

Conclusions. Our study revealed that exists a strength association between 10 year survival rate and other two factors: age related score and weighted index of comorbidity. The cardiovascular diseases are the most predominant comorbidities at OSA patients. The patients with higher CCI scores had higher risk of mortality. The impact of comorbidities on the obstructive sleep apnea is significant.

Key words: Obstructive sleep apnea (OSA), Comorbidity, Charlson index of comorbidity (CCI).

158. DISTINCTIVE FEATURES OF THE PULMONARY FUNCTIONAL STATUS IN PATIENTS WITH INTERSTITIAL LUNG DISEASE

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Introduction. Interstitial lung diseases (ILD) are a group of disorders that are generally thought to share a common pattern of physiologic abnormality characterized by a restrictive ventilatory defect and reduced diffusing capacity (DLCO).

Aim of the study. To find distinctive features of the pulmonary function tests results in different types of ILD.

Materials and methods. We have analyzed the data collected from 40 consecutive patients admitted to the Institute of Pthisiopneumology, Chisinau, Republic of Moldova, during January 2019 – February 2020. We have included patients with ILD that are different from a morphological and pathogenetical point of view and distributed the patients as follows: Sarcoidosis patients – 10 cases, Idiopathic pulmonary fibrosis (IPF) patients – 8 cases, Nonspecific Idiopathic Interstitial pneumonia (NSIP) patients – 7 patients, Hypersensitivity pneumonitis (HP) patients – 9 subjects and 6 Histiocytosis (Hx) cases. All patients have been evaluated by pulmonary function tests, 6MWT, SaO₂, MRC scale for dyspnea, etc.

Results. The mean age was 58.95 ± 14.1 years, having the oldest patients (mean 69.7 ± 8.3 years) in the IPF subgroup, and the youngest in the Hx group (mean 38.3 ± 15.6 years), $p < 0.001$. The majority of patients were women (55%), and non-smoker patients (75%). Overall, the sarcoidosis and HP patients were 100% non-smokers, while all Hx patients were ever-smokers, $p < 0.001$. The MRC dyspnea score median was 3 [2;3]. When compared by subgroups, the degree of dyspnea in sarcoidosis and in Hx patients was similar ($p > 0.05$). Moreover, IPF patients expressed significantly more dyspnea when compared to Sarcoidosis ($p = 0.01$), or the Hx subgroup ($p = 0.025$). Similarly, HP patients complained of more severe dyspnea when compared to sarcoidosis patients ($p = 0.029$). In terms of pulmonary function tests we found normal mean FEV₁ and FVC values (80.7 ± 21.7 and 78.4 ± 21.5 respectively), a slightly increased mean RV (127.5 ± 42.1), a mildly decreased mean TLC (88.8 ± 22.3) and a moderately decreased DLCO (52.6 ± 21.5). Analyzing PFT parameters within the subgroups we found a predominant restrictive pattern, when defined as FEV₁/FVC above 80%, in more than 70% of patients from all the subgroups. But when we applied the bodyplethismographic parameters, we have found that an air-trapping pattern, defined as an elevated RV combined with a normal TLC was identified in about 40% cases of patients with Hx, HP and sarcoidosis.

Conclusions. PFT can help identifying individual features of different types of ILD being able to show even obstructive changes in a group of diseases thought to be strictly restrictive.

Key words: interstitial lung disease, functional status

159. MULTIDIMENSIONAL INDEXES AND PHENOTYPES IN THE EVALUATION OF THE RISK OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATION

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Introduction. COPD is a considerable element in worldwide chronic morbidity and mortality and invariably leads to a deterioration in the quality of life and death from it and its complications. Multiple studies had shown that exacerbations must be considered in evaluation and management of patients with COPD. Each exacerbation significantly damages quality of life and worsens the prognosis, due to association with a lung function impairment, so it also can serve as an independent prognostic factor. The task of a practitioner is to identify patients at increased risk for exacerbation, which still remains a challenge.

Aim of the study. Comparative assessment of prognostic value of different approaches in COPD exacerbations: GOLD ABCD classification, multidimensional indices and phenotypes.

Materials and methods. In the study were included 433 patients, hospitalized during the period of 2012-2016. The phenotypes and the following COPD classifications were used in order to assess spirometric data (FEV1 (forced expiratory volume in 1 second), FVC (forced vital capacity), FEV1/FVC) and e-BODE (exacerbation, body-mass index, airflow obstruction, dyspnoea and exercise): GOLD (The Global Initiative for Chronic Obstructive Lung Disease) 2001, GOLD ABCD 2011 and GOLD ABCD 2017.

Results. 352 (81%) men and 81 (19%) women with mean age $62,7 \pm 9,8$ years participated in research. e-BODE index and phenotypic classification showed a high correlation with exacerbation frequency (e-BODE AUC 0.908 and phenotypic classification AUC 0.995) whereas GOLD classifications underestimated the risk (GOLD 2001 AUC (area under the curve) - 0.623, GOLD ABCD AUC - 0.546 and GOLD ABCD 2017 AUC - 0.545).

Conclusions. COPD diagnosis and management needs a personalized medicine strategy including assessment and prevention of future exacerbations.

Key words: chronic obstructive pulmonary disease, exacerbation, e-BODE, phenotype, GOLD

DEPARTMENT OF PSYCHIATRY, NARCOLOGY AND MEDICAL PSYCHOLOGY

160. MENTAL DISORDERS IN BRAIN TUMORS

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