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

77. QUALITY OF LIFE AND MULTIMORBIDITY IN HEMODIALYSIS PATIENTS

Author: **Diana Coscodan , Diana Stirbu**
Scientific advisor: Salaru Virginia, MD, PhD, University assistant, Department of Family Medicine.
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

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

Author: **Cristina Grosu**
Scientific adviser: Lora Gitu, MD, University assistant, Department of Family Medicine
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

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.

Results. Of the total number of 100 infants, 49% were exclusively breast-fed until the age of 6 months, of which 19% - in urban areas and 30% - in rural areas; 39% were fed with bottle milk, of which 15% - in urban areas and 24% - in rural areas; 12% were fed using mixed feeding, of which all were from urban areas. One of the reasons for formula feeding was the necessity of the mother to return to the work. The majority of mothers had university education (74%). About 79% of children had normal birth weight, 17% had low birth weight and 4% the birth weight was higher than 3500 g. Analysis of answers to questionnaires showed that mothers who have been breastfeeding avoided eating food that may trigger colic in their babies (onion, fat and spicy food, coffee). Amongst all responders 66% started to introduce solid food at 6 months as recommended by the WHO; 12% at the age of 5 months with cereals and 11% at 4 months with fruits (apple, bananas). Some children manifested intolerance to some food, introduced after 6 months. Thus, 10 children from rural areas were fed with cow's milk from the age of 6 months, one infant from a rural area was fed with sheep cheese at the age of 3 months, and 3 children from the urban area were fed with semolina porridge at the age of 7 months.

Conclusions. The study revealed exclusive breastfeeding of infants in 49%, which is lower than the level recommended by the WHO. Food diversification shows higher incidence of errors in urban areas, where only 50% of respondents started food diversification correctly. Mothers' awareness about correct infant nutrition must be raised through education provided by health workers at the primary care level.

Key words: infant feeding, exclusive breastfeeding, formula milk, food diversification

DEPARTMENT OF RADIOLOGY AND IMAGING

79. ULTRASOUND PREDICTION OF FETAL BIRTH WEIGHT

Author: **Daria Cernea**
Scientific adviser: Cristina Capros, MD, Department of Radiology and Imaging
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. The prediction of fetal birth weight is crucial for establishing a correct birth plan. The two main methods to predict the fetal size are: clinical estimation and ultrasound measurement. The clinical evaluation of fetal weight is based on abdominal palpation of fetus, determination of height, body mass or abdominal circumference of the mother. It is subjective and not standardized. This is why the ultrasound examination is thought to be more helpful and accurate.

Aim of the study. To assess the precision of the ultrasound in the prediction of fetal birth weight.

Materials and methods. This is a descriptive, non-experimental study of pregnant women hospitalized during 2017 in the Obstetrical department of Municipal Hospital No 1 of the Republic of Moldova. The pregnant patients were admitted to the hospital because of the pregnancy complication. All the patients underwent ultrasound examination by the same experienced sonographer. The obtained fetal measurements were: biparital diameter, head circumference, femur length, humerus length and Abdominal circumference by Gray-scale two-dimensional ultrasound. Birth weight was best estimated by three different formulas. Shepard formula: $Log 10EFW = 1,2508 + (0,166 \times BPD) + (0,046 \times CA) - (0,002646 \times CA \times BPD)$. Formula Aoki: $= (1,25647 \times BPD3) + (3,50665 \times FAA \times LF) + 6,3$ Formula Hadlock: $Log10EFW = 1,3596 - 0,00386(CA \times LF) + 0,0064(CC) + 0,00061 (BPD \times CA) + 0,0425 (CA) + 0,174 (LF)$. In all formulas EFW stands for estimated fetal weight (g), BPD - biparietal diameter (cm), FAA - fetal abdominal area (cm^2), LF - femur length (cm). The newborns were weighted 2 hours after the delivery using a graduated scale and the actual birth weights were recorded. The data collection was made by extraction of the important information from medical files of the