**Materials and methods.** A review of 30 sources were studied based mainly on the etiology, pathogenesis of early psychotic manifestations, and risk factors.

**Results.** Among all the hypotheses, theories, risk factors, pathogenetic mechanisms that can trigger psychosis, the most significant are: genetic predisposition, neurotransmitter and hormonal imbalance, progressive neurodegenerative changes and environmental factors. Multiple genetic risk loci for schizophrenia have been identified by modern science. The neurotransmitter dopamine plays a critical role in the pathophysiology of schizophrenia. Other neurotransmitter systems (as serotonin, glutamate) are also involved in the pathophysiology of this disorder. Molecular, cellular, structural and behavioral disorders in schizophrenia are associated with a decrease in neurotransmission on the NMDA glutamate receptors in the brain. Polymorphism in several genes associated with glutamate significantly increases the risk of schizophrenia. Estradiol significantly interacts with dopaminergic, serotonergic and glutamatergic systems, giving it the properties of atypical antipsychotic drugs. The limbic system, tonsils, hippocampus, basal ganglia and many areas of the cerebral cortex are rich in estrogen receptors. Due to the genomic and non-genomic interactions, estrogens act as a "neuroactive steroid" and affects neurodegenerative processes in the central nervous system. Anatomical abnormalities of the brain in patients with schizophrenia are reported (a decrease in the amount of gray matter in the frontal, temporal, limbic, striatal and thalamic areas, ventricular dilatation and anomalies of the medial temporal lobe and prefrontal cortex, irregular synaptic organization, ectopic neurons). Shortfall of astrocyte function is associated with incorrect glucose utilization, oxidative stress in the cerebral cortex in people with schizophrenia. Activation of inflammatory mediators (including microglia) in utero in genetically predisposed individuals increases the risk of schizophrenia.

**Conclusions.** The etiology remains unknown, schizophrenia is considered a disorder of neural development with polymorphic clinical manifestations and widespread pathological changes in the forebrain that are the interaction results of many risk genes with environmental factors. Understanding the influence of risk factors leading to this pathology can reveal more effectiveness in pharmacological and behavioral interventions.

**Key words:** Etiology Psychoses. Neurotransmitters. Pathogenesis.

## 162.    SCREENING AND MANAGEMENT OF POSTPARTUM DEPRESSION

Author: **Carolina Bors**
Scientific adviser: Larisa Boronin, MD, PhD, Associate professor, Department of Psychiatry, Narcology and Medical Psychology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** According to statistics, postpartum depression occurs in every 7th woman. This is a current problem, which influences the mother-child relationship. Literary sources recommends screening for postpartum depression at least once in the postpartum period. Current screening tools for postpartum depression are: Edinburgh Postpartum Depression Scale (EPDS), Postpartum Depressive Screening Scale (PDSS), Healthy Patient Scale (PQ-9). Using all those screening tools makes the detection of postpartum depression (severity, clinical manifestations and differential diagnosis) much easier and it also helps in receiving better results of the psychological and medication therapy.

**Aim of the study.** The aim of the work is to study the assessment of specific symptoms in postpartum depression and the screening tools, as well as its management.

**Materials and methods.** During all the process were studied literature review (20 sources, published mainly over the last 5 years), devoted to the symptoms of the postpartum depression, its classification and screening in order to detect all the symptoms of depression and start the treatment on time so as the psychotropic medications that are allowed during lactation.

**Results.** The results of the work includes all the issues of the screening for postpartum depression, but, with a focus on the specific screening tools that are considered worldwide indicators with a fairly hight sensitivity in determining this condition. According to the literature for the Edinburgh Postpartum Depression Scale (EPDS), sensitivity is 59-100% and specificity is 49-100%, for the Postpartum Depression Screening Scale (PDSS) sensitivity and specificity are respectively: 91-94% and 72-98%, and for the Healthy Patient Scale (PQ-9), sensitivity is 75% and specificity is 90%. We also studied the clinical picture of each state in postpartum depression (ranging from milder conditions - baby blues to severe postpartum depression with a psychotic component). Management algorithms were also examined for each state of postpartum depression (psychotherapy and drug treatment, taking into account medications that are allowed during lactation according to the recommendations of the FDA).

**Conclusions.** In this work are listed the screening tools for postpartum depression, the examination of the clinical picture for each state of postpartum depression, and management algorithms for postpartum depression. We gave a special attention to the management and all possible issues of drug and non-drug treatment.

**Key words:** Screening. Management. Depression. Postpartum. Treatment.

## 163.   COGNITIVE DISORDERS IN AFFECTIVE PATHOLOGY

Author: **Cristina Grosu**

Scientific adviser: Larisa Boronin, MD, PhD, Associate professor, Department of Psychiatry, Narcology and Medical Psychology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** The clinic of affective pathology is versatile, it depends on many factors, their interaction (genetic predisposition, nosological predisposition, age, gender, comorbid symptoms), can lead to extreme disability of the patient. It affects more than 300 million people worldwide.  According to published data, depression in the elderly (aged 55 to 74 years) is most common (in 39% of cases), cognitive deficits and symptoms of depression often overlap. Based on DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition), diagnostic criteria for a major depressive episode include a "decreased ability to concentrate and / or indecision" patients.

**Aim of the study.** The aim of the work is to study the interaction of affective and cognitive functions in patients.

**Materials and methods.** We studied 20 literary sources dedicated to the clinic of mixed conditions (affective and cognitive pathology), as well as psychometric scales: Zung Self-Rating Depression Scale, the Beck Depression Inventory, the Criteria for Epidemiologic Studies-Depression scale, and the Yesavage Geriatric Depression Scale which are recommended for patients with pathology of cognition and affect.

**Results.** Cognitive, short-term and long-term functional disorders are one of the most frequent persistent affective symptoms. They can affect motivation and quality of life. Cognitive deficiency may precede a depressive episode, appear simultaneously or follow it. Cognitive impairment can affect attention, verbal and non-verbal learning, short-term and working