

75. MANAGEMENT OF CONFLICT IN PRACTICE OF PRIMARE HEALTH CARE

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Introduction. Conflict is present in all domains of people's lives, and family medicine is no exception. Because each year the number of conflicts increases, which produces a huge blow to the image of the health system, including financial, emotional and time loss, the necessity of implementing a methodology for their prevention and resolution has emerged.

Materials and methods. This research was conducted through a retrospective study based on a Thomas-Kilmann standardized questionnaire (TKI-R), randomly applied to a sample of 200 individuals, out of which 70 were doctors and 130 were patients, aged between 20 and 76 years ($x = 48$ years) in On Clinic and CMF No.7. We opted for self-employment, avoiding the group in order to minimize the contamination of the response by mutual influence.

Results. It was found that all respondents adopted 3 main patterns of behavior in a conflict – avoidance (34%), deflation (24.5%) and compromise (21%); 15% of them chose to go on the road of confrontation and cooperation; Family doctors more often avoided conflict (52.2%), and patients almost went for confrontation and avoidance (23.8% and 26.1%);

Conclusions. We have identified that people prefer to circumvent conflicts (59.5%) rather than solve them, which means that society is not informed about ways to resolve conflicts.

Key words: conflict, family medicine

76. COLLABORATIVE MANAGEMENT OF THE FAMILY DOCTOR'S TEAM WITH PUBLIC SERVICES.

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Introduction. In 2016, a family doctor received about 3935 visits a year. (Visits 3001611 to / 762.75 med). Approximately (68%) of the normative acts within the Ministry of Health, NHIC, regulate the work of the family doctor team.

Aim of the study. Evaluation of the collaboration of the family doctor's team with the public services in the conditions of mandatory health insurance.

Materials and methods. The paper is a synthesis based on the retrospective study of the legislative acts that define the activity of the family doctor during the period 1998-2017. Methods of study: historical method, analytical method, comparative method, modeling method.

Results. The family doctor's team collaborates with the Ministry of Health, NHIC, LPA, Police, NGO. The work of the Family Physician Team is governed by 20 laws, 30 government decisions, 150 orders of the Ministry of Health, 5 laws-20 orders with (CNAM) the National Health Insurance Company, the National Center for Health Management (CNMS).

From the comparative analysis of the legal framework on groups it was found that the normative acts related to the Organization of the work of the family doctor team are 60%, Prevention 15%, Pathologies 25%.

Conclusions. 1. The family physician team is the key figure in the health system. Most of the normative acts (68%) within the Ministry of Health, CNAM refer to the work of the family doctor's team. 2. Collaboration of the Family Physician team is characterized by collaboration within the healthcare system but also with public services (Social Assistance, NGO, Police, APL).

Key words: family doctor team, legislation, public services.

77. QUALITY OF LIFE AND MULTIMORBIDITY IN HEMODIALYSIS PATIENTS

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Introduction. Multimorbidity in patients undergoing hemodialysis causes major changes in their lifestyle that affect their quality of life. In Moldova there have been no studies to prove this.

Aim of the study. To examine the quality of life (QoL) level and its correlation with multimorbidity in patients with chronic kidney disease.

Materials and methods. The participants were individuals with end-stage renal failure who received hemodialysis in one outpatient clinic in Chisinau during January and February 2018. The sample included 30 adults; they all received hemodialysis treatment for the minimum of one month. Data was collected using a questionnaire with sociodemographic and clinical variables; it also included the SF36 questionnaire for assessing the quality of life. Multimorbidity, defined as the existence of two or more medical conditions within one person, was assessed as a simple account of diseases.

Results. Of the 30 patients on hemodialysis, 17 (56.6%) were women, the mean age (M±SD) was 47.8±15.3 years. The onset of chronic kidney disease was 37.7±17.5 years; they started the hemodialysis at 46.1±15.6 years, with a duration of 16.23±20.5 months, with 1 to 3 procedures per week. Concomitant diseases were identified in 26 patients, and in 21 (70%) cases multimorbidity was established. The average total score of quality of life was found to be 62.7±12.9 (in a range 47-85) points. Scores of mental health were higher (68.6±13.4) than those of physical health (55.4±14.5, $p<0.001$). It was found that the increasing duration of hemodialysis sessions determined poorer quality of life ($p<0.05$). The total score of quality of life was found to be lower in participants with multimorbidity, especially in the physical domain ($p<0.05$). Furthermore, the number and severity of comorbid conditions correlate significantly with lower QoL ($r=0.5$, $p<0.05$) in patients with chronic kidney disease.

Conclusions. Concomitant medical conditions, multimorbidity especially, have a negative impact on the quality of life in hemodialysis patients.

Key words: hemodialysis, quality of life, multimorbidity

78. ASSESSMENT OF INFANT FEEDING PRACTICES IN THE REPUBLIC OF MOLDOVA

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Introduction. Worldwide, the prevalence of exclusive breastfeeding of infants in first 6 months of life is about 36.4%. In the Republic of Moldova, this indicator reaches the level of 40% in rural areas and 30% in urban areas.

Aim of the study. Evaluation of infant feeding practices in several urban and rural areas.

Material and methods. The study included 100 infants: 50 children from Chisinau city and 50 children from rural areas (Hincesti, Ialoveni and Stefan-Voda) between 10 October 2016 and 23 June 2017. Interviewed mothers answered to a questionnaire containing 180 items, including data about the level of education of parents, nutrition during pregnancy and after birth of mothers, infant feeding practices and food diversification.