

**Results.** There were no significant differences between groups in age, sex, HIV co-infection, urban residence, homelessness, or cavitory lesions on chest imaging. However, all patients with acquired resistance had a history of prior TB infection (19/19; 100%), compared to those without infection 20/29 (69.0%) (p=0.007). Lower secondary education was more prevalent among those with acquired resistance (68.4%) compared to those without (27.6%) (p=0.008).

**Conclusion(s).** Previous episodes of TB and lower secondary education were more frequent in patients with acquired resistance to WHO group A second-line drugs. To reduce resistance in high risk MDR-TB populations, enhanced adherence strategies and targeted education efforts are needed.

**Keywords:** TB, MDR, Bedaquiline, Linezolid, acquired resistance

## EVALUATION OF METABOLIC SYNDROME COMPONENTS IN PATIENTS WITH GERD

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**Background.** Gastroesophageal reflux disease (GERD), with a prevalence of 10–30% worldwide, is associated with metabolic syndrome (MetS) in 30–50% of cases. The components of MetS - obesity, hyperglycemia and dyslipidemia - aggravate the symptoms by increasing intra-abdominal pressure and impairing esophageal motility.

**Objective(s).** Assessing the prevalence of MetS components in patients with GERD to identify the main component on which targeted intervention can contribute to improving their quality of life.

**Materials and methods.** The study included 61 patients from the Internal Medicine-Semiology Clinic, aged >45 years, diagnosed with GERD in 2023-2025. The following components of MetS were evaluated: body mass index (BMI), blood glucose, total cholesterol (total-C), triglycerides (TG), and blood pressure (BP) values in order to determine their prevalence.

**Results.** The results indicate the association of GERD with multiple components of MetS. The patients' BMI ranged from 18.8 to 40.1 kg/m<sup>2</sup> with a high frequency of grade I obesity (30.0-34.9) in 56.0% of the patients. Hypercholesterolemia (>5.2 mmol/l) was present in 42.2%, and hypertriglyceridemia (>1.7 mmol/l) in 31.1%. Blood glucose levels fluctuated between 4.4 and 15 mmol/l, and hyperglycemia (>5.5 mmol/l) was recorded in 24.4% of the cases. BP in the range of 120-139/80-89 mmHg was reported in 62.31% of patients, and grade I, II and III hypertension in 19.67%, 16.39% and 1.63% respectively, with the predominance of grade I form.

**Conclusion(s).** Obesity was the most common component of MetS in patients with GERD, followed by elevated total-C and TG values, then hyperglycemia and elevated BP values. Body weight is the main component for intervention in order to reduce symptom severity and improving quality of life.

**Keywords:** GERD, metabolic syndrome, obesity, dyslipidemia, hyperglycemia