
Methods: Two studies were compared. The first study was conducted in 2015. in Quebec, Canada with 806 participants and the other was conducted in 2019. in Zagreb, Croatia with 580 participants. The participants were parents with daughters aged 9 to 18 years. Both studies used standardized on-line questionnaires.

Results: Out of the 806 Canadian parents that provided responses, 708 (88%) parents accepted and 98 (12%) refused the vaccine for their daughters. The reasons for parents' acceptance was the benefits of vaccination, their doctors' recommendation and trusting the school immunisation program. Reasons for parental refusal included fear of side effects and also low susceptibility. In the Croatian study only 45.5% parents accepted the vaccine. Their reasons for accepting were general health protection and cancer prevention. The reasons for refusal were that the vaccine would allow sexual promiscuity at a younger age, lack of trust in public health organizations, lack of knowledge about HPV as well as believing in conspiracy theories.

Conclusion: In contrast to Croatian parents, 42.5% more Canadian parents accepted the vaccine for their daughters. Perhaps the biggest causes of differences were that Canadians had more trust in their health organizations and were better informed, while Croats not only lacked in knowledge but were also misinformed due to relying on the internet as their primary source of information.

Key words: HPV, vaccine, vaccination, prevention, parents

VAŽNOST PREHRANE I PRILAGOĐAVANJA DOZA INZULINA PRIJE I TIJEKOM TRUDNOĆE U ŽENA S TIPOM 1 ŠEĆERNE BOLESTI: PRIKAZ SLUČAJA

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Sažetak

U žena s tipom 1 šećerne bolesti važno je postići uredne vrijednosti glikemije prije trudnoće i primijeniti lijekove koji su dopušteni u trudnoći. Prikazana je 35 g. žena kojoj je tip 1 šećerne bolesti dijagnosticiran u djetinjstvu. Pacijentica je na intenziviranoj inzulinskoj terapiji koja se sastoji od kratkodjelujućeg inzulina-asparta uz tri glavna obroka (15g ugljikohidrata: 1,5j. uz doručak, 1j. uz ručak i 1j. uz večeru) i dugodjelujućeg inzulina-degludeka u 22h. Primljena je na Endokrinološki odjel s oscilirajućim vrijednostima glikemije, uz hipoglikemije poslijepodne i noću (HbA1c 8,7%), radi regulacije glikemije u sklopu planiranja trudnoće. Provedena je dodatna edukacija o redovitoj i uravnoteženoj prehrani, korigirana je doza aspart-inzulina ovisno o glikemiji i ugljikohidratnim jedinicama u obroku (15g ugljikohidrata: 1j. uz doručak, 0.75j. uz ručak i 0.75j. uz večeru), te je uvedeno kontinuirano mjerenje glukoze. Nakon 4 mjeseca kontrolni HbA1c bio je 6,9%. Radi planiranja trudnoće degludec-inzulin zamijenjen je detemir-inzulinom u dvije dnevne doze. U trudnoći je imala mučnine, jela je više voća i ugljikohidrata i, sukladno tome, povišena je doza aspart-inzulina uz obroke (do 2:2:2 j. uz glavne dnevne obroke). U 28. tjednu trudnoće glikemija je bila 5,0-5,7 mmol/l, glukoza i ketoni u urinu uredni, HbA1c 6,2% te nije imala simptome hipoglikemije. Prije i za vrijeme trudnoće važno je postići uredne vrijednosti glikemije. Provedi se dodatna edukacija o redovitoj uravnoteženoj prehrani, samokontroli i kontinuiranom mjerenju glikemije, prilagođavanju doze kratkodjelujućeg inzulina vrijednostima glikemije i ugljikohidratnim jedinicama u obroku te o korigiranju doze bazalnog inzulina, kao i o važnosti tjelesne aktivnosti.

Ključne riječi: šećerna bolest tip 1, intenzivirana inzulinska terapija, hipoglikemija, trudnoća i samokontrola