Purpose and objectives: To determine de social support to the patients with knee OA.

Material and methods: Patients were eligible for inclusion in this trial that had experienced clinical symptoms of osteoarthritis (OA) in the knee at least 3 months before inclusion into study. All patients were required to fulfill the American College of Rheumatology classification criteria for knee OA. We used data for the Knee Injury and Osteoarthritis Outcome Score (KOOS) to assess patient's self-reported knee pain, function and quality of life. The social support was evaluated by Interpersonal Support Evaluation List (ISEL) 12, consisting in 3 subscales (appraisal, belonging, tangible). This study was conducted according to the principles of the Declaration of Helsinki (1996) and good clinical practice.

Results: We examined 29 patients with OA, mean age 62.52 ± 7.92 years, (range 55-70), 86.2% women. For the entire sample, knee pain was present in the majority (100%) of patients. The radiographic characteristics: KL II-15 (51.72%) patients, KL III - (44.82%) and the most severe form in just one case. The KOOS results showed that Pain level was 71.99%, Symptoms 74.28%, Activity Daily Living (ADL) – 61.14%, the possibility to practice sport was the worse score 45%, and the QoL – 60.33% qualified as middle. The social support was 31.2 points appreciated satisfying, the high score was ISEL – appraisal-12, tangible-9.8 points and belonging-9.3 appreciated the worse. There were significant indirect correlation between the age of patients and ISEL total $r = -0.71$ ($p<0.001$) and mild correlation between social support and symptoms, functionality of knee and pain $r = 0.51$ to 0.54 ($p<0.05$). Also, moderate correlation were found between the QoL and ISEL total $r = -0.52$ ($p>0.06$).

Conclusion: Pain as a common symptom of knee osteoarthritis had a substantial influence on the degree of social support perceived by the patients. The age and disease manifestation determined the level of social support and decreased directly the quality of life.

Key words: Knee osteoarthritis, social support

51. CHARACTERISTICS OF ARTERIAL HYPERTENSION IN ELDERLY

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Introduction: Cardiovascular diseases are responsible for about 17 million of deaths per year worldwide, representing almost a third of total mortality. Of these, 9.4 million of deaths a year are caused by complications of high blood pressure (hypertension). Hypertension causes at least 45% of deaths from cardiovascular disease and 51% of deaths from strokes celebration. In some populations, the number of hypertensive exceeds 50% between people over the age of 60 years.

Purpose and objectives: Determination of the clinic-evolutionary features of hypertension in the elderly.

Materials and methods: The study was conducted on a sample of 90 patients' currents during October 2013–January 2014.

Results: Based on the established goal we assigned patients into two groups: the first group is the active patients of working age to 65 years and the second group is represented by patients older than 65 years. Distribute these groups by sex was determined that both groups of woman sex prevail: in the group with patients up to 65 years – 63% and in the group of elderly patients – 53%. Following the distribution of patients with hypertension by age observed that patients aged up to 65 years represent – 33.4%, but patients over 65 years represent – 66.6%. Analyzing triggers hypertension in both groups was revealed that in patients up to 65 years predominate multiple factors (stress, coffee, alcohol) – 46.6%, the second factor is stress – 40% in elderly multiple factors predominate (stress, coffee, excessive consumption of food) – 86.6%, stress as single – factor as 10%. HTA values is divided as follows: in patients up to 65 years dominate HTA of first degree 30% and second degree 40%, a controversy is observe in elderly patients where prevails hypertension of the third grade – 36.6% and hypertension isolated systolic – 41.6%. As concomitant diseases are prevalent in elderly patients –

58.3% compared to patients up to 65 years – 46.6%. Of these diseases in the elderly is frequently pathology: renal – 8.2%, articular – 20%, DZ – 15%, hypertensive encephalopathy – 10%. Analysis revealed dyslipidemia, in patients up to 65 years hypercholesterolemia – 60%, hypertriglyceridemia – 47%, hypercholesterolemia in elderly patients – 74%, hypertriglyceridemia – 52%.

Conclusion: Analyzing all the particulars we determined hypertension in the elderly: major factors in the onset of hypertension are multiple factors (stress, coffee, excessive consumption of food). Blood pressure values indicate greater weight of third degree and HTA and isolated systolic hypertension and not least the presence of concomitant diseases and changes lipids is found in most elderly patients.

Keywords: Elderly, hypertension

52. PATTERN OF ARRHYTMIAS IN RHEUMATIC MITRAL VALVE DISEASES

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Introduction: Cardiac arrhythmias are clinical entities that producing symptoms and complications importance being ranked in the top responsible for sudden death heart disease in adults. It is known that rheumatic heart diseases are associated frequent with cardiac arrhythmias, caused by organic heart involvement, followed by hemodynamic and electrophysiological disturbances.

The aim of study: To determine the characteristics of arrhythmias in patients with rheumatic mitral valve diseases.

Materials and methods: The study group included 50 patients with mitral valve disease evaluated by the questionnaire, which included general data, history of the disease, physical examination and the results obtained by laboratory investigations. Depending on the prevalence of involvement patients were divided into group I – 37 patients with mitral stenosis and group II – 13 patients with mitral regurgitation.

Results: Mean age of study group was 49.3 ± 0.02, the ratio women: men being 2:1. Medical history revealed acute rheumatic fever in childhood in 17 (34%) patients and prosthetic valve replacement in 18 (36%) cases. Analyses of the residence demonstrated that most patients with mitral valve disease come from urban areas in both groups: 26 (72.9%) and 7 (53.84%) in group I and II, respectively. Patient complaints revealed clinical manifestations more expressed in mitral stenosis group: palpitations had 35 (94.55%), dyspnea – 36 (97.27%) patients, while in mitral regurgitation predominated dizziness in 12 (92.32 %) cases. According NYHA classification in mitral stenosis patient's functional class was more advanced: III degree in 15 (40.51%) vs. 3 (23.03%) patients with mitral insufficiency. ECG analysis found that in the group with mitral stenosis predominate arrhythmias 36 (97%) patients, whereas in the group with mitral regurgitation - conductibility disturbances, detected in 9 (69%) patients. Chronic atrial fibrillation and complete left bundle branch block of Hiss were the most common deviations in mitral stenosis, found in 20 (54%) and 8 (21.62%) respectively. AV blocks were identified only in mitral regurgitation - 6 (46.15%) patients. According to CHADS2 score and Birmingham SCCHA2DS2VASc scheme we determined that high thromboembolic risk (3 points) is more prominent in mitral stenosis in 18 (48.33%) vs. 3 (23.0%) patients with mitral insufficiency.

Conclusion: Rheumatic mitral heart diseases usually associated with cardiac arrhythmias. In mitral stenosis is more common atrial chronic fibrillation, whereas AV blocks are characteristic for mitral insufficiency patients. Thromboembolic risk is higher in mitral valve stenosis.

Keywords: Cardiac arrhythmias, mitral valve disease