Conclusion: Cardiovascular morbidity is lower in the regions with higer mineralization of drinking water.Surface water is richer in calcium and magnesium ions and contributes to a better cardiovascular function and lower morbidity.

Key words: Water hardness, Calcium and Magnesium concentration, cardiovascular morbidity

247. HYGIENIC ASSESSMENT OF TRAINING TIMETABLE AND SYMPTOMS OF OVERTRAINIG TO FOOTBALL PLAYERS

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Introduction. To stay healthy and to avoid injuries of health and to achieve best performances football players have to be adopters of a healthy lifestyle. One of the main factors of increasing the level of physical training of athletes is an organized systematic training, respecting the timetable of work and rest, training conditions, physiological principles and hygienic requirements of an healthy dietary. So, the purpose of this study is evaluation of training shedule and overtraining symptoms of junior sportsmen.

Materials and methods. Generally speaking the study was realised on the base of nowadays methods: hygiene, epidemiology, mathematical statistics. The study was realised in a group of 62 junior players aging of 15-17. The questionnaire consisted of 20 questions based on overtraining syndrome and all the athletes were tested concerning "Recovery Scoring Guide".

Discussion and results. The training of football players is 5 times a week, usually in the afternoon having a 90-minute period. The training consists of several stages: 1) the preparation (heating) - 25 min.; 2) the base (technic and tactic) - 45min.; 3) exercises (playing football) - 20 min.; 4) transition and recovery - 5 min.

The players have to choose foods for supporting consistent intensive training and optimizing their performances. All the players must have a nutrition plan that takes into account individual needs. In the current study it was found that the 48.3% of the respondents are fed three times a day, while the 3.2% of the athletes are fed insufficiently, only 2 times in 24 hours. The 35.2% of all participants in the study are fed 5 and more times. The 48.4% of the athletes have a diversified food alimentation, but the 51.6% have insufficiency of it. Only the 19.5% sleep enough and the 80.5% sleep less than 8 hours a day. Regarding the injuries during the training, tha cause being insufficient heating the 21.1% of all athletes suffer of.

The main complaints of the athletes due to insufficient recovery are: lack of concentration (30.6%); muscle pain (24.2%); loss of competitive ability (20.9%); confusion during the competitions (14.5%); abandon tendencies (9.6%).

Conclusion. The training of junior athletes who are practicing football takes place in compliance with all pedagogic principles and legalities, which are based on physiological and hygienic principles.

Regarding the symptoms of overtraining the 22% of the athletes mention the problem persists, due to the pecularities of individual adaptation of the body to training factors.

Key words: football player, overtraining syndrome, training, recovery.

248. THE EXAMINATION OF CARBON DIOXIDE IN THE CONFERENCE ROOMS OF STATE UNIVERSITY OF MEDICINE AND PHARMACY *NICOLAE TESTEMITANU*

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Basic.Carbon bioxide is a colorless gas, odorless, it doesn't irritate the mucous membrane and it can't be felt. The carbon bioxide is 1,5 times heavirr then the air, that's way it is usually concentrated in the lower part of closed spaces, causing the intoxication of the organism, but also it's a sanitory indicator that shows up the ventilation's work quality in spaces with different destinations, as Gh. Ostrofet metions.

In outdoor air in urban conditions, the carbon bioxide is found in concentrations of 0.3-0.4 %, there for it shouldn't overcome 0.1% or 1000ppm in closed spaces. This amount remains at constant values in nature, because it's intake and output is in perpetual balance.

The cabon bioxide is expeled during exhalation in the process of human respiration, this fenomen consisting it's main source in closed spaces. An adult expels 15-221 of carbon bioxide per hour. It expels at yhe cellular firing trough the expeled air, that contains 3.4-4.5% of CO2.Enormous concentrations of carbon bioxide comes out in closed spaces or in areas where are present agressed sources of CO2.To prevent intoxication with carbon bioxide it's required to assure an efficient ventilation in all the situations that can advantage the expansion of carbon bioxide. Concentration (fermentation rooms, mines, shelters). The carbon bioxide, increasing concurrent with the changes of the factors that determine the air blemish in crowded rooms, is used as an vitiate indicator of the air. The admissible amount of carbon bioxide in closed scaces is of 0.1%, as I. Bahnarel mentions.

Materials and methods. We have analysed the carbon bioxide's concentration in the conference rooms of the State Universitynof Medicine and Farmacy "Nicolae Testemitanu", using the digital gas analyzer AQ-2000, before the entrance of the students in the room, during the break and after the end of the classes. To be assured we have checked a set of samples through Vinocurov's analytical chemic technique. Vinocurov's technique is based on the absorbent of carbon bioxide with a base after wich it titer decreases. The decrease of the sodium carbonate's titer is determined by the titration of clorhydric acid of 1/500N. The reactions is based on the following formula:

 $Na2CO3 + HCl \rightarrow Na HCO3 + NaCl$

The concluded measurement results are placed in the table below: