

identity and minimization of discrimination. Transition in gender dysphoria may improve comorbid psychosis.

Key words: gender identity, transgender, diagnosis, psychology, psychiatric evaluation

82. ANALYSIS OF CLINICAL-EPIDEMIOLOGICAL PARTICULARITIES OF BODY DISMORPHIC DISORDER

Author: **Elena Picalau**

Scientific adviser: Igor Nastas, MD, PhD, Associate professor, Department of Psychiatry, Narcology and Medical Psychology

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Body dysmorphic disorder (BDD) is a distressing body image disorder that involves excessive preoccupation with physical appearance in a normal appearing person. Patients with body dysmorphic disorder have high rates of psychiatric hospitalization, suicidal ideation, and suicide attempts. Although any part of the body may be the focus of patient's concern, preoccupation with the appearance of skin, hair, and nose are most common. Typical associated behaviors include skin picking, mirror checking, and camouflaging (e.g., with a hat or makeup). Reassurance seeking is another common behavior that can be enacted with surgeons and dermatologists.

Materials and methods. All relevant information was obtained from literature review.

Results. Body Dysmorphic Disorder affects 1.7% to 2.4% of the general population - about 1 in 50 people. This means that more than 5 million people to about 7.5 million people in the United States alone have body dysmorphic disorder. It's possible that body dysmorphic disorder may be even more common than this, because people with this disorder are often reluctant to reveal their body dysmorphic disorder symptoms to others. Most surveys of body dysmorphic disorder patients attending a psychiatric clinic tend to show an equal sex incidence, and sufferers are usually single or separated and unemployed. It is possible that, in the community, more women are affected overall, with a greater proportion experiencing milder symptoms. Although the age of onset of body dysmorphic disorder is during adolescence, patients are most likely to present to cosmetic surgeons, dermatologists, ear, nose, and throat surgeons, or their GPs. They are usually not formally diagnosed by mental health professionals until 10–15 years after the onset.

Conclusions. The onset of body dysmorphic disorder usually occurs in adolescence, and, therefore, particular attention will need to be given in research to risk factors preceding the onset. One aim of future research is to determine which factors (or combination of factors) predict future persistence of extreme self-consciousness so that interventions may be divided for those at risk. In the meantime, it seems important to identify these individuals, many of whom may be found in obsessive compulsive disorder, mood disorder, dermatologic, and surgical conditions. These patients might respond to psychiatric treatment and that might help them avoid unnecessary cosmetic surgery.

Key words: body dysmorphic disorder, epidemiology, symptoms

DEPARTMENT OF OPHTHALMOLOGY

83. FREQUENT OUTCOMES AFTER GLAUCOMA DRAINAGE IMPLANTS

Author: **Maria Iacubitchii**

Scientific adviser: Eugeniu Bendelic, MD, PhD, Professor, Department of Ophthalmology

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova