

demonstrates better filing and documentation is imperative so a complete paper trail is available if mishaps happen. The audit recommends patient involvement in pre-ITC safety checks, auditing prescription filing, and increased awareness during ITC training of complete documentation.

Anticoagulant Therapy in Elderly Patients

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The pathology of recent years is dominated by lung thromboembolism, the more worrying factor as the algorithms for prophylaxis and treatment of diseases with high embolic risk are properly applied in medical practice and perform only of 75% antithrombotic protection. The aim is to present the benefits and risks of anticoagulant treatment in elderly patients with cardiovascular disease. Anticoagulant treatment is at least as important as for the other age groups because elderly patients have combinations of cardiovascular diseases and comorbidity which have anticoagulant treatment indications. We performed a retrospective study on 781 patients over 65 years, admitted between January 1, 2009 and March 31, 2010 in Medical Clinic IV, Department of Geriatrics. Statistical study followed their distribution by age, average residence, gender, cardiovascular diseases, anti-coagulant treatment indication and methods of implementation. From 781 patients, 758 cases (97%) were hospitalized for cardiovascular disease of these, 545 (72%) received anticoagulant therapy, 152 (20%) received also antiplatelet and 61 (8%) did not receive any of these forms. Adverse effects of anticoagulation therapy were recorded at 1.5% of patients. All these patients were under chronic anticoagulation therapy with antivitamin K and required permanent or temporary interruption. Anticoagulant therapy in the elderly is under-utilized due to fear of unwanted side effects taking into consideration the problems of monitoring chronic treatment with K antivitamin at home.

Anxiety and Depression Symptoms in Patients with Diabetes Type 2

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The aim of the study is to find out the frequency of emotional dissociations, and determine the rate of evidence of changes at psychological state in dependence of sex, age, duration of diabetes, frequency of glycaemic control, body mass index. Materials and methods: 60 patients with diabetes type 2 have been investigated, which included 29 women and 31 men at the age from 41 to 70 (the average age is 55 years; SD 5.88) with the duration of illness from 2 up to 18 years (the average is 7.8 years; SD 4.05) in conditions of Department of Endocrinology, Municipal Clinic Hospital "Sf. Treime", Republic of Moldova. It was used the Hospital Anxiety and Depression Scale (HADS). Based on data of HADS, the high levels of anxiety (mean 8.73 ± 0.39 ; SD 3.08) and depressing symptoms (mean 6.45 ± 0.39 ; SD 3.06) were revealed in patients with diabetes type 2; and the true correlation $r = 0.97$ depression = $2.8711 + 0.4098 * \text{anxiety}$; $p < 0.05$) was found out. Clinically evident features (HADS score ≥ 11) of anxiety and depression were 28% and 11% correspondingly. Subclinical forms of anxiety and depression (HADS score 8-10) were 42% and 25% correspondingly. Such as anxiety, depression was met more often in women. It was shown that the frequency of depression is picking up with the age in men but in women these regularities were not found out. With the raising of duration of disease significantly goes up frequency of anxiety ($p < 0.05$) and depression ($p < 0.05$) in men. It has been found out much higher level of anxiety ($p < 0.01$), but not

depression, in patients who had made a daily glucose blood control. More evident it can be seen in women ($p<0.001$). In patients who made such control very seldom and not regular was found out higher level of anxiety (mean 9.65 ± 0.21 , $p<0.01$) and depression (mean 7.59 ± 0.15 , $p<0.01$) regardless the sex. A high body mass index corresponds ($r=0.95$, $p<0.01$) to the level of depression in women. These diagnoses have been showed that the anxiety and depression in patients with type 2 diabetes were significantly higher than the real published data. The discovered regularities of psychological changes in patients with diabetes are necessary to reveal and to treat.

Aspects of Chemosensitivity of Etiological Agents Involved in Severe Sistic Infections

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Excessive use of antimicrobial agents led to the development of important resistance mechanisms. The aim of the study was to observe the etiology and sensitivity of pathogen agents isolated from patients with sepsis. We have conducted a retrospective study on 60 patients with sepsis, hospitalized in the Infectious Diseases Clinic I from Targu Mures, over a period of 1 year (01.03.2009 – 01.03.2010). The incidence of sepsis and septic shock, the generating infection, the chemosensitivity of the etiological agent isolated from blood cultures, the therapy and patients evolution, have been closely examined. An increased incidence of sepsis has been noticed at patients aged over 50 (70%) predominantly male (66,66%). The pathogen agent has been identified at 38 patients (63,33%) as follows: gram-positive bacteria (33,33%), gram-negative bacteria (30%). Resistance of methicillin-resistant *Staphylococcus aureus* (MRSA) to the known antistaphylococcal drugs was shown, except for glycopeptides (15% of patients); resistance of pneumococci to the beta lactam drugs (6,66% of patients), resistance of gram-negative bacteria to the aminopenicillins, sulfonamides, aminoglycosides, third-generation cephalosporins (16,66% of patients), carbapenems (8,33% of patients), fluoroquinolones (5% of patients). In the etiology of sepsis an increased incidence of gram-positive bacteria has been noticed, as well as an increase in the resistance rate to the known antimicrobial agents of methicillin-resistant *Staphylococcus aureus* (MRSA), pneumococci, *H influenzae*, *K pneumoniae*, *E coli*, beta lactamase producing. Keywords: sepsis, etiological agent, sensibility, antimicrobial therapy.

Complicated Acute Myocardial Infarction: Free Wall Rupture

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The rupture of the ventricular wall complicates 1- 3% of the patients suffering from acute myocardial infarction. On necroptic studies the percentage raises up to 7-24%. The risk factors are age>60 years, feminine gender and hypertension. The acute ruptures are characterized by shock through cardiac tamponade. The subacute ruptures are a challenge for surgeons; immediate postoperative death varies between 0 to 60%. Death without surgery occurs in 100% of the cases. A 73 years old male patient is admitted to the hospital for intermittent claudication at 15-20m, with insignificant heredocolaterale history, smoker for approximately 60 years 1 package per day. The patient has no cardiological history. After his admission he presented syncope. The clinical exam