

memory, may show reduced ability to think, visual and auditory processing of information and its speed, problem solving, motor function, affect professional, family and social activity. Depressed patients think and act slowly, show indecision, inability to make decisions. This is called psychomotor inhibition.

Conclusions. It is believed that recurring episodes of depression may increase the tendency to further cognitive deficit, and functional impairment in a patient with depression is caused by cognitive dysfunction. Assessment of cognitive function should be performed in all patients with depression. Laboratory studies may be useful in the diagnosis of comorbid diseases, which can manifest themselves as the dyad “depression and decreased cognitive function”. Neuroimaging methods (computed tomography or MRI of the brain) can help diagnose a neurological disease that can cause psychiatric symptoms (affective and cognitive pathologies).

Key words: cognitive disorders, affective pathology

164. SEVERE MENTAL ILLNESSES– IMPACT AND BURDEN ON COMMUNITY MENTAL HEALTH

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Introduction. Severe Mental Illnesses (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. SMI are a small subset of the 300 mental illnesses that are in DSM (Diagnostic and Statistical Manual of Mental Disorders). While the line between mental health and serious mental illness is debatable, the extremities are clear. SMI represent a high burden of disease in Moldova. It's incidence and prevalence, as well as the disability caused by depressive disorders, has continuously increased. The treatment of SMI involves a holistic, multidisciplinary intervention at community level regardless of form and evolution. Community mental health care means any care or support you receive in order to help you manage a mental health problem while living in the community. Community mental health care focuses on providing services within the community, close to people's homes, and hospital stays are as close as possible, organized promptly and used only in case of need. Community mental health care offers a series of medical and social services, in the form of integrated care, in order to optimize the possibilities of recovery of the person with mental health problems. In this context, community (mental) health care could mean: Treatment, such as psychological interventions (for example, psychoeducation or psychotherapy, such as cognitive-behavioral therapy) or pharmacological interventions (eg, appropriate drugs and dosage) Crisis intervention (for example, hospitalization in the case of acute conditions at rayon hospitals or psychiatric hospital). Support or continuous interventions by the multidisciplinary community mental health team. Within any mental health system, 'good services' are those that provide efficient, safe, high quality care to the people who need them, when they need them. There is no specific model of service delivery or organizational model of good service delivery, rather general factors that underpin successful approaches (World Health Organization - WHO).

Aim of the study. The purpose of the research is to identify the social functionality and the needs of people suffering from severe mental illnesses, as well as to elaborate recommendations based on the detected needs.

Materials and methods. - Historical analyses of illnesses and care - Interview - Study and analysis of the scientific literature - Quantitative and qualitative processing of results

Conclusions. SMI is a current public health problem with a high incidence and prevalence. It leads to a high rate of disability which eventually leads to the disintegration of people within the society. Recovery requires great efforts, a multidisciplinary and holistic approach. It is a social, family and personal burden, which leads to financial, psychological and moral damage. People do not have friends and social network and the results showed this fact. People are rejected from family and society and they feel abandoned. So there is still a long way to go to rehabilitate people with SMI and integrate them into the community.

Key words: severe mental illnesses, mental health community, social functionality, social integration.

165. CLINICAL-PSYCHOLOGICAL STRUCTURE OF PERSONALITY DISORDERS

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Introduction. In recent decades there was considerable interest in psychiatrists, psychologists, and family physicians regarding personality disorders' (PD) problem. Recent researches estimate that PD are an widespread psychopathological condition (the prevalence being estimated between 7.3% and 15.7% in general population). PD always starts during a young adult age. PD is not responding well to medication and is more effectively treated by psychotherapy. Patients rarely come for getting help to a specialist. According to DSM-5, PD is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

Aim of the study. To evaluate the clinical-psychological structure of some variants and PD (paranoid personality disorder, schizoid personality disorder, borderline personality disorder, avoidant personality disorder, compulsive-obsessive personality disorder) we intended an one year follow up.

Materials and methods. We proposed a study which includes these patients' clinic and the psychological tests applied in order to diagnose those patients (Rorschach Test; Minnesota Multiphysical Personality Inventory — MMPI abbreviated form; Symptom Evaluation after DSM V; Personality Test (ETP Duo)). We selected a batch of 7 persons out of 20 with suspicion of PD or other types of PD, all of them between the age of 20-40 years. The clinical data about the psychiatric patients included in the study were selected by working with patients from the Clinical Psychiatric Hospital, Chisinau, during the period of 2019-2020.

Results. Following the study we determinate 7 people with the following PD: one person with Paranoid PD (M, 30 years old), one person with schizoid PD (M, 20 years old), 2 people with borderline PD (M/F, 22/28 years old), 2 people with avoidant PD (M/F, 24/26 years old) one