

**Introduction.** Osteoporosis is defined as a systemic skeletal disease characterised by low bone density and microarchitectural deterioration of bony tissue. The osteoporosis is considered a medico-social disorder because the resulting osteoporotic fractures pose a major health problem and the mortality rate in an elderly person with hip fracture approaches 20 %. It is estimated that the financial and health related cost of osteoporosis will rise in future generations.

**Aim of the study.** To study the medico-social impact of osteoporosis to the population from the Republic of Moldova.

**Materials and methods.** This is a descriptive science paper. Data from the National Bureau of Statistics of the Republic Moldova, the national and international scientific articles were used as a study material.

**Results.** The result of the study indicate an increase in the number of osteoporotic fractures. The estimated number of fragility fractures for 2015 was 11271 and is predicted to increase to 15863 in 2050. The incidence of hip fracture in population above 50 years in Republic of Moldova is 292/100000 in women and 239/100000 in men. The study also indentifies the risk factors, the social and economic burden of osteoporosis.

**Conclusions.** Osteoporosis is considered a medical and social problem of the Republic of Moldova, which affects the elderly person especially women in the postmenopausal period. The risk factors for osteoporosis are low body mass index, age  $\geq 65$  years, vitamin D deficiency, smoking, low calcium intake, etc. The most serious complications are osteoporotic fractures.

**Key words:** osteoporosis, osteoporotic fracture, economic burden, menopause

#### **344. CAUSES OF NON-DOCUMENTED REQUESTS IN PRE-HOSPITAL EMERGENCY MEDICAL ASSISTANCE**

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**Introduction.** The emergency line can be used at any time to intervene in a critical situation of a patient, when only one second can make the difference between life and death. In the Republic of Moldova, since the launch of project 112, it has been called more than 4 million times, but, according to statistics, the number of calls from the daily average of 12.000 calls to 112, does not have an emergency character and constitutes over 68% of the total calls. . The average processing time of an emergency call is up to 40 seconds. The unjustified call to the emergency number means maintaining both the emergency lines and the operators 112. Therefore, the quality of the pre-hospital services in the Republic of Moldova is directly influenced by the ungoverned calls. The national and international studies in this area reveal many aspects regarding the causes of the non-documented calls. The vast majority of studies offer technical and management solutions regarding the limitation of these types of calls, by including a diversified management of sorting the ungoverned calls by the urgent calls. However, the theme requires complex studies, which offer solutions to the emergency care service. Quality control of the taking of population calls and the provision of emergency medical care is essential in ensuring a favourable climate for solving urgent cases and for ensuring the efficiency of the emergency treatment of the population.

**Aim of the study.** The analysis of the specific criteria for taking requests in pre-hospital emergency medical care, developed to analyze the frequency of non-documented calls of the population for emergency medical care.

**Materials and methods.** A descriptive, cross-sectional study was conducted on 230 adult respondents, residents of Chisinau. For the accumulation of primary data, a special questionnaire was developed. From all the respondents was received agreement to participate in the study. The EpiInfo statistical program was used for data analysis.

**Results.** The number of calls from Chisinau in 2019 compared to 2018 increased by 7.5%, and the number of non-documented calls - by 10.6%. The major cause of non-documented requests: in 63.0% (95% II: 55.14% -70.86%) - lack of information regarding the need to call pre-hospital emergency care. The respondents are aware 82.0% (95% II: 76.52% - 87.42%) of the negative impact of the non-documented requests and they have pronounced for a greater involvement of the 112 service in publicizing the negative impact that the requests have not documented for both service and population.

**Conclusions.** The study showed the need to educate the population on the causes of requesting pre-hospital emergency medical care. Mediation of the negative impact of the non-documented requests for service 112 and of the patients who need to urgently solve the health problem.

**Key words:** ambulance; non-documented requests; causes.

### **345. REFORMS AND PROBLEMS OF THE PUBLIC HEALTH SURVEILLANCE SERVICE IN THE REPUBLIC OF MOLDOVA**

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**Introduction.** Since 1992, the public health surveillance service in the Republic of Moldova has undergone a series of reforms. Thus, he evolved from inspection to surveillance, from a narrow approach to a complex approach, the focus shifted from treatment to prevention and health promotion, and emergency preparedness and response took over the place of eruption investigation. However, the opinions of the employees of this sphere regarding to the efficiency of the reforms remain contradictory.

**Aim of the study.** To study and analyze the latest reforms of the public health surveillance service in the Republic of Moldova, in order to identify the problems and directions of development.

**Materials and methods.** The study was descriptive. Applied research methods: bibliographic, historical, statistical and sociological. The sample: 60 employees from the public health surveillance service. Data collection tools: specialized literature, official statistics, own questionnaire, interview. Data processing carried out with the Epi Info program. Calculated indicators: ratios, proportions, indicators of the central tendency, indicators of the variation, tests of statistical significance and others.

**Results.** The reform of the public health surveillance service resulted in the reduction of the number of institutions of the service by 26, and of the number of employees by over 60%. As a result, the acute shortage of medical personnel is attested, which now is 31.2% per country, in some territories from 35% to 48%. Also, there is a reduced share of medical specialists aged