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MEDICAL FACULTY

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Broj: 1923/14-1

Podgorica, 12.12.2023. godine

Univerzitet Crne Gore Odbor za doktorske studije n/r predsjedniku - prof. dr Borisu Vukićeviću

Poštovani,

U skladu sa članom 41 i 55 Pravila doktorskih studija, i tačkom 3.8. Vodiča za doktorske studije, u prilogu akta dostavljamo obrazac D2 uz Predlog Odluke Vijeća o imenovanju Komisije za ocjenu doktorske disertacije dr med Maje Raičević, pod nazivom "Dijabetes melitus tip 1 kod djece u Crnoj Gori: trend incidence, regionalne karakteristike i kvalitet života pacijenata" sa pratećom dokumentacijom.

S poštovanjem.

MEDICINSKI FAKULTET

Prof. dr Miodrag Radunović



ISPUNJENOST USLOVA DOKTORANDA

OPŠTI PODACI O DOKTORANDU								
Titula, ime, ime roditelja, prezime	Titula, ime, ime roditelja, prezime Dr med Maja (Ranko) Raičević							
Fakultet	Medicinski fakultet							
Studijski program	Medicina	Medicina						
Broj indeksa	9/14	9/14						
	NAZIV DOKTORSKE DISERTACIJE							
Na službenom jeziku		ip1 kod d	jece u	Crnoj Gori:trend				
Na engleskom jeziku	Type 1 diabetes mell trends, regional characte	litus in child	ren in N					
Naučna oblast	Pedijatrija /endokrinole	ogija	•					
	MENTOR/M	ENTORI						
Prvi mentor	Prof. dr Mira Samardžić	Medicinski Univerziteta Gore	fakultet Crne	Pedijatrijska endokrinologija				
Drugi mentor								
KOMISIJA ZA PREGLED I OCJENU DOKTORSKE DISERTACIJE								
Prof. dr Vesna Miranović,		Medicinski Univerziteta Gore	fakultet Crne	Perinatria				
Prof. dr Mira Samardžić		Medicinski Univerziteta Gore	fakultet Crne	Peduatrua -				
Prof. dr Dragan Laušević		Medicinski Univerziteta Gore	fakultet Crne					
Prof. dr Vera Zdravković		Medicinski Univerziteta Beogradu	fakultet u	Pedijatrija - I				
Doc. dr Lidija Banjac	Medicinski Univerziteta Gore	fakultet Crne	* SS SANG 30					
Datum značajni za ocjer	u doktorske disertacije							
Sjednica Senata na kojoj j kandidata	e data saglasnost na ocje	enu temu i	20.0	7.2021. godine				
Dostavljanja doktorske d saglasanost mentora	isertacije organizacionoj	jedinici i	15.1	1.2023. godine				
Sjednica Vijeća organizacio za imenovanje komisija disertacije	one jedinice na kojoj je d za pregled i ocjenu	lat predlog doktorske	07.1	2.2023. godine				

UNIVERZITET CRNE GORE



ObrazacD2:Ispunjenostuslovadoktoranda

ISPUNJENOST USLOVA DOKTORANDA

U skladu sa članom 38Pravila doktorskih studija kandidat je dio sopstvenih istraživanja vezanih za doktorsku disertaciju publikovao u časopisu sa (SCI/SCIE)/(SSCI/A&HCI) liste kao prvi autor.

Spisak radova doktoranda iz oblasti doktorskih studija koje je publikovao u časopisima sa SCI /SCIE.

- 1. Maja Raičević, Mira Samardžić, Ivan Soldatović, Nataša Čurović Popović, Rade Vuković "Frontiers in Endocrinology"06.09.2022. godine; DOI:10.3389/fendo.2022.991533
- 2. Maja Raičević, Aleksandar Obradović, Mira Samardžić, MarijaRaičević, Nataša Čurović Popović, Sanja PanićZarić."International Journal of Environmental Research and Public Health". 11.11.2022. godine; doi: 10.3390/ijerph192214873.

Obrazloženje mentora o korišćenju doktorske disertacije u publikovanim radovima

Iz doktorske disertacije dr Maje Raičević publikovan je dio istraživačkog materijala, kroz dva rada u renomiranim časopisima, indeksiranim na SCI listi. Prvi se odnosi na trend incidence obolijevanja od tipa 1 dijabetesa u Crnoj Gori, objavljen je 2022. godine u časopisu, Frontiers in Endocrinology", sa impakt faktorom 6,05, i do sada je 5 puta citiran. Drugi rad se odnosi na kvalitet života djece sa tipom jedan dijabetesa i publikovan je 2022. godine u časopisu "International Journal of Environmental Research and Public Health", sa impact faktorom 4,61. Nezavisna, usko specijalizovana recezentska komisija je ovo istraživanje ocijenila kao veoma aktuelno i od interesa za sveukupnu naučnu javnost, što je potvrda naučnog doprinosa rezultata doktorske disertacije.

Datum i ovjera (pečat i potpis odgovorne osobe)

U Podgorici, 07.12.2023. godine



Prilog dokumenta sadrži:

- 1. Potvrdu o predaji doktorske disertacije organizacionoj jedinici
- 2. Odluku o imenovanju komisije za pregled i ocjenu doktorske disertacije
- 3. Kopiju rada publikovanog u časopisu sa odgovarajuće liste
- 4. Biografiju i bibliografiju kandidata
- Biografiju i bibliografiju članova komisije za pregled i ocjenu doktorske disertacije sa potvrdom o izboru u odgovarajuće akademsko zvanje i potvrdom da barem jedan član komisije nije u radnom odnosu na Univerzitetu Crne Gore

UNIVERZITET CRNE GORE

MEDICINSKI FAKLTET

Broj: 1848/1

Podgorica 15.11.2023. godine

POTVRDA

Potvrđuje se da je dr med Maja Raičević, predala 7 primjeraka doktorske disertacije, pod nazivom " Diabetes melitus tip 1kod djece u Crnoj Gori: trend incidence, regionalne karakteristike i kvalitet života pacijenata " dana15.11.2023.godine .

Potvrda se izdaje u svrhu pregleda i ocjene doktorske disrtacije.

ŠEF STUDENTSKE SLUŽBE

Sonja Vukićević, diplomirani pravnik

UNIVERZITET CRNE GORE MEDICINSKI FAKULTET Broj: 1923/14 Podgorica, 07.12.2023. godine

Na osnovu člana 64 stav 1 tačka 9 Statuta Univerziteta Crne Gore, (Bilten UCG br.337/2015 i br 447/2018), člana 41 i 55 Pravila doktorskih studija, inicijalnog predloga Komisije za doktorske studije Medicinskog fakulteta broj: 1848/2 od 30.11.2023 godine i tačke 3.8 Vodiča za doktorske studije Univerziteta Crne Gore, Vijeće Medicinskog fakulteta na sjednici održanoj 07.12.2023. godine, donijelo je

ODLUKU

I

Kandidat dr med Maja Raičević, ispunjava formalne uslove za ocjenu doktorske disertacije: "Dijabetes melitus tip 1 kod djece u Crnoj Gori: trend incidence, regionalne karakteristike i kvalitet života pacijenata".

H

Predlaže se Komisija za ocjenu doktorske disertacije dr med Maje Raičević, pod navedenim nazivom: "Dijabetes melitus tip 1 kod djece u Crnoj Gori: trend incidence, regionalne karakteristike i kvalitet života pacijenata" u sastavu:

- 1. **Prof. dr Vesna Miranović**, redovna profesorica Medicinskog fakulteta Univerziteta Crne Gore, naučna oblast: pedijatrija kardiologija;
- 2. **Prof. dr Mira Samardžić**, redovna profesorica Medicinskog fakulteta Univerziteta Crne Gore, naučna oblast: pedijatrija endokrinologija;
- 3. **Prof. dr Dragan Laušević**, redovni profesor Medicinskog fakulteta Univerziteta Crne Gore, naučna oblast: epidemiologija;
- 4. **Prof. dr Vera Zdravković**, vanredna profesorica Medicinskog fakulteta Univerziteta u Beogradu, naučna oblast: pedijatrija endokrinologija;
- 5. Doc. dr Lidija Banjac, docentkinja Medicinskog fakulteta Univerziteta Crne Gore; naučna oblast: pedijatrija

Ш

Komisija za ocjenu doktorske disertacije je dužna da Vijeću Medicinskog fakulteta, podnese izvještaj koji sadrži ocjenu doktorske disertacije.

Obrazloženie

Dr med Maja Raičević je predala doktorsku disertaciju pod nazivom: "Dijabetes melitus tip 1 kod djece u Crnoj Gori: trend incidence, regionalne karakteristike i kvalitet života pacijenata " dana 15.11.2023. godine.

Vijeće Medicinskog fakulteta je utvrdilo da kandidat ispunjava uslove iz člana 38 Pravila doktorskih studija, da kandidat dr med Maja Raičević ima, kao prvi autor jedan rad sa rezultatima iz teze objavljen u časopisu sa SCI/SCIE liste. Samim tim su se stekli uslovi da se imenuje Komisija za ocjenu pomenute doktorske disertacije. Na osnovu svega navedenog, odlučeno je kao u dispozitivu ove Odluke.

VIJEĆE MEDICINSKOG FAKULTETA PREDSJEDAVAJUĆI

Prof. dr Miodrag Radunović, dekan



MDPI

Article

Quality of Life of Elementary School Students with Type 1 Diabetes in a Developing Country during the COVID Pandemic

Maja Raicevic 1,*, Aleksandar Obradovic 2, Mira Samardzic 1,3, Marija Raicevic 2, Natasa Curovic Popovic 1 and Sanja Panic Zaric 4

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Abstract: Type 1 diabetes (T1D) is a condition that affects all aspects of life, and thus is closely related to the quality of life itself. Dealing with it during the COVID-19 pandemic is a big challenge. A case—control study conducted in Montenegro at the end of 2021 included 87 elementary school students with T1D and 248 of their peers as controls matched by gender. Standardized questionnaires were distributed to participants (Peds-QL Generic core 4.0 questionnaire for all participants and Peds-QL Diabetes Module 3.2 only for cases). Based on them, the results of obtained scores were measured and compared using non-parametric statistical methods in relation to gender, region and type of household. Children with T1D reported lower quality of life comparing to matching controls with lower scores in almost all domains. Differences in the same domains among patients and their classmates were also observed in the different gender subgroups, environment type subgroups and in the central region. Results of the study provide insights to prioritizing actions for children with diabetes care as well as for public healthcare planning.

Keywords: diabetes mellitus; T1D; quality of life; HRQoL; COVID; students

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1. Introduction

After being diagnosed with type 1 diabetes (T1D) children challenge many difficulties; they have to make corrections in food intake and physical activity, repeatedly check blood glucose during the day and night, get multiple insulin injections, all to target optimal glycemic range and best possible quality of life (QoL).

QoL is acknowledged as an important indicator of diabetes care outcome, but also as an indicator of public health functioning [1,2]. It is influenced by many health-related, environmental and social factors.

Children with type 1 diabetes, in comparison to their healthy peers, are challenged more frequently with depressive and anxiety disorders, which can be insulin-induced and lead to their poor metabolic control and lower quality of life [3,4].

Many research papers suggested that since the SARS-CoV-2 virus has been spread throughout the world, the COVID-19 pandemic significantly negatively impact the health-related quality of life (HRQoL) of children and adolescents [5,6]. It could be due to school closures, social distancing, changes in family environment, sedentary lifestyle, etc [7]. It was previously reported that during COVID-19 pandemic children and adolescents were frequently coping with mental disturbances such as anxiety, depression, stress, loneliness and tension [8].

There are scarce data on the impact of the COVID-19 pandemic on QoL of children with chronic diseases, such as T1D, although awareness about the risk of their disease during COVID-19 pandemic was raised. It is observed that patients with diabetes are in higher risk of severe presentation of COVID-19, the need for mechanical ventilation and mortality [9].

The aim of this study is to evaluate the QoL of elementary school students in Montenegro with T1D and to compare it with QoL of their peers, during the COVID-19 pandemic.

2. Materials and Methods

During November and December 2021, the medical records of all patients diagnosed under the age of 15 with new-onset T1D, between January 1992 and April 2021 in Montenegro, was evaluated. 135 of them were elementary school students at the moment of study, aged 5–15. This study involved 90 of them who had regular check-ups in the endocrinology department of the Institute for Children's Diseases, Clinical Center of Montenegro (where they have appointments every 3–4 months) as cases. They were offered the QoL questionnaires. Three families disagreed to participate in the study (two because of feeling unpleasant to participate and the third one because of being unlettered). A total of 335 elementary school students participated in the study, 87 (26.0%) were cases. A control group was formed of patients' classmates, without diabetes, who were matched by gender with a case–control ratio 1:3. After parent or caregiver signed the consent for participation, questionnaires were distributed to the patients' school for the control group. To reduce bias, controls were elected as the first three of the same gender as their classmate with T1D, encountered in Teacher Diary among ordinal numbers 5 and 15. All participants completed the questionnaires independently.

Participants were divided into groups regarding their place of residence, based on the type of the surrounding (rural/urban) and geographical region. It is an important point of this research, because of the availability of healthcare resources which are lacking in rural areas, especially in the northern part of the country. Differences among regions concern economic resources and life standard, which is highest in the south region and lowest in the north region of Montenegro.

The approvals of the Ethical committee of Clinical Center of Montenegro, Ministry of Education of Montenegro and Bureau for Education of Montenegro were obtained.

The measurement tool was a standardized Peds-QL Generic core 4.0 questionnaire, covering 4 domains: physical health (8 questions), emotional health (5 questions), social functioning (5 questions) and school functioning (5 questions) [10]. Peds-QL Diabetes Module 3.2 is a diabetes-specific pediatric questionnaire authored by Varni et al. and for the purpose of this research, the Montenegrin language version was validated by MAPI Research Trust. It was filled up only by patients with T1D and it covers 5 domains: diabetes (15 questions), barriers to therapy (5 questions), adherence to therapy (6 questions), worry (2 or 3 questions/depending on age), and communication (4 questions) [11]. Each question is graded 0–4 (0-never, 1-almost never, 2-sometimes, 3-often and 4-almost always), then points are added to these values: 0 = 100, 1 = 75, 2 = 50, 3 = 25, 4 = 0. At the end, all points are added together, so the higher score the better the quality of life. Both, children with diabetes and control group filled out the Questionnaire for general data (age, place of residence, education, employment of the parents and their marital status). Data about metabolic control and insulin therapy were taken from the patient's medical records.

EZR (Easy R) plugin (version 1.42) on R Commander (version 2.6–2) was used for descriptive statistics of the collected data and for analytic statistical data processing, to compare patients' with control group reports, primarily for comparing medians with Mann–Whitney U test (due to data lack of normal distribution) and calculating the correlation coefficient (Spearman). The selected significance level was p < 0.05.

3. Results

The control group was smaller (248) than planned ($87 \times 3 = 261$) because in some rural areas were not enough students in the same class or even grade. Median of age in years was 12.4. Among participants 61.2% were boys. In the central region of Montenegro lived 48.1%, predominantly in urban surroundings (77.3%) (Table 1).

Table 1. Summary of particip	oants' socio-demog	graphic characteristics.
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	Cases $(n = 87)$	Controls $(n = 248)$	Total $(n = 335)$
Male %	62.1	60.9	61.2
Female %	37.9	39.1	38.8
Urban %	73.6	78.6	77.3
Rural %	26.4	21.4	22.7
Central Region %	48.3	48.0	48.1
North Region %	23.0	21.8	22.1
South Region %	28.7	30.2	29.9
Median of age in years (IQR)	12.41 (10.4–13.4)	12.1 (10.7-13.1)	12.2 (10.6-13.1

Children with T1D reported lower HRQOL than their matching controls (Table 2). They had significantly lower scores in domain of emotional and school functioning, as well as lower Psychosocial Health Summary Score. Differences in the same domains among patients and their classmates were also observed in the different gender subgroups, environment type subgroups and in the central region. Controls living in the north and south region of the country did not have better emotional functioning comparing to their peers with diabetes.

Table 2. Medians (IQR) of scores by sociodemographic status and by case/control status.

		Physical Functioning	Emotional Functioning	Social Functioning	School Functioning	Psychosocial Health Summary	Physical Health Summary	Total Score
Status	Case	90.6 (81.3–100)	80 (62.5-90)	100 (85-100)	75 (65–85)	81.7 (72.5-90)	90.6 (81.3–100)	85.9 (76.1-91.3)
Sta	Control	93.7 (87.5–100)	85 (75-95)	100 (90-100)	90 (80-100)	90.8 (83.3-96.7)	93.8 (87.5-100)	91.3 (84.8–95.7)
TID	Test *	W = 9211	W = 7904	W = 9874.5	W = 4711	W = 5835	W = 9307.5	W = 6653
<u> </u>	rest	(p = 0.039)	(p < 0.001)	(p = 0.194)	(p < 0.001)	(p < 0.001)	(p = 0.0532)	(p < 0.001)
	Case	90.6 (81.3–100)	80 (65-90)	100 (90-100)	70 (60-85)	80.8 (73.3-90)	90.6 (81.3–100)	86.4 (76.1–91.3)
Male	Control	93.8 (87.5-100)	90 (80-100)	100 (90-100)	90 (85-100)	91.7 (85-96.7)	93.8 (87.5-100)	91.3 (86.4–96.7)
Σ	Test *	W = 3642.5	W = 2908.5	W = 3886	W = 1563	W = 2015.5	W = 3700.5	W = 2411.5
	1030	(p = 0.238)	(p = 0.001)	(p = 0.575)	(p < 0.001)	(p < 0.001)	(p = 0.307)	(p < 0.001)
e		87.5 (81.3–96.9)	80 (60-90)	95 (85-100)	80 (65-85)	85 (71.7-90)	87.5 (81.3-96.9)	85.9 (75–91.3)
nal	Control	93.8 (87.5–100)	85 (70-95)	100 (90-100)	90 (80-100)	90 (81.7-96.7)	93.8 (87.5-100)	91.3 (82.6–95.7)
Female	Test *	W = 1267.5	W = 1208	W = 1376.5	W = 860	W = 973	W = 1267.5	W = 1034.5
	1000	(p = 0.071)	(p = 0.035)	(p = 0.183)	(p < 0.001)	(p < 0.001)	(p = 0.071)	(p = 0.002)
_	Case	87.5 (81.3–100)	80 (60-90)	100 (85-100)	77.5 (65-85)	80.8 (72.9-90)	87.5 (81.3-100)	85.3 (75.8-91.3)
Urban	Control	93.8 (87.5–100)	85 (75-95)	100 (90-100)	90 (80-100)	90 (84.2-96.7)	93.8 (87.5-100)	91.3 (85.3–95.6)
U	Test *	W = 5055	W = 4550	W = 5560.5	W = 2752.5	W = 3278.5	W = 5135	W = 3744
		(p = 0.021)	(p = 0.001)	(p = 0.150)	(p < 0.001)	(p < 0.001)	(p = 0.031)	(p < 0.001)
ral	Case	93.8 (84.4–100)	80 (70–90)	100 (92.5–100)	65 (60–82.5)	83.3 (73.3–88.3)	93.8 (84.4–100)	87 (79.3–90.8)
Rural	Control	93.8 (87.5–100)	90 (80-100)	100 (90-100)	90 (80-100)	91.7 (83.3–96.7)	93.8 (87.5–100)	92.4 (82.6–97.8)
	Test *	W = 580.5	W = 431.5	W = 593.5	W = 268.5	W = 367	W = 580.5	W = 412.5
		(p = 0.742)	(p = 0.041)	(p = 0.843)	(p < 0.001)	(p = 0.006)	(p = 0.742)	(p = 0.026)
al Sejo	Case	87.5 (81.3–99.2) 93.8 (87.5–100)	77.5 (60-90)	100 (90-100)	70 (65-85)	80 (71.7-87.9)	87.5 (81.3–99.2)	82.6 (76.1-91.3)
	Control	93.8 (87.5–100)	85 (75-95)	100 (90-100)	90 (80-100)	90 (81.7-96.7)	93.8 (87.5–100)	91.3 (83.7–95.7)
							,	()

		Test *	W = 2069 ($p = 0.093$)	W = 1758.5 ($p = 0.004$)	W = 2322.5 ($p = 0.453$)	W = 1175 ($p < 0.001$)	W = 1361.5 ($p < 0.001$)	W = 2063.5 ($p = 0.089$)	W = 1498 ($p < 0.001$)
1100	_	Case	93.8 (87.3–100)	90 (68.8–90)	97.5 (85–100)	80 (63.8-86.3)	86.7 (76.7-90)	95.3 (87.5–100)	88.6 (82.3–91.8)
된	io	Control	93.8 (87.5-96.9)	92.5 (80-100)	100 (95-100)	95 (85-100)	94.2 (86.7-96.7)	93.8 (87.5-95.9)	94 (86.4-97.6)
ž	Region	Test *	W = 555.5	W = 382	W = 424.5	W = 212.5	W = 256.5	W = 581	W = 340
		- rest	(p = 0.853)	(p = 0.052)	(p = 0.1)	(p < 0.001)	(p < 0.001)	(p = 0.617)	(p = 0.015)
	_	Case	90.6 (81.3-100)	85 (60-90)	100 (85-100)	80 (65-85)	83.3 (73.3-90)	90.6 (81.3-100)	85.9 (75-91.3)
뜦	ioi	Control	93.8 (87.5-100)	85 (75-100)	95 (90-100)	90 (85-100)	90 (85-95)	93.8 (87.5-100)	91.3 (87-95.1)
Soi	Reg	Tool *	93.8 (87.5–100) W = 720	W = 728	W = 924.5	W = 372	W = 536	W = 720	W = 579
	_	Test *	(p = 0.078)	(p = 0.093)	(p = 0.915)	(p < 0.001)	(p = 0.001)	(p = 0.078)	(p = 0.004)

^{*} Mann-Whitney U test.

The lowest median score was observed in domain of school functioning, in rural area, as well among boys with T1D and in the central region (Table 2).

Regardless the diabetes status, with older age "physical functioning" score slumps (Table 3). This moderate negative correlation is found among girls. It is also present in urban surroundings, but as a weak (Table 3).

Table 3. Correlation between Physical functioning score and age by gender and household type.

	ρ*	p-Value
Total	-0.14	0.009
Male	0.04	0.576
Female	-0.37	<i>p</i> < 0.001
Urban	-0.13	0.031
Rural	-0.16	0.177

^{*} Spearman's rank correlation coefficient.

According to the children with T1D reports and results of Peds-QL Diabetes Module, their median diabetes-related QoL score was 73.9 (IQR 64.4–82.0). The most important difficulties for patients concerned "worry" (median 58.3, IQR 50.0–75.0), followed by "barriers to therapy" (median 70.0, IQR 60.0–85.0). For only 33.7% has never been hard doing everything they need to care for diabetes, as they reported for the month before the research interview. Almost every third patient (33.7%) also reported, that at least once felt embarrassed about having diabetes during the same period.

Following, only 34.9% of patients reported that never felt weak, 54.7% reported that never had headaches, and majority of them reported feeling hungry, thirsty, "low" or "high" from time to time (Table 4).

Table 4. Patients' reports on frequency of different diabetes-related problems during the month before the research interview (n = 87).

			Percentage		
	Never	Almost Never	Sometimes	Often	Almost Always
I feel hungry	12.8	10.5	48.8	19.8	8.1
I feel thirsty	23.2	29.1	41.9	5.8	0
I have to go to the bathroom too often	45.3	32.6	17.4	3.5	1.2
I have tummy aches	39.6	29.1	26.7	2.3	2.3
I have headaches	54.7	26.7	14	3.4	1.2
I feel like I need to throw up	73.3	17.4	7	2.3	0
I go "low"	4.7	9.3	67.4	18.6	0
I go "high"	4.7	9.3	67.4	18.6	0
I feel tired	32.5	29.1	29.1	7	2.3
I get shaky	44.2	19.8	20.8	14	1.2

I get sweaty	52.3	23.3	22.1	0	2.3
I feel dizzy	62.8	23.3	10.4	2.3	1.2
I feel weak	34.9	29.1	25.6	8.1	2.3
I have trouble sleeping	70.9	18.6	4.7	2.3	3.5
I get cranky or grumpy	27.9	18.6	40.7	8.1	4.7

4. Discussion

The results of the present study estimated that children with T1D in Montenegro have lower QoL in comparison to their non-diabetic peers. It is not a novel finding [12–14]. A similar research was conducted in Montenegro almost a decade ago, and students with T1D had also lower score in domain of school functioning in comparison to control group, but we have furthermore registered significant differences in their emotional functioning and psychosocial health [13].

The results of our study are consistent with previous reported from the Bekele et al. They have interviewed 379 patients with T1D, 5–18 years old, few months prior than our study was conducted. Their results revealed likewise lower scores in children emotional and school functioning, but adequate social functioning [15]. The highest scores in domain of social functioning in our study could be due to returning to school after COVID-19 lockdown and online teaching, mentioning our study was conducted between two peaks of COVID-19 pandemic in Montenegro in a relatively "stable" epidemiological period and just before the highest number at the end of 2021 and at the beginning of 2022 [16].

Low emotional scores could be the consequence of coping with puberty, trying to become independent and manage their disease, and further being preoccupied with chronic complications of diabetes [12]. Low diabetes-related QoL is probably attributed to demands to maintain optimal metabolic control.

Remarkably low score in the section "worries", showed that elementary school students with T1D, although very young, are deeply concerned regarding their health. They have problem in school functioning, especially if they live in rural area. All of the above emphasizes the need for psychological support.

Actually, it is already known that children with T1D have significantly impaired school functioning in comparison to their peers, but we have identified that problem is larger in the central region of Montenegro and for children living in rural surroundings [12,14,17].

Furthermore, some actions are needed on raising awareness about diabetes among school staff and patients' peers, especially in central region of Montenegro and for those living in rural settings, so children with T1D would have positive self-concept. It could be diabetes training organized through workshops for staff and patients' peers with an aim to fortify their relationship with patients and their parents. During COVID-19 pandemic an online education improved patients' quality of life, which should be scrutinized as an important action in potential future crises [18].

Contrasting previously reported, our cases did not have more problems with physical functioning. Anyway, it is observed in our study that during COVID-19 pandemic, age have correlated with physical health in girls, which suggests that more attention should be paid to female students of higher grades.

The introduction of modern technologies in diabetes care, significantly improved metabolic control and QoL in patients with T1D, and it can concurrently reduce complaints about feeling "low" or "high", but it must become available even for patients in developing countries [19,20].

Almost two-thirds of cases in our study reported feeling weak during the month before the interview, but it is not clear if it is the consequence of their chronic disease or it is just a COVID-19 infection symptom, because of unknown COVID status.

One of the rare studies on QoL of children with T1D during COVID-19 pandem-ic-related lockdown, showed no significant differences in QoL in children and their parents reports comparing periods before and immediately after lockdown [21]. On the other hand, the adults with T1D, 18 months after SARS-CoV2 outbreak, reported worsened lifestyles; gaining weight and worsening quality of sleep [22]. Moreover, Welling et al. investigated the impact of COVID pandemic-related lockdown on eating behaviors, physical activity and QoL in children with severe obesity, and also observed deterioration [23].

Our study has few limitations. According to the lack of QoL assessment just before COVID-19 pandemic in our research, we are unable to appropriately conclude on the effects of pandemic. Having in mind that regular face-to-face check-ups were reduced, and people avoided visiting hospital, it might contribute to unsatisfying QoL scores in T1D patients. Our results would also be more accurate if data on participants' psychological evaluation were avaliable. It is also unknown if controls in our study had other acute or chronic disease at the moment of data gathering, neither their COVID-19 status.

5. Conclusions

Results of our study suggest that, as it was expected, there is a significant difference in QoL between children with T1D and their controls. The lowest QoL scores were observed in the domain of school functioning, in rural area, as well among boys with T1D and in the central region. Children with T1D were deeply concerned regarding their health which emphasizes the need for psychological support. During COVID-19 pandemic, age has correlated with physical health in girls, which suggests that more attention should be paid to female students of higher grades. It is good to be prepared for some future public crisis with an anticipated strong impact on public health, by conducting QoL studies and monitoring quality of life of children with T1D during crisis, because that is the only way to have timely reactions and prevent consequences. Like that, results of our current study provide insights to prioritizing actions for children with diabetes care as well as for public healthcare planning.

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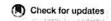
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Trends in nationwide incidence of pediatric type 1 diabetes in Montenegro during the last 30 years

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Significant and unexplained variations in type 1 diabetes (T1D) incidence through the years were observed all around the world. The update on this disorder's incidence is crucial for adequate healthcare resource planning and monitoring of the disease. The aim of this study was to give an update on the current incidence of pediatric T1D in Montenegro and to analyze incidence changes over time and how the exposure to different factors might have affected it. This retrospective cohort study included a total of 582 patients younger than 15 years who were newly diagnosed with T1D during the past 30 years. The average age at diagnosis was 8.4 ± 3.91 years. The mean annual incidence of T1D in the Montenegro population during the whole study period of 30 years was 15.2/100,000 person-years. Slightly higher incidence rates were observed in male compared to female individuals, and the incidence increased with age, with the highest incidence in the 10-14 age group. If the model is observed as one without jointpoints, the annual percentage change (APC) for the total population is 3.1(1.8-4.4); for male individuals, 3.8(2.1-5.5); and for female individuals, 2.1 (0.6-3.5). In 2020, the first year of the coronavirus disease of 2019 (COVID-19) pandemic, in comparison to 2019, the incidence rate increased from 19.7/100,000 to 21.5/100,000, with the highest increase in the age group of 5-9 years. This is the first nationwide report on a 30-year period of T1D incidence trend in Montenegro. It suggests that T1D incidence among Montenegrin children is rising again and that there is a short-term influence of COVID-19 on new-onset T1D.

KEYWORDS

diabetes mellitus, T1D, incidence, COVID19, Montenegro (Crna Gora)

Abbreviations: T1D, type 1 diabetes; EURODIAB, a collaboration of European Childhood Diabetes Registers; MODY, maturity onset diabetes of youth; APC, annual percentage change; COVID-19, coronavirus disease of 2019.

Introduction

Significant and unexplained variations in type 1 diabetes (T1D) incidence through the years were observed all around the world. The update on T1D incidence is crucial for unexceptional healthcare resource planning and monitoring of this disease, which is still unpreventable and concerning. Moreover, the incidence of T1D shows an increasing trend in Europe, and it sharply increased since 2019 (1).

North European countries (Finland, Sweden, Norway, the United Kingdom, and Ireland) are at the top of the list among countries with the highest incidence of T1D (27.5-52.2/100,000), but the incidence is also very high in the Italian region of Sardinia (45.0/100,000), which is located in the south-western part of Europe (1, 2).

According to the last census (2011), Montenegro is a south-eastern European country, with an area of 13,812 km² and a population of 620,145, including 118,751 (19%) children younger than 15. Results of prior studies classified Montenegro as a country with a high incidence rate of T1D (18.5/100,000 for the period 2009–2013) (3, 4). However, the last report regarding the incidence of T1D was based on data from almost a decade ago, and analysis of more recent data is needed to gain insight into the current epidemiological situation regarding T1D in Montenegro.

The aim of this study was to give an update on the current incidence of pediatric T1D in Montenegro and to analyze incidence changes over time and how the exposure to different factors might have affected it, which should be useful for further projection of T1D prevalence.

Methods

The study included children younger than 15 years who were newly diagnosed with T1D during the period 1991-2020. The data source was the Diabetes Registry of Montenegro (established according to the EURODIAB Collaborative group propositions) and patients' medical records at the Institute for Children's Diseases, Clinical Center of Montenegro. The Institute for Children's Diseases is the referent diabetes center for Montenegro, the only center where the diagnosis of T1D could be made and where insulin therapy is initially started and prescribed. Study protocol was formally approved by the Ethics Committee of Clinical Center of Montenegro (no. 03/01-24708). Second data source were records from the Institute of Public Health of Montenegro, which provided capture-recapture methodology (5). Children with other types of diabetes, such as type 2 diabetes or maturity-onset diabetes of the youth (MODY) were excluded from the study. The population denominator data were obtained from the 1991, 2003, and 2011 national census data of the Central Bureau of Statistics (Monstat). Due to long intervals between national censuses, the estimated numbers of habitants were used in order to obtain the number of habitants for each year in the period between 2000 and 2020. In the period from 1991 to 1999, no estimates of population were found, and due to the fact that during these years, there was a conflict in the region and subsequently high population migration, modeling of data was used to obtain estimates of the population in this period. For that purpose, the polynomial regression analysis was used to fit the data and impute the missing values.

Collected variables included gender, date of birth, and date of the onset of T1D. Three types of incidence rates, expressed as new cases per 100,000 persons, were calculated: age specific, age standardized, and crude. Age-specific rates were adjusted to three age groups (0-4, 5-9, and 10-14). Age-adjusted incidence rates were calculated using Segi's World population (6).

The annual percentage change (APC), a number assumed as a constant percentage change of the previous year rate, was determined using jointpoint regression analysis. The joinpoint analysis was performed in Joinpoint Regression Program, v4.9.0.0, March 2021, Statistical Research and Applications Branch, National Cancer Institute.

Results

During the study period (1991–2020), there were a total of 582 children with newly diagnosed T1D, in which 317 were boys and 265 were girls. The average age at diagnosis was 8.4 ± 3.91 years. The mean annual incidence of T1D in the Montenegro population during the whole study period of 30 years was 15.2/100,000 person-years. The age- and sex-category-specific rates for the whole study period are shown in Table 1 and age-standardized incidence rate for 5-year period in Table 2.

Slightly higher incidence rates were observed in male compared to female patients (Figure 1). The incidence increased with age, with the highest incidence in the 10–14 age group (Figure 2). The same trend is observed in the gender stratum (Table 1).

If the model is observed as one without jointpoints, the APC for the total population is 3.1 (1.8-4.4); for male individuals, 3.8 (2.1-5.5); and for female individuals, 2.1 (0.6-3.5). However, in both genders model, one significant joinpoint was obtained; for the period 1991–1995, APC is 40.96, while in the period 1995–2020, APC is 20.06. In female individuals, there is one significant joinpoint as well, and the APC for the period 1991–1995 is 36.76, while for the period 1995–2020, APC is 1.07. Every segment is shown separately in Figure 3.

In 2020, the first year of the COVID-19 pandemic, in comparison to 2019, the incidence rate increased from 19.7/100,000 to 21.5/100,000, with the highest increase in the age

Raicevic et al. 10.3389/fendo.2022.991533

TABLE 1 Number of cases, total person years, means annual incidence, age-specific incidence, and age-standardized incidence of T1D in Montenegro during the period 1991–2020.

	No. of cases	Total person years	Mean annual age spec. incidence (95% CI) per 100,000	Age stand. incidence per 100,000
Total				
All (0-14)	582	3,729,405	15.6 (1.44-4.69)	15.2
0-4	133	1,201,286	11.1 (0.93-1.31)	
5-9	214	1.223,417	17.5 (1.52-2.00)	
10-14	235	1,304,702	18.0 (1.58-2.05)	
Boys				
All (0-14)	317	1,933,557	16.4 (1.46-1.83)	15.9
0-4	70	625,161	11.2 (0.87-1.41)	
5-9	113	633,132	17.9 (1.47-2.15)	
10-14	134	675,261	19.8 (1.66-2.35)	
Girls				
All (0-14)	265	1,795,848	14.8 (1.30-1.66)	14.4
0-4	63	576,122	10.9 (0.84-1.39)	
5-9	101	590,285	17.1 (1.39-2.08)	
10-14	101	629,141	16.1 (1.31-1.95)	

group of 5–9 years (Table 3), with similar variations among age and gender groups also reported at different time points during the past three decades.

Discussion

The results of this nationwide epidemiological study in 0–14-year-old children showed that Montenegro is a country with a high incidence rate of T1D (in the range of 10–19.9/100,000) (7, 8).

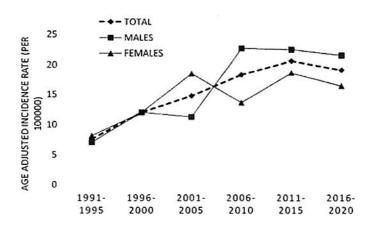
The previous report on the incidence of T1D in Montenegro has been published by Patterson et al., in their multicentric study, and our results point out that the incidence is higher since then (3). If we observe only the last 15-year period, the incidence of T1D in Montenegro can be classified as very high in

male individuals younger than 15 (21.6–22.7/100,000). Knowing the data on T1D incidence trend, in the whole 0–14-year-old population and also in different age subgroups, is very important for the monitoring of the disease and for adequate healthcare resource planning and distribution.

In comparison to neighboring countries, T1D incidence in Montenegro is similar to Serbia (14.3/100,000 for the period 2007–2017), Slovenia (16.3/100,000 for the period 2009–2013), and Croatia (17.2/100,000 for the period 2004–2012), but it is significantly higher than in a Former Yugoslavian Republic of Macedonia (7.7/100,000 for the period 2009–2013) and Bosnia and Herzegovina–Tuzla region (6.9/100,000 for the period 1990–1998), which have higher rates of incidence increase in the later period than in previous countries (possibly due to prior underreporting of T1D) (3, 9–11).

TABLE 2 Age-standardized incidence rates of T1D in children aged 0-14 in Montenegro-5-year periods compared.

Total	Boys	Girls
7.6	7.1	8.12
12.1	12.1	12.1
14.8	11.1	18.5
18.4	22,7	13.7
20.7	22.5	18.7
19.2	21.6	16.5
15.2	15.9	11.4
	7.6 12.1 14.8 18.4 20.7	7.6 7.1 12.1 12.1 14.8 11.4 18.4 22.7 20.7 22.5 19.2 21.6 15.2 15.9



Titoria of ago adjusted incidence rate (per 100,000). Montenegro, 1991–2020.

During the 30 years of follow-up, the incidence increased by approximately 3.1% annually, but in the last years, the increase appears to be slowing down. The suggested slowing in the period 2004–2008 and cyclical 5-year periodicity in incidence pattern were not observed in our country (3).

Similarly across Europe, T1D is predominantly diagnosed in children 10–14 years old, but the average age at the onset of the disease is a bit lower (3, 12, 13). It could be due to the high childhood obesity rate or lower immunization coverage rate, which will be discussed in the following text. Opposite to other studies, we did not observe the highest incidence rate increase in boys younger than 5, but it is less marked in girls aged 0–4 years than in other age/sex subgroups (3, 14). In 2020, the highest incidence rate increase was among 5–9 years old.

Significant variations in T1D incidence through the years are still unexplained. Although, genetics, lifestyle, and socioeconomic factors play important roles in the development of type 1 diabetes, a majority of studies suggest environmental factors as crucial (15–17). The emphasis is on the decrease in infectious diseases frequency, increase in vaccination coverage rate, and changes in the food and supplements intake.

According to the accelerator hypothesis, childhood obesity significantly impacts the development and incidence of all types of diabetes, including T1D (18). In both obesity and type 1 diabetes, leptin, resistin, and β -cell autoimmunity are elevated, but it is not clear yet if obesity accelerates or causes type 1 diabetes (19). It is known that, in 2013, every fourth Montenegrin school-aged child was overweight, and the number of overweight boys was twice

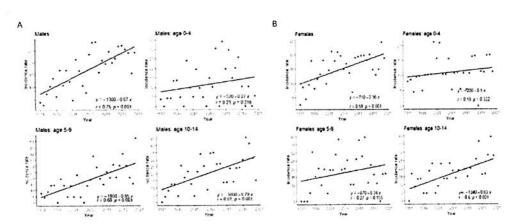


FIGURE 2 Transide of Crister incidence rates of T1D in different age groups in (A) boys and (B) girls

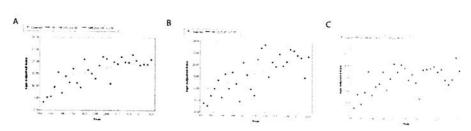


FIGURE 3

Journbount regression analysis trend of standardized incidence rates of 110 in different gender groups, in (A) total, (B) boys, and (C) girls

higher in comparison to girls (20). Since then, many inhabitants from the rural parts migrated to the urban parts of the country; a lot of people started a sedentary lifestyle with increased intake of high-calorie foods, which is expected to have led to even higher obesity rate and sustained increase in T1D incidence.

Like the rest of the world, Montenegro has been affected by the ongoing worldwide pandemic (COVID-19 pandemic) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus since its first case was confirmed on 17 March 2020. For more than 50 years, viruses are considered potential triggers for autoimmune diseases such as T1D (21, 22). Furthermore, some authors reported an increased incidence of new-onset T1D during the first year of the COVID-19 pandemic (23-25). SARS-CoV-2 tropism to pancreatic β cells is supposed to be due to their angiotensin-converting enzyme 2 (ACE2) receptors and neuropilin 1 (NRP1) receptors, and virus-receptor interactions lead to cell damage and impaired insulin secretion. Moreover, high blood glucose level "stimulates" replication of the virus and damage progress (26-28). Opposed to those findings and in line with our results, Mameli et al. have described the double wave occurrence, with the decrease in T1D incidence in the first wave of the COVID-19 pandemic, as also Kostopoulou reported (29, 30). It could be related to the fact that T1D is manifested a few months after a child's contact with the trigger, in this case, the SARS-CoV-2 virus. On the other hand, if we observe a pandemic and strict lockdown in the first months as a stress, which could also be a trigger for T1D

development, the incidence increase could be registered earlier (31). The highest increase in incidence rate during the first year of COVID-19 was observed in children older than 5 but younger than 10, which was also described as a finding in the Italian region of Calabria (13).

Hence, a similar peak in incidence rate to the one in the first year of the COVID pandemic was observed in 2016 (Table 3), which could be due to a significantly decreased rate of immunization with measles-mumps-rubella (MMR) vaccine among Montenegrin children that year (2015—whole country coverage of 93.5%, 98% in the capital city; 2016—whole country coverage of 86.4%, 73.0% in the capital city; 2017—whole country coverage of 92.2%, 97.7% in the capital city) (32–35). In the following years, the government introduced mandatory immunization certificates for children who want to stay in kindergarten, which improved the immunization coverage rate.

The strength of this study is its nationwide character and timeliness with a long observational period of 30 years supported by the completeness of the diabetes registry and high-quality data from the second source. The limitation of the present study is a lack of the exact number of inhabitants in the period 1991–1999, which we assumed and predicted using the mathematical mode (polynomial regression).

This is the first nationwide report on a 30-year period of T1D incidence trend in Montenegro. It suggests that T1D incidence among Montenegrin children is rising again, after a plateau, and that there is a short-term influence of COVID-19

TABLE 3 Crude incidence rate of T1D in Montenegro for the last 5 years, in different age groups.

Age groups (years) Crude incidence rate(per 100,000 persons/year)	0-4	5-9	10-14	Total
2016	10.9	28.6	23.1	21.0
2017	5.4	21.0	31.6	19.4
2018	13.4	10.6	34.9	19.6
2019	8.1	16.0	34.9	19.7
2020	8.2	35.4	21.1	21,5

on new-onset T1D. The highest increase in the first year of the COVID pandemic is registered in 5-9-year-olds.

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Author contributions

MR, MS, and RV designed the research study. MR and NP gathered the data. IS conducted statistical analyses. MR and IS wrote the first draft of the manuscript. All authors contributed to study design and revised and approved the final version of the manuscript.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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UNIVERZITET CRNE GORE

VIJEĆU MEDICINSKOG FAKULTETA

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Primijeno.	15.1	1.20	23
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med	1848		

Komisiji za doktorske studije

PODGORICA

PREDMET: Zahtjev za ocjenu doktorske disertacije

Poštovani,

U skladu sa Pravilima studiranja na doktorskim studijama Univerziteta Crne Gore, podnosim zahtjev za ocjenu doktorske disertacije pod nazivom:

"Dijabetes melitus tip 1 kod djece u Crnoj Gori: trend incidence, regionalne karakteristike i kvalitet života pacijenata".

Završetkom doktorske disertacije i objavom rada u časopisu sa SCI/SCIE liste koji sadrži djelove sopstvenih istraživanja sprovedenih u okviru izrade doktorske disertacije, ispunila sam uslove za njenu predaju.

Ovim putem se obraćam Komisiji za doktorske studije Medicinskog fakulteta da inicira prijedlog Komisije za ocjenu doktorske disertacije.

Uz zahtjev prilažem:

- Pismenu saglasnost mentora
- Štampani primjerak doktorske disertacije (7 primjeraka)
- fotokopiju radova objavljenih kao rezultat doktorske teze
- Biografiju i bibliografiju
- CD sa cjelokupnim sadržajem doktorske disertacije u PDF formatu kao i radove na kojima je zasnovana doktorska disertacija
- pisanu izjavu o autorstvu (Prilog 1 iz Uputstva o oblikovanju doktorske disertacije).

S poštovanjem,

Podnosilac

dr med. Maja Raičević

U Podgorici, dana 15.11.2023. godine

UNIVERZITET CRNE GORE

MEDICINSKI FAKULTET

Na osnovu odluke Senata Univerziteta Crne Gore br.03-417/2 od datuma 04.05.2017. godine imenovana sam za mentora za izradu doktorske disertacije kandidata dr med. Maje Raičević. U fazi predaje doktorske disertacije na pregled i ocjenu, u skladu sa Pravilima doktorskih studija Univerziteta Crne Gore, dajem:

SAGLASNOST

Saglasna sam da kandidat dr med. Maja Raičević može predati doktorsku disertaciju pod nazivom "Dijabetes melitus tip 1 kod djece u Crnoj Gori: trend incidence, regionalne karakteristike i kvalitet života pacijenata" na pregled i ocjenu.

U Podgorici, dana 08.11.2023. godine

Mentor

Mira Samardžić

BIOGRAFIJA

Maja Raičević je rođena 13.07.1989. godine u Podgorici, gdje je završila Osnovnu školu "Maksim Gorki" i Gimnaziju "Slobodan Škerović", prirodno-matematički smjer, obje kao nosilac diplome "Luča A". Diplomirala je u redovnom roku, maja 2014. godine, na Medicinskom fakultetu Univerziteta Crne Gore, sa prosječnom ocjenom 8,25. Tokom studija je bila učesnik programa razmjene studenata IFMSA (Kursk, Rusija, 2012. godine), a uzela je učešće i u nekoliko akreditovanih ljetnjih škola medicine (*Summer School in Emergency Medicine*, Dubrovnik, Hrvatska, 2011.godine, *International Summer School on Vaccinology*, Antverp, Belgija, jul 2013.godine, *Synapsist-A Summer School on Neuroscience*, Istanbul, Turska, jul 2014.godine. Oktobra 2014. godine je upisala doktorske studije na Medicinskom fakultetu Univerziteta Crne Gore i položila sve ispite odličnim uspjehom.

Nakon pripravničkog staža, jula 2015. godine, je započela radni angažman u Institutu za bolesti djece, u Kliničkom centru Crne Gore. Na pedijatrijskoj klinici je radila kao klinički ljekar, a potom nastavila svoj rad kao specijalizant pedijatrije. Specijalistički ispit je položila jula 2020. godine na Medicinskom fakultetu Univerziteta u Beogradu, odličnim uspjehom. U daljem toku je bila zaposlena kao pedijatar na Odjeljenju endokrinologije Instituta za bolesti djece, i u toj oblasti se dalje usavršavala. Subspecijalizaciju iz oblasti Endokrinologije je upisala novembra 2021. godine na Medicinskom fakultetu Univerziteta u Beogradu, a subspecijalistički ispit odnosno završni rad iz uže specijalizacije je položila i odbranila odličnim uspjehom, aprila, odnosno jula 2023. godine. U međuvremenu je pohađala školu nauke u organizaciji Međunarodnog udruženja za dijabetes kod djece i adolescenata (ISPAD) u Pragu 2022. godine (*ispad Science School*), kao i zimsku školu i školu za dijabetes gojaznost i metabolizam, u organizaciji Evropskog udruženja za pedijatrijsku endokrinologiju (ESPE) (*ESPE Winter School 2023 i ESPE DOM School 2022*).

Dobitnik je stipendije Allan Drash, zahvaljujući kojoj će se maja i juna 2024. godine usavršavati u oblasti pedijatrijske dijabetologije i endokrinologije na prestižnoj klinici CHOP, u Filadelfiji, u Sjedinjenim Američkim Državama.

Član je Udruženja endokrinologa Crne Gore, Evropskog udruženja za pedijatrijsku endokrinologiju (ESPE- European Society for Paediatric Endocrinology), i Međunarodnog

udruženja za dijabetes kod djece i adolescenata (ISPAD- International Society for Pediatric and Adolescent Diabetes).

Objavila je više naučnih radova u eminentnim časopisima indeksiranim u međunarodnim bazama (3 kao prvi autor, 1 kao koautor) i recezent je u referentnim medicinskim časopisima. Uzela je učešće u nekoliko međunarodnih naučnoistraživačkih projekata koji su u toku, sa naučnicima iz prestižnih svjetskih i evropskih centara.

Osim maternjeg jezika aktivno se služi engleskim i italijanskim jezikom, a poznavalac je i njemačkog i španskog jezika.

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Izjava o autorstvu

Potpisani-a: dr Maja Raičević

Broj indeksa/upisa: 9/14

Izjavljujem

da je doktorska disertacija pod naslovom:

<u>Dijabetes melitus tip 1 kod djece u Crnoj Gori: trend incidence, regionalne karakteristike i kvalitet života pacijenata</u>

- · rezultat sopstvenog istraživačkog rada,
- da predložena disertacija ni u cjelini ni u djelovima nije bila predložena za dobijanje bilo koje diplome prema studijskim programima drugih ustanova visokog obrazovanja.
- · da su rezultati korektno navedeni, i
- da nijesam povrijedio/la autorska i druga prava intelektualne svojine koja pripadaju trećim licima.

Potpis doktoranda

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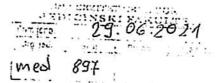
U <u>Poolpevi</u>, 15.11.2023.



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Datum / Date 24. 06 20 21



Na osnovu člana 72 stav 2 Zakona o visokom obrazovanju ("Službeni list Crne Gore" br 44/14, 47/15, 40/16, 42/17, 71/17, 55/18, 3/19, 17/19, 47/19, 72/19 i 74/20) i člana 32 stav 1 tačka 9 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore na sjednici održanoj 24.06.2021. godine, donio je

O D L U K U O IZBORU U ZVANJE

Dr Vesna Miranović bira se u akademsko zvanje redovni profesor Univerziteta Crne Gore za oblasti Internistička grupa kliničkih medicinskih predmeta i Grupa predmeta uvoda u medicinu na Medicinskom fakultetu Univerziteta Crne Gore, na neodređeno vrijeme.

SENAT UNIVERZITETA CRNE GORE

Prof. dr Vladimir Bozović, vršilac funkcije rektora

BIOGRAFIJA - PROF.DR VESNA IMIRANOVIĆ

Rođena sam 1962. godine. Osnovnu školu i gimnaziju sam završila u Nišu i dobitnik sam Vukove diplome. Diplomirala sam 1986. godine na Medicinskom fakultetu Univerziteta u Nišu (prosječna ocjena 8,91).

Svoje stručno usavršavanje na specijalističkim studijama iz oblasti pedijatrije za potrebe Medicinskog zavoda u Podgorici završavam 1995. godine. Stručno zvanje supspecijaliste kardiologa stičem na Medicinskom fakultetu u Beogradu 2008. godine odbranom rada pod nazivom "Učestalost i rezultati liječenja djece sa urođenim srčanim manama u Crnoj Gori u periodu od 1995.-2005.godine."

Akademske poslijediplomske studije iz oblasti kardiologije završavam 1999. godine, odbranom rada pod nazivom "Prirodna evolucija ventrikularnog septalnog defekta." Zvanje doktora medicinskih nauka stičem 2002. godine odbranom doktorske teze pod nazivom "Mogućnosti savremene ehokardiografije u procjeni morfologije i hemodinamike ventrikularnog septalnog defekta."

Svoje stručne kompetence sam iskazala u radu brojnih stručnih tijela od nacionalnog značaja: 💠

- Član Nacionalnog koordinacionog tijela za zaštitu stanovništva od zaraznih bolesti (2020),
- Šef Operativnog štaba za spriječavanje zaraznih bolesti (2020),
- Član Operativnog štaba za turističke aktivnosti u uslovima postojanja zarazne bolesti (2020),
- Član Operativnog tima za zajedničku eksternu evaluaciju u cilju popunjavanja Zajedničke eksterne evaluacije WHO (Joint external evaluation WHO) (2019),
- Predsjednik Naučnog odbora VI Medical konferencije, Bečići (2019),
- Predsjednik Nacionalnog koordinacionog tijela za presađivanje organa u svrhu lijećenja (2018 i dalje),
- Član interresorne Radne grupe za pripremu Strategije pametne specijalizacije Crne Gore S3 (2018-2022) (2018),
- Član Radne grupe za potrebe sprovođenja procesa preduzetničkog otkrivanja u okviru izrade Strategije pametne specijalizacije (S3) za oblast zdravstveni turizam (2018),
- Član Naučnog odbora Drugog kongresa preventivne pedijatrije (2018),
- Član Komisije za pregovore sa proizvodačima/nosiocima dozvola za stavljanje lijeka u promet radi zaključenja posebnih ugovora (2017-18),
- Predsjednik Nacionalne komisije za kvalitet i bezbjednost zdravstvene zaštite (2017 i dalje),
- Predsjednik Nacionalne komisije za kontrolu bolničkih infekcija (2017-2019),
- Predsjednik Nacionalnog stručnog savjetodavnog tijela za imunizacije NITAG (2017-2019),
- Predsjednik Komisije za polaganje stručnih ispita zdravstvenih radnika i zdravstvenih saradnika (2017 i dalje),
- Predsjednik Radne grupe za praćenje Evropskog zdravstvenog potrošačkog indeksa (ECHI) (2017),
- Predsjednik Radne grupe za pripremu Predloga zakona o medicinski potpomognutoj oplodnji (2017),
- Član Radne grupe za pripremu Predloga Zakona o ljekovima (2017),
- Član Radne grupe za pripremu Predloga odluke o kriterijumima za ostvarivanje naknade zdravstvenih radnika i zdravstvenih saradnika sa ekspertskim znanjima i značajnim doprinosom unapređenju zdravstvene zaštite (2017),
- Član Naučnog odbora Prvog kongresa preventivne pedijatrije (2016),
- Član Radne grupe za izradu ishoda učenja na studijskim programima Medicinskog fakulteta (2015).
- Član Komisije za obezbjeđenje i unaprijeđenje sistema kvaliteta na Medicinskom fakultetu (2015),

- Eksterni ekspert Agencije za ljekove i medicinska sredstva (CALIMS) (2013),
- Član Kornisije za davanje stručnog mišljenja u postupku priznavanja inostranih sertifikata iz oblasti pedijatrije - imenovanje od strane Ministartsva rada i socijalnog staranja (2013),
- Član Stručne komisije Ljekarske komore Crne Gore (2010-2017),
- Predsjednik Komisije za upućivanje pacijenata na liječenje u inostranstvo Fonda zdravstva Crne Gore (2009-2016),
- Član Kornisije za polaganje stručnih ispita zdravstvenih radnika i zdravstvenih saradnika (2009-2015),
- Potpredsjednik Komisije za prevenciju i spriječavanje intrahospitalnih infekcija u Kliničkom centru Crne Gore (2009-2013),
- Mentor dijela specijalističkog staža iz pedijatrije (2004-2017).

Dajem aktivni doprinos u radu stručnih tijela od međunarodnog značaja:

- član Radnog tijela koje je formirala Centralno-evropska inicijativa (CEI) u saradnji sa WHO od predstavnika 17 Ministarstava zdravlja za stvaranje jedinstvenog regionalnog pristupa u borbi protiv pandemije COVID 19 (2020).
- Predstavnik Crne Gore u Evropskom komitetu za transplantaciju organa (CD-P-TO) pri Evropskom direktoratu za kvalitet ljekova (EDQM) (2019 i dalje).
- Član Radne grupe WHO pod nazivom "Small Countries Initiative (SCI) Ad Hoc Working Group on Human Resources for Health in Small Countries" (2019 i dalje).
- Predstavnik Crne Gore u States Representatives Group for the Innovative Medicines Initiative 2 EU IMI2-Inicijativa za inovativne ljekove (2017 i dalje).
- Ministarstvo nauke Vlade Crne Gore imenovalo me za Nacionalnu kontakt osobu (NCP) za oblast "Health, Demographic Changes and Well-being" EU programa za istraživanje i inovacije "Horizont 2020" (2016-2017).

U periodu između dva izbora, uzela sam učešće u sljedećim projektima:

- Član istraživačkog tima naučnoistraživačkog projekta "COVID 19 Slučaj Crne Gore", koji sprovode Crnogorska akademija nauka, Ministarstvo zdravlja i Klinički centar Crne Gore u saradnji sa Institutom za javno zdravlje. Pozicija u projektu: Član istraživačkog tima (2020),
- Studies in biomedical engineering and medical informatics, BioEMIS, 530423-TEMPUS-1-2012- UK TEMPUS-JPCR. Pozicija u projektu: Istraživač (2016),
- Vođa HERIC projekta Vlade Crne Gore, Ministarstva nauke i Evropske banke za rekonstrukciju
 i razvoj pod nazivom: "Razvoj, validacija i implementacija telemedicinskog sistema
 TELEMONTEKG za brzu detekciju poremećaja srčanog ritma u Crnoj Gori". Pozicija u
 projektu: Rukovodilac projekta (2015- 2017.),
- Uskladivanje curriculuma VMŠ sa direktivama EU i uvođenje programa zasnovanog na kompetencijama 544169-TEMPUS-1-2013-1-BE-TEMPUS-JPCR. Pozicija u projektu: Istraživač (2013-2016.).

Na čelu Direktorata za unapređenje kvaliteta zdravstvene zaštite i razvoj ljudskih resursa u Ministarstvu zdravlja, imala sam prilike da aktivno učestvujem u kreiranju zakonskih rješenja i strateških dokumenata od značaja za razvoj ne samo zdravstvenog sistema, već i pravaca razvoja države. U tom smislu bih izdvojila svoj angažman na izradi sljedećih zakona, strategija, pravilnika:

- Zakon o zdravstvenoj zaštiti (2020),
- Zakon o izmjenama i dopunama Zakona o presadivanju ljudskih organa u svrhu lijećenja (2019),
- Strategija za poboljšanje kvaliteta zdravstvene zaštite i bezbjednosti pacijenata za period 2019-2023. godine sa Akcionim planom za 2019-2020. godinu (2019),
- Strategija pametne specijalizacije Crne Gore (2019-2024) (2019),

Pravilnik o vrstama zdravstvenih usluga za koje se mogu sačiniti liste čekanja, kao i načinu i
postupku sačinjavanja listi čekanja (2017)

Svoje učešće u aktivnostima sprovedenim pod okriljem WHO smatram izuzetno značajnim za lično profesionalno napredovanje:

- Šef delegacije na ministarskim konsultacijama WHO na temu "Protecting people from health emergencies together", Istanbul, februar 2019.
- Izlaganje na panel diskusiji na skupu WHO pod nazivom "Future of Digital Health Systems". Naziv izlaganja: "Electronical Appointment Sheduling Project: Is it possible to meet the needs of the patients and do not annoy the doctor?" Kopenhagen, februar 2019.
- Član ministarske delegacije na temu izazova migracije radne snage u oblasti zdravstva malih zemalja na WHO "Sixth high-level meeting of the small countries: equity and sustainable development-keeping people in centre," San Marino, mart 2019.
- Član delegacije na 72. zasijedanju skupštine WHO. Član Committee on Credentials na istom skupu, Ženeva, maj 2019.
- Šef delegacije na ministarskoj konferenciji WHO South-eastern Europe Health Network (SEEHN) na temu obezbjeđenja primarne zdravstvene zaštite za populaciju koja stari, Tel Aviv, april 2018.

Na preporuku i uz podršku Minisatrstva nauke Vlade Crne Gore, učestvovala sam na:

- Član delegacije tokom zvanične evaluacije Strategije pametne specijalizacije S3 u Sevilji ("Country dialogue for the assesment of Smart Specialisation Strategy of Montenegro 2019-2024") pred Evropskom komisijom na temu Održivi i zdravstveni turizam (2019),
- Naučni forum IAEA Scientific Forum Nuclear Techniques in Human Health, Beč (2017),
- Radionica odgovornog istraživanja i inovacija, Kolašin (2016),
- Prva godišnja koferencija Naučnog zdravstvenog panela "Better Research for Better Health", Brussels (2016).

Svoju inovativnost sam dokazala u unaprijeđenju zdravstvenog sistema kroz uvođenje digitalnih tehnologija:

- Kreiranje Jedinstvene platforme za elektronsko zakazivanje specijalističkih pregleda na sekundarnom i tercijernom nivou zdravstvene zaštite. Zahvaljujući uspješnoj implementaciji ovog inovativnog projekta, crnogorski zdravstveni sistem je napredovao na ECHI listi za 2018. godinu sa 35. na 23. mjesto, a pacijentima je zdravstvena zaštita postala dostupnija.
- Digitalizacija protokola liječenja urinarnih i respiratornih infekcija na primarnom nivou zdravstvene zaštite.

Izuzetno značajnim smatram svoj angažman na čelu Nacionalnog koordinacionog tijela za presadivanje organa u svrhu liječenja. Za relativno kratko vrijeme, od 2018. godine, pokrenut je niz aktivnosti koje su imale za cilj da Liste čekanja za transplantaciju organa budu vidljive, da se izmjenama Zakona o presađivanju organa ljudskog porijekla u svrhu liječenja poveća broj kadaveričnih transplantacija, da se uvedu donorske kartice, da se pokrene kampanja za podizanje svijesti o značaju donorstva, da se unaprijedi saradnja sa EUROTRANSPLANTOM kroz realizaciju Teaching and Training programa koji pruža mogućnost da Crna Gora razvije sopstvene transplantacione programe.

Tokom svoje profesionalne karijere, uzimala sam učešće u radu brojnih strukovnih tijela:

- Sekretar Kardiološke sekcije Društva ljekara Crne Gore (1996.-2000.)
- Član Predsjedništva Udruženja pedijatara Srbije i Crne Gore (2002.-2006. godine)
- Potpredsjednika Pedijatrijske sekcije Društva ljekara Crne Gore od 2001.-2008. godine.

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Clan Asocijacije za preventivnu pedijatriju Crne Gore (2015.)

Tečno govorim engleski jezik. Služim se italijanskim jezikom u manjoj mjeri.

PODACI O RADNIM MJESTIMA I IZBORIMA U ZVANJE

Radni odnos sam zasnovala 1986. godine u Medicinskom zavodu Titograd, gdje najprije radim u Medicini rada kao ljekar opšte prakse. Za potrebe Dječje bolnice Medicinskog zavoda Titograd, dobijam specijalizaciju iz pedijatrije koju završavam 1995. godine. Nakon završetka specijalizacije, radni angažman nastavljam u Dječjoj bolnici Kliničko-bolničkog centra Podgorica (kasnije Institut za bolesti djece Kliničkog centra Crne Gore). Odlukom Vlade Crne Gore, 2017. godine bivam imenovana za generalu direktoricu Direktorata za unapređenje kvaliteta zdravstvene zaštite i razvoj ljudskih resursa. Tu funkciju obavljam do novembra 2020. godine, nakon čega nastavljam radni angažman u Institutu za bolesti djece Kliničkog centra Crne Gore. Tokom radne karijere u Kliničkom centru Crne Gore, rukovodila sam Pedijatrijskom klinikom u periodu od 1999.-2008. godine, a nakon toga sam bila direktor Instituta za bolesti djece do 2012. godine.

U nastavu na Medicinskom fakultetu Univerziteta Crne Gore, kao saradnik, sam uključena od 2003.2007. godine, a 2007. godine, Odlukom Senata Univerziteta Crne Gore, birana sam u zvanje docenta
na istom fakultetu. Odlukom Senata Univerziteta Crne Gore birana sam u zvanje vanrednog profesora
Medicinskog fakulteta u martu 2013. godine. U periodu od 2016.-2018. godine, određena sam za
odgovornog nosioca predmeta Opšta medicina studijskog programa Stomatologija. 2019. godine,
imenovana sam za odgovornog nosioca predmeta Osnovi kliničke prakse I i Osnovi kliničke prakse II.

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Univerzitet Crne Gore

adresa / address_ Cetinjska br. 2 81000 Podgorica, Crna Gora telefon / phone _00382 20 414 255 fax_ 00382 20 414 230 mail_rektorat@ac.me web_www.ucg.ac.me University of Montenegro Na osnovu člana 72 stav 2 Zakona o visokom obrazovanju ("Službeni list Crne Gore" br. 44/14, 47/15,40/16) i člana 32 stav 1 tačka 9 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore na sjednici održanoj 01.marta 2017.godine, donio je

O D L U K U O IZBORU U ZVANJE

Dr Mira Samardžić bira se u akademsko zvanje redovna profesorica Univerziteta Crne Gore za oblast Pedijatrija na Medicinskom fakultetu, na neodređeno vrijeme.



MEDICINSKI FAKULTET U PODGORICI PEDMET PEDIJATRIJA

Prof dr Mira Samardžić

BIOGRAFIJA

Redovna profesorica dr sci Mira Samardžić rođena je 1955. godine u Sisku, Republika Hrvatska. Osnovnu školu i gimnaziju završila je u Topuskom. Diplomirala je na Medicinskom fakultetu u Beogradu 1979. godine i stekla zvanje ljekar opšte medicine.

Specijalizaciju iz pedijatrije započela je 1985. godine a specijalistički ispit položila novembra 1988. godine na Sveučilišnoj klinici "Rebro" u Zagrebu i stekla zvanje specijalista pedijatar. Poslijediplomske specijalističke studije iz oblasti kliničke pedijatrije i dječje endokrinologije pohađala je na Medicinskom fakultetu Sveučulišta u Zagrebu od 1987-1991. godine. Magistarsku tezu odbranila je 1994. godine na Medicinskom fakultetu u Beogradu, i stekla zvanje magistar medicinskih nauka iz oblasti endokrinologije. Doktorsku disertaciju pod mentorstvom Prof Slobodana Radmanovića, odbranila je 1999. godine na Medicinskom fakultetu u Beogradu i stekla zvanje doktor medicinskih nauka.

Završila je više edukacionih trening programa u zemlji i inostranstvu iz oblasti pedijatrije i pedijatrijske endokrinologije. Najznačajniji su :

1998g: *ESPE Winter School* (Bistritza, Bulgaria), pod rukovodstvom Prof dr Ze'ev Hochberg-a. ESPE (European Society for Paediatric Endocrinology) stipendija.

1999g. *Emergency Care in Pediatric* u Salzburg-u, Austrija. Stipendija American Austrian Foundation .

2000. g. Stručna edukacija u *Dipartimento di Biomedicina dell'Eta Evolutiva*, *Universita di Bari*, mentor Prof dr Luciano Cavallo. Stipendija Universita di Bari.

2003g: Stručna edukacija u *Mercy Children's Hospital*, University of Missuri, MO, USA, Kansas City, mentor Prof dr Jadranka Popović. Stipendija *The Lawson Wilkins Pediatric Endocrine Society*.

U okviru **TEMPUS** programa (2008) bila je na La clinica di Pediatria del Policlinico Universitario di Udine (Ambulatorio Diabetologia, Ambulatorio Endocrinologia) pod mentorstvom Prof dr Alfred Tenore, a u okviru **CEEPUS** CII-RO-0313-01-0809 -10 projekta držala sam predavanja na *Transilvania University of Brasov* (2009) i na *Charles University in Prague* (2010).

Bila je rukovodilac i koordinator timova za uvođenje Skrininga novorođenčadi na urođene i nasljedne metaboličke bolesti i Terapije dijabetesa pomoću insulinskih pumpi.

Član je ISPAD-a (International Society of the Pedatric &Adolescent Diabetes), ESPE (European Society for Paediatric Endocrinology, Udruženja pedijatara Crne Gore.

Prof dr sci Mira Samardžić je od 1979-1980. godine obavila obavezni ljekarski staž u Medicinskim zavodu Titograd. Nakon toga osam mjeseci radi u Domu zdravlja Titograd. Od 1981-1992. godine bila je zaposlena u Vojno medicinskom centru Titograd kao ljekar opšte prakse, specijalizant pedijatrije i specijalista pedijatrije. Nakon toga, svoju profesionalnu karijeru nastavlja u Institutu za bolesti djece u Podgorica, Odjeljenje za endokrinologiju. Nosilac je zvanja primarijus od 2011 godine.

Od 1994.godine mentor je specijalizantima pedijatrije za oblast dječja endokrinologija i opšta pedijatrija odlukom Nastavno naučnog vijeća Medicinskog fakulteta u Beogradu.

U zvanje istraživač saradnik na Medicinskom institutu u Podgorici birana je 1994. godine. U zvanje asistenta za predmet Pedijatrija na Medicinskom fakultetu Univerziteta u Podgorici izabrana je 8. oktobra 2001.g. Od tada redovno učestvuje u izvođenju nastave. U zvanje docentkinje izabrana je 2006. g. u zvanje vanredne profesorice 2011.g a u zvanje redovne profesorice 2017. godine.

Od školske 2006/7 godine drži predavanja iz predmeta Pedijatrija i njega zdravog i bolesnog djeteta i na Visokoj medicinskoj školi u Beranama.

Prof dr sci Mira Samardžić je bila rukovodilac ili glavni istraživač u 4 nacionalna naučnoistraživačka projekta. Ima preko 100 autorskih i koatorskih radova, uvodnih predavanja i prezentacija objavljenih u međunarodnim i domaćim časopisima i na kongresima, od kojih je 14 objavljeno u časopisima na SCI /SCI Expanded listi. Prema Google Scholar citiranst istih je do kraja 2018.godine bila -552 . Prof Samardžić je autorka jedne stručne knjige i 3 poglavlja u međunarodnim i domaćim moniografijama , stručnim knjigama i vodičima.

Pomoćnik je urednika međunarodnog časopisa *Central European Journal of Paediatrics* i recenzent u međunarodnim časopisima: *Pediatric Diabetes, World Journal of Pediatrics, Srpski arhiv, Acta Medica Academica*.

RADOVI

Međunarodni časopisi koji se nalaze na SCI (Science Citation Imdex), SCI Expanded, SSCI (Social Sciences Citation Index Journal List) i A&HCI (Art and Humanities Citation Index, Current Contents)

- C.C. Patterson, V. Harjutsalo, J. Rosenbauer3, A. Neu4, O. Cinek5, T. Skrivarhaug6, B. Rami-Merhar7, G. Soltesz8, J. Svensson9, R.C. Parslow10, C. Castell11, E.J. Schoenle12, P.J. Bingley13, G. Dahlquist14, P. Jarosz-Chobot15, D. Marčiulionytė16, E.F. Roche17, U. Rothe18, N. Bratina19, C. Ionescu-Tirgoviste20, I. Weets21, M. Kocova22, V. Cherubini23, N. Rojnic Putarek24, C.E. deBeaufort25, M. Samardzic26, A. Green27. Trends and cyclic variation in the incidence of childhood type 1 diabetes in 26 European centres in the 25-year period 1989–2013 Diabetologia (2018)
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University of Montenegro

27.0

Na osnovu člana 72 stav 2 Zakona o visokom obrazovanju (Službeni list Crne Gore br. 44/14 i 47/15) i člana 32 stav 1 tačka 9 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore, na sjednici održanoj 04. februara 2016. godine, donio je

O D L U K U O IZBORU U ZVANJE

DR DRAGAN LAUŠEVIĆ bira se u akademsko zvanje redovni profesor Univerziteta Crne Gore za predmete: Epidemiologija i Specijalna epidemiologija na osnovnom akademskom studijskom programu Medicina, na Medicinskom fakultetu.

REKTOR

Řadmila Vojvodić

Prof. dr Dragan Laušević - Biografija

Rođen sam 21.12.1962. godine u Pljevljima, Crna Gora.

Osnovnu školu sam učio u Doboju i Budvi i završio je sa odličnim uspjehom. Srednju školu sam učio u Budvi i Podgorici i završio je sa odličnim uspjehom.

Školske 1982/83. godine započeo sam studije medicine, na Medicinskom fakultetu Univerziteta u Sarajevu. Na istom fakultetu sam diplomirao u januaru 1988. sa prosječnom ocjenom 9,40 (devetčetrdeset). Za postignuti uspjeh tokom studiranja nagrađen sam sa nekoliko diploma Univerziteta u Sarajevu i plaketom Medicinskog fakulteta u Sarajevu "dr Bogdan Zimonjić".

Specijalizaciju iz oblasti epidemiologije započeo sam u decembru 1990. na Medicinskom fakultetu u Beogradu, gdje sam je i završio u januaru 1994. sa odličnim uspjehom i stekao zvanje ljekara specijaliste iz epidemiologije.

Poslijediplomske studije upisao sam školske 1993/1994. godine na Medicinskom fakultetu Univerziteta u Beogradu. Magistarski rad pod naslovom "Epidemiološka studija raka dojke", odbranio sam 9. marta 1998. godine i stekao akademsko zvanje magistra medicinskih nauka.

Doktorsku disertaciju pod nazivom "Studija prevalencije pušenja duvana kod školske djece i omladine u Crnoj Gori" odbranio sam 03. juna 2004. godine na Medicinskom fakultetu Univerziteta u Beogradu.

U nekoliko navrata boravio sam na kraćim studijskim usavršavanjima u inostranstvu:

- 1996. godine studijsko usavršavanje iz oblasti Infektivnih bolesti i epidemiologije u Salzburg-u, Austrija u organizaciji Medicinskog fakulteta Cornell iz New York-a, USA;
- 1997. godine studijsko usavršavanje iz oblasti epidemiologije masovnih nezaraznih bolesti u Budimpešti u organizaciji Johns Hopkins University School of Hygiene and Public Health iz Baltimora, USA;
- 1998. godine studijsko usavršavanje iz oblasti Epidemiologije u javnom zdravstvu (Advanced level course
- Epidemiology in Public Health) u organizaciji London School of Hygiene & Tropical Medicine, University of London i WHO European Centre for Environment and Health;
- 2001. godine studijsko usavršavanje iz oblasti Menadžmenta Programa imunizacija za zemlje Evrope i Centralne Azije u Budimpešti, u organizaciji Svjetske banke i Semmelweis instituta;
- 2006. godine studijsko usavršavanje iz oblasti Dizajniranja istraživačkih studija u medicini za postdoktorske istraživače u Cavtatu - Dubrovnik u organizaciji Instituta za Globalno Zdravlje Univerziteta u Kaliforniji, USA i Škole narodnog zdravlja "dr Andrija Štampar", Medicinski fakultet Univerziteta u Zagrebu, Hrvatska
- 2007. godine studijsko usavršavanje za Istraživače iz oblasti Bio-bihejvioralnih tipova istraživanja među skrivenim populacijama uz upotrebu tehmike Uzorkovanja vođenog ispitanicima (Response Driven Sample – RDS) u organizaciji Škole narodnog zdravlja "dr Andrija Štampar", Medicinski fakultet Univerziteta u Zagrebu, Hrvatska
- 2015. godine studijsko usvršavanje u oblasti upotrebe epidemioloških softvera za obradu epidemioloških podataka u organizaciji Mediteranske škole za primjenjenu epidemiologiju – Institut Karlo III, Madrid, Španija

PODACI O RADNIM MJESTIMA

Period od februara 1988. do februara 1989. godine proveo sam na obaveznom pripravničkom stažu u Kliničko-bolničkom centru Crne Gore i Domu zdravlja u Podgorici.

Od maja 1989. do oktobra 1989. godine radio sam u Domu zdravlja Budva, a od novembra 1989. do avgusta 1999. radio sam u Odjeljenju za epidemiologiju Zavoda za zdravstvenu zaštitu Podgorica.

Od septembra 1999. do maja 2001. godine radio sam u Dječijem fondu Ujedinjenih nacija kao Koordinator zdravstvenog programa za Crnu Goru.

Od maja 2001. do februara 2003. vršio sam dužnost Pomoćnika ministra zdravlja u Vladi Republike Crne Gore.

Od marta 2003. do danas radim u Centru za kontrolu i prevenciju bolesti Instituta za zdravlje Crne Gore.

Od 2016. godine radimu Centru za nauku i kontinuiranu edukaciju Instituta za zdravlje Crne Gore.

PODACI O IZBORIMA U ZVANJE

Odlukama Naučno-nastavnog vijeće Univerziteta Crne Gore iz januara 1992. i 1998. godine stekao sam prvo zvanje Istraživača saradnika, a potom i zvanje Višeg istraživača.

U zvanje asistenta na Katedri za epidemiologiju Medicinskog fakulteta u Podgorici izabran sam u martu 1999. godine.

U zvanje docenta na predmetu epidemiologija na Medicinskom fakultetu u Podgorici izabran sam 2005. godine.

U zvanje vanrednog profesora na predmetu epidemiologija na Medicinskom fakultetu u Podgorici izabran sam 2010. godine.

U zvanje redovnog profesora na predmetu epidemiologija na Medicinskom fakultetu u Podgorici izabran sam 2016. godine.

Dugi niz godina, za potrebe Medicinskog fakulteta Univerziteta u Beogradu obavljam dužnosti mentora za ljekare koji se nalaze na specijalizaciji iz oblasti epidemiologije, a od 2016.g i dužnost mentora-koordinatora za ljekare na specijalizacijiiz epidemiologije.

Bio sam član Nacionalne komisije za sertifikaciju dječije paralize u SR Jugoslaviji, kao i član crnogorskog nacionalnog tima koji je koordinirao uspješnu eradikaciju dječije paralize na prostoru Crne Gore.

Takođe, bio sam član Komisije Vlade RCG za prevenciju narkomanije kod djece i omladine u Crnoj Gori, član radne grupe Ministarstva zdravlja za implementaciju Nacionalnog plana akcije za djecu u RCG i član Komisije za zarazne bolesti Ministarstva zdravlja.

Dugi niz godina sam bio Koordinator Programa imunizacija i "Focal point" za programe obaveznih imunizacija prema Svjetskoj zdravstvenoj organizaciji.

Član sam Nacionalne komisije za kontrolu raka pri Ministarstvu zdravlja.

Takođe, član sam Nacionalnog stručno-savjetodavnog tijela za imunizacije i član Nacionalnog koordinacionog tijela za eliminaciju i eradikaciju pojedinih zaraznih bolesti pri Ministarstvu zdravlja.

Dobitnik sam Zahvalnice Saveznog sekretarijata za rad, zdravstvo i socijalno staranje za doprinos uspješnoj aktivnosti na eradikaciji dječije paralize na prostoru SR Jugoslavije, Zahvalnice Cazasa (Društva za borbu protiv SIDE Crne Gore) i Zahvalnice Crnogorskog društva za borbu protiv raka.

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 Acta Medica Medianae. 2015; 54(2):56-62 UDK 61, YU ISSN 0365-4478 i EISSN 1821-2794. DOI: 10.5633/amm.2015.0210
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- 17. Ciccozzi M, Vujošević D, Lo Presti A, Mugoša B, Vratnica Z, Lai A, Laušević D, Drašković N, et all. Genetic Diversity of HIV Type 1 in Montenegro. AIDS Res Hum Retroviruses. 2011 Aug; 27(8):921-4. Epub 2010 Dec 31. ISSN: 0889-2229; Online ISSN: 1931-8405. doi: 10.1089/AID.2010.0323.
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- 22. Laušević D. Uspješnost prevencije i kontrole vakcino preventibilnih oboljenja u Crnoj Gori. Medicinski Zapisi 2009; 58(1-2): 39-46. YUISSN 0419-7747.



БРОJ: 4/1

ДАТУМ 04.12.2023. године

Декан Проф. др Лазар Давидовић БЕОГРАД

ПОТВРДА

Овим потврђујемо да се **ПРОФ.ДР ВЕРА ЗДРАВКОВИЋ**, налази у радном односу на Медицинском факултету у Београду - ОЈ предмета Педијатрија, н.б. - Универзитетцка дечија клиника, почев од **16.04.2009**. године, на пословима **ванредног професора**.

Потврда се издаје на лични захтев именоване.

СЛУЖБА ЗА РАДНЕ ОДНОСЕ Виши стручнотехнички сарадник

Радмила Шкрбић-Лучић

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Проф. др Дејана Јовановић
Проф. др Арсен Ристић
Проф. др Татјана Пекмезовић
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Univerzitetska dečja klinika, Medicinski fakultet

EDUKACIJA I LICENCE

2019 - 2021 Research Ethics Education Program, Icahn School of Medicine at Mount Sinai (New York), Etički status planiranja pedijatrijske palijativne nege

2017 Uža specijalizacija iz endokrinologije, Medicinski fakultet, Beograd, Hipertiroidizam u dečjem uzrastu

2015 Doktorska disertacija, Odnos poremećaja insulinske rezistencije i sekrecije k

kod gojaznih adolescenata sa visokim rizikom za tip 2 dijabetesa		
2007	Licenca Lekarske komore Srbije, br 77856	
2005	Diploma magistra nauka, Institut medicinskih nauka, Univerzitet u Torontu, Kanada	
2002-2005	Postdipomske studije, Toronto, Kanada Magistarska teza: Randomizirana placebo kontrolisana klinička studija sa pioglitazonom radi poboljšanja metaboličke kontrole kod adolescenata sa Dijabetes melitusom Tip 1	
2002 –2005	Subspecijalizacija – Dečja Endokrinologija i metabolizam Hospital for Sick Children, Toronto, Kanada	
2002	Edukaciona licenca, Koledž lekara i hirurga Ontarija, br 78686	
1996	Specijalistički ispit iz pedijatrije, (ocena odličan)	
1992 – 1996	Specijalizacija iz pedijatrije , Univerzitetska Dečja Klinika, Tiršova	
1994	Usmeni magistarski ispit iz endokrinologije, (ocena 10)	
1991	Poslediplomske studije iz endokrinologije, Medicinski fakultet, Univerzitet u Beogradu	
1992	Stručni ispit za doktora medicine	

1991-1992	Opšti lekarski staž, stipendista Kliničkog Centra Srbije
1991	Diploma doktora medicine
1985 – 1991	Medicinski fakultet, Univerziteta u Beogradu, prosečna ocena 9.25
1981 – 1985	Tehničar za molekularnu biologiju i biohemiju, VIII beogradska gimnazija, nosilac diplome Vuk Karadžić
1973 – 1981	Osnovna škola Veselin Masleša, u Beogradu, nosilac diplome Vuk Karadžić

PROFESIONALNO USAVRŠAVANJE

2018	Advanced insulin pump training course, Hannover, Germany
2013	Advanced course, Pump therapy, Medtronic, Lozana, Švajcarska
2011	Postgraduate Course on Growth Hormone and Growth Factors, Metabolic Disorders in Gothenburg, Sweden, 16-20 th May 2011.
2010	Growth and puberty - Ippokrates seminar, Birmingem, UK
2009	Pediatric endocrinology review board course, LWPES, Njujork
2008	40-ti Međunarodni simpozijum o endokrinologiji i metabolizmu, Pariz
2007	39-ti Međunarodni simpozijum o endokrinologiji i metabolizmu, Berlin
2007	European Forum for Good Clinical Practice (EFGCP) kurs, Beograd
2007	Radionica sa međunarodnim učešćem "Kako se piše naučni članak", pod pokroviteljstvom Ministarstvo zdravlja Republike u Beogradu
2006	European Society of Endocrinology – Prvi postdiplomski kurs iz kliničke endokrinologije, Beograd
2006	Advanced pump trainer course, Atina
2005	Certified Pump Trainer Course, Beograd
2004	Kurs za članove Istraživačko Etičkog komiteta, The Hospital for Sick Children, Toronto
2002	ISPAD (International society for pediatric and adolescent diabetes)-grant Naučna Škola za Istraživačke metodologije, Toronto, Kanada

1998	ESPE (European Society for Pediatric Endocrinology)-grant Zimska škola – postdilomski kurs iz dečije endokrinologije, Sofija
1994	Stipendija Srpskog Medicinskog Ženskog Fonda, London i Britanskog Saveta (3 meseca): Centar za Dečju Endokrinologiju i Metabolizam, London, UK Projekat: Rast posle ozračenja celog tela Supervizori: Prof. Charles G Brook i Peter C Hindmarsh
1994	ISPAD (International society for pediatric and adolescent diabetes) - grant Zimski postdiplomski kurs o dijabetesu u dece i adolescenata
1993	Teorijska nastava iz primene ultrazvuka u dijagnostici: Endokrinologija, abdomen i urologija

ČLANSTVA U STRUKOVNIM UDRUŽENJIMA

2017	Etički komitet Medicinskog fakulteta, Univerzitet u Beogradu
2010	ESPE (European society of endocrinology), član
2007-2019	Istraživačko etički komitet Univerzitetske dečje klinike, predsednik
2002-	Član ISPAD-a, medjunarodnog udruženja za dijabetes u dece i adolescenata
1997	Član Srpskog lekarskog društva

IZLAGANJA NA SKUPOVIMA U ZEMLJI I INOSTRANSTVU

2022	Prevremeni pubertet-koga lečiti, Endosek, Beograd
2021 Srbije	Manifestacije adrenalne insuficijencije u dečjem uzrastu, 7.kongres endokrinologa
2020	Prevremeni pubertet, Tiršova on line, Dani Univerzitetske dečje klinike
2019	Specifičnosti hipertireoze kod dece , Peti kongers o štitastoj žlezdi, Zlatibor Vitamin D, terapija u dečjem uzrastu, Dani Univerzitetske dečje klinike, Beograd Predijabetes kod dece, 7. Srpski kongres o šećernoj bolesti, Beograd

Beograd

Etiologija i patogeneza tipa 1 dijabetesa kod dece, Pedijatrijska škola, Zlatibor

Klinički tok hipertireoze kod dece, Prvi kongres dečjih endokrinologa Srbije, Zlatibor

2018 Hipertireoza kod dece, 6. Kongres endokrinologa Srbije sa međunarodnim učešćem,

Prevencija gojaznosti, Dani Univerzitetske dečje klinike, Beograd

- 2017 Tip 2 dijabetesa kod dece, Pediajtrijska sekcija SLD, Subotica Tiroidni karcinomi kdo dece. Četvrti kongres o štitastoj žlezdi, Beograd Prevremeni i kasni pubertet, Dani Univerzitetske dečje klinike, Beograd The management of hyperthyroidism in children, 6th World Congess of Endobolism, Prague, Czech Republic Kako razlikovati tip 1 i tip 2 dijabetesa kod dece, Prvi srpski kongres o šećernoj bolesti kod dece
- 2016 KAH kod dece, V Kongres endokrinologa Srbije sa međunaarodnim učešćem, Beograd

Endokrine sekvele malingnih bolesti kod dece, Dani Univerzitetske dečje klinike, Beograd

Izazovi za dete, porodicu i lekare nakon postavljanja dijagnoze dijabetesa, Dani Univerzitetske dečje klinike, Beograd

Comparison of cardio-metabolic risk in obese female adolescents and patients with type 1 diabetes, 2nd International symposium on PCO and Women's Health, Beograd

- 2015 Faktori rizika za tip 2 dijabetesa kod dece, V srpski kogres o šećernoj bolesti sa međunarodnim učešćem, Beograd
- The diagnosis of prediabetes in adolescents, EFLM course, Beograd
 Tumor jukstaglomerularnih ćelija-redak uzrok hipertenzije kod dece,
 3.kongres nefrologa Srbije, Beograd
 Pediatric Pump School, Medtronic Academia,
 Autoimunski tiroiditis, Pedijatrijska sekcija SLD
- 2013 Gojaznost i pubertet, Dani Univerzitetske dečje klinike
 Rast i razvoj malog deteta, Zavod za sportsku medicinu, KME
 Rast i razvoj školskog deteta, Zavod za sportsku medicinu KME
 Edukacija za članove etičkih odbora, Medicinski fakultet, Beograd
 Neželjeni efekti insulinske terapije insulinom, prepoznavanje i lečenje
 Hipoglikemija, KME, Aranđelovac
- 2012 Poliurija, Dani Univerzitetske dečje klinike
- 2011 Neonatalni dijabetes, seminar Instituta za neonatologiju, Beograd Procena ACTH rezerve u dijagnostici hipopituitarizma - prikaz slučaja, sastanak istraživača Međunarodne studije ishoda
- 2010 Endokrini uzroci hipertenzije u dečjem uzrastu, II Kongres udruženja za hipertenziju Srbije sa međunarodnim učešćem, Beograd Glukozni senzori, Dani Univerzitetske dečje klinike Terapija hormonom rasta kod nefroloških pacijenata, sastanak istraživača Međunarodne studije ishoda

2009	Adolescentkinja izmenjenog ponašanja, interaktivni prikaz slučaja, Dani Univerzitetske dečje klinike
	Korisnik i otvoreni pristup, Biblioteka Medicinskog fakulteta Univerziteta u Beogradu i Novom Sadu Septoptička displazija, sastanak istraživača Međunarodne studije ishoda
2008	Deficit hormona rasta kod dece – prikaz bolesnika sa Ratkeovom cistom, sastanak istraživača Međunarodne studije ishoda
2007	Primena insulinskih pumpi kod dece, Dani Univerzitetske dečje klinike
2006	Metabolički sindrom u dečjem uzrastu, Dani Univerzitetske Dečje Klinike Hipertireoza u dece – novine u lečenju, Pedijatrijska sekcija SLD
2005	Dijabetes tip 2 u dece i adolescenata, Dani Univerzitetske dečje klinike Does the addition of pioglitazone to insulin improve metabolic control in youth with type 1 diabetes and insulin resistance? A randomized placebo- controlled trial, ISPAD annual meeting, Krakow, Poland
2003	Presentation and Clinical Course of Type 2 Diabetes in Children and Adolescents – Kongres kanadskih dečjih endokrinologa (CPEG), Montreal
2002	Type 2 Diabetes in Children and Adolescents – HSC experience, videoconference Toronto- Brisbane, Australia
1996	Kongenitalna hipotireoza, Dani Univerzitetske dečje Klinike

RADNO ISKUSTVO I PROJEKTI

202 1 - Pedijatrija	Vanredni professor Medicinskog fakulteta u Beogradu, predmet
2015-2021	Docent Medicinskog fakulteta u Beogradu, predmet Pedijatrija
2009 -2015	Asistent Medicinskog fakulteta u Beogradu, predmet Pedijatrija
2021 -	Šef odeljenja endokrinologije, Univerzitetska dečja klinika
2005- 2021 Univerzitetske dečje k	Lekar specijalista pedijatrije zaposlen na Endokrinološkom odeljenju linike

Projekti:

 Monogenski dijabetes: Istraživači: Sonja Pavlović, Milena Ugrin, Vera Zdravkovic

Multicentrično, dvostruko-slepo, randomizovano, placebom kontrolisano kliničko ispitivanje faze III za procenu bezbednosti i efikasnosti sitagliptina kod pedijatrijskih pacijenata sa tip 2 dijabetes melitusom i neadekvatnom kontrolom glikemije

6

Glavni istraživač: Vera Zdravković

- Prevencija tipa 2 dijabetesa kod dece

Istraživači: Prof dr NM Lalić, dr V.Zdravković

EndoKIGS studija
 Sponzor: Pfizer

Istraživači: Prof Dr S.Sajić, Dr V.Zdravković, V.Bojić i M.Ješić

 Prevencija bubrežnih bolesti u dece Projekat Ministarstva nauke, ev br 145028 Nosilac projekta Prof dr A.Peco-Antić

 Norditropin – medjunarodna studija ishoda, Faza IV Sponzor: Novo Nordisk

Istraživači: Prof Dr S.Sajić, Dr V.Zdravković, V.Bojić i M.Ješić

- Levemir- Post marketinška studija, Faza IV

Sponzor: Novo Nordisk

Istraživači: Prof Dr S.Sajić, Dr V.Zdravković, V.Bojić i M.Ješić

 Hipertireoza u dece, klinički tok, uvođenje terapije radioaktivnim jodom Glavni istraživač: Dr Vera Zdravković

 Primena pamidronata u dece obolele od Osteogenesis Imperfecta Istraživači: Dr V. Zdravković i Prof dr S.Necić

Organizovanje posete stručnog tima za dijabetes, iz bolnice The Hospital for Sick Children u Kanadi radi započinjanje programa terapije insulinskim pumpama u dece. Organizacija edukativnog seminara za dečje endokrinologe

Srbije i Crne Gore.

2006 Odlukom nastavno naučnog veća medicinskog fakulteta odredjuje se za mentora dela specijalističkog staža iz Pedijatrije

2002 - 2005

Hospital for Sick Children, Toronto
Istraživačko / Klinička subspecijalizacija- Odeljenje endokrinologije

Magistarska teza: "Randomizirana placebo kontrolisana klinička studija sa pioglitazonom radi poboljšanja metaboličke kontrole kod adolescenata sa Dijabetes melitusom Tip 1", Faza 3

Mentor: Prof dr Denis Daneman, komentor: Dr Jill Hamilton

Projekti:

Genetska analiza Pit-l, Prop, Lhx3 and Hsx3 gena u dece sa idioptaskim

hipopituitarizmom,

Glavni istraživač: Dr Jill Hamilton

Tip 2 dijabetes u dece,

Glavni istraživač: Dr Jill Hamilton

1999 - 2002 Hospital for Sick Children, Toronto Koordinator istraživačkih studija – Odeljenje endokrinologije

Projekti:

" 24-nedeljna randomizirana, Duplo-Slepa, Aktivno-Kontrolisana, Multicentična Studija radi procene bezbednosti i efikasnosti primene Roziglitazona kod pedijatrijskih pacijenata sa tipom 2 Dijabetes Mellitusa" Sponzor: Smith Kline Beecham, Faza 3 Istraživači: Doktori Jill Hamilton and Denis Daneman

istrazivaci. Doktori ili Hammon and Denis Daneman

"Genetika i Neuroendokrinologija Niskog Rasta, Medjunarodna studija (GeNeSIS)" –

Sponzor: Eli Lilly, Faza IV

Istraživači: Doktori Jill Hamilton, Denis Daneman, Kusiel Perlman i Diane Wherrett

"Randomizirana kontrolisana studija radi procene korisnosti metformina kao insulin senzitirajućeg agensa u adolescenata sa tipom 1 dijabetesa kojima je potrebna velika količina insulina"

Istraživači: Doktori Jill Hamilton, Denis Daneman, Etienne Sochett

1996-1999 Univerzitetska dečja klinika, Tiršova, Beograd Endokrinološko odeljenje – lekar specijalista

Organizuje kamp za decu obolelu od dijabetesa koji se 1997 i 1998 sa uspehom održava na Mitrovcu na Tari

Projekti:

- Teške hipoglikemije u dece obolele od Tipa 1 dijabetesa

Mentor: Prof dr S.Necić

- Lečenje hormonom rasta dece sa Tarnerovim sindromom i hroničnom bubrežnom insuficijencijom

Glavni istraživači: Prof Dr S.Radmanović i Prof dr O.Jovanović

- Krvni pritisak u dece obolele od Dijabetesa tip 1

Glavni istraživač: Doc dr M.Kostić

1994 – 1996 Univerzitetska dečja klinika, Tiršova, Beograd

Lekar na specijalizaciji (zaposlenje na određeno vreme)

Projekti:

Serumski osteokalcin u dece sa hroničnom bubrežnom insuficijencijom Glavni istraživač: Prof dr A.Peco-Antić

<u>1992 – 1994</u> Univerzitetska Dečja Klinika, Tiršova, Beograd Volonterska specijalizacija

1991-1992 Kliničko Bolnički Centar Zvezdara

Odsek za neonatologiju, klinički lekar, volonter

LIČNI PODACI

Rođena u Beogradu, 1967. Ima ćerku, uzrasta 17 godina. Govori engleski i italijanski jezik.

.

SPISAK RADOVA

Smudja M, Milenkovic T, Minakovic I, Zdravkovic V, Mitic S, Milutinovic D<u>Determinants of health-related quality of life in children and adolescents living with type 1 diabetes mellitus during the COVID-19 pandemic.</u> S.Nurs Open. 2023 Nov;10(11):7394-7410. doi: 10.1002/nop2.1993. Epub 2023 Sep 8

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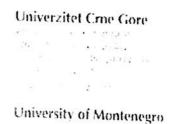
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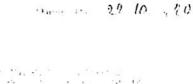
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Na osnovu člana 72 stav 2 Zakona o visokom obrazovanju ("Službeni list Crne Gore" br 44/14, 47/15, 40/16, 42/17, 71/17, 55/18, 3/19, 17/19, 47/19, 72/19 i 74/20) i člana 32 stav 1 tačka 9 Statuta Univerziteta Crne Gore, Senat Univerziteta Crne Gore na sjednici održanoj 22.10.2020. godine, donio je

O D L U K U O IZBORU U ZVANJE

Dr Lidija Banjac bira se u akademsko zvanje docent Univerziteta Crne Gore za oblasti Internistička grupa kliničkih medicinskih predmeta i Grupa predmeta uvoda u medicinu, na Medicinskom fakultetu Univerziteta Crne Gore, na period od pet godina.

SENAT UNIVERZITETA CRNE GORE PREDSJEDNIK

Prof. dr Danilo Nikolić, rektor

Dr sci med Lidija Banjac

Rođena sam 10.05.1960. god. u Peći. Osnovnu i srednju školu sam završila sam u Peći. Za postignute uspehe u osnovnoj i srednjoj školi nagrađena sam "Vukovom diplomom". Medicinski fakultet u Prištini upisala sam 1977.god.. Fakultet sam završila u predviđenom roku (1983. god.) sa prosečnom ocenom 10 (deset). Za postignuti uspeh na fakultetu dobitnik sam povelje Srpskog lekarskog društva "Najbolji diplomirani student".

Specijalizaciju iz pedijatrije započela sam 1986. god. Specijalistički staž obavila sam u UDK u Beogradu, a specijalistički ispit iz pedijatrije položila 1991. god. na Medicinskom fakultetu u Beogradu sa ocenom 5 (pet) i preporukom za rad na klinikama (institutima).

Subspecijalizaciju iz neonatologije započela sam 2002.god., subspecijalistički staž obavila u neonatološkim centrima u Beogradu, a subspecijalistički ispit položila 2003.god. na Medicinskom fakultetu u Beogradu. Subspecijalički rad ("Indikacije za započinjanje i njihov uticaj na tok i trajanje mehaničke ventilacije") odbranila sam 2004. god. i stekla zvanje subspecijaliste neonatologa.

Bila sam doktorand prve generacije postdiplomskih studija Medicinskog fakulteta u Podgorici. Magistarski rad na temu "Povezanost inrakranijalne hemoragije i nastanka retinopatije prematuriteta", odbranila sam 2007.god.

Doktorsku disertaciju: Serumski nivo"Insulinu sličnog faktora rasta tip 1" u predikciji bolesti prematuriteta, odbranila je 2012. god. na Medicinskom fakultetu u Podgorici i stekla zvanje doktora medicinskih nauka. Prvi sam doktor nauka koji je svoje doktorske studije u potpunosti završio na Medicinskom fakultetu u Podgorici.

Završila je edukacije iz pedijatrijske reanimacije (2002.god.) i neonatalne reanimacije (2012.god.). Završila sam edukaciju za transfontanelarnu neurosonografiju (EHO CNS-a).

Odlukom Medicinskog fakulteta Univerziteta u Beogradu od 2013.god.određena sam za Mentora za lekare na specijalizaciji iz pedijatrije – neonatologije.

Zvanje "primarijus" dobila sam odlukom Ministarstva zdravlja Crne Gore, br. 52-7/2013 od 18.09.2014. Za docenta na katedri za pedijatriju, izabrana sam 24.05.2015. (04 br.1964)

Bila sam načelnik Centra za neonatologiju, Instituta za bolesti djece, Kliničkog centra Crne Gore, od 2016. do 2019.

Objavljivala sam radove iz oblasti intenzivne neonatalne nege, mehaničke ventilacije, prematuriteta, retinopatije prematuriteta, neonatalne miastenije gravis, neonatalnog tetanusa, intrakranijalne hemoragije, bronhopulmonalne displazije, hemofilije i dr.

Rezultati naučno-istraživačkih radova "in extenso" proistekli iz disertacije (Banjac L, Pro-Oxidants and Antioxidants in Retinopathy of Prematurity) se citiraju u visoko rangiranim međunarodnim časopisima sa SCI liste (International Journal of Genetics and Genomics; Pediatr Infect Vaccine.)

Moja dva rada (Banjac L. The values of serum cytokines in chronic lung disease in newborn; Banjac L, Retinopathy of prematurity and serum level of Insulin-like growth factor-1.) iz domena - Retinophaty of prematurity, insulin-like growth factor, metaloproteinase, bila su u 2013.god. na prvom i drugom mestu TOP 20 liste BioMedLib, dok su se u 2015.god. nalazili na petom i devetom mestu.

Bila sam uvodni predavač i moderator na svetskom kongresu iz perinatalne medicine 13th World Congress of Perinatal Medicine (WCPM) 2017.god. Takođe, bila sam moderator i uvodni predavač na Kongresima preventivne pedijatrije sa internacionalnim učešćem (Prvi Kongres Bečići, 2016.; Drugi Kongres Bečići, 2018.;)

Učestvovala sam u pisanju univerzitetske knjige "Neonatologija" (autora: Prof.dr A.Doronjski i Prof.dr V.Stojanović) u izdanju Medicinskog fakulteta, Katedre za pedijatriju, Univerziteta u N.Sadu, Knjiga je "u štampi", namenjena je subspecijalizantima iz oblasti neonatologije i biće prva knjiga iz oblasti neonatologije na ovim prostorima.

KVANTITATIVNO OCJENJIVANJE NAUČNO-ISTRAŽIVAČKE I STRUČNE BIBLIOGRAFIJE

Rad	ovi u naučnim časopisima	distillation in	PARTY MARK
na S	Rad u eminentnom međunarodnom časopisu (časopis indeksiran CI/SCIE/SSCI/A&HCI listama, rangiran u prvih 50% časopisa copusovom rangiranju)	UKUPNO ZA REFERENCU	ZA KANDIDATA
1.	Radović V.Saša, Lazović Ranko, Crnogorac Snezana, Banjac Lidija and Suhih Djordje. Duodenal atresia with apple-peel configuration of the ileum and absent superior mesenteric artery- Case Report. BMC Pediatrics 2016; 16:150. DOI: 10. 1186/s12887-016-0690-y.	8	
^21	CALLORES A CAROL MARKET WORK AND THE RESPONDENCE OF		
COL	Rad u međunarodnom časopisu (časopis indeksiran na	UKUPNO ZA	ZA
Sect	SCIE/SSCI/A&HCI listama, rangiran u prvih 75% časopisa po ousovom rangiranju)	REFERENCU	KANDIDATA
1.	Banjac L, Banjac G, Kotur-Stevuljević J, Spasojević- Kalimanovska V, Gojković T, Bogavac-Stanojević N.i sur.(vodeći autor) Pro-Oxidants and Antioxidants in Retinopathy of Prematurity. Acta Clin Croat. 2018;57(3.):458-463. https://doi.org/10.20471/acc.2018.57.03.08	6	
2.	Banjac L, Banjac G, Kotur-Stevuljević J, Spasojević- Kalimanovska V, Gojković T, Bogavac-Stanojević N.i sur.(vodeći autor) Pro-Oxidants and Antioxidants in Retinopathy of Prematurity. Acta Clin Croat. 2018;57(3.):458-463. https://doi.org/10.20471/acc.2018.57.03.08	6	
3.	Bokan V, Dasic Z, Nejkov S, Banjac L, Nikolic E. "Does diabetes affect stability to people with unilateral transtibial amputation? Srp Arh Celok Lek. 2018 Nov-Dec; 146(11-12):689-693.	6	
4.	Banjac L, Bokan V. Retinopathy of prematurity and serum level of Insulin-like growth factor-1Acta Clin Croat. (Science Citation Index Expanded) 2012; 51(2):209-13. ISSN 0353-9466	6	
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Q4 SCI	Rad u međunarodnom časopisu (ostali časopisi indeksirani na /SCIE/SSCI/A&HCI listama)	UKUPNO ZA REFERENCU	ZA KANDIDAT.
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R11 (Q1,	Recenziranje radova objavljenih u ineđunarodnim časopisima Q2, Q3, Q4)	UKUPNO ZA REFERENCU	ZA KANDIDATA
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