

307. PHARMACOLOGICAL ASPECTS IN THE TREATMENT OF POLYCYSTIC OVARY SYNDROME

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Introduction. Polycystic ovary syndrome is a heterogeneous disorder characterized by hyperandrogenism, insulin resistance, metabolic disorders, anovulatory cycles and infertility, affecting 6% - 20% of women of reproductive age. At the same time, this syndrome represents about 75% of the causes of endocrine infertility and 95% of the causes of hirsutism.

Aim of the study. The purpose of the study was to select the groups of drugs used in the treatment of polycystic ovary syndrome and to analyse their presence on the pharmaceutical market with argument of the rationality of use.

Materials and methods. The specialized literature was analysed with the selection of the groups and drugs recommended in the pharmacotherapy of polycystic ovary syndrome with the argument of the pathophysiological mechanisms responsible for their effectiveness. Based on the study of the State Nomenclature of Medicines, were selected the groups of drugs present on the pharmaceutical market in the Republic of Moldova.

Results. In the Republic of Moldova are registered metformin (oral antidiabetic biguanide) and combination medication (with glibenclamide, sitagliptin, vildagliptin), saxagliptin (oral antidiabetic, dipeptidyl-peptidase-IV inhibitor), letrozole (aromatase inhibitor), ciproterone, flutamide, finasteride (antiandrogen), clomiphene (estrogen receptor modulators), oral contraceptives (estrogen-progestin), spironolactone (aldosterone antagonist and antiandrogen), gonadotropins, myoinositol and simvastatin (hypolipemic statins). The use of oral antidiabetics is determined by the diminution of insulin resistance and metabolic effects that accompany the metabolic syndrome (obesity, dyslipidemias, hyperinsulinemia, hyperglycemia). Antiandrogenic preparations, aromatase inhibitors, spironolactone and oral contraceptives will contribute to the combat against hyperandrogenism and hirsutism. Hypolipidemic statins will result in decreased cholesterol synthesis and steroidogenesis with excessive testosterone synthesis. Gonadotropin drugs will be used for ovulation and pregnancy. Myoinositol and polyvitamin and mineral supplements will help correct metabolic disorders.

Conclusions. The study established the presence of groups of drugs used in the treatment of polycystic ovary syndrome in the State Nomenclature of Medicines, which will influence the pathogenetic links of the disease.

Key words: polycystic ovary syndrome, pharmacotherapy

308. PRINCIPLES OF MIGRAINE TREATMENT

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Introduction. Migraine is a recurrent headache disorder affecting ~15% of the population during the most productive periods of their lives, between the ages of 22 and 55 years. Chronic migraine is no longer considered a complication of migraine and is recognized in individuals

that had at least five attacks fulfilling criteria for migraine with/or without aura. This disorder affects 1,4-2,2% of the population and is associated with a higher headache impact in comparison with the episodic migraine. Medication overuse of acute analgesics often occurs with chronic migraine. In patients with migraine frequent intake of acute headache medication can increase the frequency and intensity of headache, causing a vicious circle of further intake of medication and increased attack frequency. Here is how the treatment can become the cause of another separate condition, known as medication-overuse headache.

Aim of the study. To determine medication overuse of acute treatment in patients with chronic migraine and its impact to the severity of the disease.

Materials and methods. In this study were included 36 patients with confirmed clinical diagnosis of chronic migraine who requested a consultation of a neurologist at the Institute of Neurology and Neurosurgery in Chisinau. The study was based on survey: self-report questionnaire with references to the medicamentous migraine treatment and Migraine patient assessment questionnaire from the National Clinical Protocol. A clinical analysis of the disease and medication intake were performed. The patients were separated in two groups: with and without medication overuse of acute treatment (medication overuse is diagnosed if a limit medication days per month is exceeded for ergotamines, triptans, opioids and combination drugs ≥ 10 days per month, and for simple analgesics ≥ 15 days per month, both for longer than 3 months), based on the results of two questionnaires. Student-T test was chosen as statistical criteria for this research.

Results. We found that patients with medication overuse of acute treatment have a significantly more severe clinical signs of the disease. We compared the following clinical outcomes: number of days with headache per month and intensity of headache. In case of medication abuse we found higher values on two parameters: frequency ($p < 0.0001$) and intensity ($p = 0.0016$) of headache per month.

Conclusions. On conclusion, the analysis of our data support the concept that medication overuse is the reason for the development of more severe clinical signs in patients with existing primary headache disorder. Patients who managed correctly their migraine attacks have moderated clinical signs.

Key words: headache, chronic migraine, acute treatment, medication overuse.

309. PHARMACOLOGICAL ASPECTS OF METHYLPHENIDATE USAGE

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Introduction. Numerous recent studies show that misuse of stimulants by individuals without ADHD (Attention Deficit Hyperactivity Disorder) has increased over last years, in order to enhance cognitive performance. This is especially popular among students. Hence, the need to assess the effects of methylphenidate on healthy brain (without ADHD), as well as the associated adverse reactions, arises.

Aim of the study. To evaluate the prevalence of methylphenidate (MPH) usage among medical students, to emphasize pharmacological effects and adverse reactions.

Materials and methods. A self-administered, anonymous questionnaire was distributed in online and sheet forms to students of the ungraduated medical programme. The literature