**Materials and methods.** During all the process were studied literature review (20 sources, published mainly over the last 5 years), devoted to the symptoms of the postpartum depression, its classification and screening in order to detect all the symptoms of depression and start the treatment on time so as the psychotropic medications that are allowed during lactation.

**Results.** The results of the work includes all the issues of the screening for postpartum depression, but, with a focus on the specific screening tools that are considered worldwide indicators with a fairly hight sensitivity in determining this condition. According to the literature for the Edinburgh Postpartum Depression Scale (EPDS), sensitivity is 59-100% and specificity is 49-100%, for the Postpartum Depression Screening Scale (PDSS) sensitivity and specificity are respectively: 91-94% and 72-98%, and for the Healthy Patient Scale (PQ-9), sensitivity is 75% and specificity is 90%. We also studied the clinical picture of each state in postpartum depression (ranging from milder conditions - baby blues to severe postpartum depression with a psychotic component). Management algorithms were also examined for each state of postpartum depression (psychotherapy and drug treatment, taking into account medications that are allowed during lactation according to the recommendations of the FDA).

**Conclusions.** In this work are listed the screening tools for postpartum depression, the examination of the clinical picture for each state of postpartum depression, and management algorithms for postpartum depression. We gave a special attention to the management and all possible issues of drug and non-drug treatment.

**Key words:** Screening. Management. Depression. Postpartum. Treatment.


## 163.    COGNITIVE DISORDERS IN AFFECTIVE PATHOLOGY

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**Introduction.** The clinic of affective pathology is versatile, it depends on many factors, their interaction (genetic predisposition, nosological predisposition, age, gender, comorbid symptoms), can lead to extreme disability of the patient. It affects more than 300 million people worldwide.  According to published data, depression in the elderly (aged 55 to 74 years) is most common (in 39% of cases), cognitive deficits and symptoms of depression often overlap. Based on DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition), diagnostic criteria for a major depressive episode include a "decreased ability to concentrate and / or indecision" patients.

**Aim of the study.** The aim of the work is to study the interaction of affective and cognitive functions in patients.

**Materials and methods.** We studied 20 literary sources dedicated to the clinic of mixed conditions (affective and cognitive pathology), as well as psychometric scales: Zung Self-Rating Depression Scale, the Beck Depression Inventory, the Criteria for Epidemiologic Studies-Depression scale, and the Yesavage Geriatric Depression Scale which are recommended for patients with pathology of cognition and affect.

**Results.** Cognitive, short-term and long-term functional disorders are one of the most frequent persistent affective symptoms. They can affect motivation and quality of life. Cognitive deficiency may precede a depressive episode, appear simultaneously or follow it. Cognitive impairment can affect attention, verbal and non-verbal learning, short-term and working

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).