

Aim of the study. To determine whether metformin is more effective in weight loss after the use of antipsychotic medications.

Materials and methods. PubMed database was used to search meshterms “antipsychotic, weight gain, metformin,” which were combined with “and” to result in 14 articles. After the addition of the filter “published within the last 5 years” was added, 5 articles were left. The meshterms “antipsychotic, weight gain, naltrexone” were combined with “and” to result in 3 articles. There were no articles with both drugs together. Embase database was searched from 1996 till 2017 week 02. Mapped key words “antipsychotic, weight gain, naltrexone” were filtered with randomized controlled trials within the last 5 years and combined with “and” which resulted in one article. Similarly key words “antipsychotic, weight gain, metformin” resulted in 5 articles. Two articles were not on the correct topic.

Results. Metformin is shown to significantly reduce weight in schizophrenic patients by about 3 kg (2 RCTs; n=148, 45 women; and n=72, 32 women). Second study shows that metformin reduced initial body weight greater than was clinically significant (>7%, p=0.003). Naltrexone showed significant weight loss of 3.4 kg (CI=-5.16, -1.65, p=0.001) (1 RCT; n=24). No studies compared metformin and naltrexone in one trial. Metformin was shown to have more additional health benefits.

Conclusions. Both metformin and naltrexone show statistically significant weight reduction in patients taking antipsychotics. However, metformin appears in more studies than naltrexone and shows additional health benefits like reduction of triglycerides. Thus, metformin appears to be more effective in weight control for women with schizophrenia. Pharmacists might be able to recommend metformin as an adjunct to the antipsychotic therapy.

Key words: metformin, schizophrenia, weight control

405. THE GENERAL CONCEPTS OF GASTRO-DUODENUM ULCER PHARMACO- AND PHYTOTHERAPY

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Introduction. Gastro-duodenum ulcer is a break in the inner lining of the stomach, the first part of the small intestine, or sometimes the lower esophagus. The most common symptoms of a duodenal ulcer are waking at night with upper abdominal pain (often described as a burning or dull ache), belching, vomiting, weight loss, or poor appetite. Worldwide, prevalence of the disease is estimated at 6-14% of the adult population and for Republic of Moldova is 100-120 sick persons per 10,000 population

Aim of the study. Highlighting epidemiological factors, mechanism of development and treatment methods of gastro-duodenum ulcer

Materials and methods. Analysis of data from the observation files of 60 patients hospitalized in Internal Diseases Department no.1 of "Clinical Hospital of the Ministry of Health", Gastrology unit, during 2019. The evaluated parameters were: gender, age, smoker or non-smoker, place of living, basic diagnosis (type of ulcer developed), the etiology of the disease, complications, treatment, recommendations for discharge

Results. The analysis of the distribution of cases of gastro-duodenum ulcer by sex showed the predominance of the male (62%) compared to the female (38%). The total number of patients

diagnosed with gastric or duodenal ulcer disease rate was distributed as follows: 90% of patients developed duodenal ulcers and 10% - developed gastric ulcers. The treatment included: spasmolytics (100%), chemotherapeutics (80%), proton pump inhibitors and antibiotics (67%), H₂ receptor antagonists (37%), antacids (22%), gastroprotectives (11%). The other medicinal remedies were indicated for symptomatic purpose: hemostatics (12%), prokinetics (5%), sedatives (58%)

Conclusions. 1. Gastric and duodenal ulcer is a defect of the gastric or duodenal mucosa, which goes far beyond the muscular mucosa and is surrounded by an acute or chronic inflammatory infiltrate. 2. The most important factors that modulate the epidemiology of gastric and duodenal ulcer are genetic predisposition, *Helicobacter Pylori* infection (decreasing) and consumption of NSAIDs (increasing). 3. In our study, men are more often affected, because they are more frequently subjected to risk factors, such as: active and passive smoking, alcohol use, food additives and psycho-emotional pressure.

Key words: gastro-duodenal ulcer, gastro-intestinal tract, digestive disorders

406. THE CONTRIBUTIONS TO THE STUDY OF GOUT MEDICATION

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Introduction. Gout is a chronic condition caused by the disorder of uric acid metabolism, which is manifested clinically, first of all, by acute relapsing arthritis and the formation of subcutaneous gouty nodules (tofi), formed from accumulations of microcrystals of monosodium urate monohydrate. In the Republic of Moldova, gout is determined in 2.5% of the population with asymptomatic hyperuricemia, but the morbidity varies from 0.3 to 2.1%.

Aim of study. The elucidation of clinical features and contemporary principles of pharmacotherapy and monitoring of gout medication.

Materials and methods. We investigated 74 patients with different clinical forms of gout that were hospitalized during 2019 in the Rheumatology Unit of the Republican Clinical Hospital.

Results. The prevalence by age is found in men between 51-60 years old (37.8%) and among women at 61-70 years old (4.1%). Gout is most often reported among men (93.2%), which is related to alcohol and food abuse (meat, beef, tomatoes); traumatic events, hunger and stress. According to the observation sheets, patients most frequently present a period of illness and/or worsening of the health status in the last years: 33.8% - up to 5 years and 31% - 6-10 years. There is a higher incidence of chronic tophi gout (56.8%) and idiopathic chronic gout (35.1%), which makes us conclude that patients addressed after specialized medical help in the hospital only in case of worsening health, other gout attacks. being monitored by the family doctor in ambulatory conditions. For the treatment of acute gout attacks and for their prevention more frequently is used uricodepressive treatment with: Alopurinol (95.9%), Colchicine (32.4%), Canefron (47.3%), analgesic treatment with antipyretic analgesics (39.2%), nonsteroidal anti-inflammatory drugs (87.8%) and corticosteroids (16.2%). The average bed days spent by the patients in the Rheumatology Unit is 8 days. According to the observation sheets, it was established that during the winter-spring period, 58.11% of the total number of patients were undergoing treatment in hospital, which can be caused by the worsening of the disease during the cold period or by the oscillations of the temperature during spring.