

Vinnitsia and were treated with combined antiviral therapy (Ribavirin+PegIFN α 2a) during 2014-2015 years. All patients with chronic hepatitis C were conducted molecular genetic analysis to determine IL28B-gene polymorphism using PCR.

Discussion results: According to the data obtained among patients with chronic hepatitis C more than half of the patients (21 patients - 52.5%) were carriers of C/T genotype. Genotype C/C of IL28V-gene occurred in 32.5% (13 patients). T / T genotype was observed only in 15% (6 patients). Analysis of the effectiveness of combination antiviral therapy in patients with chronic hepatitis C genotype 1 of the virus has set it differs depending on the genotype of the gene IL28V. Thus, was found that stable virological response (SVR) was observed mainly in patients with C/C genotype (at 75.33%) and occurred in 1.9 and 2.9 times higher in comparison with patients who were carriers C/T (39.9%) and T/T (25.9%) genotypes gene IL28V.

Conclusions: The presence of C/C genotype IL28V gene may be a prognostic predictors of efficiency dual combination antiviral therapy in patients with chronic hepatitis C genotype 1 of the virus (SVR was recorded at 75.3%).

Keywords: infectious diseases, hepatitis C, antiviral therapy, IL28B-gene polymorphism

36. THE THROMBOEMBOLIC RISK AT THE PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION

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Introduction. Atrial fibrillation is the most common cardiac arrhythmia and is associated with a substantial risk of stroke and mortality. The prevalence of atrial fibrillation is related to age and is projected to rise exponentially as the population ages and the prevalence of cardiovascular risk factors increases. The risk of ischemic stroke is significantly increased at atrial fibrillation patients, and there is evidence of increased risk of stroke associated with advancing age. The objective of the study is the determination of thromboembolic risk at the patients with non-valvular fibrillation with the CHA₂DS₂-VASc.

Materials and methods. This study was conducted on 110 patients (aged 47 and 83 years old) with non-valvular atrial fibrillation, hospitalized in MCH, "Holy Trinity" during October 2014 - March 2016. The study was made on 65 females (59.09%) and 45 males (40.91%). The factors that could influence the thromboembolic risk were analyzed. We utilized the next tests: CHA₂DS₂-VASc score and HAS-BLED score. Laboratory analysis: Total Cholesterol; HDL-cholesterol; Triglycerides; Glycemia; Body mass index.

Results. Patients with age less than 65 years: 11 (10% - males: 4.5% and females: 5.5%); 65-75 years: 70 (63.63% - males: 28.2% and females: 35.5%); older than 75 years: 29 (26.36% - males: 8.18% and females: 18.18%). At the patients with the following risk factors were identified: the low thromboembolic risk - 0%; moderate - 2.73%; high - 97.2%. The predominant risk factors: arterial hypertension - 93.63% (103); diabetes mellitus - 24.6% (27); vascular disease (MI, PAD) - 15.45% (17); stroke/TIA or thromboembolism - 10.91% (12).

Conclusion. The prevalence of atrial fibrillation increases markedly with older age: about 5% of people over 65 years and 10% of people age older than 80 years suffer from atrial fibrillation. The CHA₂DS₂VASc score can help estimate stroke risk in patients with non-valvular atrial fibrillation and determine which antithrombotic therapy is most appropriate.

Keywords: non-valvular atrial fibrillation, arrhythmia, thromboembolic risk, stroke.

37. A COMPARATIVE STUDY OF PATIENT SATISFACTION WITH MENTAL HEALTH SERVICES IN ARMENIA AND MOLDOVA

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Introduction: Mental health is just as important as physical health to the overall well-being of individuals, societies and countries. It is accountable for 12% of the global burden of disease whereas global budgets of the majority of the countries allocate less than 1% of their total health expenditure to mental health care. Morbidity rates for psychiatric diseases in Republic of Armenia have increased from 228 per 100,000 general population in 2006 to 243.6 in 2009. Whereas the prevalence of mental and behavior disorders among the population of Republic of Moldova has grown from 2,599 per 100,000 people to 2,649 in 2009. This qualitative research study examines and compares patient satisfaction with mental health care services in Armenia and Moldova.

Methods: An exploratory qualitative study on patient satisfaction with mental health care services was conducted in Yerevan and Chisinau. The study collected data via in-depth interviews. The study population included caregivers of 18 to 65 years old mentally ill patients. A semi-structured in-depth interview guide was developed in English, and translated into Armenian and Romanian. A trained interviewer for Armenia conducted 21 in-depth interviews and one focus group, while for Moldova the student investigator conducted 24 in-depth interviews. Detailed notes were taken during the interview and later transcribed in English. The transcripts were coded by words, phrases and ideas, and analyzed by hand. Several ethics committees approved the study.

Results and discussion: Four domains expressing the main concerns that the participants had, that influenced their patients'/relatives' satisfaction and revealing information that would be more helpful to improve the quality of care in mental health were: financial access, commodities in hospital, medical staff qualifications and attitudes, and overall satisfaction of patient and relative. Part of the similarities between Armenia and Moldova is the fact that participants and patients were overall satisfied with the services, despite the shortage of drugs at times, additional expenses it caused and uncomfortable conditions within the hospital.

Recommendations: Based on the results of the study the following recommendations are made:

- I. Conduct regular patient satisfaction assessments in the mental health care sector;
- II. Use patient satisfaction assessments to inform mental health care policy and legislation development;
- III. Use the assessments of patient and caregiver satisfaction with mental health care as part of the overall evaluation of the sector to improve and maintain service quality;