

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-disphoric 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

identity and minimization of discrimination. Transition in gender dysphoria may improve comorbid psychosis.

Key words: gender identity, transgender, diagnosis, psychology, psychiatric evaluation

82. ANALYSIS OF CLINICAL-EPIDEMIOLOGICAL PARTICULARITIES OF BODY DISMORPHIC DISORDER

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Introduction. Body dysmorphic disorder (BDD) is a distressing body image disorder that involves excessive preoccupation with physical appearance in a normal appearing person. Patients with body dysmorphic disorder have high rates of psychiatric hospitalization, suicidal ideation, and suicide attempts. Although any part of the body may be the focus of patient's concern, preoccupation with the appearance of skin, hair, and nose are most common. Typical associated behaviors include skin picking, mirror checking, and camouflaging (e.g., with a hat or makeup). Reassurance seeking is another common behavior that can be enacted with surgeons and dermatologists.

Materials and methods. All relevant information was obtained from literature review.

Results. Body Dysmorphic Disorder affects 1.7% to 2.4% of the general population - about 1 in 50 people. This means that more than 5 million people to about 7.5 million people in the United States alone have body dysmorphic disorder. It's possible that body dysmorphic disorder may be even more common than this, because people with this disorder are often reluctant to reveal their body dysmorphic disorder symptoms to others. Most surveys of body dysmorphic disorder patients attending a psychiatric clinic tend to show an equal sex incidence, and sufferers are usually single or separated and unemployed. It is possible that, in the community, more women are affected overall, with a greater proportion experiencing milder symptoms. Although the age of onset of body dysmorphic disorder is during adolescence, patients are most likely to present to cosmetic surgeons, dermatologists, ear, nose, and throat surgeons, or their GPs. They are usually not formally diagnosed by mental health professionals until 10–15 years after the onset.

Conclusions. The onset of body dysmorphic disorder usually occurs in adolescence, and, therefore, particular attention will need to be given in research to risk factors preceding the onset. One aim of future research is to determine which factors (or combination of factors) predict future persistence of extreme self-consciousness so that interventions may be divided for those at risk. In the meantime, it seems important to identify these individuals, many of whom may be found in obsessive compulsive disorder, mood disorder, dermatologic, and surgical conditions. These patients might respond to psychiatric treatment and that might help them avoid unnecessary cosmetic surgery.

Key words: body dysmorphic disorder, epidemiology, symptoms

DEPARTMENT OF OPHTHALMOLOGY

83. FREQUENT OUTCOMES AFTER GLAUCOMA DRAINAGE IMPLANTS

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