



PSYCHOLOGICAL PARTICULARITIES IN THE RELATIONSHIP WITH ONCOLOGICAL PATIENTS

E Roșca, M Cernițanu

Department of Mental Health, Medical Psychology, and Psychotherapy of the State University of Medicine and Pharmacy Nicolae Testemitanu Chișinău, Moldova

Relating with the oncological patient involves a deep understanding of the emotional impact generated by the diagnosis and the therapeutic itinerary. The patient's psychological states influence communication and therapeutic compliance, highlighting the role of psychological support in medical practice. Investigating the psychological particularities that influence the relationship of oncology patients with the medical team, family and identifying specific needs for psycho-emotional support. A study was conducted on a sample of 50 patients from Oncological Institute. Participants completed a questionnaire regarding communication with the medical team, attitudes and perceptions about the disease, their psychological needs, as well as social and family support. The data were statistically analyzed using Excel method. Of the 50 patients (31 women and 19 men) surveyed, 92% of them mentioned an effective relationship as well as a clear and empathetic information exchange with the medical team and their family. 70% reported a certain emotional stability and reconciliation with fate, and 30% encountered some difficulties in accepting the diagnosis. The need for psychological support was expressed by 55%, mainly by those from urban areas, while those from rural areas are more concerned about the idea of what the family will do without them. 90% of respondents reported trust in the medical staff, the other 10% indicated varying degrees of distrust. Based on the obtained results, we note that effective communication with the medical team and family support contribute significantly to the emotional balance of patients. Social support is mentioned as important and 50% of patients expressed the need for systematic psychological intervention

SLEEP DISORDERS AS 'PREDICTIVE MARKERS' IN ALZHEIMER'S DISEASE AND LEWY BODY DEMENTIA

E Pavlic, V Oprea

Department of Mental Health, Medical Psychology, and Psychotherapy of the State University of Medicine and Pharmacy Nicolae Testemitanu Chișinău, Moldova

Sleep disturbances are common and clinically significant non-cognitive symptoms in Alzheimer's disease and Lewy body dementia. Although the two conditions share partially overlapping pathology, they exhibit distinct sleep-related profiles that can support differential diagnosis and early medical intervention. Comparison of sleep disorders in Alzheimer's disease and Lewy body dementia, focusing on prevalence, clinical and neurobiological features, and treatment response for diagnosis and treatment. Comparison of sleep disorders in Alzheimer's disease and Lewy body dementia, focusing on prevalence, clinical and neurobiological features, and treatment response for diagnosis and treatment. This study synthesized data from ten high-quality studies selected from PubMed, PsycINFO, Google Scholar, and NCBI databases. The included studies consisted of multicenter analyses, systematic reviews, and meta-analyses that assessed sleep disturbances using validated behavioral and actigraphy-based methods in clinical and neuroimaging cohorts. REM sleep behavior disorder and excessive daytime sleepiness are more common in Lewy body dementia (44–72%) than in Alzheimer's disease (15–35%), often preceding cognitive symptoms and associated with brainstem and occipital cortex dysfunction. In Alzheimer's disease, patients predominantly exhibit insomnia, fragmented sleep, and reduced slow-wave sleep, linked to hippocampal atrophy. Non-pharmacological treatments, such as light therapy and behavioral interventions, have shown greater effectiveness in Alzheimer's disease, while melatonin and cholinesterase inhibitors have provided benefits in Lewy body dementia. Sleep disorders differ significantly between Alzheimer's disease and Lewy body dementia in terms of type, severity, and treatment response. Recognizing these specific clinical patterns may facilitate early differential diagnosis and guide personalized therapeutic interventions.