



# *Satellite Conference*

# “NEW HORIZONS IN MENTAL HEALTH”

*organized within the  
Anniversary Congress “80 Years of Innovation in  
Health and Medical Education” of  
Nicolae Testemițanu State University of Medicine and Pharmacy*

**ABSTRACT  
BOOK**



**20-23 October 2025**

Chisinau, Republic of Moldova



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MENTAL HEALTH”**

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Anniversary Congress “80 Years of Innovation in  
Health and Medical Education” of  
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**20-23 October 2025**  
Chisinau, Republic of Moldova



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# SPEAKERS





### **OVIDIU ALEXINSCHI (Romania)**

MD, PhD Coordinator of No addict programs, trained in alcoholology, addictions and drug addiction, psycho-pedagogy, cognitive-behavioral psychotherapy, and palliative care. Associate Professor at University of Medicine and Pharmacy Gr. T. Popa Iasi. International Certificate in Addiction Medicine. President of Bridging Eastern and Western Psychiatry Romania. Member of Editorial Board of the Bridging Eastern and Western Psychiatry, *Psichiatria e Territorio* and *American Journal of Psychiatry and Neurosciences*. Founding member of the World Association of Clubs for Alcoholics in Treatment (WACAT). Honorary member of the *Associazione Italiana di Terapia del comportamento*. Member of the International Society of Addiction Medicine.



### **CLAUDIA ANGHEL (Romania)**

MD, PhD(c) she currently carries out her clinical activity at the Dr. Ghe. Preda Clinical Psychiatric Hospital in Sibiu and is a Teaching Assistant at the Faculty of Medicine, Lucian Blaga University of Sibiu where she also graduated medical school and the master program in Health Management. Throughout her career, she has completed various training programs, focusing on cognitive- behavioral psychotherapy, and has actively participated in numerous national and international conferences. Her research has been published on topics such as depression, suicidal behavior, electroconvulsive therapy, and mental health service management. Her expertise in electroconvulsive therapy was further developed during an internship at the Magalhães Lemos Hospital in Porto, Portugal, under the mentorship of Professor Jorge Mota, Vice President of the Portuguese Society of Electroconvulsive Therapy. She currently oversees the Electroconvulsive Therapy Department within the Scientific Research Collective in Neurosciences at the Dr. Ghe. Preda Clinical Psychiatric Hospital in Sibiu. In addition, she is an active member of several scientific organizations, including the EPA, the ARPP, and the Suicide Prevention Alliance of Romania, and serves as president of the "Dr. Gheorghe Preda" Psychiatric Hospital Association, a non-governmental organization based in Sibiu.



### **ROXANA CHIRIȚĂ (ROMANIA)**

Prof. Roxana Chiriță is a senior psychiatrist at the Socola Institute of Psychiatry in Iași and Head of the Department of Psychiatry at the "Grigore T. Popa" University of Medicine and Pharmacy, Iași, Romania. She has extensive clinical, academic, and research experience in psychiatry, with a focus on advancing mental health care and education. Prof. Chiriță is actively involved in training future generations of psychiatrists and has contributed significantly to the development of psychiatric services in Romania. She currently serves as President of the Socola Institute of Psychiatry Section, promoting innovation, collaboration, and high standards in psychiatric practice and research.





### **CIPRIAN BACILA (Romania)**

MD, PhD, is currently working as an Associate Professor at the Faculty of Medicine, Lucian Blaga University of Sibiu, and as the Medical Director at the Dr. Ghe. Preda Clinical Psychiatric Hospital in Sibiu. He is a graduate of the Iuliu Hatieganu University of Medicine and Pharmacy in Cluj-Napoca, with a master's degree in Healthcare Management. He has completed several training courses, specializing as a psychotherapist in positive psychotherapy and autogenic training. He also has basic training in good practices for clinical trial monitoring and competence in emergency medicine and Transcranial Magnetic Stimulation. As a mental health professional, he has been involved in various volunteer projects both in the community and in the medical field. He is also the President-elect of the Romanian Society of Psychiatry and Psychotherapy, Vice President of the Romanian Society of Social Psychiatry and a member of the Romanian Suicide Prevention Alliance. In addition to his clinical work, he has participated in numerous national and international scientific events and has been involved in research, publishing articles in his areas of expertise: depression, schizophrenia, suicidal behavior, mental health services, healthcare management, and neuroscience. He also coordinates the Scientific Research Collective in Neurosciences at the Dr. Ghe. Preda Clinical Psychiatric Hospital in Sibiu.



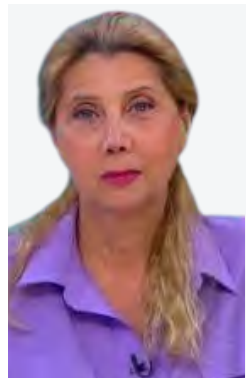
### **ALEXANDRA BOLOS (Romania)**

MD, PhD, psychiatry lecturer at the University of Medicine and Pharmacy Grigore T. Popa Iasi, Faculty of Medicine. Trained in cognitive-behavioral psychotherapy at the Romanian Association of Behavioral and Cognitive Therapy. Author and co-author of numerous specialized articles in internationally ranked journals, author of several book chapters. Speaker at national and international conferences. Member of the editorial board of the journal *Buletin de Psihiatrie Integrativa*.



### **EKA CHKONIA (Georgia)**

Professor and Program Director in Psychiatry at Tbilisi State Medical University. Clinical director at the Central Psychiatric Hospital (Tbilisi Mental Health Center). Member of the International Advisory Board for Psychiatry and Clinical Neurosciences Reports, the official journal of the Japanese Society of Psychiatry and Neurology. Honorary member of the World Psychiatric Association, Vice-chair of the Steering Committee of the EPA (European Psychiatric Association) Council of NPAs, member of the EPA Ethics committee, head of the WPA Expert Committee on the Ukrainian mental health crisis and of the alliance of the professional organizations "Alliance for Better Mental Health".







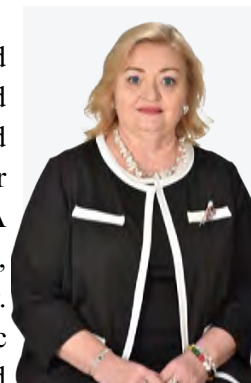
### **EMIL CEBAN (Moldova)**

Rector of Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova and the President of the Rectors' Council from the Republic of Moldova. He is Habilitated Doctor of Medical Sciences, Corresponding Member of the Academy of Sciences of Moldova and holds the honorary title of Doctor Honoris Causa of George Emil Palade University of Medicine, Pharmacy, Science, and Technology from Targu Mures, and Carol Davila University of Medicine and Pharmacy from Bucharest, Romania. Prof. Emil Ceban is a member of the Moldova-North Carolina Bilateral Committee.



### **JANA CHIHAI (Moldova)**

Psychiatrist and psychotherapist; Vice-Rector for Research and Innovation and Head of the Department of Mental Health, Medical Psychology and Psychotherapy at the Nicolae Testemitanu State University of Medicine and Pharmacy (USMF), Chișinău; Associate Professor of Psychiatry; and Senior Mental Health Advisor for the Trimboș Institute Moldova, MENSANA project. She is also President of the National Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists (SPNPPC). Dr. Chihai studied medicine and psychiatry and completed psychotherapeutic specializations at the European School of Psychotherapy, Socio- and Somatoanalysis (Strasbourg, France) and the Association of Integrative Psychotherapy and Clinical Psychology (Iași, Romania). Since 2000, she has championed community-based mental health services and has been deeply involved in the mental health reform in the Republic of Moldova.



### **ION COȘCIUG (Moldova)**

MD, PhD, Associate professor at the Department of Mental Health, Clinical Psychology and Psychotherapy of the State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova. Member of committees of Ministry of Health and Labor Social Protection of the Republic of Moldova. Trainer in projects related with mental health promotion and disease prevention in Republic of Moldova. Author of over 200 scientific papers published in Moldova and abroad, involved in the development of 6 national clinical protocols. Member of European Psychiatric Association. Member of Editorial Board of the Romanian journal Bulletin of Integrative Psychiatry.





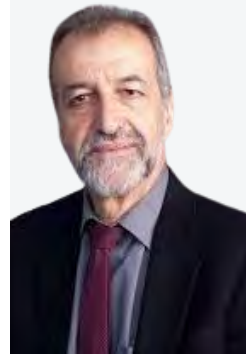
### **DANIEL DAVID (Romania)**

Professor at Babeș-Bolyai University in Cluj-Napoca, where he holds the prestigious Aaron T. Beck Professorship of Clinical Psychology and Psychotherapy (Clinical Cognitive Sciences). He is the founding director of the Department of Clinical Psychology and Psychotherapy at Babeș-Bolyai University and the president of the International Institute for the Advanced Studies of Psychotherapy and Applied Mental Health and since December 23, 2024 serves as Romania's Minister of Education and Research. Since 2009, he has also served as an adjunct professor at the renowned Icahn School of Medicine at Mount Sinai, New York, USA, and as the research director at the Albert Ellis Institute, New York, USA, a globally recognized institute for research and practice in psychotherapy and mental health. In addition, Professor David has been a member of the Scientific Review Group in Social Sciences within the European Science Foundation. In 2017, he was elected president of the Romanian Psychological Association, and since 2022, he has been a corresponding member of the Romanian Academy and a member of the European Academy (Academia Europaea / Academy of Europe).



### **MICHAEL DAVIDSON (Israel)**

MD, PhD, President of The Israeli Medical Centre for Alzheimer, Chief Medical Officer of Minerva Neurosciences Inc. (Massachusetts, USA), and Professor of Psychiatry at Tel Aviv University (emeritus) and Mount Sinai School of Medicine (adjunct), will be joining us as a guest speaker. Chairman Department Psychiatry Nicosia University Medical School.



### **INGA DELIV (Moldova)**

MD, PhD, Associate Professor at the Department of Mental Health, Medical Psychology and Psychotherapy of the “Nicolae Testemitanu” State Medical University of Medicine and Pharmacy. National Trainer and Consultant in the project „Mental Health Services Reform in Moldova”. Senior scientific researcher in the Narcology laboratory of the State Medical University of Medicine and Pharmacy “Nicolae Testemitanu” from 2007 – 2019. Author and co-author of multiple scientific works, of which 6 are National Clinical Protocols. Multiple participations in various Congresses, National and International Scientific Conferences.







### **CRISTINA DOBRE (Romania)**

Dr. Cristina Dobre is the Manager of the “Socola” Institute of Psychiatry in Iași, one of Romania’s most established mental health institutions. Before taking on this role in December 2021, she held leadership positions at “Elena Doamna” Maternity Hospital and the Rehabilitation Hospital in Iași, gaining extensive experience in healthcare management. Beyond her administrative career, Dr. Dobre served as a Member of the Romanian Parliament between 2008 and 2012, actively contributing to legislative debates on healthcare policy. She holds a medical degree from the “Grigore T. Popa” University of Medicine and Pharmacy in Iași and has completed specialized training in hospital management, foreign policy and diplomacy, and palliative care — equipping her with a comprehensive understanding of the healthcare system and its challenges.



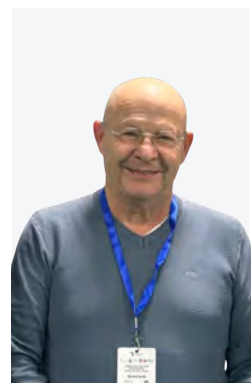
### **PETRU ROMEO DOBRIN (Romania)**

MD, PhD, Professor of Psychiatry, Vice Dean of the Faculty of Medicine at Grigore T. Popa University of Medicine and Pharmacy Iasi, and member of the University Senate. Head of Section IX at Socola Institute of Psychiatry. Specialist in forensic medicine. Member of the Society of Doctors and Naturalists. Member of the Romanian Association of Psychiatry and Psychotherapy. Master's degree in Health Management and in Psychosocial Intervention and Psychotherapy University Al. I. Cuza Iasi. Editor of the Bulletin of Integrative Psychiatry.



### **BERNARD JACOB (Belgium)**

Project manager and national coordinator of the mental health care reform based on the application of article 107 of the law on hospitals. Project manager and national coordinator of the mental health care new policy for children and adolescents. Bernard Jacob is active in the field of Mental Health and Social Welfare for 40 years. He is a project manager and national coordinator of the mental health care and psychiatry reform for adults and of the new mental health policy for children and adolescents. He ensures the coordination of the global elaboration plan in connection with the various levels of decision and organization, the competencies of the Regions, Communities and the National Insurance Institute of Disease and Disability. He graduated from the third edition of the International Masters on Mental Health Policy and Services. He has also important experience in the management and monitoring of European issues.





### **KAREL KRAAN (Swiss)**

MD, has been a Senior Consultant in Outpatient Services at Luzerner Psychiatrie since 2017. He has been a teaching therapist, supervisor, and lecturer for the SAGKB (Swiss Society for Katathymes Bilderleben) since 2003. Additionally, he serves as an international expert for the MENSANA-Project Phase 1, 2, and 3.



### **MIHNEA MANEA (ROMANIA)**

Dr. Mihnea Manea is a Senior Psychiatrist at the “Prof. Dr. Alexandru Obregia” Clinical Psychiatric Hospital in Bucharest and Associate Professor at the “Carol Davila” University of Medicine and Pharmacy. He holds a PhD in Medical Sciences with research on schizophrenia and cognition, and a degree in Psychology from the University of Bucharest. Dr. Manea is the author of four textbooks, over 25 peer-reviewed articles, and more than 30 conference presentations at national and international levels.



### **LAURA ANDREEA MATEESCU (ROMANIA)**

Specialist in Psychiatry with extensive expertise in Child and Adolescent Psychiatry. She practices in Bucharest, Romania, at the prestigious “Dr. Alexandru Obregia” Clinical Psychiatric Hospital. Deeply passionate about child and adolescent mental health, Dr. Mateescu is dedicated to providing high-quality diagnostic and treatment services. Through her empathetic and professional approach, she aims to help patients overcome their challenges and restore emotional balance. She is also recognized for her individualized care and active involvement in research and the development of innovative treatment methods in psychiatry.



### **VLADIMIR NAKOV (Bulgaria)**

MD, PhD, Psychiatrist, Associated professor, Head of Department Mental Health, National Center of Public Health and Analyses, Sofia, Republic of Bulgaria. Author of over 60 scientific publications, co-author of 2 books. He wrote a monograph on suicide in Bulgaria. State expert on dementia. Former National Consultant in Psychiatry for Bulgaria. Member of the Section of Suicidology and Suicide Prevention of European Psychiatric Association, National representative for Bulgaria.







### **ANATOLIE NACU (MOLDOVA)**

Psychiatrist, psychoanalyst, Doctor Habilitated in Medicine, and professor within the Department of Mental Health, Medical Psychology, and Psychotherapy at the Nicolae Testemitanu State University of Medicine and Pharmacy of which head was from 2000 to 2020. Between 1981-1983, he completed his clinical residency at the Union Institute of General and Legal Psychiatry V. Serbskii, Moscow, Russia. Between 1996-2000, he pursued psychoanalytic training within the Paris Psychoanalytic Society and worked as a psychiatrist-psychotherapist in the medico-psychological centers of Rouen, France. Since 2004, he has been a certified psychoanalyst by the International Psychoanalytical Association. Since 2013, he has been a full member of the Romanian Society of Psychoanalysis.



### **RALUCA NICA (Romania)**

She is active in the mental health field since 1995. She is a clinical psychologist and a cognitive behavioral psychotherapist. She has a PhD in medical sciences from University of Medicine and Pharmacy from Bucharest. As an Executive Director of the Romanian League for Mental Health she has elaborated, developed and implemented over 30 projects in the mental health area. She has actively participated to the elaboration of legislation and policy in Romania. She is actively involved in mental health European initiatives and a Board member of GAMIAN Europe



### **IGOR NASTAS (Moldova)**

Associate Professor, MD, PhD, Department of Mental Health, Medical Psychology, and Psychotherapy at Nicolae Testemitanu State University of Medicine and Pharmacy, Dr. Nastas Igor is the author of 86 publications. He has expertise in severe mental disorders and community psychiatry, with a complementary specialization in cognitive-behavioral psychotherapy. Additionally, he is a trainer in aggression management and a PM+ trainer.





### **LUCIAN CONSTANTIN PAZIUC (ROMANIA)**

Dr. Lucian Constantin Paziuc is a senior psychiatrist and Head of Department at the Psychiatry Hospital in Câmpulung Moldovenesc, Romania. He serves as President of the Association of Public Psychiatric Hospitals in Romania, actively contributing to the development and improvement of mental health services nationwide. Through his clinical leadership and organizational role, Dr. Paziuc promotes higher standards of care and supports reforms aimed at strengthening psychiatric services across the country.



### **FLORINA RAD (Romania)**

MD, PhD, Associate Professor at Carol Davila University of Medicine and Pharmacy, Bucharest, Head of Child and Adolescent Psychiatry Clinic at the Prof. Dr. Alexandru Obregia Clinical Psychiatry Hospital. President of the Romanian Association of Child and Adolescent Psychiatry and Allied Professions (ARPCAPA). Dr. Florina Rad's research activity has resulted in articles, papers, and lectures presented at national and international conferences. She is the author or co-author of various chapters in specialty treatises and the coordinator of the volume "Incursion into the world of the child with ASD – a guide for parents". Dr. Florina Rad coordinated the pilot research program INCLIN Epidemiological Research on Autism in Romania-Pilot (IN-ERAR) project carried out in partnership with the University of Texas Health Science Center at Houston. She is also involved as an expert in national child and adolescent mental health programs and represents the national network in the COST Advancing Social inclusion through Technology and EmPowerment action.



### **LAURA SHIELDS-ZEEMAN (Netherlands)**

Professor of Population Mental Health at Utrecht University and Head of Public Mental Health at the Netherlands Institute of Mental Health and Addiction (Trimbos) in the Netherlands. Prof Shields-Zeeman is also director of the WHO Collaborating Centre for Mental Health Services and Interventions over the life course. She's worked in mental health and public health across many countries in Europe, South Asia and North America, and has been involved in the MENSANA project in Moldova since 2014.

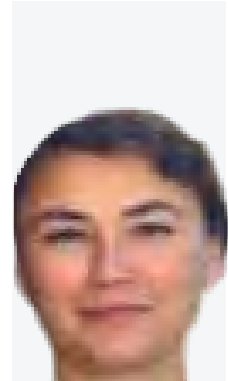






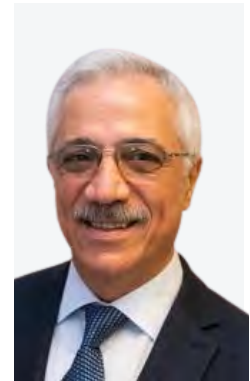
### **CAMELIA SOPONARU (Romania)**

Professor at the Faculty of Psychology and Educational Sciences, “Alexandru Ioan Cuza” University of Iași, and an accredited psychotherapist. She holds an MA in Psychology from the University of Lausanne (Switzerland) and a postgraduate diploma in Cognitive-Behavioral Therapy from Claude Bernard University Lyon 1 (France). She earned a PhD in Psychology from “Alexandru Ioan Cuza” University of Iași and from the University of Paris X–Nanterre (France). Prof. Soponaru has conducted 100+ studies across social psychology, clinical psychology, and psychotherapy, with lines of work spanning psychosocial determinants of health, evidence-based psychotherapy, and prevention/early intervention. She is actively engaged in mentoring and international collaborations that bridge research and practice.



### **SIMAVI VAHIP (Turkey)**

Professor of Psychiatry, EPA Board Member. Born in Cyprus, graduated from the Ege University Faculty of Medicine (İzmir, Turkey), where he completed residency and pursued his full academic career until recent retirement. His main interests include mood disorders—especially bipolar disorder, bipolar depression and manic switch—along with classification in psychiatry, psychiatric training, and ethics. He founded and led multiple services at Ege University, including the Affective Disorders Unit (in- and outpatient) and the Clinical Psychopharmacology & Research Inpatient Unit. He has authored 130+ papers and 20 books/book chapters in Turkish and English; co-edited national guidelines on bipolar disorders and depression for the Psychiatric Association of Turkey (PAT); and is the founding editor-in-chief of Psychiatry Update—Journal of Continuing Education & CPD (PAT). He has served on the ISBD Board of Councillors, presided over the Society for Bipolar Disorders of Turkey and the Psychiatric Association of Turkey, and received the WFSBP Award for Excellence in Education (2021). Within EPA, his roles include Steering Committee vice-chair (2017–2019), chair (2019–2021), Executive Committee member (2019–2021), Board member (since 2019), and Committee on Ethics (since 2021). He is founding editor-in-chief of InterACT (EPA Council of NPAs newsletter, since 2018).



### **ANDRIAN TIBIRNA (ROMANIA)**

Manager of the “Prof. Dr. Al. Obregia” Clinical Psychiatric Hospital in Bucharest and a Specialist in General Surgery. Throughout his career, he has been actively engaged in healthcare management, promoting the development of integrated medical services and the modernization of hospital infrastructure. He is an Honorary Member of the Academy of Medical Sciences of the Republic of Moldova, recognized for his contributions to strengthening collaboration between the medical community in Romania and the international field.





### **MARK WEISER (ISRAEL)**

A leading expert in schizophrenia research, with a focus on epidemiology, cognition, and therapeutic approaches. His academic interests also include ADHD, learning disabilities, and psychographics. He has authored numerous publications in international medical journals and currently leads the Evaluation Center at Sheba Medical Center, where he oversees the assessment of disabled members of the Israel Defense Forces. Prof. Weiser earned his medical degree from the Hadassah School of Medicine, Hebrew University of Jerusalem.



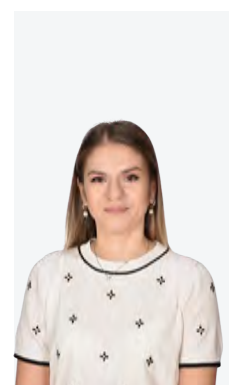
### **CORNELIA ADEOLA (Moldova)**

Psychologist, psychotherapist, national trainer in mental health, within the MENSANA project; Master in Psychology, fellow of the Re-master program at the Nicholas C. Petris Center, University of California, Berkeley (USA), currently doing PhD at Medical University from Moldova. Author and co-author of diverse guidelines, manuals, and other publications. Clinical experience of over 20 years in the field of mental health (anxiety, depression, personality disorders, PTSD, complex traumas, addictions), outpatient and inpatient services, including with NATO military, in the Republic of Moldova and Netherlands. Professional skills: mentalization-based therapy, schema-based therapy, narrative therapy, and narrative exposure therapy for trauma (NET), positive psychology, CBT, and positive CBT.



### **MIHAELA BELOUS (MOLDOVA)**

Psychiatrist in her third year of residency and a psychotherapist in training in integrative, body-oriented psychotherapy. She is affiliated with the Department of mental health, medical psychology and psychotherapy at Nicolae Testemițanu State University of Medicine and Pharmacy, and she is a researcher in the mental health Laboratory. She is an active member of the SPNPPC. She is currently a doctoral candidate at Maastricht University. As a trainer in the Moldovan–Swiss MENSANA project supporting the reform of mental-health services, she contributes to strengthening the skills of professionals across the country. She also serves as Moldova’s liaison to the EFPT. She has presented at numerous scientific events and co-authored the monograph “Telemedicine in mental health” and the practical guide “Integrated Psychological Intervention”, which received a Gold Medal at the “Excellent Idea 2025” international exhibition. She is a trainer of trainers (ToT) in clinical de-escalation, PM+, mhGAP, and the Individual Placement and Support (IPS) approach for employment. She also helps organize national and international events that promote innovation and collaboration in mental health.







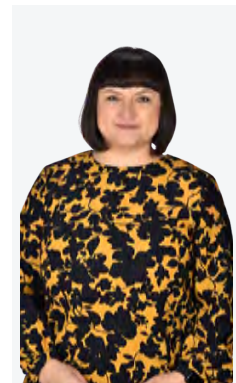
### **MADALINA BIVOL (MOLDOVA)**

Madalina Bivol is a psychiatry resident at “Nicolae Testemițanu” State University of Medicine and Pharmacy of the Republic of Moldova, a junior research fellow at the Laboratory of Mental Health, and a specialist within the Department of Health Technology Development and Innovation. Her professional activity combines medical practice with scientific research and active involvement in innovative projects that promote digitalization in medicine. She has contributed to major initiatives such as the Health Tech Hub and the Health Tech Forum, building bridges between healthcare, technology, and academia. She is the co-author of several scientific papers and monographs, including the volume “Telemedicine in Mental Health”, contributing to the development of a modern perspective on the use of digital technologies in psychiatry and public health. Her professional interests include community mental health, telemedicine, digitalization of medical services, and the development of innovative technological solutions to improve patient care.



### **ALINA BOLOGAN (Moldova)**

MD, PhD(c), assistant professor at the Department of Mental Health, Medical Psychology, and Psychotherapy, State University of Medicine and Pharmacy N. Testemitanu, Chisinau, Moldova. Certified Cognitive Behavioral Psychotherapist, after completing her training at the Romanian League for Mental Health. National trainer for the Trimbos Institute Moldova, MENSANA project - Support for the reform of mental health services in Moldova. Throughout her career, she has been involved in numerous national and international conferences, giving lectures on topics such as depressive disorders, anxiety disorders, autism spectrum disorders.



### **LARISA BORONIN (Moldova)**

MD, PhD, Associate Professor in the Department of Mental Health, Medical Psychology and Psychotherapy at the Nicolae Testemițanu State University of Medicine and Pharmacy (USMF), Chișinău, and Senior Researcher at the Mental Health Laboratory. Dr. Boronin is the author of 68 publications, including clinical guidelines on autism spectrum disorder (ASD) and addiction, and co-author of two mental health manuals. Her clinical and research expertise covers severe mental disorders, perinatal mental health (pregnancy and postpartum disorders), child and adolescent psychiatry, ASD, and addictive behaviors. She is involved in developing evidence-based protocols and training programs for clinicians and community services.





### **CARAMAN NATALIA (MOLDOVA)**

Psychiatry resident and psychotherapist, graduate of the “Nicolae Testemițanu” State University of Medicine and Pharmacy in Chișinău, Republic of Moldova. She is currently completing her residency in psychiatry, combining clinical practice with continuous training in psychotherapy and active involvement in scientific research. Her contributions include participation in national and international conferences, where she has presented work focused on mental health and psychotherapeutic interventions. She is an active member of the Society of Psychiatrists, Narcologists, Psychotherapists, and Clinical Psychologists of the Republic of Moldova, being consistently engaged in professional and academic activities dedicated to advancing the field of mental health.



### **VICTORIA CONDRAT (Moldova)**

MPH, the local project manager of the MENSANA project in Moldova, which focuses on the reform and development of mental health services. With a background in international law and public health, Victoria has led significant efforts in aligning Moldova’s mental health policies with European standards, contributing to the nation’s progress towards EU integration. Victoria's expertise in project management, strategic thinking, and stakeholder engagement has made her a leading figure in advancing mental wellbeing and social inclusion in Moldova.



### **RADISLAV COȘULEAN (Moldova)**

Clinical psychologist, psychotherapist, and junior scientific researcher at the Mental Health Laboratory, as well as a PhD candidate at the Department of Mental Health, Medical Psychology, and Psychotherapy of Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova. He is currently pursuing a Master's degree in Public Mental Health. As the co-author of the guidebook "Strategies and Tools in Psychological Assessment" and a national trainer for the Moldovan-Swiss MENSANA project, he has contributed to numerous national and international scientific events. Additionally, he is a practicing psychotherapist with expertise in Cognitive Behavioral Therapy (CBT) and integrative psychotherapy.







### **ANDREI ESANU (Moldova)**

Assistant professor at the Department of mental health, medical psychology and psychotherapy, State University of Medicine and Pharmacy Nicolae Testemitanu, Chisinau, Moldova. PhD student of the Doctoral School in the field of Medical Science in Moldova. Secretary of the Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists. Master's degree in Health Education from the University of Porto, Portugal. Psychotherapist with training at the School of Cognitive Behavioral Psychotherapy in Bucharest. President of the Family Federation for World Peace and Unification in Moldova.



### **GRIGORE GARAZ (Moldova)**

Assistant professor at the Department of mental health, medical psychology and psychotherapy, “Nicolae Testemitanu” State University of Medicine and Pharmacy; trained as a psychiatrist-psychotherapist. Participated in multicenter clinical trials as principal investigator. Member of the Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists from the Republic of Moldova. Member of the authors of some national clinical protocols in the field of mental health. Interested in research, processing of medical statistical data and interpersonal relations.



### **DORIN JELAGA (MOLDOVA)**

Assistant professor at the Department of mental health, medical psychology and psychotherapy, “Nicolae Testemitanu” State University of Medicine and Pharmacy. A psychiatrist with secondary clinical training in pediatric psychiatry, he is a doctoral candidate and researcher in the mental health Laboratory. He engages in continuous professional development and conducts clinical, teaching, and research activity. He is co-author of a monograph and a specialty guideline, as well as papers published in conference proceedings. His scientific interests focus on translating evidence into practical interventions, fostering interdisciplinary collaboration, optimizing quality and access to services, and promoting ethical standards.





### **CRISTINA NESTOR (Moldova)**

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### **SANDULEAC LIDIA (MOLDOVA)**

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# ABSTRACTS



## **BIPOLAR AFFECTIVE DISORDER COMORBID WITH ALCOHOL DEPENDENCE**

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Bipolar disorder affects the patient's functional level and is characterized by alternating manic and depressive episodes. Alcohol consumption, which is common among these patients, can negatively influence the progression of the disease, causing significant clinical and therapeutic complications. The aim of the study was to elucidate the clinical characteristics of bipolar affective disorder in alcohol dependence patients, highlighting the interactions between the two diseases. Scientific sources published in the last 5 years from PubMed, Google Scholar, Medscape, as well as from the collections of the Medical Scientific Library of USMF "Nicolae Testemitanu" were studied. Meta-analyses, clinical studies, and relevant review articles on the comorbidity of bipolar disorder with alcohol use were included. The literature highlights that alcohol abuse can be an aggravating factor in episodes of mania or depression, leading to a more severe course of the disease. Problematic alcohol consumption in patients with bipolar disorder has led to an increase in the number of relapses/recurrences; unstable remissions; worsening mental state; multiple side effects of medications; physical health problems; resistance to therapy, low adherence to treatment, and increased risk of suicide. In addition, the presence of alcohol dependence complicates the diagnostic process and reduces the effectiveness of therapeutic interventions in this category of patients. Alcohol dependence influences the progression of bipolar disorder, contributing to clinical instability and reduced treatment effectiveness. Effective management requires early identification of comorbidity and the application of an interdisciplinary and individualized therapeutic approach.

## **DEGENERATIVE CONDITIONS OF THE NERVOUS SYSTEM WITH MOTOR DISORDERS: A BIOETHICAL PERSPECTIVE**

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Although medicine has recorded remarkable advances up to now, neurodegenerative diseases remain a fundamental problem for humanity. However, some possibilities for more feasible intervention exist through the application of bioethics in the treatment of these progressively deteriorating conditions. Identification of bioethical capacities for optimizing medical practice in patients with degenerative nervous system disorders, predominantly those with Parkinson's and Huntington's diseases. The data were synthesized from scientific materials published in Google Scholar, PubMed, Elsevier, resources of the Medical Scientific Library, and national statistical reports on the epidemiology of Parkinson's disease. Applied methods included bioethical, sociological and structuralist approaches, analysis, synthesis, induction and deduction. Recent studies indicate that approximately 10,000 patients in the Republic of Moldova suffer from Parkinson's disease, with a prevalence of 3 cases per 1,000 individuals. Huntington's disease is less common. The main difficulties relate to motor impairments. These conditions highlight the impact on quality of life. Simultaneously, the role of bioethics becomes apparent in therapeutic and rehabilitation interventions. This is notably reflected in a series of studies over the past decade. The effectiveness of bioethics is emphasized within an interdisciplinary framework. Its potential in enhancing social care is being outlined. 1. The bioethical framework acts as a lever in shaping professional conduct toward patients with neurodegenerative disorders. 2. The core role of the principles of vulnerability, beneficence, dignity, and autonomy is noted. 3. The bioethics proves effective in an interdisciplinary context.



## COMMUNICATION TECHNIQUES AS FUNDAMENTAL TOOLS FOR THE PREVENTION AND REDUCTION OF PROFESSIONAL BURNOUT

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Professional burnout is a state of intense exhaustion caused by prolonged stress, which negatively affects both performance and personal satisfaction. To prevent this phenomenon, various strategies have been implemented, including communication techniques that help reduce conflicts and encourage cooperation. To evaluate the overall effectiveness of communication techniques in reducing the risk of professional burnout, with a focus on their applicability in organizational settings. The research involved the analysis of scientific materials sourced from databases such as Google Scholar, PubMed, Hinari, and the collections of the “Nicolae Testemitanu” Scientific Medical Library. To assess the level of burnout, the standardized Maslach Burnout Inventory questionnaire was administered to medical students. An inverse relationship was found between the use of communication techniques and the manifestations of burnout syndrome. Students who employed techniques such as active listening, open-ended questions, and empathetic communication experienced a 25% decrease in emotional exhaustion and a 30% decrease in depersonalization, compared to those who avoided conflicts or adopted a competitive attitude. These differences were significantly perceived by the students in the context of constant academic demands. The results are statistically significant ( $p < 0.05$ ), suggesting the effectiveness of these strategies in reducing burnout. Communication techniques have proven to be effective tools in preventing professional burnout, significantly contributing to the reduction of conflicts and tensions. The research hypothesis was confirmed, highlighting the importance of integrating these skills into professional training.

## MATERNAL MENTAL HEALTH – A KEY PILLAR IN THE EMOTIONAL AND COGNITIVE DEVELOPMENT OF THE CHILD

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The first months of life are essential for a child's development. The mother's mental health, from pregnancy through the postpartum period, shapes attachment and neuropsychological growth. Untreated mood disorders may affect the mother-child bond and impact emotional and cognitive development. This paper explores the connection between maternal mental health and child development, emphasizing the need for universal screening and early interventions during the perinatal period. A narrative review of scientific literature published between 2007 and 2024 was conducted using databases such as PubMed, PsycINFO, and Scopus. A total of 87 clinical studies, meta-analyses, and relevant review articles investigating the impact of maternal mental health on child cognition and emotional development were included. Studies show that mothers with depression (prevalence between 14 and 23%) or severe anxiety have a significantly higher risk of developing insecure attachment with their child, which negatively affects emotional regulation, attention, language, and behavior. Untreated affective disorders can have serious long-term negative consequences on the child's cognitive and emotional development. Early interventions, such as psychological counseling, social support, and psychoeducation programs, can reduce these risks by up to 40%, significantly improving the mother-child bond and the child's overall emotional and cognitive development. Maternal mental health is essential for the child's emotional and cognitive development. Screening and early interventions during the perinatal period are vital to prevent disorders and support a healthy mother-child relationship, ensuring balanced and optimal development.





## **DURAL ARTERIOVENOUS FISTULAS IN NEUROSURGICAL PRACTICE: FROM CLINICAL SUSPICION TO CURATIVE TREATMENT**

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A cranial dural arteriovenous fistula is a vascular malformation where meningeal arteries connect directly to dural or cortical veins. It can occur at any age and may cause hemorrhages and severe neurological deficits. Early diagnosis and accurate classification are essential for the optimal approach. To review the imaging, diagnostic, and therapeutic aspects of dural arteriovenous fistulas (dAVFs), highlighting the role of the multidisciplinary team in their management. A systematic literature review was conducted using PubMed, Scopus, and Web of Science databases, covering the period from 2010 to 2025. Original studies, meta-analyses, and relevant guidelines on the diagnosis, classification, and treatment of dural fistulas were included. Fistulas are most frequently located in the transverse and sigmoid sinuses. Clinical risk assessment uses the Cognard and Borden classifications. Definitive diagnosis is made by angiography, which also aids in treatment planning. The fistula's location, flow, angioarchitecture, and drainage help predict clinical outcome. Treatment is based on symptoms and the risk of hemorrhage or intracranial hypertension. Endovascular therapy with ONYX is effective in over 85% of cases, and fistulas with retrograde cortical drainage require prompt intervention. There is no clear consensus on managing asymptomatic fistulas. Dural arteriovenous fistulas are rare and lack universal guidelines. Early diagnosis and personalized treatment, especially endovascular, can prevent severe complications. A multidisciplinary approach is essential for timely diagnosis and effective management.

## **PARTICULARITIES OF INTER-TEAM COMMUNICATION IN THE EMERGENCY MEDICINE DEPARTMENT**

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In emergency medicine departments, effective communication is essential, as rapid decisions can mean the difference between life and death. However, intense stress, conflicts between colleagues, and communication errors can lead to medical mistakes and a decline in the quality of patient care. Analyzing the impact of poor communication, affected by stress and emotional factors, on decisions and care quality in IMSP IMU Chișinău emergency medicine, and proposing solutions. questionnaire was applied to 132 respondents from IMSP IMU in Chișinău: 43.9% were doctors, 44.7% nurses, and 11.4% orderlies. The study analyzed the effectiveness of communication in critical situations, the effects of conflicts, differences in communication styles, the occurrence of errors, and the impact of stress on team interactions. Although 25.8% of respondents communicate effectively sometimes, 44.7% frequently, and 24.2% always in critical situations, major problems remain: conflicts affect communication (40.2% sometimes, 22.7% frequently, 10.6% always), causing tension; differences in styles under stress create barriers (22.7% sometimes, 40.9% frequently, 29.5% always); communication errors impact patient care (33.3% sometimes, 36.4% frequently, 10.6% always), risking safety. Stress negatively affects communication (22.0% sometimes, 31.8% frequently, 40.9% always), increasing error risks. These data reveal gaps caused by stress and emotions. The study shows that emotions and stress disrupt communication, affecting decisions and patient safety. Implementing strategies for conflict management, aligning communication styles, and reducing stress is essential to improve teamwork and the overall quality of care.



## PSYCHOLOGICAL FACTORS OF STUDENTS' ADAPTATION IN HIGHER MEDICAL EDUCATION

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The adaptation process in students is influenced by psychological variables such as motivation, perceived stress level, self-confidence, resilience and support from others. Understanding these factors will contribute to the development of supportive measures in the academic adaptation of students. Analysis of psychological factors that influence the adaptation of students in higher medical education and how these factors can influence academic integration, in a demanding educational context. Sample - 980 students of the "Nicolae Testemițanu" State University of Medicine and Pharmacy. Methods used - theoretical (analysis and synthesis of literature), applicative (questionnaire to identify the degree of adaptation to the study process) and statistical (data processing and interpretation, graphical representation of the results). More than half of the students (52.6%) experience difficulties related to the large volume of information and the organization of personal time (48.07%). The main support in the adaptation process comes from older colleagues (70.5%), followed by teachers and parents. The average level of satisfaction with academic achievements is 3.38, and adaptation to the study process is assessed with 3.68, indicating a generally positive trend. Over 10% of the respondents present a low level of adaptation and satisfaction, which underlines the need for institutional interventions to support the integration of students into the university environment. In their path of adaptation to the university academic environment, students encounter various difficulties and challenges, relying especially on older colleagues. Frequent difficulties concern the volume of information and time management. Mentoring measures and institutional support are necessary.

## NEURODEVELOPMENTAL DISORDERS IN CHILDHOOD: FROM EARLY DIAGNOSIS TO INDIVIDUALIZED INTERVENTION

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Neurodevelopmental disorders in children are a significant public health problem with a major impact on cognitive, social and adaptive functioning. Early identification and personalized intervention, initiated at an early stage, have been shown to be essential in managing functional prognosis. It aimed to study the specialised literature on neurodevelopment mental disorders in terms of early diagnosis and individualised interventions for children at risk of such disorders. A total of 76 scientific papers published in the last 10 years (ncbi, pubmed, nih.gov, sciencedirect, app, onlinelibrary) were analysed, focusing on neurodevelopment disorders—particularly autism spectrum disorders—which highlighted the importance of both early diagnosis and individualised interventions for this category of patients. Data from the last five years literature highlight the importance of early diagnosis and individualized interventions for improving cognitive and adaptive development scores 12 months after initiation of individualized therapy in patients who received early diagnosis and intervention. In some studies, the incidence of symptoms suggestive of autism was reduced by 42% compared with the control group, and early intervention was associated with a superior response in children under 18 months. There was also an increase in social interactions and communicative initiative, along with a decrease in stereotypic compartmentalisation. The reviewed scientific publications have highlighted the importance of early diagnosis and individualized therapeutic interventions in patients with autism spectrum disorder for optimizing cognitive and behavioral development in children with neurodevelopmental disorders.





## **THE IMPACT OF STIGMATISATION OF INFECTIOUS DISEASES ON COMPLIANCE AND ACCESS TO MEDICAL CARE IN THE DETENTION ENVIRONMENT**

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Individuals with penetration often experience stigmatization of contagious diseases, which can affect treatment compliance and therapeutic response. The stigma causes social isolation and a lack of desire to seek medical care, which affects the progression of disease and infection control in prison. Investigating how stigmatization of the disease impacts medical compliance among inmates, as well as identifying several obstacles that hinder adherence to medical services. Study conducted in the premises of a prison in the Republic of Moldova, using a questionnaire applied to a group of detainees diagnosed with stigmatizing diseases (eg: TB, HIV, mental disorders). Thematic analysis allowed us to identify the factors that influence the stigmatization and compliance to treatment among them. Most of the inmates investigated said they avoid seeking or undergoing medical treatment for fear of being isolated or discriminated against, being perceived with fear or rejection by both colleagues and medical staff. They pointed out that they are treated differently, negatively, if they have an infectious disease, and for this reason they avoid starting treatment, because they could also find out about their condition. Inmates believe they would be more willing to seek medical help if they were guaranteed greater confidentiality, adequate education about contagious diseases, and consistent psychological support. The stigmatisation of the disease negatively influences the treatment compliance of prisoners. It is necessary to implement measures to raise awareness of prison staff in ensuring confidentiality and to involve a multidisciplinary team that guarantees equitable access to medical care.

## **THE LEGAL STATUS OF THE HUMAN EMBRYO FROM THE PERSPECTIVE OF THE RIGHT TO LIFE**

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This paper reviews the discussions that are held on the human embryo's status from human right's perspective. During pregnancy, the embryo is part of the mother's body and lacks its own legal status. Defining, limiting, and detailing the right to life should be clearly set in all legal texts. Evaluation of the legal, medical, ethical and philosophical approaches of defining life and the right to life and its prime beneficiaries for gaining a unitary position on the human embryo's status. This study is a review of the literature, based on the synthesis of articles, courses, legal texts and case-laws of European Court of Human Rights published in the period 1977-2021, 31 scientific sources were researched. This article includes publications identified through Google Search Engines, PubMed Databases, etc. The new reproductive technologies allows interference in the whole process of human creation, from conception to the establishment of characters such as the choice of sex which, in a world ruled by good faith would only bring benefits, but in reality can be used as a discriminatory tool. Despite the undeniable importance of this right, none of the international documents that value the right to life have come to define it. Intrauterine life occurs at the time of conception, and the legal implications can be observed only after the embryo becomes a fetus, but its right to life is vulnerable to the absolute right to life of the pregnant woman. Human embryos, through their potential to become human beings, are a powerful symbol of human life, but it is not possible to grant it an equivalent status to individuals, or any direct collision with the interests of already born human beings would deprive it of any legal protection.



## **INTERVENTION STRATEGIES IN ACUTE PSYCHOTIC DISORDERS: CLINICAL AND THERAPEUTIC PERSPECTIVES**

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Acute psychotic disorder is a severe clinical condition with a sudden onset and potentially variable course, requiring early therapeutic intervention to prevent chronicity and optimise functional prognosis. Retrospective analysis of the clinical profile and therapeutic management applied to patients hospitalized with a diagnosis of acute psychotic disorder. Retrospective study on 35 patients with acute psychotic disorder (F23, ICD-10), hospitalized in 2025. Inclusion criteria: acute onset, age between 18 and 50 years. Clinical data were descriptively analysed from medical records. The patients (aged 18–50 years) presented with severe psychomotor agitation, aggressive behavior, auditory hallucinations, and various delusional ideas. Initial treatment consisted of classical injectable antipsychotics and benzodiazepines, used to control agitation and positive symptoms, followed by a switch to second-generation oral antipsychotics (quetiapine, aripiprazole, cariprazine). Hospitalization lasted 15–21 days, and treatment included psychoeducational interventions and psychotherapeutic support. The outcome was favorable. A structured management approach that combines pharmacological interventions with psycho-educational and psychotherapeutic support plays a key role in symptom improvement, recovery, and the prevention of long-term complications.

## **CLINICAL AND THERAPEUTIC ASPECTS OF GENDER INCONGRUENCE**

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Gender incongruence is a condition marked by a persistent mismatch between assigned sex at birth and experienced gender identity. It involves rejection of sexual traits, a strong desire to change them, and the need to live as the identified gender, requiring support to ease distress and improve life quality. Analysis of the effectiveness of psychological, hormonal, and surgical interventions, highlighting the differences between monotherapy and combined approaches in treating gender incongruence. Analysis based on: Databases: PubMed, Cochrane Library; Journals: Transgender Health, Journal of Sexual Medicine, JAMA Surgery, The Lancet Psychiatry, International Journal of Transgender Health; Official resources: WPATH; LGBTQ+ surveys: NCTE, GLAAD. These sources provide a scientific foundation for clinical recommendations in transgender health. Feminizing or masculinizing surgeries are effective in 85–94% of cases, significantly reducing discrepancies in secondary sexual characteristics. Hormone therapy provides psychological improvement in 70–80% of individuals, helping reduce symptoms of depression and anxiety. Specialized psychological support increases treatment effectiveness in 60–75% of cases by facilitating emotional and social adaptation during transition. Social support has a positive impact in 70–80% of cases, offering stability and validation. A combined approach reduces depression by 70–85% and suicidal thoughts by 50–60%, with an overall satisfaction rate of up to 90%. Combined therapeutic methods yield optimal outcomes, achieving 90% satisfaction rates. Single method approaches are insufficient: Isolated social support lacks long-term satisfaction, Hormone therapy covers only partial needs, Surgery without psychological and hormonal support fails.



## **DIFFERENTIATED TREATMENT OF FOCI OF SEVERE BRAIN CONTUSION. COMPARATIVE ANALYSIS OF SEVERAL BRAIN CONTUSION TREATMENT METHODS.**

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Severe contusion is a traumatic brain injury that affects brain function and is considered a reason for the early treatment. It is important to note that cerebral contusion foci can be treated both surgically and medically. It is important to determine which method is better and when to use each of them. The comparative analysis of medical and surgical treatment of contusion foci. Confirmation and argumentation of the effectiveness, advantages, and disadvantages of each treatment method. A bibliographic analysis of publications, including a systematic review of clinical-scientific studies from 2005 to 2025, was carried out. Data were collected on patients, treatment outcomes, effectiveness, complications, advantages and disadvantages of these treatment methods and results obtained after a long-term period following treatment. Treatment of severe brain contusion includes several modalities such as surgical and conservative treatment. Scientific studies and clinical cases have established that medical treatment is preferable in cases where the contusion focus does not have a mass effect and the midline structures are displaced by  $< 5\text{mm}$ , as well as for patients with contraindications to surgery. In contrast, a surgical approach is required when the brain contusion has extensive limits, pronounced cerebral edema, and displacement of structures  $> 5\text{mm}$ . However, while medical treatment may be less effective, surgical treatment can have certain complications. This study demonstrates that cerebral contusion can be treated by multiple methods, but the choice should be based on the location, extent, degree of compression, and time elapsed since the onset of the trauma. Each method is effective, but the decision should be made individually for each patient.

## **THE INFLUENCE OF DIGITALIZATION ON PSYCHOLOGICAL BALANCE AND MENTAL HEALTH**

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In the context of rapid technological advancement, fundamental changes are required in lifestyle, social dynamics, perception of reality, but also in a daily stress management. The study provides an analysis of the relevance of psychological balance in the context of intense use of digital technology. Researching the phenomenon of exposure to digital technologies and the influence of digitalization on mental health, through comparative analysis of stress, anxiety and sleep quality indicators. The research is a descriptive, cross-sectional study and was conducted by applying an anonymous online questionnaire. The questions concerned information about total time of daily device use, social relationships, sleep quality and emotional state of a respondents. The sample includes 170 people, from urban and rural area, aged 18-65. According to the results obtained, 39.4% of respondents indicated a daily exposure to screens of 4-6 hours, 51.2% reported the frequent need to check their phone or social networks. 69.4% believe that they spend too much time in the digital environment. The virtual environment has disrupted interpersonal relationships and reduced sleep quality. The use of devices to avoid unpleasant emotions worsens the impact. 60% apply digital breaks, and frequently used strategies include periods during the day without screens, disabling notifications and time limits for applications in contrast to 40% who do not consider it necessary to change anything. The study highlighted the negative influence of prolonged digital exposure on mental health, affecting sleep, interpersonal relationships and psycho-emotional regulation. More than half of the respondents expressed openness to change and mentioned various balancing practices.





## THE COMPLEX APPROACH TO MENTAL ILLNESSES: OPTIMIZING THE QUALITY OF MEDICAL CARE AND ANALYZING BIOETHICAL PRINCIPLES AND ASPECTS

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Mental illnesses are among the most severe conditions, dramatically affecting the quality of life of both the patient and their family. The incidence of these pathologies is continuously increasing worldwide, which requires not only an analysis of the clinical aspect but also of the bioethical one. To emphasize the necessity of integrating these principles and aspects into medical practice. This will lead to a qualitative improvement in the services provided in the context of medical care. National clinical protocols, practical methods, national and international regulations, scientific articles and monographic publications in the fields of communication, medical ethics, psychiatry and bioethics, both domestic and foreign, were analyzed. In this study, theoretical, analytical and bioethical methods were applied. Currently, along with adequate professional training, medical personnel must respect and apply in medical practice fundamental ethical principles, which put the patient's personality and needs at the forefront. Clear communication, respect for autonomy, an empathetic and personalized attitude appropriate to each case is not only a legal obligation, but also an ethical one, contributing to the strengthening of the doctor-patient relationship and to a more significant involvement of the patient in the multifactorial process of treatment and psychological recovery - these will lead to the optimization of the quality of the medical act. Medical staff must adopt a special, empathetic, and personalized approach in the medical act. Effective communication is key to building a strong doctor-patient relationship and is vital in optimizing the medical act, ultimately enhancing therapeutic efficiency and the overall quality of care.

## RECURRENCE IN PARASAGITTAL MENINGIOMAS: ANALYSIS OF SURGICAL RADICALITY, HISTOLOGICAL SUBTYPE, AND SAGITTAL SINUS INVASIO

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Parasagittal meningiomas (PSM), accounting for up to 40% of intracranial meningiomas, pose significant neurosurgical challenges due to their anatomical relationship with the superior sagittal sinus (SSS). This study examines the recurrence risk factors following surgical treatment and therapeutic solutions. The study aims to analyze the anatomical, histological and clinical factors influencing the recurrence of parasagittal meningiomas, in order to improve therapeutic and prognostic strategies. Retrospective-analytical study carried out through comparative analysis of data from the literature. Anatomical, histological, and operative factors were evaluated, using the WHO 2021 classification, Simpson grade, and parameters such as peritumoral edema, tumor consistency, and SSS invasion. Statistical tests included  $\chi^2$  and Pearson correlations. Recurrence was influenced by the grade of resection: recurrence-free rates at 5/10/15 years were 93%/80%/68% for Simpson grades I-II, and 63%/45%/9% for grades III-IV ( $p < 0.05$ ). Soft tumors, with dural or osseous invasion, recurred in 56% of cases. Atypical/anaplastic histology and overt cerebral infiltration are associated with a poor prognosis. Peritumor edema and the cystic components, although frequently encountered, did not have a consistent predictive value. Multifocality and a low Karnofsky index were associated with an increase in recurrence, especially in cases with limited resection due to anatomical factors. The extent of resection remains the main determinant of postoperative outcome in patients with PSM. Histological type, macro-morphological aspects, and preoperative functional status influence the risk of recurrence. Prospective studies are needed to validate these factors



## PERCUTANEOUS VERTEBROPLASTY IN THE TREATMENT OF OSTEOPOROTIC VERTEBRAL FRACTURES

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Osteoporosis is characterized by a reduction in bone mineral density caused by the deterioration of bone microarchitecture, predisposing patients to low-impact fragility fractures. Osteoporotic fractures lead to a significant decrease in quality of life, increasing morbidity, mortality, and disability. To determine the efficacy and safety of percutaneous vertebroplasty for the treatment of vertebral fractures of osteoporotic origin, as reported in scientific literature. This bibliographic study was based on the data that has been collected from the PubMed and Google Scholar platforms. Inclusion criteria for the scientific articles were: studies published between 2015 and 2025, patients treated with percutaneous vertebroplasty, and a diagnosis of “pathological vertebral fracture (osteoporotic).” Pain relief was observed in 60% to 100% of patients within the first 24 hours after the procedure, and this outcome increased to 78%–100% in the long term. None of the patients reported worsening of the symptoms after having the procedure. Immediate complications were related to cement leakage into intervertebral and paravertebral spaces and pedicular cement spurs, with no clinical consequences. No clinically significant complications were reported immediately after the procedure or during follow-up. In the long term, percutaneous vertebroplasty has been associated with an increased risk of fractures in adjacent vertebrae. Percutaneous vertebroplasty for osteoporotic vertebral fractures is a minimally invasive procedure, that provides immediate and sustained pain relief for patients with refractory pain. An individualized approach is required to achieve optimal efficacy and safety outcomes.

## BIG DATA IN PSYCHIATRY: CURRENT APPLICATIONS IN DIAGNOSIS, PREVENTION AND PERSONALIZED TREATMENTS

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With the digitalization of healthcare systems, psychiatry has begun to integrate data science concepts to better understand the mechanisms of disorders. The complex analysis of biological, behavioral, and clinical data allows for a more complete clinical picture and improved prediction of disease progression. The aim of this paper is to explore how Big Data is used in psychiatry to improve early diagnosis, predict relapses, and personalize treatment. A systematic review of 24 publications from 2015 to 2024 was conducted using databases such as PubMed and Nature. The included studies used clinical data, brain imaging, digital monitoring, genetic information, and artificial intelligence applied in psychiatric assessment, intervention, relapse prediction, and treatment monitoring. Large-scale resources (ENIGMA, PGC, UK Biobank) and routinely collected digital footprints enabled population-level analyses in psychiatry. Methodological reviews emphasize that careful feature engineering, data harmonization, and external validation are crucial; naïve application of complex models risks overly optimistic estimates. Big Data has helped clarify the architecture of disorders and enabled scalable measurement, but its clinical utility depends on multimodal integration, robust external validation, and precise calibration. The study confirms that the integration of multidimensional data (clinical, digital, and biological) can enhance the accuracy of relapse prediction and treatment response in psychiatry. Big Data is becoming a valuable tool in the development of personalized psychiatry and preventive interventions.



## EARLY CLINICAL SIGNS OF AUTISM : IDENTIFICATION AND MANAGEMENT AT THE REPUBLICAN CHILDREN'S REHABILITATION CENTER

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Autism Spectrum Disorder is a neurodevelopmental condition with early onset, characterized by impairments in social communication and the presence of restricted and repetitive behaviors. Early diagnosis is often delayed due to the various clinical manifestations and the lack of effective screening mechanisms. To analyze the early signs of ASD identified at RCRC and to evaluate the effectiveness of the center's screening, diagnostic, and intervention strategies and improve the developmental outcomes. The study included a sample of 48 children (aged 2–5 years) assessed at the Republican Children's Rehabilitation Center between March and June 2025 for suspected ASD. Diagnoses were established according to DSM-5 and ICD-10 criteria using standardized tools such as M-CHAT-R/F, ADOS-2, and structured clinical observation. 73% of the children met diagnostic criteria for ASD. The most frequently identified early signs included lack of eye contact (85%), absence of social gestures (71%), delayed speech development (79%), Hyporeactivity or hyperreactivity at sensory responses (66%), and repetitive behaviors (60%). Interventions initiated included behavioral therapy, speech therapy, sensory integration, and parental counseling. Children who received intervention within 10 days of identification showed significant improvements in social interaction and communication, as measured by individualized progress scales. We saw the benefit of early intervention. Early identification of Autism Spectrum Disorder at the RCRC significantly contributes to the implementation of effective, individualized interventions. Systematic screening, multidisciplinary evaluation, and family involvement are key components in optimizing child development outcomes.

## NEONATAL GENETIC TESTING AND SCREENING, MEDICAL-BIOETHICAL APPROACH

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Neonatal genetic testing and screening have been the subject of intense debate due to their significant potential in the prevention and early treatment of genetic diseases. The bioethical complexity and medico-social implications of these practices have necessitated complex rigorous evaluation. Analysis of the medical-bioethical aspects of neonatal genetic testing and screening in the specialized literature to evaluate their benefits and challenges in medical practice. The study is based on the analysis of specialized literature, articles, as well as clinical case studies extracted from scientific and legislative databases such as PubMed, NCBI, Google Scholar, WHO. The investigation was carried out using a retrospective, descriptive analysis applying hermeneutic and comparative methods. The literature review highlighted a retrospective and descriptive study on a sample of 150 newborns genetically tested. It highlighted the fact that of the total cases analyzed, 82% allowed for early detection of genetic diseases. In the context of these data, the bioethical analysis highlighted challenges regarding informed consent and the confidentiality of genetic data, emphasizing ethical dilemmas related to the right of parents to choose, possible discrimination based on genetic data and challenges associated with the communication of genetic test results, with direct implications for clinical management and subsequent counseling. The results confirmed the initial hypothesis, indicating the clear clinical benefits of neonatal genetic testing and screening, as well as significant bioethical complexity. Guidelines for effective genetic counseling in the medico-bioethical context need to be developed and implemented.





## PSYCHOLOGICAL PARTICULARITIES IN THE RELATIONSHIP WITH ONCOLOGICAL PATIENTS

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Relating with the oncological patient involves a deep understanding of the emotional impact generated by the diagnosis and the therapeutic itinerary. The patient's psychological states influence communication and therapeutic compliance, highlighting the role of psychological support in medical practice. Investigating the psychological particularities that influence the relationship of oncology patients with the medical team, family and identifying specific needs for psycho-emotional support. A study was conducted on a sample of 50 patients from Oncological Institute. Participants completed a questionnaire regarding communication with the medical team, attitudes and perceptions about the disease, their psychological needs, as well as social and family support. The data were statistically analyzed using Excel method. Of the 50 patients (31 women and 19 men) surveyed, 92% of them mentioned an effective relationship as well as a clear and empathetic information exchange with the medical team and their family. 70% reported a certain emotional stability and reconciliation with fate, and 30% encountered some difficulties in accepting the diagnosis. The need for psychological support was expressed by 55%, mainly by those from urban areas, while those from rural areas are more concerned about the idea of what the family will do without them. 90% of respondents reported trust in the medical staff, the other 10% indicated varying degrees of distrust. Based on the obtained results, we note that effective communication with the medical team and family support contribute significantly to the emotional balance of patients. Social support is mentioned as important and 50% of patients expressed the need for systematic psychological intervention

## SLEEP DISORDERS AS 'PREDICTIVE MARKERS' IN ALZHEIMER'S DISEASE AND LEWY BODY DEMENTIA

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Sleep disturbances are common and clinically significant non-cognitive symptoms in Alzheimer's disease and Lewy body dementia. Although the two conditions share partially overlapping pathology, they exhibit distinct sleep-related profiles that can support differential diagnosis and early medical intervention. Comparison of sleep disorders in Alzheimer's disease and Lewy body dementia, focusing on prevalence, clinical and neurobiological features, and treatment response for diagnosis and treatment. Comparison of sleep disorders in Alzheimer's disease and Lewy body dementia, focusing on prevalence, clinical and neurobiological features, and treatment response for diagnosis and treatment. This study synthesized data from ten high-quality studies selected from PubMed, PsycINFO, Google Scholar, and NCBI databases. The included studies consisted of multicenter analyses, systematic reviews, and meta-analyses that assessed sleep disturbances using validated behavioral and actigraphy-based methods in clinical and neuroimaging cohorts. REM sleep behavior disorder and excessive daytime sleepiness are more common in Lewy body dementia (44–72%) than in Alzheimer's disease (15–35%), often preceding cognitive symptoms and associated with brainstem and occipital cortex dysfunction. In Alzheimer's disease, patients predominantly exhibit insomnia, fragmented sleep, and reduced slow-wave sleep, linked to hippocampal atrophy. Non-pharmacological treatments, such as light therapy and behavioral interventions, have shown greater effectiveness in Alzheimer's disease, while melatonin and cholinesterase inhibitors have provided benefits in Lewy body dementia. Sleep disorders differ significantly between Alzheimer's disease and Lewy body dementia in terms of type, severity, and treatment response. Recognizing these specific clinical patterns may facilitate early differential diagnosis and guide personalized therapeutic interventions.



## **PERCUTANEOUS VERTEBROPLASTY IN THE TREATMENT OF VERTEBRAL HEMANGIOMAS: CLINICAL EXPERIENCE AND RECENT DATA**

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Spinal hemangiomas are benign tumors. They are common and sometimes can be very aggressive, with pain, instability or neurologic damage, however they often asymptomatic. Percutaneous vertebroplasty (VP) is a minimally invasive method - applied to stabilize the affected vertebrae and relieve symptoms. To evaluate the efficacy and safety of percutaneous vertebroplasty in the treatment of symptomatic vertebral hemangiomas according to clinical experience and recent literature. Clinical data of patients with symptomatic vertebral hemangiomas who were treated by VP between 2023-2024 were analyzed. The intervention involves the injection of acrylic cement (PMMA) into the affected vertebral body, a procedure performed with image guidance. Pain (VAS), neurologic function and postoperative complications were assessed. Significant improvement was reported in all patients in postoperative pain, also in recovery time and time to resumption of daily activities. No major complications were reported; only isolated cases of bone cement extravasation. These cases were asymptomatic and without any clinical impact. Literature sources attest that percutaneous vertebroplasty is a highly effective method in reducing pain and stabilizing vertebrae. The results are superior to the conservative treatments. The procedure is performed under local anesthesia, and is well tolerated by patients, including older patients, with minimal associated risks. Percutaneous vertebroplasty is an effective and safe therapeutic option for symptomatic vertebral hemangiomas. With this procedure, pain is relieved and vertebral stabilization is achieved. The safety profile is favorable, low complication rate and rapid functional recovery.

## **POSTNATAL DEPRESSION CLINICAL MANIFESTATIONS AND TREATMENT OPTIONS.**

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Postnatal depression is a major public health concern, with a global prevalence estimated between 10% and 20%. Early identification and effective management of postnatal depression are essential for the mother's mental health and the child's optimal development, reducing long-term associated risks. Analysis of the specialized literature concerning the clinical characteristics of postnatal depression, as well as the identification of appropriate and effective treatment options. The study involved a systematic literature review, selecting relevant articles from databases : PubMed, Scopus, NCBI, and Web of Science. A total of 31 scientific articles published in the last five years were analyzed, covering both theoretical aspects and clinical research on risk factors, clinical manifestations, and therapeutic strategies. The analysis revealed that the main symptoms of postnatal depression include persistent sadness, anhedonia, emotional lability, insomnia, chronic fatigue, irritability, anxiety, sudden outbursts of anger, feelings of guilt, suicidal thoughts, fear of harming the child or oneself, and a lack of interest in the infant. In mild forms of postnatal depression, brief psychological interventions and psychotherapy are generally recommended, while in moderate to severe cases, first-line treatment is pharmacological—preferably with a selective serotonin reuptake inhibitor. Electroconvulsive therapy is indicated in treatment-resistant depression. Postnatal depression presents with a broad spectrum of clinical manifestations, reflecting varying degrees of severity. Accurate identification of these forms allows for optimized therapeutic strategies and individualized interventions tailored to the patient's clinical needs.



## **LONG-TERM DURABILITY OF ENDOVASCULAR TREATMENT IN PATIENTS WITH CEREBRAL ANEURYSMS**

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Endovascular treatment of cerebral aneurysms represents a modern, minimally invasive alternative to classic surgical clipping. Additional research is required to fully understand its long-term durability and the influence of aneurysm location, morphology, and the type of embolic material used. Analyzing current literature regarding the long-term durability of endovascular treatment in cerebral aneurysms and highlighting the risk factors associated with recanalization. This study was based on a comprehensive literature review focusing on scientific publications and articles published between 2015–2025, identified in electronic databases such as PubMed, Scopus, Embase, ScienceDirect, NEJM, BMJ, and Web of Science. The keywords used were: cerebral aneurysm, endovascular treatment, durability. The reviewed studies indicated a partial recanalization rate of 19.1% and complete recanalization in 7.1% of cases at 24 months following endovascular treatment (Yu Deok, 2024). Aneurysms with a diameter >10 mm were associated with an increased risk of recanalization (MDPI, 2021). The use of stents and flow-diverter devices was associated with lower rates of recanalization ( $p=0.03$ ) and complete occlusion at 12–24 months (>85%) (Dandapat S. et al., 2021). No procedure-related deaths were reported, and the rerupture rate was <2% (Jee TK, 2024). Retreatment rates varied between 5–20%, depending on the technique used. The analyzed results showed that the long-term durability of endovascular treatment is influenced by morphological factors and the technique applied. A tendency indicating a decreased recanalization risk was noted with the use of adjunctive stents and flow-diverter devices.

## **THE PATIENT WITH HEPATIC STEATOSIS ASSOCIATED WITH METABOLIC DYSFUNCTIONS IN THE CONTEXT OF THE PRINCIPLE OF EQUITY**

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The steatotic liver disease associated with metabolic dysfunctions (SLDAMD) raises a number of moral challenges for the health system in general, and for clinicians in particular. One of these involves interdisciplinary debates regarding the distribution and equitable access to medical services. The approach to non-alcoholic hepatic steatosis in the context of the principle of equity for optimizing personalized medical care for the patient with steatotic liver disease. The study represents a synthesis of various scientific works that address ethical issues regarding adherence to the principle of equity in the context of non-alcoholic steatotic liver disease, identified in databases such as: Research4Life, PubMed, MedLine and JSTOR. Analytical, comparative, and hermeneutic methods were applied. The study represents a synthesis of various scientific works that address ethical issues regarding adherence to the principle of equity in the context of non-alcoholic steatotic liver disease, identified in databases such as: Research4Life, PubMed, MedLine and JSTOR. Analytical, comparative, and hermeneutic methods were applied. The implementation of the principle of equity in the allocation of resources to the targeted patients advances the moral obligation not to discriminate against on the basis of alleged fault. The allocation must be based on clinical and social criteria, not on judgments regarding harmful behaviors.





## DEPRESSION IN PRESCHOOL CHILDREN WITH BEHAVIORAL DISORDERS

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Depressive and behavioral disorders in preschool children represent a frequently underdiagnosed comorbidity with substantial implications for emotional development and social adaptation. The atypical clinical presentation and symptom overlap hinder early diagnosis and delay adequate therapeutic intervention. The study investigates the prevalence of depressive episodes in preschoolers with behavioral disorders, correlating findings with specific psychosocial and clinical risk determinants. The study included 50 children aged 5–8 years, hospitalized in the pediatric psychiatry department of SCP Codru. Diagnoses of depression and behavioral disorders were established per DSM-5/ICD-10 criteria. Assessment tools included CDRS-R/QUIDS. A mixed-methods approach involved clinical evaluation, statistical analysis, and caregiver interviews. Within the studied cohort, 62% of children exhibited clinically significant depressive symptoms, while 84% presented oppositional or aggressive behaviors, reflecting a high prevalence of these disorders. Comorbidity between depression and behavioral disturbances was notably higher in boys, affecting 76% of cases, as well as in children from socioeconomically vulnerable backgrounds, 28% demonstrated moderate to severe risk of social withdrawal and self-deprecating ideation, underscoring the critical need for timely, targeted psychosocial and clinical interventions to enhance prognosis and developmental outcomes in this vulnerable population. Depression linked to behavioral disorders in early childhood is a significant clinical issue requiring multidisciplinary approaches. Screening and early psychotherapeutic interventions (CBT, family therapy, psychoanalysis) are essential to prevent chronic symptoms and support social integration.

## PROTECTING NEUROLOGICAL PATIENT CONFIDENTIALITY IN THE DIGITAL ERA: BETWEEN INCREASED VULNERABILITY AND ETHICAL RESPONSIBILITY

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In today's digital era, technological progress has greatly advanced neurology, but also introduced concerns about safeguarding patient data privacy. Such data is extremely sensitive, making its protection vital is crucial to avoid discrimination and preserve confidence in medical services. Identifying the ethical and legal challenges related to protection of neurological patient data in the context of digitalization, with a focus on confidentiality and the doctor–patient relationship. The study consists of a detailed analysis of about 20 scientific materials in the field of bioethics and medicine, selected from international databases such as PubMed, Google Scholar and IBN. The sources were chosen based on relevance and timeliness, using the keywords: "bioethics", "neurological patient", "confidentiality", "digital era". The neurological patient may present cognitive, language, or consciousness impairments, requiring a cautious approach to data. Otherwise, lack of protection may lead to labeling, affecting employment, social integration, dignity, and the doctor–patient relationship. Such a patient may raise doubts about informed consent, involving the legal representative person or family. Medical staff must respect confidentiality under the General Regulation on Data Protection, Health Protection Law No. 411-XVI/1995, and Law No. 263-XII/2005 of Republic of Moldova. Access to data is allowed only to authorized persons and only as needed for care. 1. The sensitive nature of neurological patient data requires strengthening protection through anonymization techniques to prevent stigmatization and harm to the doctor-patient relationship. 2. Confidentiality is both a legal right and a moral duty to respect patient autonomy and dignity.



## THE PHENOMENON OF AGEING IN THE REPUBLIC OF MOLDOVA: ITS MEDICAL AND SOCIO-BIOETHICAL DIMENSION

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The rapid aging of the population in the Republic of Moldova is causing profound and ongoing changes in the healthcare system and social structures. The phenomenon of senescence presents increasingly complex medical, social, and bioethical challenges, requiring fair and sustainable public policy responses. The aim of this paper is to analyze aging in the Republic of Moldova, highlighting medical, social, and bioethical aspects, to propose appropriate and effective solutions. The study was conducted through analysis of specialized literature, demographic and health statistical data from 2018–2023, complemented by qualitative and comparative evaluations of public policies on elderly care in the Republic of Moldova. Descriptive, interpretative, and bioethical methods provided thorough understanding. In the year 2023, 21.4% of the population of the Republic of Moldova was over 60. Most of them suffer from chronic diseases, such as hypertension (67%), diabetes mellitus (24%) and cognitive disorders (19%). Access to health services is limited and 38% of the elderly are uninsured. Studies showed that 58% of respondents perceived age discrimination. Important ethical issues include reduced autonomy, social isolation and difficult palliative care decisions, highlighting the urgent need for fair policies and respect for the dignity of older people. The phenomenon of senescence in the Republic of Moldova requires a comprehensive approach integrating medicine, ethics, and social policies. Developing applied ethics adapted to the geriatric context is essential to ensure dignity and equity in the care of elderly people.

## COMPARATIVE CHARACTERISTICS OF POSTOPERATIVE DYNAMICS IN THE TREATMENT OF PITUITARY ADENOMAS WITH CAVERNOUS SINUS INVASION

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Pituitary adenomas are the most common hypothalamic-pituitary tumors, accounting for 10% of intracranial neoplasms. Although benign, they can infiltrate the dura mater and destroy the skull base. Extension into the cavernous sinus occurs in 10-15% of cases, and their removal is a difficult task. Analysis of postoperative dynamics generated by surgical approaches (endoscopic transsphenoidal, extended lateral, microscopic, extra-intradural) in the treatment of invasive cavernous sinus tumors. For this comparative analysis, a systematic review of the specialized literature was performed with specific references to the published findings by Sharipov O., Kitano M., Cappabianca P. and Kutin M.A., Snyderman C.H., Gardner P. The selection criteria included clinical trials and relevant specialized journals published between 2000 and 2025. Visual disturbances were common pre-op (standard EETSA: 74.2%, Microscopic Transsphenoidal: 51.4%), with notable improvements post-op (standard EETSA: 61.3%, Microscopic Transsphenoidal: 65.1%). Post-op worsening was higher in the Extra-Intradural (28.6%) and Microscopic Transphenoidal (10.1%) approaches. Hypothalamic/endocrine disturbances predominated pre-op in the Extra-Intradural group (78.6%). Improvements varied, but worsening was higher in the Extra-Intradural (28.6%). Post-op diabetes insipidus was most common in the Extra-Intradural approach (35.7%), compared to the other approaches (2.9% - 10.07%). Meningitis and seizures were rare. Endoscopic approaches favor good visual recovery and a low incidence of major complications with more radical resection. The Extra-Intradural approach, effective for complex cases, involves higher risks of worsening neurological deficits and postoperative complications.



## **MENTAL HEALTH ASPECTS IN THE CONTEXT OF ORGAN TRANSPLANTATION IN THE REPUBLIC OF MOLDOVA**

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Transplant medicine in the Republic of Moldova involves numerous psychological challenges for patients, involving significant risks of depression, anxiety and post-traumatic stress, which influence psychosocial adaptation and therapeutic outcomes with the need for specialized psychological support. The study purpose is to evaluate psychological problems in transplant patients from the Republic of Moldova and determine their impact on therapeutic adherence and post-operation quality of life. The analysis is based on the specialized literature of mental health and on the available information on patients who have benefited from kidney and liver transplantation in the Republic of Moldova. The parameters included the prevalence of depression, anxiety and cognitive disorders. The analysis was performed using descriptive statistics. A detailed review of the literature revealed that depression is a significant challenge, manifested by loss of interest in daily activities and feelings of worthlessness. The anxiety is manifested by persistent fear of rejections of the transplanted organ and excessive concerns about health. Cognitive disorders, such as difficulty concentrating, impaired memory, and periodic confusion, have been identified as factors that compromise the appropriate management of postoperative treatment. All of these psychological problems negatively influence therapeutic adherence, social integration, and overall quality of life. The hypothesis regarding the negative influence of psychological disorders on transplant outcomes and treatment adherence was validated. It is imperative to integrate organized psychological support into current medical practice for transplant patients in the Republic of Moldova.

## **DEFICIT SYMPTOMS IN SCHIZOPHRENIA - MECHANISMS, ASSESSMENT, AND THERAPEUTIC INTERVENTIONS**

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Schizophrenia is a complex neuropsychiatric disorder with severe functional impact. Deficit symptoms, such as affective flattening, anhedonia, and avolition, profoundly affect patients' quality of life and respond poorly to standard treatments, requiring increased attention in clinical management. The study examines negative symptoms in schizophrenia: neurobiological mechanisms, assessment, and treatment options, highlighting their impact on patients' functioning and prognosis. The study examines assessment tools for negative symptoms (PANSS, SANS, NSA-16, BNSS, CAINS), the efficacy of atypical antipsychotics, adjuvant treatments (antidepressants, modafinil), and psychosocial interventions (cognitive-behavioral therapy, cognitive remediation), based on clinical guidelines and recent studies. Negative symptoms have a complex neurobiological basis, involving fronto-striatal dysfunction and structural abnormalities in frontal and temporal regions. Conventional antipsychotics show limited efficacy, but cariprazine has proven superior to risperidone in alleviating persistent negative symptoms. Adjuvant treatments (antidepressants, glutamatergic agonists) may provide moderate but inconsistent benefits. Psychosocial interventions (cognitive-behavioral therapy, social skills training), combined with pharmacotherapy, improve social functioning, motivation, and quality of life, reducing the overall disease burden. Negative symptoms - a major therapeutic challenge in schizophrenia. An integrated approach combining pharmacotherapy with personalized psychosocial interventions can improve functioning and quality of life. Family involvement and continuous monitoring are essential. Better therapies are needed.





## ATTITUDES TOWARD EUTHANASIA: A COMPARATIVE ANALYSIS OF ETHICAL PERCEPTIONS IN INDIA AND THE REPUBLIC OF MOLDOVA

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Euthanasia remains a controversial and deeply debated topic in end-of-life ethics. The Constitutions of Moldova and India uphold the right to life as a basic human right and its breach in any manner is a serious crime. While societal awareness has improved, it remains as a significant ethical dilemma. This paper aims to compare the perceptions of euthanasia in Moldova and India and study how social and religious values play a vital role in forming public attitudes and shaping end-of-life ethics. This study is based on articles available in scientific archives such as PubMed and Research Gate as well as a literature review of legal and scientific journals. Statistical surveys conducted on randomly selected citizens of both nations by certified research databases such as ibn.idsi.md and Med India have also been utilized in this paper. This study showed significant religious and cultural variations. Citizens of Moldova, a country influenced by European values and secularism, favored euthanasia, mostly in cases of irreversible suffering. Public opinion of Indian citizens showed that they perceived euthanasia more strictly, due to religious and cultural differences as well as communal beliefs on end-of-life ethics. However, concerns regarding abuse, lack of regulations and patient protection were expressed by both societies. A generational gap was also noted where mostly younger respondents favored euthanasia, pointing to possible redirections in future legal avenues. This comparative study reflects euthanasia perceptions in both nations and how they are influenced heavily by religion and culture. Citizens of both nations emphasized the need for bioethical principles and culturally sensitive policies to be used in the jurisdiction of end-of-life practices.

## EUGENICS AND THE HUMAN GENOME PROBLEM THROUGH THE PRISM OF SOCIOCULTURAL MODELS OF BIOETHICS

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The new techniques of genetic engineering and editing have presented internalizing potential centered on autonomy and personal liberty. Contextually, eugenics and human genome problem required a holistic approach in complex interaction of technological excellence with moral and cultural values. Analysis of eugenics progress from "project" to modern interpretation based on 4 bioethic sociocultural models to conceptualize classic autonomy and redetermination of postmodern "humanity" dilemma. Historical sources of eugenics appearance, university, national and international publications, case studies, have been studied for the current study, constituting a broad meta-analysis. Also, the visions of classical sociocultural models have been adapted to contemporary eugenics in order to offer a vision adapted to reality. Due to the implementation of advanced techniques and technologies in reproductive medicine, the sociocultural models of bioethics present a continuous updating to maintain the integrity of moral values and human life. The study of the 4 models highlighted 4 dimensions of addressing the bioethics-directed reproduction dilemma, with the offer of 4 points of view on the subject. Therefore, the socio-biological, personalist, liberal-radical and pragmatic-utilitarian models have quintessentialised the sui generis concept of "cultivation of the limit" to meet the great genetic discoveries in the biospherocentrist, individual and societal plan. Involvement techniques in the genome and the eugenics promotion viewed through the bioethic prism are not fully denied or accepted, but adjusted to a society surprised by the impetuosity of genomics emergence in medicine. It is essential for „bios" editing to be guided by the highest moral values.



## SEVERE COMPLICATIONS OF PSYCHIATRIC DISORDERS: A CLINICAL PROFILE OF PATIENTS REQUIRING INTENSIVE CARE TRANSFER

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Mental disorders can evolve unpredictably, generating both psychological and somatic complications that require emergency intervention and transfer to intensive care (ICU). Although hospitalization of psychiatric patients in ICUs remains relatively rare, it indicates an extreme form of decompensation. Assessment of clinical characteristics and causes that resulted in patients with mental disorders being transferred to the ICU section after initially being hospitalized in psychiatric wards. A retrospective study was conducted throughout the year 2025 at the IMSP Clinical Psychiatric Hospital. The study included all patients transferred from psychiatric wards to the ICU during this period. Data were collected on psychiatric diagnoses, reasons for ICU transfer, administered pharmacological treatments, and somatic comorbidities. The cohort included patients aged 13 to 90 years, children (<18 years): 2- (2.0%), women: 57- (57.0%), men: 43- (43.0%); 47% being repeat admissions. The most common psychiatric diagnoses were paranoid schizophrenia (61.7%), dementia (17%) and organic delusional disorder (6.4%). Somatic comorbidities were identified in 72.3% of cases, including ischemic cardiomyopathy, MODS, infections, and metabolic disorders. In 27.7% of patients, transfer was prompted by severe psychiatric complications, such as life-threatening behavioral syndromes, catatonia, or critical refusal of food intake. The ICU mortality rate was 9.6%. Admission to the ICU reflects the severity of the decompensation of mental disorders and the complexity of associated somatic complications. Continuous evaluation and interdisciplinary collaboration are critical for early risk identification and individualized therapeutic management.

## SCHIZOPHRENIA - CONTEMPORARY APPROACH

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Schizophrenia is a complex, chronic, heterogeneous psychiatric disorder that affects approximately 1% of the population. It's characterized by a triad of positive symptoms (delusions, hallucination), negative symptoms (anhedonia, blunted affect), and cognitive deficits (deficits in attention, working memory). This review aims to provide a comprehensive review of recent advances in understanding schizophrenia's etiology, pathogenesis, and integrated pharmacological and psychosocial strategies in management. A narrative review of literature published in English between 2015-2025 was performed using Google Scholar, PubMed, Medline, and Web of Science, which included meta-analyses, literature synthesis, controlled clinical trials, cross-sectional studies, and case reports, in addition bibliography of the respective primary studies were analyzed as well. Genome-wide association studies established schizophrenia to have a polygenic risk determined by common risk loci, rare copy-number and de novo variants, which interact with environmental factors (prenatal/perinatal stressors, substance abuse), disrupting neurodevelopmental processes, and leading to neurotransmitter and immune dysregulation. Pharmacotherapy has progressed to/second-/third- generation antipsychotics, and emerging drugs beyond dopamine antagonism. Recovery-focused approach combines medication with psychosocial interventions -CBT for psychosis, cognitive remediation, and family psychoeducation- to improve functional recovery. An integrated biopsychosocial model that deals with schizophrenia's multifactorial and multidimensional nature is necessary. Combining targeted pharmacotherapy and personalized psychosocial interventions offers the best possibilities for symptom improvement, functional recovery, and quality of life.



## **EXCESSIVE USE OF BENZODIAZEPINES: BETWEEN SELF-MEDICATION, ABUSE, AND LIMITED ACCESS TO PSYCHOTHERAPEUTIC INTERVENTIONS**

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Benzodiazepines are commonly prescribed for anxiety, insomnia, and psychosomatic complaints. In the Republic of Moldova, chronic use is rising due to high accessibility, self-medication, and prescriptions by various specialists, often without adequate psychiatric supervision or awareness of long-term risks. Analysis of factors contributing to excessive BZD use among adults in the Republic of Moldova: self-medication, inappropriate prescribing and limited access to psychotherapeutic interventions. A cross-sectional descriptive study was conducted including 152 adult patients from urban and rural areas. The methodology involved a semi-structured questionnaire on BZD use history, assessment of withdrawal symptoms and dependence, identification of psychiatric comorbidities, and analysis of prescriptions from outpatient cards. 61% of participants reported daily benzodiazepine use for more than 12 weeks, with self-medication identified in 38% of cases, underscoring a significant problem related to the unsupervised use of these substances. The primary indications were anxiety disorders 74% and chronic insomnia 58%. Despite this high prevalence, only 22% of participants received adjunctive psychotherapy. Withdrawal symptoms and tolerance were reported in 35% of cases, indicating the presence of physical dependence. Benzodiazepine use significantly impaired cognitive and social functioning, resulting in a negative impact on patients' quality of life and social adaptation. Excessive benzodiazepine use highlights gaps in the healthcare system and prescribing policies. Implementation of strict prescribing protocols, expanded access to psychotherapeutic interventions, and ongoing professional training are needed to prevent misuse and associated adverse effects.

## **NEUROBIOETHICS AND THE PRINCIPLE OF CONFIDENTIALITY IN NEURODEGENERATIVE PROCESSES**

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Neurodegenerative processes are being intensively studied from a multidisciplinary perspective. The importance of neurobioethics is increasingly acknowledged. Confidentiality in the treatment of neurodegenerative disorders remains a current and insufficiently explored ethical issue. To outline the role of neurobioethics in maintaining confidentiality in both medical care and the non-medical context for patients with neurodegenerative conditions. A synthesis of scientific literature published in the last 10 years (about 43 sources) was performed using PubMed, Journal of Medical Ethics, Web of Science, and Elsevier databases, focusing on bioethics and medical care in neurological, especially neurodegenerative diseases. Sociological, bioethical, and structuralist methods were used. Neurobioethics is emerging as a branch of bioethics involved in the examination of multiple neurodegenerative manifestations. Aspects are identified that emerge both in the therapeutic process, administered to the contingent of patients suffering from various and complex effects of neurological degeneration, and in the entire social habitat environment of the patient. A separate topic is the wide spectrum of effects of the involvement of information technologies, medical management, health policies, etc. All of these influence the existential environment of neurodegeneration, also involving consequences regarding confidentiality. 1. Neurobioethics offers perspectives in the application of effective medical tactics to the contingent with neurodegenerative diseases, as well as in the advancement of neuroscience and neuroethologies. 2. Bioethical principles involved: confidentiality, vulnerability, non-maleficence, beneficence.





## ATYPICAL MANIFESTATIONS OF POSTPARTUM DEPRESSION: CHALLENGES IN RECOGNITION AND THERAPEUTIC APPROACH

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PPD affects 10–20% of mothers, yet its atypical manifestations—such as irritability, anxiety, hypervigilance, or emotional dissociation—may go undiagnosed. These symptoms may be mistaken for normal responses to postnatal stress or overlooked due to insufficient specific training among professionals. To highlight the challenges in recognizing atypical manifestations of postpartum depression and to propose therapeutic approaches, through the analysis of clinical cases and relevant literature. The paper is based on a qualitative analysis of two clinical cases, women-mothers aged between 20–35 from psychotherapeutic practice, as well as a review of the relevant literature (Sockol et al., 2021; Wisner et al., 2013). Additionally, it examines certain mechanisms that delay access to psychological help and the therapeutic strategies applied. It is essential to train professionals to recognize atypical symptoms of postpartum depression, such as emotional detachment or intense anxiety, or irritability, which are often overlooked, unfortunately. Also, postnatal screening tools should be adapted to detect these subtle signs, using both quantitative and qualitative methods. Early, individualized interventions can prevent chronicity and long-term impact. An integrated therapeutic approach strengthens the mother-child bond and promotes emotional well-being for both, ensuring healthier developmental outcomes. The involvement of family members is also essential. Recognizing atypical symptoms of postpartum depression, such as anxiety, emotional dissociation or irritability and adapting screening methods are essential. Early interventions and family involvement can prevent symptom chronicity and strengthen the mother-child relationship.

## CONTEMPORARY ANTIPSYCHOTIC TREATMENT IN SCHIZOPHRENIA PATIENTS DURING PREGNANCY.

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Gestational schizophrenia reveals a major dilemma. Discontinuation of antipsychotic therapy exposes the patient to the risk of relapse, and maintenance of treatment involves possible adverse effects. Management requires a careful pharmacologic balance between maternal psychological stability and fetal safety. The study aimed to identify the antipsychotics with the most optimal risk-benefit profile in the treatment of pregnant women with schizophrenia, correlating therapeutic efficacy with perinatal safety. An analysis of data from the specialized scientific literature, from sources published in PubMed, Medscape, Cochrane Library, Web of Science, international guidelines, observational studies over the last years, was performed to obtain comparative data according to teratogenicity, placental transfer and metabolic risks. The atypical antipsychotics: olanzapine, quetiapine, aripiprazole are the most well documented and commonly used in practice. Quetiapine, with reduced placental transfer, has not been associated with major congenital malformations, but requires weight gain monitoring. Olanzapine has increased therapeutic efficacy but with significant metabolic risk. Aripiprazole recommended in moderate forms with low risk of hyperprolactinemia. Haloperidol is useful in emergencies. Clozapine is reserved for refractory cases in the context of the development of agranulocytosis. Minimally effective monotherapy is recommended under multidisciplinary supervision. Management in pregnancy aims to stabilize the mental state without compromising fetal safety. Olanzapine, quetiapine and aripiprazole are the pharmacological options of choice and the therapeutic choice should be individualized according to symptoms, comorbidities and identified risks.



## ADOLESCENT ANXIETY – A CONTEMPORARY CHALLENGE FOR MENTAL HEALTH

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Adolescence is a critical stage of development, marked by biological, cognitive, and social changes. Anxiety disorders affect approximately 31.9% of adolescents worldwide. The importance of understanding and addressing these issues is the increase in the incidence of cases in recent years. Determining the prevalence, impact and early symptoms in adolescents, for timely intervention, which can prevent progression to more severe forms and long-term consequences. An extensive review of the specialized literature was conducted by evaluating articles from the last 5 years published in internationally recognized medical databases, such as PubMed, NCBI, Medscape, The Journal of Pediatrics, WHO, as well as the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5). The prevalence of anxiety disorders increases significantly after the age of 12, with a peak incidence between 14-17 years. It has a multifactorial etiology: genetic factors (family predisposition); environmental factors (academic stress, family conflicts), excessive use of social media, the COVID-19 pandemic. Common symptoms are: excessive fear, avoidance of social situations, irritability, sleep problems, and difficulty concentrating. Intervention methods include: CBT, SSRIs in moderate/severe cases, education. In the absence of adequate treatment, these symptoms can lead to social isolation and other mental disorders, such as depression. Anxiety is a common mental disorder among adolescents, having a significant impact on their social and emotional functioning. It is essential to address it early, with family support and the inclusion of psychological services in schools, in order to be prevented as early as possible.

## MANAGEMENT OF SPINAL TUMORS: DECOMPRESSION VS STABILIZATION – RETROSPECTIVE CLINICAL EXPERIENCE

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The management of spinal tumors requires personalized treatment based on neurological status, lesion location, and extent. This retrospective study analyzes the clinical experience of patients with spinal tumors, comparing the effectiveness of decompression and stabilization techniques in their treatment. Analysis of the effectiveness of decompression and stabilization techniques in the management of spinal tumors, clinical outcomes in the period 2020-2023, neurological improvement and spinal stability. The retrospective study included 42 patients diagnosed with spinal tumors (14 primary, 28 metastatic), operated on during 2020–2023, within the INN "Diomid Gherman". Patients were evaluated using the ASIA scale, Karnofsky score and SINS score for tumoral spinal instability. Postoperative surveillance was for a minimum of 6 months. The interventions consisted of: Spinal decompression by laminectomy (n = 30), segmental transpedicular stabilization (n = 35), with or without interbody cage reconstruction (n = 12), vertebroplasty with acrylic cement (n = 7) in selected cases. Obtaining the results: Neurological improvement ( $\geq 1$  ASIA grade) in 71% of cases. Vertebral stability restored in all cases treated with implants. Minor postoperative complications in 4 patients (9.5%): superficial infection, screw migration without neurological deficit, 6-month survival rate: 76% (with postoperative integrated adjuvant oncological therapies). Surgery for spinal tumors should be individualized, combining decompression and stabilization based on neurological status and lesion location. Transpedicular fixation, often with corpectomy or vertebroplasty, is essential for stability. Treatment requires a multidisciplinary approach.



## ALTERNATIVE MEDICINE METHODS IN THE MANAGEMENT OF AUTOIMMUNE THYROIDITIS

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Autoimmune thyroiditis is the leading cause of hypothyroidism in developed countries, primarily affecting women. It involves lymphocytic infiltration of the thyroid and the presence of anti-TPO and anti-thyroglobulin antibodies. The standard treatment consists of administering levothyroxine. To assess the efficacy and safety of alternative medical methods in the comprehensive management of autoimmune thyroiditis, based on current international scientific literature. A narrative literature review was conducted using PubMed (2015–2024), selecting clinical articles, meta-analyses, and randomized controlled trials on CAM therapies in Hashimoto's thyroiditis. Inclusion criteria involved studies evaluating hormonal parameters, autoantibody levels, symptom relief, and quality of life impact. Phytotherapy using *Nigella sativa* (1–2 g/day) has been shown in clinical studies to reduce anti-TPO levels and increased FT4 ( $p < 0.05$ ). Acupuncture significantly decreased anti-TPO, anti-T3 and anti-TSH levels, with improvement of clinical symptoms; the effects on antibody levels were 10-15% stronger compared to levothyroxine monotherapy. Diet therapy, through gluten exclusion and the autoimmune paleo diet, led to normalization of TSH and reduction of antibody levels in 30-50% of cases; the average reduction in anti-TPO/anti-Tg levels was 20-40% and in approximately 20% of participants antibodies decreased to undetectable levels. CAM therapies may offer meaningful benefits in the management of autoimmune thyroiditis, particularly as adjuncts to conventional treatment. The lack of standardization and the heterogeneity of studies require caution, individualized standardization, supported by medical monitoring.

## LONELINESS, ISOLATION AND ALCOHOL ADDICTION – PHENOMENOLOGICAL REMARKS

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Loneliness, isolation and alcohol addiction have complex relationship. This problem seems to be of importance for treatment and rehabilitation. In analysis of interviews based on descriptive phenomenology we use as a heuristic instrument two core characteristic features of the conscious experience of substance use, proposed by Messas – hyperpresentification and feelings of plenitude. According to literature review these seem to be an excellent conceptual framework for axial psychopathology of addictive disorders. Themes of isolation and loneliness frequently emerge during the interviews spontaneously or with little cues. Isolation is not always connected with subjective experience of loneliness, even sometimes an active desire to be isolated occurs. In some cases loneliness is predisposing factor, in other – perpetuating factor or result of this substance use disorder. Some patients share fear to stop using, because alcohol use facilitates communication. An exaggerated presentism leads to isolation and loneliness by cutting ties with past and with plans for a possible future. The state of plenitude negatively affects intersubjectivity, person is self-centred, residing in a simplified field of experience, where others are unnecessary, and complexity - unwanted. In the structure of experience of loneliness and isolation in people with alcohol use disorder the dialectic of anthropological proportions - hyperpresentification and plenitude, frequently plays significant role. If one takes in to account this, it would give opportunity to improved therapeutic interventions.





## IMPACT OF SCREEN TIME AND SOCIAL MEDIA ON ADOLESCENT MENTAL HEALTH

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Adolescence is a critical stage for forming social and emotional habits that significantly influence mental well-being. Screen time refers to the total duration a person engages with electronic devices that have screens, including computers, smartphones. Adolescents increasingly spend significant time on digital devices and social media platforms. A literature review was performed using WHO, PubMed, National Institute of Health, focusing on studies published within the past decade. Included articles examined the impact of screen time and social media use on mental health outcomes in adolescents aged 10–19. Evidence shows that social media exerts both risks and benefits for adolescent mental health. Approximately 24% of U.S.A. adolescents perceive it as harmful, 31% as beneficial, and 45% as neutral. Negative outcomes include cyberbullying, peer rejection, and exposure to self-harm content, all associated with depression and suicidal ideation. Sleep disruption is also prevalent: 36% report waking at night to check devices, and 40% use phones within five minutes of bedtime, contributing to poor sleep quality and distress. A longitudinal study of 3,826 adolescents found that each additional hour of social media use was linked with a 0.64-point increase in depressive symptoms, while yearly within-person increases predicted a 0.41-point rise. Conversely, 81% of adolescents state that social media enhances connectedness, supporting identity, peer bonding, and access to resources. Problematic use is most strongly associated with adverse outcomes, whereas balanced engagement may foster resilience. Longitudinal research remains essential to clarify causal pathways.

## NICOTINE DEPENDENCE AND GENERALIZED ANXIETY DISORDER AS A PUBLIC HEALTH ISSUE IN MOLDOVA

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Despite global declines, Moldova remains the only EU region country with rising smoking prevalence: 27.6% (WHO STEPS 2021). WHO aims for a 30% reduction in tobacco use by 2025, while Moldova's 2030 strategy targets only 3%. High rates are noted among individuals with psychiatric comorbidities, termed Dual Disorders. Tobacco is most common, followed by alcohol and cannabis. People with Generalized Anxiety Disorder (GAD) struggle more to quit, yet tobacco use is often minimized in Moldovan clinical settings. Studies show GAD patients start earlier or smoke more frequently, though findings vary due to study design, population, and diagnostic tools. This study examined the relationship between nicotine dependence and GAD symptoms in the general population. Data were collected through a questionnaire on age, sex, smoking/nicotine status, product type, anxiety symptoms, the Fagerstrom Test for Nicotine Dependence, and the GAD-7 scale. Preliminary findings from 72 adult respondents indicate male predominance, cigarette smoking, moderate to high nicotine dependence (scores 4–9), and moderate anxiety (GAD-7 scores 10–14). Results suggest a clear correlation between nicotine dependence and GAD. To reverse Moldova's rising smoking rates, multi-sectoral approaches are required. Preventing and treating GAD may reduce smoking initiation and support cessation. A standardized clinical protocol for Dual Disorders is needed. Currently, cytisine is the only available medication for nicotine dependence in Moldovan health service.



## DEPATHOLOGIZATION OF GENDER IDENTITY AND THE IMPACT OF ELECTORAL POLICIES ON SOCIAL PERCEPTIONS

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Ongoing global transformations are reshaping social, economic, and political structures, fostering ideological tensions between progressive and traditionalist perspectives. Issues such as gender diversity and LGBTQ rights have become central, reflecting shifts in legislative frameworks and social perceptions. These changes affect both individual lives and broader societal dynamics, underscoring the necessity of adaptation to new realities. This study examines legislative and social developments during 2024–2025, focusing on civil rights, access to specialized healthcare, gender-affirming legal recognition, and the transition processes. Furthermore, it discusses the potential evolution of healthcare services for individuals experiencing gender dysphoria, contextualized through international legislation and recent global reports. Despite growing recognition of gender diversity, disparities persist across countries. Western societies display higher visibility and legal acknowledgment of non-conforming gender identities, whereas traditionalist contexts emphasize resistance. Recent data indicate a decline in public support for LGBTQ rights and an increase in discriminatory experiences, particularly among younger populations. In Romania, traditional cultural values continue to limit acceptance of gender diversity. Deficiencies in legal regulation and restricted access to gender-affirming healthcare compound the challenges faced by gender diverse individuals. Moreover, political discourse emphasizing the protection of “traditional values” exacerbates social polarization and reduces inclusivity. The findings emphasize the urgent need for coherent legislative measures, medical guidelines, and educational initiatives to reduce discrimination, foster tolerance and strengthen social inclusion. Adapting societal frameworks to evolving realities is crucial to ensure equal rights, equitable access to healthcare, and the dignity of individuals with diverse gender identities.

## PSEUDODEMENTIA IN ELDERLY WITH DEPRESSION: CLINICAL AND PSYCHOMETRIC FEATURES FOR DIFFERENTIAL DIAGNOSIS

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Cognitive impairment in the elderly can be caused by both neurodegenerative and mental disorders, especially depression. In some cases, depressive states mimic dementia, — a condition known as pseudo-dementia. Identifying clinical and psychometric markers that help distinguish these conditions is of high practical importance. Scientific articles from the PubMed and Google Scholar databases published during 2021–2025 were analyzed, focusing on clinical manifestations, neuropsychological testing, and the course of illness in elderly patients with depression and/or dementia. It was found that patients with pseudo-dementia more often report active complaints about cognitive difficulties, while patients with dementia tend to deny or ignore their symptoms. In neuropsychological tests, the pseudo-dementia group retains some learning ability, and impairments in attention and memory are moderate and inconsistent. Pseudo-dementia is characterized by symptom reversibility with appropriate treatment, whereas cognitive decline in dementia is progressive. Longitudinal studies show that 62% of patients with pseudo-dementia experience remission, and 38% transform into true dementia, which emphasizes the need for dynamic observation. Pseudo-dementia requires a careful diagnostic approach. The key differences are the nature of complaints, emotional background, results of psychometric tests (MMSE, MoCA, learning tests) and dynamics in response to therapy. Differential diagnostics should be based on a comprehensive evaluation of cognitive, affective and functional indicators, with mandatory follow-up.



## EVALUATION OF THE DIAGNOSTIC ACCURACY OF THE SCHIZOPHRENIA COGNITION RATING SCALE

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Cognitive impairments are frequently observed in schizophrenia and significantly affect patient functioning. The Schizophrenia Cognition Rating Scale (SCoRS) is a clinician-rated interview of everyday cognitive functioning; accurate appraisal of its discriminative performance is important for clinical assessment and treatment planning. Three pairs of sensitivity and specificity values extracted from the literature were analyzed. Due to the limited number of available pairs, three additional pairs estimated by graphical interpolation of the ROC curve were added. The AUC value, Spearman and Kendall correlations, linear regression, Mann–Whitney U test, and normality were calculated using multiple statistical tests. The AUC was 0.846, indicating good discrimination capacity. Spearman's rho ( $r_s = -0.83$ ,  $p = 0.02$ ) and Kendall's tau ( $\tau = -0.73$ ,  $p = 0.01$ ) were negative and statistically significant. The Mann–Whitney U test did not reach conventional significance ( $U = 6$ ,  $p = 0.065$ ). The Schizophrenia Cognition Rating Scale demonstrated satisfactory discriminative accuracy and meaningful associations with functional parameters. These results support its clinical utility in assessing cognitive deficits in schizophrenia; however, further validation in larger samples is recommended.

## CHILD SEXUAL ABUSE AS AN ADVERSE CHILDHOOD EXPERIENCE: A SIX-PATIENT CASE SERIES FROM A PSYCHIATRIC HOSPITAL

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Adverse childhood experiences (ACEs), particularly sexual abuse, represent a major risk factor for severe psychiatric morbidity in children and adolescents. This study presents a case series of six minors hospitalized in 2025, in a psychiatric unit following sexual abuse, with emphasis on clinical presentations, diagnoses, and treatment outcomes. Data were retrospectively collected from medical records of six patients (ages 5–15 years; 4 females, 2 males). Extracted variables included demographics, family and psychiatric history, type of abuse, presenting symptoms, diagnosis, treatment, and short-term prognosis. All patients reported severe sexual abuse, intrafamilial (paternal perpetrators) or extrafamilial. Associated risk factors included parental alcoholism and neglect. Symptomatology at admission comprised emotional dysregulation, sleep disturbances, irritability, somatic complaints, and social withdrawal. Two patients presented suicidal ideation, while one developed early-onset schizophrenia with psychotic symptoms. Diagnoses included conduct and emotional disorders (ICD-10: F92.8), F 33.3 Major depressive disorder, recurrent, severe with psychotic symptoms, and F 20.3 Undifferentiated Schizophrenia. Treatments involved mood stabilizers (Carbamazepine), antipsychotics (Aripiprazole, Risperidone), and supportive interventions. Prognosis remained guarded, with recurrent hospitalizations in severe cases. Childhood sexual abuse is strongly associated with a spectrum of psychiatric disorders, including PTSD, affective dysregulation, and psychotic illnesses. The presence of suicidal ideation in early adolescence underscores the severe risk of self-harm in traumatized minors. Early-onset schizophrenia, observed in this series, may be triggered or exacerbated by traumatic exposures, highlighting the complex interplay between ACEs and vulnerability to severe mental disorders. These findings reinforce the urgent need for trauma-informed psychiatric care, systematic screening, and multidisciplinary therapeutic approaches.





## SUBSTANCE-INDUCED PSYCHOSIS: DIFFERENTIAL DIAGNOSIS

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Substance-induced psychosis (SIP) is a mental condition that develops as a result of alcohol or drug use. Can be defined by psychotic symptoms: visual hallucinations, memory problems, delusions, and disorganized behavior, that occur during or shortly after the use of a psychoactive substance. The literature review was performed using PubMed, Medline, analyzing articles and official sources, like DSM-V and ICD-11. Studies comparing SIP with schizophrenia (SZ) or bipolar disorder (BD) were included. SIP typically presents with acute onset, close temporal association with substance use (e.g., Cannabis sativa), and symptom resolution upon abstinence, which help differentiate it from primary psychoses. Large registry studies report 6-year cumulative transition rates of 27.6% for SZ spectrum disorders and 4.5% for BD, indicating that most SIP cases remain transient. Higher transition rates to SZ were observed in younger men and in cannabis- (36.0%) or polysubstance-induced (32.0%) cases, while alcohol-induced cases had the lowest risk (13.2%). Transition to BD was generally lower (4.5%) and higher among women (7.1%) than men (3.5%). Diagnostic indicators for SZ included formal thought disorder (OR = 3.55) and bizarre delusions (OR = 6.09), whereas features such as suicidal ideation, intravenous cocaine use, history of detoxification, and methadone maintenance were more characteristic of SIP. These results underscore that SIP is a heterogeneous condition, and assessment of symptom temporality, substance type, and specific psychotic features is crucial for accurate differential diagnosis from primary psychotic disorders.

## VICARIOUS TRAUMA PREVENTION IN MENTAL HEALTH PROFESSIONALS

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Vicarious trauma (VT) represents a significant occupational risk for mental health professionals who are regularly exposed to clients' traumatic experiences. It can lead to emotional exhaustion, burnout, and reduced quality of care. In recent years, the prevention of VT has attracted growing attention, reflecting an increased awareness of the need to safeguard both clinicians' well-being and treatment effectiveness. This review is based on studies published between 2020 and 2025, including systematic reviews, surveys, and intervention trials, which examined individual and organizational strategies to reduce vicarious trauma. Evidence indicates that mindfulness practices and structured self-care routines are consistently associated with reduced symptoms of vicarious trauma. Participation in group supervision provides not only emotional relief but also professional validation. Furthermore, interventions focused on self-compassion and emotion regulation have shown promise in strengthening resilience. On the organizational side, structured case discussions, supportive workplace culture, and fair distribution of workload play an important protective role. Research suggests that the most effective results are achieved when individual strategies are combined with systemic support. Therefore, institutions should encourage open conversations about difficult cases, provide regular supervision, and ensure access to emotional support services. Looking forward, it is essential to design and evaluate prevention programs that are flexible, practical, and sensitive to different professional settings and cultural contexts.



## SCHEMA THERAPY IN BORDERLINE PERSONALITY DISORDER WITH A HISTORY OF EMOTIONAL ABUSE : AN EFFICACY ANALYSIS

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Borderline Personality Disorder (BPD) is frequently associated with early exposure to emotional abuse, a major etiological factor in the development of early maladaptive cognitive schemas. These manifest through affective instability, dysfunctional relationships, and persistent negative self-evaluation. To analyze the effectiveness of schema-focused therapies in reducing BPD symptomatology in patients with a documented history of childhood emotional abuse. A narrative review of the literature (2018–2024) was conducted using search terms such as “borderline personality disorder,” “schema-focused therapy,” “early maladaptive schemas,” and “emotional abuse” in the PubMed, PsycINFO, and Google Scholar databases. Twenty relevant articles were analyzed, of which five were included in the final review, comprising randomized controlled trials (RCTs) and cohort studies. Inclusion criteria targeted studies assessing the effectiveness of schema-focused therapy in reducing BPD-related symptoms in individuals with a documented history of childhood emotional abuse, with methodological validity and clinical relevance. Exclusion criteria included opinion articles, non-systematic reviews, and studies involving non-adult populations. The analyzed studies reported a significant reduction in BPD symptoms, particularly impulsivity and unstable relationships, as measured by standardized instruments (e.g., Borderline Symptom List, BSL-23), with reductions ranging between 30% and 45% ( $p < 0.05$ ). These findings are consistent with data from a multicenter study published in JAMA Psychiatry, which showed that after three years of treatment, the clinical recovery rate in the Schema Therapy (ST) group was 45.5%, compared to 23.8% in the Transference-Focused Psychotherapy (TFP) group. Furthermore, the proportion of patients achieving significant clinical improvement was 65.9% in ST versus 42.9% in TFP, confirming the superior efficacy of ST in improving core BPD symptomatology. Schema-focused therapy has proven effective in addressing BPD symptoms associated with emotional trauma, such as impulsivity and emotional instability. Deep restructuring of maladaptive schemas was accompanied by significant improvements in patients’ emotional and relational functioning.

## PERFECTIONISM, EATING BEHAVIORS, AND BODY IMAGE IN ADOLESCENTS

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Perfectionism is a multidimensional personality trait characterized by setting excessively high standards, often linked to disordered eating and body dissatisfaction. This study aimed to investigate perfectionism, eating behaviors, and body image in adolescents, comparing those engaged in sports (dance, ballet) with non-sport participants. A total of 181 adolescents (165 females, 16 males) aged 15–25 years were assessed using the Frost Multidimensional Perfectionism Scale (FMPS), the Eating Attitudes Test (EAT-26), and the Multidimensional Body Self-Relations Questionnaire (MBSRQ). Participants were recruited from various educational institutions, with surveys administered online. FMPS results showed that most adolescents exhibited moderate to high levels of perfectionism, indicating tendencies to set excessive standards. EAT-26 revealed risky eating behaviors in 24% of non-sport adolescents and 35% of sport participants, mainly focused on dieting and oral control, with minor bulimic tendencies. MBSRQ indicated higher appearance and fitness evaluation and orientation scores among sport participants, reflecting increased concern for physical form. Both groups reported moderate health evaluation scores, with sport participants showing heightened weight-related anxiety. These results highlight a complex interplay between perfectionism, eating behaviors, and body image, intensified by the demands of aesthetic sports and social pressures. Adolescents engaged in aesthetic sports are at increased risk for disordered eating and body dissatisfaction. Preventive and educational interventions should focus on maladaptive perfectionism and fostering a healthy body image.



## VALIDATION OF A CLINICAL TOOL FOR DEPRESSION SCREENING

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Depression is a common disorder that requires an accurate diagnosis. The Patient Health Questionnaire (PHQ-9) and clinical interviews are essential screening tools. This study analyzes the combined efficiency of these tools. The effectiveness of the PHQ-9 was evaluated in conjunction with three depression screening instruments by analyzing sensitivity and specificity at cut-off values between 5 and 15. Online calculators for correlation coefficients and the ROC curve were used. The Youden Index was calculated, and groups were compared. The PHQ-9 compared with MINI showed the AUC 0.972, demonstrating capacity to distinguish between positive and negative cases. Next is the semi-structured interview (AUC 0.964), followed by the fully structured interview (AUC 0.836). The highest Youden Index (0.70) was recorded for the semi-structured interview (cut-off 10), followed by MINI (0.65, cut-off 8–9), and the full interview (0.58, cut-off 8). All three standards show strong negative correlations between sensitivity and specificity ( $\rho, \tau = -1$ ), with the most predictable result at the fully structured interview ( $r = -0.943$ ). PHQ-9 validated by MINI is the most sensitive and ideal for accurate diagnosis. The semi-structured interview provides an optimal balance between false positives and false negatives. The fully structured interview is stable but less effective in diagnosis.

## THE IMPACT OF BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

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Dementia is a complex syndrome associated with cognitive, behavioral and psychological symptoms, which affects the daily life of the whole world, it can be called as a rupture of the patient from society, from the life he was leading until its appearance, with serious consequences both for himself, as well as for family and society. It is characterized by executive dysfunction, slowed information processing, memory deficits, and mood and personality disorders. Behavioral and psychological symptoms of dementia include changes in behavior, perception, content of thoughts, as well as mood disorders. These symptoms are commonly found in various dementia disorders, such as Alzheimer's disease, vascular dementia, dementia with Lewy bodies, Parkinson's disease dementia or frontotemporal dementia. These symptoms not only threaten patients' safety and degrade their quality of life, but also lead to a burden on family caregivers. Therefore, support is needed for people at potential risk of dementia living in the community and their families to understand the characteristics of psychopathological symptoms and to promote early identification of symptoms. To carry out the literature synthesis study, an advanced search was carried out in the electronic libraries PubMed and Google Scholar, using keywords: dementia, psychopathology, psychological symptoms. 1800 titles and abstracts were analyzed, including 150 full-text articles, from 2019 to 2024, in English and Romanian, with open access, literature synthesis, meta-analysis, research articles. Observational studies report an estimated prevalence of psychopathological symptomatology in patients with dementia ranging from 25% to 80%. The most commonly observed symptoms include agitation, apathy, depression, anxiety, and delusions, while disinhibition, hallucinations, aggression, wandering, and eating disorders are less common. Considering the clinical course of dementia, irritability, apathy, depression are commonly observed from the early stages of the disease. In contrast, psychotic symptoms and confusion are more typical of patients in a more advanced stage of dementia. 1. Early detection of the disease reduces the risk of the appearance of psychopathological symptoms and improves the quality of life of the patient as well as the family member. 2. The most common symptom of dementia at diagnosis is apathy/indifference, which is easily overlooked by families, followed by irritability/lability and depression/dysphoria. 3. Increased use of antipsychotic medications has been associated with increased psychotic symptomatology in patients with dementia, special care is required regarding patient prescriptions.





## **THE IMPACT OF OBSESSIVE-COMPULSIVE, DEPENDENT, AND AVOIDANT PERSONALITY DISORDERS ON SOCIAL AND OCCUPATIONAL FUNCTIONING: THERAPEUTIC IMPLICATIONS FOR SOCIO-PROFESSIONAL REINTEGRATION**

**O Grădinaru**

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Obsessive-compulsive, dependent, and avoidant personality disorders manifest through persistent patterns of cognition and behavior that subtly yet profoundly disrupt daily life. They often lead to chronic difficulties in adaptation, particularly within social and occupational domains, where functionality is both expected and demanded. This study explores how quiet disorders can profoundly disrupt lives—and how tailored therapy can help rebuild them. Relevant literature was collected from reputable academic databases, including NCBI, PubMed, ResearchGate, and Google Scholar, focusing on publications from 2014 to 2025. A total of 27 sources were selected. Obsessive-compulsive personality is linked to perfectionism-driven conflict, depression, burnout, and increased error risk, despite a tendency toward self-employment. Dependent individuals engage in risky attachments, have poor boundaries, show risk for domestic violence, exhibit possessiveness, and struggle with autonomy. Avoidant personalities self-isolate, sabotage relationships, prefer part-time or solitary roles, suppress emotion, display social clumsiness, and limit career engagement. The article outlines effective psychotherapeutic interventions—particularly CBT—while emphasizing the need for individualized, multidisciplinary reintegration strategies that go beyond symptom management. Internalized maladaptive belief systems contribute to role dysfunction, social withdrawal, and vocational stagnation. By shifting the focus from pathology to potential, this work advocates for a function-centered model of care that empowers individuals not only to recover, but to meaningfully re-engage with their social and occupational environments.

## **EMOTIONAL INTELLIGENCE IN DISSOCIATIVE DISORDERS: PREDICTIVE ROLE AND EFFECTIVENESS OF THERAPEUTIC INTERVENTIONS**

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Dissociative disorders involve disruptions in consciousness, identity, and emotional regulation, often linked to early trauma. Emotional intelligence has emerged as a crucial factor in both the development of these disorders and psychotherapeutic interventions aimed at improving affective regulation. This study examines the relationship between emotional intelligence and dissociative disorders, focusing on its predictive role and the effectiveness of related therapeutic interventions. A theoretical review was conducted on 14 international studies published between 2014 and 2024, examining the relationship between emotional intelligence and dissociative disorders. The studies include clinical and interventional research using standardized methods, evaluating therapies such as DBT, mindfulness, CFT, and EFT. Low emotional intelligence was consistently associated with more intense dissociative symptoms. Participants with limited self-regulation capacities experienced greater difficulties in managing identity fragmentation and depersonalization. Therapeutic programs focused on developing emotional skills led to significant clinical improvement in most reviewed studies. Improvements were noted in self-perception, emotional stability, and affective engagement, particularly after mindfulness and emotion-focused interventions. These outcomes supported the therapeutic relevance of emotional intelligence in clinical recovery. The hypothesis that low emotional intelligence is a significant risk factor for dissociative disorders was confirmed. Therapeutic interventions focusing on developing emotional intelligence proved effective in reducing symptoms and enhancing overall emotional functioning.



## THE IMPACT OF PREGNANCY LOSS ON WOMEN'S MENTAL HEALTH

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Pregnancy loss, whether natural or induced, is associated with an increased risk of mental health problems. Clinical evidence and existing research suggest that women who have experienced such losses may experience intense emotional reactions during a subsequent pregnancy, such as joy mixed with grief, guilt, or fear. Some of these women may experience heightened anxiety, fears of another loss, or beliefs that they are unworthy of becoming mothers, which can affect the creation of emotional bonds with their fetus. Empirical studies, although limited in size and often without rigorous control for prior mental health, confirm these observations, indicating a higher incidence of treatment for mental disorders among women with a history of pregnancy loss. Fear of childbirth has also been identified as a significant risk factor for postpartum depression, especially in women with previous induced abortions. Early intervention may improve symptoms, and assessing a history of pregnancy losses may facilitate earlier referral to specialized services to reduce mental health problems.

## COMORBID DEPRESSION IN CHRONIC SOMATIC DISEASES (DIABETES MELLITUS, ARTERIAL HYPERTENSION AND CHRONIC RESPIRATORY CONDITIONS)

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Depression involves a wide range of mental health problems characterized by the lack of a positive affective background (loss of interest and pleasure in usual or previously enjoyable activities and experiences), low mood and a spectrum of associated emotional, cognitive, physical and behavioral problems. Depression frequently associates chronic somatic diseases, such as diabetes mellitus and hypertension, the prevalence of depression in diabetics is usually between 10–15%, almost double that of the population without diabetes and affecting quality of life and compliance with treatment. The interaction between physical suffering and affective disorders creates a vicious circle that worsens the overall prognosis. To evaluate the particularities of depression in patients with diabetes mellitus and hypertension, by analyzing the specialized literature and the data obtained regarding the patients, as well as identifying effective intervention strategies. A systematic review of the literature was conducted, based on accessible searches from databases such as PubMed, Scopus, NCBI and Web of Science. In this review, the PHQ9 questionnaire was used to assess depressive symptoms. Articles published in the last 5 years investigating the correlation between depression and the aforementioned chronic diseases were included in the review. The impact of these conditions on the general health of patients and the recommended therapeutic options for the management of depression and associated chronic diseases were also analyzed. Depressive disorders, especially major depression, can have a significant impact on physical and mental health, with symptoms such as persistent sadness, loss of interest in enjoyable activities, chronic fatigue, insomnia and mood swings. These symptoms can have a significant impact on quality of life and can impair physical functioning. The association between depression and chronic diseases, such as diabetes and hypertension, is well documented. Studies show that people with depression are at increased risk of developing type 2 diabetes, due to behavioral changes (poor diet, sedentary lifestyle) and hormonal imbalances associated with obesity. Depression can also contribute to increased blood pressure by disrupting the autonomic nervous system and stress hormones such as cortisol, which negatively affect the cardiovascular system. An integrated approach to treatment is important for patients with depression and chronic conditions. Antidepressant and psychological treatments can reduce symptoms of depression and are effective in treating diabetes and hypertension. Therefore, a holistic approach, which takes into account both the mental and physical aspects of the patient, is essential to improve overall health and prevent related complications. Depression in the context of chronic somatic diseases is a particularly complex problem, requiring a collaborative approach from various specialties. Early diagnosis and appropriate treatments can significantly improve the course of the disease and the patient's quality of life.



## **CLINICAL AND EVOLUTION PARTICULARITIES OF THE DEPRESSIVE EPISODE IN BIPOLAR AFFECTIVE DISORDER**

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In bipolar affective disorder, depressive episodes account for approximately 70–75% of the symptomatic time and contribute significantly to patient dysfunction and delayed diagnosis. These episodes are frequently misidentified as unipolar depression requiring a differentiated and structured clinical approach. The aim of the study is to analyze the literature data regarding clinical manifestations and the evolution of depressive symptoms in both unipolar and bipolar depression. In order to achieve the proposed aim of study, a narrative review of the accessible scientific literature from databases of PubMed, Google Scholar, Medscape from the last five years was analyzed, regarding the clinical-evolutive particularities of the depressive episode in bipolar disorder of unipolar disorder, was performed. The literature sources studied revealed the following data: in 40-60% of patients bipolar affective disorder begins with a depressive episode. Atypical symptoms such as hypersomnia, hyperphagia, extreme fatigue, vegetative symptoms were presented in 50-70% of them. The symptom like psychomotor inhibition was found in 30-50% of patients with bipolar depression, and psychotic symptoms accompanied depression in 15-30%. The response to antidepressant treatment was inconstant, with a risk of turning to manic episodes in 20-40% of cases. Guidelines recommend using mood stabilizers and avoiding antidepressant monotherapy. The depressive episode in bipolar affective disorder has a distinct clinical identity, reflected by an increased prevalence of atypical symptoms and affective comorbidities. Recognizing these features allows early interventions and increases patients' quality of life.

## **PRECISION PSYCHIATRY : BIOMARKERS, NEUROIMAGING AND ARTIFICIAL INTELLIGENCE IN THE PERSONALIZED TREATMENT OF PSYCHIATRIC DISORDERS**

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Precision psychiatry is an emerging field of medicine that considers individual variability in genetics, environment and lifestyle aiming to personalize treatment by integrating genetic biomarkers, neuroimaging data and artificial intelligence to enhance treatment efficacy and minimize adverse effects. A systematic review of international literature published between 2020 and 2025 was conducted, including 52 clinical studies and meta-analyses, with over 15,000 patients diagnosed with major depressive disorder, bipolar disorder, schizophrenia, and anxiety disorders. Evidence indicates that precision psychiatry enhances treatment outcomes via biomarker-based approaches. In major depression, combining genetic and neuroimaging data raised response rates from 40% to 65%. In bipolar disorder, relapse prediction reached 72% accuracy, with a 30% drop in relapse rates. In anxiety disorders, a blood-based genetic test showed 78% sensitivity and 82% specificity. In schizophrenia, artificial intelligence predicted treatment response with 85% accuracy and reduced time to improvement from 12 to 8 weeks. Current data support the effectiveness of precision psychiatry in optimizing treatment for major psychiatric disorders, contributing to safer and more effective interventions, yet further research, validation and standardization are required.





## SPEECH DISORDERS IN BRILLIANT MINDS: THE CASE OF LUCIAN BLAGA (SPECIAL REFERENCES OF EINSTEIN SYNDROME)

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First conceptualized by economist Thomas Sowell (2001), Einstein Syndrome challenges traditional developmental timelines by highlighting cases of delayed expressive language without accompanying cognitive impairment. Lucian Blaga (1895–1961), a renowned Romanian philosopher and poet, reportedly began speaking only at the age of four, yet went on to demonstrate exceptional intellectual and creative abilities. Einstein Syndrome (E.S.) is a neurodevelopmental profile that describes children who demonstrate delayed speech onset but later develop normal or superior intellectual abilities. The term was introduced by economist Thomas Sowell, who identified a consistent set of traits: late expressive language, strong analytical reasoning, and often musical or mathematical aptitude among children from high-functioning families, particularly those with technical or scientific backgrounds. Sowell’s work drew attention to a subgroup of late-talking children who do not meet criteria for developmental disorders, yet often face unnecessary interventions or misdiagnoses. Children with Einstein Syndrome typically begin speaking after the age of three or four, yet later exhibit advanced reasoning, deep concentration, and, in many cases, exceptional achievement. These children are often misclassified as having ASD (Autism Spectrum Disorder) or intellectual delay, despite showing signs of high nonverbal intelligence and a strong family history of similar developmental patterns. Biographical evidence suggests that Albert Einstein (1879–1955) himself did not begin speaking until the age of three and struggled with verbal expression throughout childhood. Retrospective neurological studies of Einstein’s brain reveal abnormalities in regions linked to verbal learning, including Brodmann Area 39, which may explain his early language challenges and preference for nonverbal, visual-spatial reasoning. His own descriptions of scientific thinking emphasized imagery over words—a trait aligned with findings in children labeled today with E.S. (Einstein Syndrome). Functional asymmetries in Einstein’s brain anatomy, including expansion of the prefrontal cortex and atypical development of the corpus callosum, may have contributed to these strengths in abstract reasoning and visual modeling. Lucian Blaga’s documented speech delay aligns with key traits of Einstein Syndrome, including late language acquisition, exceptional cognitive functioning, and profound introspective capacity. While no formal diagnosis could have been made during his lifetime, retrospective analysis suggests a compelling overlap with modern clinical descriptions of the syndrome. The case of Lucian Blaga highlights the complexity of neurodevelopmental variability in gifted individuals. Re-examining historical figures through the framework of modern syndromes such as Einstein Syndrome offers valuable insight into non-linear cognitive development. This perspective may help challenge deficit-based models and foster a more nuanced understanding of atypical language trajectories in intellectually gifted populations.



## **THE SPECIFICITY OF THE SURGICAL ACT: VULNERABLE PATIENT VERSUS VULNERABLE SURGEON**

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The surgical act involves an asymmetrical relationship, where vulnerability is typically assigned to the patient. However, surgeons also face ethical, legal and psychological pressures. This double dimension has major implications for the quality of decisions and the doctor-patient relationship. Evaluating the specificity of the surgical act through the prism of the concomitant vulnerability of the patient and the surgeon, with an emphasis on the bioethical consequences of this interaction. A narrative synthesis of open access literature was conducted using databases such as: PubMed, BioMed Central, DOAJ and CyberLeninka. Articles published between 2014-2024, in both English and Romanian, were analyzed. Key concepts identified include burnout, medical error, moral distress and operational stress were identified. The most studies identify the surgeon as being exposed to acute decision-making stress, institutional pressure and moral vulnerability in the face of unfavorable outcomes. Surgical interventions on patients with vulnerable status (minors, individuals with disabilities, terminally ill patients and patients with various infections) highlight ethical dilemmas. Lack of psychological support, fear of litigation and professional burnout increase the risk of medical errors and affect professional autonomy. These elements outline a bioethical framework in which the surgeon becomes, in turn, part of the medical act fragility. Vulnerability is not an exclusive attribute of the patient, but also affects the surgeon, who faces ethical pressure, emotional strain, and institutional expectations. Acknowledging this reality may enhance decision-making, strengthen the therapeutic alliance, and reduce burnout risk.

## **SCHIZOPHRENIA IN THE CHEMICAL MIRROR: TRIGGERING FACTOR OR MERE COINCIDENCE?**

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Schizophrenia affects up to 0.7% of the global population. Recent research highlights a correlation between psychoactive substance use and the onset of psychotic symptoms, especially in genetically predisposed individuals, suggesting a potential triggering role of these chemical compounds. To analyze the impact of psychoactive substance use on the onset of schizophrenia and determine whether this reflects a causal relationship or a mere coincidence in predisposed individuals. Four studies were analyzed: 7,606 patients with substance-induced psychosis in Sweden, 115 in Morocco, 150 in Nigeria, and 42,412 methamphetamine users in California. The substances investigated included cannabis, alcohol, and methamphetamine. Data were collected from articles published in PubMed and Scopus. In Sweden, 11% of patients with substance-induced psychosis developed schizophrenia; 18% were cannabis users and 4.7% alcohol users. In California, methamphetamine users had a 9.4-fold higher risk of developing schizophrenia than the general population. In Morocco, 37% of schizophrenia patients consumed alcohol and 15% other psychoactive substances. In Nigeria, 63% had a history of substance use, with men more frequently affected. In all studies, substance use preceded the onset of psychosis, suggesting a potential triggering role. Psychoactive substance use may act as a triggering or catalytic factor in schizophrenia. Early intervention and prevention of substance use may reduce the risk of early onset and improve clinical outcomes, particularly in genetically predisposed individuals.



## **NEUROINFLAMMATION IN AUTISM SPECTRUM DISORDER: WHAT DO CURRENT STUDIES SHOW? A NARRATIVE REVIEW**

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Evidence increasingly implicates immune–brain interactions in autism spectrum disorder (ASD). This review synthesizes human and translational findings on neuroinflammation and its relevance to ASD heterogeneity and treatment prospects. Narrative review of post-mortem, cerebrospinal fluid (CSF), blood, neuroimaging, and animal literature examining glial activation, cytokine profiles, blood–brain barrier (BBB) integrity, and peripheral–central immune crosstalk in ASD. Post-mortem studies frequently report microglial and astroglial activation, altered complement signaling, and cytokine dysregulation in cortical and cerebellar regions. CSF and peripheral assays often demonstrate elevated pro-inflammatory mediators (e.g., IL-6, TNF- $\alpha$ ), though effect sizes vary and subgroups exist. Positron emission tomography using TSPO ligands shows mixed results, reflecting methodological limits (ligand affinity polymorphisms, age/sex effects) and biological heterogeneity. Genomic and transcriptomic data suggest immune-related pathways in subsets of individuals with ASD, while maternal immune activation models recapitulate ASD-like behaviors and microglial priming, underscoring developmental timing. Emerging work links gut dysbiosis and epithelial permeability to peripheral immune activation and possible BBB effects, but causality remains unresolved. Clinically, immune signatures correlate with symptom severity in some cohorts; however, anti-inflammatory or microglia-modulating interventions (e.g., minocycline, ibudilast, omega-3s) yield inconsistent, small-sample benefits and lack robust biomarkers to guide selection. Overall, convergent evidence supports context-dependent neuroinflammation in ASD—not universal, but salient in biologically defined subtypes. Priorities include longitudinal, multimodal studies (peripheral + CSF + imaging), stratification by age/sex/comorbidity, and development of validated inflammatory endophenotypes to enable targeted trials.

## **IMPLEMENTATION AND FEASIBILITY OF INTEGRATED PSYCHOLOGICAL CARE IN ACUTE STROKE: AN IMPLEMENTATION PERSPECTIVE**

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Beyond clinical effects, integrating psychological care into the acute/subacute stroke pathway hinges on operational feasibility—workflow fit, coverage, adherence, acceptability, and safety. We evaluated the implementation of a brief, structured psychological care pathway in routine practice. Prospective service-development cohort (April–August 2025) including consecutive adults with ischemic or hemorrhagic stroke. The intervention comprised up to six sessions emphasizing psychoeducation, coping skills, problem-solving, and support. Implementation indicators: eligibility and coverage (proportion enrolled of those admitted), adherence (sessions completed), acceptability (completion of standardized measures: EQ-5D/VAS, CANSAS, GAD-7, HAM-A, HAM-D, PHQ-9; MMSE at entry when appropriate), safety (intervention-related adverse events), and workflow integration (ability to deliver sessions during acute/subacute care). A total of 121 patients were enrolled, with cardiometabolic comorbidities common. The pathway was delivered without disrupting medical care; most patients completed  $\geq 4$  sessions and pre/post assessments, indicating good acceptability and manageable administrative load. No intervention-related adverse events were reported. Standardized tools facilitated interdisciplinary communication and needs prioritization (via CANSAS), while early in-hospital initiation improved coverage. From an implementation standpoint, brief integrated psychological care proved feasible in an acute setting and shows potential to improve patient-reported outcomes and continuity of care after discharge.





## DEPRESSION, ANXIETY AND HEALTH-RELATED QUALITY OF LIFE AFTER INTEGRATED PSYCHOLOGICAL CARE IN ACUTE STROKE: A PROSPECTIVE COHORT

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Mood and anxiety symptoms are frequent after stroke and negatively impact recovery. We assessed the feasibility and early patient-reported outcomes of an integrated, brief psychological intervention delivered during acute/subacute stroke care at the IMSP Institute of Emergency Medicine. In a prospective service-development cohort (April–August 2025), consecutive adults admitted with ischemic or hemorrhagic stroke received up to six structured sessions focused on psychoeducation, coping skills, problem-solving, and support. Standardized measures were collected at baseline and after the intervention: EQ-5D profile and VAS, CANSAS, GAD-7, HAM-A, HAM-D, an PHQ-9, MMSE was recorded at entry where appropriate. Demographic and clinical characteristics (age, sex, education, social status, stroke subtype, comorbidities, and vitals) were extracted routinely. One hundred twenty-one patients were enrolled, most in the sixth and seventh decades of life; hypertension and cardiometabolic comorbidities were common. Follow-up data available after the intervention indicated consistent, clinically meaningful improvements across patient-reported outcomes: higher EQ-5D VAS scores and more favorable EQ-5D profiles, with reductions in anxiety and depressive symptom severity on GAD-7, HAM-A, HAM-D, and PHQ-9. Reported unmet needs on CANSAS decreased in domains related to information, psychological distress, and daily activities. No intervention-related adverse events were documented. These findings suggest that brief, structured psychological care is feasible in an emergency hospital setting and may enhance early recovery and well-being after stroke.

## SLEEP AND CIRCADIAN DYSREGULATION AS PREDICTORS OF SUICIDALITY IN BPD

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Sleep and circadian disruption are common in borderline personality disorder and may predict suicidal thoughts and behaviors. Were analyzed systematic reviews, meta-analyses, large observational cohorts, daily-diary and actigraphy studies in adults. Exposures: insomnia, nightmares, short sleep, night-to-night variability, evening chronotype, circadian misalignment. Outcomes: suicidal ideation, suicide attempts, suicide deaths; secondary: self-harm and emergency presentations. Across recent studies, poor sleep is highly prevalent in borderline personality disorder: insomnia or markedly poor sleep quality in ~60–80%, frequent nightmares in ~25–50%. Insomnia and nightmares are consistently linked to higher suicidality; pooled estimates from high-risk psychiatric samples show ≈2-fold higher odds of suicidal ideation and attempts when these sleep problems are present. Daily-monitoring studies indicate that nights with shorter sleep and more awakenings are followed by next-day increases in suicidal thoughts; greater night-to-night sleep variability (≥60 minutes) is associated with more frequent suicidal thoughts and urges. Evening chronotype and delayed sleep timing are common (roughly 40–60%) and associate with higher suicidality scores. Clinically, routine screening for insomnia, nightmares, and circadian delay, stabilization of sleep timing, and targeted treatment of sleep problems should be integrated into suicide-risk management in borderline personality disorder.



## PHARMACOTHERAPY AND SUICIDALITY IN BORDERLINE PERSONALITY DISORDER

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Borderline personality disorder carries a heavy suicide burden: lifetime suicidal ideation ~80%, suicide attempts ~52%, suicide deaths ~6%. Medications are widely used, but antisuicidal effects remain uncertain. Umbrella review (2020–2025) plus large observational cohorts in adults. Interventions: antidepressants, antipsychotics, mood stabilizers, attention-deficit/hyperactivity disorder medications, benzodiazepines, clozapine. Outcomes: suicide attempts, suicide deaths, suicidal ideation; secondary: self-harm and emergency presentations. Across large registries (>20,000 individuals), attention-deficit/hyperactivity disorder medication was linked to 15–20% lower suicide-related outcomes and ~50% lower suicide deaths. Antidepressants were linked to 30–40% higher risk; antipsychotics to 15–20% higher risk; benzodiazepines to ~60% higher risk and ~4-fold higher suicide deaths; mood stabilizers showed no clear change. No randomized trials demonstrated reductions in suicide attempts or deaths. A small body of clozapine studies (one randomized trial; multiple uncontrolled reports) suggested reductions in severe self-harm at ~250–265 mg/day, but overall certainty was low. Clinically, prioritize structured psychotherapy; use medications for targeted symptom clusters; avoid long-term benzodiazepines; consider clozapine only in highly refractory cases with close monitoring.

## HPA AXIS, INFLAMMATION AND SUICIDALITY IN BORDERLINE PERSONALITY DISORDER: A BIOMARKER-FOCUSED ANALYSIS

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Dysregulation of the stress axis and low-grade inflammation may contribute to suicidal thoughts and acts in borderline personality disorder. Evidence synthesis (2020–2025) of narrative/systematic reviews and large observational studies in adults. Biomarkers included circulating and hair cortisol, diurnal cortisol profiles and dexamethasone paradigms, alongside inflammatory indices (C-reactive protein, interleukin-6, tumor necrosis factor). Outcomes were suicidal ideation, suicide attempts, suicide deaths, and self-harm. Inflammatory markers are consistently higher in borderline personality disorder with suicidality, with small-to-moderate between-group differences most frequently reported for C-reactive protein and interleukin-6. Findings for the stress axis are heterogeneous: several studies show flatter diurnal cortisol slopes or lower hair cortisol in suicidal subgroups, while acute suppression tests identify a non-suppressing subset with elevated risk. Associations generally persist after adjustment for depressive symptoms, though effect sizes attenuate and prospective data remain limited. Combining inflammatory and stress-axis measures improves discrimination over single markers, but calibration is variable across settings. Overall, biomarkers show additive, clinically meaningful signals yet lack standardized cut-offs and external validation. Research priorities include harmonized sampling protocols, preregistered prospective cohorts, and integration with sleep, impulsivity, and digital phenotypes to refine short-term risk stratification.



## ECOLOGICAL MOMENTARY RISK SIGNATURES FOR SUICIDALITY IN BPD

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Suicidal thoughts and behaviors in borderline personality disorder fluctuate rapidly. Capturing “in-the-moment” risk may improve short-term prediction and prevention. Narrative review of ecological momentary assessment, daily-diary, and mobile sensing studies in adults with borderline personality disorder. Exposures included negative affect (shame, anger, sadness), interpersonal stress (rejection, conflict), loneliness, sleep disruption, and timing of day. Outcomes were same-day and next-day suicidal ideation and self-harm urges. Feasibility and safety indicators (completion, reactivity) were summarized. Across multiweek protocols, participants completed ~78–84% of prompts; most rated procedures positively (~69%), with a minority reporting mood worsening (~22%) or increased ideation reactivity (~18%). Suicidal ideation was reported on ~10–12% of monitored days. Same-day increases in shame and anger, spikes in loneliness, and interpersonal conflict were consistently followed by higher suicidal ideation later the same day. Nights with poorer sleep or longer sleep-onset delay were commonly followed by more suicidal thoughts the next day. Greater day-to-day variability in affect and sleep co-occurred with more frequent suicidal thoughts across the monitoring period. Momentary risk was often highest in the evening and after interpersonal stressors. Future priorities include harmonized measures, multi-site replications, and combining active reports with passive sensing to improve hour-level prediction.

## CULTURAL, GENDER AND GEOGRAPHIC VARIATIONS IN SUICIDALITY AMONG INDIVIDUALS WITH BPD

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Suicidal thoughts and behaviors in borderline personality disorder are common, but their frequency and forms vary across cultures, genders, and regions. Inequity-focused systematized review using the PROGRESS-Plus framework. Adult studies were included if suicidality was reported by at least one equity domain. We extracted simple proportions and risk differences, used vote-counting by direction of effect, and summarized medians across subgroups (gender, gender identity, ethnicity, migration, region, urbanicity). Recent studies indicate lifetime suicidal ideation ~70–85%, suicide attempts ~40–60%, and suicide deaths ~3–10%. Women show higher attempt prevalence than men (~55% vs 35–45%), whereas men have higher death proportions (~5–9% vs 3–5%). Sexual and gender minority groups report elevated attempts (~60–70% vs 40–55% in cisgender groups). Cultural/ethnic minority status and migration are associated with +10–20% attempts and more emergency presentations. Regional comparisons show 20–30% variation in attempt prevalence and differences in methods and service use; urban settings report ~10–20% more emergency presentations than rural. Measurement heterogeneity and under-representation of low- and middle-income regions limit precision; disparities are consistent in direction but vary in magnitude, underscoring the need for standardized, disaggregated reporting and culturally adapted prevention.





## HIKIKOMORI IN THE DIGITAL ERA: WHAT THE LATEST STUDIES SHOW

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Hikikomori—prolonged social withdrawal with marked functional impairment—has moved from a Japan-specific concept to a recognized global concern. We synthesize recent evidence (2023–2025) on epidemiology, definitions, comorbidity, and interventions. Narrative review of peer-reviewed studies (2023–2025) covering prevalence, operational criteria, risk and maintaining factors (including digital engagement), family impact, and treatment models (family-based approaches, cognitive-behavioral therapies, and tele-interventions). Data sources included observational cohorts, systematic reviews/meta-analyses, and early randomized/controlled trials. Recent work confirms substantial cross-cultural presence of hikikomori, though prevalence varies widely due to definitional heterogeneity (duration thresholds, role of education/employment). Comorbid internalizing disorders—social anxiety and depression—are common; neurodevelopmental traits and past bullying/peer rejection frequently feature as risk factors. Digital immersion can both maintain withdrawal and provide a scalable route to engagement. Family burden is high, and brief family-focused programs (psychoeducation, communication skills, CRAFT-inspired strategies) improve help-seeking and reduce accommodation. Stepped-care models that combine outreach/home-based contact with targeted CBT (including online delivery), social-skills training, and graded community exposure show promising but modest gains in social participation and symptom reduction in small trials. Service innovations (multi-agency youth hubs, school–community linkages) appear feasible. Key gaps include consensus diagnostic criteria, validated severity/outcome measures, longitudinal trajectories, and culturally adapted tools to guide triage and personalize care.

## GENDER-SPECIFIC PRESENTATION OF AUTISM SPECTRUM DISORDER IN WOMEN: IMPLICATIONS FOR DIAGNOSTIC SENSITIVITY AND SPECIFICITY

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Women with autism spectrum disorder (ASD) are frequently under-identified due to a subtler phenotype and social “camouflaging.” This review outlines female-specific clinical features and examines how they influence the sensitivity and specificity of commonly used diagnostic tools. Narrative review of studies on sex/gender differences in ASD presentation and on the performance of standardized instruments (observational and informant-report) in females across developmental stages, with attention to internalizing comorbidities and contextual demands (school, peers, work). Compared with males, autistic women more often show relatively intact early language, richer pretend play, and circumscribed interests that align with socially normative themes, which can diminish observable restricted/repetitive behaviors. Social difficulties may appear as scripted interactions, mimicry, heightened social fatigue, and delayed recovery after social effort. Internalizing conditions—social anxiety, depression, and eating disorders—are more prevalent and can mask core autistic features. Consequently, observational tools may display reduced sensitivity in females, while criteria derived largely from male samples risk false negatives and lower case detection. Diagnostic accuracy improves when assessments: (1) incorporate developmental history and informant reports targeting early social-communication differences; (2) probe camouflaging behaviors and effort-related costs; (3) adjust thresholds or algorithms for female presentations; and (4) systematically screen for internalizing comorbidity to disentangle symptom overlap. ASD in women often presents with a distinct, partially masked phenotype. Gender-informed, multimodal assessment that explicitly evaluates camouflaging and context improves both sensitivity and specificity of diagnosis.



## BIOETHICAL CHALLENGES IN COMMUNICATION BETWEEN PHYSICIANS AND DEAF-MUTE PATIENTS: AN INTEGRATIVE REVIEW

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Effective communication is a cornerstone of high-quality medical care. For deaf-mute patients, the absence of a reliable verbal channel poses serious bioethical challenges, particularly regarding the respect of patient autonomy, the integrity of informed consent, and diagnostic accuracy and precision. The study aimed to identify and analyze bioethical challenges caused by communication barriers in the doctor-patient relationship with profound deafness, focusing on respecting autonomy. The study consisted of a documentary analysis of international bioethical guidelines, national legislation, USMF Library articles, and WHO protocols. Recent sources (2019-2024) were thoroughly examined using a quantitative comparative method, aiming to highlight current trends and existing gaps in ethical practice. In 64% of the studies analyzed, diagnostic delays were attributed to ineffective communication. Only 28% of institutions had access to sign language interpreters, while informed consent was correctly obtained in just 36% of cases. Written communication proved effective in just only 31% of interactions. The lack of structured communication protocols and insufficient staff training were associated with decreased patient satisfaction and a higher risk of malpractice. No quantitative statistical tools were used, as the study relied entirely on qualitative analysis, focused on the ethical context and interpretive depth. The hypothesis was confirmed: communication barriers negatively affect ethics in medical practice, impacting the quality of care. Clear communication protocols, staff training, and expanded access to specialized interpreters for profoundly deaf patients are urgently recommended.

## INTEGRATING PSYCHO-ONCOLOGICAL SUPPORT FOR CANCER PATIENTS

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A cancer diagnosis triggers intense emotional reactions frequently associated with psychological disorders. According to IPOS standards, psycho-oncology is fundamental in the comprehensive care of cancer patients, reducing emotional distress, anxiety, and depression while improving adaptation to the disease. The aim of this study is to highlight the importance of specialized psychological interventions on the psycho-emotional state of cancer patients experiencing anxiety and depression. A systematic review of the literature was conducted using PubMed, Scopus, and Web of Science databases, covering the period 2014–2024. Inclusion criteria: interventional studies investigating the effectiveness of psycho-oncological interventions on anxiety, depression, and quality of life. The majority of reviewed studies (approximately 70%) reported a significant reduction in anxiety, depression, and emotional distress among cancer patients who benefited from specialized psychological interventions. The most effective methods identified were cognitive-behavioral therapy (individual and group), Acceptance and Commitment Therapy (ACT), and mindfulness-based techniques. These interventions contributed to improved emotional well-being, increased treatment adherence, and enhanced quality of life throughout the cancer trajectory. Integrating specialized psychological interventions into oncology care is essential for reducing anxiety, depression, and distress. Such interventions improve treatment adherence and overall quality of life, ensuring a holistic, patient-centered approach.



## **ABORTION IN ADOLESCENCE: PSYCHOLOGICAL IMPLICATIONS AND EFFECTS ON RELATIONSHIPS AND FAMILY**

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Motivations for becoming pregnant of the adolescent girls vary significantly, from the desire to consolidate a stable emotional relationship to unwanted/unexpected, sometimes repeated, pregnancies associated with impulsive behavior or immature psychological development. Both adolescents and their families may be unaware of the psychological risks of an abortion, especially when it is performed under pressure or in vulnerable contexts. Adolescents and their families may not be aware of the factors that increase the risk of psychological problems after abortion. Research has identified several risk factors, including: abortion during adolescence, abortion performed under pressure or coercion, and a history of sexual abuse or assault. These factors may contribute to a higher likelihood of developing psychological problems after abortion, such as: sleep disorders, depression, anxiety disorders, suicidal ideation, and substance abuse (alcohol, drugs). In some cases, abortions are performed without the consent or knowledge of the parents. However, the subsequent psychological and emotional consequences can affect the entire family, with parents often having to manage these effects, which can include: recurring nightmares, antisocial traits, episodes of paranoia, psychotic delusions and problematic substance use. These manifestations can subsequently lead to difficulties in establishing intimate relationships, in their sexual life and in exercising the role of parenting. Regulations on the reproductive health of adolescent girls must ensure both respect for the fundamental rights of adolescent girls and the informed and balanced involvement of parents in the decision-making process, in a way that protects their well-being and specific needs.

## **THE PAST, PRESENT AND FUTURE OF THE MENSANA PROJECT**

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In 2014, the Government of the Republic of Moldova based on the needs identified by the Ministry of Health initiated a mental health reform to transform institution-based approach to more community-based model of care. The Swiss Development Cooperation mandated and financed technical support to the Ministry via the MENSANA project, which introduced multidisciplinary community mental health centers to the country. The project has been implemented in three phases focused on expanding mental health services nationwide, developing infrastructure of the mental health system, and strengthening multidisciplinary teams. MENSANA focused on institutionalizing knowledge, reinforcing service quality, and preparing for the long-term implementation of the new legal framework. The third phase emphasizes the transfer of responsibilities and activities to national institutions to ensure sustainability and continuity of the implemented initiatives. The MENSANA project significantly contributed to the establishment and development of community-based mental health services promoting social inclusion and community-driven, patient-focused services through 40 active Community Mental Health Centers at national level. The MENSANA project marks the transformation of mental health care in the Republic of Moldova. By building sustainable, community-based services and fostering strong intersectorial collaboration, MENSANA has laid the groundwork for a resilient national system.





## **PROBLEM GAMBLING ASSESSMENT: ADVANCING KNOWLEDGE ON PSYCHOLOGICAL PROTECTIVE FACTORS FOR YOUNG ADULT MENTAL HEALTH**

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Problem gambling represents a major and under-recognized mental-health challenge among young adults. Reclassified in DSM-5 as an addictive disorder, it shares neurobehavioral mechanisms with substance use. Despite its growing prevalence, there is a lack of regionally validated tools and longitudinal evidence linking emotional dysregulation, cognitive control, and mental health outcomes. Yet, the validity of existing assessment instruments and the understanding of psychological protective factors remain limited in Eastern Europe. The PGA-ALERT project (2024–2026) implements two complementary studies in Romania and the Republic of Moldova. Study 1 evaluates the psychometric properties and diagnostic accuracy of six international problem-gambling scales (PGSI, SOGS, NODS-GD, GDIT, BPGS-2, PGSI-Short Form) in clinical and community samples ( $N \approx 320$ ). Study 2 is a longitudinal investigation of anxiety, depression, cognitive control, flexibility, emotion-regulation strategies, and metacognitions as mediators or moderators of gambling involvement. The research integrates advanced psychometric analyses, cross-lagged modeling, and intercultural data comparison to ensure methodological rigor and cross-national validity. Expected outcomes include validated, culturally adapted tools for assessing gambling risk, empirical models of how mental-health symptoms interact with gambling behaviors, and identification of cognitive-emotional mechanisms that buffer progression to gambling disorder. The collaboration between UAIC Iași and USMF Chișinău strengthens regional psychometric capacity and contributes novel evidence to European public-mental-health research. Findings are expected to inform the development of early screening programs and preventive mental-health policies addressing behavioral addictions among youth in Eastern Europe.

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## THE ROLE OF THE COMMUNITY APPROACH IN THE REHABILITATION AND REINTEGRATION OF PERSONS WITH SUBSTANCE USE DISORDERS

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The Clinical Guidelines on Drug Misuse and Dependence Update (2017) and the Independent Expert Working Group (2017) considered that any treatment for substance addiction must contain a psychosocial component. This refers to a wide range of therapeutic actions, from psychotherapy (e.g. cognitive behavioral therapy, family therapy) to support counseling or other types of interventions. Clinical decisions to provide psychosocial interventions depend on needs assessment, but also on research-based evidence that can provide guidance on which populations might benefit from specific psychosocial interventions. Self-help and mutual-help groups (such as Narcotics Anonymous) should be recommended for all substance users who wish to achieve and maintain abstinence. The key competencies of the clinician contributing to the patient's treatment are represented by the ability to engage a patient, the ability to build trust and adopt a personal style that is consistent with that of the patient, the ability to adjust the nature of the intervention according to the patient's capabilities and work with the patient's emotional context, and with his motivation. Families affected by addiction face a wide range of problems, including socio-economic and mental health problems, abuse, conflict and dysfunctional family structures. Thus, the social support is fundamental in recovery process for addiction. Community involvement and collaboration that leads to gradual and long-term environmental and social changes, rather than short-term solutions, strengthening protective factors and mitigating risk factors at the local community level in each of the areas of parents and family, peer group, school environment and leisure time outside of school.

### ADAPTATION AND WELL-BEING OF INTERNATIONAL STUDENTS IN HOST UNIVERSITIES: INSIGHTS FROM A QUALITATIVE STUDY

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The increasing mobility of students across borders has created new challenges and opportunities for universities to support the adaptation and well-being of international students. This study explores how international students experience academic, social, and cultural adjustment in host universities, and what factors influence their psychological well-being. A qualitative design was applied using semi-structured interviews with 20 international students enrolled in higher education institutions. Data were analyzed through thematic analysis, focusing on adaptation strategies, perceived barriers, and sources of support. Findings revealed that students faced multiple adaptation challenges, including language barriers, social isolation, and cultural misunderstandings. However, supportive peer networks, open communication with faculty, and participation in extracurricular activities were identified as key protective factors enhancing well-being. Institutional practices promoting inclusivity and mental health awareness were perceived as critical for successful integration. The study highlights that emotional resilience and cultural sensitivity play a central role in fostering adaptation, while unmet expectations and limited psychosocial support can lead to stress and disengagement. The research underscores the importance of comprehensive support systems within host universities to promote international students' adaptation and mental well-being. Strengthening intercultural dialogue and peer support structures can improve both academic outcomes and life satisfaction.



## INTEGRATED APPROACH TO ADHD IN CLINICAL PRACTICE: ROLE OF SUPPLEMENTS, PHYTOTHERAPY, AND MICROBIOME BALANCE

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Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterized by inattention, impulsivity, and hyperactivity, often accompanied by sleep, emotional, and gastrointestinal disturbances. While pharmacological treatment with stimulants remains the mainstay, partial responses and adverse effects highlight the need for integrative approaches including nutraceuticals, phytotherapy, and microbiome-targeted interventions. An integrative ADHD management framework was analyzed based on the National Clinical Protocol PCN-368 (2022), WHO mhGAP guidelines, and clinical experience within Moldova's community mental health network. The model combined psychoeducation, behavioral therapy, and targeted supplementation (omega-3 fatty acids, magnesium + vitamin B6, L-theanine, GABA, adaptogenic herbs, and pre/probiotics). Scientific evidence demonstrates that omega-3 fatty acids (EPA/DHA  $\geq$  500 mg/day, EPA:DHA ratio  $\geq$  2:1) can significantly improve attention and reduce hyperactivity, achieving 30–40% of the effect observed with methylphenidate in mild ADHD. Magnesium-B6 complexes support GABAergic activity, reducing irritability and emotional lability. L-theanine (200 mg/day) enhances calm focus and attention without sedation, while GABA supplementation improves emotional self-regulation and motor control.

Phytotherapeutic agents such as *Rhodiola rosea* and *Bacopa monnieri* have shown neuroprotective and dopaminergic modulation effects, improving working memory and mental endurance. The inclusion of pre- and probiotics (e.g., *Lactobacillus rhamnosus*, *Bifidobacterium longum*, *L. plantarum*) supports the gut-brain axis, improving serotonin and dopamine synthesis, intestinal permeability, and neuroinflammatory balance.

Double-coated probiotic formulations combined with fructooligosaccharides (FOS) and vitamins B6, C, and E ensure high bacterial viability, neuroimmune stability, and reduced behavioral dysregulation. Integrating these with structured parent training and classroom adaptation significantly enhances adherence and long-term outcomes. Integrative ADHD management should address neurochemical, immune, and psychosocial dimensions. The combination of psychopharmacology, behavioral therapy, nutraceuticals, and microbiome modulation represents a safe, evidence-based, and personalized strategy to improve attention, emotional regulation, and overall functioning in children and adolescents with ADHD.

## TRANSFORMING COMMUNITY MENTAL HEALTH: INNOVATIVE PATHWAYS AND PRACTICES

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Community mental health represents a crucial shift from institutionalized care toward integrated, person-centered approaches that emphasize accessibility, inclusivity, and prevention. This presentation reviews innovative models and community-based solutions in mental health care, including digital interventions, collaborative care systems, peer-led initiatives, and cross-sector partnerships. Findings highlight the importance of early intervention, resilience-building, and cultural sensitivity as key factors in sustainable community mental health strategies. Case examples demonstrate how digital platforms, integrated care networks, and peer support programs contribute to reducing stigma, expanding access, and strengthening community resilience. Best practices from diverse contexts showcase the role of communities as active participants in shaping equitable and effective mental health care.





## FROM SYMPTOM TO FUNCTIONALITY: MODERN SOLUTIONS FOR THE ANXIOUS PATIENT

I Deliv

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Anxiety disorders represent one of the most prevalent mental health conditions worldwide, often leading to significant impairment in social and occupational functioning. Modern management strategies focus not only on symptom reduction but also on restoring functional capacity and improving quality of life. A synthesis of recent clinical-scientific studies (2018–2024) was conducted, focusing on pharmacological interventions with anxiolytic action and favorable tolerability profiles. Anxiety disorders exert a profound global burden, affecting up to 20% of the population over a lifetime and ranking among the leading contributors to years lived with disability. Beyond emotional suffering, chronic anxiety is associated with significant somatic symptoms, cardiovascular disturbances, cognitive decline, and increased utilization of medical services. These factors impair social functioning and diminish overall quality of life. Pharmacological management remains a cornerstone of treatment, particularly in moderate to severe cases. Short- to medium-acting benzodiazepine derivatives demonstrate rapid anxiolytic effects through potentiation of GABAergic neurotransmission, leading to improved emotional regulation, normalization of sleep, and restoration of daily functioning. Contemporary agents with reduced hepatic accumulation and lower dependence potential provide a safer clinical profile, especially when administered for limited periods under strict medical supervision. Comparative studies highlight that combining pharmacotherapy with cognitive-behavioral therapy results in greater functional recovery and lower relapse rates than either modality administered alone. Furthermore, modern clinical guidelines emphasize early intervention and an individualized approach to balance efficacy and safety. The integrative approach that links neurochemical stabilization with psychotherapeutic adaptation promotes durable recovery, enhances patient autonomy, and aligns with the modern paradigm of functionality-centered psychiatric care.

## PROTECTION OF COGNITIVE FUNCTIONS AND BRAIN NEUROPLASTICITY

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In neuropsychological terms, neuroplasticity is the brain's ability to modify its structure and functions throughout life, following learning, new experiences and environmental stimuli. This process involves the formation of new connections (synapses) between neurons, ensuring the consolidation and/or recovery of lost functions or the improvement of cognitive, affective, adaptive abilities, etc. depending on the needs. Many mental health disorders due to cerebral neurochemical changes, but also the long-term action of psychoactive remedies can negatively influence neuroplasticity, and in these clinical situations resistance to therapy can develop. The aim of the study was to search the specialized scientific literature for information regarding the possibilities of stimulating cerebral neuroplasticity in patients with mental health disorders. Scientific sources published in the last decade from Medscape, Google Scholar, PubMed, were analyzed. Meta-analyses, clinical studies, and relevant review articles were included. There are several clinical studies that demonstrate that augmenting liposomal phospholipids to basic treatment (antipsychotic, antidepressant, etc.) increases its effectiveness. The main arguments in this regard would be - liposomal phospholipids due to the action of specific nanoparticles (phosphatidylserine, phosphatidylcholine, phosphatidylethanolamine, sphingomyelin, phosphatidylinositol) increase the synthesis of neurotransmitters (serotonin, acetylcholine), reduce cortisol concentration, prevent the reduction of dendritic spine density, thus maintaining cerebral neuroplasticity. Augmenting liposomal phospholipids to treatment with antidepressants, antipsychotics: a) potentiates their effect, by stimulating cerebral neurotransmission; b) maintains neuroplasticity; c) increases the quality of life of patients with mental health disorder.



## ARTIFICIAL INTELLIGENCE FOR EARLY SCREENING OF DEPRESSIVE DISORDERS IN YOUNG ADULTS

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Depressive disorders are highly prevalent among young adults but often remain undetected in early stages. Initial symptoms are usually subtle and overlooked, delaying access to care. Early recognition is crucial to reduce long-term consequences. Recent studies suggest that artificial intelligence (AI) could identify emotional and behavioral patterns that signal emerging depression, offering new possibilities for early screening.

This narrative review summarizes current evidence on AI-based tools for detecting depressive symptoms in young adults. Publications from the past five years were searched in PubMed and Scopus using keywords such as “artificial intelligence,” “machine learning,” and “early detection of depression.” Articles focusing on youth populations and meeting basic methodological criteria were included.

Available studies show that AI algorithms can detect early depressive patterns using speech, text, facial expressions, and social media behavior. Reported models demonstrate promising accuracy and could complement traditional assessments. However, concerns about data privacy, algorithmic bias, and ethical use of personal data persist. Further research is needed to validate these tools in clinical settings and to develop ethical frameworks for their implementation. The authors declare no funding support and no conflict of interest.

## EFFICACY AND MECHANISMS OF DIALECTICAL BEHAVIOR THERAPY (DBT) IN BORDERLINE PERSONALITY DISORDER: INTEGRATING EVIDENCE, CLINICAL PRACTICE, AND IMPLEMENTATION

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Borderline Personality Disorder (BPD) and disorders of emotional dysregulation represent significant challenges in both diagnostic assessment and therapeutic management. DBT was developed to address these core features, combining mindfulness and skills training with a therapeutic framework that emphasizes validation and behavioral management. Randomized and observational studies consistently support DBT's efficacy in reducing self-harm, suicidal behaviors, emotional dysregulation, and hospitalizations, while improving overall functioning. This abstract synthesizes contemporary evidence regarding DBT for BPD, highlights mechanisms of change, and discusses implementation considerations in clinical settings and training programs. The DBT model comprises individual therapy, group skills training, phone coaching, and a therapist consultation team. Major randomized trials have demonstrated reductions in self-injury and suicide attempts, decreased emergency service utilization, and improvements in global functioning and quality of life compared with treatment-as-usual or community expert standards. Meta-analyses indicate moderate to large effects in reducing self-harm and symptom severity, with sustained benefits during follow-up periods. Mechanistic studies reveal improvements in emotion regulation, reduced impulsivity, optimized coping strategies, and validation within the therapeutic relationship as mediators of therapeutic effects. DBT can be adapted to various clinical contexts, including inpatient, day-treatment, outpatient, and integrated care models. It informs personalized treatment planning by targeting core processes such as emotional dysregulation, distress tolerance, mindfulness, and interpersonal effectiveness. Fidelity in implementation, quality supervision, and adaptation of programs to resource constraints are essential for optimal outcomes. Robust research evidence supports DBT as an evidence-based treatment for BPD, with benefits extending to comorbid conditions and overall functioning. Future research should refine mechanisms of change, optimize treatment intensity and delivery format, and evaluate cost-effectiveness in real-world practice.



## PECULIARITIES OF STIGMATIZATION OF PEOPLE WITH DEPRESSION IN ADOLESCENTS

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Depression is a complex mental disorder characterized by the lack of a positive affective background and a spectrum of associated emotional, cognitive, physical and behavioral problems. Understanding the causes and risk factors can reduce the phenomenon of stigma, which is a major impediment to accessing psychological support and treatment. Identification and description of the particularities of stigma (public, self-stigma, stigma by association) among adolescents with depression, assessment of the impact on reducing the tendency to seek medical help and synthesis of current evidence for effective early interventions. Narrative review of the literature 2010–2025, focused on studies indexed in PubMed, WHO reports and systematic reviews on stigma, the effectiveness of anti-stigma interventions and the prevalence of depression in young people. Meta-analyses and representative studies on the effect of stigma on addressability and on educational programs in the school environment were selected. Perceived stigma and self-stigma significantly reduce the ability to recognize depressive symptoms and seek help among adolescents, being associated with shame and fear of social labeling. The adolescence stage, characterized by the formation and development of identity in a vulnerable psycho-emotional environment, increases the negative impact of stigma. Educational interventions and those based on direct contact with the psychologist have demonstrated short-term effectiveness in reducing stigmatizing effects, but evidence of maintaining these results and the real increase in referrals for psychological assistance remains limited. Stigma, among adolescents with depression, presents specific characteristics related to identity, autonomy and school environment, which negatively influence the recognition of the problem and the request for specialized help. Integrated implementation of emotional literacy and mental health programs in educational institutions, training of teachers to create a safe and comfortable environment for discussions about mental health is recommended.

## ACTUALITIES IN ADDICTION MEDICINE TRAINING PROGRAM

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The complementary study program for the Addiction Medicine certificate offers a comprehensive, interdisciplinary approach, blending both educational content and practical skills needed to provide medical care for patients with substance use disorders or behavioral addictions. This presentation highlights the Romanian new experience in developing this training program, but also the new updated curricula. This program is designed for psychiatrists and other medical professionals due to the highly interdisciplinary nature of treating addiction-related disorders. It combines theoretical lessons with seminars, clinical case discussions, and hands-on internships, fostering an interactive learning environment aimed at not only imparting knowledge but also promoting a deep understanding of addiction's impact on improving the quality of care in this field. Over the 15 months, participants are engaged in 10 theoretical modules (30 hours/week) and practical internships at university and outpatient clinics (2 weeks – 10 days of 6 hours each). At the end of the program, participants are evaluated on the knowledge and skills they've acquired. The first group of 32 trainees completed the program in February 2025, while the second group, starting in January 2025, is participating in the program across two university medical centers- Iasi and Bucharest, with 54 doctors from various medical specialties. Romanian substance use disorders and behavioral addictions are widespread and underscore the growing demand for specialized education in addiction medicine. This educational initiative is vital to building a more comprehensive, interdisciplinary Romanian healthcare system capable of tackling the complexities of addiction in a compassionate and informed manner.





## MODULATION OF NEUROTRANSMITTERS AND RECONFIGURATION OF BRAIN CIRCUITS IN TREATMENT-RESISTANT DEPRESSION

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Treatment-resistant depression (TRD) represents a major public health challenge, affecting nearly one-third of patients with depressive disorders. Persistent neurobiological dysregulation of serotonergic, dopaminergic, glutamatergic, and GABAergic systems, combined with altered neuroplasticity and network connectivity, underlies its chronic and recurrent nature. A narrative synthesis of recent findings (2018–2025) on neurotransmitter modulation and neurocircuit reconfiguration was conducted, integrating data from fMRI, PET, and electrophysiological studies, alongside clinical experience in TRD management. The review highlights pharmacological, neuromodulatory, and integrative approaches that restore functional connectivity within cortico-limbic and default mode networks. Novel antidepressant strategies target glutamatergic transmission via NMDA antagonists (ketamine, esketamine), promoting synaptogenesis through BDNF activation and AMPA receptor modulation. Dopaminergic enhancement (e.g., aripiprazole, bupropion) rebalances reward circuitry and improves motivation. GABAergic agents (brexanolone, zuranolone) regulate cortical inhibition and stress response.

Non-pharmacological interventions—rTMS, tDCS, vagus nerve stimulation, and neurofeedback—facilitate circuit-level reorganization, improving functional integration between the prefrontal cortex, hippocampus, and amygdala. Nutraceuticals (omega-3 PUFAs, L-tryptophan, magnesium) and microbiome-targeted therapies further support monoaminergic balance and neuroimmune modulation. Treatment-resistant depression involves multidimensional dysregulation across neurochemical and connectivity domains. Combining neurotransmitter modulation with network-targeted interventions represents a paradigm shift toward precision psychiatry. Integrated pharmacological, neuromodulatory, and lifestyle-based strategies hold promise for restoring resilience and sustained remission in TRD.

## HISTORIA VITAE MAGISTRA EST: THE PAST AND FUTURE OF PSYCHIATRY IN BULGARIA.

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Psychiatry in Bulgaria has evolved through a complex interplay of historical, social, and political forces. Understanding its development offers crucial lessons for improving contemporary mental health services and anticipating future challenges. This study employs a historical-analytical approach, integrating archival research, literature review, and policy analysis of Bulgarian psychiatric institutions and practices from the late 19th century to the present. Primary sources include institutional records, legislative texts, and expert interviews. Findings reveal how early asylum establishments, influenced by European psychiatric movements, shaped Bulgaria's mental healthcare framework. Periods of reform and crisis reflect broader societal transformations, including political regime changes and economic constraints. The study discusses the impact of stigma, resource limitations, and evolving treatment paradigms on patient outcomes. Current challenges include integration of community-based services, dementia care expansion, and addressing workforce shortages. Lessons from historical successes and failures inform recommendations for policy reforms, emphasizing evidence-based practice, human rights, and sustainable financing. Anticipating future demands, the presentation highlights the need for innovation in digital mental health tools and enhanced training programs.



## INNOVATIONS IN THE TREATMENT OF SEVERE AND COMPLEX MENTAL DISORDERS

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The target group of patients of Community Mental Health Centers are patients with Severe Mental Disorders, such as schizophrenia, bipolar affective disorder, major depressive disorder, patients with dual diagnosis. The treatment of the mentioned disorders is often difficult, but also ineffective. The aim of the study was to analyze scientific publications from the last decade regarding the therapy of severe and complex mental health disorders in order to highlight new treatment methods for the respective categories of patients. Scientific sources published in the last decade from PubMed, Google Scholar, Medscape, were analyzed. Meta-analyses, clinical studies, and relevant review articles were included. Several publications, including meta-analyses, mention the effectiveness of dopamine partial agonists (aripiprazolum, brexpiprazolum, cariprazinum - 3rd generation antipsychotics), in the treatment of deficit symptoms, affective, cognitive, volitional, and craving, which do not yield to therapies previously used for the treatment of severe and complex mental disorders. The mentioned remedies have improved the ability to function independently and the quality of life of patients with severe and complex mental disorders. Their effectiveness may be due to the modulatory action on cerebral dopaminergic receptors. Dopamine partial agonists represent an innovative approach to patients with severe and complex mental disorders. These remedies, especially cariprazinum, have been effective in eradicating “positive”, “negative”, affective, and cognitive symptoms in schizophrenia; in the treatment of uni- and bipolar depression; therapy of patients with dual diagnosis (mental health disorder associated with addiction to psychoactive substances).

## STIGMATIZATION IN MEDICINE: IMPACT ON PATIENTS, HEALTHCARE PROVIDERS, AND ETHICAL STANDARDS OF CARE

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Stigmatization is a social phenomenon that adversely affects not only access to care but also the quality of medical services. Stigma occurs when patients – or even healthcare professionals – are treated differently, with prejudice or lack of empathy, due to certain traits, conditions, or social affiliations. A comprehensive literature search was conducted using scientific and official websites of Romanian, European, and global health institutions. Article selection employed predefined keywords (“stigmatization,” “vulnerable groups,” “quality of medical care”), followed by co-citation and co-occurrence analyses. This approach allowed identification of essential publications. Stigma in healthcare appears as discriminatory behavior that fosters exclusion, leading to delayed diagnoses, treatment abandonment, and loss of trust in the system. Vulnerable groups—such as people living with HIV/AIDS, those with mental disorders, LGBTQ+ individuals, substance users, the homeless, and ethnic minorities—are most affected. HIV-positive patients often face avoidance, while those with psychiatric conditions may be seen as “unpredictable” or dangerous. Stigma undermines the patient–provider relationship, discouraging preventive care and adherence to treatment. Healthcare workers experiencing their own health issues may internalize stigma, avoid seeking help, and compromise the care they deliver. Health-related stigma is widespread and takes multiple forms, profoundly degrading the quality of medical care and hindering patients’ access to services. Medical stigma generates serious systemic consequences: patients delay seeking treatment, avoid interacting with the health system, suffer emotional distress and burnout. These realities underscore the need for strategic interventions in professional education and legislation to combat stigma in healthcare.



## AUTISM SPECTRUM DISORDER AND THE GUT–BRAIN AXIS: DIAGNOSTIC AND THERAPEUTIC PERSPECTIVES

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Autism Spectrum Disorder (ASD) is increasingly recognized as a neurodevelopmental condition influenced by complex interactions between genetic, immune, metabolic, and microbial factors. Growing evidence suggests that the bidirectional gut–brain axis—linking intestinal microbiota, immune activity, and neural pathways—plays a substantial role in behavioral and physiological regulation. A narrative synthesis was performed based on publications indexed in PubMed, Scopus, and Web of Science (2015–2025) focusing on clinical and translational studies that explored microbiota composition, immune and neurotransmitter modulation, and therapeutic interventions targeting the gut–brain axis in ASD. Inclusion criteria comprised peer-reviewed human or translational animal studies addressing microbial, inflammatory, and behavioral parameters. Based on the analysis of published studies, consistent patterns indicate that intestinal dysbiosis and epithelial barrier dysfunction contribute to systemic inflammation and altered neuroimmune signaling. Microbial metabolites modulate serotonergic, dopaminergic, and GABAergic pathways, influencing sensory processing, social interaction, and behavioral regulation. Integrated evaluation of clinical data shows small-to-moderate behavioral improvements and stable gastrointestinal benefits following microbiota-targeted approaches such as probiotics, psychobiotics, dietary modulation, and anti-inflammatory therapy. Behavioral domains most responsive include irritability, aggression, and emotional regulation, while global ASD severity shows limited change. These findings suggest that therapeutic modulation of the gut–brain axis acts primarily through restoration of microbial balance and neurochemical stability rather than direct modification of core autistic traits.





# *Satellite Conference*

## “NEW HORIZONS IN MENTAL HEALTH”

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