

almost all domains as: surgeons, sexologists, etc. A small number of scientific researches are dedicated to this problem, which involves a reduced number of populations and doesn't reflect the entire seriousness of this problem. A number of screenings concerning roncopathy have been already done in EU and USA and special associations were founded. Such organization doesn't exist in the RM, only tendency to highlight the seriousness of this problem threw the screening that was performed in 2008 by Olaru A. and associate professor Gagauz A. That is why we decided to tackle deeper this pathology, which isn't seen as a problem; and to observe how well the members of society know themselves threw screening of population from central regions of RM, performed in period October 2013-February 2014.

Materials and methods: during this screening 2010 persons were questioned, between 17-78 years old. We record a questionnaire with 34 questions, and used centimeter band.

Results: The number of those who snores is continuously decreasing with age. The highest incidence of roncopathy is between 46-65 years old. The highest incidence of sleep apnea is between 61-65 years old. The oldest man who doesn't snore is 72 years old. From the totally number of those who snore the highest incidence is among drivers. The majority of women snore lying on the back. Usually people snore in 1 or 3 positions, and rarely in 2. All people who snores 68,97% have increased BMI. The majority of women and men snore from 6 to 10 years. 39,8% from affected people are smoking, among them 12,19%. 42,71% from those who snores eat a lot before going to bed, among them women 31,81%. Men more frequently supported cranial trauma (18,44%). 83,8% from all patients with sleep apnea are men. Urban men snore more frequently. The incidence of high blood pressure is 35,92% and is almost the same between male and female.

Conclusion: We investigate the roncopathy as a social problem in RM, with more persons and criteria. The most affected are those whose BMI is increased, with otorhinolaryngological pathology and male gender.

Keywords: Incidence, roncopathy, sleep apnea

82. OSTEOPOROSIS IN MEN

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Introduction: Osteoporosis is a disease characterized by low bone mass, deterioration of bone tissue and skeletal fragility consistent with increased risk of fracture. It is a chronic multifactorial disease complex that often develops silently for decades until fractures occur not characteristic. It is shown that there are over 150mln people suffering from this disease. 20% of all osteoporosis cases occur in men.

Purpose and Objectives: Clinical-study, indices DXA and FRAX score in men with osteoporosis.

Materials and Methods: We performed a study of 40 men > 50 years, hospitalized in Department of Rheumatology and Arthrology of Republican Clinical Hospital.

Results: We found that 55 % of men had osteopenia and 45% , osteoporosis. Men using glucocorticoids have a much lower bone density (T-score -3.1) than men not receiving glucocorticoids (T score -1.7) . Observed with age and decrease T score so persons aged 50-60 years had the mean T score of -1.9 compared with men aged 60-70 years in the T-score was -2.4 and much higher compared with age > 70 years at the T-score was significantly lower (-3.2) compared with men with a BMI of 50-69 ani. Men with BMI <20 T-score was -3, 31 compared with -2.1 at BMI > 20. Men with a rational as > 950 mg / day T-score was -1.75 , and the second group (by rational Like 850-950mg/zi) T-score was -2.05 . The third group of men who have the smallest rational Ca, about 750-850 mg / day , are most prone to pathological fracture because their T-score is -3.15 . Male smokers had T-score lower than non-smokers , so the T-score at smokers was -2.64 and non-smokers was -2.36.

Conclusions: Osteoporosis emerged as nosologic unit is very frequently detected in RM even in men of working age. In disease development were presented with high frequency following risk factors: age, smoking, BMI, corticosteroid, intake reduced Ca.