

reactive anxiety (80%); Chambless questionnaire with average loss of control anxiety (27%), concern for somatic symptoms - average (20%), post - treatment relieving symptoms (100%); Marks- Mathew questionnaire - high and mean value anxiety-depression (67%), high and mean value agoraphobia (37%), average social phobia (27%), wound and blood phobia (20%) after treatment anxiety-depression, phobia for wounds and blood and agoraphobia lack (7%) and social phobia (13%) average values; Meyer questionnaire - unrealistic anxiety (20%) with improvement after treatment (100%).

Conclusion: Structured Psychotherapy, particularly cognitive-behavioral ones, in line with their availability and patient preferences should be privileged to drug therapy. Pharmacotherapy is an important lever in improving signs and symptoms of panic disorders, its effect requires a period of 3-28 weeks to highlight.

Key words: Panic disorder, treatment, psychotherapy.

66. PECULIARITIES OF DEPRESSION IN DIABETES MELLITUS

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Introduction. Diabetes mellitus is a major cause of morbidity and mortality worldwide. Today depressive disorders occupy one of the first places among the causes of its disability. It is shown that the incidence of depression is 2-3 times higher in diabetics compared to non-diabetics. Moreover people with depressive disorders have a much higher risk of developing diabetes mellitus. The prognosis of both diseases in terms of disease severity, complications, treatment resistance and mortality is worse when they evolve together, than when evolving separately. This is a current problem due to an apparent decline of the quality of life of patients, which is lower, than the quality of life of the general population. Objective of the study is to evaluate the frequency of depressive disorders and diabetes mellitus depending on: sex, patients` residence area, type of diabetes mellitus, treatment of patients with type 2 diabetes mellitus.

Materials and methods. To achieve the objectives there were examined 85 patients with the confirmed diagnosis of diabetes mellitus. To assess depression in patients with diabetes mellitus the Beck Depression Test was used, the study being descriptive.

Results and discussion. Of the 85 patients with diabetes mellitus included in the study, 68% were identified with depressive symptoms. Of the 15 patients with type 1 diabetes mellitus, 80% were found to have depression, the percentage of patients with depression and type 2 diabetes mellitus being 66%. Depression was assessed in 71% of the 45 women included in the study, the percentage of women affected by depressive disorders being higher than that of men, accounting for 65% of the 40 subjects of the study. There were established differences on the trend of depression development in people with diabetes mellitus depending on the living environment. The number of depressed patients included in the study is higher in rural areas, it being 31 subjects (36.5%) versus 24 subjects (28.2%) in urban areas. Of the 70 patients with type 2 diabetes mellitus, 45.7% were taking oral antidiabetic agents, while 54.3%

were on insulin. The association of depression with diabetes mellitus was most commonly identified in diabetics receiving insulin (37% of 70 patients) compared to those taking oral medications (19%).

Conclusions. Depression is a comorbidity commonly occurring in patients with both type 1 and type 2 diabetes mellitus. The association between diabetes mellitus and depression is more common in women. Depression is most commonly diagnosed in patients with diabetes mellitus in rural areas. Patients taking insulin have a higher rate of depression than patients taking oral antidiabetics.

Key words: diabetes mellitus, depression, Beck Depression Test.

67. THE IMPACT OF EARLY INTERVENTION SERVICES ON THE QUALITY OF LIFE OF PARENTS WITH A CHILD WITH DEVELOPMENTAL DISORDERS

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Introduction. Quality of life is one of the most important areas which are examined within human well-being around the world. The term “quality of life” was first defined by World Health Organization as a life which reflects how people perceive their place in life, in culture and value system where they live and where they make relationships to objectives, standards or interests. (ISOQL, 2008). Currently, the concept of quality of life is associated with several possible approaches and various disciplines, such as economics, environmental science, medicine, sociology, psychology, political science and demography (Andrejovský et al., 2012). This multidisciplinary interest has resulted in the problem complexity and diversity of views on the quality of life, which enriches all parties involved, but also causes various problems. The concept of quality of life is not very consistent, which lacks consensus about its meaning (Hajduová et al., 2011). Effects of globalization and rapid economic changes result also in changes in quality of life.

We aimed to examine family quality of life (FQOL) of families having a child with a neurodevelopmental disability

The cohort included parents of 40 children ages (0-3 years), 1st group – 20 parents beneficiaries of ECI services programs more than 12 months, and 20 parents beneficiaries of ECI services less than 12 months.

Materials and Methods. For evaluation QoL of parents we have used the Questionnaire elaborated by Centre BEACH University of Kansas (2012). We have used more relevant 11 questions from the 25, because we concentrated on physical, psychiatric and social dimensions of QoL, only. Children’s diagnosis included Down syndrome (55%), cerebral palsy (22%), autistic spectrum disorder (15%), and intellectual disability (8%).

Results. According our data, Early intervention services had a relevant positive impact on the QoL of parents after 12 months of beneficiaries more than 12 months. In the group of parents with ECI experience less than 12 months 3 questions had a positive response (70-75%). In a group of parents using