

patient motivations and health staff involvement in specialist appointments were all assessed.

Results. Almost 59% of patients with NCDs were referred to specialists, mainly to cardiologist. Self-referral was reported by 9% of respondents and 21% indicated that they would use this option in the future. Scheduling of specialist consultations was predominantly carried out by medical staff. It was found that 59% of the referred patients did not know the appointment date at the time of leaving the PHC institution. And for those who knew it, the appointment was scheduled, in most cases, within 2 weeks. Despite long waiting periods, 91% of the interviewed patients followed the official referral pathway through their family doctor.

Conclusion(s). Over-referrals and self-referrals of patients with NCDs to specialists contribute to system overload, fragmented care and higher costs. It is essential to optimize referral pathways and to strengthen the role of the family physician in order to ensure an efficient and equitable health system.

Keywords: referral, non-communicable diseases, primary health care.

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FREDERICK SYNDROME ASSOCIATED WITH BETA-BLOCKER OVERDOSAGE, CLINICAL CASE

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Background. Frederick syndrome is a rare entity characterized by atrial fibrillation associated with complete atrioventricular block. Incidence consisting of 1-2 cases per 100,000 people/year, predominantly in patients over 65 years of age with cardiovascular comorbidities and degenerative changes in the conduction system.

Objective(s). We present the clinical case of a patient known with chronic coronary syndrome, permanent atrial fibrillation, hypertension and type 2 diabetes mellitus, hospitalized with an overdose of b-blockers.

Materials and methods. Woman, 82 years old, admitted to the MCH "Holy Trinity", cardiology department with altered general condition, palpitations, marked fatigue, severe bradycardia (32 bpm) and hypotension (80/60 mmHg), in the context of an accidental overdose of beta-blockers (metoprolol), associated with chronic treatment with digoxin.

Results. The electrocardiogram revealed atrial fibrillation with a slow, regular ventricular rhythm, suggestive for complete atrioventricular block, characteristic for Frederick syndrome. In the context of severe hemodynamic instability and the impossibility of rapid drug correction, emergency implantation of a permanent pacemaker, a VVIR mono chamber pacemaker, set at the stimulation parameter 70 bpm, implanted through the right sub clavicular vein approach. The post-procedural evolution was favorable with a rapid clinical improvement by normalization of heart rate, stabilization of blood pressure and hemodynamics.

Conclusion(s). This case highlights the importance of recognizing Frederick's syndrome in patients with atrial fibrillation with beta-blocker and cardiac glycoside overdose. Pacemaker implantation remains the treatment of choice to restore ventricular rhythm and prevent major complications.

Keywords: Frederick's syndrome, single-chamber pacemaker, beta-blocker