20.5% and 4.7 %), dyslipidemia (40.5 % vs 15.2% and 2.4%), diabetes (18.6 % vs 4.3% and 0.5 %) and old myocardial infarction (24.8 % vs 8.1% and 0), for all these features missing sex and age differences.

Conclusions:

1. The distribution of patients with UA by gender, revealed prevalence of men with UA (52.4% vs 47.6%), male / female ratio being at an age below 65 years -2:1, at the age of 65-75 years - 1:1 and age > 75 years 1:2.

2. The results of our study showed a high proportion of UA patients with conventional risk factors: like hypertension, dyslipidemia, diabetes mellitus, family history of cardiovascular disease and tobacco habit.

3. Using score Braunwald most of patients with UA have a high estimated risks of major cardiovascular events-71.4%, intermediate risk - 23.3%, low risk - 5.3%.

Key words: Unstable angina, hypertensions, diabetes, myocardial infarction

7. IRON-DEFICIENCY ANEMIA IN INFANTS AND YOUNG CHILDREN
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Introduction: Iron-deficiency anemia (IDA) is the most common nutritional deficiency in childhood throughout the world, with a major impact on health of the child in the short, medium and long term. Infants with IDA have been shown to achieve lower scores on mental and motor development tests, weakened immunity, have decreased quality of life in comparison with the infants with normal iron status.

Purpose and Objectives: The goal of this research is the identification of the high risk factors for IDA, clinical and laboratory features of IDA for infants in their earlier stage of development in order to ameliorate the diagnosis and develop prophylactic strategy for it.

Material and Methods: The research has been done on 50 children aged between 3 months and 3 years old. The patients presented at least one of the IDA symptoms: wanness, tiredness caused by efforts, weakness, anorexia, and other unknown causes. The indicator for the diagnosis of IDA was Hb under 110g/l (reference value for age group). Baseline measurements comprised the erythrocyte-related hematologic markers: Hb, hematocrit (Hct), mean corpuscular volume (MCV), mean corpuscular hemoglobin concentration (MCHC), and red blood cell (RBC) count as well as the iron status markers such as serum iron.

Results and discussions: Analysing the cases, it was revealed that the prenatal and perinatal factors with the biggest negative impact on the development of iron deficiency were: pathological evolution of pregnancy (gestations, maternal infections, abortion, chronic diseases of the mother); anemia in pregnancy, newborns with low or excessive birth weight. The persistence of anemia is associated with mistakes in dietary diversification, other nutritional deficiencies and care; recurrent infections; the association of anemia with vit.D deficiency, with weight deficit, as well as, frequently, with overweight conditions. The anemia prevalence was bigger in children from rural environment, most of them had the medium level of Hb between 109-90 g/l, which corresponds to the first grade of severity of IDA. At the same time, decrease of MCV, MCHC and serum iron were registered.

Conclusions: The results of the given study reconfirmed the presence of high risk of development of iron deficiency in infants born from the mothers who suffered from anemia during pregnancy, for infants with low birth weight, malnutrition, low socio-economic status, recurrent infections, from rural environment. Prophylaxis of anemia for the infants and children from high-risk groups is proved to be useful.

Key words: iron-deficiency anemia, young children, risk factors