

Patient Global Assessment (PGA) asked a patient to rate on the scale how they feel overall. The Physician Global Assessment (MDGA) is a similar item completed by the assessing physician. Both these measures were incorporated into other indices. To assess patient pain we used the Western Ontario and McMaster Universities Index; The WOMAC contains five pain, two stiffness, and 17 physical function items, and is available in five-point Likert (LK) and 100-mm visual analogue (VA).

Results: We examined 53 patients with OA of 50 years old. Patients completed the PGA, visual analog scale for pain (VAS Pain), VAS Fatigue, VAS Sleep and PGA. Physicians completed the MDGA at the time of the patient's appointment day. Test results were assessed using interclass correlations (ICC). "Substantial" reliability was between 0.69-0.79 and "almost perfect" > 0.80. As endpoint, physical function and the patient's global assessment were evaluated at baseline and at the 8 week. The Western Ontario and McMaster Universities (WOMAC) Osteoarthritis Index was used to assess physical function and pain. This study was conducted according to the principles of the Declaration of Helsinki (1996) and good clinical practice.

In the study participated three rheumatologists and 53 patients. Test reliability was 0.702 for PGA, 0.961 for MDGA, and 0.897 for WOMAC; VAS results were 0.742 for Pain, 0.741 for Fatigue, and 0.800 for Sleep. The correlation between PGA and MDGA was -0.172. The WOMAC measured pain in 50%, stiffness in 42.7% and physical function in 53.9%.

Conclusion: The patients with osteoarthritis had relatively low physical function and knee pain. The Patient Global Assessment, Physician Global Assessment, WOMAC index, and VAS Pain, VAS Fatigue, and VAS Sleep all showed good to excellent test-retest reliability in OA after hospitalization. MDGA was more reliable than PGA. The correlation between PGA and MDGA was low.

Key words: Osteoarthritis, WOMAC, PGA.

REVIEW OF ACTUAL TREATMENT OF RHEUMATOID ARTHRITIS IN MOLDOVA

Moisei Cristina

Academic adviser: Cerlat Sergiu, M.D., University Assistant, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Rheumatoid Arthritis (RA) is an autoimmune disease that affects about 21 million people worldwide (0.6-1.3%). In Moldova, RA prevalence is of 1% among adult population, meaning 35000 cases. Untreated it leads to joint destruction with following deformity and disability. In the last 25 years, a better understanding of RA immunopathogenesis, along with expanding technology, has led to significant advances in drug development. Beginning with the wider use of methotrexate in rheumatology in the 1980's, improved disease management has resulted in improved functional outcomes, decreased need for surgical intervention and growing use of disease-modifying antirheumatic drug (DMARD). The next great advance began in 1998 with the introduction of biologic agents targeting the pro-inflammatory cytokines, which have enabled the application of an etiopathogenic therapy.

Objectives and Purpose: Our study aimed the reviewing of medication evidence currently used in RA patients from Moldova and detecting the percentage of patients treated with biologics.

Materials and methods: Data were extracted from 40 files of RA patients treated in the Rheumatology unit of the Clinical Hospital "Sfinta Treime", Chisinau city in the period January-July 2011.

Results: From 40 files of RA patients, 6 (15%) were men and 34 (85%) were women (male to female ratio 1:5). The mean age was 52.85 years, ranging from 20 to 75 years; 82.5% of patients were aged 45-70

years. Disease duration ranged from 1 to 25 years, with a mean of 8.22 years. 82.5% of patients had seropositive RA; 35% had chronic and 60% progressive disease, while 5% patients had early arthritis. 77.5% of cases had grade III disease activity and 67.5% had grade III functional impairment.

100% of patients administered NSAIDs (diclofenac, nimesulide); various SAIDs (prednisolon, methylprednisolon, dexamethasone) are used in proportion of 92.5% from total number. As to DMARD therapy – 77.5% patients administered methotrexate (7.5-10mg weekly); 20% of patients use either used sulfasalazine (1-2g/24h) in the past and 5% use leflunomide 20mg. 1 (2,5%) patient administered rituximab and 5 (12.5%) – tocilizumab.

Conclusions: The main DMARD therapy was the internationally accepted gold standard, methotrexate, while a significant number of patients used sulfasalazine and 5% presently use leflunomide (the second largely accepted DMARD for the treatment of Rheumatoid Arthritis). Although the majority of the patients had severe disease, biological agents were used in small proportions, only 1 patient administered rituximab (anti CD20 therapy) and 5 (12.5%) - tocilizumab (IL6 inhibitor). The main limitation to this restricted use is the cost of the therapy, i.e the yearly cost of methotrexate for the insured patient is of 1200 MDL, leflunomide therapy costs around 20000 MDL, sulfasalazine is 100% covered by the insurance, while rituximab costs 104000 MDL and tocilizumab therapy varies 96-192000 MDL per 1 course.

Key words: DMARD therapy, Rheumatoid Arthritis.

CARDIAC ARRHYTHMIAS AND ACUTE MYOCARDITIS IN CHILDREN – CLINICAL AND ELECTROCARDIOGRAPHICAL STUDY

Poiană Ina, Foca Eugenia, Iaconi Diana

Academic adviser: Stamati Adela, M.D., Ph.D. Associated Professor, State Medical and Pharmaceutical University “Nicolae Testemițanu”, Chisinau, Republic of Moldova

Introduction: The diagnosis of acute myocarditis (MA) is complicated due to various clinical manifestations - from asymptomatic supraventricular arrhythmias to severe heart failure. The diagnosis of MA should be based on anamnesis data, physical examination, laboratory investigation results (specific serological markers), noninvasive instrumental methods (EKG, EcoCG), and, if necessary, invasive methods (endomyocardial biopsy).

Aim: Assessing the proportion and types of arrhythmias in children with acute myocarditis.

Objectives:

- to analyze the clinical and paraclinical features of MA in children.
- to assess and analyze arrhythmias on standard EKG in children with MA.
- to estimate the importance of Holter monitoring in establishing the primary diagnosis of arrhythmias associated with MA.

Material and methods: The study was retrospective, analyzing the observation cards of 54 children with primary diagnosis of MA, treated in the cardiology department ICȘDOSMȘiC during the years 2009 - 2010, of whom were selected 25 children with rhythm disorders. Patients underwent clinical examination, biochemical analysis and instrumental investigations (EKG, EcoCG mode M, B, Doppler) for the establishment of the clinical diagnosis.

Results: The study included 9 girls and 16 boys, with an average age of $8,3 \pm 5,67$ years. Anamnestic data revealed in 17 (68%) children a prodrome of a viral infection. About 80% of children had clinical signs of cardiac and respiratory disorders. At admission, 20 (80%) children presented signs of