

levels, from the average value of 45.1 ± 1.8 pg/ml in group 1 to 46.6 ± 1.6 and 52.5 ± 2.6 pg/ml in men from group 2 and 3, respectively. The prevalence of clinical manifestations of sexual dysfunction in men from group 1 was 36.4%, in men from group 2 and 3 was 61.5% and 88.8%, respectively. The most common clinical manifestations are decreased libido (9.1-27.8%) and erectile dysfunction (18.2-44.4%).

Conclusions: The prevalence of androgen deficiency increases with the obesity's degree from 45.5% to 100%. In the same time, there is not a compensatory secretion of LH. The androgen deficiency is associated with the linearly increasing of estradiol levels, from the average value of 45.1 ± 1.8 pg/ml in first degree of obesity to 52.5 ± 2.6 pg/ml in third degree of obesity ($p < 0.05$, $r = -0.92$). Sexual dysfunctions are more frequent in men with severe obesity 88.8%. The most common clinical manifestations are decreased libido (9-22%) and erectile dysfunction (18-44%).

Keywords: Obesity, androgen deficiency, testosterone, decreased libido, erectile dysfunction

49. QUALITY OF LIFE OF PATIENTS WITH RHEUMATOID ARTHRITIS AND METABOLIC SYNDROME

Olinik Oksana, Zakutnii Taras, Teleki Ja. M

Academic adviser: Fediv Oleksandr, Ph.D., M.D., Bukovinian State Medical University, Chernivtsi, Ukraine

Introduction: Metabolic syndrome (MS) – syndrome, which is based on insulin resistance – impaired insulin-mediated glucose utilization by peripheral tissues. Rheumatoid arthritis (RA) – an autoimmune rheumatic disease of unknown etiology, which belongs to the group of the most common chronic inflammatory diseases. RA is one of the most often causes of disability, not just temporary - more than half of patients consistently incapacitated in 5-10 years from onset. Metabolic syndrome was the focus not only rheumatologists, but also cardiologists, endocrinologists, gynecologists, forcing allied professionals actively cooperate.

Aims and Objectives: Study was to examine the clinical status based on the study of quality of life (QL) in patients with rheumatoid arthritis (RA), depending on the presence of metabolic syndrome (MS).

Methods and Results: The study involved 20 patients who were hospitalized in the department of Rheumatology of Chernivtsi Regional Hospital. I group consisted of 10 patients with rheumatoid arthritis. The II group included 10 patients with RA combined with MS. The control group consisted of 10 healthy individuals. QL assessment was carried out by questionnaire HAQ (Health Assessment Questionnaire). Articular status was assessed according to pain, joint, inflammatory indices, as well as the status of local joints Ritchie. Statistical analysis of the data was carried out using the program Statistica 6.0. It was established, that patients with RA had lower ($p < 0.05$) articular indices and local status than in patients of main group where RA was combined with MS, which is possible due to persistent inflammation and decreased immune status. Index HAQ (survey to assess the health status) in the group of patients with combined lesions was 20.2% higher ($p < 0.05$).

Conclusion: In patients with rheumatoid arthritis, the presence of concomitant metabolic syndrome leads to worsening of clinical picture and quality of life.

Key words: Metabolic syndrome, rheumatoid arthritis

50. THE SOCIAL SUPPORT FOR PATIENTS WITH KNEE OSTEOARTHRITIS

Pascalu Alina, Șalaru Virginia

Academic adviser: Mazur Minodora, M.D., Ph.D., Professor, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

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. The burden of disease determines the need to provide socio-emotional support and task assistance to the patient.