

post-surgical (6–24 months) in all treatment combinations of medication and DBS regarding the on and off conditions. Three subgroups were defined according to normative values of healthy controls and according to clinical criteria: patients with normal posture, with stooped posture, and with postural disorders.

Results. For the interrater reliability, intra-class coefficients (ICCs) were 0.95 (95% CI: 0.94-0.95), 0.83 (95% CI: 0.80-0.84) and 0.71 (95% CI: 0.67-0.74) for the TCC angle, UCC angle and Pisa angle assessment, respectively. This indicates excellent interrater reliability for the TCC angle, good reliability for the UCC angle and moderate reliability for the Pisa angle assessment. In 82 % of patients a stooped posture was observed with respect to the TCC angle and in 54 % with respect to the UCC angle, 62% had an abnormal Pisa angle. Camptocormia was diagnosed in ~7% and a Pisa syndrome in 1% of the patients. Medication and DBS both significantly improved postural alignment in the entire cohort.

Conclusions. The non-commercial NeuroPosturApp© assessed is a reliable and easy to handle tool for measuring postural alignment in healthy subjects and people with PD. The App proved to be capable of describing the total and upper camptocormia angles, and the Pisa angle. Both medication and stimulation improved postural alignment in anteroposterior and mediolateral direction in PD.

Key words: Parkinson's disease, deep brain stimulation, posture, camptocormia, Pisa

DEPARTMENT OF REHABILITATION AND PHYSICAL THERAPY

151. ACUPOINT THREAD IMBEDDING THERAPY IN TREATMENT OF SCIATIC NEUROPATHY

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Introduction. This literature review aims to evaluate the efficacy and safety of acupoint thread embedding therapy in sciatic nerve neuropathy.

Aim of the study. This literature review aims to evaluate the efficacy and safety of acupoint thread embedding therapy in sciatic nerve neuropathy.

Materials and methods. In order to achieve our main goal articles containing the key words were selected from PubMed, Hinari, Scopus, and ScienceDirect databases. For advanced selection of literature sources, the following filters were applied: articles published after January 2002 and just articles in English. Original research articles were selected (preclinical, clinical and experimental studies). The information and main aspects of acupoint thread embedding therapy in sciatic neuropathy were systematized.

Results. Sciatic neuropathy is one of the most common neuropathies of the lower extremities and a common cause of foot drop. Sciatic nerve neuropathy can be caused by traumatic, compression, ischemic, neoplastic or idiopathic etiology. Symptoms of sciatic neuropathy can be very diverse. But all signs are characterized by acute pain along the sciatic nerve and dysfunction of the lower limbs. Acupoint thread embedding therapy is a type of acupuncture and alternative treatment that inserts medical threads into skin, subcutaneous tissue or muscles at specific points. The absorbable surgical thread, a foreign protein, can induce allergic reactions and the combined effects of proteolytic enzymes and macrophage action against the

absorbable surgical thread may strengthen and extend the acupoint stimulation for 15–20 days as a consequence of the mild irritation in subcutaneous tissue. The researchers note that acupuncture successfully increases “acetylcholinesterase expression in spinal cord tissue after peripheral nerve injury”. As a result, this may be an important mechanism by which it promotes the healing of peripheral nerves. It also could regulate multiple molecules and signaling pathways that lead to excitotoxicity, oxidative stress, inflammation, neurons death and survival and also promote neurogenesis, angiogenesis, and neuroplasticity after ischemic damage. Acupuncture treatment activates endogenous analgesic mechanisms, causing the secretion of endorphin, causing a quick effective analgesic effect.

Conclusions. Acupoint embedding therapy is an invasive treatment which can prolonged point stimulation, reduces the frequencies of pain and psychological fear of patients and visits to the doctors. It seems to be a promising method of sciatic nerve neuropathy treatment.

Key words: sciatic nerve neuropathy, acupuncture, acupoint embedding therapy.

152. MULTIMORBIDITY/ COMORBIDITY AND POLYPHARMACY IN STROKE REHABILITATION.

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Introduction. Stroke is one the top causes of morbidity and disability in high and low-income countries. Specialized treatment and rehabilitation services contributed to a high level of functioning in stroke patients for a longer period. At the same time, advancing in age is related to a higher number of chronic conditions that have a harmful effect on patient quality of life. One of the most difficult issues for clinicians is to adjust pharmacological treatment for patient adherence for medication.

Aim of the study. To analyze the incidence and characteristics of comorbidities/multimorbidity and polypharmacy for patients enrolled in stroke rehabilitation.

Materials and methods. A number of 155 medical records of patients with stroke admitted to the department of Neurological Rehabilitation of the Institute of Neurology and Neurosurgery, Diomid Gherman from Republic of Moldova were analyzed.

Results. The study examined the medical records of the patient enrolled in the stroke rehabilitation program according to ICD 10 coding system. In the studied population, 75.5 % (117) of patients suffered an ischemic stroke and 24.5 % (38) a hemorrhagic stroke. The average age is 63, with the range of 34 to 83 years. The most frequent comorbid conditions of patients was hemiplegia - 87.7%(136), hypertension -85.8%(133), followed by atrial fibrillation 22.5%(35%), diabetes -17.41%(27), obesity -10.9%(17).Most of the patients have 5-6 (53.5%) additional morbidities, average number of morbidities are 5.56. Patients who use a 4 drugs represented 14.1%(22), 5 drugs -16.1%(25),6 drugs -23.2%(36),7 drugs -23.8%(37),8 drugs -10.3%(16),9 drugs -10.3%(16),10 drugs -6.4%(3) - the average number of prescribed each patients receives 6 medications.

Conclusions. Multimorbidity and polypharmacy are common in stroke rehabilitation and have a negative impact on patient. Future research of comorbidity structure and combination of specific drugs would be useful for, medical stuff from stroke rehabilitation services.

Key words: stroke rehabilitation, comorbidity, multimorbidity, polypharmacy.