

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

Author: **Valeria Cuprian**

Scientific adviser: Andrei Eșanu, PhD, University Assistant, Department of Psychiatry, Narcology and Medical Psychology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

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

Author: **Cristina Putină**

Scientific adviser: Igor Nastas, MD, PhD, Associate professor, Department of Psychiatry, Narcology and Medical Psychology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Schizophrenia is a severe mental disorder characterized by positive, negative and cognitive symptoms. Schizophrenia affects 1% of general population and one of its features is the heterogeneity of response to treatment. 20–30% of individuals with schizophrenia have treatment-resistant schizophrenia. Correctly identifying these patients could contribute to reduce burden in patients themselves, in society and in economy. In fact, TRS constitutes about 60–70% of schizophrenia's cost burden. Three key elements define the concept of treatment resistant schizophrenia. These are: 1) a confirmed diagnosis of schizophrenia based on validated criteria; 2) adequate pharmacological treatment; and 3) persistence of significant symptoms despite this treatment.

Aim of the study. Studying the particularities of the clinical evolution and the management methods of the resistant schizophrenia treatment.

Materials and methods. The number of patients included in the study is 38 people who were previously diagnosed with schizophrenia. To these patients, the BPRS scale was performed to identify the response to the administered treatment. Also in the study were taken into consideration the following criteria, such as: age, heredity, gender, number of recurrences and admissions, trigger factors, duration of psychotic episode, disease evolution over the years and what antipsychotics were administered.

Results. In the study performed on 38 patients, using the BPRS scale, were identified only 3 patients, who meet the criteria of resistant schizophrenia, the patients are male over 45 years old. Now, I am studying patient's records to analyze other aspects and criteria that influence treatment resistance. By analyzing the treatment that follows, patients develop resistance to typical antipsychotics. A pattern of superiority for olanzapine, clozapine, and risperidone was seen in other efficacy outcomes, but results were not consistent and effect sizes were usually small. In addition, relatively few RCTs were available for antipsychotics other than clozapine, haloperidol, olanzapine, and risperidone. The most surprising finding was that clozapine was not significantly better than most other drugs.

Conclusions. The clinical management of patients with treatment-resistant schizophrenia is still challenging despite years of extensive research. 2 antipsychotic drugs should be tried at adequate dosage and for an adequate period, and various factors that interfere with adherence should be ruled out before making a diagnosis of treatment-resistant schizophrenia. Clozapine should be used only when it is confirmed that patients have treatment-resistant schizophrenia and their condition fails to respond to atypical antipsychotics or typical antipsychotics. The same rule applies in identifying clozapine-resistant schizophrenia. Pharmacological augmentation strategies for managing clozapine-resistant schizophrenia are widely used in clinical practice. However, there is no strong evidence that supports augmentation as an effective treatment option. ECT may be an effective augmentation strategy in the treatment of clozapine-resistant schizophrenia. It should be emphasized that psychological and psychosocial care combined with medication treatment are the key factors in maximizing the effectiveness in the treatment of patients with treatment-resistant schizophrenia.

Key words: schizophrenia, resistance, treatment, antipsychotics, criteria.

169. POSTPARTUM-DEPRESSION

Author: **Diana Mezu**

Scientific adviser: Igor Nastas, MD, PhD, Associate professor, Department of Psychiatry, Narcology and Medical Psychology *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova