of effort pain was accused by 12 patients. Risk factors were studied: 42 (70 %) of patients were overweight or were obese (BMI > 25 kg/m<sup>2</sup>), dyslipidemia was determined in 48 patients (80 %) of cases. Of type 2 diabetes suffered 26 (43 %) patients, 57 % the other non-diabetic, smokers were 33(55 %) patients. Different types of essential hypertension being the most common risk factor and found in 60 (100 %) patients, of which 90 % had blood pressure greater the 160/95 mmHg, and tachycardia predominating in 60 % of patients.

**Conclusions.** Patients with ischemia and metabolic disorders assessed in the survey were of working age  $(53.4 \pm 0.3 \text{ years})$ . Diabetes mellitus and hypertension was common pathologies associated with ischemia. Most patients have more than three cardiovascular risk factors, and influencing the modifiable risk factors by promoting a healthy lifestyle may reduce mortality from this disease.

Key words: myocardial ischemia, risk factors

## 112. THE RATE OF OBESITY AND DYSLIPIDAEMIA AMONG YOUNG MOLDOVAN WOMEN

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**Introduction.** Dyslipidemia and obesity are recognized modifiable cardiovascular risk factors, major health problems with increasing prevalence. Youth obesity and lipid abnormalities are not enough documented. Asymptomatic young people tend not to appeal to health services, but they may be at cardiovascular risk.

**Aim of the study.** To estimate the rate of obesity and dyslipidemia in the cohort of female population in the Republic of Moldova.

Materials and methods. The cross-sectional study was performed, including 302 women (17-29 years old), apparently healthy, enrolled at Nicolae Testemitanu State University of Medicine and Pharmacy in 2011. Venous blood samples were drawn after an overnight fasting and were subjected to following biochemical lipid parameters determination: *HDL cholesterol*, total cholesterol (TC), triglycerides. non-HDL cholesterol and LDL cholesterol were calculated. The following anthropometric parameters have been measured: body mass index (BMI), waist circumference (WC).

**Results.** Our data showed that over 53% (160 subjects) from the studied young population had at least one lipid abnormality. The rate of hypertriglyceridemia, hypercholesterolemia, high non-HDL cholesterol and low HDL cholesterol was 13.6%, 14.2%, 7% and 34.1%, respectively. 131 female patients (43.4%) were centrally obese and 14.2% were overweight/obese (WHO criteria). **Conclusions.** Young females in Moldova have alarming rate of the asymptomatic dyslipidemia and obesity. Our findings support the need of early preventive measures in this age group. **Key-words:** obesity, dyslipidemia, risk factor, young.

## 113. CLINICAL AND IMMUNOLOGICAL CHARACTERISTICS OF SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS FROM THE REPUBLIC OF MOLDOVA

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**Introduction.** Epidemiological studies of systemic lupus erythematosus have been reported in the literature in many countries and ethnic groups.

**Aim of the study.** To describe the clinical features, particularly disease activity, damage index and immunological features of 87 systemic lupus erythematosus subjects.

Materials and methods. Adult patients (≥18 years) followed in Rheumatology department of PMSI Institute of Cardiology who fulfilled Systemic Lupus International Collaborating Clinics (SLICC) criteria were included. Data was collected by detailed clinical interview, physical examination and laboratory investigations. Hence demographics, SLICC criteria, immunological profile, systemic lupus erythematosus disease activity index 2000 (SLEDAI-2K) and SLICC/American College of Rheumatology (ACR) damage index (SDI) were documented.

**Results.** Of the 87 patients, 84 (96.5%) were females and three (3.4%) - males. The mean age at lupus onset was  $36.7 \pm 15.6$  years. Mean disease duration was  $80.6 \pm 112.8$  month. The most prevalent clinical SLICC criteria were musculoskeletal, with 74 (94%) of subjects experiencing arthralgia/arthritis, followed by mucocutaneous manifestations of subacute cutaneous lupus in 65 (74.7%) and alopecia 60 (68.9%) cases. Lupus nephritis (not proven by biopsy) occurred in 32 (36.7%) subjects.

The most common laboratory SLICC criteria were positive anti-dsDNA antibodies in 80 (91.9%) cases, followed by antinuclear antibodies 66 (75.8%) and low complement (C3, C4 or CH50) levels - 50 (57.4%) patients. Mean SLEDAI score was  $6.5 \pm 4.3$  with a range of 2-18 points. Organ damage occurred in 38 (43.6%) patients; mean SDI was  $0.7 \pm 1.3$ , with a 0-5 range.

**Conclusions.** The results of the study, general for our country, can be used in the diagnosis and monitoring of SLE, that represents a big challenge for any clinician and justifies the need for this type of study to better characterize the disease, especially in the first years of the disease.

**Key words:** systemic lupus erythematosus, clinical features, disease activity, damage index, immunological features

## 114. APPLICABILITY OF EULAR/ACR CLASSIFICATION CRITERIA FOR IDIOPATHIC INFLAMMATORY MYOPATHIES

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**Introduction.** Till recently, the most widely used criteria for the diagnosis of idiopathic inflammatory myopathies (IIM)-autoimmune diseases characterised by muscle weakness and muscle inflammation was done the Bohan and Peter criteria, which has a high sensitivity (94,3%), but low specificity (29,4%). The International Myositis of Assessment and Clinical Studies Group (IMACS) created a new criteria set that shows better performance than the existing ones.

**Aim of the study.** To evaluate the performance of new criteria in patients with idiopathic inflammatory myopathies.

Materials and methods. A cross-sectional study was done on patients with idiopathic inflammatory myopathies, during May 2016-december 2017. Clinical and demographic data was collected based on a special questionnaire made by us and according to international recommendation on IIM. The ACR/EULAR criteria set has 16 variables from 6 categories, each has an assigned weight (score) based on its influence to discriminate IIM from non-IIM. The sum of all scores provides a corresponding probability of having IIM, the level 55-90 % is for probable IIM and  $\geq 90\%$  is for definite disease. The study was accepted by the Bioethical Committee of SUMPh "Nicolae Testemitanu" from 23 may 2016.

**Results.** The study group consisted of 65 patients, the majority of them were Caucasian females, W:M ratio was 3.3:1. The median age at the examination was 52.9±13.1 (range 25-78) years versus 48.5±11.1 at the onset of the disease. Regarding the mean duration of the disease, we