

MINDFULNESS-BASED PAIN RELIEF THROUGH MEDITATION

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Background. Mindfulness meditation, rooted in ancient Buddhist practices, is a potential nonpharmacological intervention for chronic pain, affecting millions globally. The opioid crisis highlights the need for alternatives. This review synthesizes current research on mindfulness meditation's effectiveness in pain relief, exploring mechanisms and future research directions. **Objective of the study.** Presentation mindfulness which involves non-judgmental awareness of the present moment, including focused attention (samatha) and open monitoring (vipassana) by reducing pain via cognitive control and emotional regulation, altering brain regions like the thalamus and insula, enhancing pain acceptance and reducing avoidance behaviors. **Material and methods.** Studies on mindfulness meditation's effects on pain, involving chronic pain populations were reviewed. Research includes RCTs, meta-analyses, and neuroimaging studies. **Results.** (Randomized controlled trials) RCTs show mindfulness meditation reduces pain intensity and

improves quality of life. Meta-analyses support its efficacy, comparable to (Cognitive behavioral therapy) **CBT**. Qualitative studies reveal increased pain acceptance. Neuroimaging studies indicate changes in brain activity related to pain perception. Mindfulness meditation reduces pain through cognitive control, emotional regulation, and brain activity changes. It offers a narcotic-free alternative, reducing opioid reliance and improving mental health. Techniques like body scan meditation manage chronic pain by changing individuals' relationship with pain. Mindfulness meditation affects heart rate variability, distinct from placebo effects. **Conclusion.** Mindfulness meditation is effective for chronic pain management, addressing sensory, cognitive, and affective factors. It reduces pain intensity, improves quality of life, and can potentially decrease opioid dependency. **Key-words:** Mindfulness meditation, pain management, opioid crisis, cognitive control, emotional regulation.

EMERGENCY SEVERITY INDEX IN DEPARTMENT OF EMERGENCY MEDICINE (DMU)

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Background. The Emergency Severity Index (ESI) is an essential tool in emergency rooms, designed to classify patient acuity levels and determine the urgency of required care swiftly. Effective implementation of ESI with continuous quality improvement techniques is crucial to enhancing patient outcomes and optimizing resource allocation. **Objective of the Study.** The study highlights key features, algorithms, decision points, benefits, and implementation strategies to demonstrate the impact of ESI on patient outcomes. **Material and methods.** Data collection involved case studies, ESI guidelines, and strategies for continuous quality improvement in emergency care. Clinical metrics analyzed included patient wait times, length of stay, and outcomes across acuity levels. For instance, Patient A (ESI Level 2) had a 10-minute wait and 2-hour stay; Patient B (ESI Level 4) had a 25-minute wait and 1-hour stay; Patient C (ESI Level 1) was seen immediately and stayed 3 hours. **Results.** Im-

plementing ESI enhanced patient flow, optimized resource allocation, and accurately identified high-acuity cases. Clinical data showed reduced wait times and shorter lengths of stay for high-acuity patients, contributing to better outcomes. For instance, high-acuity patients (ESI Levels 1 and 2) had an average wait time of 8 minutes and an average stay of 2.5 hours, while low-acuity patients (ESI Levels 3 to 5) had an average wait time of 20 minutes and an average stay of 1.2 hours. The study demonstrated that using ESI improved operational efficiency and helped achieve optimal patient outcomes in emergency departments. **Conclusions.** To enhance patient care and ensure efficient triage in emergencies, the study highlights the importance of ESI implementation. Utilizing continuous quality improvement and ESI algorithms, healthcare facilities can optimize resource allocation, expedite triage, and improve care quality. **Key-words:** Patient outcomes, emergency severity index, triage, operational efficiency.