

person with compulsive-obsessive PD (F, 25 years old). Common features found in patients with PD would be: easy to get angry or jealous; disturbed social and occupational function; excessive dependence or independence; impulsive or compulsive; irritability; egocentrism; often resistant to treatment. Most types of PD that were included in the study co-exist with other disorders such as depression, anxiety, social dysfunction, sleep disorders, anger. From the clinical studies, stated by the patient, it was inferred that symptoms of a single disorder are primary and those of others' PD are secondary.

Conclusions. PD start in young adult (20-40 years). Also clinical observations prove that psychopathies are more pronounced in the relatively young periods of life, whereas with age there is remission. The number of patients with PD is bigger than the actual official registered, that's because these people can live with such a pathology until they encounter a social difficulty.

Key words: personality disorder, young adult, mental health, psychopathology

166. SOCIAL READJUSTMENT OF PATIENTS WITH EPILEPSY

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Introduction. In our publication we described the experience of a study in which we analyzed the social characteristics of patients with epilepsy. The conditions of the appearance of the pathology, the influence of different exogenous and endogenous factors on the manifestation of the pathology, the life conditions, level of education, the composition of the patient's family, the working conditions before and after the appearance of the pathology were, and of course the capacity of framing and interaction with the society. The study included 31 subjects age range 20 and 70 years, including 15 women and 16 men.

Aim of the study. To study the medical, social, psychological aspects, the degree of intensity and specificity of the epileptic manifestations, the risk of functional degradation of the patients with epilepsy and the level of their social rehabilitation.

Materials and methods. An inquiry was formulated including 149 questions regarding the conditions of the pathology, the influence of different exogenous and endogenous factors on the manifestation of the pathology, life conditions, level of education, the composition of the patient's family, the working conditions before and after the appearance of the pathology, and of course the capacity of framing and interaction with the company. The inquiries were completed in the presence of patients hospitalized to the sections of the Clinical Psychiatric Hospital from Chisinau.

Results. After analyzing the answers of the inquiries, we can make a characterization of the patients with epilepsy. In the occurrence of epilepsy in over 50% of the analyzed patients prevails the undetermined factors, in more than 30% prevails traumatic incidents, in about 15% the infections and the chronic intoxication. Complete higher education has 12.9% of the examined patients, incomplete - 9.6%, most of the patients had average (32.2%) and specialized studies (45.3%). 12 women and 11 men were married, or are married. Children have 11 women and 12 men.

Conclusions. Social rehabilitation of patients with epilepsy should be based on the social aspects and characteristics of these patients. So we could not talk about an effective rehabilitation as long as we did not know the level of education, the character of the work performed, the composition of the family and the personal characteristics of each individual patient. Now this information can be compared with the general population and used by specialists in the field.

Key words: Epilepsy, Rehabilitation

167. STIGMATIZATION OF PEOPLE WITH DEPRESSION IN MEDICAL STUDENTS

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Introduction. Depression is a public health issue worldwide, including in European countries. Over 350 million people worldwide suffer from depression. Stigmatization of people with depression is an important barrier to addressing a health care specialist and respecting treatment. More than 50% of people with depression have never visited a mental health specialist to receive professional help.

Aim of the study. To study the social and demographic characteristics of stigmatization towards people with depression in students from Moldova.

Materials and methods. In a cross-sectional study, we evaluated 414 medical students. The data were collected on the basis of a self-reported anonymous questionnaire, through which beyond the stigmatization of people with depression, the individual and family characteristics of the participants were evaluated. Stigmatization was assessed using the Depression Stigmatization Assessment Scale (DSS), developed by Kathleen Griffiths.

Results. The level of average stigmatization (standard deviation) measured by the Stigmatization Evaluation Scale for People with Depression (DSS) showed lower values for personal stigmatization (18.83 (4.88) compared to perceived stigmatization [26.21 (3.30), $p < 0.001$. There is no difference in the level of stigmatization regarding the presence of a person with depression in the family. Previous studies show that through contact with people with depression, the level of stigma decreases.

Conclusions. The level of personal stigmatization towards people with depression is lower than compared to perceived stigmatization in Moldova. Further research is needed to understand the characteristics of stigma against depression.

Key words: depression, stigmatization, mental health, addressing a specialist.

168. THE TREATMENT OF RESISTANT SCHIZOPHRENIA

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