

dova. Migraine was diagnosed using the International Headache Society criteria. Personality traits of the patients were analysed using the Symptom Checklist-90 questionnaire (SCL-90). Somatoform disorders were diagnosed using the DSM-IV TR criteria. In order to evaluate the autonomic disorders, a special questionnaire – The Autonomic Profile (Moldovanu, 2011) was performed. The total number of patients was divided in two groups, group I – the patients who presented a high level of somatoform disorders (12 persons) and group II – the patients who presented a minimal level of somatoform disorders (20 persons). Statistical analysis of data was performed in order to establish the difference between these two groups findings.

Results: The patients from group I showed significantly higher intensity of headache (measured on a 0–10 Numeric Pain Rating Scale) than the patients from group II ($7.83\pm 0.39 - 9.42\pm 0.18$ vs $4.70\pm 0.34 - 7.15\pm 0.35$, $p\leq 0.01$). Also, the migraine attack duration was different between the groups ($6.17\pm 0.74 - 35.00\pm 3.3$ hours vs $4.50\pm 0.21 - 11.85\pm 2.84$ hours, $p\leq 0.01$). Talking about psychological findings, the patients from group I showed higher SCL-90 scores than the patients from group II on the following personality traits: obsessive – compulsive (score 0.57 ± 0.07 vs 0.38 ± 0.05), depression (score 1.10 ± 0.14 vs 0.53 ± 0.06) and anxiety (score 1.03 ± 0.09 vs 0.58 ± 0.09) ($p\leq 0.01$). Regarding the autonomic disorders, they were certainly more expressed in the patients from group I, fact that caused a higher disability score for this group (8.92 ± 0.45 vs 4.35 ± 0.64 , $p\leq 0.01$).

Conclusions: There is a high influence of the somatoform disorders, as a comorbidity of migraine, on the cephalalgic, autonomic and psychological particularities of the patients, the final result of this association of diseases causing a significantly higher degree of disability.

Key-words: migraine, somatoform disorder, psychogenic symptoms.

ANXIETY IN PATIENTS AFTER CESAREAN SECTION

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Introduction: Depression is a frequent consequence of cesarean section. In the same time, even if some women don't suffer from post-cesarean depression, the majority of them present anxiety signs, especially in the immediate postoperative period.

Aims: to estimate the level of anxiety in patients with cesarean section. Evaluation of anxiety level in patients before cesarean section. Evaluation of anxiety level in patients with cesarean section in the confinement and late postoperative periods.

Methods: The study included 100 patients, who were submitted to cesarean section. The first part of the study was performed during the early postoperative period (confinement period) and the second part (late postoperative period) – 6 months later after the cesarean section.

Estimation of state and trait anxiety was performed by the means of Spielberger-Hanin test.

Results: Trait anxiety was light in $76,0\%\pm 4,27$ patients, moderate – in $23,0\%\pm 4,20$ cases and severe – in $1,0\%\pm 0,99$ cases.

Confinement period: The majority of patients presented a moderate ($58,0\%\pm 4,93$) and a severe state of anxiety ($14,0\%\pm 3,46$) during the first days after cesarean section.

It results that the level of state anxiety in the majority of cases depends directly upon postoperative stress and not upon by the level of trait anxiety.

Late postoperative period: State anxiety during the late postoperative period was: moderate in $36,0\% \pm 4,80$ cases and severe in $4,0\% \pm 1,95$ cases. Compared with state anxiety during the confinement period, state anxiety during the late postoperative period has significantly decreased.

Conclusion: 23% of the patients had a moderate trait of anxiety and 1% had severe trait anxiety before cesarean section.

a) During the confinement period, state anxiety is dominated by the moderate form (58%), depending directly upon postoperative stress.

b) During the late postoperative period, the level of state anxiety is decreased, predominant being light state anxiety (60%).

Keywords: anxiety, postpartum, cesarean.

THE CLINICAL FEATURES AND THE RECOVERY PROCESS IN PATIENTS WITH ISCHEMIC STROKE WITH TRANSIENT ISCHEMIC ATTACKS IN THE PAST

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Introduction: According to WHO, the global mortality from ischemic stroke is 9% annually, representing the third cause of death after heart diseases and cancer. The stroke is the main determinant of physical and mental disabilities in adults. The incidence and prevalence of transient ischemic attacks (TIAs) are continuously increasing due to the aging of the population worldwide. The importance of rapid and accurate diagnosis of TIAs is based on the fact that after a first TIA approximately 5% of patients develop a stroke during the next two days and about 20-30% - over the next 90 days. TIAs are important predictive factors of future stroke. The effective treatment of TIAs can prevent the recurrence of cerebral infarction. Recent studies show that the TIAs in the history of patients presenting an actual stroke can stimulate the cerebral resistance, like a neuroprotective factor.

Purpose and objectives: The clinical research of the evolution and recovery process in patients with ischemic stroke with TIAs in the past; the analysis of literature medical data on the importance of TIAs in the development and evolution of strokes; the stroke evolution assessment in patients with TIAs in the past during the acute, early and late recovery phases.

Materials and methods: The study was conducted on 33 patients with ischemic stroke, the acute, early and late recovery phases, with and without TIAs in the past, and included: clinical examination of the patients (general clinical examination, neurological examination, history disease, underlining the presence of TIAs in the past); assessment of functional independence degree after stroke, using the Barthel score; statistical evaluation of data obtained by comparative analysis and graphics.

Results: In the present study was determinate that TIAs were present in 12 (36,4%) from 33 patients with ischemic stroke, at different intervals before the current stroke (from 2 week to 24 months). According to Barthel score, the average score obtained in examined patients was 37,8 points. The average score in patients with ischemic stroke without TIA in the past (21 patients - 63,3%) was 31,9 points, significantly lower than in the patients with stroke and TIA (12 patients- 36,4%), who accumulated, on average, 46,04 points. We also analyzed the functional independence degree depending on the time of ischemic stroke occurrence and the Barthel score achievement. In this case, the highest score was obtained in patients