characterized by significant changes in the physiology and psychology of the child, the emergence of children's new interests, attachments, the formation of their own views, adaptation to school in a new social environment, increasing loads and personal responsibility.

The works devoted to the assessment of QL of children with gastroenterological pathology are few and mostly performed on the basis of questionnaires of older (adolescent) children using General questionnaires. Most of these works are devoted to the study of HrQL in inflammatory bowel diseases. In a single work are estimated Soci children with disorders of the upper digestive tract. The TACQOL questionnaire was used to study the QL of adolescents aged 10-18 years with chronic gastrointestinal pathology (chronic, gastritis, chronic gastroduodenitis, biliary dyskinesia) and revealed a decrease in the QL

of adolescents due to the negative impact on physical, motor, independent and cognitive functioning [74]. The level of QL in patients with gastroenterological profile in General is directly dependent on the severity and duration of the disease. In available domestic literature there is no data about studying QL children with celiac disease.

This explains the relevance of the undertaken work, the hallmark of which is an integrated approach to the study of the influence of chronic diseases, medico-social factors on QL of children and adolescents with the use of quantitative assessment of QL.

Conclusion. Thus, the national and special medical literature does not cover the medical and social aspects of treatment and rehabilitation of patients with celiac disease, not enough developed common approaches to the organization of early diagnosis, optimal medical care for these patients, improving the quality of their lives.

The above necessitates the scientific study of the health status and parameters of children with celiac disease, working out in practice effective diagnostic technologies, the introduction of an organizational model of medical care for children with celiac disease with the integration of various departments, substantiation of the optimal mechanisms for the implementation of complex measures, including rehabilitation and dispensary supervision, aimed at preserving and strengthening the health of children, taking into account the regional characteristics of indicators.

СПИСОК ЛИТЕРАТУРЫ

- 1 Веселов Н.Г. Социальная педиатрия: курс лекций. – СПб.: Ривьера, 1996. – 395 с.
- 2 Лисицын Ю. П., Полунина Н. В. Общественное здоровье и здравоохранение: учебник. – М.: Медицина, 2002. – 416 с.
- 3 Альбицкий В.Ю., Винярская И.В. Новый подход к комплексной оценке состояния здоровья детей с использованием критерия качества жизни // Проблемы социальной гигиены, здравоохранения и истории медицины. - 2007. - № 5. - С. 16-17.
- 4 Баранов А.А., Альбицкий В.Ю., Валиуллина С.А. и др. - Методология изучения качества жизни в педиатрии. - М.: Союз педиатров РК, 2008. - 16 с.
- 5 Либис Р.А., Коц Я.И., Агеев Ф.Т. Качество жизни как критерий успешной терапии больных с хронической сердечной недостаточностью // Русский мед. журнал. - 1999. - № 2. - С. 84 - 87.
- 6 Недошивин А.О., Кутузова А.Э; Исследование качества жизни и психологического статуса больных с хронической сердечной недостаточностью // Сердечная недостаточность. - 2001. - №4.- С. 148-151.
- 7 Петров А.В. Влияние ожирения на качество жизни у женщин, больных сахарным диабетом: Автореферат дис. канд. мед. наук. - Нижний Новгород, 2008. - 24 с.
- 8 Сенкевич Н.Ю., Амелина Е.Л. Качество жизни взрослых больных муковисцидозом // Пульмонология. - 1999. - № 3. - С.51- 57.
- 9 Aaronson N.K. Quality of life: What is it? How should it be measured? // Oncology. - 1988. - № 2. - P. 69-74.
- 10 Ravens-Sieberer U., Gosch A. et al. Quality of life in children and adolescents: a European public health perspective.// Soz. Preventives. - 2001. - №46 (5). - P. 294-302.
- 11 World Health Organization Constitution [Текст]. Geneva: Basic Documents, 1948.
- 12 Новик А.А., Ионова Т.И., Каппо Р. Концепция, исследования качества жизни в медицине. - СПб.: «Элби», 1999. – 120 с.
- 13 Баранов А.А., Альбицкий В.Ю., Валиуллина С.А. и др. Методы определения и показатели качества жизни детей подросткового возраста: пособие для врачей. - М.: 2005. – 30 с.
- 14 Винярская И.В. Качество жизни детей как критерий оценки состояния здоровья и эффективности медицинских технологий (комплексное медико-социальное исследование): Автореф. дис. ... д-р. мед. наук – М., 2008. - 42 с.
- 15 Katsching H. How useful: is the concept of quality of life in psychiatry? // Current opinion in psychiatry. - 1991. - №1. – P. 337-345.
- 16 Kaplan R., Bush J., Beny E. Health status: type of validity and the index of well-being // Health Serv. Res. -1976. - №10. – P. 478-507.
- 17 Shumaker S.A., Berzon R., Naughton M.J. The International Assessment of Health-Related Quality of life: All the critical perspective: The International Assessment of Health Related Quality of Life: Theory Translation: Measurement and Analysis. - Oxford, England: Rapids Communications, 1995. – 369 p.
- 18 Goldbeck L., Schmitz T. Comparison of three generic questionnaires measuring quality of life in adolescents and adults with cystic fibrosis: the 36-item short form health survey, the quality of life profile for chronic diseases, and the questions on life satisfaction. // Qual Life Res. - 2001. – Vol. 10, № 1. - P. 23-36.
- 19 Новик А.А., Ионова Т.И. Руководство по исследованию качества жизни в медицине. - М.: «Олма-Пресс Звездный мир». - 2002. – 320 с.
- 20 Collier J., MacKinlay D., Phillips D. Norm values for the Generic Children's Quality of Life Measure (GCQ) from a large school-based sample // Qual Life Res. - 2000: - Vol. 9, № 6. - P. 617 - 623.
- 21 Винярская И.В. Качество жизни детей как критерий оценки состояния здоровья и эффективности медицинских технологий (комплексное медико-социальное исследование): Автореф. дис. ... д-р. мед. наук – М., 2008. - 42 с.
- 22 Landgraf J. Functional status and well-being of children representing three cultural groups: initial self-reports using the CHQ-CF87 // Psychology and Health. - 1997. - Vol. 2. - P. 839-854.
- 23 Eiser C. Health-related quality of life measures for children // Int. J. Cancer. - 1999. - № 2. - P. 87 - 90.
- 24 Guyatt G., Juniper E., Griffith L. et al. Children and adult perceptions of childhood asthma // Pediatrics. - 1997. - Vol. 99, № 2. - P. 165-168.
- 25 Hoare P., Mann L., Dunn S. Parental perception of the quality of life among children with epilepsy or diabetes with a new assessment questionnaire // Qual Life Res. - 2000. - Vol. 9, № 6. - P. 637-614.
- 26 Le Coq E., Boeke A., Bezemer P., Colland V. et al. Which source should we use to measure quality of life in children with

- asthma: the children themselves or their parents? // *Qual Life Res.* - 2000. - Vol. 9, № 6. - P. 625 -636.
- 27 Varni J., Burwinkle E., Seid M. et al. The PedsQE™ as a populations health measure: implications; for states and; rations // *Quality of Eife-Newsletter.* - 2002. - № 28. - P. 4-5.
- 28 Филякова Е.Е. Николаева В.В., Касаткин В.И. Образ КЖ детей с хроническими соматическими заболеваниями (бронхиальная астма - гастродуоденальная патология) // *Педиатрия.* - 2000. - №4. - С. 97 - 103.
- 29 Andresen E., Nanda U., Toce S. Research of the quality of death in children // *Quality of Life Newsletter.* - 2002. - № 28. - P. 17-18.
- 30 Baker Towell D.M., Towell A.D. A preliminary Investigation into quality of life, psychological distress and social competence in children-with cloaca exstrophy // *J Urol.* - 2003. - Vol. 169, №5. - P. 1850-1853.
- 31 Ben-Gashir M.A., Seed P.T., Hay R.J. Are quality of family life and disease severity related in childhood atopic dermatitis? // *Eur Acad Dermatol Venereol.* - 2002. - Vol. 16, № 5. - P. 455- 462.
- 32 Eiser C., Morse R. A review of measures of quality of life for children with chronic illness // *Arch. Dis. Child.* - 2000. - №84(3). - P. 205 - 211.
- 33 Fabiani E., Catassi C., Villari A. et al. Dietary compliance in screening-detected coeliac disease adolescents // *Acta Paediatr.* - 1996. - Vol. 412. - P. 65-67.
- 34 Langcveld J.A., Koot H., Loonen M. et al. QOL instrument for adolescents with chronic Headache // *Cephalgia.* - 1996. - Vol. 16. - P. 183-196.
- 35 McGee H. Quality of life: assessment issues for children with chronic illness and their families // *Assessment of Quality of Life in Childhood Asthma.* [Eds. Christie M., French D.] - Switzerland: Harwood Academic Publishers, 1994. - P. 83 - 97.
- 36 Rosen C.L., Palermo T.M., Larkin E.K., Redline S. Health-related quality of life and sleep-disordered breathing in children // *Sleep.* - 2002. - Vol.25, №6. - P. 657-1166.
- 37 Sawyer M., Spurrier N., Whaites L. et al. The relationship between asthma severity family functioning and the health-related of children with asthma // *Qual Life Res.* - 2000. - Vol. 9, № 10. - P. 1105-1115.
- 38 Schwimmer J.B., Burwinkle T.M., Varni J.W. Health-related quality of life of severely obese children and adolescents // *JAMA.* - 2003. - Vol. 2B9, №14. - P. 1813-1819.
- 39 West A. Methodological issues in the assessment of quality of life in childhood asthma: what educational research has to offer // *Assessment of Quality of Life in Childhood Asthma.* Eds. Christie M., French D. - Switzerland: Harwood Academic Publishers, 1994. - P. 121-130.
- 40 Андреева А.К. Качество жизни детей школьного возраста, больных эпилепсией в г. Алматы: Автореф. дис. ... канд. мед. наук - СПб., 2006. - 25 с.
- 41 Моисеенко Е.И., Бойченко Е.И., Зайцева Л.А. и др. Некоторые показатели излеченности и качества жизни детей с онкологическими заболеваниями в Москве // *Педиатрия.* - 1999. - № 3. - С. 48 - 52.
- 42 Овчаренко С.А. Методические подходы к изучению проблемы инвалидности с детства // *Здравоохранение РФ.* - 1993. - №11. - С. 21-23.
- 43 Стенура О.Б., Пак Л.С., Акатова Е.В. и др. Качество жизни больных с заболеваниями сердечно-сосудистой системы // *Кардиология.* - 1998. - №10. - С. 62-66.
- 44 Татъкова А.Ю. Оценка качества жизни и состояния здоровья подростков с .помощью адаптированного вопросника TACQOL: Автореф. дис. ... канд. мед. наук – М., 1994. - 24 с.
- 45 Austin J., Snrith M., Risinger M. et al. Childhood epilepsy and asthma: comparison quality of life // *Epilepsia.* - 1994. -Vol. 35, № 3. - P. 608-615.
- 46 Aziah M., Rosnah T., Mardziah A., Norzila M. Childhood atopic dermatitis: measurement of quality of life and family impact // *Med J Malaysia.* - 2002. - Vol. 57, № 3. – P. 329- 339.
- 47 Barr R., Gonzalea A., Longchong M. et al. Health status and health-related quality of life in survivors of cancer in childhood in Latin- America: a MISPHO feasibility study // *International Journal of Oncology.* - 2001. -Vol. 19. - P. 413-421.
- 48 French D., Carroll A., Christie M. Health-related quality of life in Australian children with asthma: lessons for the cross-cultural use of quality of life instruments // *Qual Life Res.* - 1998. - Vol. 7, № 5. - P. 409 -419.
- 49 Tonnel A.B., Marquette G., Wallaerf B. Physiopathology of asthma // *Rev-Prat.* – 1992. - Dec. T. – P. 2399-4041.
- 50 Gillman S.A., Blatter M., Condemi J. et al. The health-related quality of life effects of once-daily cetirizine HC1 syrup in children with seasonal allergic rhinitis.// *Clin Pediatr (Phila).* - 2002. - Vol. 41, № 9. - P. 681 -696.
- 51 Iorio R., Pensati P., Botta S. et al. Side effects of alpha-interferon therapy and impact on health-related quality of life in children with chronic viral hepatitis // *Pediatr Infect Dis J.* - 1997 - Vol. 16, № 10. - P. 984-990.
- 52 Kanter E., Siegel G., Snyder G.F. et al. Impact: of respiratory symptoms on health-related quality of lift and medical resource utilization of patients treated by allergy specialists and primary care providers // *Ami Allergy Asthma Immunes.* - 2002. - Vol. 89, №2. – P. 139-147.
- 53 Ravens-Sieberer U., Gosch A. et al. Quality of life in children and adolescents: a European public health perspective // *Soz. Preventives.* - 2001. - №46(5). - P. 294-302.
- 54 Varni J., Burwinkle T., Katz E. et al. The PedsQL™ in pediatric cancer: reliability and validity of the Pediatric Quality of Life Inventory™ Generic Core Scales, Multidimensional Fatigue Scale and Cancer Module // *Cancer.* - 2002. - Vol. 94. - P. 2094 - 2106.
- 55 Varni J., Seid M., Knight T. et al. The PedsQL™ in pediatric rheumatology: Reliability, validity, and responsiveness of the Pediatric Quality of Life Inventory™ Generic Core Scales and Rheumatology Module // *Arthritis and Rheumatism.* - 2002. - Vol. 46. - P. 714- 725.
- 56 Новик А.А., Ионова Т.И. Руководство по исследованию качества жизни в медицине. – М.: «Олма-Пресс Звездный мир», 2002. – 320 с.
- 57 Berto P. Quality of life in patients with epilepsy and impact of treatments // *Pharmacoeconomics.* - 2002. - Vol. 20, № 15. - P. 1039 -1059.
- 58 Varni J., Seid M., Kurtin P. The PedsQL™ 4.0: Reliability and validity of the Pediatric Quality of Life Inventory™ Version 4.0 Generic Core Scales in healthy arrd patients populations // *Medical Care.* - 2001. - Vol. 39. - P. 800-812.
- 59 Yann R., Yves A., Donrrique J. Improved quality of life by combined transplantation in Hirschsprung's disease with a very

- lollg aganglionic segment // J. Pediatric Surg. - 2003. - Vol. 38, № 3. - P. 422-424.
- 60 Новик А.А., Ионова Т.И., Каппо Р. Концепция, исследования качества жизни в медицине. - СПб.: «Элби», 1999. - С. 120.
- 61 Сулаберидзе Е.В. Проблемы реабилитации и качества жизни в современной медицине // Рос. мед. журнал. - 1996. - № 6. - С. 9 - 11.
- 62 Cost-effectiveness in health and medicine [Gold Ed. M.R., Siegel J.E., Russel L.B., Weinstein M.G.]. - New York, Oxford: Oxford University Press, 1996. - P. 425.
- 63 Francavilla R., Rutigliano V., De Venuto D. et al. Italy, Quality of life in Coeliac Disease // Eighth International Symposium on Coeliac Disease Castel Sanf Elmo, Naples, Italy, April 21-24. - 1999. - 268 p.
- 64 Никитина Т.П. Разработка и оценка свойств русской версии опросника PEDSQE для исследования качества жизни детей 8-18 лет: Автореф. дис. ... канд. мед. наук - М., 2004. - 24 с.
- 65 Varni J., Seid M., Kurtin P. Pediatric health-related quality of life measurement technology: a guide for health care decision makers // JCOM. - L999l. - Vol 6, №4. - P. 33-40.
- 66 Bullinger M. European Paediatric Health-Related Quality of Life Assessment. The DISABKIDS Group. // Quality of Life Newsletter. - 2002. - № 29. - P. 5-6.
- 67 Lohinien S. Mustalahti K., Collin P. et al. Finland, Quality of life in Finnish Coeliac Disease patients - national cross sectional survey // Eighth International Symposium on Coeliac Disease Castel Sanf Elmo, Naples, Italy, April 21-24. -1999. - 266 p.
- 68 Турко Т.З. Значение изучения качества жизни в гастроэнтерологии // Materia Medica. - 2002. - Т.2. - №34. - С. 68-75.
- 69 Cantarelli F.B., Szejnfeld V.L., Oliveira L.M1 et al. Quality of life in patients with osteoporosis fractures: cultural adaptation, reliability and validity of the Osteoporosis Assessment Questionnaire // Clin Exp-Rheumatol. - 1999. - Vol. 17, № 5. - P. 547 - 551.
- 70 Frare M., Axia G., Battistella P. Quality of life, coping strategies, and family routines in children with headache // Headache. - 2002. - Vol. 42, № 10. - P. 953 - 962.
- 71 Shumaker S.A., Berzon R., Naughton M.J. The International Assessment of Health-Related Quality of Life A them or ethical perspective: The International Assessment of Health-Related Quality of Life: Theory Translation Measurement and Analysis. - Oxford, England: Rapids Communications, 1995. - 697 p.
- 72 Петров В.И. Качество жизни при бронхиальной астме, методы оценки в педиатрической практике // Рос. педиатрический журнал. - 1998. - №4. - С 16-21.
- 73 Петрова Н.Н. Качество жизни детей с заболеваниями сердечно-сосудистой системы // Педиатрия. - 1998. - №6. - С. 4-7.
- 74 Гольшева С.В. Качество жизни больных неспецифическим язвенным колитом и болезнью Крона до и после операции: Автореф. дис. ... канд. мед. наук - М., 2007. - 29 с.

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ӨМІР САПАСЫ - БАЛАЛАРҒА МЕДИЦИНАЛЫҚ ЖӘНЕ ӘЛЕУМЕТТІК КӨМЕК КӨРСЕТУ САПАСЫНЫҢ МАҢЫЗДЫ КӨРСЕТКІШІ РЕТІНДЕ

Түйін: Халықтың өмір сүру сапасын жақсарту - белгілі бір аймақтың және тұтастай мемлекеттің мемлекеттік органдарының негізгі міндеті. Өмір сапасының тұжырымдамасы пайда болатын әлеуметтік-экономикалық мәселелерді шешуге билік органдарының белсенді қатысуын талап ететін, халықтың өмірінің әртүрлі салаларына әсер ететін көрсеткіштер жиынтығын қамтиды.

Түйінді сөздер: өмір сапасы, индикатор, медициналық және әлеуметтік көмек.

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КАЧЕСТВО ЖИЗНИ КАК ВАЖНЫЙ ПОКАЗАТЕЛЬ КАЧЕСТВА МЕДИКО-СОЦИАЛЬНОЙ ПОМОЩИ ДЕТЯМ

Резюме: Повышение уровня качества жизни населения является основополагающей задачей органов государственной власти как конкретно взятого региона, так и государства в целом. Понятие качества жизни включает в себя совокупность показателей, влияющих на различные сферы жизнедеятельности населения, в силу чего необходимо активное участие органов власти в области поиска решений, возникающих социально-экономических проблем.

Ключевые слова: качества жизни, показатель, медико-социальная помощь