

hospitalized patients, in accordance with the elaborated questionnaire for this research. Statistical processing was performed using the program Microsoft Office Excel.

Results. The total number of participants comprised 200 pregnant. From these, 100 at term and 100 who delivered prematurely. The average age of mothers of children was 29.07 years, the age ranged from 21 to 42 years. The average weight of neonates at birth was 2057 gr. The difference between the estimated fetal weight by ultrasound and the birth weight of the fetus varied between 10 and 520 grams. The deviation from real birth weight in three formulas corresponded to: Shepard 334g, Aoki 366, Hadlock 289g. The average difference was 355.71 grams. The difference <300 grams was 47.62%, > 300 grams was 52.38%.

Conclusions. The ultrasound evaluation showed to have an average sensitivity in the predicting the fetal weight at birth (47.6%). From the formulas used, the Hadlock formula shows less deviation from neonatal weight.

Key words: estimated fetal weight, birth weight, ultrasound, Hadlock formula.

DEPARTMENT OF PSYCHIATRY, NARCOLOGY AND MEDICAL PSYCHOLOGY

80. CLINICAL FEATURES AND EVOLUTION OF PATIENT WITH PSYCHOSIS INDUCED BY ALCOHOL

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Introduction. Alcoholism is a serious problem of mental health confirmed by its biological and social consequences. WHO declared that the Republic of Moldova is on the 3rd place in Europe with a consumption of 15,9 litres of pure alcohol per capita in population older than 15 years old. According to the statistics from 2017, in the RM 45340 persons are at the psychiatric evidence with the diagnosis of chronic alcoholism. The rate of alcoholic psychosis in Chisinau is 55 (psychosis) per 100000 standard population. Also, according to 2017 data, 4196 patients with alcoholism were treated in hospitals, 1261 of them had alcoholic psychosis, 204 of whom had recurrent psychosis.

Aim of the study. Studying clinical features of patients with alcoholism who have suffered from alcoholic psychosis.

Materials and methods. The total number of investigated patients was 428(only men). 21 patients with chronic alcoholism who had 2 or more alcoholic psychosis in the period of 2016-2017, and got hospitalized in the Republican Narcology Dispensary, section 4 were analyzed. The investigation is prospective, based on a protocol of individual examination. The criteria of the research were: age, numbers of recurrences, duration of psychosis, heredity, triggers, frequency of episodes depending on the season of the year, and comorbidities.

Results. From the total of 428 patients, 4.67% suffered 2 psychosis, 0.23% - 3 psychosis and 95% - 1 psychosis. Most frequently, the alcoholic psychosis occurred in patients aged 51-60 years (42.9%), followed by 31-41 years (23.8%). By marital status, 43% of patients were married, 43% - were single and 14% - divorced. By heredity, 67% of patients had aggravated hereditary history and 33% - didn't. By analyzing clinical particularities, 84% of patients had delirium tremens, 14 % - alcoholic hallucinations and 2% - alcoholic paranoia. In most cases, remission of alcoholic psychosis took from 1 to 5 months. The alcoholic psychosis occurred mostly in summer – 39%. Main factors such as craniocerebral trauma, returning to drinking, abandoning treatment, family problems, and loneliness were present before the onset of psychosis.

Conclusions. Abusive alcohol consumption in Moldova is a biopsychosocial issue, statistically confirmed. Most patients were found to have pathogenic substrate consisting of biogenetic factors, personality disorders, disharmonic personalities, and somatoneurological complications that contributed to the development of psychoses and were identified as primary risk factors. In order to reduce the number of patients with alcoholic psychoses, it is necessary to administer a complex and a long lasting treatment, with the involvement of dispensary specialists and the Community Centers of Mental Health.

Key words: alcoholic psychosis, delirium tremens, remission

81. ANAMNESTIC-EPIDEMIOLOGICAL ASPECTS IN GENDER IDENTITY DISORDERS: REVIEW

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Introduction. Transgender is an umbrella term for people whose gender identity, gender expression or behavior is not in accordance with the sex assigned at birth. Categories of transgender include cross-dresser, female-to-male, male-to-female, drag queens, androgynous, gender queer, multigendered, gender nonconforming, third gender, and two-spirit people. It is very difficult to estimate accurately the number of transgender people, especially because there are no population studies that take into account the range of gender identity and gender expression. The ways in which transgender people are discussed in folk culture, academic environment and science are constantly changing, especially depending on the awareness, knowledge and openness of individuals for transgender people and their experiences. The group of people presenting gender dysphoria is quite heterogeneous.

Aim of the study. To highlight the importance of comprehensive psychological/psychiatric assessment in transgender patients.

Materials and methods. This study is based on a review of different articles from the open access data base <https://www.ncbi.nlm.nih.gov/pubmed>

Results. Recent studies suggest that the prevalence of self-reported transgender identity in children, adolescents and adults ranges from 0.5 to 1.3%, significantly higher than prevalence rates based on clinically-referenced samples of adults. On average, men are diagnosed with gender dysphoria five times more often than women. Although, biological factors such as genetic influences and prenatal hormonal levels can contribute to the development of transgender identity, also social factors (early experiences and late experiences in adolescence or adulthood) influence gender role. The results of some studies show that psychological and psychosocial vulnerability of young people diagnosed with gender dysphoria is overlooked. The majority of children with transgenderism will not remain gender-dysphoric after puberty. For a person to be diagnosed with gender dysphoria, there must be a marked difference between the individual's expressed/experienced gender and his or her assigned gender, and it must continue for at least 6 months. Differential diagnosis of gender dysphoria with other mental disorders remains poorly elucidated, gender identity disorders being present in schizophrenia, nonconformity to stereotypical sex role behaviors, transvestic fetishism and concurrent congenital intersex conditions.

Conclusions. Should gender dysphoria be considered a mental disorder or not remains a debatable topic. Many transgender people do not experience their genre as distressing or disabling. The significant problem for them is finding accessible resources such as counseling, hormone therapy, medical and social procedures, necessary support for free expression of gender