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- IV. Train mental health care providers on basic human rights/patient-provider communication;
- V. Control/improve the basic conditions for patients at the mental health care hospitals/dispensaries, including food, bedding, and recreation time/facilities;
 - VI. Increase patients'/caregivers' awareness of their rights and standards of care;
 - VII. Ensure social protection mechanisms for people with mental health disorders.

38. EPIDEMIOLOGY OF PERIODIC LIMB MOVEMENT DISORDER

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Introduction: Periodic limb movement disorder (PLMD) is characterized by periodic episodes of repetitive and highly stereotyped limb movements that occur during sleep, affecting the lower limbs, lasting 0,5 to 5 seconds and the pause between the episodes is about 20-40 seconds. Purpose of the study is studying the scientific literature about the prevalence of periodic limb movement disorder in different disorders.

Materials and methods: There were studied about 50 articles about the prevalence of periodic limb movement disorder.

Disscussion results: Periodic limb movement disorder is freequently encountered among sleep disorders. Its prevalence is about 3,9% to 6% in general population. The prevalence in persons of age upper than 60 is 34%. In children periodic limb movements prevalence is 7,7%. In patients with sleep obstructive apnea, periodic limb movemets prevalence is about 4-5%. In patients with insomnia periodic limb movement disorder is encountered in about 1 to 15 % of all patients.

Conclusions: Periodic limb movement disorder is a disorder with a high prevalence in general population. An appropriate clinical approach is still discussed. PLMD is freequent encountered in different pathologies and this finding may give a solution in finding a proper clinical approach.

Key words: Periodic limb movement, epidemiology, obstructive sleep apnea.

39. HYPOTHYROIDISM AND DYSLIPIDEMIA

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Introduction: Hypothyroidism is a relatively common endocrine disorder usually accompanied with changes in serum lipid profiles. Recent studies consistently demonstrate elevated levels of serum total cholesterol, low-density lipoprotein cholesterol (LDL-C), apolipoprotein B, lipoprotein(a), and possibly triglycerides in individuals with overt hypothyroidism, all of which are reversible with