

n=38) were current/previous smokers. A FEV1 more than 80% was registered in 27% (n=18) cases. A mild obstruction, with FEV1 between 50% and 80% was established in 19% (n=13) of patients, a moderate one with FEV1 ranging from 30% to 50% - in 36% of patients, and a severe obstruction with FEV1 less than 30% was characteristic for 18% of cases (n=12). Mean FEV1 was $55.42 \pm 28.86\%$. The majority of the patients (61%, n=41) had a mReiff score with less than 6 points. A worse mReiff score with more than 12 points was determined in 15% (n=10) of cases. When FEV1 was predicted, it was found that mReiff score (Beta = -0.721, $p < 0.001$), smoking status (Beta = -0.499, $p < 0.001$), subjects age (Beta = -0.404, $p < 0.001$) and bronchiectasis etiology (Beta = -0.362, $p = 0.001$) were significant predictors, globally explaining 55% of FEV1 variability ($p < 0.001$). No significant correlation was recorded between FEV1 and presence of bacterial growth in sputum culture and daily use of respiratory treatment.

Conclusions. The mReiff score, smoking status, subjects age and bronchiectasis etiology are significant determinants of FEV1 in patients with non-cystic fibrosis bronchiectasis.

Key words: non-cystic fibrosis bronchiectasis, lung function

100. THE IMPACT OF THE TABAGISM ON THE ATTITUDE OF MEDICAL STUDENTS IN THE REPUBLIC OF MOLDOVA

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Introduction. Smoking is the most common exogenous cause of human's cancer. It is responsible for 90% of cases of lung cancer. About 1.1 billion people use tobacco worldwide. Smoking causes more than 6 million deaths annually, mainly due to cardiovascular disease, various cancers and chronic respiratory diseases. It is expected that by 2030, there will be 10 million deaths a year related to tobacco use.

Aim of the study. The aim of this survey was to assess whether smoking habits influenced students' attitudes towards tobacco control.

Materials and methods. The population of the cross section consisted of 342 respondents. All participants were 3rd year students, Faculty of Medicine no.1. A self-administered and anonymous questionnaire was distributed. The questionnaire and data analysis period was conducted during May 2017. After verifying of the questionnaires, 280 of these were validated (81.87%). Of the total population, 73.6% were women and 26.4% were men. The majority of respondents (97.8%) were aged between 20 and 26 years.

Results. Smoking students consider that the doctor is a model for his patient only in 64.6%, while non-smokers had said the same thing in 80.1% (OR 2.3, CI 95%, $p \leq 0.05$). Smoking respondents are likely to accept smoking in public places (OR 4.3, CI 95%, $p \leq 0.001\%$), bars, pubs (OR 3.9, CI 95%, $p \leq 0.001\%$) or even restaurants (OR 8.3; CI 95%; $p < 0.001\%$).

Conclusions. Following the analysis of the processed data, it was concluded that smoking students tend to neglect the physician's role in abandoning smoking by the patient.

Key words: smoking, lung cancer, students, attitudes.

101. ISONIAZID MONORESISTANTANCE - IMPACT ON TREATMENT OUTCOMES IN PATIENTS WITH PULMONARY TUBERCULOSIS

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Introduction. Isoniazid monoresistance is the most common type of single TB drug resistance worldwide. There is no strong evidence regarding the best treatment regimens in this group of patients.

Aim of the study. To assess the impact of HR tuberculosis (TB) on treatment outcomes and survival among pulmonary TB patients treated under TB control program in the Republic of Moldova.

Materials and methods. We have performed a comparative retrospective analysis of treatment outcomes in all pulmonary TB patients registered in the National Electronic TB data base (SIME TB) during 2012-2016. Only patients with positive culture and proven isoniazid monoresistance or pan-susceptibility to the first line drugs were included.

Results. During 2012-2016, 191 monoresistant and 1889 pan-susceptible pulmonary TB cases were registered in SIME TB. No differences in age, gender, previous history of TB and comorbidities between monoresistant and pan-susceptible patients have been identified. All study subjects were treated with first line TB drugs regimens recommended by National Treatment Guidelines. Contrary to the expectations no differences were identified between pan-susceptible and isoniazid monoresistant subjects regarding the rates of cure (84.2% vs 84.8%, $p > 0.05$), treatment failure (3.54 vs 5.24%, $p > 0.05$) and death (6.65% vs 5.76%, $p > 0.05$). At the same time monoresistant subjects had a shorter treatment duration than those with pan-susceptibility (141 vs 224 days, $p < 0.0001$)

Conclusion. Our findings suggest that compared with pan-susceptible TB, patients in with isoniazid monoresistant TB treated under programmatic condition in Republic of Moldova have similar final TB treatment outcomes including all-cause mortality.

Key words: susceptible TB, treatment outcomes, treatment regimens

DEPARTMENT OF PNEUMOPHTYSIOLOGY

102. RISK STRATIFICATION BY A SIMPLE CLINICAL SCORE (CRD-45) IN PATIENTS WITH TUBERCULOSIS

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Introduction. Tuberculosis is a leading cause of morbidity and mortality worldwide. According to the World Health Organization, 10.4 million people developed tuberculosis in 2016 and 1.7 million people died from this disease.

Materials and methods. We evaluated risk factors from in-hospital death in patients admitted with tuberculosis between January 2012 and March 2017 at a tuberculosis referral hospital in Borstel, Germany.

Aim of the study. Risk factors assessment in patients with tuberculosis as mortality predictors.

Results. Among 354 patients admitted to the Medical Clinic of the Research Center Borstel, Germany, 12 patients died in hospital. Median duration from admission to in-hospital death was 70 days (Interquartile range (IQR) 23 - 129). Four variables 1) >50 pack years of cigarette smoking, 2) renal insufficiency, 3) diabetes mellitus and 4) >45 years of age were predictors of mortality in patients with tuberculosis. When none of these variables were present the risk of in-hospital mortality was 1.0%. With 2, 3 and 4 of the variables present the risk of in-house mortality increased to 3.7%, 6.5%, 33% and 50%.