

POSTERS

57. CLINICAL TOOLS IN DIAGNOSIS OF KNEE OSTEOARTHRITIS IN PRIMARY CARE

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Introduction: The knee osteoarthritis (OA), the most common chronic illness, has the potential to compromise the health and quality of life of not only in the patient but also affect family members and is challenging through the need to develop tools for diagnosis.

The aim was to assess the applicability of osteoarthritis index WOMAC and 30s Chair Stand Test (30s-CST) in patients with knee osteoarthritis in primary care.

Materials and methods: A cross-sectional study was performed according to the disease severity based on functional limitation in the absence of joint prosthesis. There were recruited patients from primary care that fulfilled the ACR classification criteria for knee OA (1991). All subjects completed the Osteoarthritis index WOMAC (Western Ontario McMaster Universities Questionnaire), Visual Analogue Scale (VAS) for pain and performed 30s -CST.

Discussion results: In the study were included 36 patients and 30 (83.3%) of which were females. The mean age of the study group ($M \pm SD$) was 58.6 ± 10.3 (range 37 to 65) years and disease duration ($M \pm SD$) 5.6 ± 4.0 (range 1-21) years. The pain was present in 94.4% cases; the level of knee pain assessed by VAS ($M \pm SD$) was 66.9 ± 21.2 mm. The WOMAC index, showed a better result on the stiffness scale (1.43 ± 2.46) and the worsted on physical function ($M \pm SD$) 33.2 ± 2.54 points. The result from 30s-CST test in the group was 11.4 ± 0.45 s. The result of CST didn't correlate with pain intensity ($r = -0.09$); meanwhile, we found a strong correlation with physical function ($r = 0.7$). WOMAC index values from group were moderate influenced by radiographic severity ($r = 0.5$). The duration of the medical consultation with utilization of these tools was ($M \pm SD$) 20.2 ± 3.4 minutes.

Conclusion: The results of the test 30s-CST and WOMAC index correlated insignificantly with the severity of radiographic changes. Meantime, we observed trend of increase for test's screening power along with disease progression. The application of additional tools increases the duration of medical consultation, an option could be implemented some of them in triage room.

Key Words: knee osteoarthritis, diagnosis, primary care.

58. CORONARY INVOLVEMENT IN HYPERTENSIVE PATIENTS. CLINICAL AND IMAGING CORRELATION

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Introduction: Hypertension is a long term medical problem in which the blood pressure is persistently elevated. Usually, high blood pressure does not cause symptoms, but long term hypertension is an important risk factor for coronary artery disease.

Materials and methods: A retrospective study was performed regarding to the period between september 2015 and february 2016 at Emergency Institute for Cardiovascular Diseases and Transplantation in Targu Mures, to assess coronary artery involvement in hypertensive patients. The study included a total number of 283 patients, males and females, with hypertension and coronarography intervention.

Discussion results: From the total of 283 patients, it can be observed a predomination of male patients (67,1%) and the mean age is 62,41 years and the standard deviation is 9,039. The study reveals that the degree of coronary disease is increased in patients with severe stages of hypertension and diabetes. In patient with stage one of hypertension only 3,18% presented coronary disease, while in patients with second stage of hypertension the percentage is 53% and 15,5% in patients with third stage of hypertension, counting a total of 71,68% hypertensive patients with coronary artery disease. In the study we identified 74 cases of patients with hypertension and diabetes, in which 89,1% have coronary disease.

Conclusion: Patients with hypertension have a higher risk for developing coronary disease and we can say that this risk increases further in the case of patients with diabetes.

Keywords: coronary hypertension diabetes stenosis.

59. RISK STRATIFICATION IN STABLE ANGINA PECTORIS

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Introduction. Stable angina pectoris has an impact on public health, which is explained by a large number of annually hospitalizations in the world. Risk stratification of patients is important to define prognosis, to guide medical management and to select patients suitable for revascularisation. Our objective is to study the particularities of risk factors in stratification in patients with stable angina pectoris.

Materials and methods. The prospective study included 45 patients with stable angina pectoris hospitalized in Institute of Cardiology. The men: women ratio was 1.5:1, the mean age being 67,04±0,02 years. The assessment included the history, physical examination, electrocardiography (ECG) at rest, stress testing and echocardiography (Eco-CG). According Duke scale the patients were divided into 3 groups: I - 16 (35.56 %) with low risk, II - 15 (33.33 %) intermediate risk and III group - 14 (31.11 %) with high risk.

Results. Analysis of the data noted men predominance in high-risk group - 9 (64.28%) cases, while the most of women - 9 (56.25%) were in-group with low risk. Analysis of cardiovascular risk