

The website is followed at the national and international levels: by 1039 persons from the Republic of Moldova; 54 from Romania; 42 persons from Italy; 33 persons from Great Britain, etc.

Conclusion. NOBEZITATE provides a database and allows continuous monitoring of the number of visitors (according to gender, age, region); their interest and engagement in reading the posted articles, etc. It has a lot of advantages for researcher such as: cost-effectiveness (cost, time, human resources); possibility of using multimedia elements (video, images, etc.); automatic questionnaire; elaboration of reports in real time; possibility to work with large samples of respondents (national and international), etc.

Key Words: website, Internet, research.

246. CARDIOVASCULAR MORBIDITY AMONG POPULATION OF THE REPUBLIC OF MOLDOVA IN CONNECTION WITH MINERALIZATION DEGREE OF THE DRINKING WATER

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Introduction: At the moment, cardiovascular diseases are situated among the main causes of population morbidity, mortality rate being estimated 50 % in the entire population. Besides well known causes of cardiovascular morbidity exists another one cause, studied by a lot of authors, which is called mineralization degree of the drinking water. It's known that a higher mineralization of drinking water may determine a lower cardiovascular morbidity. The objective of our study was estimation of mineralization degree of drinking water in different parts of the Republic of Moldova and its influence on the cardiovascular diseases of the population.

Materials and methods: Our study has been done by collecting water specimens of surface water and deep water from different parts of the republic and appreciating their hardness and magnesium and calcium concentration. The morbidity of population was obtained from the National Center of Health Management by yearly reports. During the study we use observation, descriptive and analytical methods.

Discussion results: Water hardness is determined by the amount of dissolved calcium and magnesium ions in it. After study water hardness from the North of the Republic (Edinet city), the

that the biggest concentration of calcium ions in deep water was in the North, but for surface water - in the Center. The biggest concentration of magnesium ions in deep water was in the Center, but in surface water - in the South. Surface water hardness was higher than deep one and cardiovascular morbidity in population which used surface water was lower than in population which used deep water. We also see a relation between calcium concentration and cardiovascular diseases, which were higher in the North, where calcium in surface water was lower. For magnesium concentration we state that also in the North, where its level was lower in deep water, cardiovascular diseases was higher.

Conclusion: Cardiovascular morbidity is lower in the regions with higher mineralization of drinking water. Surface water is richer in calcium and magnesium ions and contributes to a better cardiovascular function and lower morbidity.

Key words: Water hardness, Calcium and Magnesium concentration, cardiovascular morbidity

247. HYGIENIC ASSESSMENT OF TRAINING TIMETABLE AND SYMPTOMS OF OVERTRAINING TO FOOTBALL PLAYERS

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Introduction. To stay healthy and to avoid injuries of health and to achieve best performances football players have to be adopters of a healthy lifestyle. One of the main factors of increasing the level of physical training of athletes is an organized systematic training, respecting the timetable of work and rest, training conditions, physiological principles and hygienic requirements of an healthy dietary. So, the purpose of this study is evaluation of training schedule and overtraining symptoms of junior sportsmen.

Materials and methods. Generally speaking the study was realised on the base of nowadays methods: hygiene, epidemiology, mathematical statistics. The study was realised in a group of 62 junior players aging of 15-17. The questionnaire consisted of 20 questions based on overtraining syndrome and all the athletes were tested concerning "Recovery Scoring Guide".

Discussion and results. The training of football players is 5 times a week, usually in the afternoon having a 90-minute period. The training consists of several stages: 1) the preparation (heating) - 25 min.; 2) the base (technic and tactic) - 45 min.; 3) exercises (playing football) - 20 min.; 4) transition and recovery - 5 min.

The players have to choose foods for supporting consistent intensive training and optimizing their performances. All the players must have a nutrition plan that takes into account individual needs. In the current study it was found that the 48.3% of the respondents are fed three times a day, while the 3.2% of the athletes are fed insufficiently, only 2 times in 24 hours. The 35.2% of all participants in the study are fed 5 and more times. The 48.4% of the athletes have a diversified food alimentation, but the 51.6% have insufficiency of it. Only the 19.5% sleep enough and the 80.5% sleep less than 8 hours a day. Regarding the injuries during the training, the cause being insufficient heating the 21.1% of all athletes suffer of.

The main complaints of the athletes due to insufficient recovery are: lack of concentration (30.6%); muscle pain (24.2%); loss of competitive ability (20.9%); confusion during the competitions (14.5%); abandon tendencies (9.6%).

Conclusion. The training of junior athletes who are practicing football takes place in compliance with all pedagogic principles and legalities, which are based on physiological and hygienic principles.