

Results. The patients mean age was 50.7 ± 0.05 years, disease duration - $150 \pm 0.05(2-504)$ months. Endothelial dysfunction was found in 9(45.0%) cases from the general group. Hypertension was found in 6(67.0%) and 8(73.0%), dyslipidemia 8(87.0%) and 10(90.0%), diabetes mellitus 3(33.0%) and 3(27.0%), smoking 1 (11.0%) and 1(9.0%), family history 2 (22.0%) and 4(36.0%) in the group with and without endothelial dysfunction, respectively. BMI deviation was more relevant in the group without endothelial dysfunction - 8(72.7%) vs 4 (44.4%) in patients with endothelial dysfunction. The level of CRP in women with dysfunctional endothelium was noted in 10(91.0%) cases vs 8(89.0%). Pathological API was present in 5 (55.5%) of women with ED vs 4(36.3%) in subgroup without endothelial dysfunction. Analyzing the values obtained by ABI and TIM, we observed the predominance of abnormal data in the endothelial dysfunction subgroup.

Conclusions. Endothelial dysfunction detected by flow-mediated dilatation using Doppler method suggests the high risk of cardiovascular events in patients with autoimmune systemic diseases.

Key words: endothelial dysfunction, cardiovascular events, women, systemic autoimmune diseases.

44. SIGNIFICANCE OF SLEEP APNEA SYNDROME IN WORSENING OF CARDIAC PATHOLOGY

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Introduction. Sleep apnea (SA) is a major public health problem, with 5% prevalence of the active population aged between 30 and 60 years - 2% females and 4% males with severe cardiovascular, pulmonary, neurological and metabolic consequences. SA is found in 30% of hypertensive persons, in 19-20% of patients with myocardial infarction history; in 18 - 42% cases patients have cardiac arrhythmias: sleep association with marked sinus arrhythmias (93%), extreme sinus bradycardias (40%), asistolias (33%), atrioventricular blocks (13%), ventricular arrhythmias (66%) and TV (13%), and ventricular extrasystoles (40%). Approximately 80% of patients with obstructive sleep apnea syndrome are overweight or obese.

Aim of the study. Study of cardiac pathology in patients with sleep apnea.

Materials and methods. In the study, 39 patients with sleep apnea were admitted to the Cardiology Institute in January-December 2017 with various cardiac pathologies, 71.8% men, 28.2% women, the ratio being 2.5: 1, with an average age 53 ± 4 years.

Results. Predominant risk factors in SA patients were: smoking (53.8%), obesity (74.4%), dyslipidemia (43.6%), diabetes mellitus (17.9%). Associated SA cardiac pathologies were meat in 82.6%, angina pectoris (AP) in 64.1%, MI (23.1%), stroke (7.7%), heart failure(NYHA) of different degree (74.4%), pulmonary hypertension (38.5%) and left ventricular hypertrophy (69.2%). Common ECG complications: arrhythmias in 100% (atrial fibrillation (33.3%), supraventricular extrasistoles (41%), ventricular extrasistoles (33.3%) and cardiac blocks in 10.3%. Clinical manifestations were present by: snoring (94.9%), nicturia (61.5%), sleep fragmentation (59.0%), sleep stifling (43.6%), and daytime somnolence (33.3), and morning headache (28.2%), memory impairment in 20.5%. According to the SA classification according to the apnea-hipopnee index was: mild in 20.5%, medium in 23.1% and severe in 46.2%.

Conclusions. In patients with sleep apnea, worsening of pre-existing cardiovascular pathologies with the development of major cardiac events, rhythm disturbances and conductivity which negatively influenced the progression and prognosis of these patients was diagnosed.

Key words: sleep apnea, cardiac pathologies, major cardiovascular events, arrhythmias, cardiac blocks

45. THYROID FUNCTION AND CHRONIC KIDNEY DISEASE IN HEART FAILURE PATIENTS

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Introduction. In the last years, the global prevalence of the moderate-severe renal dysfunction has gradually increased to an epidemic state. The risk of chronic kidney disease occurrence in heart failure (HF) is not well established, but kidney dysfunction is very often encountered in HF patients and is associated with a poor prognosis. Thyroid hormone, also, has been identified as a risk factor for the heart disease progression and development.

Aim of the study. To investigate whether thyroid function is associated with chronic kidney disease in heart failure patients.

Materials and methods. This observational cohort study included 25 patients with reduced ejection fraction heart failure CKD. Routine biochemistry, including Cysteine C, thyroid stimulating hormone(TSH) and proteinuria were measured. Glomerular filtration rate (GFR) was estimated by the CKD-EPI CYSTETIN C based formula adjusted for Body Surface Area. We divided patients into two groups according to estimated GFR: ≥ 60 ml/min (CKD stages I-II KDOQI); and < 60 ml/min(CKD stages III-V KDOQI).

Results. Among 26 adult participants, 15 had moderate-to-severe decrease in $eGFR < 60$ ml/min with a mean TSH level of 7.4 ± 3.28 UN/ml ($p < 0.05$); Cystetine C of 1.15 ± 0.07 mg/L; mean ejection fraction (EF) of $43.4 \pm 2.84\%$ level; uric acid level 446.2 ± 81.27 mmol/L; total cholesterol – 7.95 ± 3.37 mmol/L; triglycerides 2.19 mmol/L and 0.12 g/l proteins in urine. 11 subjects had elevated, normal or mild decrease in $eGFR \geq 60$ ml/min; a mean TSH level of 2.2 ± 0.65 UN/ml ($p < 0.01$); Cystetine C of 1.74 ± 0.13 mg/L; mean ejection fraction(EF) of $42 \pm 2.77\%$; uric acid level 235.5 ± 113.5 mmol/L total cholesterol – 7.95 ± 3.37 mmol/L; triglycerides 2.19 mmol/L, and 0.07 g/l proteins in urine. Compared with participants with an estimated GFR ≥ 60 ml/min, those with estimated GFR < 60 ml/min had an increased rate of subclinical primary hypothyroidism, higher levels of uric acid, total cholesterol and triglycerides.

Conclusions. Our results suggest that subclinical hypothyroidism is associated not only with heart failure but also with CKD, and may be considered as a novel risk factor of reduced renal function. Further studies are needed to better understand the causal implications of hypothyroidism in CKD patients.

Key words: thyroid function; chronic kidney disease; heart failure; glomerular filtration rate

46. THE IMPACT OF STATINS ON THE METABOLISM OF PATIENTS WITH CARDIOVASCULAR DISEASE

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Introduction. Statins are a class of lipid-lowering medications, also known as HMG-CoA reductase inhibitors. They are considered one of the most popular prescribed agents worldwide for treatment of hypercholesterolemia. Statins are effective drugs to reduce cardiovascular events