

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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Introduction. Brain tumors are clinically characterized by cerebral organic, focal symptoms, which are manifestations of local pathology. There is a definite connection between the psychotic state and the localization of tumors. Mental disorders can occur in the postoperative period. The prognosis of mental disorders in tumors depends on the tumor histology, localization, stage of the disease, the correctness of the topical diagnosis, operability, age and somatic state of the patient.

Aim of the study. The aim of this work is to study the classification of brain tumors, as well as mental problems (symptoms, syndrome and clinical picture), depending on the location and metastasis of the tumor.

Materials and methods. a literature review was studied (20 sources, published mainly over the past 2 years), devoted to the symptoms and syndromes of mental problems associated with brain tumors, as well as the classification of brain tumors.

Results. as a result of the study, the classification of brain tumors, the prognosis depending on their location and metastasis, as well as the clinical picture, symptoms and syndromes that can be found in patients with mental problems with brain tumors were studied. In addition to cerebral symptoms (increased intracranial pressure, head pain, nausea, vomiting, displacement of brain tissue) and focal neurological symptoms in brain tumors and specific symptoms are observed, depending on the location and structure. We studied transient, persistent mental disorders, as well as acute postoperative psychoses. Among transient mental disorders, there were: convulsive seizures, hallucinations, insane violations, syndrome of depersonalization and derealisation, metamorphopsia, disruption of speech, thought, memory and consciousness. Persistent mental disorders (sleep and memory disturbances, Korsakoff syndrome, retrograde amnesia), affective disorders (dreary and anxious depression, euphoria, moria), long-term disturbances of consciousness, productive and negative symptomatology, anorexia nervosa were also studied. The clinic of postoperative psychoses with and without impaired consciousness (hallucinatory-delusional, oneiric states, Korsakoff syndrome with euphoria, akinetic mutism with stupor was studied.

Conclusions. The result of the study is the allocation of specific mental symptoms and syndromes in various brain tumors (depending on the name of the tumor, localization, metastasis). The specific symptoms are systematized depending on the location of the tumor in the brain and the histological structure.

Key words: brain tumors, mental disorders,metastasis,psychoses.

161. ETIOPATHOGENESIS OF THE FIRST PSYCHOTIC EPISODE

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Introduction. Issues about pathogenesis of schizophrenia-like disorders are quite complex and relevant, modern psychiatry is trying to solve them by summing up new information. The causes of psychoses are multifactorial, there are various hypotheses on the origin of psychoses, however, the issues of etiopathogenesis require further study.

Aim of the study. The main goal is to study the risk factors, etiology and pathogenesis of psychotic episodes giving a special attention to the debut period of psychoses.