

presence of DPN moderate – 6 patients (22.2%) and DPN severe – 2 patients (7.4%). In this group the T1DM average duration was  $13.6 \pm 5.5$  years. Important correlation with moderate DPN ( $r=0.452$ ,  $p=0.017$ ).

In the 3<sup>rd</sup> group were added 8 patients (29.6%) with severe CAN, which had severe DPN. The average duration of T1DM was  $18.9 \pm 7.6$  years. In this group were observed more significant correlation with duration of T1DM ( $r=0.585$ ,  $p=0.0013$ ) and severe DPN ( $r=0.846$ ,  $p<0.0001$ ).

#### Conclusions:

1. Cardiac autonomic neuropathy severity correlates with peripheral neuropathy severity in type I diabetes.

2. Cardiac autonomic neuropathy and peripheral neuropathy severity increases with the duration of type I diabetes.

**Keywords:** Cardiac autonomic neuropathy, diabetes type 1, peripheral neuropathy

### 33. SERUM LIPID PROFILES IN PATIENTS WITH METABOLIC SYNDROME WITH OR WITHOUT CORONARY ARTERY DISEASE

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**The purpose of study:** To assess serum lipid profiles in patients with metabolic syndrome (MS) and stable angina pectoris (SAP) vs. patients with MS without SAP.

**Material and methods:** This study included 122 patients with metabolic syndrome (mean age  $54.06 \pm 0.86$  years). The diagnosis of MS was established according to criteria proposed by IDF and AHA/NHLBT in 2009. All patients with MS and clinical signs of SAP undergo bicycle exercise stress test (EST), unless contraindicated. Depending on EST results, there were selected 66 (54.09%) patients with SAP and positive EST (group I) and 56 (45.9%) patients with negative EST (group II, control). Following evaluation included laboratory investigations: total cholesterol (TC), LDL cholesterol (LDL-C), HDL cholesterol (HDL-C), triglycerides (TG) and TC/HDL-C ratio  $\geq 4.2$  in both groups.

**Results:** Lipid profile assessment revealed that the mean value of TC for patients in group I was  $5.63 \pm 0.14$  mmol/l vs.  $5.42 \pm 0.15$  mmol/l for patients in group II ( $p>0.05$ ). The mean LDL-C in group I patients was  $3.46 \pm 0.11$  mmol/l vs.  $3.25 \pm 0.13$  mmol/l in group II patients ( $p<0.05$ ). In group I patients we estimate a mean HDL-C value of  $1.23 \pm 0.04$  mmol/l vs.  $1.27 \pm 0.04$  mmol/l in group II patients ( $p>0.05$ ). As for TG findings, the average value was  $2.22 \pm 0.1$  mmol/l in group I patients vs.  $1.95 \pm 0.13$  mmol/l in group II patients ( $p>0.05$ ). When considering the frequency of dyslipidemia, we found TC values  $\geq 4.5$  mmol/l in 59 patients (95.16 %) from group I vs. 46 patients (82.14%) from group II ( $p<0.05$ ). Values of LDL-C  $\geq 2.5$  mmol/l were found in 48 patients (87.27%) from group I vs. 44 patients (78.57%) from group II ( $p>0.05$ ). Analysis of TG levels  $\geq 1.7$  mmol/l revealed significant higher rates of hypertriglyceridemia in group I patients (82.26%,  $n=51$ ) vs. group II patients (48.21 %,  $n=27$ ) ( $p<0.001$ ). HDL-C assessment demonstrated values  $<1.0$  mmol/l in men and  $<1.3$  mmol/l in women in 22 patients (36.02%) with MS and SAP and 28 patients (50.0%), MS without SAP ( $p>0.05$ ). Also an increased atherogenic index, as determined by the ratio of TC / HDL-C, was proven in both groups (group I -  $4.7 \pm 0.17$  vs. group II -  $4.3 \pm 0.12$ ,  $p>0.05$ ). In group I we determined values of TC/HDL-C ratio  $\geq 4.2$  in 36 patients (58.06%) vs. 23 patients (41.07%) in group II ( $p>0.05$ ).

**Conclusion:** In both groups of patients we determined abnormal lipid profiles. To be also mentioned the presence of a larger number of patients with TC and TG values exceeding the allowable limits in the group with metabolic syndrome and stable angina pectoris.

**Key words:** lipid profile, metabolic syndrome, coronary artery disease