5. KONGRES PSIHIJATARA BOSNE I HERCEGOVINE

Psihijatrija u svijetu promjena

Mostar, 4. - 6. studeni/novembar 2022.

5th CONGRESS OF PSYCHIATRY OF BOSNIA AND HERZEGOVINA

Psychiatry in the Changing World

Mostar, 4th – 6th November 2022

K N J I G A S A Ž E T A K A
BOOK OF ABSTRACTS

PRESS

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KNJIGA SAŽETAKA/BOOK OF ABSTRACTS

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RIJEČI DOBRODOŠLICE

Vrlo poštovane kolegice i kolege,

sve Vas lijepo pozdravljam na 5. Kongresu psihijatara Bosne i Hercegovine s međunarodnim sudjelovanjem koji se održava u Mostaru od 4. - 6. 11. 2022. godine.

Psihijatrija kao struka i znanost je posljednjih desetljeća jako napredovala i dala nam priliku da budemo uspješniji u mogućnosti više pomoći osobama s duševnim smetnjama. Jedan od bitnih principa za uspješno liječenje je integrativni i multidisciplinarni pristup. Svrha kongresa je ujediniti i umrežiti znanje te usmjeriti ga na zaštitu zdravlja u cjelovitosti čovjeka. Važnost psihijatara i psihijatrije je sve veća ali ne smijemo zaboraviti da je nužno osobi pristupati sa svih grana medicine, od medicinske sestre, psihologa, socijalnih radnika do predstavnika civilnoga društva i vladinih institucija. Sve to potiče pozitivno međudjelovanje tijela i duše. Važno je da u središte zbivanja ne dođe dijagnoza, nego oboljela osoba sa svojom životnom pričom, pozitivnim aspektima zdravlja i svojom interpretacijom bolesti.

Na Kongresu će ugledni psihijatri iz naše zemlje, regiona i Europe prezentirati najnovije spoznaje o psihijatriji, sadašnjem stanju i novim mogućnostima u prevenciji i liječenju duševnih tegoba. Kongres će biti jedinstvena prilika da uživamo u profesionalnoj komunikaciji na visokoj razini i razmijenimo svoje ideje i iskustva o važnim temama i izazovima te obogatimo svoje znanje i terapijske vještine, a sve u cilju poboljšanja duševnog zdravlja i liječenja duševnih tegoba.

Mostar je grad u Bosni i Hercegovini na obalama rijeke Neretve i ujedno i najveći grad u Hercegovini. Mostar je upravno, sveučilišno, kulturno, gospodarsko i političko središte Hercegovačko-neretvanske županije.

Organizacijski odbor želi Vam dobrodošlicu i obećava edukativno vrlo vrijedno profesionalno iskustvo za sve sudionike. Radujemo se Vašem dolasku i želimo da se osjećate ugodno i da poslije ovog kongresa na svoja radna mjesta ponesete iz Mostara nova korisna znanja i lijepa iskustva.

Dobro došli!

Predsjednik Udruge psihijatara u Bosni i Hercegovini

Dragan Babić

Prof. dr. sc. Dragan Babić, dr. med.

PSYCHIATRIC ASSOCIATION OF BOSNIA-HERZEGOVINA

5th CONGRESS OF PSYCHIATRY OF BOSNIA AND HERZEGOVINA

WITH INTERNATIONAL PARTICIPATION

Co-Sponsored by the World Psychiatric Association

Under the patronage of European Psychiatric Association

PSYCHIATRY IN THE CHANGING WORLD

BOOK OF ABSTRACTS

Mostar, 2022.

WELCOME NOTE

Dear Colleagues,

I want to welcome all of you at the 5th Congress of Psychiatry of Bosnia and Herzegovina with international participation, which will be held in the period of 4th – 6th November 2022 in the City of Mostar in Bosnia and Herzegovina.

Psychiatry as a profession and science has advanced greatly in recent decades and has given us the opportunity to be more successful in helping people with mental disorders. One of the basic principles of successful treatment is an integral and multidisciplinary approach. The objective of the congress is to unite and network knowledge and direct it toward the protection of health in the wholeness of man. The importance of psychiatrists and psychiatry is increasing, but we must not forget that it is necessary to approach a person from all branches of medicine, from nurses, psychologists, social workers to representatives of civil society and government institutions. All this promotes positive interaction between the body and soul. It is important that the diagnosis is not the centre of our interest but positive aspects of health and interpretation of the disease instead the sick person with their life story.

Distinguished psychiatrists from our country and region will present the latest knowledge about psychiatry, the current state and new possibilities in the prevention and treatment of mental disorders. The Congress will be a unique opportunity to enjoy professional communication at a high level and exchange ideas and experiences on important topics and challenges, and enrich our knowledge and therapeutic skills, all with the aim of improving mental health and treatment of mental disorders.

Mostar is a city in Bosnia and Herzegovina on the banks of the Neretva River and at the same time the largest city in Herzegovina, and administrative, university, cultural, economic, and political centre of the Herzegovina-Neretva Canton.

The Organizing Committee welcomes you and promises an educational and valuable professional experience for all participants. We look forward to your arrival and wish you feel comfortable and take new and useful knowledge and positive experiences from Mostar to your workplaces after this Congress.

Welcome!

President of the Psychiatric Association of Bosnia-Herzegovina

Dragan Babić

Professor Dragan Babić, MD, PhD

PLENARNA PREDAVANJA (PP)

PLENARY LECTURES (PL)

PP_01

CHANGING WORLD AND PSYCHIATRY IN THE FUTURE

Norman Sartorius

Association for the Improvement of Mental Health Programs, Geneve, Switzerland

The first part of the lecture will describe trends in the development of societies - such as urbanization and demographic changes - and their consequences for the health of the population and the health service. The second part of the lecture will propose measures that should be taken to improve the health of the people in the context of these trends. These measures should include the careful selection of doctors who will practicing psychiatry and lead mental health services; changes of the content and curricula of postgraduate studies in medicine and psychiatry; on reorganization of health service; and a review of legislation so as to ensure that health services are developing in harmony with with the development of society.

Keywords: *Psychiatry, Society, Future, Development.*

PL_01

SVIJET KOJI SE MIJENJA I PSIHIJATRIJA U BUDUĆNOSTI

Norman Sartorius

Association for the Improvement of Mental Health Programs, Ženeva, Švicarska

U prvom dijelu predavanja bit će opisane tendencije razvoja – kao što su urbanizacija, i demografske promjene – i njihove posljedice za zdravlje naroda i zdravstvenu službu. U drugom dijelu predavanja bit će navedene mjere koje bi valjalo poduzeti da bi se poboljšalo zdravlje naroda u kontekstu tih tendencija. Te se mjere odnose na izbor liječnika koji će se baviti psihijatrijom i zdravstvenom službom; na sadržaj postdiplomske nastave; na organizaciju zdravstvene službe i zakonske propise koji će omogućiti razvoj zdravstvene službe i uskladiti ga s razvojem društva.

Ključne riječi: *psihijatrija. društvo, budućnost, razvoj.*

Literatura/References: Jukić, V., Jakovljević, M., Sartorius, N: Razgovori, Misli, Djela (knjiga). Medicinska Naklada:Zagreb (2022).

PP_02

PSIHIJATRIJA U POTRAZI ZA SVOJIM AUTENTIČNIM BITKOM: KREATIVNA, NA OSOBU-USMJERENA NARATIVNA PSIHOFARMAKOTERAPIJA ILI KAKO POVEĆATI TERAPIJSKU DJELOTVORNOST

Miro Jakovljević[1,2]

[1]Sveučilište u Zagrebu, [2]Hrvatski institut za istraživanja i edukaciju u mentalnom zdravlju, Zagreb, Hrvatska

Psihijatriju početkom 21.-og stoljeća odlikuje brzi i dinamičan rast, ali na žalost ona još ne predstavlja koherentnu diciplinu s obzirom na teorijske postulate i standardiziranu praksu zbog čega je predmet mnogih kritika i omalovažavanja. Unatoč značnom napretku u kliničkoj psihofarmakologiji i mnogim psihoterapijskim područjima, terapijski ishod u liječenju mnogih bolesnika nije zadovoljavajući. Mnogo je toga što treba poboljšati u teoriji i praksi psihijatrije u našem „stoljeću uma“ da preveniramo i prevladamo neuspjehe u liječenju i povećamo terapijsku učinkovitost i djelotvornost.Teorija i praksa suvremene psihijatrije puna prepucavanja, sukoba, zbrkanosti i uzajamnog nihilizma i negiranja kao i nepotrebnih i neproduktivnih polarizacija, nepovjerenja i nepoštivanja između zagovornika različitih disciplina. Smještena na razmeđi između biomedicine i društvenih i humanističkih znanosti, psihijatrija ima nekoliko parcijalnih i fragmentiranih identiteta povezanih s njezinim biološkim, psihodinamskim, sociodinamskim i kulturnim subspecijalnostima unutar različitih psihijatrijskih škola i pravaca. Mnoge od ovih škola i pravaca, ne samo da ne prihvaćaju, nego i bjesomučno kritiziraju i negiraju većinu temeljnih postavki i terapijskih načela onih drugih. Različite psihijatrijske grane su ukorijenjene u različite moderne i postmoderne filozofske i znanstvene poglede na ljudsku prirodu, definicije mentalnog zdravlja, te patogeneze i klasifikacije duševnih poremećaja i psihijatrijskih problema. Njihovi zagovornici govore različitim jezicima, stvaraju i grade različita polazišta i teorije, rabe različite kriterije i metode, i promoviraju različite sustave vrijednosti. Kao grana medicine psihijatrija je jedno interdisciplinarno pdručje smješteno na razmeđi između prirodnih i društvenih znanosti. Rabi uvide iz najrazličitijih disciplina kao što su biologija, neuroznanost, farmakologija, fizika, antropologija, filozofija, etika, aksiologija, psihologija, sociologija, informatika, itd. Na konceptualnoj razini u suvremenoj psihijatriji razlikujemo četiri pristupa: dogmatski, eklektički, pluralistički i integrativni.U praksi mnogi psihijatri su još, manje ili više, dogmatisti koji se pozivaju na eklektizam u teoriji. Pluralistički i integrativni koncepti su najizazovniji, posebice iz perspektive preventivne, prediktivne, precizne, personalizirane i participatorne medicine i pre-emptivne i na osobu usmjerene psihijatrije. Zagovornici transdisciplinarnog integrativnog pristupa unutar teorijske psihijatrije nastoje kreirati sveobuhvatnu teoriju koja povezuje sve znanstvene i humanističke discipline koje se bave ljudskom dušom i umom, mentalnim zdravljem i duševnim poremećajima. Ideja je vrlo atraktivna i izazovna: ponuditi svim znanstvenicima i liječnicima, psiholozima i drugima u oblasti mentalnog zdravlja zajednički jezik da se premosti akademski i epistemični jazovi i lakše razmjenjuju spoznaje između različitih disciplna. Personalizirana i precizna medicina u psihijatriji koja u dijagnostici, liječenju i prevenciji duševnih poremećaja stavlja težište na individualne različitosti i varijabilnostiu genima, okolini, i životnom stilu još uvijek je samo san, ali i imanentna zbilja u ranoj fazi prikupljanja informacija. Suvremena psihijatrija treba integrirati biološku, psihološku, socijalnu i spiritualnu dimenziju u istraživanjima i skrbi koju pruža a psihijatri trebaju biti dobro educirani i utrenirani ne samo kroz komuniciranje postojećih znanja i profesionalnih vještina već se pripremati i za promjene i izazove koji se naziru na horizontu. Kreativne, ma osobu usmjerena psihofarmakoterapija kao multimodalni i multiperspektivni koncept jačanja reziliencije i koherencije može značajno povećati terapijsku učinkovitost i djelotvornost u suvremenoj psihijatriji.

PSYCHIATRY IN SEARCH FOR ITS SOUL: CREATIVE, PERSON-CENTERED NARRATIVE PSYCHOTHERAPY OR HOW TO INCREASE THERAPEUTIC EFFICIENCY

Miro Jakovljević[1,2]

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Psychiatry at the beginning of the 21st century is characterized by fast and dynamic growth, but lamentably it is still not a coherent discipline with regards to its theoretical postulates and standardized practice which makes it a target of many critics and devaluation. Despite a significant progress in clinical psychopharmacology and many psychotherapeutic fields the treatment outcome for many psychiatric patients is not satisfactory enough. There is much to be improved in theory and practice of modern psychiatry in our „century of mind“ to prevent and overcome treatment failures and to increase treatment effectiveness and efficiency. Theory and practice of contemporary psychiatry are fraught with debate, conflicts, confusion and mutual nihilation and negation as well as with unnecessary and unproductive polarization, mistrust and disrespectfulness between proponents of different disciplines. Placed at the crossroads of biomedicine, the social sciences and the humanities, psychiatry has several partial or fragmentary identities related to its biologic, psycho-dynamic, sociodynamic and culture subspecialties within many psychiatric schools and orientations. Many of these schools, not only do not accept, but furiously criticize and negate the most basic tenets and treatment principles of the others. Disparate psychiatric branches are rooted in different modern and postmodern philosophical and scientific view-points about the nature of human beings, definitions of mental health, and pathogenesis and classification of mental disorders and psychiatric problems. Their proponents are talking different languages, making different assumptions and theories, use different citeria and methods and practice different systems of values. As medical branch psychiatry is an interdisciplinary field situated at the interface of natural sciences and humanistic sciences. It utilizes insights from the most varied disciplines such as biology, neuroscience, pharmacology, physics, antropology, philosophy, ethics, axiology, psychology, sociology, informatics, etc. At the conceptual level contemporary psychiatry can be divided in four approaches: dogmatic, ecclectic, pluralist and integrationist. In practice most psychiatrists are still, more or less, dogmatic claiming to be eclectic in theory. The pluralist and integrationist concepts are the most challenging, particularly from the perspective of predictive, preventive, precise, personalized and participatory medicine and preemptive person-centered psychiatry. Proponents of the transdisciplinary integrative approach within theoretical psychiatry try to create an overarching theory that unifes all the scientific and humanistic disciplines dealing with human mind, mental health and mental disorders. The idea is very attractive and challenging: to offer all mental health scientists and practitioners a common language, bridge over academic epistemic gaps and easily exchange insights across disciplinary borders. Personalized and precision medicine in psychiatry which in diagnostics, treatment and prevention takes into account individual patient’s variability in genes, environment and lifestyle is still only a dream, but also an imminent reality at the information-gathering infancy stage. Contemporary psychiatry needs to integrate biological, psychological, social and spiritual dimension in the research and care that it provides and psychiatrists need to be well educated and trained not only through communication of existing knowledge and professional skills but also in preparing for changes and challenges rolling on the horizon. Creative, person-centered narrative psychopharmacotherapy as multimodal and multiperspective resilience and coherence enhancing concept may significantly increase therapeutic effectiveness and treatment efficiency in current psychiatry.

PP_03

SINDROM NEMIRNIH NOGU: POREMEĆAJ IZMEĐU NEUROLOGIJE I PSIHIJATRIJE

Osman Sinanović[1,2,3]

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Sindrom nemirnih nogu (RLS) je hronični neurosenzomotorni poremećaj, karakteriziran nagonom za pomicanjem nogu koji je često popraćen neugodnim osjećajima. Velike studije u zajednici u Europi i Sjevernoj Americi pokazuju stope prevalencije RLS od 7% do 10% u općoj odrasloj populaciji. Prevalencija se povećava sa dobi i uz postojanje drugih oboljenja, a veća je u žena nego u muškaraca. Prema međunarodnoj studijskog grupi za sindrom nemirnih nogu (International RLS Study Group/IRLSG) četiri su bitna kriterija za ovaj sindrom: 1) poriv za pomicanjem nogu ili drugih dijelova tijela obično praćen ili uzrokovan neugodnim osjećajima; 2) odmor pogoršava simptome; 3) okretanje ili kretanje djelomično/potpuno ublažava simptome; i 4) večernja/noćna pojava ili pogoršanje simptoma u toku noći; uz 5) izostajanje drugog primarnog uzroka simptoma. Zbog poremećaja sna, osobe s RLS mogu imati dnevnu pospanost, nisku energiju, razdražljivost i depresivno raspoloženje. RLS može biti primarni (idiopatski) ili sekundaran zbog različitih stanja, kao što su trudnoća, završni stadij bubrežne bolesti, anemija uzrokovana nedostatkom željeza, periferna neuropatija, bolest bubrega, kardiovaskularne bolesti, dijabetes, migrena, anemija, hipertenzija, multipla skleroza, moždani udar. Nedostatak željeza u mozgu jedno je od bioloških glavnih obilježja sindroma nemirnih nogu, postoje bliski odnosi između željeza i dopamina, s vodećom teorijom koja pretpostavlja da niski nivoi željeza u ćelijama direktno ili indirektno utiču na različite apekte dopaminergičkog sistema. Početni pristup liječenju trebao bi uključivati mjerenje serumskog feritina i postotka zasićenja transferina. U pacijenata s normalnim perifernim razinama željeza, gabapentinoidni lijekovi su prva linija terapije, ali su dopaminergički lijekovi također vrlo učinkoviti, uz nadzor i korištenje najniže učinkovite doze. Liječenje komorbidne depresije u bolesnika sa ovim poremećajem se mora pažljivo razmotriti jer je zabilježeno da antidepresivi pokreću ili pogoršavaju njegove simptome.

Ključne riječi: *sindrom nemirnih nogu; patofiziologija; epidemiologija; komorbiditet; liječenje.*

RESTLESS LEGS SYNDROME: DISORDER BETWEEN NEUROLOGY AND PSYCHIATRY

Osman Sinanović[1,2,3]

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Restless legs syndrome (RLS) is a chronic neurosensorimotor disorder, characterized by an urge to move the legs which is often accompanied by uncomfortable or unpleasant sensations. Large community studies in Europe and North America show RLS prevalence rates from 7% to 10% in the general adult population. Prevalence increases with age and in the presence of coexisting morbidities, and it is higher in women. According to International RLS Study Group (IRLSG) the four essential criteria are: 1) urge to move the legs or other body parts usually accompanied or caused by unpleasant sensations; 2) rest worsens symptoms; 3) gyration or movement partially/totally relieve symptoms; and 4) evening/night time onset or worsening of symptoms; with 5) denial of another primary causation of the symptoms. Due to the disturbance in sleep, people with RLS may have daytime sleepiness, low energy, irritability and a depressed mood. RLS may be primary (idiopathic) or secondary to diverse conditions, such as pregnancy, end-stage renal disease, iron deficiency anemia, peripheral neuropathy, kidney disease, cardiovascular diseases, diabetes, migraine, anemia, hypertension, multiple sclerosis, stroke. Brain iron deficiency is one of the biological hallmarks of RLS, and there are close relationships between iron and dopamine, with a leading theory postulating that low cellular iron directly or indirectly changes aspects of the dopaminergic system. The initial management approach should include measuring serum ferritin and transferrin-percent saturation. In patients with normal peripheral-iron levels, gabapentinoid medications are now often first-line therapies, but dopaminergic therapies are still highly effective, when necessary, with appropriate advanced patient counselling, surveillance, and use of the lowest-effective dose. Treatment of comorbid depression in patients with RLS must be carefully considered as antidepressants have been reported to trigger or exacerbate RLS symptoms.

Keywords: *Restless Legs Syndrome, Patophysiology, Epidemiology, Comorbidity, Treatment.*

Literatura/References: 1. Lee HB, Hening WA, Allen RP, Kaalaydjian AE, Earley CJ, Eaton WW, Lyketsos CG. Restless legs syndrome is associated with DSM-IV major depressive disorder and panic disorder in the community. J Neuropsychiatry Clin Neurosci 2008; 20(1):101–105.; 2. Ohayon MM, O'Hara R, Vitello MV. Epidemiology of restless legs syndrome: a synthesis of the literature. Sleep Med Rev 2012;16(4):283–295.; 3. Sabić A, Sinanović O, Sabić Dž, Galić G. Restless legs syndrome in patients with hypertension and diabetes mellitus. Med Arh 2016; 70 (2): 116-118.; 4. Gossard TH, Trotti LM, Videnovic A, St Louis EK. Restless legs syndrome: contemporary diagnosis and treatment. Neurotherapeutics 2021; 18: 140-155.; 5. Vlasie A, Trifu SC, Lupuleac C, Kohn B, Criesta MB. Restless legs syndrome: An overview of pathophysiology, comorbidities and therapeutic approaches (Review). Exper Ther Med 2022 Feb;23(2):185. doi: 10.3892/etm.2021.11108.

PP_04

PSIHIJATRIJA DVADESET PRVOG STOLJEĆA

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Uvod: Tijekom proteklih nekoliko desetljeća psihijatrija je značajno napredovala i daleko odmakla u mogućnosti boljeg liječenja kao i svojim naporima da nadvlada stigmu povezanu s duševnim bolestima. Farmaceutske tvrtke proizvele su moćne lijekove koji su pomogli milijunima pojedinaca s teškim duševnim bolestima da žive u zajednicama i izvan granica psihijatrijskih institucija. Osim lijekova među najmoćnijim alatima koje danas imamo u psihijatriji su psihoterapijski pristupi, socioterapijske metode i suvremene metode komplementarne medicine koje je prihvatila Svjetska zdravstvena organizacija. Suvremena istraživanja i rezultati liječenja ukazuju na važnost integralnog i multidisciplinarnog pristupa u liječenju. Važan je timski rad i udruživanje s psiholozima, socijalnim radnicima, radnim terapeutim kao i s kolegama u primarnoj zdravstvenoj zaštiti, s članovima obitelji i socijalne službe. **Cilj:** Pojasniti napredak psihijatrije u dvadeset prvom stoljeću. **Metode:** Pretraživanjem literature i na razini osobnog znanja i iskustva stručno opisati napredak psihijatrije u dvadeset prvom stoljeću. **Rezultati:** Višestruki dokazi u praksi, struci i znanosti pokazuju da je psihijatrija posljednjih desetljeća značajno nepredovala ali da još uvijek postoje brojne dvojbe i nepoznanice pa je daljnji napredak još uvijek jako potreban. **Zaključak:** Psihijatrija kao struka i znanost posljednjih desetljeća jako napreduje u psihijatrijskoj dijagnostici i liječenju. Ali, unatoč ovom važnom napretku, postoji znatna potreba za daljnjim proučavanjem i napretku psihijatrijske struke, a sve u cilju poboljšanja liječenja i boljeg zdravlja osoba s duševnim smetnjama.

Ključne riječi: *psihijatrija, dvadeset prvo stoljeće.*

PL_04

PSYCHIATRY OF THE TWENTY-FIRST CENTURY

Dragan Babić[1,2]

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Introduction: During the past few decades, psychiatry has made significant progress and progressed far in the possibilities of better treatment as well as in its efforts to overcome the stigma associated with mental illness. Pharmaceutical companies have produced powerful drugs that have helped millions of individuals with severe mental illness to live in communities and beyond the confines of psychiatric institutions. In addition to drugs, among the most powerful tools we have in psychiatry today are psychotherapeutic approaches, sociotherapeutic methods and modern methods of complementary medicine accepted by the World Health Organization. Contemporary research and treatment results point to the importance of an integral and multidisciplinary approach to treatment. Teamwork and association with psychologists, social workers, occupational therapists, as well as colleagues in primary health care, with family members and social services is important. **Objective**: To clarify the progress of psychiatry in the twenty-first century. **Methods**: By searching the literature and at the level of personal knowledge and experience, professionally describe the progress of psychiatry in the twenty-first century. **Results**: Multiple evidences in practice, profession and science show that psychiatry has significantly underdeveloped in recent decades, but that there are still numerous doubts and unknowns, so further progress is still very much needed. **Conclusion:** psychiatry as a profession and science has been making great progress in psychiatric diagnosis and treatment in recent decades. But, despite this important progress, there is a considerable need for further study and advancement of the psychiatric profession, all with the goal of improving the treatment and better health of people with mental disorders.

Keywords: *Psychiatry, Twenty-First Century.*

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PL_05

TOWARDS AN EUROPEAN MENTAL HEALTH STRATEGIC PLAN

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PL_06

MENTAL HEALTH CARE CHALLENGES AND LESSIONS LEARNED DURING THE PANDEMIC (EXPERIENCE OF EUROPEAN AND EURASIAN COUNTRIES)

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The COVID-19 pandemic has required significant changes in the mental health care delivery for individuals with mental disorders. In addition, the demand of providing mental health care sufficiently increased during the pandemic. According to World Health Organization, there was a significant increase in mental health problems in the general population in the first year of the pandemic and almost doubled among children and adolescents.

European Psychiatric Association and the members of the Council of the National Psychiatric Associations have rapidly responded to the crises. They developed general recommendations based on shared experience. Nevertheless, countries were differently prepared to face such challenges. The data from the European and Eurasian countries revealed that the main patterns of service delivery were similarly affected. Patients were more likely to receive remote care, although the service delivery range varied. There was a high risk of human rights violations in mental health institutions with poor infrastructure, crowded places, and a lack of trained staff. The quality of service delivery was associated not only with the provision of medical care but the availability of social and human rights resources.

Based on the findings, it was recommended to harmonize psychiatric clinical practice by implementing professional guidelines, permanently monitor the treatment outcomes of patients with COVID-19 and mental disorders; enable uninterrupted service delivery by using telemedicine or other country-appropriate alternatives and improve networking between medical and social services.

Keywords: *Mental Health Care, COVID-19, Mental Health Services.*

References: 1. Mental Health and COVID-19: Early evidence of the pandemic's impact: WHO Scientific brief, 2 March 2022; 2..Wang, B., Feldman, I., Chkonia, E., Pinchuk, I., Panteleeva, L., & Skokauskas, N. (2022, March). Mental Health Services in Scandinavia and Eurasia: Needs and Provision. In Journal of Mental Health Policy and Economics (Vol. 25, pp. S34-S35); 3. Rojnic Kuzman, M., Vahip, S., Fiorillo, A., Beezhold, J., Pinto da Costa, M., Skugarevsky, O., Dom, G., Pajevic, I., Mihaljevic Peles, A., Mohr, P., Kleinberg, A., Chkonia. E., Balasz, J., Flannery, W., Mazaliauskiene, R., Chihai, J., Samochowiec, J., Cozman, D., Mihajlovic, G., Izakova, L., Arango, C., & Goorwod, P. (2021). Mental health services during the first wave of the COVID-19 pandemic in Europe: Results from the EPA Ambassadors Survey and implications for clinical practice. European Psychiatry, 64(1), E41.

POZVANA PREDAVANJA (PZ)

(abecedni redoslijed)

INVITED LECTURES (IL)

(Alphabetical order)

DIMENZIONALNI PRISTUP MENTALNIM POREMEĆAJIMA U MKB-11

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Međunarodna klasifikacija bolesti, Jedanaesta revizija (MKB-11) u primjeni je od januara 2022. godine. Značajne su inovacije uvedene u dijagnozi i klasifikaciji mentalnih poremećaja. U dosadašnji kategorijalni model integrisan je dimenzionalni pristup u dijagnosticiranju nekih mentalnih poremećaja. Integracija dimenzionalnog pristupa u kategorijalni sistem čini da danas imamo na snazi hibridni pristup prema mentalnim poremećajima. Cilj ovog rada je prikazati elemente dimenzionalnog pristupa u dijagnozi mentalnih poremećaja u MKB-11 i njihov mogući značaj za kliničku praksu. Elementi dimenzionalnog pristupa dati su u dijelu MKB-11 koji sadrži kliničke opise i dijagnostičke zahtjeve za mentalne, bihevioralne i neurorazvojne poremećaje. Naime, iako je neosporna dobit od kategorijalnog pristupa u dijagnosticiranju mentalnih poremećaja, posljednjih decenija istraživači sve više upućuju na korisnost primjene alternativnog dijagnostičkog sistema koji opisuje široke i specifične komponente mentalnog poremećaja. Alternativni dijagnostički sistem prikazuje mentalne poremećaje u smislu dimenzija što omogućava sagledavanje individualnih razlika u mentalnom zdravlju i pouzdanije mjerenje. U dimenzionalnom pristupu, težina simptoma ili stepen poremećaja određene psihičke funkcije ocjenjuje se na kvantitativnoj dimenziji. U MKB-11 dimenzionalna proširenja za neke dijagnoze uključuju težinu poremećaja i simptoma, longitudinalni tok poremećaja i specifične simptome, a što odražava kliničku praksu. Najveći pomak ka dimenzionalnosti vidljiv je u dijagnosticiranju poremećaja ličnosti, shizofrenije i drugih primarnih psihotičnih poremećaja, te depresivne epizode kod depresivnog i bipolarnog poremećaja. Dimenzionalna klasifikacija usredotočuje se na relevantne aspekte kliničke prezentacije, što je dosljednije pristupima psihijatrijske rehabilitacije koji su temeljeni na oporavku. Dimenzionalni pristup inkorporiran u kategorije poremećaja omogućava daleko veću širinu u procjeni težine psihičkog stanja kao i moguću veću korisnost u kontekstu istraživanja.

Ključne riječi: *Međunarodna klasifikacija bolesti, dimenzionalni pristup, kategorijalni sistem, mentalni poremećaji.*

DIMENSIONAL APPROACH TOWARD MENTAL DISORDERS IN ICD-11

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The Eleventh Revision of the International Classification of Diseases (ICD-11) have come into effect in January 2022. Significant innovations have been introduced into diagnosis and classification of mental disorders. A dimensional approach to the diagnosis of certain mental disorders has been incorporated into the existing categorical model. Integrating the dimensional approach into the categorical system means that today we have a hybrid approach to mental disorders. The purpose of this paper was to present the elements of the dimensional approach in the diagnosis of mental disorders in ICD-11 and their possible significance for clinical practice. The components of the dimensional approach are given in the part of ICD-11 that contains clinical descriptions and diagnostic requirements for mental, behavioural and neurodevelopmental disorders. Namely, although there is an indisputable benefit from the categorical approach in diagnosing mental disorders, recent research has increasingly pointed to the usefulness of using an alternative diagnostic system that describes the broad and specific components of mental disorders. The alternative diagnostic system presents mental disorders in terms of dimensions, which allows for an overview of individual differences in mental health and enables more reliable measurement. In the dimensional approach, the severity of symptoms or the degree of disturbance of a certain psychological function is evaluated on a quantitative scale. In the ICD-11, dimensional extensions for some diagnoses include the disorder and severity of symptoms, the longitudinal course of the disorder, and the specific symptoms that support clinical practice. The most important change towards dimensionality is seen in the diagnosis of personality disorders, schizophrenia and other primary psychotic disorders, and depressive episodes in depressive and bipolar disorders. Dimensional classification emphasizes the relevant aspects of clinical presentation, which is more in line with recovery-based approaches to psychiatric rehabilitation. The dimensional approach incorporated into the categories of disorders allows the clinician greater breadth to assess the severity of conditions as well as possible greater usefulness in the context of research.

Keywords: *International Classification of Diseases, Dimensional Approach, Categorical System, Mental Disorders.*

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PZ_02

SAMOSTIGMATIZACIJA I SOCIJALNO OSNAŽIVANJE

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Autori, su istražujući stigmu, početkom šezdesetih godina, pored ostaloga, zaključili da se stigmatizira onaj čovjek koji bi bez teškoća mogao biti dio našeg društva da nema neko svojstvo kojim druge ljude odvraća od sebe. Stigma nerijetko dovodi psihički oboljele osobe do ulaska u začarani krug u kojemu prihvaćaju diskriminatorski i pokroviteljski stav okoline. Sve to rezultira povlačenjem psihički oboljele osobe iz javnog života, skrivanjem bolesti, osjećajem srama i nerijetko izbjegavanjem liječenja. Drugi autori su samostigmatizaciju definirali kao proces transformacije identiteta u kojem osoba gubi dijelove identiteta i uloga koje je prije imala ili željela (npr., partner, prijatelj, roditelj, zaposlenik) te i sama prihvaća stigmu. Samostigmatizacija uvelike pogoršava psihosocijalne i mentalno-higijenske uvjete oboljelih, otežava ishod liječenja te socijalnu i medicinsku rehabilitaciju Kako bi se izbjegla samostigmatizacija važno je uključiti psihosocijalne metode koje pridonose osnaživanju pojedinca poput savjetovanja i psihoterapije. Programima protiv samostigmatizacije poput edukacije, prosvjeda protiv stigme i stereotipa o psihičkom poremećaju te osobnim kontaktima sa psihički oboljelom osobom moguće je utjecati na smanjenje stigme. Također je značajna uloga zdravstvenih radnika i medija u životu osoba sa psihičkim bolestima u pogledu utjecaja i kreiranja pozitivne slike o stigmatiziranima.

Ključne riječi: *stigma, samostigmatizacija, osnaživanje, antistigmatizacijski programi.*

SELF-STIGMATIZATION AND SOCIAL EMPOWERMENT

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The authors, while researching stigma in the early 1960s, concluded, among other things, that a person who could easily be a part of our society if he did not have some characteristic that turns other people away from him is stigmatized. Stigma often leads mentally ill people to enter a vicious circle in which they accept the discriminatory and patronizing attitude of the environment. All this results in the withdrawal of a mentally ill person from public life, hiding the illness, feeling ashamed and often avoiding treatment. Other authors have defined self-stigmatization as a process of identity transformation in which a person loses parts of the identity and roles that he previously had or wanted (e.g., partner, friend, parent, employee) and accepts the stigma himself. Self-stigmatization greatly worsens the psychosocial and mental hygiene conditions of patients, hinders the outcome of treatment and social and medical rehabilitation. In order to avoid self-stigmatization, it is important to include psychosocial methods that contribute to the empowerment of the individual, such as counseling and psychotherapy. Programs against self-stigmatization, such as education, protests against stigma and stereotypes about mental disorders, and personal contacts with a mentally ill person can influence the reduction of stigma. Also, the role of health workers and the media in the lives of people with mental illnesses is significant in terms of influencing and creating a positive image of the stigmatized.

Keywords: *Stigma, Self-Stigmatization, Anti-Stigmatization Programs.*

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REZILIJENCIJA U OBOLJELIH OD POSTTRAUMATSKOG STRESNOG POREMEĆAJA

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Uvod: Posljednjih desetljeća posttraumatski stresni poremećaj (PTSP) pobuđuje sve veći interes stručnjaka i znanstvenika iz oblasti duševnog zdravlja, a posljednjih godina sve je više pokazatelja o poveznosti PTSP i rezilijencije. **Cilj:** Istražiti rezilijenciju u oboljelih od posttraumatskog stresnog poremećaja. **Metode:** Provedena je presječna studija na uzorku od 200 ispitanika koji su bili sudionici rata u Bosni i Hercegovini od kojih je 99 bilo s dijagnozom, a 101 bez dijagnoze PTSP. Korišten je sljedeći dijagnostički instrumentarij: Opći sociodemografski upitnik, upitnik za rezilijenciju (CD-RISC-25), klinički upitnik za PTSP (CAPS-DX). **Rezultati:** Nađena je statistički značajna negativna povezanost svih skupina simptoma i ukupnog rezultata na CAPS skali i razine rezilijencije. Ispitanici s PTSP su imali statistički značajno manju razinu rezilijencije u odnosu na ispitanike bez PTSP. Ispitanici bez PTSP su bili statistički značajno više zastupljeni u skupinama s umjerenom visokom rezilijencijom, dok je onih s PTSP bilo najviše u skupini s najmanjom rezilijencijom. Nije bilo statistički značajnih razlika u stupnju rezilijencije između skupina koje su aktivno i pasivno sudjelovale u ratu kao ni između skupina koje su imale trenutni ili životni PTSP. **Zaključak:** Osobe s višim stupnjem rezilijencije su rjeđe obolijevale i brže se oporavljale od PTSP, a osobe s nižim stupnjem reziliencije su češće obolijevale i teže se oporavljale od PTSP.

Ključne riječi: *rezilijencija, posttraumatski stresni poremećaj.*

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IL_03

RESILIENCE IN POST-TRAUMATIC STRESS DISORDER PATIENTS

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Introduction: In recent decades, post-traumatic stress disorder (PTSD) has aroused the growing interest of mental health professionals and scientists, and in recent years there is growing evidence of the correlation between PTSD and resilience. **Objective**: Investigate resilience in patients with post-traumatic stress disorder. **Methods**: A cross-sectional study was conducted on a sample of 200 subjects, participants of the war in Bosnia and Herzegovina, 99 with a PTSD diagnosis and 101 without a PTSD diagnosis. The following diagnostic tools were used: a General socio-demographic questionnaire, the Connor-Davidson Resilience Scale (CD-RISC-25), and a Clinician Administered PTSD Scale (CAPS-IV). **Results**: A statistically significant negative correlation was found between all groups of symptoms and the overall result on the CAPS scale and resilience levels. Subjects with PTSD had a significantly lower level of resilience when compared to subjects without PTSD. Subjects without PTSD were significantly more present in the groups with moderately high resilience, while the number of those with PTSD was the highest in the group with lowest resilience. There were no statistically significant differences in the degree of resilience between groups that were active or passive participants of the war as well as between groups that had current or lifetime PTSD. **Conclusion**: People with a higher degree of resilience were less likely to suffer and recovered faster from PTSD, and people with a lower degree of resilience were more likely to suffer and more difficult to recover from PTSD.

Keywords: *Resilience, Post-Traumatic Stress Disorder.*

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PZ_04

VRŠNJAČKO NASILJE KAO OBLIK DRUŠTVENO NEPRIHVATLJIVOG PONAŠANJA UČENIKA OSNOVNIH ŠKOLA U ZENIČKO-DOBOJSKOM KANTONU

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Uvod: O problemu vršnjačkog nasilja sve se više govori. Primjetna je njegova nedovoljna istraženost kao i nedovoljna upoznatost sa rasprostranjenošću, oblicima, načinima prevencije, represije, nošenja sa problemom i posljedicama. O vršnjačkom nasilju se intenzivnije počinje govoriti tek onda kada se dogodi. **Cilj:** Prikazati učestalost i oblike manifestiranja vršnjačkog nasilja u osnovnim školama na području Zeničko-dobojskog kantona. **Metode:** Istraživanje je, prospektivno, epidemiološko, deskriptivno. U istraživanju je učestvovalo 743 učenika: 364 dječaka i 379 djevojčica. Istraživanje je rađeno u 27 osnovnih škola na području Zeničko-dobijskog kantona. Za prikupljanje podataka i analizu korišteni su sljedeći anketni upitnici: Ankete za učenike. Ankete koje su se koristile u istraživanju sačinjene su u Službi za školsku higijenu Instituta za zdravlje i sigurnost hrane, a koje su kreirane u svrhu istraživanja, poštujući zadane ciljeve i hipoteze. Parametri za istraživanje su dob ispitanika, spol, uspjeh učenika u školi i vannastavne aktivnosti, razred, fizičko nasilje, psihičko nasilje. **Rezultati:** Rasprostranjenost doživljenog međuvršnjačkog nasilja u Zeničko-dobojskom kantonu je 56,4%, a dječaci i djevojčice su podjednako doživjeli neki oblik neželjenog ponašanja. Učestalost nasilja najviša je u završnom razredu osnovne škole 61,9% u odnosu na 55,0% u šestom razredu. Najčešći oblik doživljenog međuvršnjačkog nasilja je verbalno. **Zaključak:** Potrebno je na vrijeme uočiti pojavu vršnjačkog nasilja i reagovati pravovremeno, svaku primjedbu koju dijete kaže treba shvatiti ozbiljno, jer reagovanje na vrijeme sprečava da dijete koje je doživjelo neko nasilje i samo kasnije postane osvetnik, odnosno nasilnik.

Ključne riječi: *nasilničko ponašanje, zlostavljanje i zanemarivanje djece, prevencija nasilja.*

IL_04

PEER VIOLENCE AS A FORM OF SOCIALLY UNACCEPTABLE BEHAVIOUR OF PRIMARY SCHOOL STUDENTS IN ZENICA-DOBOJ CANTON

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Introduction: There have been increasing discussions on peer violence. A lack of research in this area is noticeable as well as awareness of its prevalence, forms, means of prevention, repression, coping with the problem and consequences. Peer violence is increasingly discussed only when it happens. **Aim:** To show incidence and manifestation forms of peer violence in primary schools in Zenica-Doboj Canton. **Methods:** The research is prospective, epidemiological and descriptive. It involved 743 students – 364 boys and 379 girls. The research was conducted in 27 primary schools in Zenica-Doboj Canton. A questionnaire created at the School Hygiene Section of the Health and Food Safety Institute for the purpose of the research in compliance with all aims and hypotheses was used to collect data and perform an analysis. Research parameters included age and gender of students, their school achievements, participation in extracurricular activities, grade, physical violence, psychological violence. **Results:** The prevalence of peer violence in Zenica-Doboj Canton is 56.4%, while boys and girls were equally subjected to some form of inappropriate behavior. The incidence of violence is the highest in the ninth grade of primary school, 61.9%, as compared with 55.0% in the sixth grade. The most prevalent form of experienced peer violence was verbal. **Conclusions:** It is necessary to identify peer violence on time and respond in a timely manner. Any remark made by a child should be taken seriously, because timely response prevents the child who experienced violence to become later an avenger or a bully.

Keywords: *Violent Behaviour, Child Abuse and Neglect, Prevention of Violence.*

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PUTOVANJE PREMA NOVOJ EKOLOGIJI UMA

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Svjedoci smo neslućenih i naglih promjena u našoj civilizaciji, koje zahtijevaju aktivno promišljanje i akciju od lokalnih do globalne razine. Gregory Bateson, jedan od velikih intelektualaca i mislioca dvadesetog stoljeća, objavio je prije pedeset godina (1972.) seriju eseja pod nazivom *Koraci prema ekologiji uma*, koji su nastajali tijekom nekoliko desetljeća njegova plodonosnog promišljanja, rada i istraživanja na području antropologije, kibernetike, lingvistike, semiotike, ekologije, psihijatrije i brojnih drugih područja. Gregory Bateson primjenjivao je načela istraživanja iz biološke ekologije u istraživanjima o načinima razmišljanja, idejama, oblikovanju svijesti i stvaranju obrazaca na individualnoj i društvenoj razini. Također je primjenjivao načela kibernetike u socijalnim znanostima i ekologiji. Analizirao je svjesnost (um) kao ekosustav. Kao obiteljski terapeut naglašavao je da patologija nije u pojedincu, već u obrascima odnosa među pojedincima, izumivši pritom i pojam dvostrukog vezivanja (*double bind*). Posebno se bavio komunikacijom, pa tako i cijela knjiga eseja o ekologiji uma započinje metalozima (novi didaktički oblici dijaloga). Ukazivao je da naše ponašanje i komunikaciju općenito ne možemo razumjeti i promatrati bez uvažavanja konteksta i kulture u kojoj živimo. Koristeći bogato nasljeđe koje nam je ostavio Gregory Bateson sa svojim suradnicima, vrijeme je da razmišljamo o putevima stvaranja Nove ekologije uma. Jesmo li se spremni suočiti s posljedicama za koje smo sami odgovorni? Kako ćemo se nositi sa pandemijom mentalnih poremećaja kojoj svjedočimo? Kako ćemo se nositi sa ekološkom katastrofom? Govorimo o suradnji, komunikaciji i razumijevanju, a svjedočimo sve većoj rascjepkanosti, *double bind* porukama i sve većim redukcionizmima (biološkim, psihološkim, socijalnim, duhovnim) u brojnim područjima, pa tako i na području mentalnog zdravlja. Želimo okupiti stručnjake iz raznih područja u pokret koji bismo nazvali Nova ekologija uma, a koji bi se bavio promišljanjima i pronalaženjima rješenja za brojne probleme s kojima se suočavamo. Trebamo graditi interdisciplinarnu suradnju na čvrstim temeljima koje nam je izgradio Gregory Bateson sa svojim suradnicima razvijajući pritom nove koncepte i brišući granice među disciplinama koje nas razdvajaju.

Ključne riječi: *Gregory Bateson, sistemska teorija, nova ekologija uma.*

PATHWAYS TOWARDS A NEW ECOLOGY OF MIND

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We are witnessing unexpected and sudden changes in our civilization, which require active reflection and action from the local to the global level. Gregory Bateson, one of the great intellectuals and thinkers of the twentieth century, published fifty years ago (1972) a series of essays called Steps to an Ecology of Mind, which were created during several decades of his fruitful reflection, work and research in the fields of anthropology, cybernetics, linguistics, semiotics, ecology, psychiatry and numerous other fields. Gregory Bateson applied research principles from biological ecology to research on ways of thinking, ideas, shaping consciousness and creating patterns at the individual and societal levels. He also applied the principles of cybernetics in the social sciences and ecology. He analyzed consciousness (mind) as an ecosystem. As a family therapist, he emphasized that pathology is not in the individual, but in the patterns of relationships between individuals, inventing the term *double bind*. He was especially concerned with communication, so the entire book of essays on the Ecology of Mind begins with metalogisms (new didactic forms of dialogue). He pointed out that we cannot understand and observe our behavior and communication in general without respecting the context and culture in which we live. Using the rich heritage left to us by Gregory Bateson and his collaborators, it is time to think about ways to create a New Ecology of Mind. Are we ready to face the consequences for which we ourselves are responsible? How will we deal with the pandemic of mental disorders we are witnessing? How will we deal with the environmental disaster? We are talking about cooperation, communication and understanding, and we are witnessing increasing fragmentation*, double bind* messages and increasing reductionisms (biological, psychological, social, spiritual) in numerous areas, including in the field of mental health. We want to gather experts from various fields in a movement that we would call the New Ecology of Mind, which would deal with thinking and finding solutions to the numerous problems we face. We need to build interdisciplinary cooperation on the solid foundations built for us by Gregory Bateson and his collaborators, developing new concepts and erasing the boundaries between the disciplines that separate us.

Keywords: *Gregory Bateson, New Ecology of Mind, Systemic Theory.*

Literatura/References: 1. Bateson, Gregory (1972). Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology. University of Chicago Press. ISBN 0-226-03905-6.

IZLOŽENOST RANOM ŽIVOTNOM STRESU I RIZIK OD DEPRESIJE U DJETINJSTVU I ADOLESCENCIJI

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Uvod: Izloženost raznim stresnim događajima i traumatskim iskustvima u ranoj dječijoj dobi je povezan s povećanim rizikom za razvoj depresije, posebno velikog depresivnog poremećaja u dobi prije 18.godine života. U ovom radu je ispitivana povezanost između ranih traumatskih iskustava i rizika za pojavu depresije u dječijoj i adolescentnoj dobi. Posebno je opisan uticaj specifičnih traumatskih iskustava kao što su izloženost raznim oblicima zlostavljanja djeteta, smrt člana porodice, porodično nasilje, tjelesna bolest ili teža povreda, život u siromaštvu, izloženost prirodnoj katastrofi. **Metod:** Urađena je analiza aktuelne literature o uticaju traumatskih iskustava u ranom djetinjstvu, te njihovoj povezanosti sa razvojem depresije u dobi prije 18. godine života. **Rezultati:** Koristeći meta-analizu dostupne literature i istraživanja u ovoj oblasti, otkrili smo da su djeca koja su doživjela rana traumatska iskustva i različite stresore, bili pod većim rizikom i većom vjerovatnoćom da će razviti depresiju, posebno veliki depresivni poremećaj prije dobi od 18 godina u odnosu na djecu koja nisu bila izložena traumatskim iskustvima (omjer izgleda = 2,50; 95% interval pouzdanosti 2,08, 3,00). Odvojene meta-analize otkrile su niz povezanosti s velikim depresivnim poremećajem. Uočeno je da izloženost zlostavljanju djece je snažno povezana sa nastankom velikog depresivnog poremećaja u razvojnoj dobi, dok izloženost nekim drugim stresorima, kao što je izloženost djece siromaštvu, nije povezana sa razvojem velikog depresivnog poremećaja u razvojnoj dobi. **Zaključak:** Nalazi iz dostupne literature pružaju važne dokaze da se štetni efekti izloženosti djece ranim traumatskim iskustvima na razvoj depresije, posebno velikog depresivnog poremećaja, ispoljavaju rano u razvoju djece, prije odrasle dobi. Izraženost težine i učestalosti razvoja depresije u razvojnoj dobi varira u zavisnosti o vrsti ranog traumatskog iskustva i izloženosti stresnim događajima.

Ključne riječi: *stres, traumatsko iskustvo, djeca, adolescenti, depresija.*

EXPOSURE TO EARLY LIFE STRESS AND THE RISK OF DEPRESSION IN CHILDHOOD AND ADOLESCENCE

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Introduction: Exposure to various stressful events and traumatic experiences in early childhood is associated with an increased risk of developing depression, especially major depressive disorder before the age of 18. This paper examines the connection between early traumatic experiences and the risk of developing depression in childhood and adolescence. The impact of specific traumatic experiences, such as exposure to various forms of child abuse, death of a family member, domestic violence, physical illness or serious injury, life in poverty, exposure to natural disasters, is described in particular. **Method:** An analysis of the current literature on the impact of traumatic experiences in early childhood and their connection with the development of depression before the age of 18 was performed. **Results:** Using a meta-analysis of available literature and research in this area, we found that children who experienced early traumatic experiences and various stressors were at greater risk and more likely to develop depression, especially major depressive disorder before the age of 18 compared to children not exposed to traumatic experiences (odds ratio = 2.50; 95% confidence interval 2.08, 3.00). Separate meta-analyses have found a number of associations with major depressive disorder. It was observed that exposure to child abuse is strongly related to the development of major depressive disorder in the developmental age, while exposure to some other stressors, such as exposure to child poverty, is not related to the development of major depressive disorder in the developmental age. **Conclusion:** These findings from the available literature provide important evidence that the harmful effects of children's exposure to early traumatic experiences on the development of depression, especially major depressive disorder, are manifested early in children's development, before adulthood. The severity and frequency of development of depression during development varies depending on the type of early traumatic experience and exposure to stressful events.

Keywords: *Stress, Traumatic Experience, Children, Adolescents, Depression.*

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IL_07

INTERVENTION AND PREVENTION IN ANXIETY DISORDERS: STATE OF ART AND NEED FOR RESEARCH

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DSM-V and ICD-11 have combined adult and childhood anxiety disorders in one group taking into account that so-called adulthood anxiety disorders actually start in childhood and adolescence. German S3-guidelines recommend cognitive-behavioral therapy and selective serotonin reuptake inhibitors as therapies of first choice for anxiety disorders. As opposed to S3-guidelines for depression, however no escalation strategy based on severity or comorbidity is recommended.

There is evidence from clinical trials and mechanistic studies though that certain subgroups or comorbidities respond less to standard cognitive behavioral therapies. Based on these trials and studies an escalation strategy for the therapy of anxiety disorders is proposed in analogy to depression escalating from psychoeducation over cognitive behavioral psychotherapy to a combination therapy with selective serotonin reuptake inhibitors and other antidepressants.

A number of innovative therapies have been studied recently. While virtual reality is recommended under certain conditions, other innovative therapies such as D-cycloserine and repetitive transcranial magnet stimulation are not yet proposed as alternative or add-on therapies in S3-guidelines. It is commonplace that prevention is better than therapy. With regard to mental disorders in general and anxiety disorders in particular numerous interventions have been developed, however evidence is not consistent and they are not used. In both instances, there is need for further research into relevance of innovative therapeutic and preventive interventions for subgroups or under certain conditions.

Keywords: *Anxiety Disorders, Psychotherapy, Pharmacotherapy, Prevention.*

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PZ_08

PREDRASUDE O PSIHIČKI OBOLJELIM LICIMA I UBOJSTVIMA

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Uvod: Ubojstvo kao najgnusniji akt čovjeka kojim se oduzima najviše moralno i zakonsko pravo, kroz povijest nailazi na različita promišljanja, istraživanja, ali prije svega osude šire znanstvene, stručne i opće javnosti. Veliki dio takvih promišljanja i procjena temelji se na laičkom pristupu, imputirajući veoma često akt ubojstva nekim od oblika duševnih poremećaja, bez studijske i znanstvene, ali prije svega stručne analize. **Cilj:** Osnovni cilj je prikazati korelaciju i kauzalnu vezu između kaznenog djela ubojstva i nekog od duševnih poremećaja. Takva kauzalna veza je zasigurno prisutna i opstojna, ali se time postavlja znanstveno pitanje da li je takva korelacija jednaka, manja ili veća u odnosu na kontrolni uzorak, odnosno opću populaciju, tj. broj ubojstava koje su počinile duševno zdrave osobe. **Metode:** Znanstveni rad odvija se prevashodno u okviru Utemeljene teorije, u okviru koje će se primjenjivati metod analize sadržaja, metod deskripcije i metod analogije. U okviru rada, kao potvrda dobijenih kvalitativnih rezultata koristit će se i statistički prikazi nadležnih tijela, ali i nekoliko primjera studije slučaja. **Rezultati:** Odgovor i rezultate znanstvenog istraživanja na postavljeno pitanje jedino je moguće spoznati triangulacijom znanstvenih istraživanja iz oblasti psihijatrije i kriminologije, ali i kriminlističke psihologije koja u okviru svojih istraživanja istražuje i druge činioce uticaja, poput sredine. Rezultati u znanstvenom radu nedvojbeno će pokazati diferencijalnu razliku koja pokazuje daleko veći broj ubojstava počinjenih od strane duševno zdravih osoba, ali i kauzalnu vezu između masovnih ubojstava i duševnih poremaćaja. **Zaključak:** Temeljna polazna pretpostavka u ovom znanstvenom radu polazi od hipoteze da „kaznena djela ubojstva i duševni poremećaji koincidiraju, ali dalako manje nego u odnosu na opću populaciju stanovništva“. Znanstvena statistika nam jasno ukazuje da veći broj ubojstava čine duševno zdrave osobe, ali da masovna ubojstva sa sobom gotovo uvijek nose obilježja nekog težeg, i u velikom broju slučajeva, do tada latentnog duševnog oboljenja.

Ključne riječi: *ubojstvo, duševni poremećaji, kazneno djelo.*

IL_08

PREJUDICES REGARDING PEOPLE WITH MENTAL DISORDERS AND CRIME OF MURDER

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Introduction: Murder, as the most heinous act of a human being, which takes away the highest moral and legal right, throughout history has encountered various considerations, researches, but above all condemnations by the wider scientific, professional and general public. A large part of such deliberations and assessments is based on a layman's approach, very often imputing the act of murder to some form of mental disorder, without study and scientific, but above all professional analysis. **Aim:** The main goal is to show the correlation and causal link between the crime of murder and one of the mental disorders. Such a causal connection is certainly present and persistent, but this raises the scientific question of whether such a correlation is equal, smaller or greater in relation to the control sample, i.e., the general population, i.e., the number of murders committed by mentally healthy persons. **Methods:** Scientific work takes place primarily within the framework of Grounded Theory, within the method of content analysis, the method of description and the method of analogy will be applied. In the framework of the work, as a confirmation of the obtained qualitative results, the statistical reports of the competent authorities will be used, as well as several examples of case studies. **Results:** The answer and results of scientific research to the posed question can only be known by triangulation of scientific research in the fields of psychiatry and criminology, as well as criminal psychology, which also investigates other factors of influence, such as the environment, as part of its research. The results of the scientific work will undoubtedly show a differential difference that shows a far greater number of murders committed by mentally healthy persons, but also a causal connection between mass murders and mental disorders. **Conclusions:** The fundamental starting assumption in this scientific work starts from the hypothesis that "criminal acts of murder and mental disorders coincide, but far less than in relation to the general population of the population". Scientific statistics clearly show us that the majority of murders are committed by mentally healthy people, but that mass murders almost always carry with them the characteristics of a more severe and, in a large number of cases, latent mental illness.

Keywords: *Murder, Mental Disorders, Crime*.

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RIJEČI SU BITNE: POSTOJI LI POTREBA ZA NOVIM IMENOM ZA SHIZOFRENIJU?

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Trenutačni naziv shizofrenije potječe od švicarskog psihijatra Eugena Bleulera s početka 20. stoljeća koji ga je 1911. uveo umjesto 'dementia praecox' Emila Kraepelina iz 1896. Novi je izraz djelomično inspiriran psihoanalitičkim razmišljanjem, a odnosio se na opaženi rascjep psihičkih funkcija unutar osobnosti, (mišljenja, pamćenja i percepcije), za koji je Bleuler pretpostavio da je istaknuto obilježje ovog poremećaja. Čak je proširio pojam na 'skupinu shizofrenija', sugerirajući možda spektar s različitom etiopatogenezom, tijekom i ishodom - stoga je uveo pozitivniji prognostički koncept umjesto jednog entiteta Kraepelinijeve bolesti s nepovoljnim ishodom.
I zaista, u novije vrijeme, nekoliko trendova koji se presijecaju tijekom posljednja dva desetljeća izazvalo je sve veću raspravu o tome kako treba promatrati koncepte shizofrenije, spektra shizofrenije i spektra psihotičnih poremećaja. Ti se trendovi odražavaju u različitim područjima istraživanja kao što su genomika, neuroimaging i računalne studije sustava višestrukih odgovora vođene podacima. Sve više dokaza ukazuje na to da shizofrenija predstavlja širok i heterogen sindrom, a ne specifičan entitet bolesti, koji je dio višestranog spektra psihoza. Napredak u objašnjavanju ovih trendova bio je ometen ovisnošću o dijagnostičkim kriterijima aktualnih klasifikacija.
Stručnjaci, pacijenti i organizacije pacijenata zalagali su se za promjenu naziva 'shizofrenija', smatrajući taj pojam obmanjujućim, stigmatizirajućim i preprekom specijaliziranoj skrbi. U zemljama u kojima je došlo do promjene imena (npr. Japan), čini se da su prednosti preimenovanja daleko veće od nedostataka. Ipak, promjena naziva bila bi dugotrajan i složen proces koji ne bi bio koristan da nije popraćen paralelnim promjenama zakonodavstva, usluga i edukacije stručnjaka i javnosti.

Ključne riječi: *shizofrenija, nozologija.*

IL_09

WORDS ARE IMPORTANT: IS THERE A NEED FOR A NEW NAME FOR SCHIZOPHRENIA?

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The current concept and name of schizophrenia comes from the early 20th century Swiss psychiatrist Eugen Bleuler who in 1911. Introduced replacing the formerly known 'dementia praecox' from Emil Kraepelin 1896. The new term was partly inspired by psychoanalytic thinking, and referring to the observed schism of psychic functions within the personality, (thinking, memory and perception), which Bleuler assumed to be the prominent feature of the disorder. He even broadened the term to 'the group of schizophrenias', suggesting perhaps a spectrum with different aetiopathogenesis, course and outcome – hence introducing a more positive prognostic concept instead of the single Kraepelinian disease entity with unfavourable outcome.

Several trends intersecting over the past two decades have generated increasing debate as to how the concepts of schizophrenia, the schizophrenia spectrum, and the psychotic disorders spectrum should be regarded. These trends are reflected in various areas of research such as genomics, neuroimaging, and data-driven computational studies of multiple response systems. Growing evidence suggests that schizophrenia represents a broad and heterogenous syndrome, rather than a specific disease entity, that is part of a multi-faceted psychosis spectrum. Progress in explaining these various developments has been hampered by the dependence upon sets of symptoms and signs for determining a diagnosis.

Professionals, patients and patient organisations have advocated for the renaming of 'schizophrenia', seeing the term as misleading, stigmatising and a barrier to specialised care. In countries where a name change has occurred (e.g., Japan), the advantages of renaming seem to far outweigh disadvantages. Nevertheless, a name change would be a long and complex process that would not be useful if it were not accompanied by parallel changes in legislation, services and the education of professionals and the public.

Keywords: *Schizophrenia, Nosology*.

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PZ_10

BARIJERE NA PUTU OD SOCIJALNE DO EKOLOŠKE PSIHIJATRIJE

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Šezdesetih godina prošlog stoljeća, na čelu s Joshua Biererom i njegovim sljedbenicima, javljaju se prve ideje o uvođenju i implementaciji socijalne psihijatrije u zdravstveni sustav. U isto vrijeme u svijetu se pojavljuje i antipsihijatrijski pokret, koji predvode Thomas Szasz, Ronald David Laing i drugi, a koji iznose ozbiljnu kritiku vezano uz psihijatriju, normalno i abnormalno, kao i uz sam pojam ludila (da li je to mit ili stvarnost). U tadašnjoj Jugoslaviji profesor Vladimir Hudolin sa svojim sljedbenicima, uz psihijatriju otvorenih vrata i interdisciplinarnu suradnju, razvija i izvaninstitucionalne oblike pomoći, odnosno zaštite i unaprjeđenja mentalnog zdravlja u zajednici. Već tada nastaju prvi izvaninstitucionalni klubovi liječenih alkoholičara, ovisnika o drogama, gerijatrijski klubovi, psihijatrijski klubovi, i dr., a u koje se uz pacijente uključuju i cijele obitelji. Također se kroz šestomjesečne škole socijalne psihijatrije educiraju kadrovi za rad u ovim izvaninstitucionalnim klubovima, a među polaznicima škola su bili i stručnjaci i pacijenti. Ove promjene koje je započeo profesor Vladimir Hudolin u našim krajevima pokrenule su sličan pokret i u brojnim drugim europskim zemljama, a osobito u Italiji, gdje Franco Basaglia i krug ljudi oko njega uspijeva zatvoriti velike psihijatrijske ustanove te zaštitu i unaprjeđenja mentalnog zdravlja prebaciti u ambulante, centre i odjele u bolnicama. Od 1979. godine i mi iz Hrvatske sudjelujemo u osnutku i djelovanju nekoliko tisuća klubova u Europi (a osobito u Italiji). Kako je profesor Hudolin 12 godina predsjedavao Svjetskim udruženjem socijalne psihijatrije, kao i Mediteranskim udruženjem socijalne psihijatrije, te bio specijalni savjetnik Svjetske zdravstvene organizacije za mentalno zdravlje, bili smo sudionici svih najznačajnijih promjena u razvoju socijalne psihijatrije. Profesor Vladimir Hudolin je stalno naglašavao da treba vratiti dostojanstvo duševno oboljelom i njegovoj obitelji, a smatrao je da bi socijalna psihijatrija budućnosti trebala posvetiti najveću pažnju strahovima, ratovima i netrpeljivostima, jer smo zaboravili na međuljudski dodir, komunikaciju i interakciju među ljudima kao najvažnije elemente socijalno-psihijatrijskog razmišljanja. Kao sudionik ovih zbivanja od 1976. godine, autor će u svom izlaganju iznijeti svoja razmišljanja, sjećanja i komentare o tome kako je i kuda išla socijalna psihijatrija u Hrvatskoj i svijetu, koje su najveće barijere bile uzrok zanemarivanja socijalne psihijatrije i kako od socio-ekološkog modela profesora Hudolina ići prema ekološkoj psihijatriji i Novoj ekologiji uma.

Ključne riječi: *socijalna psihijatrija, ekološka psihijatrija, Vladimir Hudolin.*

BARRIERS ON THE WAY FROM SOCIAL TO ECOLOGICAL PSYCHIATRY

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In the 1960s, led by Joshua Bierer and his followers, the first ideas about the introduction and implementation of social psychiatry in the health care system appeared. At the same time, an anti-psychiatry movement is emerging in the world, led by Thomas Szasz, Ronald David Laing and others, who present serious criticism regarding psychiatry, normal and abnormal, as well as the concept of madness (is it a myth or reality). In the former Yugoslavia, Professor Vladimir Hudolin and his followers, in addition to open-door psychiatry and interdisciplinary cooperation, also develop non-institutional forms of help, i.e., protection and improvement of mental health in the community. Even then, the first non-institutional clubs of alcoholics, drug addicts, geriatric clubs, psychiatric clubs, etc., were created, in which, in addition to patients, entire families were included. Staff are also trained to work in these non-institutional clubs through six-month schools of social psychiatry, and among the school's participants were experts and patients. These changes started by Professor Vladimir Hudolin in our region started a similar movement in a number of other European countries, especially in Italy, where Franco Basaglia and the circle of people around him manage to close large psychiatric institutions and transfer the protection and improvement of mental health to clinics, centers and departments in hospitals. Since 1979, we from Croatia have participated in the establishment and operation of several thousand clubs in Europe (especially in Italy). As Professor Hudolin chaired for 12 years the World Association of Social Psychiatry, as well as the Mediterranean Association of Social Psychiatry, and was a special advisor to the World Health Organization for mental health, we were participants in all the most significant changes in the development of social psychiatry. Professor Vladimir Hudolin constantly emphasized that the dignity of the mentally ill and his family should be restored, and he believed that the social psychiatry of the future should pay the greatest attention to fears, wars and intolerance, because we have forgotten interpersonal touch, communication and interaction between people as the most important elements of social psychiatric thinking. As a participant in these events since 1976, the author will present his thoughts, memories and comments about how and where social psychiatry went in Croatia and the world, what were the biggest barriers that caused the neglect of social psychiatry and how to move from the socio-ecological model of Professor Hudolin towards ecological psychiatry and the New Ecology of Mind.

Keywords: *Social Psychiatry, Ecological Psychiatry, Vladimir Hudolin.*

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PZ_11

PREGLED I NOVE STUDIJE O REPETITIVNOJ TRANSKRANIJALNOJ MAGNETSKOJ STIMULACIJI (r-TMS) PROVEDENE U KLINIČKOJ PSIHIJATRIJSKOJ BOLNICI "SVETI IVAN"

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Transkranijalna magnetska stimulacija (TMS) je neinvazivna tehnika dubinske stimulacije mozga koja je pokazala dijagnostički i terapijski potencijal u neurologiji i psihijatriji. Najbolji rezultati postižu se u liječenju poremećaja raspoloženja koje su odobrile europska i američka agencija za lijekove (EMA i FDA). Stimulator stvara promjenjivu električnu struju unutar zavojnice koja inducira magnetsko polje; ovo polje zatim uzrokuje drugu induktivnost obrnutog električnog naboja unutar samog mozga. U TMS laboratoriju Klinike za psihijatriju „Sveti Ivan", koji je osnovan 2014. godine, do danas liječeno je više od 2000 bolesnika. Referentni je centar Ministarstva zdravstva Republike Hrvatske i vodeći regionalni centar u ovom dijelu Europe. Naš TMS laboratorij trenutno ima 15 zaposlenih, od čega 5 psihijatara i 2 neurologa, a godišnje liječimo više od 400 pacijenata. U ovom izvješću želimo predstaviti naglaske studija o djelotvornosti HF rTMS na simptome velikog depresivnog poremećaja (MDD) provedenih u našem laboratoriju za TMS u razdoblju 2016.-2022. godine, kroz koje su procijenjeni klinički relevantni učinci na težinu simptoma MDD u objedinjenom uzorku pacijenata. Istraživanja koja smo proveli u našem laboratoriju objavljeni su u više od 9 visoko indeksiranih publikacija te su često citirana u stranoj literaturi. Naši su rezultati pokazali znatno bolje stope odgovora s liječenjem H1 zavojnicom i 8 zavojnicom u odnosu na kontrolnu skupinu, kod 228 pacijenata s velikim depresivnim poremećajem, iako studija nije pronašla razlike u stopama remisije. Osim redovite upotrebe H1-zavojnice u našem kliničkom radu, istražujemo usporedbu učinkovitosti između H1 i novije, H7-zavojnice i lažne (sham) zavojnice. H7-zavojnica (i njegova meta stimulacije) značajno se razlikuju od H1-zavojnice i odobrena je za liječenje refraktornog MDD. Kroz naša buduće istraživanje, želimo doprinijeti objašnjenju prednosti dubokog TMS tretmana MDD s H7-zavojnicom. Ubrzani rTMS protokoli sve se više proučavaju zbog njihovog potencijala da poboljšaju učinkovitost i skrate vrijeme liječenja. Izveli smo prvu procjenu ubrzanog dubokog TMS protokola s H1-zavojnicom. (3). Naše je istraživanje pokazalo da ubrzani duboki TMS s H1-coil režimom dva puta dnevno tijekom 10 ili 15 dana može biti sigurna i učinkovita alternativa za liječenje MDD. Naše prethodne studije pružile su novi uvid u duboke pristupe TMS za moguće buduće načine liječenja depresije, ali i drugih indikacija, posebno anksiozne depresije, OKP, negativnih simptoma kod shizofrenije, ovisnosti i PTSP, kao i neuroloških stanja, uključujući tinitus, multiplu sklerozu i post-CVI neuropatsku bol. Ujedno, trenutno se u našem laboratoriju provode 3 potpuno nova zanimljiva istraživanja, za koja se nadamo da će pokazati nove i napredne rezultate.

Ključne riječi: *TMS, r-TMS, MDD.*

OVERVIEW AND NEW STUDIES ON THE REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (r-TMS) CONDUCTED IN THE UNIVERSITY PSYCHIATRIC HOSPITAL "SVETI IVAN"

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Transcranial magnetic stimulation (TMS) is a non-invasive form deep brain stimulation technique and has shown diagnostic and therapeutic potential in neurology and psychiatry. The best results are achieved in the treatment of mood disorders approved by the EMA and FDA. The stimulator generates a changing electric current within the coil which induces a magnetic field; this field then causes a second inductance of inverted electric charge within the brain itself. TMS laboratory in the University Psychiatric Hospital „Sveti Ivan" has been treating patients suffering from major depressive disorder (MDD) with r-TMS since the beginning of 2014. It is the reference center of the Croatian Ministry of Health for the application of TMS and the leading regional center in this part of Europe. Our TMS laboratory currently has 15 employees, of which 5 are psychiatrists and a neurologist, and we treat more than 350 patients a year. In this report, we aim to present the highlights of studies on HF r-TMS efficacy on symptoms of MDD conducted in our TMS laboratory in the period 2016-2022, through which the clinically relevant effects on MDD symptoms severity in the pooled sample of patients were assessed. We then discuss how the findings from these studies informed the ongoing and future research and the day-to-day clinical work in our TMS laboratory. Our results showed significantly better response rates with H1-coil treatment relative to 8-coil treatment in 228 patients with major depressive disorder, though the study found no differences in remission rates. Besides using the H1-coil regularly in our clinical work, we are researching on comparing the efficiency between the H1 and the newer, H7-coil and sham coil. The H7-coil (and its stimulation target) are significantly different from the H1-coil, and is cleared for the treatment of refractory MDD. Through our future research, we will contribute to explain the benefit of deep TMS treatment of MDD with the H7-coil. Accelerated r-TMS protocols are being increasingly studied because of their potential to enhance treatment efficacy and shorten treatment time. We performed the first assessment of the accelerated deep TMS protocol with H1-coil. Our research found that the accelerated deep TMS with an H1-coil regimen twice daily for 10 days or 15 days can be a safe and effective alternative for the treatment of MDD. Our previous studies provided new insight for deep TMS approaches for possible future avenues to treat depression, but also other indications, especially anxious depression, OCD, negative symptoms in schizophrenia, addiction and PTSD, as well as neurological conditions, including tinnitus, multiple sclerosis and post-CVI neuropathic pain. At the time, 3 completely new interesting researches are currently being carried out in our laboratory, which we hope will show new and advanced results.

Keywords: *TMS, r-TMS, MDD.*

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PZ_12

KUDA IDE PSIHIJATRIJA? PSIHIJATRIJA NOVE GENERACIJE

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Posebnost spoznaje o ljudskoj prolaznosti, biološkoj i psihološkoj promjenljivosti, bolestima, frustracijama i krizama, je satkana u ljudskom "genomu", svakoj strukturi ličnosti ponaosob, kao i u paralelnoj kozmičkoj energiji usmjerenoj gotovo uvijek životu. Suočavanje i prihvaćanje svih sastavnica života opisuje najteža iskustva, ali predstavlja i jedini generator da bi se krenulo i kretalo naprijed.

Civilizacijski trenutak u kojem živimo, a posebice fantastični tehnološki i digitalni iskorak kao rezultat gotovo nevjerojatne kreativnosti ljudskog uma, donijeli su razvidno nedostatno praćenje tih "evolucijskih promjena" na emocionalnoj razini čovjeka. Taj raskorak danas bilježimo kroz "teror brzine", narasle zahtjeve na svim razinama života, čija rezultanta je gotovo lako predvidljiva u povećanim emocionalnim i mentalnim smetnjama kao očekivani psihološki odgovor i obrana. Liječenje takovih poremećaja, nije i ne može biti, uvjetno rečeno, jednodimenzionalno, kao što je kod ubikvitarnih duševnih bolesti gdje će biopsihosocijalni model terapijskog pristupa imati dominantnu ulogu. Što nas moguće čeka u skoroj perspektivi, može li čovjek prevladati sada već zorne odmake od iskona i prirode kojoj pripada kao i sve posljedice? Da li ćemo na krilima globalizacije, novih vrjednosnih sustava, postmoderne, postdemokracije, posthumanizma... dobiti novog boljeg čovjeka ili ćemo se utopiti i nestajati polako u transhumanizmu i hibridnom načinu života, ostavljajući prostor nekom „drugom čovjeku"? U svakom slučaju je, kao i u svim promjenama kroz ljudsku povijest, očekivati modificiranje patoplastike psihičkih smetnji. Zbog toga se mora sagledavati i promišljati širi društveni kontekst i sve uključiti u organizacijske i strateške poteze i odluke, koji će u ishodištu, nadamo se, donositi kvalitet u preventivi i liječenju psihičkih problema. Dakle, vidimo da je psihijatrija danas, uostalom kao i uvijek, pred nizom izazova koje je potrebno predmnijevati i tako pokušavati biti korak ispred...

Ključne riječi: *psihijatrija, mentalni poremećaji, 21.stoljeće, izazovi.*

IL_12

PSYCHIATRY OF THE NEXT GENERATION

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The peculiarity of knowledge about human transience, biological and psychological variability, diseases, frustrations and crises is woven into the human "genome", each personality structure individually, as well as in parallel cosmic energy directed almost always to life. The acknowledgement and acceptance of all components of life presents the most difficult experiences, but at the same time the only “move forward generator”. We live in the civilizational moment defined by, among other things, fantastic technological and digital development due to the incredible creativity of the human mind that resulted in an insufficient monitoring of the related "evolutionary changes" on the human emotional level. Today we observe the aforementioned gap through the "terror of speed" and increased demands on all levels of life, the result of which is almost easily predictable in emotional and mental disturbances inflation as an expected psychological response and defense. The treatment of such disorders is not and cannot be, conditionally speaking, one-dimensional, as is the case with ubiquitous mental illnesses, where the biopsychosocial model of the therapeutic approach will play a dominant role. What the future holds, can humans overcome the growing detachment from the origins and the nature to which humans belong, as well as the consequences? On the track of globalization, new value systems, postmodernism, postdemocracy, posthumanism... will we gain a new better human or will we disappear slowly in transhumanism and a hybrid way of life, leaving room for some "other human"? In any case, as in all changes throughout human history, modification of the pathology of mental disorders is to be expected. Therefore, the retrospective and reflection on the broader social context is necessary. It is obvious that psychiatry today, as always, faces a series of challenges that need to be understood and anticipated...

Keywords: *Psychiatry, Mental Disorders, 21st Century, Challenges.*

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PZ_13

RAZVOJ EMDR TERAPIJE U BOSNI I HERCEGOVINI

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Uvod: Kod građana Bosne i Hercegovine (BiH) pogođenih ratom 1992-1995. potrebe za psihoterapijom a time i za terapijom EMDR su značajno povećane, a nakon pojave pandemije COVID-19 potrebe su veće i kompleksnije. **Cilj:** Opisati početak i kontinuirano održavanje uspostavljene kompletne EMDR edukacije i održavanje međunarodnih standarda EMDR prakse u BiH. **Metode:** Autori su opisali povijest ideje i njene realizacije za EMDR obrazovanje koje je pružila Trauma Aid UK s neprofitnim, humanitarnim pristupom za kontinuirani profesionalni razvoj prije pandemije i pod otežanim okolnostima tokom COVID-19 pandemije. **Rezultati**: Realizovano je šest bazičnih EMDR treninga, jedan trenig za EMDR za djecu i adolescente, kao i trening za EMDR konsultante. Udruženje/Udruga EMDR terapeuta u Bosni i Hercegovini (UEMDRTuBiH), članica EMDR Europe od 2013. godine, organizovala je tri EMDR konferencije u BiH sa međunarodnim učešćem, i nekoliko tematskih edukacija, sponzorirane od Trauma Aid UK a pod pokroviteljstvom EMDR UK Association. Šesti bazični EMDR treninga u Bosni i Hercegovini smo započeli uživo a intermedijerni i drugi dio smo održali online kao i trening za EMDR konsultante zbog COVID-19 pandemije. Osnovan je nacionalni EMDR komitet za akreditacije koji je akreditovao tri EMDR praktičara, jednog reakreditovao i akreditovao dva EMDR konsultanta za EMDR za djecu i adolescente. **Zaključak:** EMDR edukacije za profesionalce mentalnog zdravlja u Bosni i Hercegovini, uz pomoć EMDR Trauma Aid UK je rezultiralo sa europskim akreditiranim EMDR praktičarima, konsultantima i konsultantima za EMDR za djecu i adolescente. Nacionalno Udruženje EMDR terapeuta u BiH, koje je član EMDR Europe i Saveza psihoterapijskih udruženja u BiH je održalo tri konferencije sa međunarodnim učešćem u BiH, a osnovalo je i nacionalni EMDR komitet za akreditacije, priznat od EMDR Europe, za akreditovanje svojih članova, Ovo će čuvati nacionalni razvoj psihoterapijskih kapaciteta u poslijeratnoj i post-COVID BiH.

Ključne riječi: *EMDR edukacija, Bosna i Hercegovina,Trauma Aid UK, EMDR Europe.*

IL_13

DEVELOPMENT OF EMDR THERAPY IN BOSNIA AND HERZEGOVINA

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Introduction: In citizens of Bosnia and Herzegovina (B&H) affected by the 1992-1995 war, the needs for psychotherapy and thus for EMDR therapy have increased significantly, and after the onset of the COVID-19 pandemic, the needs are greater and more complex. **Objective:** To describe the beginning and continuous maintenance of the established complete EMDR education and the maintenance of international standards of EMDR practice in Bosnia and Herzegovina. **Methods:** The authors described the history of the idea and its implementation for EMDR education provided by Trauma Aid UK with a non-profit, humanitarian approach to continuing professional development before the pandemic and under difficult circumstances during the COVID-19 pandemic. **Results:** Six basic EMDR trainings, one EMDR training for children and adolescents, as well as a training for EMDR consultants were implemented. The Association of EMDR therapists in Bosnia and Herzegovina (AEMDRTinBH), a member of EMDR Europe since 2013, organized three EMDR conferences in B&H with international participation, and several thematic trainings, sponsored by Trauma Aid UK and under the auspices of the EMDR UK Association.

We started the sixth basic EMDR training in B&H live, and we held the intermediate and second part online, as well as training for EMDR consultants due to the COVID-19 pandemic. A national EMDR accreditation committee was established that accredited three EMDR practitioners, reaccredited one and accredited two EMDR consultants for EMDR for children and adolescents. **Conclusion:** EMDR training for mental health professionals in Bosnia and Herzegovina, with the help of EMDR Trauma Aid UK has resulted in European accredited EMDR practitioners, consultants and EMDR consultants for children and adolescents. The National Association of EMDR Therapists in B&H, which is a member of EMDR Europe and the Union of Psychotherapy Associations in B&H, held three conferences with international participation in B&H, and established a National EMDR Committee for Accreditation, recognized by EMDR Europe, for the accreditation of its' members. This will safeguard the national development of psychotherapy capacities in post-war and post-COVID B&H.

Keywords: *EMDR Education, Bosnia and Herzegovina, Trauma Aid UK, EMDR Europe.*

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PZ_14

UTICAJ HORMONA NA DEPRESIVNOST, SUICIDALNOST, HOSTILNOST I TERAPIJSKI ODGOVOR KOD PACIJENATA SA DIJAGNOZOM SHIZOFRENIJE

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Uvod: Pacijenti sa shizofrenijom pokazuju povećan rizik za poremećeni metabolizam hormona, kao što su kortizol, prolaktin i insulin, ali mehanizam koji je u osnovi ove povezanosti ostaje nepoznat. Više studija je pokušalo da identifikuje determinante insulinske rezistencije kod shizofrenije, sa dokazima koji sugerišu da se to ne može u potpunosti objasniti trajanjem bolesti, ozbiljnošću simptoma, efektima ljekova, gojaznošću ili aktivacijom hipotalamohipofizne osovine, ili drugim faktorima. Neka istraživanja potvrdila su da pacijenti, čak i u prodromalnoj fazi prije primjene ljekova imaju hiperprolaktinemiju i gonadalnu disfunkciju. Takođe, postoje dokazi da je prolaktin povezan sa simptomima kod shizofrenije kao i odgovorom na terapiju. Kada se suočavaju sa stresnom situacijom, pacijenti oboljeli od shizofrenije mogu imati poremećaj na nivou hipotalamo-hipofizno-nadbubrežne (HPA) osovine. Niži odgovor kortizola kod ovih pacijenata povezan je sa težim simptomima i lošijom prognozom bolesti. **Metod:** Uzorak je činilo 122 ispitanika sa dijagnozom shizofrenije. U radu su analizirane koncentracije kortizola, prolaktina i insulina imunohemijskom metodom. Određivanje nivoa hormona rađeno je u svrhu praćenja ekspresije kliničke slike kod pacijenata sa shizofrenijom. **Rezultati:** Statistički značajne razlike s obzirom na terapijsku rezistenciju dobijene su jedino u slučaju insulina: ispitanici kod kojih je bila prisutna terapijska rezistencija imali su, u prosjeku, viši nivo insulina od grupe ispitanika kod kojih nije registrovana terapijska rezistencija ($M = 15.17$ vs. $M = 9.73$; $t = 2.037$, $p = .045$). U našem uzorku korelacije nivoa hormona (prolaktina, kortizola i insulina) sa suicidalnošću, depresivnošću i hostilnošću su bile niske i statistički neznačajne. **Zaključak:** Postoji povezanost insulina sa terapijskim odgovorom, tj. sa nastankom terapijske rezistencije. Nije postojala povezanost ispitivanih hormona sa suicidalnošću hostilnošću i depresivnošću.

Ključne riječi: *hormoni, shizofrenija, terapijska rezistencija, klinička slika.*

IL_14

THE IMPACT OF HORMONES ON DEPRESSION, SUICIDALITY, HOSTILITY AND THERAPEUTIC RESPONSE IN PATIENTS DIAGNOSED WITH SCHIZOPHRENIA

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Introduction: Patients with schizophrenia show an increased risk for impaired metabolism of hormones such as cortisol, prolactin, and insulin, but the mechanism underlying this association remains unknown. Several studies have attempted to identify the determinants of insulin resistance in schizophrenia, with evidence suggesting that it cannot be fully explained by disease duration, symptom severity, drug effects, obesity or hypothalamic-pituitary axis activation, or other factors. Some studies have confirmed that patients, even in the prodromal phase before the use of drugs, have hyperprolactinemia and gonadal dysfunction. Also, there is evidence that prolactin is associated with symptoms in schizophrenia as well as response to therapy. When faced with a stressful situation, patients with schizophrenia may have a disturbance at the level of the hypothalamic-pituitary-adrenal (HPA) axis. A lower cortisol response in these patients is associated with more severe symptoms and a worse disease prognosis. **Method:** The sample consisted of 122 patients diagnosed with schizophrenia. In the paper, the concentrations of cortisol, prolactin and insulin were analyzed using the immunochemical method. Determination of hormone levels was done for the purpose of monitoring the expression of the clinical picture in patients with schizophrenia. **Results:** Statistically significant differences with regard to therapeutic resistance were obtained only in the case of insulin: subjects in whom therapeutic resistance was present had, on average, a higher level of insulin than the group of subjects in whom therapeutic resistance was not registered ($M = 15.17$ vs. $M = 9.73$; $t = 2.037$, $p = .045$). In our sample, correlations of hormone levels (prolactin, cortisol and insulin) with suicidality, depression and hostility were low and statistically insignificant. **Conclusion:** There is an association between insulin and therapeutic response, i.e., with the therapeutic resistance. There is no connection between the examined hormones with suicidality, hostility and depression.

Keywords: *Hormones, Schizophrenia, Therapeutic Resistance, Clinical Presentation.*

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NEKE OD NOVOSTI U OBLASTI LIJEČENJA OVISNOSTI

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Interdisciplinarni pristup bolesnicima s komorbiditetom ovisnosti i drugih duševnih i somatskih bolesti ključan je za uspješno liječenje. Integracija kliničkih radnih iskustava, neurobioloških znanja, multidisciplinarnog razumijevanja sa suvremenim pristupima liječenju specifičnih bolesti (subspecijalizacija); uz uspješnu suradnju između različitih specijalnosti pomaže nam u uspješnom liječenju u kontekstu novih medicinskih i psihosocijalnih pristupa. Autor će predstaviti neke nove trendove i razvoj u liječenju osoba koje koriste droge uključujući nove depo/dugodjelujuće lijekove za opioidno supstitucijsku terapiju i prevenciju predoziranja.

Ključne riječi: *liječenje ovisnosti, interdisciplinarni pristup, novi trendovi.*

IL_15

SOME NEW TRENDS IN ADDICTION TREATMENT

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Interdisciplinary approach for the patients with comorbidity of addiction and other mental and somatic diseases is crucial for successful treatment. Integration of clinical work experiences, neurobiological knowledge, multidisciplinary understanding with modern approaches to treatment of specific diseases (subspecialisation); with successful cooperation between different specialities helps us to successful treatment in context of new medical and psychosocial approaches. The author will present some new trends and developments in treatment of people who use drugs including new depot/long term acting medications for AOT (agonist opioid treatment) and overdose prevention.

Keywords: *Drug Addiction Treatment, Interdisciplinary Apporoach, New Trends.*

Literatura/References:

ODNOS IZMEĐU PROŽIVLJENOG TRAUMATSKOG ISKUSTVA U DJETINJSTVU I POREMEĆENIH NAVIKA HRANJENJA ADOLESCENATA U BOSNI I HERCEGOVINI

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Uvod: Zlostavljanje djece koje uključuje fizičko, seksualno i emocionalno zlostavljanje, fizičko i emocionalno zanemarivanje te izloženost djeteta intimnom nasilju partnera-sve se više prepoznaje kao nespecifični faktor rizika za poremećene navike hranjenja i sve vrste poremećaja hranjenja. **Cilj:** Istražiti moguću povezanost i prediktivne varijable između poremećenih navika hranjenja i proživljenog iskustva zlostavljanja u djetinjstvu u adolescenata oba spola grada Mostara (Bosna i Hercegovina). **Metode:** Presječno istraživanje je provedeno na prigodnom uzorku od 724 srednjoškolca dobi od 14 do 19 godina. Korišteni su: sociodemografski upitnik, Upitnik navika hranjenja EAT-26 te Upitnik traume u djetinjstvu CTQ. **Rezultati:** Emocionalno zlostavljanje kod djevojaka je statistički značajno povezano s rezultatima na svim subskalama EAT upitnika (držanje dijeta, bulimija/preokupacija hranom, oralna kontrola). Također je kod djevojaka, fizičko zlostavljanje i emocionalno zanemarivanje statistički značajno povezano s držanjem dijete i bulimijom/preokupacijom hranom, dok je fizičko zanemarivanje statistički značajno povezano sa bulimijom/preokupacijom hranom. Kod mladića nisu nađene statistički značajne povezanosti ispitivanih varijabli. Najznačajniji prediktor za razvoj poremećenih navika hranjenja (bulimija/preokupacija hranom i oralna kontrola) u djevojaka je emocionalno zlostavljanje. U mladića se niti jedan prediktor nije našao kao statistički značajan. **Zaključak:** Iskustvo zlostavljanja u djetinjstvu može pridonijeti povećanom riziku za razvoj poremećenih navika hranjenja u adolescenata, posebno u djevojaka.

Ključne riječi: *zlostavljanje djece, poremećene navike hranjenja, adolescent.*

THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA EXPERIENCE AND DISORDERED EATING AMONG ADOLESCENTS IN BOSNIA AND HERZEGOVINA

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Introduction: Child maltreatment, which includes physical, sexual and emotional abuse, physical and emotional neglect and child exposure to intimate partner violence - is increasingly recognized as a non-specific risk factor for disordered eating and all types of eating disorders. **Aim**: This study aimed to assess possible relationships and predictor variables between disordered eating and childhood trauma experience in adolescents of both sexes in the city of Mostar (Bosnia and Herzegovina). **Methods**: A cross-sectional study was carried out on a suitable sample of 724 high-school students aged 14-19 years. The following tools have been used: socio-demographic questionnaire, The Eating Attitudes Test (EAT-26) and Childhood trauma Questionnaire (CTQ). **Results**: Emotional abuse in girls is statistically significantly related to results on all subscales of the EAT-26 questionnaire (dieting, bulimia/food preoccupation, oral control). Also in girls, physical abuse and emotional neglect are statistically significantly associated with dieting and bulimia/ food preoccupation, while physical neglect is statistically significantly associated with bulimia/food preoccupation. In boys, no statistically significant correlations between the examined variables were found. The most significant predictor for the development of disordered eating (bulimia/ food preoccupation and oral control) in girls is emotional abuse. In boys, not a single predictor was found to be statistically significant. **Conclusions**: Childhood trauma experience may contribute to greater risk for the development of disordered eating among adolescents, especially in girls.

Keywords: *Child Maltreatment, Disordered Eating, Adolescent.*

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PZ_17

BEZUVJETNO PRIHVAĆANJE SMJERNICA U PROCESU EUROPSKIH INTEGRACIJA – PRIHVATLJIVO ILI NE?!

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Razvoj ljudskog društva i demokracije zadnjih godina 20-og i početkom ovog stoljeća doveo je do procesa približavanja, udruživanja i procesa globalizacije u svim sferama života. Na razini psihijatrije povezani smo zajedničkim klasifikacijskim sustavom psihijatrijskih bolesti i poremećaja. Na društvenom planu uključeni smo u procese kontinentalne integracije. Međusobno približavanje zasnovano na uzajamnom uvažavanju i demokratizaciji zahtijevalo bi i spremnost na kompromis, ali deklarativno bi trebalo uvažavati i različitosti. Operativno, integracije su definirane pravnim propisima, te je i Hrvatska u sklopu paketa zakona o ljudskim pravima morala usvojiti i Zakon o zaštiti osoba s duševnim smetnjama. Neovisno o spomenutom mehanizmu, u tijeku je i proces interdisciplinarnog pristupa i interakcije prava i medicine. S odmakom vremena u prilici smo sagledati koristi, ali i očigledne nedostatke primijenjenog koncepta. Demokracija, bi prema svojoj definiciji, trebala omogućiti slobodu ukazivanja na nelogičnosti i nepravilnosti, mogućnost izbora i jednaka prava svih.

Ključne riječi: *psihijatrija, pravo.*

IL_17

UNCONDITIONAL ACCEPTANCE OF GUIDELINES IN THE PROCESS OF EUROPEAN INTEGRATION - ACCEPTABLE OR NOT?!

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The development of human society and democracy in the recent years of the 20th and at the beginning of this century led to the process of rapprochement, association and the process of globalization in all spheres of life. At the level of Psychiatry, we are connected by a common classification system of International Statistical Classification of Diseases and Related Health Problems. Mutual rapprochement based on reciprocal respect and democratization would also require a willingness to agreement, but declaratively, differences should also be respected. Operationally, integrations are defined by legal regulations, and so Croatia also had to introduce, as a part of the package of laws on human rights, the Law on Protection of Persons with Mental Disorders. Regardless of the mentioned mechanism, the process of interdisciplinary approach and interaction of law and medicine is also ongoing. From the time distance, we can realize the benefits, but also the obvious disadvantages of the applied concept. Democracy, according to its definition, should enable the freedom to point at the apparent irregularities and illogicalities, freedom of choice and equal rights for all.

Keywords: *Psychiatry, Legal Regulation.*

References: 1, Zakon o zaštiti osoba s duševnim smetnjama - Narodne novine, NN 111/1997.; 2. Komentar Zakona o zaštiti osoba s duševnim smetnjama s provedbenim propisima, primjerima sudskih odluka, međunarodnim dokumentima i presudama Europskog suda za ljudska prava, Garašić J, Goreta M et al., 2017

PZ_18

UTJECAJ TRANSGENERACIJSKE TRAUME NA SMETNJE LIČNOSTI

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Transgeneracijska trauma uključuje psihološke i biološke (fiziološke) učinke koje trauma ostavlja na slijedeće generacije u nekoj grupi. U mojoj prezentaciji opisati ću učinke transgeneracijske traume (uključujući intergeneracijsku i povijesnu), ranije radove kao i recentne radove te trendove u struci. Transgeneracijska trauma ima jaki utjecaj na spektar sub-sistema ličnosti. Suvremena istraživanja epigenetike omogućuju uvid u molekularnu povezanost između faktora ranog razvoja te aktivacije gena bitnih za hormone i receptore. Epigenetika se smatra blisko povezanom s konceptom transgeneracijske traume premda su studije humane epigenetike vezane uz transgeneracijsku traumu u relativnim počecima. Većina studija transgeneracijske traume se provodi i uz primjenu znanja psihodinamike te drugih psihijatrijskih modela istraživanja. U završnom dijelu moje prezentacije opisati ću bitne psihodinamske koncepte u kontekstu faktora rezilijencije te liječenja. U prethodnim knjigama mojeg tima (Klinike za psihijatriju i psihološku medicinu Kliničkog bolničkog centra Zagreb) koje su navedene u literaturi, opisao sam i naglasio ulogu psihodinamike u kontekstu transgeneracijske traume, s brojnim utjecajima na ličnost.

Ključne riječi: *transgeneracijska trauma, ličnost, psihodinamika, epigenetika.*

IL_18

THE IMPACT OF TRANSGENERATIONAL TRAUMA ON DISTURBANCES OF PERSONALITY

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Transgenerational trauma is the psychological and biological (physiological) effects that the trauma experienced by people has on subsequent generations in one group. In my presentation I will examine the concept of transgenerational (including intergenerational and historical) trauma, its recent history and the contemporary trends. Transgenerational trauma has a large impact on the spectrum of personality subsystems. The contemporary field of epigenetics has provided a molecular link between early developmental factors of and the activity of genes coding for hormones and receptors. Epigenetics has become closely related to the concept of transgenerational trauma, yet human epigenetic studies of transgenerational trauma are still in their early days. Most studies of transgenerational trauma continue to be conducted using the tools of psychodynamics and other psychiatric models. In the final part of my presentation I will discuss psychodynamic approaches related to healing mechanisms. In previous books of our team (Department of Psychiatry and Psychological Medicine, University Hospital Center Zagreb)-mentioned in the literature I have emphasized the role of psychodynamics in the context of transgenerational trauma with multiple impacts on personality.

Keywords: *Transgenerational Trauma, Personality, Psychodynamics, Epigenetics.*

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PZ_19

CRIJEVNI MIKROBIOM I PSIHIJATRIJSKE BOLESTI

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Gastrointestinalni sustav čovjeka je naseljen s $10^{13\text{-}14}$ mikroorganizama, što je deset puta više od broja stanica u ljudskom organizmu, 150 puta više gena nego u genomu čovjeka. Mikrobiom u odraslih sadrži više od 1000 različitih vrsta i više od 7000 sojeva bakterija. Dominiraju većinom anaerobne bakterije, ali ima i virusa, protozoa, arheja i gljivica. Na strukturu mikrobioma utječu različite infekcije, bolesti, prehrambene navike i antibiotici, a razlikuju se mikrobiote u mlađoj dobi i u starijih osoba. Crijeva s pripadajućim mikrobiotom su poseban metabolički organ sa svojim vlastitim zakonitostima. Kroz dvosmjernu komunikacijsku mrežu signali iz mozga utječu na motoričku, senzornu i sekretornu aktivnost gastrointestinalnog sustava, a visceralni impulsi iz gastrointestinalnog sustava mogu utjecati na moždane funkcije. Neurokemijski i bihevioralni učinci se ne javljaju nakon vagotomije što upućuje na vagus kao glavnu komunikaciju između probiotičnih bakterija i mozga. Psihički stres može povećati intenstinalnu permeabilnost omogućavajući bakterijama i antigenima da prođu epitelnu barijeru. Aktivira se mukozni imunološki odgovor što vodi u povišenje razina citokina i aktivaciju HPA. Probiotici su žive bakterije koje nose zdravstvenu dobrobit, kao što je smanjenje psihološkog distresa, smanjenje razine kortizola, poboljšanje raspoloženja i redukcija anksioznosti.

Ključne riječi: *gastrointestinalni sustav, mikrobiom, funkcije mozga, probiotici.*

IL_19

THE MICROBIOTA-GUT-BRAIN AXIS AND PSYCHIATRIC DISORDERS

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Center for Mental Health, Health Center Mostar, Mostar, Bosnia and Herzegovina

The human gastrointestinal system is inhabited by 10^{13-14} microorganisms, which is ten times more than the number of cells in the human body, 150 times more genes than in the human genome. The microbiome in adults contains more than 1,000 different species and more than 7,000 strains of bacteria. Mostly anaerobic bacteria dominate, but there are also viruses, protozoa, archaea and fungi. The structure of the microbiome is affected by various infections, diseases, dietary habits and antibiotics, and the microbiota in younger and older people is different. Intestines with associated microbiota are a special metabolic organ with its own laws. Through a two-way communication network, signals from the brain affect the motor, sensory and secretory activity of the gastrointestinal system, and visceral impulses from the gastrointestinal system can affect brain functions. Neurochemical and behavioral effects do not occur after vagotomy, which points to the vagus as the main communication between probiotic bacteria and the brain. Mental stress can increase intestinal permeability, allowing bacteria and antigens to cross the epithelial barrier. The mucosal immune response is activated, leading to an increase in cytokine levels and HPA activation. Probiotics are live bacteria that carry health benefits, such as reducing psychological distress, lowering cortisol levels, improving mood, and reducing anxiety.

Keywords: *Gastrointestinal System, Microbiome, Brain Functions, Probiotics.*

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PZ_20

BOLESTI OVISNOSTI ILI ADIKTOLOGIJA U SVJETLU STALNIH PROMJENA

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Sarajevo, Bosna i Hercegovina

U medicinskoj nauci i praksi, gledajući kroz istoriju, vjerovatno ne postoji oblast koja je bila više intrigantna od bolesti ovisnosti i svega što taj pojam nosi i znači. Razlog za to leži u nepoznavanju ali i u neprihvatanju suštine etioloških faktora nastanka ovih bolesti kao i animozitetu zdravstvenih radnika prema ovisniku.
Cilj rada je prikazati promjene odnosa društva prema problemu zloupotrebe psihoaktivnih suspstanci i bolestima ovisnosti kao i terapijskih pristupa zdravstvenog sistema koji su se mijenjali, od negiranja ove bolesti, preko oduzimanja slobode pacijentima kroz dugotrajni bolnički smještaj do savremenog psihosocioterapijskog pristupa s ciljem rehabilitacije i resocijalizacije ovisnika.
U radu će se koristiti retrospektivni prikaz promjena stavova zdravstvenog sistema i društvene zajednice prema bolestima ovisnosti.
Rezultati istraživanja ukazuju da mentalni poremećaji i poremećaji ponašanja vezani za upotrebu supstanci, sami i/ili u komorbiditetu s drugim psihičkim poremećajima, zauzimaju gotovo trećinu svih mentalnih poremećaja. Ako se tome dodaju i sve socijalne posljedice ovih poremećaja, onda je sigurno da su društvene štete velike i da ih ne treba zanemariti, a pogotovo se ne smije distancirati od njih, što se u svakodnevnoj praksi nerijeko dešava.
Uprkos očiglednom napredovanju znanstvenog i stručnog znanja prema bolestima ovisnosti, suštinski odnos većine zdravstvenih djelatnika i društvene zajednice se nije značajno promijenio u odnosu na nekadašnji negativistički stav. Ovisnici su i dalje stigmatizirani i diskriminirani u današnjem društvu, a adiktologija je nepoželjna subspecijalistička disciplina za većinu medicinskih djelatnika, uključujući i psihijatre.

Ključne riječi: *bolesti ovisnosti, adiktologija, liječenje, promjene stavova.*

IL_20

ADDICTION DISEASES OR ADDICTOLOGY WITHIN THE LIGHT OF ONGOING CHANGES

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In medical science and practice, reflecting through history, probably there is no field that has been more intriguing than addiction diseases and everything that this term carries and means. The reason for this lies in ignorance, but also in unaccepting the essence of etiological factors in its origin and the animosity of health professionals towards addicts.

The aim of this paper is to present the changes in society's attitude towards the problem of psychoactive substances abuse, addiction diseases and the therapeutic approaches in health system, which have changed, from denial, through depriving patients their freedom by long-term hospitalization, to a modern psycho-socio-therapeutic approach aiming towards addict's rehabilitation and resocialization.

The paper will use retrospective presentation of changes in the attitudes within the health system and the society towards addiction diseases.

Indicate that mental and behaviour disorders related to substance use, alone and/or in comorbidity with other mental disorders, account for almost one third of all mental disorders. If all the social consequences of these disorders are added, then it is certain that the harms to the society are great and that they cannot be ignored, especially we should not distance from them, which often happens in everyday practice.

Despite the obvious advancement of scientific and professional knowledge towards addiction diseases, the relationship of most healthcare professionals and the society has not significantly changed compared to former negativist attitude. Addicts are still stigmatized and discriminated today, while addictology remains undesirable subspecialty for most medical professionals, including psychiatrists.

Keywords: *Addiction Diseases, Addiction, Treatment, Attitudes Changes.*

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PZ_21

PREVENCIJA I TRETMAN NEUROKOGNITIVNOG DEFICITA KOD BIPOLARNOG POREMEĆAJA

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Posebno mjesto istraživanja u oblasti psihijatrije, u posljednje vrijeme, zauzima proučavanje neurokognitivnog deficita, njegovih uzroka i posljedica, kao i razvoj novog terapijskog pristupa za prevenciju i tretman ovog deficita kod pacijenata sa bipolarnim poremećajem (BP). Disfunkcije neurokognicije u domenu pažnje, verbalnog učenja i pamćenja, te izvršnih funkcija, iako prisutne u svim fazama bolesti, kao i u premorbidnoj fazi prije početka BP, obično su izražajnije tokom akutne epizode bolesti. Stoga, važno je napomenuti da je bitan endofenotip u genetičkom istraživanju bipolarnog poremećaja kognitivna funkcija. Cilj istraživanja oblasti neurokognitivnog deficita treba smatrati zajedničkom dimenzijom u različitim psihijatrijskim poremećajima, svojevrsnim trans-nosološkim domenom, u okviru kojega zbir svih informacija može omogućiti bolju prognozu bolesti u pogledu toka i liječenja BP. Takav pristup istraživanja treba gledati kao osnovni klinički cilj, a to je bolji terapijski odgovor koji dovodi do poboljšanja kvaliteta života pacijenata sa bipolarnim poremećajem, i općenito do boljeg psihosocijalnog funkcioniranja. Obzirom da se kognitivna disfunkcija smatra prediktorom nepovoljnih ishoda liječenja i općenito lošeg psihosocijalnog funkcioniranja, danas se smatra ključnom za razvoj farmakoloških i nefarmakoloških strategija za prevenciju i liječenje BP. Do danas je ispitan veliki broj različitih lijekova sa potencijalnim korisnim efektima za liječenje neurokognitivnog deficita, ali nažalost sve dosadašnje studije dale su različite rezultate, bez uvjerljivih dokaza efikasnosti. Antagonist kortikosteroidnih receptora, dopaminergički agonist, intranazalni inzulin, inhibitor holinesteraze, samo su neke od molekula čiji je učinak dokazan u više studija. Bez obzira na dosadašnje napore, nijedan lijek nije odobren kao pro-kognitivni pojačivač odnosno supstanca koja bi se koristila kao tzv. „kognitivno pojačavanje“ a s ciljem poboljšavanja kognitivnih funkcija, ponajprije pamćenja, pažnje, kreativnosti i inteligencije za BD, iako se neki od ovih lijekova pojavljuju kao kandidati koji obećavaju. Stoga su potrebna dalja istraživanja da bi se pronašla jedinjenja koja bi se mogla smatrati pouzdano efikasnim pro-kognitivnim suplementima.

Ključne riječi: *bipolarni poremećaj, neurokognitivni deficit.*

IL_21

PREVENTION AND TREATMENT OF NEUROCOGNITIVE DEFICIT IN BIPOLAR DISORDER

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An important part of research in the field of psychiatry, recently has been the study of neurocognitive deficit and its causes and consequences, as well as the development of a new therapeutic approach for the prevention and treatment in patients with bipolar disorder (BPD). Dysfunctions of neurocognition in the domain of attention, verbal learning, memory and executive functions, although present in all phases of the disease and in the premorbid phase of BPD, are usually more emphasized during an acute episode of the disease. Therefore, we need to note that an important endophenotype in the genetic research of bipolar disorder is a cognitive function. The research in the area of neurocognitive deficit should aim various psychiatric disorders, i.e., a trans-nosological domain, within which the sum of all information can enable a better understanding and prognosis of the disease in terms of the course and treatment of BPD. Such approach in research should be seen as a basic clinical goal, in which we get a better therapeutic response that leads to an improvement in the quality of life of patients with bipolar disorders, and in general better psychosocial functioning. Given that cognitive dysfunction is stated as a predictor of adverse treatment outcomes and poor psychosocial functioning in general, it is now considered crucial for the development of pharmacological and non-pharmacological prevention strategies for the treatment. To this day, a large number of different agents with potential beneficial effects for the treatment of neurocognitive deficits have been tested, but unfortunately all previous studies have given different results without convincing effects. Corticosteroid receptor antagonists, dopaminergic agonists, intranasal insulin, cholinesterase inhibitors, are just some of the molecules whose effects have been proven in several studies. Regardless of the efforts so far, no drug has been approved as a pro-cognitive enhancer, which would be used as a so-called "cognitive enhancement" with the aim of improving cognitive functions, primarily memory, attention, creativity and intelligence in patients with BPD. Although some of these drugs appear as promising candidates, further research is needed to find compounds that could be considered as a reliable effective pro-cognitive supplement.

Keywords: *Bipolar Disorder, Neurocognitive Deficit.*

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PZ_22

MKB-11 I DSM-5 – SLIČNOSTI I RAZLIKE

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Dijagnostički klasifikacioni sistemi predstavljaju definisane sisteme klasifikacije poremećaja čija je primarna svrha pomoć u komunikaciji među profesionalcima, pacijentima, službama javnog zdravlja, istraživačima. Promena razumevanja granica između mentalnih poremećaja, dominacija određenih hipoteza, razvoj kliničkih istraživanja i dokazi dobro kontrolisanih studija iz oblasti neuronauka, uslovili su konceptualnu dinamiku shvatanja mentalnih poremećaja. Analiza strukture najpoznatijih klasifikacionih sistema, MKB-11 i DSM-5, ukazuje da su oba sistema uglavnom zadržala neokrepelijanski kategorijalni pristup, ali ipak, sa nekim važnim pomacima ka dimenzionalnom pristupu. Proces revizije MKB-10 klasifikacije pokrenut je 2007. godine sa ciljem stručne javnosti i korodinacione grupe za harmonizaciju DSM-MKB da poboljša konzistentnost i usklađenost između ova dva klasifikaciona sistema. Kao rezultat toga, postignut je dogovor da DSM i MKB, u meri u kojoj je moguće, dele zajedničku organizacionu strukturu, odnosno "metastrukturu", koja bi odražavala bazu postojećih dokaza. Tako su početna poglavlja klasifikacija skoro u potpunosti usklađena, osim odsustva grupe "Poremećaj raspoloženja" u DSM-5, dok je, s druge strane, "Katatonija" posebna grupa u MKB-11. Ali i pored uloženih napora, MKB-11 definiše 19 dijagnostičkih kategorija poremećaja koje nisu uvrštene u DSM-5, dok DSM-5 definiše 7 dijagnostičkih kategorija poremećaja koje nisu prihvaćene u okviru MKB-11. Studije koje su se bavile upoređivanjem kliničkih opisa i dijagnostičkih smernica ova dva klasifikaciona sistema, a koje se odnose na 103 dijagnostička entiteta koji se pojavljuju u obe klasifikacije, nalaze da 20 poremećaja (19.4%) pokazuju velike međusobne razlike, kod 42 poremećaja (40,8%) uočene su manje razlike u definiciji, 10 poremećaja (9,7%) pokazuju izvesne razlike usled većeg stepena specifikacije u DSM-5, dok je 31 poremećaj (30,1%) suštinski identično opisan u oba klasifikaciona sistema. Krucijalna razlika izmedju dijagnostičkih sistema MKB-11 i DSM-5 ipak se ogleda u definisanju dijagnostičkih pragova za postavljanje dijagnoze. MKB-11 se suštinski razlikuje od prethodnih dijagnostičkih sistema, uključujući i DSM-5, usled oslanjanja na dijagnostičke smernice, umesto na kriterijume u definisanju uslova za postavljanje dijagnoze. Suštinska razlika između dijagnostičkih kriterijuma i dijagnostičkih smernica je u rigidnosti formulacije. Dijagnostički kriterijum je tačno definisan i nije podložan korekciji, dok su dijagnostičke smernice fleksibilnije i podložne individualnim interpretacijama, obzirom da se izbegava ispunjavanje algoritamskih zahteva kao što su broj simptoma ili npr., specifično trajanje poremećaja. Može se zaključiti da DSM-5 klasifikacija daje prednost preciznosti definicija, koje verovatno pomažu u povećanju pouzdanosti i omogućavaju jasno razgraničenje slučajeva, dok se, sa druge strane, u MKB-11 veći naglasak stavlja na javno-zdravstvenu svrhu klasifikacije, pa je samim tim i veći obuhvat svih slučajeva koji mogu imati koristi od lečenja. Fleksibilniji pristup dijagnostičkih smernica MKB-11 ima za cilj da poveća kliničku korisnost u skladu sa definicijom kliničke korisnosti od strane Svetske zdravstvene organizacije, koja se, pre svega, odnosi na stepen do kojeg klasifikacija mentalnih poremećaja olakšava komunikaciju među korisnicima.

Ključne reči: *MKB-11, DSM-5, sličnosti, razlike.*

IL_22

ICD-11 AND DSM-5 – SIMILARITIES AND DIFFERENCES

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Diagnostic classification systems represent defined systems of classification of disorders whose primary purpose is to aid communication among professionals, patients, public health services, and researchers. The changing understanding of the boundaries between mental disorders, the dominance of certain hypotheses, the development of clinical research and the evidence of well-controlled studies in the field of neuroscience, conditioned the conceptual dynamics of the understanding of mental disorders. An analysis of the structure of the most well-known classification systems, ICD-11 and DSM-5, indicates that both systems have mostly retained the neo-Kreppelian categorical approach, but still, with some important shifts towards a dimensional approach. The revision process of the ICD-10 classification was initiated in 2007 with the aim of the expert public and the DSM-ICD harmonization group to improve consistency and alignment between these two classification systems. As a result, it was agreed that the DSM and the ICD should, to the extent possible, share a common organizational structure, or "metastructure", that would reflect the existing evidence base. Thus, the initial chapters of the classifications are almost completely harmonized, except for the absence of the group "Mood disorder" in DSM-5, while, on the other hand, "Catatonia" is a separate group in ICD-11. But despite the efforts made, ICD-11 defines 19 diagnostic categories of disorders that are not included in DSM-5, while DSM-5 defines 7 diagnostic categories of disorders that are not accepted within ICD-11. Studies comparing the clinical descriptions and diagnostic guidelines of these two classification systems, which refer to 103 diagnostic entities that appear in both classifications, found that 20 disorders (19.4%) showed large mutual differences, in 42 disorders (40, 8%) minor differences in definition were observed, 10 disorders (9.7%) show certain differences due to a higher degree of specification in DSM-5, while 31 disorders (30.1%) are essentially identically described in both classification systems. The crucial difference between the diagnostic systems ICD-11 and DSM-5, however, is reflected in the definition of diagnostic thresholds for establishing a diagnosis. ICD-11 differs fundamentally from previous diagnostic systems, including DSM-5, due to its reliance on diagnostic guidelines, rather than criteria, in defining the conditions for establishing a diagnosis. The essential difference between diagnostic criteria and diagnostic guidelines is the rigidity of the formulation. The diagnostic criterion is precisely defined and is not subject to correction, while the diagnostic guidelines are more flexible and subject to individual interpretations, given that it avoids meeting algorithmic requirements such as the number of symptoms or e.g., specific duration of the disorder. It can be concluded that the DSM-5 classification favors the precision of the definitions, which probably help to increase the reliability and enable a clear delimitation of cases, while, on the other hand, in the ICD-11, more emphasis is placed on the public health purpose of the classification, and therefore greater coverage of all cases that may benefit from treatment. The more flexible approach of the ICD-11 diagnostic guidelines aims to increase clinical utility in accordance with the WHO definition of clinical utility, which primarily refers to the degree to which the classification of mental disorders facilitates communication among users.

Keywords: *MKB-11, DSM-5, Similarities, Differences.*

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PZ_23

GENOMSKI PRISTUPI BIPOLARNOM POREMEĆAJU

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Bipolarni poremećaj (BP) je kompleksna mentalna bolest, sa kompleksnom etiologijom i životnom prevalencom od oko 1%, koja dovodi do značajnog smanjenja kvaliteta života i visoke stope suicida. Genetički markeri igraju ključnu ulogu u poboljšanju prevencije i dijagnoze psihijatrijskih poremećaja sa naglaskom na bipolarni poremećaj. BP je visoko nasljedan, a proračunava se da je genetika odgovorna za 80% varijabilnosti stanja. Trenutno dostupne cjelogenomske studije asocijacije (genome-wide association studies-GWAS) na velikim uzorcima su indentificirale varijante u preko 30 gena koje objašnjavaju oko 25% nasljednosti BP. Iako biološke funkcije mnogih gena akcentiranih u GWAS nisu u potpunosti jasne, oni kodiraju proteine povezane sa targetima antipsihotika kao i blokatora kalcijevih kanala. U ovoj prezentaciji, diskutirat će se postojanje ekstenzivne poligenske strukture ovog stanja, kao i upotreba informacija dobivenih iz GWAS, u cilju boljeg razumijevanja etiologije BP i prenamjene lijekova, te istraživanja novih otkrića.

Ključne riječi: *bipolarni poremećaj, cjelogenomske studije asocijacije (GWAS), geni.*

IL_23

GENOMIC APPROACHES TO BIPOLAR DISORDER

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Bipolar disorder (BD) is a complex mental illness, with complex etiology and a lifetime-prevalence of about 1%, leading to a significant reduction in quality of life and high rate of suicide. Genetic markers play a key role in improving the prevention and diagnosis of psychiatric disorders with an emphasis on bipolar disorder. BD is a highly heritable condition, with genetics accounting for approximately 80% of its variability. Currently available genome-wide association studies (GWAS) in large samples have identified variants in over 30 genes that explain about 25% of the heritability of BD. Although the biological functions of many genes highlighted in GWAS are not entirely clear, many genes from GWAS studies encode proteins associated with antipsychotic targets as well as calcium channel blockers. In this presentation, we will discuss the existence of an extensive polygenic architecture of this condition, as well as the use of information obtained from GWAS in order to better understand the etiology of BD and drug repurposing, hence discovery investigation.

Keywords: *Bipolar Disorder, Genome-Wide Association Studies (GWAS), Genes.*

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PZ_24

PROMJENE I INOVACIJE U KLASIFIKACIJI PSIHIJATRIJSKIH POREMEĆAJA U MKB-11

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Uvod: Međunarodna klasifikacija bolesti i povezanih zdravstvenih stanja (MKB) više je od jednog vijeka glavna osnova za uporedivu statistiku o uzrocima smrti, bolestima, povredama i drugim faktorima koji utiču na zdravlje ljudi. U junu 2018. godine, Svjetska zdravstvena organizacija (SZO) objavila je preliminarnu 11. Reviziju ove klasifikacije (MKB-11). 1. januar 2022. godine je označen kao datum početka zvanične primjene MKB-11. Klasifikacija psihijatrijskih poremećaja posebno je delikatna zbog specifične prirode psihičkih poremećaja, nedostatka pouzdanih objektivnih kriterija za dijagnostiku i nedovoljnog poznavanja etiologije i patogeneze psihičkih poremećaja. Zato poglavlja koja se odnose na psihijatrijske poremećaje uključuju opis i dijagnostičke smjernice za pojedine nozološke entitete. **Cilj**: Utvrditi promjene i inovacije u novoj klasifikaciji psihijatrijskih bolesti. **Metode:** Upoređivanje klasifikacije psihijatrijskih poremećaja u MKB-10 i MKB-11. **Rezultati:** Za razliku od organizacije mentalnih i bihevioralnih poremećaja u MKB-10, principi koji su vodili organizaciju MKB-11 uključili su pokušaj redanja dijagnostičkih grupa prateći razvojnu perspektivu. Grupisanje poremećaja zasnovano je na pretpostavljenim zajedničkim etiološkim i patofiziološkim faktorima (npr., povezani sa stresom), kao i zajedničkoj fenomenologiji (npr., disocijativni poremećaji). U MKB-11, psihijatrijski poremećaji su razvrstani u 3 poglavlja: Poglavlje 6 - Mentalni, bihevioralni i neurorazvojni poremećaji, Poglavlje 7 - Poremećaji spavanja-budnosti i Poglavlje 17 - Stanja povezana sa seksualnim zdravljem. Neurotski poremećaji, poremećaji vezani uz stres i somatoformni poremećaji (F40-F48) su podijeljeni u pet novih grupa. Dodano je 15 novih poremećaja. Poremećaji spavanja-budnosti (Poglavlje 7) i Stanja povezana sa seksualnim zdravljem (Poglavlje 17) sada čine zasebna poglavlja koja obuhvataju sve relevantne dijagnoze vezane za ove oblasti. **Zaključak:** Napravljene su značajne promjene u klasifikaciji psihijatrijskih poremećaja kako bi se povećala naučna valjanost, poboljšala klinička korisnost i globalna primjenjivost.

Ključne riječi: *MKB-11, klasifikacija, mentalni poremećaji, inovacije.*

IL_24

CHANGES AND INNOVATIONS IN CLASSIFICATION OF PSYCHIATRIC DISORDERS IN ICD-11

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Introduction: The International Classification of Diseases and Related Health Problems (ICD) has been the main basis for comparable statistics on causes of death, diseases, injuries and other factors affecting human health for more than a century. In June 2018, the World Health Organization (WHO) published a preliminary 11th revision of this classification (ICD-11). January 1, 2022 has been marked as the start date of the official application of ICD-11. The classification of psychiatric disorders is particularly delicate due to the specific nature of mental disorders, the lack of reliable objective criteria for diagnosis and insufficient knowledge of the etiology and pathogenesis of mental disorders. That is why the chapters related to psychiatric disorders include a description and diagnostic guidelines for individual nosological entities. **Objectives**: To determine changes and innovations in the new classification of psychiatric diseases. **Methods**: Comparing the classification of psychiatric disorders in ICD-10 and ICD-11. **Results**: In contrast to the organization of mental and behavioral disorders in ICD-10, the principles that guided the organization of ICD-11 included an attempt to order the diagnostic groups following a developmental perspective. Grouping of disorders is based on presumed common etiological and pathophysiological factors (e.g., stress-related) as well as common phenomenology (e.g., dissociative disorders). In ICD-11, psychiatric disorders are classified into 3 chapters: Chapter 6 - Mental, behavioral and neurodevelopmental disorders, Chapter 7 - Sleep-wake disorders and Chapter 17 - Conditions related to sexual health. Neurotic, stress-related, and somatoform disorders (F40-F48) are divided into five new groups. 15 new disorders are added. Sleep-wake disorders (Chapter 7) and Conditions related to sexual health (Chapter 17) now form separate chapters covering all relevant diagnoses related to these areas. **Conclusion**: Significant changes have been made to the classification of psychiatric disorders to increase scientific validity, improve clinical utility, and global applicability.

Keywords: *ICD-11, Classification, Mental Disorders, Innovations.*

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PZ_25

POVEZANOST FAKTORA TUMORSKE NEKROZE ALFA S METABOLIČKIM SINDROMOM U OBOLJELIH OD SHIZOFRENIJE

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Uvod: Oboljeli od shizofrenije imaju veću učestalost metaboličkog sindroma (MS) u odnosu na opću populaciju što rezultira povećanom incidencijom kardiovaskularne bolesti i većim mortalitetom u ovih bolesnika. MS je skup međusobno povezanih kliničkih i metaboličkih abnormalnosti koje uključuju poremećaj metabolizma glukoze, abdominalnu pretilost, dislipidemiju i hipertenziju. Prema nekim istraživanjima MS je povezan s proinflamatornim stanjem i povišenom koncentracijom proinflamatornih citokina poput TNF-α. Sve je više i dokaza koji sugeriraju da je proinflamatorno stanje s izmijenjenim koncentracijama TNF-α povezano sa shizofrenijom. Proinflamatorno stanje zbog toga može biti zajednička osnova shizofrenije i MS i to preko abnormalno aktiviranog monocitno-makrofagnog sustava koji je jedan od glavnih izvora proinflamatornih citokina među kojima i TNF-α. **Cilj**: Utvrditi povezanost koncentracije TNF-α s MS i njegovim sastavnicama u shizofrenih bolesnika. **Metode**: Provedeno je presječno istraživanje u koje je uključeno 90 shizofrenih bolesnika s i bez MS i 90 zdravih kontrolnih ispitanika. Shizofreni i kontrolni ispitanici bili su usklađeni prema dobi, spolu, BMI i pušačkom statusu. Serumska koncentracija TNF-α određena je ELISA metodom. Dijagnoza MS uspostavljena je na temelju NCEP-ATP III kriterija. **Rezultati**: Nisu utvrđene statistički značajne razlike u koncentracijama TNF-α između shizofrenih ispitanika s i bez MS i kontrolnih ispitanika. Nisu utvrđene statistički značajne razlike u koncentracijama TNF-α u skupini shizofrenih ispitanika s i bez MS s obzirom na vrstu antipsihotika. U skupini shizofrenih ispitanika nisu utvrđene statistički značajne razlike u koncentracijama TNF-α s obzirom na broj sastavnica MS. Nisu utvrđene statistički značajne korelacije između MS, sastavnica MS te broja sastavnica MS i koncentracije TNF-α u skupini shizofrenih ispitanika. **Zaključak**: Rezultati istraživanja pokazali su da se koncentracije TNF-α nisu značajno razlikovale između shizofrenih ispitanika s i bez MS i kontrolnih ispitanika. Koncentracije TNF-α nisu korelirale s MS i njegovim sastavnicama u oboljelih od shizofrenije.

Ključne riječi: *faktor tumorske nekroze alfa, shizofrenija, metabolički sindrom.*

IL_25

ASSOCIATION OF TUMOR NECROSIS FACTOR ALPHA WITH METABOLIC SYNDROME IN PATIENTS WITH SCHIZOPHRENIA

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Introduction: Patients with schizophrenia have a higher incidence of metabolic syndrome (MS) compared to the general population, which results in an increased incidence of cardiovascular disease and higher mortality in these patients. MS is a cluster of interrelated clinical and metabolic abnormalities, including impaired glucose metabolism, abdominal obesity, dyslipidemia, and hypertension. According to some research, MS is associated with a proinflammatory state and an increased concentration of proinflammatory cytokines such as TNF-α. There is increasing evidence suggesting that a proinflammatory state with altered TNF-α concentrations is associated with schizophrenia. The proinflammatory state can therefore be the common basis of schizophrenia and MS, through an abnormally activated monocyte-macrophage system, which is one of the main sources of proinflammatory cytokines, including TNF-α. **Aim:** To determine the association of TNF-α concentration with MS and its components in schizophrenic patients. **Methods:** A cross-sectional study was conducted which included 90 schizophrenic patients with and without MS, and 90 healthy control subjects. Schizophrenic patients and control subjects were matched by age, gender, BMI, and smoking status. Serum TNF-α concentration was determined by ELISA method. MS diagnosis was set according to NCEP/ATP III criteria. **Results:** No statistically significant differences in TNF-α concentrations were found between schizophrenic subjects with and without MS and control subjects. No statistically significant differences in TNF-α concentrations were found in the group of schizophrenic subjects with and without MS with regard to the type of antipsychotic. In the group of schizophrenic subjects, no statistically significant differences in TNF-α concentrations were found with regard to the number of MS components. No statistically significant correlations of MS, MS components and the number of MS components with TNF-α concentration were found in the group of schizophrenic subjects. **Conclusion:** The results of the study showed that TNF-α concentrations did not differ significantly between schizophrenic subjects with and without MS and control subjects. TNF-α concentrations did not correlate with MS and its components in patients with schizophrenia.

Key words: *Tumor Necrosis Factor-Alpha, Schizophrenia, Metabolic Syndrome.*

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PZ_26

POSTTRAUMATSKI STRESNI POREMEĆAJ – PREGLED PROMENA U DIJAGNOSTICI I LEČENJU

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Posttrumatski stresni poremećaj (PTSP) je čest i onesposobljavajući psihički poremećaj. Povezan je sa visokom stopom funkcionalnog oštećenja, somatskim tegobama, rizikom od samoubistva i komorbidnim psihijatrijskim poremećajima. Dijagnoza PTSP zahteva dokaz o izloženosti traumi, a karakterišu je simptomi nametanja, izbegavanja, kao i promene u pobuđenosti i reaktivnosti. Američki klasifikacioni sistem dodao je još jedan klaster simptoma koji se odnosi na negativne promene kognicije i raspoloženja u vezi sa traumom, dok je evropski dodao kompleksni PTSP kao novu dijagnozu. Nijedan dokaz nije podržao bilo koju intervenciju kao univerzalnu preventivnu strategiju. Pozitivan efekat imao je tretaman KBT-TF, KBT i EMDR. Psihoterapija je prva linija izbora u tretmanu PTSP. Preporuka su trauma-fokus intervencije: KBT-TF, PE i EMDR, kao i terapija upravljanja stresom. Farmakoterapijski pristupi treba da počnu sa jednom od opcija prve linije koja uključuje SSRI kao što su fluoksetin, paroksetin ili sertralin, ili SNRI venlafaksin. Istraživanja koja procenjuju kombinovane psihološke i farmakološke tretmane PTSP su ograničena i to zahteva dalje proučavanje ali izvesne forme PTSP zahtevaju integrativan i multidisciplinaran pristup.

Ključne reči: *posttraumatski stresni poremećaj, prevencija, dijagnostika, lečenje.*

IL_26

POSTTRAUMATIC STRESS DISORDER – OVERVIEW OF CHANGES IN DIAGNOSIS AND TREATMENT

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Posttraumatic stress disorder (PTSD) is a common and disabling psychiatric disorder. It is associated with a high rate of functional impairment, somatic complaints, risk of suicide and comorbid psychiatric disorders. A diagnosis of PTSD requires evidence of exposure to trauma, and is characterized by symptoms of re-experiencing, avoidance, and changes in arousal and reactivity. The American classification system added another cluster of symptoms related to negative changes in cognition and mood related to trauma, while the European classification system added complex PTSD as a new diagnosis. No evidence supported any one intervention as a universal prevention strategy. CBT-TF, CBT and EMDR treatment had a positive effect. Psychotherapy is the first line of choice in the treatment of PTSD. Trauma-focus interventions are recommended: CBT-TF, PE and EMDR, as well as stress management therapy. Pharmacotherapy approaches should start with one of the first-line options that include an SSRI such as fluoxetine, paroxetine or sertraline, or the SNRI venlafaxine. Research evaluating combined psychological and pharmacological treatments for PTSD is limited and requires further study, but certain forms of PTSD require an integrative and multidisciplinary approach.

Keywords: *Posttraumatic Stress Disorder, Prevention, Diagnostics, Treatment.*

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IL_27

GENETIC AND EVIRONMENTAL FACTORS IN SUICIDAL BEHAVIOUR

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Suicidal behaviour has multiple causes that are broadly divided into hereditary and environmental factors including proximal stressors or triggers such as job loss. Environmental factors such as global economic crisis and factors associated with COVID-19 pandemic could increase suicidality, with men of working age being at the highest risk. Unemployment seems to be a very strong predictor of suicide rates on a national end regional level, unequal availability of mental health services and quality of depressive disorder treatment may contribute to variations in suicide rates in different regions. Beside economic factors climatic effects such as cold climate is associated with variations in suicide rates between countries. It seems that environmental factors play stronger role than the economic factors. In Europe suicidality follows the climate/temperature cline from south to north-east. On the other hand, the pathogenesis of suicidal behaviour predetermined with genetic end epigenetic factors involves altered neural plasticity, resulting in the aberrant stress response of the central nervous system to environmental factors. Although psychiatric disorder is a major contributing factor it seems that genetic risk factors could not be attributed to genetic risk factors for a mental disorder alone. Expression of variety of genes is associated with suicidal behaviour such as neurotrophins including brain-derived neurotrophic factor (BDNF) which are involved in the regulation of structural, synaptic, and morphological plasticity and in the modulation of the strength and number of synaptic connections and neurotransmission in different neuronal systems such as serotoninergic.

Keywords: *Suicidal Behaviour, Suicide, COVID-19 Pandemic.*

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PSIHIJATRIJA U ZAJEDNICI – KVALITET USLUGA USMJEREN NA KORISNIKA I POPULACIJU

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Duže od 25 godina, Bosna i Hercegovina (BiH) održava i unapređuje reformske procese u oblasti zaštite mentalnog zdravlja. U posljednjih duže od 10 godina rezultati reforme su vidljivi, a usmjeravali su se na kvalitet pruženih usluga korisnicima, ali i podizanje kvaliteta usluga opštoj populaciji. Razvijena mreža centara za zaštitu mentalnog zdravlja (CZMZ), kao vodeći koncept reforme (psihijatrija u zajednici), omogućila je pristupačnu, pravovremenu i adekvatnu zaštitu mentalnog zdravlja u zemlji, uz oslanjanje na ostale resurse, prevashodno kliničko-bolničke kapacitete i centre za socijalni rad. Brojne usluge su uvedene ili obnovljene postale dio radnih rutina, a neke su definisane i kao standardi i indikatori u radu svih ustanova zaštite mentalnog zdravlja u zemlji (koordinisana briga, okupaciona terapija, kućne posjete, psihoterapijski rad, zajedničko planiranje otpusta iz bolnice). Takođe, značajan segment rada CZMZ su i preventivne aktivnosti u zajednici, promocija mentalnog zdravlja, destigmatizacija lica sa smetnjama u mentalnom zdravlju i profesije, zagovaranje prava lica sa smetnjama u mentalnom zdravlju i podsticanje korisničkih inicijativa, govorništva i socijalno-preduzetničkih aktivnosti. Veoma važna, možemo reći temeljna, je multisektorska, multidisciplinarna, interdisciplinarna saradnja u svim zajednicama. Posljednjih godina i usklađivanje legislativnog okvira za zaštitu mentalnog zdravlja ukazuje na razumijevanje i punu podršku donosioca politika u BiH.
Reformski procesi su svakako kontinuum, te se na osnovu dosadašnjih rezultata, pravci u kome treba ići su povećan obim uključenosti korisnika i zajednice u promovisanje mentalnog zdravlja i zaštitu svih prava lica sa smetnjama u mentalnom zdravlju (npr., stanovanje i zaposlenje uz podršku, centri za rani psihotični poremećaj, specijalizovani centri za rad sa djecom i mladima, instituti za bolesti zavisnosti, dnevni centri za gerijatrijsku populaciju, i drugo). To sve ima benefit za zajednicu, pojedince i profesionalce u oblasti zaštite mentalnog zdravlja u Bosni i Hercegovini, ali i i drugdje.

Ključne riječi: *mentalno zdravlje, reforma, kvalitet, centar za zaštitu mentalnog zdravlja.*

IL_28

COMMUNITY PSYCHIATRY – QUALITY OF SERVICES ORIENTED TO USERS AND POPULATION

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For more than 25 years, Bosnia and Herzegovina (BH) has maintained and improved reform processes in the field of mental health (MH) care. In the last more than 10 years, the results of the reform are visible, and they focused on the quality of services oriented to people with mental disorders (PMD), as well as raising the quality of specific services to the general population. The developed network of community mental health centers (CMHC) as the leading concept of the reform (community psychiatry) enabled affordable, timely and adequate protection of mental health in whole country, while relying on other resources, primarily clinical and hospital capacities and centers for social work. Numerous services were introduced or renewed and became part of daily work routines, and some were defined as standards and indicators for all MH institutions in the country (case management, occupational therapy, home visits, psychotherapy work, joint planning of hospital discharge). Also, an important segment of CMHC's work are preventive activities in the community, promotion of mental health, destigmatization of PMD and profession itself as well, advocacy for the rights of PMD and encouragement of user initiatives, speaking engagements and social-entrepreneurial activities. Fundamental role in those processes have multisectoral, multidisciplinary and interdisciplinary cooperation in all communities. In recent years, the harmonization of the legislative framework for the protection of MH indicates the understanding and full support of policy makers in BH.
The reform processes are certainly a continuum, and based on the results so far, future directions of the reform should include increased involvement of users and the community in the promotion of mental health and the protection of all rights of PMD (e.g., supported housing/lodging and employment, centers for early psychoses, specialized centers for children and adolescents with mental disorders, institutes for addiction, day centers for the geriatric population, and others). All this has benefits for the community, individuals and professionals in the field of BH care in BH, but also in surroundings.

Keywords: *Mental Health, Reform, Quality, Community Mental Health Center.*

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FRANKLOVO POIMANJE OSOBE

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Ima li mjesta Viktoru E. Franklu, utemeljitelju logoterapije, u suvremenim razgovorima o duševnim previranjima? Za vrijeme pandemije COVID-19, njemačke zdravstvene organizacije su objavile kako je terapeutsku pomoć trebalo pola milijuna djece. Bolovala su od mješavine iscrpljenosti, strahova i depresije. Logoterapija, kao treća bečka škola psihoterapije, usmjerena je na odgoj na slobodu i odgovornost

Središnji pojam u individualnoj psihologiji je „aranžman“, pokušaj da se opravda pacijenta pred zajednicom ili pred samim sobom. Pacijenta se promatra kroz terapeutski postupak koji se sastoji u tome da ga bodri kako bi prevladao osjećaj manje vrijednosti. Želi se „proširiti Ja-sferu povećavanjem odgovornosti“. Frankl gleda na čovjeka na različite načine, a neke od teza o osobi bi mogle biti: „Osoba je individuum, neuništiv. Svaka prava osoba je apsolutni novum, duhovne naravi, odgovorna za svoju sudbinu, duhovno orijentirana. Osoba je Ja-stvena a ne ono-stvena jedinstvo duhovno-tjelesnoga. Ona je dinamična, nadilazi životinjski svijet i teži transcendenciji“.

Frankl dolazi do zaključka kako je osoba jedinstvena i cjelovita samo kao tjelesno-psihičko-duhovno biće (tijelo = prva dimenzija, duša (psiha) = druga dimenzija i duhovnost = treća dimenzija). Smatra kako nije opravdano govoriti o cjelovitoj osobi kao biću koje je samo „duševno-tjelesno“, jer je to samo jedinstvo psihofizičkog.

Ključne riječi: *Viktor Frankl, logoterapija, smisao, egzistencija.*

IL_29

FRANKL'S MEANING OF A PERSON

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Is there a place for Viktor E. Frankl, the founder of logotherapy, in contemporary conversations about mental turmoil? During the COVID-19 pandemic, German health organizations announced that half a million children needed therapeutic help. They suffered from a mixture of exhaustion, fears and depression. Logotherapy, as the third Viennese school of psychotherapy, focuses on education for freedom and responsibility.

A central concept in individual psychology is "arrangement", an attempt to justify the patient before the community or before himself. The patient is observed through a therapeutic procedure that consists in encouraging him to overcome the feeling of inferiority. He wants to "expand the Self-sphere by increasing responsibility." Frankl looks at man in different ways, and some of the theses about the person could be: "a person is an individuum, indestructible. Every real person is an absolute novelty, of a spiritual nature, responsible for his destiny, spiritually oriented. A person is Self-identity and not that-identity, the spiritual-physical unity. It is dynamic, transcends the animal world and strives for transcendence".

Frankl comes to the conclusion that a person is unique and complete only as a physical-psychic-spiritual being (body = first dimension, soul (psyche) = second dimension and spirituality = third dimension). He believes that it is not justified to speak of a complete person as a being that is only "spiritual-physical", because it is only the unity of the psychophysical.

Keywords: *Viktor Frankl, Logotherapy, Meaning of Life, Existence.*

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PZ_30

PROBLEMI U PONAŠANJU I EMOCIJAMA KOD DJECE I MLADIH U INSTITUCIONALNOM TRETMANU

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Uvod: Dosadašnja istraživanja su istakla negativan uticaj institucionalne zaštite na dojenčad i malu djecu, ali se ne zna sudbina adolescenata koji trenutno žive u instituciji. Analizirajući podatke o hospitalizovanoj djeci i mladima na odjeljenju dječije i adolescentne psihijatrije uočena je promjena dijagnostičkih kategorija u smislu povećanog broja djece i mladih sa poremećajem ponašanja i poremećajem prilagođavanja. Značajan dio ove grupe čine i djeca i mladi iz dječijeg doma. Siromaštvo, ekonomska kriza, interno raseljavanje i migracije, zlostavljanje, zanemarivanje, složene društvene i zdravstvene okolnosti u kojima žive porodice, doprinose da deca budu smještena u dječiji dom. Cilj ovog predavanja je da ukaže na rane simptome poremećaja ponašanja i aktuelne probleme vezane za poremećaj ponašanja djece i mladih koji borave u institucijama jer uslijed nerazumijevanja nastanka navedenih simptoma i slabih kapaciteta institucija da kanališu probleme djece sa poremećajima u ponašanju intenziviraju se prijemi na psihijatrijsko odjeljenje što nosi dodatne teškoće u opštem fukcionisanju djece i mladih i njihovom akademskom postignuću usljed izostanaka iz škole. **Metod:** Pregledom aktuelnih istraživanja o povezanosti poremećaja ponašanja i institucionalne brige, prikazati značaj saradnje institucija, odnosno doma i centra za socijalni rad koji bi planirali timske intervencije u porodici i time stvorili uslove za povratak djeteta u porodicu. **Rezultati:** Pregled literature je pokazao da su mladi u institucionalnom zbrinjavanju prijavili više problema u mentalnom zdravlju, ponašanju, socijalnoj podršci i prilagođavanju školi nego što je to procjena negovatelja ili nastavnika. Zadatak bi bio podići svijest među njegovateljima i nastavnicima u prepoznavanju prvih simptoma i pružanju pomoći te planiranju primarne prevencije. **Zaključak:** Neposredna zaštita djeteta se vrši izdvajanjem djeteta iz porodice te se time nastoje obezbijediti optimalni uslovi za psihosocijalni razvoj. Izdvajanje iz porodice nije sankcija za roditelja već se želi preodgojiti dijete kod kog je došlo do poremećaja u ponašanju. Analizom porodične situacije i eventualnih pozitivnih promjena unutar iste, na stručnjacima je da razmotre mogućnost vraćanja djeteta u porodicu.

Ključne riječi: *adolescenti, poremećaj ponašanja, institucionalni smještaj.*

IL_30

BIHEVIOURAL AND EMOTIONAL PROBLEMS IN CHILDREN AND YOUTH IN INSTITUTIONAL TREATMENT

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Introduction: Previous research has highlighted the negative impact of institutional protection on infants and small children, but the fate of adolescents currently living in institutions is unknown. Analysing data on hospitalized children and young people in the department of child and adolescent psychiatry, a change in diagnostic categories was observed in terms of an increased number of children and young people with behavioural disorders and adjustment disorders. A significant part of this group consists of both children and young people from children's homes. Poverty, economic crisis, internal displacement and migration, abuse, neglect, complex social and health circumstances in which families live contribute to children being placed in a children's home. The aim of this lecture is to point out the early symptoms of behavioural disorders and current problems related to the behavioural disorders of children and young people who stay in institutions, because due to a lack of understanding of the occurrence of these symptoms and the weak capacity of institutions to channel the problems of children with behavioural disorders, admissions to psychiatric departments are intensifying, which brings additional difficulties in the general functioning of children and young people and their academic achievement due to absences from school. **Method:** By reviewing current research on the connection between behavioural disorders and institutional care, show the importance of cooperation between institutions, that is, the home and the centre for social work, which would plan team interventions in the family and thereby create conditions for the return of the child to the family. **Results:** A review of the literature showed that youth in institutional care reported more problems in mental health, behaviour, social support, and school adjustment. rather than a caregiver or teacher assessment. The task would be to raise awareness among caregivers and teachers in recognizing the first symptoms and providing help and planning primary prevention. **Conclusion:** The immediate protection of the child is carried out by separating the child from the family, and thus they try to provide optimal conditions for psychosocial development. Separation from the family is not a sanction for the parent, but the goal is to re-educate a child with a behavioural disorder. By analysing the family situation and possible positive changes within it, it is up to the experts to consider the possibility of returning the child to the family.

Keywords: *Adolescents, Behavioural Disorder, Institutional Placement.*

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PZ_31

SUDSKO-PSIHIJATRIJSKA VJEŠTAČENJA KONTRAKTUALNE SPOSOBNOSTI U GRAĐANSKO-PRAVNOJ OBLASTI

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Rad predstavlja praktični vodič kao pomoć sudskim stručnjacima na polju sudsko-psihijatrijskih vještačenja kontraktualne sposobnosti u oblasti građanskog prava. Značajan dio vještačenja u oblasti psihijatrijskih vještačenja čine vještačenja kontraktualne sposobnosti.
U radu se obrazlažu teoretski koncepti kao i vlastita iskustva u domenu vještačenja kontraktualne sposobnosti, te najčešće greške vještaka.
Diskutovani su osnovni zadaci vještaka u ovoj oblasti i komparativno razmatrane različite vrste vještačenja kontraktualne sposobnosti i razlike s pravnog aspekta.
Psihijatrijska vještačenja kontraktualne sposobnosti su najčešće u vezi procjene sposobnosti osoba kod sastavljanja ugovora o doživotnom izdržavanju, ugovora o poklonu ili kupoprodajnih ugovora. Sa psihijatrijskog aspekta, preduslov kontraktualne sposobnosti je određeni kvantum mentalnih sposobnosti koje omogućavaju pravilno rasuđivanje, ali i odlučivanje, te posebno zaštita svojih prava i interesa.
Zadatak vještaka psihijatrijske struke u ovoj oblasti je da obavi korektan i detaljan psihijatrijski pregled osobe koja želi da zaključi ugovor kao i da obavi analizu dostupne medicinske dokumentacije.Vještačenja iz ove oblasti mogu biti zaživotna (osoba koja je sastavila određeni ugovor je živa) i postmortalna (osoba koja je sastavila ugovor nije više živa). U slučaju postmortem vještačenja pored medicinske dokumentacije koriste se i heteroanamnestički podaci.
Razmatrani su i pojedinačni aspekti psihijatrijske ekspertize u ovom domenu. Vještačenja psihijatra u ovim postupcima treba da pruže sudovima stručnu pomoć u razumijevanju i odlučivanju o pravnim pitanjima gdje postoji sumnja u pravnu nesposobnost osobe uslijed nekog psihijatrijskog razloga.
Razmatrani su kriteriji za procjenu sposobnosti kontraktora.

Ključne riječi: *kontraktualna sposobnost, vještačenje, sudska psihijatrija.*

IL_31

FORENSIC PSYCHIATRIC EXPERTISE ON CONTRACTUAL CAPACITY IN THE CIVIL-LEGAL FIELD

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The work is a practical guide to help court experts in the field of forensic psychiatric experts contractual capacity in the field of civil law. A significant part of expertise in the field of psychiatric expertise consists of expertise in contractual capacity.
The paper explains theoretical concepts as well as own experiences in the field of contractual capacity expertise, and the most common mistakes of experts.
The basic tasks of experts in this field were discussed, and different types of contractual capacity expertise and differences from the legal aspect were comparatively considered.
Psychiatric examinations of contractual capacity are most often related assessment of the capacity of persons when drawing up life support contracts, gift contracts or sales contracts.
From the psychiatric aspect, the prerequisite of contractual ability is a certain quantum of mental abilities that enable correct reasoning, but also decision-making and especially the protection of their personal rights and interests.
The task of a psychiatric expert in this field is to perform a correct and detailed psychiatric examination of a person who wants to conclude a contract, as well as to analyze the available medical documentation. Expertises in this field can be lifelong (the person who drew up a certain contract is alive) and postmortem (the person who drew up the contract is no longer alive). In the case of postmortem examination, in addition to medical documentation, heteroanamnestic data are also used.
Individual aspects of psychiatric expertise in this domain were also discussed. The expert opinions of psychiatrists in these proceedings should provide the courts with professional assistance in understanding and deciding on legal issues where there is doubt about the legal incapacity of a person due to some psychiatric reason.
The criteria for evaluating the contractor's ability were discussed.

Keywords: *Contractual Capacity, Expert Testimony, Forensic Psychiatry.*

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PZ_32

KORTIKALNA NEUROPATOLOGIJA SHIZOFRENIJE

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Oboljeli od shizofrene psihoze pokazuju disfunkciju u sferi percepcije, mišljenja, emocija i ponašanja, pri čemu je istraživanje eventualnog cerebralnog supstrata donijelo značajan pomak u dijagnozi i tretmanu bolesti. Reducirano formiranje inhibitornih sinapsi i ekscesivno smanjenje ekscitatornih sinapsi tokom trajanja bolesti može biti odgovorno za smanjenje količine sive tvari posebno frontalnih režnjeva gdje dovodi do ekscitatorno-inhibitornog disbalansa prefrontalnog korteksa. Mehanizam koji se spominje kao mogući uzrok neurodegeneracije je poremećena aktivnost sinapsi što rezultira gubitkom neuropila smanjenim brojem piramidalnih stanica u talamokortikalnom i kortikokortikalnom putu s posljedičnom redukcijom bijele tvari, te proširenjem komornog sistema, vjerovatno zbog atrofije aksona, genetski uvjetovanih promjena mijelina ili zbog neprepoznatih infekcija. Dok je kognitivna disfunkcionalnost, uključujući pamćenje, pažnju, sposobnost rješavanja problema evidentna kod oboljelih, istraživanja su također ukazala na oštećenje bazičnog senzornog aparata. Promjene su naročito izražene u vizuelnom sistemu i mogu biti povezane sa kognitivnim deficitom i samim ishodom oboljenja.
Primjena sinhotrone nanotomografije u svrhu kompariranja i analiziranja strukture moždanog tkiva kod osoba oboljelih od shizofrenije i zdrave populacije ukazala je na strukturnu raznolikost u smislu zakrivljenosti neurita. Gornji temporalni girus dio je većeg temporalnog režnja mozga, koji igra imperativnu ulogu u procesuiranju senzornih input i uključen je u slušnu obradu i društvenu spoznaju i stoga bi trebao biti povezan sa pojavom slušnih halucinacija oboljelih. Prednji cingularni korteks odgovoran je za emocionalne i kognitivne funkcije. Evidentne su morfološke promjene sulkusa okcipitalnog režnja pacijenata oboljelih od shizofrenije u odnosu na spol i lateralnost primjenom magnetnorezonantnog snimanja (MRI) i vizualno evociranih potencijala (VEPs) s obzirom na oštećenje vizualnog puta.
Potraga za regijama u cerebralnoj masi koje su odgovorne za generisanje shizofrenih simptoma, dovela je do novih saznanja o njenoj funkcionalnoj organizaciji i razumijevanje onoga šta se događa u mozgu oboljelih na subćelijskom nivou. Shvatanje patogeneze otvara mogućnosti razvoja nove farmakoterapije.

Ključne riječi: *shizofrenija, neurodegeneracija, strukturne analize.*

IL_32

CORTICAL NEUROPATHOLOGY OF SCHIZOPHRENIA

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Patients with schizophrenic psychosis show dysfunction in the sphere of perception, thinking, emotions and behaviour, whereby the research of the possible cerebral substrate has brought a significant shift in the diagnosis and treatment of the disease. While cognitive dysfunction, including memory, attention, problem-solving ability is evident in sufferers, research has also indicated damage to the basic sensory apparatus. The changes are particularly pronounced in the visual system and may be associated with cognitive deficits and the outcome of the disease itself. Reduced formation of inhibitory synapses and excessive reduction of excitatory synapses during the course of the disease may be responsible for a decrease in the amount of grey matter, especially in the frontal lobes, where it leads to an excitatory-inhibitory imbalance of the prefrontal cortex. The mechanism that is mentioned as a possible cause of neurodegeneration is the disturbed activity of synapses, which results in the loss of neuropil, a reduced number of pyramidal cells in the thalamocortical and corticocortical pathways with a consequent reduction of white matter, and expansion of the ventricular system, probably due to axonal atrophy, genetically determined myelin changes or due to unrecognized infections.

The application of synchrotron nanotomography for the purpose of comparing and analysing the structure of brain tissue in people suffering from schizophrenia and the healthy population indicated structural diversity in terms of neurite curvature. The superior temporal gyrus is part of the larger temporal lobe of the brain, which plays an imperative role in the processing of sensory inputs and is involved in auditory processing and social cognition, and therefore should be associated with the occurrence of auditory hallucinations in patients. The anterior cingulate cortex is responsible for emotional and cognitive functions. Morphological changes in the sulcus of the occipital lobe of patients with schizophrenia in relation to gender and laterality are evident using magnetic resonance imaging (MRI) and visually evoked potentials (VEPs) with regard to damage to the visual pathway.

The search for regions in the cerebral mass that are responsible for the generation of schizophrenic symptoms has led to new knowledge about its functional organization and an understanding of what happens in the brain of patients at the subcellular level. Understanding the pathogenesis opens up possibilities for the development of new pharmacotherapy.

Keywords: *Schizophrenia, Neurodegeneration, Structural Analysis.*

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PZ_33

LEČENJE SHIZOFRENIJE OTPORNE (REZISTENTNE) NA STANDARDNU TERAPIJU

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Shizofrenija je jedno od najtežih psihičkih oboljenja, koje pogađaocelikupnu ličnost bolesnika, njegovo razmišljanje i njegove emocije, utičući u velikoj većini slučajeva odlučujuće i na njegovu radnu sposobnost kao i na njegov socijalni život. Bolest po pravilu nastupa u fazama, između kojih se teži dostići maksimalna moguća remisija („remission“) simptoma, ako ne i oporavak („recovery“), što, na žalost, i dan danas i uprkos velikom broju različitih terapija retko uspeva (tek kod nekih 15% slučajeva). U ovom predavanju ce biti predstavljene osnove jedne moderne psihofarmakologije shizofrenije kao deo ukupnog tretmana. U tom smislu će fokus biti stavljen na neophodnost pravovremene intervencije i dugotrajne, kontinuirane terapije, uključujući lečenje depo injekcijama (long-acting injectable „LAI“ antipsychotics). Pored toga, fokus će biti stavljen na neophodnost češće terapije klozapinom, lekom koji se jedini ističe svojom efikasnošću u odnosu na druge antipsihotike, kao i nekim specifičnim, pozitivnim osobinama (kao recimo, njegovo antisuicidalno i antiagresivno dejstvo). Takođe, biće pomenuti i drugi biološki tretmani, posebno elektrošok terapija, koja bi se takođe trebala češće primenjivati u neretkim slučajevima rezistentnog toka bolesti. Sve u svemu, očekuje vas jedno, nadam se, zanimljivo i ka praksi orijentisano predavanje.

Ključne reči: *shizofrenija, oporavak, rezistencija, klozapin, elektrošok terapija, neinvazivna stimulacija mozga.*

IL_33

TREATMENT OF THERAPY RESISTANT SCHIZOPHRENIA

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Schizophrenia is one of the most severe mental illnesses, which affects the entire personality of the patient, his thinking and his emotions, affecting in the vast majority of cases decisively his ability to work as well as his social life. As a rule, the disease occurs in phases, between which the maximum possible remission of the symptoms is reached, if not full recovery, which unfortunately even today and despite a large number of different therapies rarely succeeds (only in some 15% of cases). In this lecture, the basics of modern psychopharmacology of schizophrenia will be presented as part of the overall treatment. In this sense, the focus will be placed on the necessity of timely intervention and long-term, continuous therapy, including treatment with depot injections (long-acting injectable "LAI" antipsychotics). In addition, the focus will be placed on the necessity of frequent clozapine therapy, a drug that stands out for its effectiveness compared to other antipsychotics, as well as for some specific, positive properties (such as its anti-suicidal and anti-aggressive effect). Also, other biological treatments will be mentioned, especially electroconvulsive therapy (ECT), which should also be applied more often. All in all, an hopefully interesting and practice-oriented lecture awaits you.

Keywords: *Schizophrenia, Recovery, Treatment Resistance, Clozapine, Electroconvulsive therapy, Non-Invasive Brain Stimulation.*

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PZ_34

PLACEBO I PSIHOGENI BOLNI POREMEĆAJ

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Placebo fenomen ima značajno mesto u svakodnevnoj kliničkoj praksi, kao i u farmakološkim i nefarmakološkim studijama. Uprkos sveprisutosti, i dalje postoje brojne kontroverze u vezi sa definisanjem. Naime, od kraja dvadesetog veka sprovedene su brojne studije efekata placeba na bolni sindrom, u cilju identifikacije mehanizama koji leže u osnovi oba fenomena. Prema klasičnom biomedicinskom modelu percepcije simptoma (npr. bolnih senzacija), mozak pasivno prima informacije i direktno ih pretvara u svesni doživljaj. Dakle, simptomi su direktna posledica fiziološke disfunkcije, a redukcija simptoma proizlazi iz obnavljanja telesne funkcije. Uprkos značajnom progresu do kojeg je doveo, biomedicinski model nije uspeo da objasni dva bitna fenomena u medicini: placebo efekat i psihogene somatske (tzv. psihofiziološke) poremećaje.
Istraživanja povrđuju da se efikasnost tretmana povećava kada primena psihofarmaka (ili drugih modaliteta tretmana) koincidira sa pozitivnim iščekivanjima od terapije. Neurobiološka istraživanja ukazuju na to da promene u aktivnosti bolnog neuromatriksa nisu niti neophodne niti dovoljne za promenu subjektivnog iskustva bola. Neuralna aktivnost u mrežama koje su izvan bolnog neuromatriksa moduliraju subjektivno iskustvo bola. Reč je o strukturama koje su u vezi sa motivacijom, sistemom nagrade, memorijom, kao i sa gore pomenutim sistemima odgovornim za iščekivanje. Ovi obrasci najverovatnije leže u osnovi neuralnih mehanizama placebo efekata na bolni sindrom. Iz toga proizlazi racionalni teorijski okvir mehanizma kojim psihosocijalni faktori, između ostalih, značajno utiču na subjektivni doživljaj bola, kao i na placebo efekat.
Na osnovu dosadašnjih istraživanja sve je jasnije da mozak nije pasivni „prijemnik“ senzacija iz tela već da ima aktivnu ulogu u smislu prediktivne obrade informacija (tzv. Bajesov mozak). Bajesov pristup percepciji bolnih senzacija značajno unapređuje naše razumevanje kako placeba, tako i nastaka psihogenog bolnog sindroma.
Integrativni pristup, rukovođen biopsihosocijalnim modelom, ukazuje na to da zdravlje, bolest i lečenje zavise od višestrukih faktora koji uključuju socijalne, psihološke, kulturne i biološke faktore.

Ključne reči: *placebo, psihogeni bol, biopsihosocijalni model, Bajesov mozak.*

IL_34

PLACEBO AND PSYCHOGENIC PAIN DISORDER

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The placebo phenomenon has a significant place in everyday clinical practice, as well as in pharmacological and non-pharmacological studies. Despite its ubiquity, there are still numerous controversies regarding its definition. Namely, since the end of the twentieth century, numerous studies of placebo effects on pain syndrome have been conducted, with the aim of identifying the mechanisms underlying both phenomena. According to the classic biomedical model of symptom perception (e.g., painful sensations), the brain passively receives information and directly converts it into a conscious experience. Therefore, symptoms are a direct consequence of physiological dysfunction, and the reduction of symptoms results from the restoration of body function. Despite the significant progress it brought about, the biomedical model failed to explain two important phenomena in medicine: the placebo effect and psychogenic somatic (so-called psychophysiological) disorders. Research confirms that the effectiveness of treatment increases when the administration of psychotropic drugs (or other treatment modalities) coincides with positive expectations from the therapy. Neurobiological research indicates that changes in the activity of the pain neuromatrix are neither necessary nor sufficient to change the subjective experience of pain. Neural activity in networks outside the pain neuromatrix modulate the subjective experience of pain. These are structures related to motivation, the reward system, memory, as well as the above-mentioned systems responsible for anticipation. These patterns most likely underlie the neural mechanisms of placebo effects on the pain syndrome. This results in a rational theoretical framework of the mechanism by which psychosocial factors, among others, significantly influence the subjective experience of pain, as well as the placebo effect. Based on previous research, it is increasingly clear that the brain is not a passive "receiver" of sensations from the body but has an active role in terms of predictive information processing (the so-called Bayesian brain). A Bayesian approach to the perception of painful sensations significantly advances our understanding of both placebo and the onset of psychogenic pain syndromes. An integrative approach, guided by the biopsychosocial model, suggests that health, illness, and healing depend on multiple factors that include social, psychological, cultural, and biological factors.

Keywords: *Placebo, Psychogenic Pain, Biopsychosocial Model, Bayesian Brain.*

Literatura&References: 1. Apkarian AV, Bushnell MC, Treede RD, Zubieta JK. Human brain mechanisms of pain perception and regulation in health and disease. Eur J Pain. 2005;9(4):463-84.; 2. Gollub RL, Kong J. For placebo effects in medicine, seeing is believing. Sci Transl Med. 2011;3(70):70ps5.; 3. Ongaro G, Kaptchuk TJ. Symptom perception, placebo effects, and the Bayesian brain. Pain. 2019;160(1):1-4.

PZ_35

KONZUMACIJA KANABISA KAO KOMPONENTNI FAKTOR RIZIKA ZA RAZVOJ PSIHOTIČNOG POREMEĆAJA

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Uvod: Kanabis ima vodeću ulogu među psihoaktivnim supstancama kada je u pitanju zloupotreba. Sakupljanjem podataka iz istraživanja pokušava se podići svijest o opasnosti upotrebe kanabisa i pojavi prve psihotične reakcije odnosno učestalosti psihoze i shizofrenije. **Cilj:** Cilj ovog rada je izvršiti pregled trenutnog znanja o povezanosti upotrebe kanabisa i rizika od razvoja psihoze, psihotičnih simptoma, shizofrenije. **Metode:** Izvršen je pregled elektronskih bibliografskih baza podataka u periodu od 2002. do 2022. godine poput PubMed Central, National Library of Medicine. Obrađivani su radovi koji su povezani sa zloupotrebom kanabisa i pojavom psihoze ili shizofrenije odnosno o učestalosti psihotičnih reakcija**. Rezultati:** Trenutni dokazi iz više od 50% studija pokazuju da visoki nivoi odnos doza-odgovor upotrebe kanabisa povećavaju rizik od psihotičnih ishoda. Učestalije psihotične reakcije povezane su sa češćom upotrebom kanabisa a na to utiče i zloupotreba u ranijem starosnom dobu**. Zaključak:** Vjerovatno je da je izlaganje kanabisu komponentni uzrok koji u interakciji s drugim faktorima izaziva psihotične poremećaje, ali nije dovoljan da to učini sam. Neophodan je dalji rad kako bi se identifikovali faktori koji leže u osnovi individualne ranjivosti na psihoze povezane sa kanabinoidima. Odnos između izloženosti kanabisu i pojave psihoza ispunjava neke, ali ne sve kriterijume za uzročno-posljedičnu vezu.

Ključne riječi: *kanabis, psihotični poremećaj, shizofrenija, faktor rizika.*

IL_35

CANNABIS CONSUMPTION AS A RISK FACTOR FOR DEVELOPMENT OF PSYCHOTIC DISORDERS

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Introduction: Cannabis plays a leading role among psychoactive substances when it comes to abuse. By collecting data from studies, we are trying to raise awareness of dangers of using cannabis and appearances of the first psychotic reactions, that is, the frequency of psychosis and schizophrenia. **Aim:** The aim of this paper is to review current knowledge about the connection between cannabis use and the risk of developing psychosis, psychotic symptoms, schizophrenia**. Methods:** A review of electronic bibliographic databases, such as PubMed Central, National Library of Medicine, was performed in the period from 2002 to 2022. Papers related to the abuse of cannabis and the occurrence of psychosis or schizophrenia, i.e., the frequency of psychotic reactions, were analysed. **Results:** Current evidence from more than 50% of studies indicates that high dose-response levels of cannabis use increase the risk of psychotic outcomes. More frequent psychotic reactions are associated with more frequent use of cannabis, and this is also influenced by abuse at an earlier age**. Conclusions:** It is likely that exposure to cannabis is a component cause which interacts with other factors to cause psychotic disorders, but is not sufficient to cause that alone. Further work is necessary to identify factors underlying individual vulnerability to cannabinoid-related psychoses. The relationship between cannabis exposure and the onset of psychosis meets some, but not all, criteria for causality.

Keywords: *Cannabis, Psychotic Disorder, Schizophrenia, Risk Factor.*

Literatura/References: 1. Ortiz-Medina MB, Perea M, Torales J, Ventriglio A, Vitrani G, Aguilar L, Roncero C. Cannabis consumption and psychosis or schizophrenia development. Int J Soc Psychiatry. 2018 Nov;64(7):690-704. doi: 10.1177/0020764018801690. PMID: 30442059.; 2. Pearson NT, Berry JH. Cannabis and Psychosis Through the Lens of DSM-5. Int J Environ Res Public Health. 2019 Oct 28;16(21):4149. doi: 10.3390/ijerph16214149. PMID: 31661851; PMCID: PMC6861931.; 3. Rentero D, Arias F, Sánchez-Romero S, Rubio G, Rodríguez-Jiménez R. Cannabis-induced psychosis: clinical characteristics and its differentiation from schizophrenia with and without cannabis use. Adicciones. 2021 Mar 31;33(2):95-108. English, Spanish. doi: 10.20882/adicciones.1251. PMID: 32677690.

KRATKA USMENA IZLAGANJA (OR)

(abecedni redoslijed)

SHORT ORAL PRESENTATIONS (OS)

(Alphabetical order)

OR_01

METABOLIČKI SINDROM KAO ETIOLOŠKI FAKTOR SOMATSKIH OBOLJENJA KOD PACIJENATA OBOLJELIH OD SHIZOFRENIJE, BIPOLARNOG AFEKTIVNOG POREMEĆAJA I DEPRESIJE

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Uvod: Metabolički sindrom zajedno sa njegovim pojedinim komponentama značajno utiče na pojavu somatskih oboljenja. Zahvaljujući dijagnozi metaboličkog sindroma moguće je prepoznati one pacijente koji imaju povećan rizik od razvijanja somatskih komplikacija. Uvođenje antipsihotika u velikoj mjeri utiče na učinkovitost liječenja oboljelih od shizofrenije (SCH), bipolarnog afektivnog poremećaja (BAP) i depresije. Istovremeno, antipsihotična terapija utiče na povećavanje rizika od razvoja metaboličkog sindroma i nastanka kardiovaskularnih oboljenja, cerebrovaskularnog inzulta, dijabetes melitusa, dislipidemije. **Cilj:** Ispitati učestalost somatskih oboljenja kod pacijenata oboljelih od SCH, BAP i depresije u zavisnosti od prisustva metaboličkog sindroma prema NCEP ATP III i IDF klasifikaciji. **Metode:** Ova petogodišnja prospektivna studija je provedena u Psihijatrijskoj bolnici Kantona Sarajevo. Pratili smo 405 pacijenata sa SCH, BAP i depresijom, starosti od 30 do 69 godina, koji su najmanje pet godina na terapiji antipsihoticima. **Rezultati:** Metabolički sindrom kao etiološki faktor za nastanak infarkta miokarda kod oboljelih od SCH bio je prisutan u 17,2% slučajeva, dok je kod BAP bio 12,5% i depresije 7,1%. Cerebrovaskularni inzult imalo je 15,5% oboljelih od shizofrenije i 6,3% oboljelih od BAP. Oboljeli od SCH imali su u 79,3% hipertenziju, znatno učestalije u odnosu na pacijente bez metaboličkog sindroma, njih 37,7%. Preko 80% pacijenata sa SCH, BAP i depresijom imalo je dislipidemiju. Dijabetes mellitus evidentiran je kod 62,1% pacijenata oboljelih od SCH, 43,8% oboljelih od BAP i 21,4% oboljelih od depresije. Postoji statistički značajna razlika učestalosti somatskih oboljenja između pacijenata sa i bez metaboličkog sindroma. **Zaključak:** Naši rezultati pokazali su da je metabolički sindrom bitan etiološki faktor nastanka somatskih oboljenja. Potrebno je adekvatno znanje o farmakodinamici i farmakokinetici antipsihotika u cilju adekvatnog psihijatrijskog tretmana, pri čemu će se neželjena dejstva antipsihotika svesti na minimum.

Ključne riječi: *shizofrenija, bipolarni afektivni poremećaj, depresija, metabolički sindrom.*

OS_01

METABOLIC SYNDROME AS AN ETIOLOGICAL FACTOR OF SOMATIC DISEASES IN PATIENTS SUFFERING FROM SCHIZOPHRENIA, BIPOLAR DISORDER AND DEPRESSION

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Introduction: Metabolic syndrome with its individual components significantly affects the occurrence of somatic diseases. Thanks to the diagnosis of metabolic syndrome, it is possible to recognize patients with an increased risk of developing somatic complications. The introduction of antipsychotics greatly affects the effectiveness of the treatment of patients with schizophrenia (SCH) and bipolar disorder (BD), as well as depression. At the same time, antipsychotic therapy increases the risk of developing metabolic syndrome and the development of cardiovascular diseases, cerebrovascular insult, diabetes mellitus, and dyslipidaemia. **Aim:** To investigate the frequency of somatic diseases in patients with SCH, BD and depression depending on the presence of metabolic syndrome according to CEP ATP III and IF classification. **Methods:** This five-year prospective study was conducted in the Psychiatric Hospital of Canton Sarajevo. We followed 405 patients with SCH, BD and depression, aged 30 to 69 years, who were treated with antipsychotics for five years. **Results:** Metabolic syndrome as an etiological factor for the occurrence of myocardial infarction in patients with schizophrenia was significant in 17.2% of cases, while in BD it was 12.5% and depression 7.1%. 15.5% of patients with schizophrenia and 6.3% of patients with bipolar disorder had a cerebrovascular insult. Patients with schizophrenia had hypertension in 79.3%, significantly more often compared to patients without metabolic syndrome, 37.7% of them. Over 80% of patients with SCH, BD and depression had dyslipidaemia. Diabetes mellitus was recorded in 62.1% of schizophrenia patients, 43.8% of BD patients and 21.4% of depression patients. There is a statistically significant difference in the frequency of somatic diseases between patients with and without metabolic syndrome**.** **Conclusions:** Our results showed that the metabolic syndrome is an important etiological factor in the occurrence of somatic diseases. Adequate knowledge of the pharmacodynamics and pharmacokinetics of antipsychotics is required in order to provide adequate psychiatric treatment, whereby the adverse effects of antipsychotics will be reduced to a minimum.

Keywords: *Schizophrenia, Biploar Disorder; Depression, Metabolic Syndrome.*

Literatura/References: 1. Bresee LC, Majumdar SR, Patten SB, Johnson JA. Prevalence of cardiovascular risk factors and disease in people with schizophrenia: a population-based study. Schizophr Res. 2010 Mar;117(1):75-82. doi: 10.1016/j.schres.2009.12.016. Epub 2010 Jan 18. PMID: 20080392.; 2. Abou-Setta AM, Mousavi SS, Spooner C, Schouten JR, Pasichnyk D, Armijo-Olivo S, Beaith A, Seida JC, Dursun S, Newton AS, Hartling L. First-Generation Versus Second-Generation Antipsychotics in Adults: Comparative Effectiveness [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2012 Aug. Report No.: 12-EHC054-EF. PMID: 23035275.; 3. Laursen TM, Nordentoft M, Mortensen PB. Excess early mortality in schizophrenia. Annu Rev Clin Psychol. 2014;10:425-48. doi: 10.1146/annurev-clinpsy-032813-153657. Epub 2013 Dec 2. PMID: 24313570.

OR_02

POVEZANOST PERINATALNE DEPRESIJE I VEZANOSTI MAJKE I NOVOROĐENČETA

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Uvod: Povezanost majka-dete, koja započinje tokom trudnoće i kontinuirano se razvija kroz čitav život deteta, je od sustinske važnosti za opšte zdravlje, ali i optimalan psihološki, kognitivni i emocionalni razvoj deteta. Svetska literatura ističe postnatalnu depresiju kao glavni riziko faktor koji bi mogao da utiče na narušeni kvalitet vezivanja između majke i deteta. **Cilj:** Cilj ove studije je da se istraži povezanost između postnatalne depresije i procesa vezivanja majka-dete (odojče), za vreme pandemije COVID-19. **Metode:** Studija preseka uključila je 115 učesnica starosti 18-30+ godina sa heterogenim sociodemografskim karakteristikama, koje su tokom poslednje dve godine bile pacijentkinje Kabineta za perinatalno mentalno zdravlje, gde su bile ambulantno ili dnevno-bolnički tretirane. Njih 85 su ispunile kriterijume u skladu sa MKB-10 klasifikacijom za dijagnoze prve depresivne epizode (F.32.0, F32.1 ili F32.2) tokom trudnoće ili postpartalno. Kobinovani pristup lečenja je obuhvatio farmakološki tretman sa antidepresivima (SSRI) i antipsihotike u niskim dozama, kao i individualne ili grupne psihoterapijske intervencije. Od psihodijagnostičkih intrumenata korišćeni su: klinički dirigovani intervju, Edinburška skala postnatalne depresije (EPDS) za merenje prisustva depresivne simptomatologije-administrirana nakon porođaja, dok je Upitnik o postpartalnom vezivanju (PBQ) korišćen za procenu kvaliteta ostvarene veze majka-odojče dostavljan putem e-mail-a mesec dana nakon porađaja. Informisani pristanak je dobijen od svih učesnica uključenih u ovu studiju. **Rezultati:** Rezultati pokazuju prisustvo depresivne simptomatologije kod 85 ucesnica, od kojih je kod 25% dijagnostikovana umerena do izražena, a kod 75% blaga do umerena depresija. Značajni poremećaj vezivanja sa detetom je zabeležen kod 14% od učesnica koje ispunjavaju dijagnostičke kriterijume za blagu, umerenu ili izraženu depresiju, dok je kod 37% ispitanica registrovano određeno narušivanje u vezi majka-dete. Statistička analiza je potvrdila korelaciju između izrazenosti depresije kod majke, i njenog vezivanje sa detetom. **Zaključak:** Depresija tokom trudnoće i posle porođaja ima seriozni uticaj na formiranje veze majka-dete, i pretstavlja značajan rizik za psihološki razvoj deteta. Zapravo, to je alarm o potrebi za razvoj strategija za prevenciju, skrining i blagovremeni tretman perinatalnih poremećaja mentalnog zdravlja, naročito tokom kriznih situacija poput pandemije COVID-19, koja je doprinela povećanju stope poremećaja mentalnog zdravlja, posebno kod ranjivih kategorija, kakve žene u perinatalnom periodu.

Ključne reči: *postnatalno, depresija, majka-novorođenče***.**

OS_02

THE ASSOCIATION BETWEEN PERINATAL DEPRESSION AND MOTHER-INFANT BONDING

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Introduction: The mother-infant bond, which starts during the pregnancy and develops continually throughout the child's life plays a crucial role in the overall health, and optimal psychological, emotional and cognitive development of the child. Global literature highlights postnatal depression as a major risk factor which might hinder the quality of mother-infant bonding. **Aim:** The aim of this study is to explore the association between postnatal depression and mother-infant bonding, during the COVID-19 pandemic. **Methods:** The cross-sectional study, included 115 participants aged 18 - ≥30+, with heterogeneous demographic characteristics, who during the past two years, were refered for treatment at the Cabinet for Perinatal Mental Health at the University Clinic for Psychiatry in Skopje. 85 participants met the criteria for the diagnosis F.32.0, F32.1 or F32.2 during pregnancy or postpartum in compliance to the ICD-10, and were treated accordingly, as outpatients or inpatients with a combined approach encompassing individual and group psychotherapy (as a part of the group for psychological support of mothers in the Daily Hospital Unit) and psychopharmacologic treatment including antidepressants, mostly SSRI, and low doses of antipsychotics. The patients who received pharmacological treatment were informed about the safety and usefulness of breastfeeding. All participants were evaluated with a structured psychiatric interview. The presence of depressive symptomatology was measured with the Edinburgh Postnatal Depression Scale after delivery, while the Postpartum Bonding Questionnaire were provided via e-mail one month following the delivery and was used to assess the quality of mother-infant bonding. Informed consent was obtained from all included participants. **Results:** The results show a presence of depressive symptomatology in 85 participants, 25% of which suffered moderate to severe, and 75% mild to moderate depression. Severe impairment of the mother-infant bonding was registered in 14% of the respondents who met the criteria for mild, moderate or severe depression, while a certain level of bonding disorder was registered in 37% of the participants. The statistical analysis of data confirmed the correlation between severity of maternal depression and impairment of mother-infant bonding. **Conclusion:** Depression during pregnancy and postpartum has a serious influence on the mother-infant bonding, and consequential risks for the psychological development of the child, hence it's an alarming reminder to develop strategies for prevention, screening, and treatment of perinatal mental health disorders, particularly in times of crisis such as the COVID-19 pandemic which induced an increase in the rates of mental health disorders globally, especially affecting the vulnerable categories such as women in the perinatal period.

Keywords: *Postnatal, Depression, Mother-infant.*

Literatura/References: 1. Lutkiewicz K, Bieleninik Ł, Cieślak M, Bidzan M. Maternal-Infant Bonding and Its Relationships with Maternal Depressive Symptoms, Stress and Anxiety in the Early Postpartum Period in a Polish Sample. Int J Environ Res Public Health. 2020 Jul 28;17(15):5427. doi: 10.3390/ijerph17155427. PMID: 32731490; PMCID: PMC7432717.; 2. Nakano, Mami, et al. Risk Factors for Impaired Maternal Bonding When Infants Are 3 Months Old: A Longitudinal Population Based Study from Japan. BMC Psychiatry, vol. 19, no. 1, 2019, https://doi.org/10.1186/s12888-019-2068-9.; 3. Røhder, Katrine, et al. Maternal-Fetal Bonding among Pregnant Women at Psychosocial Risk: The Roles of Adult Attachment Style, Prenatal Parental Reflective Functioning, and Depressive Symptoms. PLOS ONE, vol. 15, no. 9, 2020, https://doi.org/10.1371/journal.pone.0239208.

OR_03

POJAVNOST DEPRESIVNOSTI I KVALITETA ŽIVOTA OBOLJELIH OD EPILEPSIJE

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Uvod: Epilepsija je najučestalije kronično neurološko oboljenje i predstavlja veliki medicinski i socijalni problem u svijetu. Epilepsija se definira kao kratkotrajni poremećaj funkcije mozga koji se manifestira podražajnim simptomima pojedinih dijelova mozga, poremećajem svijesti ili njihovom kombinacijom. Karakterizirana je trajnom predispozicijom za generiranje epileptičkih napadaja s posljedicama poremećaja neurobiološkog, kognitivnog i psihosociološkog statusa. **Cilj:** Utvrditi kvalitetu života, te povezanost sociodemografskih karakteristika s kvalitetom života i razvojem depresivnosti u oboljelih od epilepsije. **Metode:** Istraživanje je deskriptivno, eksplorativno i analitičko. **Rezultati:** Rezultati istraživanja su pokazali da epilepsija utječe na različite aspekte društvenog života, s obzirom da su ispitanici sa epilepsijom imali značajno manje bliskih prijatelja i lošiji socijalni život u odnosu na zdravu kontrolnu skupinu. Također, istraživanje je pokazalo da je depresija najčešći psihijatrijski komorbiditet kod ljudi koji imaju epilepsiju, te pogoršava prognozu i kvalitetu života ovih pacijenata. Analiza sociodemografskih karakteristika na utjecaj epilepsije pokazuje da su ispitanici sa žarišnom epilepsijom u velikom broju slučajeva bili u braku, dok su ispitanici sa generaliziranom epilepsijom uglavnom bili samci. Druge sociodemografske karakteristike kao što su spol, dob, mjesto življenja, obrazovanje, radni odnos ne pokazuju značajne razlike. **Zaključak:** Značano je istaknuti da osobe oboljele od epilepsije imaju dosta lošiju kvalitetu života u odnosu na zdrave ljudi, s obzirom da imaju i veću predispoziciju za razvoj depresivnih smetnji od blagog do jako izraženog intenziteta koja značajno utječe na kvalitet života tih ljudi.

Ključne riječi: *epilepsija, depresija, kvalitet života.*

OS_03

OCCURENCE OF DEPRESSION AND QUALITY OF LIFE OF EPILEPSY SUFFERERS

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Introduction: Epilepsy is the most common chronic neurological disease and represents a major medical and social problem in the world. Epilepsy is defined as a short-term disorder of brain function that is manifested by symptoms of stimulation of certain parts of the brain, a disorder of consciousness or a combination thereof. It is characterized by a permanent predisposition to generate epileptic seizures with the consequences of neurobiological, cognitive and psychosociological status disorders. **Aim:** To determine the quality of life, and the association of sociodemographic characteristics with the quality of life and the development of depression in patients with epilepsy. **Methods:** The research is descriptive, exploratory and analytical. **Results:** The results of the research showed that epilepsy affects various aspects of social life, given that subjects with epilepsy had significantly fewer close friends and a worse social life compared to the healthy control group. Also, research has shown that depression is the most common psychiatric comorbidity in people with epilepsy, and it worsens the prognosis and quality of life of these patients. The analysis of sociodemographic characteristics on the influence of epilepsy shows that subjects with focal epilepsy were married in a large number of cases, while subjects with generalized epilepsy were mostly single. Other socio-demographic characteristics such as gender, age, place of residence, education, employment do not show significant differences. **Conclusions:** It is important to point out that people suffering from epilepsy have a much worse quality of life compared to healthy people, considering that they also have a greater predisposition to develop depressive disorders of mild to severe intensity, which significantly affects the quality of life of these people.

Keywords: Epilepsy, Depression, Quality of Life.

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OR_04

ZNAČAJ PRAVOVREMENE DIJAGNOSTIKE U OSTVARIVANJU ADEKVATNE TERAPIJSKE KOMPLIJANSE

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Uvod: Psihoaktivne supstance mogu da indukuju, pogoršaju, ublaže ili maskiraju psihijatrijske simptome u sklopu mentalnog poremećaja čime se dodatno komplikuje dijagnostički proces. U dijagnostičkoj psihijatrijskoj praksi, posebna pažnja se posvećuje diferencijaciji između primarnog psihijatrijskog poremećaja i psihijatrijskih simptoma uzrokovanih zloupotrebom psihoaktivnih supstanci. **Cilj:** Cilj rada je ukazati na značaj pravovremene dijagnostike mentalnih poremećaja u svrhu postizanja adekvatnog terapijskog pristupa. **Metode:** Retrospektivni prikaz slučajeva. **Prikaz slučajeva:** Pacijentkinja A.F., 33 godine starosti, razvedena, majka dvoje maloljetne djece, po zanimanju menadžer, nezaposlena, ostvarila 14 godina radnog staža. Psihoaktivne supstance zloupotrebljava od 16. godine (THC, kokain, metamfetamini, heroin, alkohol). Odlazi na liječenje u terapijsku zajednicu kada zaposleni u komuni primjećuju da se čudno ponaša, ispoljava određene ideje religijskog karaktera. U dogovoru sa ljekarima na klinici prima se radi dijagnostičke evaluacije. Tokom dijagnostičkog procesa potvrđuje se postojanje sumanutih religioznih ideja, a na osnovu auto- i heteroanamnestičkih podataka dolazi se do saznanja da je bolest počela i par godina ranije, ali zbog zloupotrebe supstanci tome se nije pridavao značaj. Pacijent A.P., 19 godina starosti, neoženjen, nema djece, živi sa majkom i dvije sestre, završio osnovnu školu, zaposlen, ima godinu dana radnog staža. Psihoaktivne supstance zloupotrebljava od 14. godine (spid, alkohol, tramadol, ecstazy, THC), zbog čega je napustio dalje školovanje. Primljen po tipu prisilne hospitalizacije tokom koje iznosi žalbe na promjenjivo raspoloženje, strah od smrti, sumanute ideje proganjanja (koje se provlače duži vremenski period i zbog kojih je liječen hospitalno u dva navrata). U porodičnoj anamnezi navodi da baka boluje od shizofrenije. **Zaključak:** Dijagnostika i tretman zavisnika koji ispoljavaju i druge mentalne poremećaje je kompleksan i zahtjeva kontinuirano praćenje u cilju postizanja dugotrajnije remisije.

Ključne riječi: *komorbiditet, bolesti zavisnosti, mentalni poremećaji.*

OS_04

THE IMPORTANCE OF TIMELY DIAGNOSTICS IN ACHIEVING ADEQUATE THERAPEUTIC COMPLIANCE

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Introduction: Psychoactive substances can induce, worsen, alleviate or mask psychiatric symptoms as part of a mental disorder, which further complicates the diagnostic process. In psychiatric practice, special attention is paid to the differentiation between a primary psychiatric disorder and psychiatric symptoms caused by the abuse of psychoactive substances. **Aim:** The aim of the paper is to point out the importance of timely diagnosis of mental disorders in order to achieve an adequate therapeutic approach. **Methods:** Retrospective analysis of cases.
Cases reports: A.F., female, 33 years old, divorced, mother of two children, manager, unemployed, 14 years of work experience. She has been abusing psychoactive substances since she was sixteen years old (cannabinoids, cocaine, methamphetamines, heroin, alcohol). She started with the treatment in a therapeutic community when the employees noticed that she is behaving strangely, manifesting certain religious ideas. In agreement with the doctors at the Clinic, she was admitted for diagnostic evaluation. During the diagnostic process, the existence of religious ideas is confirmed, and according to auto and heteroanamnesis, it was found out that the disease started a few years earlier, but due to substance abuse, no importance was given to it. A.P., male, 19 years old, single, no children, lives with his mother and two sisters, finished elementary school, employed, has one year of work experience. He has been abusing psychoactive substances since the age of fourteen (alcohol, tramadol, ecstasy, cannabinoids), which is why he left out high school. He was admitted involuntary to hospital during which he complained on a mood swings, fear of death, ideas of persecution. In the family history, he stated that his grandmother suffered from schizophrenia. **Conclusion:** Diagnostics and treatment of addicts who have also a presence of other mental disorders is complex and requires continuous monitoring in order to achieve longer-term remission.

Keywords: *Comorbidity, Substance Use Disorders, Mental Disorders.*

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OR_05

KOGNITIVNI DEFICIT KOD ZAVISNIKA OD ALKOHOLA

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Uvod: Upotreba, zloupotreba i zavisnost od alkohola su udruženi sa kognitivnim oštećenjem. Prevalencija kognitivnih oštećenja je dokumentovana u 50% - 80% zavisnika od alkohola. Kognitivne funkcije koje su posebno pogođene su: učenje novih vještina, vizuelno-prostorna sposobnost, izvršne funkcije i aspekti pažnje, dok verbalne sposobnosti obično ostanu netaknute. **Cilj:** Cilj ovog rada je utvrđivanje nivoa kognitivnog oštećenja kod zavisnika od alkohola. **Metode:** Istraživanje je sprovedeno po tipu serije slučajeva kod N=132 ispitanika. Ispitivane grupe su činili zavisnici od alkohola (sa i bez kognitivnog deficita) i kontrolna grupa zdravih ispitanika. Psihijatrijske skale procjene (Montrealski test za procjenu kognicije-MoCa i Adenbrukova revidirana kognitivna skala - ACE-R) su korištene za procjenu kognitivnog statusa. **Rezultati:** Prosječan skor na MoCa testu u grupi zavisnika od alkohola sa kognitivnim deficitom je iznosio 23.5±1.5, u grupi zavisnika od alkohola bez kognitivnog deficita je iznosio 27.2±1.3, te u kontrolnoj grupi 27.9±1.1. Ova razlika je i statistički visoko značajna ($p<0.000$). Prosječan skor na ACE-R skali u grupi zavisnika od alkohola sa kognitivnim deficitom je iznosio 74.24±6.1, u grupi zavisnika od alkohola bez kognitivnog deficita je iznosio 87.9±4.2, te u kontrolnoj grupi 92.9±3.9. Ova razlika je i statistički visoko značajna ($p<0.000$). Rezultati su takođe potvrdili postojanje pozitivne korelacije između MoCa testa i ACE-R skale ($p<0.000$). **Zaključak:** Kognitivni deficiti su česti kod zavisnika od alkohola. Kognitivni skrining koji se sprovodi instrumentima kliničke procjene je praktičan, naročito kada nije izvodljivo sprovesti detaljno neuropsihološko testiranje.

Ključne riječi: *alkoholizam, kognitivni deficit, instrumenti kliničke procjene.*

OS_05

COGNITIVE DEFICIT IN ALCOHOL USE DISORDER

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Introduction: Alcohol use, misuse and addiction are all associated with cognitive impairment. The prevalence of cognitive impairment has been documented in 50 – 80% of alcohol dependence. The most affected cognitive functions are the ability to learn new skills, visuospatial ability, executive function and attention, while verbal abilities usually remain intact. **Aim:** The aim of this paper is to determine the level of cognitive impairment in alcohol addicts. **Methods:** A case-control study was carried out including a total of N=132 respondents with a medical history of alcoholism, and healthy volunteers. The Montreal Cognitive Assessment (MoCa) and Addenbrooke's Cognitive Examination-Revised (ACE-R) screening tools were used for cognitive status assessment. **Results:** The mean MoCa score was 23.5 ± 1.5 in the group of addicts with cognitive deficit, 27.2 ± 1.3 in the group of addicts without cognitive deficit, and 27.9 ± 1.1 in controls, respectively. There was statistical difference ($p<0.000$). The mean ACE-R score was 74.24 ± 6.1 in the group of addicts with cognitive deficit, 87.9 ± 4.2 in the group of addicts without cognitive deficit, and 92.9 ± 3.9 in controls, respectively. There was a statistical difference ($p<0.000$). The results also confirmed the existence of a positive correlation between the MoCa test and the ACE-R scale ($p<0.000$). **Conclusion:** Cognitive deficits are common in alcohol addicts. Cognitive screening is useful when a more detailed neuropsychological assessment cannot be performed or is inadequate.

Keywords: *Alcoholism, Cognitive Deficit, Clinical Assessment Instruments.*

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OR_06

EPIGENETIKA I PSIHIJATRIJA

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Uvod: Izraz „epigenetski“ odnosi se na nasljedni fenotip koji nije kodiran promjenama u DNA sekvenci. Iako organizmi u ćeliji posjeduju isti DNA kod, proizvodnja različitih vrsta ćelija u organizmu postiže se selektivnom aktivacijom i stišavanjem pojedinačnih gena u genomu, putem nekoliko epigenetskih procesa. Mentalne bolesti se danas definišu na temelju ponašajnih simptoma koje ih karakterišu. Simptomi koji nastaju uglavnom se razvijaju sporo, dugo traju i sporo se povlače. Ove promjene sugerišu na sporo razvojne i relativno stabilne promjene u mozgu, mehanizmom regulacije genske ekspresije. **Cilj:** Prikazati dostupne informacije o epigenetici u psihijatriji. **Metode:** Pregledali smo literaturu u PubMed bazi podataka koristeći ključne riječi „epigenetic“ i „psychiatry“. **Rezultati:** U posljednjem periodu mnoga istraživanja su ispitivala promjene u genskoj ekspresiji mentalno oboljelih. Nekoliko faktora transkripcije, proteina koji se vežu na regulatorne regione specifičnih gena i kontrolišu stepen do kojeg će ovi geni biti transkriptirani, imaju ulogu u ekspresiji gena povezanih sa psihijatrijskim bolestima ili liječenjem. Istraživači u psihijatriji često gledaju na etiologiju psihijatrijskih oboljenja kao na udružen utjecaj nasljednih faktora i okruženja. Epigenetika nudi treću vrstu mehanizma koji vjerovatno doprinosi individualnoj vulnerabilnosti i rezilijentnosti pojedinca na psihijatrijsku bolest. Epigenetske promjene također nude mehanizam kojim iskustva mogu modifikovati funkciju gena bez promjena DNA. Skorije studije impliciraju na epigenetske faktore u shizofreniji, bolestima ovisnosti, poremećajima povezanim sa traumom. **Zaključak:** Imamo mnogo razloga da vjerujemo da će nam epigenetska istraživanja dramatično pomoći da prije svega razumijemo mentalne bolesti, da se identifikuju promjene i mehanizmi u osnovi tih promjena u ekspresiji gena povezane sa pojedinačnim psihijatrijskim oboljenjima kao i da razumijemo individualnu vulnerabilnost i rezilijentnost. Na kraju, buduća epigenetska istraživanja pružaju nam nadu da će se identifikovati nova meta za terapijske intervencije kod oboljelih od psihijatrijskih poremećaja.

Ključne riječi: *epigenetika, psihijatrija, mentalno zdravlje.*

OS_06

EPIGENETICS AND PSYCHIATRY

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Introduction: The term „epigenetics“ refers to a heritable phenotype that is not encoded by changes in the DNA sequence. Although there is only one DNA code in the organism, it produces different types of cells, and that is achieved by selective individual genes silencing and activation in the genome, through several epigenetic processes. Nowadays, mental illnesses are defined based on the behavioural symptoms. The symptoms usually develop slowly, last a long time, and they are slowly cured. These changes suggest slowly developing and relatively stable changes in the brain, through the mechanism of gene expression regulation. **Aim:** To show available data about epigenetics in psychiatry. **Methods:** We reviewed the literature from the PubMed database using the keywords “epigenetics” and “psychiatry”. **Results:** In recent years, many studies have examined changes in the gene expression of the mentally ill patients. Several transcription factors, proteins that bind to regulatory regions of the specific genes and control the extent to which these genes will be transcribed, play a role in gene expression associated with psychiatric disease or treatment. Researchers in psychiatry often look at the etiology of psychiatric diseases as a combined influence of the hereditary and environmental factors. Epigenetics offers a third type of mechanism that likely contributes to individual vulnerability and resilience to the psychiatric illness. Epigenetic offer a mechanism by which experiences can modify gene function without altering a DNA. Recent studies implicate epigenetic factors in schizophrenia, addictive disorders, and trauma-related disorders. **Conclusions:** There are many reasons to believe that epigenetic research will drastically help us to first of all understand mental illnesses, to identify the changes and mechanisms underlying those changes in gene expression associated with psychiatric diseases, as well as to understand individual vulnerability and resilience. Future epigenetic researches give us hope that new therapeutic interventions targets for the psychiatric disorders will be identified.

Keywords: *Epigenetics, Psychiatry, Mental Health.*

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OR_07

POSTTRAUMATSKI STRESNI POREMEĆAJ ZDRAVSTVENIH RADNIKA U COVID ODJELJENJU (PRIKAZ SLUČAJA)

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Uvod: Poznato je i opisivano javljanje niza metalnih smetnji koje COVID-19 može izazvati kod oboljelih i liječenih osoba. Manje je pisano o tome da ponavljano izlaganje zdravstvenih radnika velikom broju umirućih pacijenata i pacijenata u teškom zdravstvenom stanju u uslovima rada na COVID odjeljenjima kada i sami mogu biti inficirani, predstavlja traumatski događaj koji može dovesti do razvoja kliničke slike posttraumatskog stresnog poremećaja (PTSP). **Cilj:** Prikazati slučaj PTSP medicinske sestre u COVID odjeljenju Univerzitetskog kliničkog centra Tuzla. **Metode:** Prikaz slučaja. **Prikaz slučaja:** Pacijentica M.K., rođena 1984. godine, medicinska sestra u COVID odjeljenju. Javlja se sa pritužbama na stalno prisustvo slika dešavanja u COVID odjeljenju, slike ljudi koji se guše, miris krvi i urina u nosnicama, mučninu i povraćanje posebno kada vidi krv ili miris kuhanog mesa. Žali se da ne može nikome pričati o dešavanjima na COVID odjeljenju jer je to jako uznemirava. Daljnja obrada je potvrdila kliničku sliku PTSP sa jasnim simptomima ponovnog proživljavanja uključujući flash-back simptome, simptome pojačane pobuđenosti, simptome izbjegavanja kao i simptome negativnih promjena kognicije, negativnih promjena raspoloženja i disocijativne simptome. Navodi da su joj počeli ispadati zubi zašto joj je stomatolog rekao da je od stresa i dugotrajnog nošenja maske. **Zaključak:** Zdravstveni radnici u COVID bolnicama su pod povećanim rizikom od posttraumatskog stresnog poremećaja. Radnici u oblasti mentalnog zdravlja trebaju biti svjesni potencijalnih psiholoških posljedica i treba uložiti posebne napore kako bi se spriječio PTSP među zdravstvenim radnicima u COVID bolnicama.

Ključne riječi: *PTSP, COVID-19, zdravstveni radnici.*

OS_07

POSTTRAUMATIC STRESS DISORDER IN HEALTHCARE WORKERS IN COVID HOSPITAL (CASE REPORT)

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Introduction: It is known and reported occurrence of a different mental disturbances that COVID-19 can cause in infected patients. Less has been written about the fact that repeated exposure of health workers to a large number of dying patients and patients in a serious state of health in circumstances of work in COVID hospitals when they themselves can be infected is a traumatic. Such exposure can lead to the development of the clinical picture of posttraumatic stress disorder (PTSD). **Aim:** To report a case of PTSD of a nurse in the COVID Hospital/Ward of the University Clinical Center Tuzla. **Methods:** Case report. **Case report:** Female patient M.K., born on 1984, nurse in the COVID Ward. She presents complaints of the constant presence of images of events in the COVID Ward, images of people suffocating, the smell of blood and urine in the nostrils, nausea and vomiting, especially in situation to see blood or to feels smell of cooked meat. She complains that she can not tell anyone about what is going on in the COVID Ward because it upsets her a lot. Further workup confirmed the clinical picture of PTSD with clear re-experiencing symptoms including flash-back symptoms, hyperarousal symptoms, avoidance symptoms as well as symptoms of negative changes in cognition, negative mood changes and dissociative symptoms. She states that started loosing teeth. The dentist told her that it was due to stress and wearing a mask for a long time. **Conclusions:** Health care workers in COVID Hospitals/Wards are at increased risk for experiencing posttraumatic stress disorder. Mental health workers need to be aware of the potential psychological consequences and special effort should be provided to prevent PTSD among health care workers in COVID Hospitals/Wards.

Keywords: *PTSD, COVID-19, Healthcare Workers.*

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OR_08

ZADOVOLJSTVO VIDNIM ISHODIMA I KVALITETOM ŽIVOTA PACIJENATA U OFTALMOHIRURGIJI

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Uvod: Smanjenje vidne oštrine je povezano sa značajnim poteškoćama u obavljanju aktivnosti svakodnevnog života i socijalnih vještina što utiče na promjene životnih navika, a mnogi pacijenti sa slabošću vida ispoljavaju emocionalne poteškoće, strepnju, zabrinutost, pa i depresivnost. **Cilj:** Cilj rada je utvrditi kvalitetu života, te uticaj oštećenja vidne funkcije na obavljanje svakodnevnih aktivnosti i prisustvo emocionalnih smetnji. **Metode:** Uzorak čini 60 pacijenata liječenih na Klinici za očne bolesti UKC RS (33 pacijenta muškog pola i 27 pacijenata ženskog pola) podijeljenih u dvije grupe po 30 pacijenata: grupu pacijenata koji su hospitalizovani radi predstojeće operacije katarakte i grupu pacijenata koji su hospitalizovani radi predstojeće vitreoretinalne operacije. Operacije su rađene sutradan po prijemu na Kliniku za očne bolesti UKC RS. Svi pacijenti su dali saglasnost za istraživanje i uz asistenciju ljekara popunili su test koji ispituje kvalitet života i prisustvo emocionalnih smetnji. **Rezultati:** Od ukupnog uzorka, trećina ispitanika je izrazila zabrinutost za svoju sigurnost pri kretanju i obavljanju svakodnevnih aktivnosti u i izvan kuće. Svaki drugi ispitanik se izjasnio da je bio spriječen u obavljanju željenih aktivnosti u posljednjih mjesec dana. Smanjenje vidne oštrine je uzrokovala neprijatnost kod 2/3 ispitanika. 60% ispitanika se osjećalo iznervirano i isfrustrirano zbog stanja svog vida, trećina se osjećala usamljeno ili izolovano, a 47% depresivno ili tužno. 70% ispitanika je izrazilo zabrinutost da će im se vid pogoršati, a svaki drugi ispitanik se osjećao zabrinuto zbog spriječenosti ili nemogućnosti u obavljanju svakodnevnih aktivnosti u posljednjih mjesec dana zbog stanja vida. Takođe, svaki drugi ispitanik se izjasnio da mu slab vid generalno ometa funkcionisanje u životu. Viši skorovi su zabilježeni u grupi ispitanika koji su hospitalizovani radi predstojeće operacije katarakte, sa značajno višim skorovima kod ispitanica. **Zaključak:** U grupi ispitanika koji su hospitalizovani radi predstojeće operacije katarakte, zabilježeni su visoki skorovi kod ženskih ispitanika na sva pitanja izuzev viših skorova kod muških ispitanika koja su se odnosila na zabrinutost pri obavljanju svakodnevnih aktivnosti ili uopštenog funkcionisanja u životu. U grupi pacijenata koji su hospitalizovani radi predstojeće vitreoretinalne operacije, zabilježeni su viši skorovi kod ženskih ispitanika u odnosu na muške ispitanike, ali su skorovi generalno niži nego u grupi ispitanika sa kataraktom. Razlog tome leži u činjenici da je katarakta hronično progresivno oboljenje, a pacijenti su na operaciju katarakte čekali duže vremena (nekoliko mjeseci) i za to vrijeme im se vidna oštrina postepeno smanjivala. S druge strane, pacijenti koji hospitalizovani radi predstojeće vitreoretinalne operacije su uglavnom bili pacijenti kod kojih je smanjenje vidne oštrine nastalo naglo kao posljedica ablacije retine i na operativnu intervenciju su čekali svega nekoliko dana.

Ključne riječi: *vidna oštrina, kvalitet života, emocionalne smetnje, katarakta, ablacija retine.*

OS_08

PATIENTS SATISFACTION WITH VISUAL OUTCOMES AND QUALITY OF LIFE PRIOR TO OPHTALMIC SURGERY

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Background: Reduced visual acuity is associated with significant difficulties in performing daily activities and social skills that affect changes in lifestyle. Many patients with visual impairment express emotional difficulties, anxieties, concerns and depression. **Aim:** The aim is to determine vision-related quality of life and impact of impaired visual function on performing daily activities and the presence of emotional disturbances. **Methods:** A cohort of 60 patients treated at the Eye Clinic, University Clinical Center of Republic of Srpska (33 male patients and 27 female patients) was divided into two groups of 30 patients: a group of patients hospitalized for upcoming cataract surgery and a group of patients hospitalized for upcoming vitreoretinal surgery. The surgery was performed the following day after admission to the Eye Clinic, University Clinical Center of Republic of Srpska. All patients gave their consent to be in research and completed Vision Core Measure 1 (VCM 1) test with the assistance of doctor to examine quality of life and the presence of emotional disturbances. **Results:** Out of the total sample, a third of patients expressed concern about their safety when moving and performing daily activities inside and outside their home. Every other patient reported to be prevented from doing the desired activities in the past month. Reduced visual acuity caused anxiety in 2/3 subjects. 60% of patients felt anxious and frustrated due to their eyesight, a third felt lonely or isolated, and 47% depressed or sad. 70% of subjects expressed concern that their eyesight is getting worse, and every other patient felt worried about coping with everyday life or inability to perform daily activities in the past month due to their eyesight. Also, every other patient reported that their poor eyesight interfered with their life generally. Higher scores were recorded in the group of subjects hospitalized for upcoming cataract surgery, with significantly higher scores in female subjects. **Conclusions:** High scores were recorded in all questions in the group of patients who were hospitalized for upcoming cataract surgery, especially in female patients, except for higher scores recorded in group of male patients related to concern with day-to-day activities or general functioning in life. In the group of patients hospitalized for the upcoming vitreoretinal surgery, higher scores were recorded in female subjects compared to male subjects, but scores are generally lower than in the group of patients with cataract. The reason for this lies in the fact that cataract is a chronic progressive disease, and patients have been waiting for cataract surgery for a longer time (several months), and during that time their visual acuity has gradually decreased. On the other hand, patients hospitalized for upcoming vitreoretinal surgery were mainly patients with rapid reduction of visual acuity due to retinal detachment and with surgical waiting time for only a few days.

Keywords: *Visual Acuity, Quality of Life, Emotional Disturbance, Cataract, Retinal Detachment.*

Literatura/References: 1. Li X, Lin J, Chen Z, Jin G, Zheng D. The Impact of Cataract Surgery on Vision-Related Quality of Life and Psychological Distress in Monocular Patients. J Ophthalmol. 2021 Dec 21;2021:4694577.; 2. Ka AM, Sow AS, Diagne JP, Ndoye Roth PA, Kamara K, et al. Qualité de vie des patients après chirurgie de la cataracte [Patients' quality of life after cataract surgery]. J Fr Ophtalmol. 2017 Oct;40(8):629-635.; 3. Abu-Ameerh M, Alni'mat A, AlShawabkeh M, AlRyalat SA. Vision-Related Quality of Life After Vitrectomy: Cross-Sectional Study from Jordan. Clin Ophthalmol. 2021 May 4;15:1831-1838.

OR_09

ASPEKTI FORENZIČKE PSIHIJATRIJE U PRAKSI (PRIKAZI SLUČAJEVA)

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Uvod: Za razliku od kliničara psihijatra kojem je najveći interes tj. cilj, što veće dobro za bolesnika, u radu forenzičnog psihijatra naglašena je druga dimenzija, a to je da angažman forenzičnog psihijatra podrzumjeva da svojim znanjem, vještinom i iskustvom štiti interes društva, kojeg u ovom slučaju predstavlja sud. U oblasti krivičnog prava praktično svako izjašnjenje psihijatra-forenzičara na okolnosti sposobnosti shvatanja svojih postupaka i upravljanja svojim postupcima, procesne sposobnosti, opasnosti okrivljenog po okolinu, izricanja mjere ili ukidanja provođenja sigurnosnih mjera ima egzistencijalnu važnost za onoga na kog se izjašanjavanje odnosi kao i za njegovu porodicu, okolinu, a u ovom prikazu govorimo društvenom značaju. Psihijatar i psiholog forenzičar svoje mišljenje treba da donese na osnovu stručnog i etičkog opredjeljenja, ubjeđenja. Zbog toga, svi mi forenzički psihijatri i psiholozi moramo biti spremni na stručnu konfrontaciju koja bi trebala imati za cilj donošenje stručne i etički pravilne procjene što, nažalost, i nije pravilo. Prihvatanjem funkcije vještaka psihijatar i psiholog forenzičar se obavezuje na prihvatanje te neizbježne situacije. **Cilj**: Prikaz značaja donošenja stručne i etičke procjene u slučajevima psihijatrijskog vještačenja kroz dva prikaza slučaja iz prakse. **Prikaz slučaja:** U skladu sa navedenim treba primiti k znanju ovaj naš aktuelni prikaz slučajeva: S.K., optužen i osuđen za krivično djelo Genocid i drugo, i slučaj H.N., optužen i osuđen za krivično djelo protiv čovječnosti. **Zaključak:** U ovim konkretnim prezentacijama, mišljenja smo da se radilo o svjesnim pokušajima da se dovođenjem Suda u Zabludu (nažalost, ponekad i uz moguće učešće profesionalaca i vještaka) izbjegne krivična odgovornost za teška krivična djela genocida i djela protiv čovječnosti.

Ključne riječi: *forenzička psihijatrija, etika.*

OS_09

ASPECTS OF FORENSIC PSYCHIATRY IN PRACTICE (CASE REPORTS)

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Introduction: Unlike a clinical psychiatrist, whose main interest is the greatest good for the patient. However, another dimension is emphasized in the work of a forensic psychiatrist, which is the engagement of a forensic psychiatrist, who understands that with his knowledge, skills and experience, protect the interests of society, which he represents in the court case. In the field of criminal law, practically every statement by a forensic psychiatrist on the circumstances of the ability to understand his actions and manage his actions, procedural capacity, the danger of the defendant to the environment, the imposition of a measure or the cancellation of the implementation of security measures has existential importance for the person to whom the statement refers as well as for his family, environment. In this presentation we present its social aspects and significance. Psychiatrists and forensic psychologists should make their opinion on the basis of professional and ethical determination and conviction. For this reason, all of us forensic psychiatrists and psychologists must be ready for a professional confrontation, which should aim at making a professional and ethically correct assessment, which, unfortunately, is not the rule. By accepting the function of an expert, a forensic psychiatrist and psychologist undundertake this inevitable situation. **Aim:** To present the value of professional and ethical assessment in cases of forensic psychiatric expertise through two case reports from practice. **Case report:** In accordance with the above, we should take note of our current presentation of cases: S.K., accused and convicted of the criminal offense of Genocide and others, and H.N., accused and convicted of a crime against humanity. **Conclusion**: In these specific presentations, we are of the opinion that it was a matter of conscious attempts to mislead the Court (unfortunately sometimes with the possible participation of professionals and experts) to avoid criminal responsibility for serious crimes of genocide and crimes against humanity.

Keywords: *Forensic Psychiatry, Ethics.*

Literatura/References: 1. Arboleda-Flórez J. Forensic psychiatry: contemporary scope, challenges and controversies. World Psychiatry. 2006 Jun;5(2):87-91. PMID: 16946941; PMCID: PMC1525122.

OR_10

EPIDEMIOLOŠKI I ETIOLOŠKI ASPEKTI BIHEVIORALNIH ZAVISNOSTI U SRBIJI I CRNOJ GORI

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U ovom ispitivanju na uzorcima od 3003 ispitanika iz Srbije i 1489 iz Crne Gore analizirana je raširenost jedanaest bihevioralnih zavisnosti: zavisnost o video igrama, zavisnost o pretjeranom gledanju televizije, o društvenim mrežama (Facebook), ljubavnim partnerima, zavisnostima o radu, hrani, internetu, seksu, mobilnim telefonima, kocki i internet seksu. Budući da su bihevioralne ovisnosti najzastupljenije među mladima, u uzorcima su nadproporcionalno zastupljeni mladi od 14 do 30 godina kako bi se postigao dovoljan broj „zavisnika" za statističke analize. Istraživački instrumentarijum su pored opštih socio-demografskih, sociooloških i socijalno-ekonomskih varijabli činili i jedanaest (11) standardizovanih upitnika (za svaku zavisnost po jedan), sa ukupno 282 pitanja, pretežno u binarnoj i intervalnoj formi. Po raširenosti, Srbija i Crna Gora se u cjelini nalaze iznad prosjeka u poređenju sa zemljama za koje su dostupni ovi epidemiološki podaci, a epidemiološki pokazatelji za Srbiju i Crnu Goru su više slični, ili veoma slični nego što se razlikuju. Daleko najzastupljenija bihevioralna zavisnost i u Srbiji, i u Crnoj Gori je zavisnost od ljubavnog partnera u svim navedenim uzrastima, što ukazuje na izraženu emocionalnu nezrelost u obje države, uslovljenu i nizom kulturoloških faktora. Porodični faktori rizika i faktori rizika tokom ranog psihosocijalnog razvoja sa vrlo malim izuzecima prediktuju javljanje i bihevioralnih ‚zavisnosti" i zavisnosti od psihoaktivnih supstanci. Binarna logistička regresija je pokazala da najveću prediktivnu vrijednost za javljanje i jednih i drugih imaju asocijalno, i naročito antisocijalno ponašanje. Najzad tri bihevioralne zavisnosti koje ne spadaju u raširene, ali imaju veliki potencijal za stvaranje zavisnosti, uz pridruženi alkoholizam lako determinišu nastanak i razvoj ostalih bihevioralnih zavisnosti i zavisnosti o psihoaktivnim supstancama sa lošom prognozom. Ovaj najvažniji nalaz studije diskutovan je u složenom kontekstu i međuigri bioloških, psiholoških, socijalnih i sociokulturalnih faktora.

Ključne riječi: *bihevioralne zavisnosti, epidemiološki i etiološki aspekti, Srbija, Crna Gora.*

OS_10

EPIDEMIOLOGY AND ETIOLOGY ASPECTS OF BEHAVIORAL ADDICTIONS IN SERBIA AND MONTENEGRO

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In this study, the prevalence was analyzed on samples of 3003 subjects from Serbia and 1489 from Montenegro 11 behavioral addictions (to video games, television, Facebook, love partner, work, food, internet, sex, mobile phones, gambling and Internet sex. Because behavioral "addictions" are most prevalent among young people, the samples are over proportionally represented by young people aged 14 to 30 in order to achieve a sufficient number of "addicts" for statistical analyses. Research instruments are in addition to general socio-demographic, sociological and socio-economic variables, 11 standardized questionnaires (one for each "addiction") with a total of 282 questions, mostly in binary and interval form. In terms of expansion, Serbia and Montenegro as a whole are above average compared to the countries for which these epidemiological data are available, and the epidemiological indicators for Serbia and Montenegro are more similar or very similar than different. By far the most prevalent behavioral addiction in both Serbia and Montenegro is from a love partner at all ages, which indicates marked emotional immaturity in both countries, conditioned by a number of cultural factors. Family risk factors and risk factors during early psychosocial development with very few exceptions predict the emergence of behavioral "addictions" and addiction to psychoactive substances. Binary logistic regression showed that they have the highest predictive value for the occurrence of both nonsocial and, especially, antisocial behavior. Finally, three behavioral addictions that are not widespread, but have a great potential for creation addictions, along with associated alcoholism, easily determine the emergence and development of other behavioral problems "addiction" and addiction to psychoactive substances, with a poor prognosis. This most important finding of the study was discussed in a complex context and the interplay of biological, psychological and social, i.e., sociocultural factors.

Keywords: *Behavioral Addictions, Epidemiological and Etiological Aspects, Serbia, Montenegro.*

Literatura/References: 1. Gupta, R, Derevensky, J.L. (2008). Gambling Practices Among Youth. Etiology, Prepetition and Treatment in: Essau CA, editor. Adolescent addiction: Epidemiology, Assesment and Treatment. New York, NY: Academic Press, 207-229.; 2. Park, S.K. Kim J.Y. Cho C.B. (2008). Prevalence of Internet Addiction and Correlations With Family Factors Among South Korean Adolescents. Adolescence, 43, 895-909.; 3. Đukanović B., Filipović S. (2013) U dvosmernom ogledalu. Istraživanje stavova prema devijantnim pojavama u Crnoj Gori. Crnogorska Akademija nauka i umjetnosti, Podgorica.

OR_11

ZNAČAJ ETIČKOG ANGAŽMANA PSIHIJATARA U PREVENCIJI STIGMATIZACIJE I PSIHIJATRIZACIJE DRUŠTVA

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Uvod: Živimo u doba u kojem smo sve svoje mentalne izazove sveli na izazove inteligencije. Na tom se polju stalno takmičimo u smislu ko je inteligentniji, a ne ko je sentimentalniji, ko je moralniji. Svjedoci smo da se u posljednje vrijeme sve više patologiziraju mnogi društveni fenomeni, kao i toga na nove nozologije daju sve veći broj mentalnih poremećaja. **Cilj:** Ukazati na probleme etike u mentalnom zdravlju u smislu relativiziranja dijagnoza, terapijskog odnosa i mentalnog zdravlja. **Metode:** Pregled literature, lično iskustvo, rad sa klijentima i razgovor sa kolegama psihijatrima. **Rezultati:** Mentalno zdravlje ljudi izlazi iz sfere socijalnog kapitala društva i sve više postaje samo roba koju svi na tržištu totalnog konzumirizma tretiraju. Neophodno je osvijestiti štetnost pretjerane psihijatrizacije, patologizacija i medikalizacije, s jedne, ali i vratiti psihijatrima značaj i ulogu mentalnom zdravlju, s druge strane. Psihijatri su postali posmatrači društvene scene u kojoj mnogi drugi odlučuju o normalnom i patološkom na osnovu gotovih algoritama i terapijskih protokola. **Zaključak:** Potrebno je razmotriti drugačiji pristup promocije mentalnog zdravlja u doba konzumerizma.

Ključne riječi: *patologizacija, psihijatrizacija, etika.*

OS_11

THE IMPORTANCE OF ETHICAL ENGAGEMENT OF PSYCHITRISTS IN THE PREVENTION OF STIGMATIZATION AND PSYCHIATRIZATION OF THE SOCIETY

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Introduction: We live in a world in which all mental challenges are reduced on intelligence challenges. In that field we are competing constantly with each other. But we do not compete among that who are more sensitive, more moral. We are witnesses of increased pathologization of the most society phenomenon as well as the fact that modern nosology creates more and more mental disorders. **Aim:** Point on the ethics in the files of mental health, especially on relativization of the diagnosis, therapeutic relationship and mental health. **Methods:** Review of literature, personal experience, experience in working with client and interviews with other psychiatrists. **Results:** Peoples' mental health overlooked a social capitalism sphere and becomes only goods which is consumed by everyone in totally consumerism market. It is important to point on awareness of harmfulness of general psychiatry, pathologization and medication on the one side, as well as returning the psychiatrists their importance in the mental health field. The psychiatrist became social scene observers in which may others decide about what is normal and what is pathological based on persisting algorithms and therapeutic protocols solely. **Conclusions:** Considering of somewhat different approach of mental health in consumerism time is needed.

Keywords: *Mental Health, Psychiatry, Ethics.*

Literatura/References: 1. Kecmanović, D. (2012). *Psihijatrija protiv sebe.* Clio. Beograd.; 2. Niče, F. (2013). *Ljudsko, suviše ljudsko.*Fedon. Beograd.

OR_12

IZAZOVI I POTEŠKOĆE U ŽIVOTU ČLANOVA PORODICA OSOBA NESTALIH U RATU U BOSNI I HERCEGOVINI

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Uvod: Nestanak člana porodice se smatra jednom od najdugoročnijih posljedica rata, zbog ambivalentnosti na emocionalnom i dvosmislenosti na kognitivnom nivou. Nestanak dovodi so posljedica na ličnom, porodičnom i nivou zajednice (poteškoće u psihosocijalnom funkcioniranju, izoliranost, izloženost stigmi i diskriminaciji, neadekvatno reguliran pravni status). Rezultati dosadašnjih istraživanja, uglavnom kvantitativnih, su ukazali na prisustvo brojnih dugoročnih poteškoća što, u krajnjoj mjeri, utječe na mijenjanje porodične dinamike, kao i na smanjenje kvalitete života ove populacije. **Cilj:** Ukazati na izazove i poteškoće u životu članova porodica osoba nestalih u proteklom radu u Bosni i Hercegovini. **Metode:** Navedeni cilj će se ispitati na osnovu pregleda dosadašnje literature, kao i na osnovu rezultata primjene mješovitog kvalitativno-kvantitativnog nacrta u istraživanju autorice koje je provedeno u prvoj polovini 2022. godine na uzorku od 120 članova porodica nestalih osoba. **Rezultati:** Dobiveni rezultati ukazuju da su poteškoće na ličnom i socijalnom planu prisutne i 30 godina nakon nestanka (anksioznost, depresija, psihosomatske tegobe, izloženost stigmi i diskriminaciji, osjećaj zaboravljenosti od ostatka zajednice). Posebno su izraženi kod osoba koje su, nakon nestanka, stupile u bračne i izvanbračne zajednice. Članovi porodica iskazuju visok stepen solidarnosti sa osobama iz drugih općina i entiteta. **Zaključak:** Završetak procesa identifikacije i ukopa nestalog člana dovodi do određenih promjena na ličnom i socijalnom nivou. Sam proces intervjuiranja ove populacije kod intervjuera, također, dovodi do niza psihosomatskih reakcija, promjene sistema vrijednosti što ukazuje na neophodnost superviziranja svakog istraživanja iz ove oblasti.

Ključne riječi: *nestanak, poteškoće, supervizija.*

OS_12

CHALLENDGES AND DIFFICULTIES IN THE LIVING FAMILY MEMBERS OF PEOPLE MISSING DURING THE BOSNIAN WAR

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Introduction: Missing of a family member is consider as one of the most bitter war consequences, mostly because of the presence of ambivalence on emotional and ambiguity on cognitive level. Disappearance leads to the consequences on personal, family and society level (difficulties with psychosocial functioning, isolation, exposure to stigma and discrimination, inadequate regulated legal status). The results of presents studies, mostly quantitative, shows the presence of multiple long-term difficulties whose, in the end, cause the changes in family dynamics as well as decreasing of quality of life of this population. **Aim:** Aim of this study is point to the challenges and difficulties in the lives of family members of people missing during the Bosnian war. **Methods:** Mentioned aim will be examined through literature review and the result obtained in study of author on the population of 120 family members which was held during the first half of 2022 Year, and in which combination of qualitative and quantitative data design was used. **Results:** The obtained study results shows, even 30 years after the Bosnian war, the presence of difficulties in personal and social area (anxiety, depression, psychosomatic difficulties, the sense of stigma and discrimination, the sense of being forgotten from community members). Mentioned difficulties are very commonly presented among family members who, after the disappearance, entered in marital or non – matrimonial units. The family members of mission people show a high level of mutual solidarity. **Conclusions:** Completion of the identification and burial process causes come changes on personal and social level. Process of conducting interviews with this population might leads to some changes among interviewers such as psychosomatic reactions, the chances in belief system. This indicates the necessity of supervision of every study in this area.

Keywords: *Dissappearance, Difficulty, Supervision.*

Literatura/References: 1. Baraković, D., Avdibegović, E. I Sinanović, O. (2013). Depression, anxiety and somatization in women with war missing family members. *Mater Sociomed.* 25 (3), str. 199 – 202.; 2. Blaauw, M. I Lähteenmäki, V.(2002). *„Denial and silence“ or „acknowledgement and disclosure“,* Interantional Review of the Red Cross. 84 (848), str. 767 – 783.; 3. Robins, S. (2010). Ambiguous loss in a non-western context: families of the disappeared in posctconflict Nepal. *Family relations. Interdisciplinary Journal of Applied Family Science.* 59 (3), str. 253 – 268.

OR_13

PSIHOSOMATSKI SIMPTOMI RANIH ADOLESCENATA I POVEZANOST SA SOCIODEMOGRAFSKIM RIZIKO FAKTORIMA

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Uvod: Posljednje desetljeće tjelesni simptomi su sve učestaliji u populaciji djece i mladih. Razlog tome sve veći broj negativnih stresnih životnih događaja, a koji nastaju zbog promjena u funkcioniranju obitelji, te općenito u načinu života mladih. Različiti tjelesni simptomi psihogene etiologije koji se javljaju u djetinjstvu i adolescenciji dio su različitih kliničkih slika. Dijagnostika ovih poremećaja kod djece ponekad je vrlo teška zbog toga što su prisutne najčešće polisimptomatske kliničke slike. Uticaj sociodemografskih faktora predstavljaju određene rizike na rast i razvoj djece i koji direktno ili indirektno mogu uticati na mentalno zdravlje. **Cilj:** Cilj istraživanja je da utvrdimo učestalost i vrstu psihosomatskih simptoma kod ranih adolescenata, te njihovu povezanost sa sociodemografskim faktorima rizika. **Metode:** Analizirali smo grupu od 240 ranih adolescenata u opštoj populaciji. Za procjenu psihosomatskih simptoma, korišten je Upitnik psihosomatskih simptoma (PS). Podaci su obrađeni metodom deskriptivne statistike. Za procjenu povezanosti sociodemografskih faktora rizika i psihosomatskih simptoma korišten je Pearsonov test korelacije. **Rezultati:** Gastrointestinalni, pseudoneurološki i bolni simptomi su najčešće prisutni psihosomatski simptomi kod ranih adolescenata. Sociodemografskih faktora rizika kao što je nizak ekonomski status porodice, dovodi do većih učestalosti bolnih simptoma (glavobolja) i kardiovaskularnih simptoma ($p<0,05$). Život u ruralnom okruženju povezan je sa većom učestalošću respiratornih simptoma (prehlade), kardiovaskularnih simptoma (prekomerno znojenje) i gastrointestinalnih simptoma (problema sa hranom) ($p <0,05$). Djeca nezaposlenih majki češće pokazuju nedostatak energije i umora ($p <0,05$). Poremećeni porodični odnosi su povezani sa febrilnošću kod ranih adolescenata ($p <0,05$). **Zaključak:** Rani adolescenti pokazuju različite psihosomatske simptome. Postoji povezanost između sociodemografskih faktora rizika (ekonomski status porodice, urbano ili ruralno mjesto življenja, zaposlenost majke, poremećeni porodični odnosi) i psihosomatskih simptoma kod ranih adolescenata.

Ključne riječi: *psihosomatski simptomi, sociodemografski faktori.*

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PSYCHOSOMATIC SYMPTOMS OF EARLY ADOLESCENTS AND RELATIONSHIP WITH SOCIO-DEMOGRAPHIC RISK FACTORS

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Introduction: In the last decade, physical symptoms have become more frequent in the population of children and young people. The reason for this is the growing number of negative stressful life events, which are caused by changes in the functioning of the family, in general in the way of life of young people. Different physical symptoms of psychogenic etiology that occur in childhood and adolescence are part of different clinical pictures. Diagnosis of these disorders in children is sometimes very difficult due to the fact that the most common polysymptomatic clinical pictures are present. The influence of socio-demographic factors represents certain risks to the growth and development of children that can directly or indirectly affect mental health. **Objective**: The objective of the research is to determine the frequency and type of psychosomatic symptoms in early adolescents, and their association with socio-demographic risk factors. **Methods**: We analysed a group of 240 early adolescents in the general population. The Psychosomatic Symptoms Questionnaire (PSQ) was used to assess psychosomatic symptoms. The data were processed using the method of descriptive statistics. Pearson's correlation test was used to assess the association between socio-demographic risk factors and psychosomatic symptoms, **Results**: Gastrointestinal, pseudo-neurological and painful symptoms are the most frequently present psychosomatic symptoms in early adolescents. Socio-demographic risk factors, such as low economic status of the family, lead to a higher frequency of painful symptoms (headaches) and cardiovascular symptoms ($p<0.05$). Living in a rural environment was associated with a higher frequency of respiratory symptoms (common cold), cardiovascular symptoms (excessive sweating) and gastrointestinal symptoms (food problems) ($p <0.05$). Children of unemployed mothers more often show lack of energy and fatigue ($p <0.05$). Disturbed family relationships are associated with febrility in early adolescents ($p <0.05$).
Conclusion: Early adolescents show different psychosomatic symptoms. There is an association between socio-demographic risk factors (economic status of the family, urban or rural place of residence, mother's employment, disturbed family relations) and psychosomatic symptoms in early adolescents.

Keywords: *Psychosomatic Symptoms, Socio-Demographic Factors.*

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OR_14

KRITIČKI OSVRT ODNOSA IZMEĐU PSIHIJATRIJE I MENTALNOG ZDRAVLJA

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Zadatak psihijatrijskog mentalnog zdravlja isključivo je psihosocijalna rehabilitacija osoba sa težim psihijatrijskim poremećajima i njihova integracija u društvo. Također, psihijatrija u zajednici nije isto što i mentalno zdravlje u zajednici, jer se odnosi na resocijalizaciju psihijatrijski liječenih osoba, a ne na zdravu populaciju. Zbunjujuća je činjenica što je sistem mentalnog zdravlja decenijama bio servis psihosocijalne rehabilitacije duševnih bolesnika, a aktualno postojeće mentalno zdravlje nema nikakave veze s tim, jer je u funkciji psihijatrizacije i psihologizacije egzistencijalnih problema. Takvo današnje mentalno zdravlje u fokus stavlja wellbeing, mindfulness i pozitivno mišljenje, pa je, de facto, namijenjeno normalnim osobama. Zato javno-zdravstveno artikulirano mentalno zdravlje treba ostati van psihijatrije, jer nije ni medicinsko, niti je dio socijalne psihijatrije. Ono postoji kao socijalno-kulturalni konstrukt društava, prije svega društava kasnog kapitalizma. U tim sredinama, sve ono što se zove životni problem, etiketira se kao problem mentalnog zdravlja, čime se medikalizira i usmjerava (prebacuje) u domen psihijatrije.
Navedeno potvrđuje podatak da oko polovina osoba koje traže psihijatrijsku intervenciju ili pomoć, ne zadovoljava kriterije ni za jedan psihijatrijski poremećaj. Stoga, takva intervencija ili terapija nije dio psihijatrije, već mentalnog zdravlja. Javno-zdravstvenim akcijama u okviru mentalnog zdravlja i promocijama farmaceutskog marketinga preuveličana je pojava tzv. psihijatrijskih tegoba i poremećaja. Time je vještački kreirana potreba da se frustracije i stresovi izazvani socijalnim, egzistencijalnim, bračnim i drugim životnim problemima, tretiraju kod psihijatra.
Psihijatrija (iako usko vezana za psihologiju, sociologiju, filozofiju, i drugo) je medicinska disciplina i ne bavi se usrećivanjem nezadovoljnih, nesretnih i ojađenih, nego liječenjem bolesnih.

Ključne riječi: *psihijatrijsko mentalno zdravlje, mentalno zdravlje u zajednici.*

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OS_14

A CRITICAL REVIEW OF RELATIONSHIP BETWEEN PSYCHIATRY AND MENTAL HEALTH

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The task of psychiatric mental health is exclusively the psychosocial rehabilitation of persons with severe psychiatric disorders and their rehabilitation. Also, psychiatry in the community and mental health in the community are not the same, because the first one refers to the resocialization only psychiatrically treated persons, and not to the healthy population. Mental health system was during decades, psychosocial rehabilitation service for mental ill. It is a little beat confusing fact, because actual mental health has not connections with it, and stands in the function of psychiatrization and psychologization existential problems. Such mental health in these days, focuses on wellbeing, mindfulness and positive thinking, so it is, de facto, intended for healthy people. Therefore, public articulated mental health should remain outside of psychiatry. It exists as socio-cultural construct of late capitalistic societies. States with such construct, life problems labels mental, thereby, medicalizing them and translating into psychiatric ones.

The above is confirmed by the fact that about half of persons who need psychiatric intervention, do not meet criteria for any psychiatric disorder, so that intervention or therapy is not part of psychiatry, but of mental health. Public actions in framework of mental health, and pharmaceutical marketing promotions, magnify appearance psychiatric disorders or difficulties. They create artificial need that frustrations and stresses caused by existential, social, marital and other life problems, be treated by psychiatrist.

Psychiatry is medical discipline and is not deal with making people happy or satisfied, but with the treatment of illness.

Keywords: *Psychiatric Mental Health, Mental Health in Community.*

Literatura/References: 1. Torre R. Ludilo uzvraća udarac. MEDIABAR. ICARUS, Zagreb, 2021.; 2. Kecmanović D. Psihijatrija protiv sebe. CLIO, Beograd, 2012.

OR_15

ARIPIPRAZOL U TRETMANU I PREVENCIJI RELAPSA KOD OVISNIKA O ALKOHOLU TRETIRANIH U ZAVODU ZA BOLESTI OVISNOSTI ZENIČKO-DOBOJSKOG KANTONA

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Uvod: Alkoholizam je još uvijek vodeća bolest ovisnosti. Kao i kod svih ostalih ovisnosti radi se o hroničnoj bolesti sa čestim recidivima. Recidivi alkoholizma osim reprkusuja po mentalno zdravlje imaju potencijal izazivanja ozbiljnih organskih komplikacija. Stoga je adekvatan tretman recidiva kao i njihova adekvatna prevencija od velikog ne samo psihijatrijskog već i javno-zdravstvenog značaja. **Cilj:** Cilj istraživanja je bio da se utvrdi potencijal aripiprazola u prevenciji relapsa kod ovisnika o alkoholu, kao i komparacija aripiprazola u odnosu na druge medikamente koji se koriste u hemijski potpomognutoj remisiji (dislufiram). **Metode:** Retrospektivno-prospektivna, deskriptivna, kvalitativna studija provedena na ovisnicima o alkoholu tretiranim u Zavodu za bolesti ovisnosti Zeničko-dobojskog (ZE-DO) kantona. Analizirani su podaci iz medicinske dokumentacije i elektronskih baza podataka, te podaci dobijeni katamnestičkim praćenjem pacijenata (klinički pregled, alko-test i testovi na psihoaktivne supstance, laboratorijski nalazi, RTG i ultrazvučna dijagnostika, psihotestiranja (MMPI-201 a gdje to nije bilo moguće CI, Hamiltonove skale depresije i anksioznosti, socijalna anamneza). **Rezultati:** Rezultati nakon statističke obrade pokazuju nešto nižu stopu relapsa u grupi pacijenata koja je tretirana aripiprazolom u odnosu na one gdje su pacijent tretirani disulfiramom ili pacijenti kod kojih nisu korištene metode farmakološki potpomogunute remisije, ali samo u onim slučajevima gdje je primjenjen kompletan integrisan program liječenja (psiho-, socio- i porodična terapija). U slučajevima gdje se to nije učinilo nije bilo signifikantne razlike u farmakološkom odgovoru neovisno o primjenjenim psihofarmacima. **Zaključak:** Aripiprazol kao relativno novi psihofarmak ima značajan potencijal u prevenciji relapsa kod pacijenata sa alkoholnom ovisnošću, kao i znatno širi i sigurniji terapijski dijapazon u odnosu na dosadašnje alternative. Preporučuje se provođenje većih i bolje dizajniranih studija koje bi doprinijele adekvatnijem pozicioniranju ovog psihofarmaka.

Ključne riječi: *alkoholna ovisnost, prevencija recidiva, aripiprazol.*

OS_15

ARIPIPRAZOLE IN THE TREATMENT AND PREVENTION OF RELAPSE IN ALCOHOL ADDICTS TREATED IN THE INSTITUTE FOR ADDICTION DISEASES OF ZENICA-DOBOJ CANTON

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Introduction: Alcoholism is still the leading disease of addiction. As with all other addictions, it is a chronic disease with frequent relapses. Relapses of alcoholism, in addition to repercussions for mental health, have the potential to cause serious organic complications. Therefore, adequate treatment of relapses as well as their adequate prevention of major not only of psychiatric but also of public health importance. **Aim:** The goal of the research was to determine the potential of aripiprazole in relapse prevention in alcohol addicts, as well as the comparison of aripiprazole in relation to other medications used in chemically assisted remission (Dislufiram). **Methods:** Retrospective-prospective, descriptive, qualitative study conducted on alcohol addicts treated in the Institute of Diseases. Data from medical documentation and electronic databases were analyzed, as well as data obtained from patient follow-up (clinical examination, alcohol test and tests for psychoactive substances, lab, X-ray and ultrasound diagnostics, psychotesting (MMPI-201 and where it was not possible CI, Hamilton scale of depression and anxiety, social anamnesis). **Results:** The results after statistical processing show a somewhat lower rate of relapse in the group of patients treated with aripiprazole compared to those treated with disulfiram or patients in whom pharmacologically assisted remission methods were not used, but only in those cases where a complete integrated treatment program was applied (psycho, socio and family therapy).In cases where this was not done, there was no significant difference in the pharmacological response regardless of the applied psychopharmaceuticals**. Conclusions:** Aripiprazole, as a relatively new psychopharmaceutical, has significant potential in the prevention of relapse in patients with alcohol addiction, as well as a significantly wider and safer therapeutic range compared to the current alternatives. It is recommended to conduct larger and better designed studies that would contribute to a more adequate positioning of this psychopharmaceutical.

Keywords: *Alchohol Dependency, Reccurence Prevention, Aripiprazole.*

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OR_16

LEKARI, IDENTITET, MEDICINSKI SELF I MEDICINSKI MATRIKS

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Mnogo pre početka medicinskog školovanja začeta je klica budućeg negovatelja. Ovaj embrionični začetak budućeg medicinskog selfa je duboko ukorenjen self-objekt sklop formiran ranim razvojnim iskustvima i uronjen u visokogratifikujući osećaj biti poseban i biti specijalan i to kroz pomažuće iskustvo. Ali cena posebnosti ostvarene kroz isceliteljsku moć je visoka.
Cilj ovog rada je da ukažemo na genezu profesionalnog identiteta lekara i na koji način nesvesni procesi koji određuju naše profesionalne izbore utiču i na odnos lekara prema sopstvenom zdravlju i ulozi sebe kao pacijenta, kao i da otvorimo neka od ključnih pitanja na ove teme: Da li se u tim procesima može naći odgovor zašto lekari lične bitke za zdravlje vode sami i ostaju tihi za svoje potrebe? Da li učenje kroz sopstveno iskustvo tokom psihoterapijskog treninga može pomoći pre svega psihijatrima u prevladavanju otpora koji stoje u osnovi netraženja pomoći u situacijama emocionalnog kolapsa? Da li se i u strogoj polarizaciji uloga lekar-pacijent te nemogućnosti sagledavanja sopstvenih granica i jasnom testiranju realnosti može naći objašnjenje za fenomen ekstremnog izlaganja rizicima medicinskog osoblja tokom udarnih talasa pandemije COVID-19 i visokoj stopi oboljevanja i umiranja zdravstvenih radnika tokom proteklih godina? Zašto su kapaciteti volonterskih aktivnosti psihoterapeuta ostale uglavnom neiskorišćene za emocionalnu podršku i pomoć zdravstvenim radnicima iz crvenih zona?
U radu zaključujemo koje su to preventivne, edukativne i organizacione aktivnosti i mere koje je moguće preduzeti kako bi se idealistička samopredstava o lekarima kao ranjenim isceliteljima koji svoje rane vidaju sami promenila u samopredstavu o profesionalcima uronjenim u kontejnirajući matriks, tj. bogatu, živu i stalno aktivnu mrežu pomažućih interpersonalnih kolegijalnih i podržavajućih odnosa.

Ključne reči: *medicinski self, medicinski matriks.*

OS_16

DOCTORS, IDENTITY, THE MEDICAL SELF AND THE MEDICAL MATRIX

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Long before medical education, the seed of the future caretaker was conceived. This embryonical conception of the future medical is a deeply rooted self-object construction formed by early developmental experiences and is drowned in a highly gratifying feeling of being special and being unique, through an experience of being helpful. But the price of being special through the power of healing is high.

The aim of this task is to indicate the genesis of the doctor's professional identity and in which way the unconscious processes which determine our professional choices also affect the relationship between the doctor and their own health and their role as the patient, as well as to raise some crucial questions in this matter: why doctors fight battles for their personal health alone and why do they stay silent on their needs? Can learning through personal experience during psychotherapeutic training help psychotherapists in overcoming resistance which exists in the essence of not seeking help in situations of emotional collapse? Can we also find explanation for the phenomenon of extreme exposure of medical staff to risks during the impact waves of the COVID-19 pandemic and the high percentage of ailment and death of medicinal personnel during the last couple of years in rigid and strong polarization of the doctor-patient role and the inability of clear perception of own ego borders followed by the inability of clear-cut reality testing? Why did the capacity of volunteer psychotherapist activity remain mostly unused for emotional support and help for health workers from the red zones?

In this work we are concluding which preventive, educational and organizational activities and actions we can take so that the idealistic self-representation of doctors as wounded healers, who are the only ones that see their own wounds, can change into a self-representation of professionals that are drowned into a containing matrix, i.e., a rich, alive and an always active web of helpful interpersonal, collegial and supportive relations.

Keywords: *Medical Self, Medical Matrix.*

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OR_17

PRIMJENA KVETIAPINA U TRETMANU BOLESTI OVISNOSTI I KOMORBIDITETNIH PSIHIJATRIJSKIH OBOLJENJA

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Uvod: Svjetska zdravstvena organizacija definiše „dualnu dijagnozu“ kao istovremeno postojanje ovisnosti o psihoaktivnim supstancama (PAS) i drugog psihijatrijskog poremećaja. Najčešći psihijatrijski komorbiditeti među ovisnicima o PAS su poremećaji raspoloženja, anksiozni poremećaji i poremećaji ličnosti. Kvetiapin je lijek iz skupine atipičnih antipsihotika koji je registrovan za liječenje shizofrenije, bipolarnog afektivnog poremećaja u fazama depresije i akutne manije. Kvetiapin se također koristi u tretmanu bolesti ovisnosti usljed antagonizma dopamina u mezokortikolimbičkim neuronima sistema nagrade, koji ima velik utjecaj u patofiziologiji bolesti ovisnosti. Opijatska supstituciona terapija (OST) podrazumijeva primjenu lijeka u zaštićenom obliku, u prilagođenoj dozi pod kontrolom zdravstvenih radnika. U Javnoj ustanovi Zavod za bolesti ovisnosti Kantona Sarajevo (Zavod) OST se provodi metadonom, buprenorfinom i suboxonom. **Cilj:** Cilj ovog rada je evaluirati razliku između pacijenata liječenih kvetiapinom koji imaju dijagnozu ovisnosti i onih koji imaju dualnu dijagnozu, kao i evaluacija razlike između pacijenata liječenih kvetiapinom koji imaju dijagnozu ovisnosti i onih sa dualnom dijagnozom u odnosu na uključenost u OST programe. **Metode:** Istraživanje je obuhvatilo pregled historija bolesti pacijenata koji su hospitalno liječeni u Zavodu u periodu januar-decembar 2021. godine. Uzorak je obuhvatio 68 pacijenata, životne dobi od 21 do 64 godine, zastupljena su oba spola (56 muškaraca i 12 žena), samo sa dijagnozom bolesti ovisnosti (29 ispitanika) i sa dualnom dijagnozom (39 ispitanika), koji su bili uključeni na OST (23 ispitanika) i onih koji nisu (45 ispitanika). **Rezultati:** Naše istraživanje je pokazalo da je neznatno veći broj ispitanika (39 ispitanika) liječenih kvetiapinom imao dualnu dijagnozu u odnosu na ispitanike bez komorbiditeta (29 ispitanika), te da je veći broj pacijenata sa dualnim dijagnozama (17 ispitanika) uključen u OST programe u odnosu na pacijente samo sa bolešću ovisnosti (6 ispitanika). **Zaključak:** Kvetiapin je više korišten u tretmanu ispitanika sa dualnom dijagnozom i kod ispitanika sa dualnom dijagnozom koji su uključeni u OST programe.

Ključne riječi: *kvetiapin, bolesti ovisnosti, komorbiditetna psihijatrijska oboljenja.*

OS_17

THE USE OF QUETIAPINE IN THE TREATMENT OF ADDICTION AND COMORBID PSYCHIATRIC DISEASES

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Introduction: The World Health Organization defines “dual diagnosis" as the simultaneous existence of addiction to psychoactive substances (PAS) and another psychiatric disorder. Quetiapine is a drug from a group of atypical antipsychotics that is registered for the treatment of schizophrenia and bipolar affective disorder. Quetiapine is also used in the treatment of addiction due to dopamine antagonism in the mesocorticolimbic neurons of reward pathway. Opioid substitution therapy (OST) implies the use of the drug in protected form, in an adjusted dose under the control of health professionals. In the Institute for Addictive Diseases of Canton Sarajevo (Institute) exist methadone, buprenorphine and Suboxone OST programs. **Aim:** The aim of this paper is to evaluate the difference between patients treated with quetiapine who have a diagnosis of addiction and those with dual diagnosis, and to evaluate the difference between patients treated with quetiapine who have a diagnosis of addiction and those with a dual diagnosis in relation to involvement in OST programs. **Methods:** The study is review of the medical histories of patients hospitalized at the Institute during the period January-December 2021. The sample included 68 patients, aged 21 to 64 years, both sexes (56 men and 12 women), with a diagnosis of addiction disease (29) and with a dual diagnosis (39), who were in OST program (23) and those who did not (45). **Results:** Our research showed that a slightly higher number of subjects (39) treated with quetiapine had a dual diagnosis compared to subjects with a diagnosis of addiction disease (29), and that a larger number of patients with dual diagnoses (17) were included in OST programs compared to patients only with addiction disease (6). **Conclusions:** Quetiapine was more commonly used in the treatment of patients with dual diagnosis and in patients with dual diagnosis who were included in OST programs.

Keywords: *Quetiapine, Addiction Diseases, Comorbid Psychiatric Diseases.*

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OR_18

UTJECAJ POLIMORFIZMA RS6265 MOŽDANOG NEUROTROFNOG FAKTOR GENA NA INTENZITET DEPRESIVNOSTI I ANKSIOZNOSTI KOD POSTTRAUMATSKOG STRESNOG POREMEĆAJA

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Uvod: Stresom uslovljeni poremećaji su po svom karakteru poligenski pri čemu svaka rizična varijanta ima malu veličinu učinka. Veliki broj populacije će biti izložen događajima koji kvalificiraju za karakter životne ugroženosti, no manji broj tih „izloženih“ će razviti simptome posttraumatskog stresnog poremećaja (PTSP) tokom života. Upravo ovi podaci ukazuju na to da postoje genetičke/epigenetičke razlike koje pojedine osobe čine rizičnijim za razvoj simptoma posttraumatskog stresnog poremećaja. Nedavno je studija genetike PTSP identificirala ulogu 25 gena bitnih za razvoj PTSP. Od tih gena specifična uloga data je moždanom neurotrofnom faktor (BDNF) genu. Prema dosadašnjim istraživanjima najviše dokaza ukazuje na bitnost ovog polimorfizma za razvoj komorbiditeta poput depresije i kognitivnih smetnji. **Cilj:** Ispitati utjecaj polimorfizma rs6265 BDNF gena na simptome anksioznosti i depresivnosti oboljelih od posttraumatskog stresnog poremećaja. **Metode:** Na uzorku od 736 ispitanika koji su doživjeli ratnu traumatizaciju na području Balkana sprovedena je genetička i fenotipska analiza. Uzorak je svrstan u tri kategorije spram dijagnoze aktuelnog, prošlog posttraumtskog stresnog poremećaja, dok su treću grupu činili ispitanici bez dijagnoze PTSP. Urađena je evaluacija uzorka CAPS upitnikom za PTSP kao i kratkim inventarom drugih psihopatoloških simptoma (BSI). U cilju genetičke evaluacije uzet je uzorak krvi iz kojeg je realizirana genotipizacija polimorfizma rs6265 BDNF gena. **Rezultati:** Alelna varijanta GA polimorfizma rs6265 BDNF gena značajno povećava intenzitet simptoma depresije i anksioznosti kod ispitanika sa trenutnim posttraumatskim stresnim poremećajem (n=0.00). **Zaključak:** Polimorfizam rs6265 moždanog neurotrofnog faktor (BDNF) gena utiče na jači intenzitet pridruženih psihopatoloških simptoma, prvenstveno depresije i anksioznosti, kod ispitanika sa trenutnim posttraumatskim stresnim poremećajem. Skrining nosioca ovog polimorfizma u budućnosti može doprinijeti ranijem uočavanju rizičnih pacijenata za razvoj komorbiditeta PTSP.

Ključne riječi: *postraumatski stresni poremećaj, moždani neurotrofni faktor gen, BDNF, rs6265.*

OS_18

EFFECTS OF POLYMORPHISM RS6265 OF THE BRAIN DERIVED NEUROTROPHIC FACTOR GENE ON INTENSITY OF DEPRESSION AND ANXIETY IN POST-TRAUMATIC STRESS DISORDER

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Introduction: Stress related disorders are polygenetically regulated, where every genetic variant seems to have a small effect size. The majority of individuals will during lifetime experience life threatening traumatic events, but a small portion will develop symptoms of posttraumatic stress disorder (PTSD). This suggests a possible genetic/epigenetic influence that makes individuals more prone to the development of the disorder. The newly published article has identified 23 genes important for PTSD. Special attention has been given to the brain derived neurotrophic factor gene (BDNF). Genetically, most studies have shown important correlation of this single nucleotide polymorphism with the development of PTSD comorbidities like depression and cognitive decline. **Aim:** Investigate effects of polymorphism rs6265 BDF gene with symptoms of anxiety and depression in individuals suffering from posttraumatic stress disorder. **Methods:** On the sample of 736 individuals exposed to war trauma during the war in the Balkans a genetical and phenotypical evaluation has been realized. The sample was divided into three categories regarding diagnosis of current or lifetime posttraumatic stress disorder or the absence of symptoms. A psychometric evaluation was done by using CAPS to evaluate symptoms of stress related disorder and the BSI has been used to estimate psychopathological symptoms. For purpose of genetic testing whole blood has been extracted and genotyped for the rs6265 BDNF gene. **Results:** The GA allelic variant of the polymorphism rs6265 of the BDNF gene has significant impact on severity of depression and anxiety in probands with current PTSD diagnose (n=0.00). **Conclusions:** The polymorphism rs6265 of the brain derived neurotrophic factor gene has effects on intensity of comorbid psychopathological symptoms, dominantly depression and anxiety in individuals with current posttraumatic stress disorder. The screening of carriers of this SNP can in future be a potential target for earlier interventions in individuals.

Keywords: *Posttraumatic Stress Disorder, Brain Derived Neurotrophic Factor Gene, BDNF, rs6265.*

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OR_19

PSIHIJATRIJSKA OPSKRBA IZBJEGLICA U SAVEZNOJ REPUBLICI NJEMAČKOJ: IZAZOVI I MOGUĆNOSTI

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Uvod: Pojmovi izbjeglica, migrant, dijaspora i slični su prisutni koliko i sam ljudski rod. Po nekim tvrdnjama 90 % ljudi u toku svog života promijeni svoj milleu. Nažalost i danas se sve više ljudi širom svijeta raseljava, bježi od nasilja, državnog terora, ratova ili diskriminacije. Daljni uzroci su siromaštvo, glad ili prirodne katastrofe. Prema podacima Međunarodne organizacije za zaštitu izbjeglica (UNHCR), više od 100 miliona ljudi širom svijeta raseljano je u maju 2022. Krajem 2020. godine u Njemačkoj je živjelo oko 1,86 miliona ljudi koji su tražili zaštitu. Svi oni imaju izraženu potrebu za medicinskom, a posebno psihijatrijskom skrbi. **Cilj**: Željeli smo prikazati trenutnu organizaciju sistema zdravstvene zaštite u SR Njemačkoj, odnosno Saveznoj pokrajini Bavarskoj, prilagođenu posebno za izbjeglice i azilante. Ukazati na njene prednosti i nedostatke. Dali smo i pojašnjenje relevantnih pojmova u skladu sa njemačkim normama i propisima. **Metode**: Kroz konkretne prikaze slučajeva, vlastite utiske tokom višegodišnjeg angažmana i iskustva autora i kolega iz timova dočarali smo aktualnu sliku oko medicnske opskrbe. **Rezultati:** Osobe sa migracijom čine vrlo heterogenu populacijsku grupu sa različitim faktorima stresa za mentalne poremećaje. Prisutne su specifične vrste poremećaja. Suočene su sa brojnim preprekama za pristup zdravstvenom sistemu, koje se ogledaju u još uvijek ograničenoj upotrebi psihijatrijsko-psihoterapeutskog zdravstvenog sistema. **Zaključak**: Pored svih napora jos uvijek postoji veliki jaz u potrebama i uslugama izbjeglica i azilanata. Postoji hitna potrebu za akcijama za veće otvaranje zdravstvenog sistema prema njima, poboljšanje i pojednostavljenje pristupnih ruta i olakšavanje opcija liječenja, kao i uređenje i poboljšanje socijalne politike i zakonskih procedura.

Ključne riječi: *izbjeglica, azilant, mentalna skrb, Bavarska.*

OS_19

PSYCHIATRIC CARE OF REFUGEES IN GERMANY: CHALLENDGES AND OPPORTUNITIES

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Introduction: Terms of refugee, migrant, diaspora, etc., are present as long as the human race itself. According to some claims, 90% of people change their milieu during their lifetime. Unfortunately, even today, more and more people around the world are displaced, fleeing violence, state terror, wars or discrimination. Further causes are poverty, hunger or natural disasters. According to the data of the International Organization for the Protection of Refugees (UNHCR), more than 100 million people around the world were displaced in May 2022. At the end of 2020, about 1.86 million people who sought protection lived in Germany. All of these people have a pronounced need for medical and especially psychiatric care. **Objective:** We wanted to show the current organization of the health care system in FR Germany, with special attention on the Federal Province of Bavaria, adapted especially for refugees and asylum seekers and point out its advantages and disadvantages. We have also provided clarification of relevant terms in accordance with German norms and regulations. **Methods:** Through concrete presentations of cases, our own impressions during many years of engagement and the experience of the authors and colleagues from the team, we have created a current picture of medical supply. **Results:** People with migration form a very heterogeneous population group with different stress factors for mental disorders. Specific types of disorders are present. They are faced with numerous obstacles to access the health system, which are reflected in the still limited use of the psychiatric-psychotherapeutic health system. **Conclusion:** Despite all the efforts, there is still a big gap in the needs and services of refugees and asylum seekers. There is an urgent need for action to make the health system more open to them, improve and simplify access routes and facilitate treatment options. As well as the regulation and improvement of social policy and legal procedures.

Keywords: *Refugee, Asylum Seeker, Mental Health Care, Bavaria.*

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OR_20

ANALIZA PSIHOFARMAKOTERAPIJE ALKOHOLIZMA TOKOM COVID-19 PANDEMIJE NA KLINICI ZA PSIHIJATRIJU UNIVERZITETSKOG KLINIČKOG CENTRA TUZLA

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Uvod: Svjetska zdravstvena organizacija je proglasila globalnu pandemiju sa SARS-CoV-2 koji izaziva tešku respiratornu bolest, u martu 2020. godine. Istraživanja su pokazala da su uslijed pandemije prodaja i konzumacija alkohola u porastu, za šta se optužuje psihički stres i mehanizmi suočavanja sa stresom, te je samim tim analiza psihofarmakoterapije u periodu pandemije značajna. **Cilj:** Odrediti vrstu i učestalost primijenjene psihofarmakoterapije kod hospitalno liječenih pacijenata tokom pandemije u periodu 11.03.2020.-31.12.2021. godine na Klinici za psihijatriju Univerzitetskog kliničkog centra (UKC) u Tuzli. **Metode:** Retrospektivno istraživanje, korištena je dokumentacija Klinike za psihijatriju UKC Tuzla. **Rezultati:** Iz dobijenih podataka vidljivo je da su principi savremene terapije ispoštovani obzirom na visok broj pacijenata liječenih monoterapijski i novijim antidepresivima, izbjegavajući na taj način interakciju lijekova kao i moguće neželjene efekte. Rezultati pokazuju da su antipsihotici najčešće propisivani monoterapijski izbjegavajući na taj način polipragmaziju, moguće neželjene efekte ali i bolju komplijansu pacijenata. Propisivanje benzodijazepina je bilo u okviru preporučenih indikacionih područja u odgovarajućoj preporučenoj dozi i dovoljno dugo izbjegavajući njihovu potentnost da izazovu ovisnost. U okviru benzodijazepina najčešće su propisivani hipnotici i anksiolitici. **Zaključak:** Pacijenati sa problemom alkoholizma u periodu pandemije tretirani su po principima savremene psihofarmakoterapije, poštujući sve do sada preporučene protokole.

Ključne riječi: *alkoholizam, psihofarmakoterapija, pandemija, COVID-19.*

OS_20

ANALYSIS OF PSYCHOPHARMACOTHERAPY OF ALCOHOLISM DURING THE COVID-19 PANDEMIC AT THE CLINIC FOR PSYCHIATRY OF THE UNIVERSITY CLINICAL CENTER TUZLA

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Introduction: The World Health Organization declared a global pandemic with SARS-CoV-2 infection, which causes severe respiratory disease, in March 2020. Research has shown that, due to the pandemic, the sale and consumption of alcohol is on the rise, while a psychological stress and coping mechanisms are to be blamed. Thus, the analysis of psychopharmacotherapy during the pandemic is significant. **Aim:** To determine the type and frequency of applied psychopharmacotherapy in hospitalized patients during the pandemic in the period 11.03.2020 - 31.12.2021 at the Clinic for Psychiatry, University Clinical Center (UCC) Tuzla. **Methods:** Retrospective research, the documentation of the Clinic for Psychiatry of the UCC Tuzla was used. **Results:** From the obtained data, it is evident that the principles of modern therapy have been respected considering the high number of patients treated with monotherapy and newer antidepressants, thus avoiding drug interactions and possible side effects. The results show that antipsychotics are most often prescribed as monotherapy, thus avoiding polypharmacy, possible side effects and better compliance. The prescription of benzodiazepines was within the recommended indication areas in the appropriate recommended dose and long enough to avoid their potency to cause addiction. Among benzodiazepines, hypnotics and anxiolytics are most often prescribed. **Conclusions:** Patients with the problem of alcoholism during the pandemic were treated according to the principles of modern psychopharmacotherapy, respecting all the protocols recommended so far.

Keywords: *Alcoholism, Psychopharmacotherapy, Pandemic, COVID-19.*

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OS_21

NEUROPSYCHOLOGICAL FEATURES OF PATIENTS WITH BURNING MOUTH SYNDROME

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Introduction: Burning Mouth Syndrome (BMS) is a chronic orofacial pain condition characterized by a burning sensation in the oral mucosa, lasting more than two hours per day for a period of more than three months, without clinical lesions and laboratory findings that explain the symptoms. BMS is often comorbid with mood, somatoform and psychiatric disorders, and a complex pathophysiology and interaction between impairments in nociceptive processing and psychologic function is occurring. **Aim:** In this work, we aimed to define the clinical and neuropsychological profile specific for BMS patients for a better management of this complex disease. **Methods:** We conducted a case-control study comparing 120 BMS patients and 110 non-BMS individuals (CTRL). Data on socio demographic features, life style habits, presence of comorbidities, and therapeutic regimen were collected, along with data regarding sleep quality (PSQI scale), quality of life (SF-36 scale), cognitive functions (MoCA, ROCF, VFT and SVFT tests), stress (PSS), depression and anxiety (MADRS and HADS). **Results:** The statistical analysis revealed a higher prevalence of hypertension, and ischemic heart disease ($p<0.001$) in BMS patients along with a lower general quality of life ($p<0.001$), worst sleep quality ($p<0.001$) accompanied by a higher use of benzodiazepine ($p=0.003$) than CTRL. The BMS patients also displayed reduced scores in visual memory and semantic and verbal fluency tests ($p<0.05$), but no change in cognition was observed through MoCA ($p=0.551$). Moreover, a higher prevalence of mild depressive symptoms was observed in BMS patients than CTRL applying the MADRS ($p<0.001$) and HADS-Depression scales ($p=0.001$), whereas no differences in anxiety symptoms were found between the two groups ($p=0.174$). **Conclusions:** The synergy between dentistry and neuropsychiatric assessment is essential for a successful management of BMS patients which are frequently consulting several types of specialists without receiving an appropriate personalized treatment.

Keywords: *Burning Mouth Syndrome, Neuropsychological Assessment, Depression, Sleeping Disorder.*

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OR_22

KA PERSONALIZOVANOM DOZIRANJU ESCITALOPRAMA: PSYCISE PROJEKT

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Uvod: Depresija je vodeći uzrok invalidnosti širom sveta. Važan aspekt efikasnog tretmana je odgovarajuće doziranje antidepresiva. Međutim, usled interindividualnih razlika u metabolizmu leka doze koje su potrebne za dostizanje optimalnog nivoa antidepresiva u krvi pacijenta značajno variraju među pacijentima. Većina antidepresiva se metaboliše putem CYP2C19 i CYP2D6 izoenzima a njihova aktivnost je gentski determinisana. **Cilj:** Mi smo skoro uradili veliku meta-analizu a u cilju kvantifikacije razlike u nivou antidepresiva u krvi kod različitih, gentski uslovljenih metabolizera (CYP2C19 i CYP2D6 slabim umereni i normalni). Na osnovu ovih rezultata otpočeli smo prospektivnu studiju praćenja efikasnosti primene escitaloprama kod pacijenata sa depresivnim poremećajem a u cilju utvrđivanja kliničke korisnosti personalizovanog tretmana (na osnovu praćenja nivoa leka u krvi)**.** **Metode:** Efikasnost treetmana je procenjivana na osnovu Hamiltonove skale za depresiju-HAM-D (osnovna poseta kao i poseta nakon 4 i 8 nedjelja tretmana). Neželjeni efekti su procenjivani na osnovu UKU skale neželjenih efekata. Podešavanja doze se radilo nakon 4 nedelje tretmana a na osnovu nivoa leka u krvi koji je određivan nakon 2 nedelje tretmana. Promene u skoru na HAM-D i UKU skali između V1 i V2 posete su poređenje kod pacijenata kojima je doza podešavana u odnosu na kontrolnu grupu (pacijenti kojima doza nije podešavana). **Rezultati:** Od 25 pacijenata koji su završili učestvovanje u studiji 19 je zahtevalo promenu doze. Nije uočena razlika u promeni skora na HAM-D skali (V1 naspram V2 posete) između grupa (p>0.1). Kod pacijenata kod kojih je prilagođena doza 11 od 19 pacijenata je prijavilo neželjene efekte u odnosu na 2 od 6 pacijenata u kontrolnoj grupi. Nije zabeležena razlika između grupa u odnosu na vrstu i intenzitet neželjenih efekata (p>0.1)**.** **Zaključak:** Prikazani rezultati predstavljaju interni presek i obuhvataju četvrtinu planiranog uzorka te se jasni zaključci još ne mogu doneti.

Ključne reči: *escitalopram, CYP izoenzimi, nivo leka u plazmi.*

OS_22

TOWARDS PERSONALIZED DOSING OF ESCITALOPRAM: IMPORTANCE OF CYP2C19 POLYMORPHISM: PSYCISE PROJECT

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Introduction: Depression is the leading cause of disability worldwide. An important aspect of effective treatment is the appropriate dosing od antidepressants. However, owing to interindividual differences in drug metabolism, the dose required to achieve optimal blood levels of antidepressants varies substantially between patients. Most antidepressants are metabolized by CYP2C19 and CYP2D6 enzymes and their capacity is genetically determined. **Aim:** In order to quantify the difference in the antidepressant exposure among patients with genetically associated CYP2C19 and CYP2D6 poor (PM), intermediate (IM), and normal (NM) metabolizers recently we performed meta-analysis. Based on these results we started prospective study of patients treated with escitalopram to assessed potential clinical benefits of a personalized dosing regimen for escitalopram (based on therapeutic drug monitoring of escitalopram plasma level)**. Methods:** Treatment effectiveness was evaluated based on Hamilton Depression Rating Scale-HAM-D (baseline, as well as after four and eight weeks of treatment). Side effect assessment was based on Scandinavian UKU Side Effects Rating Scale. Dose adjustment was performed at V1 and was guided by the measured steady state drug plasma level two weeks after treatment initiation. Relative change in HAM-D and UKU scale from V1 to V2, were compared between comparator (dose was adjusted) and control (dose was not adjusted). **Results:** 25 participants completed the study, and 19 participants required dose adjustment between visits. There were no statistically significant differences in the change in HAM-D scores from V1 to V2 between groups (p>0.1). In the comparator group, 11/19 patients reported ADRs, compared to 2/6 patients in control group. There was no statistically significant difference between groups in ADR emergence or worsening (p>0.1)**. Conclusions:** Since this report represents interim analysis on a sample which is approximately one fourth of the planned cohort, the conclusions are not yet unequivocal.

Keywords: *Escitaloprame, CYP Izoenzymes, Drug Plasma Level.*

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OR_23

PSIHOZA ILI NEDOVOLJNO PREPOZNAT SINDROM NMDR ENCEPHALITISA?

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Uvod: Anti-NMDAR encefalitis relativno je čest autoimuni encefalitis karakteriziran složenim neuropsihijatrijskim karakteristikama i prisutnošću imunoglobulina G (IgG) antitijela protiv NR1 podjedinice NMDA receptora u centralnom nervnom sistemu. To je najpoznatiji i najčešći tip imunološki posredovanog limbičkog encefalitisa, koji pogađa 1.5 milion ljudi godišnje. Najčešći su akutni ili subakutni neuropsihijatrijski simptomi. Rana dijagnoza i brzo imunoterapijsko liječenje mogu biti korisni za ishod ove bolesti. Prezentacija NMDR encefalitisa je klasificirana u pet faza: prodromalna faza, psihotična faza, faza nereagovanja, hiperkinetička i faza oporavka. Bolest počinje prodromom koji oponaša uobičajene virusne infekcije. Unutar nekoliko sedmica do nekoliko mjeseci (< 3 mjeseca), složene neuropsihijatrijske karakteristike bolesti pojavljuju se brzo tokom naredne, psihotične faze. Kliničke karakteristike mogu se razlikovati kod djece i odraslih. Odrasli obično imaju psihijatrijske simptome (poremećaji kretanja ili napadi češći u djece). Akutni ili subakutni bihevioralni simptomi najčešći su simptomi kod odraslih bolesnika. Iako ne postoji specifičan psihijatrijski fenotip, varijabilni pozitivni i negativni psihijatrijski simptomi kao što su vizualne/slušne halucinacije, akutne shizoafektivne epizode, depresija, manija i poremećaji ovisnosti/poremećaji prehrane mogu se brzo pojaviti u roku od nekoliko dana do nekoliko sedmica kod ovih pacijenata bez prethodne psihijatrijske dijagnoze. Početak nastupa prilično brzo za razliku od sporog napredovanja zabilježenog kod primarnih psihijatrijskih bolesti. **Cilj:** Cilj rada je dati pregled evaluacije i liječenja anti-NMDR encefalitisa, te naglasiti važnost multidisciplinarnog pristupa ovoj bolesti, kao i značaj timskog rada stručnjaka unutar zdravstvenog sistema u poboljšanju brige i liječenja pacijenata sa ovim stanjem. **Metode:** Klinički psihijatrijski pregled, neurološki pregled, prikupljanje uzoraka seruma i likvora, MRI. **Prikaz slučaja:** Slučaj pacijentice A.D, 34 godine, oboljele od NMDR encefalitisa. **Zaključak:** Rana dijagnoza i liječenje mogu biti korisni za konačni ishod bolesti. Promptno liječenje može se započeti prije konačne dijagnoze u slučaju opravdanog stepena sumnje nakon prikupljanja uzoraka seruma i likvora za potvrdu bolesti.

Ključne riječi: *NMDR encefalitis, farmakoterapija, pozitivni simptomi,neurodijagnostika.*

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PSYCHOSIS OR UNDERRECOGNIZED NMDR ENCEPHALITIS SYNDROME?

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Introduction: Anti-NMDAR encephalitis is a relatively common autoimmune encephalitis characterized by complex neuropsychiatric features and the presence of immunoglobulin G (IgG) antibodies against the NR1 subunit of the NMDA receptor in the central nervous system. It is the best-known and most common type of immune-mediated limbic encephalitis, affecting 1.5 million people annually. The most common are acute or subacute neuropsychiatric symptoms. Early diagnosis and rapid immunotherapy treatment can be beneficial for the outcome of this disease. The presentation of NMDR encephalitis is classified into five phases: prodromal phase, psychotic phase, unresponsive phase, hyperkinetic phase and recovery phase. The disease begins with a prodrome that mimics common viral infections. Within a few weeks to a few months (< 3 months), the complex neuropsychiatric features of the illness appear rapidly during the subsequent psychotic phase. Clinical features may differ between children and adults. Adults usually have psychiatric symptoms (movement disorders or seizures more common in children). Acute or subacute behavioral symptoms are the most common symptoms in adult patients. Although there is no specific psychiatric phenotype, variable positive and negative psychiatric symptoms such as visual/auditory hallucinations, acute schizoaffective episodes, depression, mania, and addictive/eating disorders can appear rapidly within days to weeks in these patients without previous psychiatric diagnoses. The onset is quite rapid in contrast to the slow progression observed in primary psychiatric diseases. **Aim:** To provide an overview of the evaluation and treatment of anti-NMDR encephalitis, and to emphasize the importance of a multidisciplinary approach to this disease as well as the importance of teamwork of experts within the health system in improving the care and treatment of patients with this condition. **Methods:** Clinical psychiatric examination, neurological examination, collection of serum and cerebrospinal fluid samples, MRI. **Case report**: Case of a patient A.D., 34 years old, with NMDR encephalitis. **Conclusions:** Early diagnosis and treatment can be beneficial for the final outcome of the disease. Prompt treatment can be started before the final diagnosis in the case of a reasonable degree of suspicion after collection of serum and cerebrospinal fluid samples to confirm the disease.

Keywords: *NMDR Encephalitis, Pharmacotherapy, Positive Symptoms, Neurodiagnostics.*

Literatura/References: 1. Dalmau J, Armangué T, Planagumà J, Radosevic M, Mannara F, Leypoldt F, Geis C, Lancaster E, Titulaer MJ, Rosenfeld MR, Graus F. An update on anti-NMDA receptor encephalitis for neurologists and psychiatrists: mechanisms and models. Lancet Neurol. 2019 Nov;18(11):1045-1057.; 2. Iizuka T, Sakai F, Ide T, Monzen T, Yoshii S, Iigaya M, Suzuki K, Lynch DR, Suzuki N, Hata T, Dalmau J. Anti-NMDA receptor encephalitis in Japan: long-term outcome without tumor removal. Neurology. 2008 Feb 12;70(7):504-11. [PMC free article] [PubMed] [Reference list].; 3. Gable MS, Sheriff H, Dalmau J, Tilley DH, Glaser CA. The frequency of autoimmune N-methyl-D-aspartate receptor encephalitis surpasses that of individual viral etiologies in young individuals enrolled in the California Encephalitis Project. Clin Infect Dis. 2012 Apr;54(7):899-904. [PMC free article] [PubMed].

OR_24

PRVI REZULTATI ANTIVIRALNE TERAPIJE KOD HCV POZITIVNIH OPIJATSKIH OVISNIKA U ZAVODU ZA BOLESTI OVISNOSTI KANTONA SARAJEVO

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Uvod: Opijatska ovisnost je sindromska bolest koja nastaje nakon dugotrajne upotrebe psihoaktivnih supstanci (PAS), što rezultira ozbiljnim oštećenjima tjelesnog i psihičkog zdravlja, te socijalnog funkcioniranja. Konzumenti PAS, posebno intravenski (i.v.) ovisnici spadaju u grupu sa povećanim rizikom obolijevanja od hepatitis C infekcije (HCV), najviše zbog zajedničkog korištenja nesterilnog pribora za injektiranje. Prevalenca HCV je mnogo veća u zatvorima nego u općoj populaciji, među kojima je visoki procenat i.v. korisnika droga, koji često nisu svjesni svog HCV statusa. Zastupljenost HCV u populaciji ovisnika se kreće od 40% do 50%. Liječenje ovih pacijenata novom antiviralnom terapijom predstavlja višestruki benefit po pacijenta i društvo. **Cilj:** Cilj ovog rada je evaluirati prve rezultate terapijskog odgovora tretiranih opijatskih ovisnika o psihoktivnim supstancama na antiviralnu terapiju, nakon procesa motivacije pacijenta za liječenje i uključivanja u dijagnostičke pretrage (HCV, RNA, PCR, genotip virusa, UZV jetre). **Metode:** Uzorak tretiranih pacijenata broji 19 HCV pozitivnih ovisnika u programu opijatske supstitucione terapije (OST), životne dobi od 40-60 godina starosti, oba spola (M-17; Ž-2), uključen je i jedan ovisnički par, za period od 31.01. do 31.08. 2022.godine. Pacijenti su svakodnevno praćeni, doze lijeka su ordinirane pod kontrolom medicinskog osoblja, evidentirane eventualne nus pojave i rezultati kontrolnih testiranja po isteku 8 i/ili 12 sedmica tretmana. **Rezultati:** Od ukupnog broja tretiranih pacijenata jedan je egzitirao od posljedica hepatocelularnog karcinoma, a ostali su završili tretman. Na prvoj kontroli, jedan je pacijent pokazao pozitivnost na HCV, a ostalih 17 su negativni. Nakon tri sedmice svi su negativizirani. **Zaključak:** Benefiti ove terapije su: dostupnost ovisnicima na OST, visoka motivacija pacijenata u pripremi za liječenje obzirom na dužinu tretmana, visoka učinkovitost, minimalni nus efekti. Dostupnost i primjena antiviralne terapije destigmatizira ovisnike i značajno poboljšava njihovu kvalitetu života.

Ključne riječi: *hepatitis C, opijatski ovisnici, antiviralna terapija.*

OS_24

FIRST RESULTS OF ANTIVIRAL THERAPY IN HCV-POSITIVE OPIATES ADDICTS IN THE INSTITUTE FOR ADDICTION DISEASES OF CANTON SARAJEVO

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Introduction: Opiate addiction is syndromic disease that occurs after long-term use of psychoactive substances (PAS). PAS consumers, especially intravenous addicts belong to a group with an increased risk of Hepatitis C infection (HCV), mostly due to the exchange of non-sterile injecting tools. The prevalence of HCV is much higher in prisons than in the general population. The prevalence of HCV in the population of addicts ranges from 40% to 50%. Treatment of these patients with new antiviral therapy represents multiple benefits for the patient and society. **Aim:** The aim of this paper is to evaluate the first results of the therapeutic response of treated opiate addicts to antiviral therapy, after the process of patient motivation for treatment and inclusion in diagnostic tests (HCV, RNA, PCR, virus genotype, liver ultrasound). **Methods:** The sample of treated patients includes 19 HCV-positive addicts in the opiate substitution therapy (OST) program, aged 40-60 years old, both sexes (M-17; F-2), one addict couple was also included, and for the period from January 1st until August 31st, 2022. Patients were monitored daily, drug doses were prescribed under the control of the medical staff, possible side effects and control test results after 8 and/or 12 weeks of treatment were recorded. **Results:** Out of the total number of treated patients, one died due to hepatocellular carcinoma, and the rest completed the treatment. At the first control, one patient showed HCV positivity, and the other 17 were negative. After three weeks, all of them were negative. **Conclusions:** The benefits of this therapy are: availability to OST addicts, high motivation of patients in preparation for treatment considering the treatment duration, high efficiency, minimal side effects. The availability and application of antiviral therapy destigmatizes addicts and significantly improves their life quality.

Keywords: *Hepatitis C, Opiate Addicts, Antiviral Therapy.*

Literatura/References: 1. Vodič za hepatitis B i C; Gribajčević M, Vukobrat- Bijedić Z, Lačević N; Institut za NiR KCUS; Sarajevo; 2005.; 2. https:/www.plivazdravlje.hr/aktualno/članak/ 14799/Hepatitis-C.html (2021).: 3. https:/www.who.int/news-room/fact-sheets/detail/hepatitis-C (2021).

OR_25

POLIPRAGMAZIJA U TRETMANU MANIČNE EPIZODE SA PSIHOTIČNIM SIMPTOMIMA KOD BIPOLARNOG AFEKTIVNOG POREMEĆAJA

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Uvod: Tretman bipolarnog afektivnog poremećaja (BAP) je izuzetno kompleksan. Klinički vodiči predlažu monoterapiju kao inicijalni tretman manične faze bipolarnog poremećaja. Tretman bi trebalo započeti sa litijumom, valproatom ili atipičnim antipsihotikom kao monoterapijom. Kombinovana terapija se obično koristi kao drugi izbor liječenja, a ponekad kao prvi izbor u teškim slučajevima. Međutim, u svakodnevnoj kliničkoj praksi monoterapija obično nije dovoljno efikasna za maničnu epizodu bolesti, te se kao posljedica toga često daju 2 ili 3 antimanična sredstva. Studije vezane za kombinaciju i add-on strategije sugerišu da bi, u maničnih pacijenata koji imaju parcijalan odgovor na klasične stabilizatore raspoloženja, dobra strategija bila uključivanje i atipičnih antipsihotika (olanzapin, risperidon, kvetiapin, aripiprazol, i drugi). Studije vezane za prekid uzimanja kombinovane terapije su pokazale da pacijenti ispoljavaju veća pogoršanja u kliničkoj slici kada se antipsihotici isključe. **Cilj:** Utvrditi zastupljenost polipragmazije u tretmanu akutne faze BAP. **Metode:** Retrospektivna studija. Analiza otpusne dokumentacije pacijenata liječenih u Klinici za psihijatriju u Tuzli u periodu od 11.03.2020.-01.08.2022. godine. **Rezultati:** Prevalencija politerapije se pokazala izuzetno zastupljenom u tretmanu BAP, manične epizode sa psihotičnim simptomima. **Zaključak:** Polipragmazija je čest i neophodan izbor u liječenju manične epizode sa psihotičnim simptomima u sklopu BAP, te se shodno dobijenim rezultatima ispostavila tretmanom prvog izbora u ovakvim stanjima.

Ključne riječi: *bipolarni afektivni poremećaj, polipragmazija, stabilizatori raspoloženja.*

OS_25

POLYPRAGMASY IN TREATMENT OF MANIC EPISODE WITH PSYCHOTIC SYMPTOMS IN BIPOLAR DISORDER

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Introduction: Treatment od bipolar disorder (BD) is extremely difficult. Clinical guidelines recommend monotherapy as the initial treatment for manic phases of bipolar disorder. Treatment should be started with lithium, valproate, or atypical antipsychotic as monotherapy. Combination therapy is frequently used as a second line of treatment, but sometimes as a first choice in severe cases. However, in everyday clinical practice monotherapy is not usually sufficiently effective in treatment of manic phase of disease, and as consequence patients are often prescribed two or three antimanic drugs. Studies related to combination and add-on strategies suggest that, in manic patients who have a partial response to classic mood stabilizers, a good strategy would be to include atypical antipsychotics (olanzapine, risperidone, quetiapine, aripiprazole, and others). Studies related to the discontinuation of combination therapy have shown that patients show greater worsening of the clinical picture when antipsychotics are discontinued. **Aim:** To determine the prevalence of polypharmacy in the treatment of the manic phase of bipolar disorder. **Methods:** A retrospective study. Analysis of discharge documentation of patients treated at the Clinic for Psychiatry in Tuzla in the period from March 11, 2020 to 01.08.2022. years. **Results:** The prevalence of polytherapy has been shown to be extremely frequent in the treatment of manic episode with psychotic symptoms in bipolar disorder. **Conclusion:** Polypragmasy is a frequent and necessary choice in the treatment of manic episodes with psychotic symptoms, and according to the results obtained, it has become the treatment of first choice in such conditions.

Keywords: *Bipolar Disorder, Polypragmasy, Mood Stabilizers.*

Literatura/References: 1. Geoffroy PA, Etain B, Henry C, Bellivier F. Combination therapy for manic phases: a critical review of a common practice. CNS Neurosci Ther. 2012 Dec;18(12):957-64. doi: 10.1111/cns.12017. Epub 2012 Oct 25. PMID: 23095277; PMCID: PMC6493634.; 2. Smith LA, Cornelius V, Warnock A, Tacchi MJ, Taylor D. Pharmacological interventions for acute bipolar mania: a systematic review of randomized placebo-controlled trials. Bipolar Disord 2007;9:551–560.; 3. Kishi T, Ikuta T, Matsuda Y, Sakuma K, Okuya M, Mishima K, Iwata N. Mood stabilizers and/or antipsychotics for bipolar disorder in the maintenance phase: a systematic review and network meta-analysis of randomized controlled trials. Mol Psychiatry. 2021 Aug;26(8):4146-4157.

OR_26

HIPOMANIČNA EPIZODA NAKON INFEKCIJE SA SARS-CoV-2

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Uvod: COVID-19 pandemija se proširila diljem svijeta i donijela teške zdravstvene posljedice u svim poljima medicine, uključujući i mentalno zdravlje. Premda virus prvenstveno pogađa respiratorni sistem, takođe pokazuje i neurotropna svojstva i prouzrokuje psihijatrijske komplikacije. Širok raspon neurpsihijatrijskih oboljenja je prijavljen u asocijaciji sa SARS-Cov-2 infekcijom. Opisivani su sporadični slučajevi maničnih/hipomaničnih epizoda kod pacijenata sa SARS-Cov-2 infekcijom. **Cilj:** Prikazati slučaj pacijentice sa hipomaničnom epizodom, nakon preboljene COVID-19 bolesti. **Metode:** Prikaz slučaja. **Prikaz slučaja:** Pacijentica I.R., rođena 1958. godine, domaćica. Javlja se u prijemnu ambulantu Klinike za psihijatriju zbog tegoba u vidu pretjerane pričljivosti, povećane aktivnosti, osjećaja da može svašta da radi, poletnošću, uz česte navode „osjećam se kao ptica“, povećanim apetitom, smanjenom potrebom za spavanjem. Tokom egzamena pacijentica u nekoliko navrata pretjerano duhovita. Članovi porodice u pratnji navode da su promjene nastupile unazad nekoliko dana, te da nisu nikad vidjeli majku u ovakvom stanju. Neposredno prije ovog stanja je prebolovala COVID-19 infekciju, te su navedene tegobe nastupile po završteku izolacije. Do tada nije imala psihijatrijsku, kao ni historiju drugih somatskih oboljenja. **Zaključak:** Psihijatrijski simptomi mogu biti posljedica infekcije sa SARS-CoV-2. Potencijalni riziko faktori za nastanak hipomanične epizode mogu biti psihosocijalni stresori povezani sa pandemijom, povišeni upalni paramteri infekcije, upotreba određenih vrsta lijekova (steroidi), te drugi putativni mehanizmi nastanka određenih mentalnih oboljenja.

Ključne riječi: *COVID-19, hipomanična epizoda.*

OS_26

HYPOMANIC EPISODE AFTER INFECTION WITH SARS-CoV-2

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Introduction: The COVID-19 pandemic has spread around the world and brought severe health consequences in all fields of medicine, including mental health. Although the virus primarily affects the respiratory system, it also exhibits neurotropic properties and causes psychiatric complications. A wide range of neuropsychiatric diseases have been reported in association with SARS-Cov-2 infection. Sporadic cases of manic/hypomanic episodes in patients with SARS-Cov-2 infection have been described. **Aim:** To present the case of a patient with a hypomanic episode, after recovering from the COVID-19 disease. **Methods:** Case study. **Results:** Patient I.R., born on 1958, housewife. She was examined at the ambulance of the Clinic for Psychiatry Tuzla due to the following complaints: excessive talkativeness, increased activity, feeling that she can do anything, enthusiastic, with frequent statements „I feel like a bird“, increased appetite and decreased need for sleep. During the examination, the patient was excessively humorous on several occasions. The accompanying family members stated that the changes occurred a few days ago, and that they have never seen their mother in this condition. Immediately before this condition, she got over a COVID-19 infection, and the mentioned complaints started after the end of the isolation. Until then, she had no history of psychiatric or other somatic illnesses. **Conclusion:** Psychiatric symptoms may be a consequence of infection with SARS-CoV-2. Potential risk factors for the occurrence of a hypomanic episode can be psychosocial stressors associated with the pandemic, elevated inflammatory parameters of infection, the use of certain types of drugs (steroids), and other putative mechanisms of the occurrence of certain mental illnesses.

Keywords: *COVID-19, hypomanic episode.*

Literatura/References: 1. Lu S, Wei N, Jiang J, Wu L, Sheng J, Zhou J, et al. First report of manic-like symptoms in a COVID-19 patient with no previous history of a psychiatric disorder. Journal of Affective Disorders 2020;277:337-340. doi:10.1016/j.jad.2020.08.031.; 2. Del Casale A, Modesti MN, Rapisarda L, Girardi P, Tambelli R. Clinical Aspects of Manic Episodes After SARS-CoV-2 Contagion or COVID-19. Front Psychiatry. 2022 Jun 15;13:926084. doi: 10.3389/fpsyt.2022.926084. PMID: 35782430; PMCID: PMC9240303.; 3. Hridya, K. K., Surabhi, . S. K., & Indu, P. V. (2022). Hypomanic episode following COVID-19. Pneumonia-case report. Kerala Journal of Psychiatry, 35 (1) 64-67. https://doi.org/10.30834/KJP.35.1.2022.281.

OR_27

RELAPS NAKON PRVE PSIHOTIČNE EPIZODE: ULOGA POLIFARMACIJE

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Uvod: Iako anahrona pojava, sa nejasnim terapijskim benefitima i značajnim rizicima po zdravlje, polifarmacija antipsihoticima je relativno česta. Ovakva praksa, zbog neželjenih efekata, može voditi samovoljnom prekidu medikacije, te posljedičnom relapsu shizofrenije. **Cilj:** Utvrditi povezanost relapsa nakon prve psihotične epizode sa monoterapijskim ili polifarmacijskim pristupom upotrebi antipsihotika. **Metode:** Rađena je retrospektivna analiza svih hospitaliziranih pacijenata (87/65.5% žene) sa dijagnozom shizofrenije u petogodišnjem periodu. Analizirana je stopa relapsa u odnosu na terapijski pristup (monoterapija vs. polifarmacija antipsihoticima), unutar godinu dana nakon okončane hospitalizacije zbog prve psihotične epizode. **Rezultati:** Monoterapijski je liječeno 35.6% (31) ispitanika. Njih 25% (8) doživjelo je relaps u jednogodišnjem periodu. Polifarmacijom je liječeno 64.4% (56) ispitanika. Sa dva antipsihotika tretirano je 55.2% (48), a sa tri 9.2% (8) ispitanika. Od toga je 75% (24) imalo relaps psihoze unutar godinu dana nakon otpusta. Postoji statistički signifikantna razlika među grupama ispitanika (p=0.048). **Zaključak:** Značajno veća stopa relapsa unutar godinu dana po okončanju hospitalizacije zbog prve psihotične epizode postoji u ispitanika koji su liječeni sa dva ili više antipsihotika u odnosu na ispitanike liječene jednim monoterapijski.

Ključne riječi: *prva psihoza, relaps, polifarmacija.*

OS_27

RELAPSE AFTER THE FIRST- EPISODE PSYCHOSIS: ROLE OF POLYPHARMACY

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Introduction: Despite its obsolescence, with uncertain therapeutic benefits and potentially serious health risks, antipsychotic polypharmacy is commonly observed. Due to the side effects, it can lead to antipsychotic discontinuation, and consequently to schizophrenia relapse. **Aim:** To determine the association between antipsychotic polypharmacy or antipsychotic monotherapy, and relapse in first-episode psychosis one year after discharge. **Methods**: We conducted a retrospective analysis of the patients with first-episode psychosis who had been hospitalized (87/65.5% women) during the past five years. We analyzed the relapse rate according to the antipsychotic treatment approach (monotherapy vs polypharmacy) within one year after discharge from the hospital. **Results:** 35.6% (31) of patients had monotherapy treatment, and 25% (8) of those had a relapse in one year period after discharge. Polypharmacy was noted in 64.4% (56) of participants. Two antipsychotics were being used in 55.2% (48), and three antipsychotics were being used in 9.2% (8) cases. 75% (24) of patients with polypharmacy treatment had a relapse of psychosis within one year after discharge. There was a significant difference between the two groups of participants (p=0.048). **Conclusions:** There is a significantly higher relapse rate within a year after discharge in subjects who were treated with two or more antipsychotics compared to those who were treated with one antipsychotic.

Keywords: *First Psychosis, Relapse, Polypharmacy.*

Literatura/References; Leucht S, Bauer S, Siafis S, et al. Examination of Dosing of Antipsychotic Drugs for Relapse Prevention in Patients With Stable Schizophrenia: A Meta-analysis. *JAMA Psychiatry.* 2021;78(11):1238–1248.; 2. Softić R, Bećirović E, Hajdukov MM. Rehospitalization rate of first episode and chronic schizophrenia patients one year after discharge Europen Psychiatry 2016;33 (S1): S587-S587.; 3. Emsley R, Chiliza B, Asmal L, Harvey BH. The nature of relapse in schizophrenia. BMC Psychiatry. 2013 Feb 8;13:50.

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KONSULTATIVNA PSIHIJATRIJA U VRIJEME COVID-19: DELIRIJUM I SMRT

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Uvod: Konsultativna psihijatrija je oblik savjetodavne psihijatrije koji podrazumjeva angažman psihijatra na nepsihijatrijskom odjeljenju/klinici. Konsultativni pregledi se ostvaruju na poziv ljekara somatske medicine („on demand model“), a učestalost i način izvođenja psihijatrijskih intervencija ovise o potrebama pacijenta. Pandemija COVID-19 je teško predvidiv događaj katastrofalnih dimenzija („crni labud“) na koji zdravstveni sistem, a tako ni psihijatrijske službe u većini zemalja nisu bile pripremljene. Istraživanja ukazuju da je zbog pandemije porasla potreba za uslugama iz oblasti mentalnog zdravlja u općoj populaciji ali i u populaciji hospitaliziranih pacijenata. Ova pojava je vidljiva ne samo na COVID odjeljenjima. Delirijum je akutni, prolazni, globalni organski poremećaj u funkcionisanju CNS-a koji se manifestuje poremećajem svijesti, pažnje i drugih kognitivnih funkcija. Često je neprepoznat, a povezan je sa lošim ishodom bolesti, prolongiranom hospitalizacijom i smrti. **Cilj:** Prikazati rad konsultativne ambulante Klinike za psihijatriju, Univerzitetskog kliničkog centra (UKC) Tuzla u periodu pandemije COVID-19 u odnosu na delirantna stanja različite etiologije, tretman i ishod. **Metode:** U ovoj retrospektivnoj opservacijskoj studiji analiziran je rad konsultativne psihijatrijske ambulante Klinike za psihijatriju, UKC Tuzla u jednogodišnjem periodu tokom pandemije COVID-19. **Rezultati:** U jednogodišnjem periodu ambulanta za konsultativnu psihijatriju zaprimila je 761 poziv sa različitih klinika UKC Tuzla. Delirijum je dijagnostikovan u 213 pacijenata (28%). Ukupan broj smrtnih slučajeva bio je 147 (19.3%), broj smrtnih slučajeva u pacijenata sa delirijumom je 88 (41.3%). Prikazana je učestalost poziva upućenih sa različitih klinika, analizirani su i prikazani sociodemografski podaci, osnovne dijagnoze, psihofarmakološki tretman i komorbidna stanja sve u odnosu na ishod liječenja. **Zaključak:** Delirijum je česta komplikacija u hospitaliziranih pacijenata i povezan je sa lošim ishodom liječenja osnovne bolesti.

Ključne riječi: *pandemija, COVID-19, delirijum, smrtnost.*

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CONSULTATIVE PSYCHIATRY IN THE TIME OF COVID-19: DELIRIUM AND DEATH

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Introduction: Consultative psychiatry is a form of counseling psychiatry that involves the engagement of a psychiatrist in a non-psychiatric department/clinic. Consultative examinations are carried out at the invitation of a doctor of somatic medicine ("on demand model"), and the frequency and method of performing psychiatric interventions depend on the needs of the patient. The COVID-19 pandemic was a difficult-to-foresee event of catastrophic dimensions ("black swan") for which the health system and psychiatric services in most countries were not being prepared. Studies indicate that due to the pandemic, the need for mental health services had increased in the general population as well as in the population of hospitalized patients. This phenomenon was visible not only in the COVID wards. Delirium is an acute, transient, global organic disorder of CNS functioning resulting in impaired consciousness, attention, and other cognitive functions. It is often unrecognized and is associated with poor disease outcome, prolonged hospitalization and death. **Aim:** To present the work of the consultation department of the Clinic for Psychiatry, University Clinical Center (UCC) Tuzla during the period of the COVID-19 pandemic in relation to delirious states of different etiologies, treatment and outcome. **Methods:** In this retrospective observational study, the work of the consultative psychiatric department of the Psychiatry Clinic, UCC Tuzla during the one-year period of the COVID-19 pandemic was analyzed. **Results:** In a one-year period, the Clinic for consultative psychiatry received 761 calls from different clinics of the UCC Tuzla. Delirium was diagnosed in 213 patients (28%) of 761 calls to department. The total number of deaths was 147 (19.3%), the number of deaths in patients with delirium was 88 (41.3%). The frequency of calls sent from different clinics is shown, sociodemographic data, basic diagnoses, psychopharmacological treatment and comorbid conditions are analyzed and presented, all in relation to the outcome of treatment. **Conclusions:** Delirium is a frequent complication in hospitalized patients and is associated with a poor outcome of the treatment of the underlying disease.

Keywords: *Pandemic, COVID-19, Delirium, Death.*

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DUŠEVNE SMETNJE ŠTIĆENIKA ZAVODA ZA VASPITANJE MUŠKE DJECE I OMLADINE SARAJEVO

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Uvod: Zavod za vaspitanje muške djece i omladine Sarajevo (Zavod) je institucija koja provodi socijalnu zaštitu štićenika, djece školskog uzrasta, koja u Zavod dolaze ili po odluci nadležnog Centra za socijalni rad ili odlukom Suda. Većina štićenika Zavoda su tjelesno zdrava djeca, odgojno i vaspitno zanemarena uz postojanje jednog broja onih sa mentalnim poteškoćama sa posebnim akcentom na eksperimentiranje, upotrebu/zloupotrebu psihoaktivnih supstanci (PAS). To je bio razlog za ostvarivanje suradnje sa Zavodom za bolesti ovisnosti koja traje od kraja 2019. godine do danas. **Cilj:** Prikazati aktualnu psihopatološku problematiku štićenika zajedno sa problematikom vezanom sa konzumaciju PAS. **Metode:** Istraživanje je retrospektivno, korišteni su podaci iz godišnjeg izvještaja Zavoda i medicinske dokumentacije Savjetovališta za prevenciju i liječenje Zavoda za bolesti ovisnosti Kantona Sarajevo. Uzorak štićenika je podijeljen u dvije grupe, muška djeca u dobi od 12- 14 godina i od 15-18 godina. **Rezultati:** Za period 2020-2022. godina biće predstavljeni sociodemografski podaci uzorkovanih štićenika, podaci vezani za razlog boravka u Zavodu te mentalne poteškoće štićenika koje ukazuju na zanemarivanje djece, miješani poremećaj ponašanja i emocija, laku mentalnu zaostalost i zloupotrebu PAS. **Zaključak:** Adolescentno doba je najsenzibilnije za eksperimetiranje, upotrebu/zloupotrebu PAS, posebno su u tom smislu rizični adolescenti koji imaju već razvijene mentalne poteškoće. Zbog toga je vrlo značajno prevenirati prvo uzimanje psihoaktivne supstance ili razvijenu štetnu upotrebu staviti pod kontrolu bilo psihofarmakoterapijom ili psihoterapijom. U cilju postizanja stabilne remisije i poboljšanja kvaliteta života ove djece bilo bi jako važno istražiti ishod tretmana i dalje praćenje.

Ključne riječi: *duševne smetnje, maloljetnik, štićenik, psihoaktivne supstance.*

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MENTAL HEALTH PROBLEMS OF BENEFICIARIES OF THE INSTITUTE FOR UPBRINGING MALE CHILDREN AND ADOLESCENTS SARAJEVO

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Introduction: The Institute for Upbringing Male Children and Adolescents Sarajevo (Institute) is an institution conducting the social protection of beneficiaries, school age children. The beneficiaries of the Institute are physically healthy children but neglected in upbringing and educational sense, along with number of those with mental disorders and a special emphasis on experimentation, ab/use of psychoactive substances (PAS). **Aim:** The aim of this paper is to show the current psychopathological problem of the beneficiaries and the issues related to the consumption of alcohol and psychoactive substances. **Methods:** The study is retrospective. The sample is consisted of the 20-30 beneficiaries, divided into two groups, boys 12-15 years and an adolescent of 16-19 years of age. **Results:** For the period 2020-2022, we expect a sociodemographic representation of the beneficiary sample, the reasons for which they are located in the Institute and by whose decisions, the presence of psychopathological disorders (behavioral disorders, emotional immaturity, depression, anxiety) and disorders related to use of psychoactive substances. **Conclusions:** Adolescence is the time of the most intense experimentation, ab/use of the psychoactive substances, and especially prone to this are the adolescent with existing mental disorders. It is particularly important to prevent the first use of a psychoactive substance or place under control already developed harmful use by psychotherapy or psychopharmacotherapy. In achieving goal of stable remission and improvement of the quality of life of children it is important to explore the outcome of treatment and further follow-up.

Keywords: *Mental Health Problems, Minors, Beneficiary, Psychoactive Substances.*

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TRETMAN I TERAPIJSKI ISHOD OPIJATSKE SUPSTITUCIONE TERAPIJE U KAZNENO-POPRAVNOM ZAVODU SARAJEVO

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Uvod: Opijatska ovisnost kao hronična recidivirajuća bolest izaziva mnogobrojne karakterne izmjene od kojih je vrlo značajna kriminogena transformacija ličnosti, zbog koje su ovisnici česti počinioci krivičnih djela. Zbog potrebe tretmana opijatskih ovisnika u penalnom sistemu u martu mjesecu 2017. godine počela je međuinstitucionalna saradnja između Zavoda za bolesti ovisnosti Kantona Sarajevo (KS) i Kazneno-popravnog zavoda (KPZ) Miljacka koja je trajala do marta mjeseca 2022. godine. **Cilj:** Prikazati usluge i benefite koje je Zavod za bolesti ovisnosti KS pružao tokom petogodišnjeg tretmana ovisnika pritvorenika/zatvorenika u KPZ Miljacka. **Metode:** Studija je retrospektivna, uz korištenje medicinske dokumentacije Odsjeka za opijatsku supsticionu terapiju Zavoda za bolesti ovisnosti KS i dokumentacije koja potvrđuje administrativnu proceduru implementacije programa opijatske supstitucione terapije (OST) u Kazneno-popravnom Zavodu. **Rezultati:** U periodu od 2017. do 2021. godine ukupno je liječeno 217 ovisnika, od toga Metadonom 171 ovisnik-zatvorenik, Buprenorfin/Suboxon 4 ovisnika-zatvorenika i neopijatskom terapijom 42 ovisnika-zatvorenika. Najveći broj pacijenata je bio u dobnoj skupini od 35 godina i više (147), nakon kojih slijede pacijenti u dobi od 30-34 godina (47) i 25-29 godina (23). U radu će biti prikazan i broj prvih pregleda, kontrolnih pregleda, psihijatrijskih intervjua, broj posjeta KPZ, uz ukupno potrošenu količinu lijeka za svaku godinu i broj skrining testova koji su urađeni. **Zaključak:** Na osnovu intencije penalnog sistema Evropske Unije neophodno je da se standardi liječenja ovisnika pritvorenika ili zatvorenika u potpunosti izjednače sa liječenjem ovisnika koji su na slobodi. Provođenje programa liječenja ovisnika u zatvoru treba da bude obavezno, jer na taj način se direktno utiče na kvalitet zdravstvenog stanja takvih osoba, liječenje treba da bude integralni dio zdravstvenog sistema jer ovisnici počinioci krivičnih djela imaju pravo na ostvarivanje zdravstvene zaštite i zdravstvene usluge. Međutim, stigmatizacija, predrasude i neznanje o bolestima ovisnosti u velikoj mjeri utiču na otpore u uspostavljanju programa liječenja ovisnika u penalnom sistemu.

Ključne riječi: *opijatska supsticiona terapija, penalni sistem, opijatski ovisnik.*

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TREATMENT AND THERAPEUTIC OUTCOME OF OPIATE SUPBSTITUTION THERAPY IN THE SARAJEVO PENAL CORRECTIONAL INSTITUTE

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Introduction: Opiate addiction as chronic relapsing disease causes many personality changes, among which criminogenic transformation is very significant, due to which addicts are frequent perpetrators of criminal acts. Due to the need to treat opiate addicts in the penal system, in March 2017, inter-institutional cooperation between the Institute for Addiction Diseases of Canton Sarajevo and the Miljacka Penitentiary began, which lasted until March 2022. **Aim:** To present the services and benefits that the Institute for Addiction Diseases of Sarajevo Canton provided during the five-year treatment of addicts detained/prisoners in the Miljacka Penitentiary. **Methods:** The study is retrospective, with the use of medical documentation from the Opiate Substitution Therapy Department of the Institute for Addiction Diseases of Sarajevo Canton and documentation that confirms the administrative procedure for the implementation of Opiate Substitution Therapy (OST) program in the Sarajevo Penal Correctional Institution. **Results:** In the period from 2017 to 2021, a total of 217 addicts/inmates were treated, of which 171 were treated with methadone, 4 with Buprenorphine/Suboxone, and 42 with non-opiate therapy. The largest number of patients was in the age group of 35 years and older (147), followed by patients aged 30-34 years (47) and 25-29 years (23). The paper will also show the number of first examinations, controls, psychiatric interviews, the number of visits to the Miljacka Penitentiary with the total amount of medicines used for each year and the number of screening tests that were performed. **Conclusions:** Based on the intention of the penal system of the European Union, it is necessary that the standards of treatment of drug addicts in custody or prisoners be completely equated with the treatment of drug addicts who are not in the penetenaries. However, stigmatization, prejudices and ignorance about addiction diseases have great influence on the resistance in establishing treatment program for addicts in the penal system.

Keywords: *Opiate Substitution Therapy, Inmates-Addicts, Right to Treatment.*

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PSIHOTIČNI KONTINUUM: SHIZOFRENIJA I BIPOLARNI AFEKTIVNI POREMEĆAJ

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Uvod: Shizofrenija (SCH) i bipolarni afektivni poremećaj (BP) predstavljaju multidimenzionale psihijatrijske poremećaje koji se preklapaju u pojedinim kliničkim simptomima. Iako između njih postoje ključne razlike ipak dijele neke zajedničke karakteristike. U fenomenološkom izražavanju simptoma vrlo često nema jasnih granica između njih. Promjena kliničkih simptoma na način da pacijent u jednom trenutku može imponovati kao psihotična manija, a ishod i tok bolesti pokazuje da se radi o shizofreniji, kliničku praksu čini intrigantom. Upravo zbog pojedinih preklapajućih simptoma sve više novijih studija ukazuje na neodrživost ove dijagnostičke razlike te samo dijagnosticiranje ovih poremećaja može biti vrlo izazovno. Na osnovu postojećih dijagnostičkih kriterija, učestalost preklapanja simptoma između ovih bolesti mogla bi dati više informacija o trenutnoj valjanosti dijagnoze. **Cilj:** Cilj studije bio je istražiti učestalost preklapanja simptoma između BP i SCH. **Metode:** Istraživanje je sprovedeno na Psihijatrijskoj klinici UKCS u periodu od dvije godine. Pratili smo 159 pacijenata sa dijagnozom SCH i 61 pacijenta sa BP na bolničkom i vanbolničkom liječenju. Uspostavljanje dijagnoze i procjena simptoma vršena je korištenjem MKB-10 kriterija, te PANSS i YMRS skala, a kao dodatak dijagnostici korišten je MDQ upitnik. **Rezultati:** Na PANSS skali pacijenti sa SCH su imali statistički značajno više izražene pozitivne i negativne simptome (25,28±6,52; 29,67±8,75; p=0,001) u odnosu na pacijente sa BP (20,16±4,43; 12,65±3,97; p=0,0001). Skor na opštoj psihopatologiji nije pokazao statistički značajnih razlika između SCH i BP (41,86±6,85 vs. 39,81±7,80 p=0,236). Početni skorovi na YMRS su statistički značajno viši kod pacijenata sa BP u odnosu na SCH ali se isti statistički značajno ne razlikuju tokom ambulantnog tretmana. **Zaključak:** Naši rezultati preklapanja pojedinih simptoma između SCH i BP mogu govoriti u prilog teoriji kontinuuma bolesti. Ovi nalazi imaju mnogo implikacija na način na koji su ove mentalne bolesti konceptualizovane i klasifikovane te nam mogu pomoći u razumijevanju simptoma i voditi ka razvijanju optimalnih strategija liječenja.

Ključne riječi: *shizofrenija, bipolarni afektivni poremećaj, PANSS, YMRS.*

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THE PSYCHOTIC CONTINUUM: SCHIZOPHRENIA AND BIPOLAR AFFECTIVE DISORDER

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Introduction: Schizophrenia (SCH) and bipolar affective disorder (BP) represent multidimensional psychiatric disorders that overlap in certain clinical symptoms. Although there are key differences between them, they share some common characteristics. In the phenomenological expression of symptoms, there are often no clear boundaries between them. The change in clinical symptoms in such a way that the patient can at one moment appear as psychotic mania, and the outcome and course of the disease shows that it is schizophrenia, makes the clinical practice intriguing. Precisely because of certain overlapping symptoms, more recent studies point to the unsustainability of this diagnostic distinction, and diagnosing these disorders can be very challenging. Based on existing diagnostic criteria, the frequency of symptom overlap between these diseases could provide more information about the current validity of the diagnosis. **Aim:** The aim of the study was to investigate the frequency of overlaping symptoms between BP and SCH. **Methods:** The research was conducted at the UKCS Psychiatric Clinic over a period of two years. We followed 159 patients with SCH and 61 patients with BP during inpatient and outpatient treatment. Establishing a diagnosis and assessing symptoms was performed using the ICD 10 criteria, and the PANSS and YMRS scales, and the MDQ questionnaire was used as an addition to the diagnosis. **Results:** On the PANSS scale, patients with SCH had statistically significantly more pronounced positive and negative symptoms (25.28±6.52; 29.67±8.75; p=0.001) compared to patients with BP (20.16± 4.43; 12.65±3.97; p=0.0001). The score on general psychopathology did not show statistically significant differences between SCH and BP (41.86±6.85 vs. 39.81±7.80 p=0.236). Initial scores on the YMRS are statistically significantly higher in patients with BP compared to SCH, but they are not statistically significantly different during outpatient treatment. **Conclusions:** Our results of overlap of individual symptoms between SCH and BP can speak in favor of the disease continuum theory. These findings have many implications for the way these mental illnesses are conceptualized and classified, and help us understand the symptoms and guide the development of optimal treatment strategies.

Keywords: *Schizophrenia, Bipolar Affective Disorder, PANSS, YMRS.*

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PATOLOŠKO KOCKANJE U KOMORBIDITETU SA HEMIJSKIM OVISNOSTIMA (OVISNOST I ZLOUPOTREBA ALKOHOLA I PSIHOAKTIVNIH SUPSTANCI) KOD PACIJENATA LIJEČENIH U ZAVODU ZA BOLESTI OVISNOSTI KANTONA SARAJEVO

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Uvod: Ovisnost o alkoholu i drugim psihoaktivnim supstancama je značajan javno-zdravstveni problem koji je dugo prisutan na našim prostorima i globalno. Problemi uzrokovani kockanjem, odnosno patološko kockanje, je od 1980. godine uvršteno u Međunarodnu klasifikaciju bolesti Svjetske zdravstvene organizacije među poremećaje navika i nagona, a prema posljednjem Dijagnostičkom i statističkom priručniku za duševne poremećaje Američke psihijatrijske asocijacije reklasificira se u dijagnostičku kategoriju ovisnosti, kao predstavnik subkategorije bihevioralnih ovisnosti. Problemi uzrokovani kockanjem često se javljaju udruženo sa hemijskim ovisnostima (ovisnost o alkoholu i psihoaktivnim supstancama). **Cilj:** Cilj istraživanja je prikaz zastupljenih komorbiditetnih ovisnosti i evaluacija tretmana pacijenata ovisnika o kockanju sa prisutnom komorbiditetnom ovisnošću ili zloupotrebom psihoaktivnih supstanci i alkohola, liječenih u Zavodu za bolesti ovisnosti Kantona Sarajevo (KS) u periodu od 01.01.2019. do 30.04.2022. godine. **Metode:** Istraživanjem su obuhvaćena 22 pacijenta kojima je uz patološku sklonost kockanju dijagnosticiran jedan od mentalnih poremećaja i poremećaja ponašanja iz spektra hemijskih ovisnosti, a koji su se na tretman javili u periodu navedenom u cilju istraživanja. **Rezultati:** Najzastupljeniji komorbiditetni poremećaji kod pacijenata sa ovisnosti o kockanju iz ispitivanog uzorka su štetna upotreba alkohola (36%) i ovisnost o alkoholu (32%), potom slijede ovisnost o psihostimulansima (14%), te ovisnost (14%) i štetna upotreba više psihoaktivnih supstanci (9%), zloupotreba kanabinoida (5%), ovisnost o sedativima i hipnoticima (5%). U tretmanu je uz psiho- i socioterapiju, primijenjivana farmakoterapija antidepresivima (68%), antipsihoticima (64%), hipnoticima (50%) i anksioliticima (14%). Pacijenti su liječeni u jednoj ili više terapijskih opcija: Savjetovalište (95%), grupa ovisnika o kocki (68%), Dnevna bolnica (50%) i Zatvoreno odjeljenje (23%). **Zaključak:** Rezultati pokazuju potrebu za rutinskim skriningom pacijenata koji se javljaju radi problema sa kockanjem, radi čestog preklapanja ovisnosti o kocki sa komorbiditetnim hemijskim ovisnostima, naročito zloupotrebom alkohola i psihostimulativnih sredstava, te uporedo liječenje svih prisutnih mentalnih poremećaja u svim dostupnim terapijskim opcijama, a prema potrebama pacijenata.

Ključne riječi: *kocka, ovisnost, alkohol, komorbiditet.*

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PATHOLOGICAL GAMBLING IN COMORBIDITY WITH CHEMICAL DEPENDENCES (ADDICTION AND ABUSE OF ALCOHOL AND PSYCHOACTIVE SUBSTANCES) IN PATIENTS TREATED AT THE INSTITUTE FOR ADDICTION DISEASES OF CANTON SARAJEVO

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Introduction: Alcohol and substance addictions are significant public health problems, globally and for a long time. Gambling-related problems, first referred to as pathological gambling, are in World Health Organization International Classification of Diseases classified as an impulse control disorder; according to the latest Diagnostic and Statistical Manual of Mental Disorders have been renamed gambling disorder and assigned to addiction disorders, in the subcategory of behavioural addictions. Gambling problems often overlap with chemical addictions (alcohol and substance abuse). **Aim:** The aim of the study is to present comorbid addictions and evaluate the treatment of patients addicted to gambling with comorbid addiction or abuse of psychoactive substances and alcohol, treated at the Institute for Addiction Diseases of Canton Sarajevo in the period 01.01.2019-04.30.2022. **Methods:** The study included 22 patients who, in addition to a gambling addiction, were diagnosed with one of disorders from the spectrum of chemical addictions, and who applied for treatment during the period specified in the aim. **Results:** The most prevalent comorbid disorders in patients with gambling addiction from the sample are alcohol abuse (36%) and alcohol addiction (32%), followed by addiction to psychostimulants (14%), addiction (14%) and abuse of multiple psychoactive substances (9%), cannabinoid abuse (5%), addiction to sedatives and hypnotics (5%). In addition to psychotherapy and sociotherapy, in the treatment it was also used pharmacotherapy with antidepressants (68%), antipsychotics (64%), hypnotics (50%), and anxiolytics (14%). Patients were treated in one or more treatment options: Counselling (95%), Gamblers Group (68%), Day Hospital (50%) and Inpatient Ward (23%). **Conclusions:** The results indicate the need for routine screening of patients presenting for gambling problems, due to the frequent overlap of gambling addiction with chemical addictions, especially the abuse of alcohol and psychostimulants, as well as the simultaneous treatment of all existing mental disorders, according to the patient's needs.

Keywords: *Gambling, Addiction, Alcohol, Comorbidity.*

Literatura/References: 1. Davor Bodor: Usporedba psihosocijalnoga funkcioniranja osoba koje se liječe zbog ovisnosti o kockanju i alkoholu, Doktorski rad, Sveučilište u Zagrebu, Stomatološki fakultet, 2018.; 2. World Health Organization: Global Status Report on Alcohol and Health. Geneva: WHO; 2014.; 3. World Health Organisation. International classification of diseases – 10 (ICD-10). Geneva: WHO; 1990.

OR_33

POSTOJE LI NEUROBIOLOŠKE POSLJEDICE UPOTREBE KANABISA U ADOLESCENCIJI?

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Uvod: Adolescencija je osjetljiv period u razvoju mozga i predstavlja kritično razdoblje u kojem se uspostavljaju regulatorne veze između moždane kore i dubljih moždanih krugova, što općenito adolescente čini vulnerabilnim zbog upotrebe psihoaktivnih supstanci. **Cilj:** Predstaviti moguće neurobiološke efekte upotrebe kanabisa među adolescentima. Indijska konoplja (lat. Cannabis sativa subs. Indica) je podvrsta biljke konoplje. Sadrži preko 480 poznatih aktivnih supstanci, od kojih su 65 kanabinoidi. Kanabinoidi imaju različite fiziološke efekte kroz interakciju sa specifičnim kanabinoidnim receptorima (CB receptori). CB1 receptori u mozgu su posebno koncentrirani u anatomskim regijama povezanim sa kognicijom, afektivitetom, percepcijom bola, motornom koordinacijom i endokrinim funkcijama. Kanabis je najčešće korištena ilegalna droga u svijetu. **Metode:** Pregled literature korištenjem PubMed resursa s ciljem sumiranja postojećih publikacija sa naučno utemeljenim dokazima o efektima upotrebe kanabisa. **Rezultati:** Pokrenute su studije s ciljem prikupljanja dokaza o tome da li upotreba kanabisa u adolescenciji ima neurobiološke posljedice. Studija sprovedena u Montrealu imala je uzorak od 3.826 učenika 7. razreda osnovne škole koji su testirani na upotrebu alkohola i kanabisa. Istraživači su otkrili da je upotreba kanabisa povezana s oštećenjem radne memorije i inhibicijske kontrole, kao i s oštećenjem pamćenja i rasuđivanja. Druga studija o efektima upotrebe kanabisa na mozak adolescenata sugeriše da je izlaganje kanabisu izazvalo i afektivne i kognitivne poremećaje, uključujući deficite u društvenim interakcijama, procesu pamćenja i regulaciji anksioznosti. Upotreba kanabisa je također bila povezana s promjenama u ponašanju koje se odnose na nagradu i motivaciju. Istraživači su mjerili globalnu kortikalnu aktivnost kod korisnika kanabisa putem EEG. Rezultati ukazuju na pojačanu aktivaciju korteksa u miru i dezinhibiciju inhibicijskih funkcija koje mogu narušiti kognitivne procese. **Zaključak:** Upotreba kanabisa u adolescenciji jedan je od brojnih faktora koji mogu utjecati na razvoj mozga i mentalne funkcije.

Ključne riječi: *adolescencija, kanabis, neurobiologija.*

OS_33

ARE THERE NEUROBIOLOGICAL CONSEQUENCES OF CANNABIS USE IN ADOLESCENCE?

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Introduction: Adolescence is a highly vulnerable for brain development and represents a critical period in which regulatory links are established between cerebral cortex and deeper brain circuits, which generally makes adolescents vulnerable to psychoactive substance use. **Aim:** To present the possible neurobiological effects of cannabis use among adolescents. Indian hemp (lat. Cannabis sativa subs. Indica) is a subspecies of the hemp plant. It contains over 480 known active substances, of which 65 are cannabinoids. Cannabinoids have different physiological effects through interaction with specific cannabinoid receptors (CB receptors). CB1 receptors in brain are particularly concentrated in anatomical regions associated with cognition, affectivity, pain perception, motor coordination, and endocrine function. Cannabis is the most commonly used illegal drug globally. **Methods:** Review of literature using PubMed resources with the aim of summarizing existing publications with scientifically based evidence on the effects of cannabis use. **Results:** Studies have been initiated to prove whether cannabis use in adolescence has neurobiological consequences. A study conducted in Montreal had a sample of 3,826 7th grade elementary school students who were tested for alcohol and cannabis use. Researchers found that cannabis use was associated with impaired working memory and inhibitory control, as well as impaired memory and judgment. Another study of effects of cannabis use on the brain of adolescents suggest that exposure to cannabis caused both affective and cognitive disorders, including deficits in social interactions, memory processing, and anxiety regulation. Cannabis use has also been associated with reward and motivation-related behavioral changes. Researchers measured global cortical activity in cannabis users via EEG. Results suggest enhanced dormant cortical activation and disinhibition of inhibitory functions that can disrupt cognitive processes. **Conclusions:** Cannabis consumption in adolescence is among number of factors that may interact to influence brain development and mental function.

Keywords: *Adolescence, Cannabis, Neurobiology.*

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Literatura/References: 1. Conrod P, Laviolette S & Balodis I: Cannabis affects male teenagers' memory more than females. The Canadian Association for Neuroscience 2019.; 2. Parsons LH & Hurd YH: Endocannabinoid signaling in reward and addiction. Nature Reviews Neuroscience 2015; 16(10):579-594.; 3. Prashad S, Dedrick E & Filbey F: Cannabis users exhibit increased cortical activation during resting state compared to non-users. NeuroImage 2018; 179: 176-86.

RADIONICA „Upoznajmo MKB-11“ (RD)

WORKSHOP „Get to know ICD-11“ (WS)

RD_01

MENTALNI I BIHEVIORALNI POREMEĆAJI U MKB-11

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Uvod: Psihijatrijski poremećaji koji su u MKB-10 klasifikaciji bili svrstani u V poglavlje i šifrirani prvim slovnim znakom F, u MKB-11 klasifikaciji razvrstani su u nekoliko poglavlja. U Poglavlje 6 svrstani su mentalni, bihevioralni i neurorazvojni poremećaji, u Poglavlje 7 poremećaji spavanja-budnosti i u Poglavlje 17 stanja povezana sa seksualnim zdravljem. Novina je da je uz nazive mentalni i bihevioralni, uveden naziv neurorazvojni, a da se poremećaji spavanja i budnosti i stanja povezana sa seksualnim zdravljem više ne smatraju isključivo psihijatrijskim poremećajima. Uz to imamo još nekoliko poglavlja u kojima se nalaze dijelovi koji su vezani za mentalno zdravlje. **Cilj**: Utvrditi promjene i inovacije u grupi mentalnih i bihevioralnih poremećaja u MKB-11. **Metode:** Upoređivanje klasifikacije mentalnih i bihevioralnih poremećaja u MKB-10 i MKB-11. **Rezultati:** Za razliku od organizacije mentalnih i bihevioralnih poremećaja u MKB-10, principi koji su vodili organizaciju MKB-11 uključili su pokušaj redanja dijagnostičkih grupa prateći razvojnu perspektivu. Grupisanje poremećaja zasnovano je na pretpostavljenim zajedničkim etiološkim i patofiziološkim faktorima (npr., povezani sa stresom), kao i zajedničkoj fenomenologiji (npr., disocijativni poremećaji). U MKB-11, mentalni i bihevioralni poremećaji su svrstani u grupi Mentalni, bihevioralni i neurorazvojni poremećaji. Glavne dijagnostičke grupe iz MKB-10 kao što su organski mentalni poremećaji, mentalni i bihveioralni poremećaji zbog upotrebe psihoaktivnih supstanci, shizofrenija, shizotipni i deluzioni poremećaji, poremećaji raspoloženja i poremećaji ličnosti zadržane su u MKB-11 ali sa značajnim promjenama u nazivima, strukturi i klasifikaciji. Neurotski poremećaji, poremećaji vezani uz stres i somatoformni poremećaji su podijeljeni u pet novih grupa. **Zaključak:** Napravljene su značajne promjene u klasifikaciji mentalnih i bihevioralnih poremećaja kako bi se povećala naučna valjanost, poboljšala klinička korisnost i globalna primjenjivost.

Ključne riječi: *MKB-11, klasifikacija, mentalni i bihevioralni poremećaji.*

WS_01

MENTAL AND BEHAVIORAL DISORDERS IN ICD-11

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Introduction: Psychiatric disorders, classified in Chapter V of the ICD-10 with the first letter F in their coding, are classified into several chapters in ICD-11. Mental, behavioral and neurodevelopmental disorders are classified in Chapter 6, sleep-wake disorders in Chapter 7, and conditions related to sexual health in Chapter 17. The novelty is that in addition to the terms "mental and behavioral", the term "neurodevelopmental" was introduced. Also, sleep-wake disorders and conditions related to sexual health are no longer considered exclusively psychiatric disorders. In addition, in ICD-11, in Chapter 21 titled Symptoms, signs and clinical findings that are not classified elsewhere, there is a separate block in which mental and behavioral symptoms, signs and clinical findings are classified, and in Chapter 24-Factors influencing health status or contact with health services, following factors are included: burnout, malingering, hazardous substance use, hazardous gambling or betting, hazardous gaming, personality difficulty, and acute stress reaction. **Aim**: To determine changes and innovations in the group of mental and behavioral disorders in ICD-11. **Methods**: Comparison of the classification of mental and behavioral disorders in ICD-10 and ICD-11. **Results**: In contrast to the organization of mental and behavioral disorders in ICD-10, the principles that guided the organization of ICD-11 included an attempt to organize the diagnostic groups following a developmental perspective. Grouping of disorders is based on presumed common etiological and pathophysiological factors (e.g., stress-related) as well as common phenomenology (e.g., dissociative disorders). In ICD-11, mental and behavioral disorders are classified in the group Mental, behavioral and neurodevelopmental disorders. The main diagnostic groups from ICD-10 such as organic mental disorders, mental and behavioral disorders due to psychoactive substance use, schizophrenia, schizotypal and delusional disorders, mood disorders and personality disorders were retained in ICD-11 but with significant changes in names, structure and classification. Neurotic, stress-related and somatoform disorders are now divided into five new groups. **Conclusion**: Significant changes have been made to the classification of psychiatric disorders to increase scientific validity, improve clinical utility, and global applicability.

Keywords: *ICD-11, Classification, Mental and Behavioral Disorders.*

Literatura/References: 1. Pajević I, Avdibegović E, Pajević A. (ur.) Uvod u klasifikaciju psihijatrijskih poremećaja u MKB-11. Tuzla, 2022; IN PRESS.; 2. World Health Organization. International Classification of Diseases for Mortality and Morbidity Statistics. Eleventh Revision. 2019/2022 (print version). https://icd.who.int/browse11/l-m/en (Pristupljeno 19. februar 2022).: 3. World Health Organization(WHO). The ICD-10 classification of mental and behavioural disorders. World Health Organization, 1993.

RD_02

NEURORAZVOJNI POREMEĆAJI U MKB-11

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Uvod: Termin "neurorazvojni poremećaji" po prvi puta je korišten u DSM-5 klasifikaciji. Klasifikacija MKB-11 je zadržala ovaj naziv, uz određene promjene u klasifikaciji u poređenju sa DSM-5 i MKB-10. **Cilj:** Pregled neurorazvojnih poremećaja u MKB-10, DSM-5 i MKB-11 klasifikacijama. **Metode:** Utvrditi promjene među neurorazvojnim poremećajima u tri klasifikacije. **Rezultati:** Neurorazvojni poremećaji su grupa poremećaja sa ranim početkom koji utiču na kognitivni razvoj i društveno funkcionisanje. MKB-10 klasifikacija nema posebnu grupu za neurorazvojne poremećaje i koristi drugačiju terminologiju za specifična stanja. DMS-5 klasifikacija je termin "Mentalna retardacija" zamijenio sa manje stigmatizirajućim "Intelektualna insuficijencija", dok MKB-11 predlaže termin "Poremećaji intelektualnog razvoja". Isti se i dalje se definišu na osnovu značajnih ograničenja u intelektualnom funkcionisanju i adaptivnom ponašanju. Uvažavajući nedostatak pristupa lokalno odgovarajućim standardizovanim mjerama i zbog važnosti određivanja težine za planiranje liječenja, MKB-11 pruža sveobuhvatan skup tabela sa pokazateljima ponašanja. Još jedna velika promjena napravljena je kod hiperkinetičkog poremećaja, koji je u MKB-10 svrstan među poremećaje ponašanja u dječjoj i adolescentskoj dobi. U DSM-5 i MKB-11 je među neurorazvojnim poremećajima i zamijenjen je terminom "poremećaj s deficitom pažnje i hiperaktivnošću". Pervazivni razvojni poremećaji koji se sastoji od osam različitih podtipova u MKB-10, u DSM-5 i MKB-11 zamenjen je kategorijom "Poremećaji iz autističnog spektra". Smjernice za poremećaj autističnog spektra su značajno ažurirane kako bi odražavale trenutnu literaturu. Prema MKB-11, poremećaji iz spektra autizma i ADHD mogu koegzistirati kod pojedinca, što je korisno jer postoje dokazi da djeca s ovim komorbiditetom mogu imati koristi od upotrebe psihostimulanasa. Konačno, poremećaji s tikom su u MKB-11 svrstani među bolesti nervnog sistema, dok se u DSM-5 nalaze među neurorazvojnim poremećajima. **Zaključak:** MKB-11 ne odstupa značajno od DSM-5 kada su u pitanju neurorazvojni poremećaji, što je u skladu sa postavljenim ciljem usaglašavanja dvije psihijatrijske klasifikacije od strane Svjetske zdravstvene organizacije i Američke psihijatrijske asocijacije.

Ključne riječi: *neurorazvojni poremećaji, MKB-10, MKB-11, DSM 5.*

WS_02

NEURODEVELOPMENTAL DISORDERS IN ICD-11

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Introduction: The term "neurodevelopmental disorders" was first used in DSM-5. The ICD-11 Classification retained this term, with some changes in the classification compared to DSM-5 and ICD-10. **Aim:** To identify changes on neurodevelopmental disorders in three classifications. **Methods:** Review of neurodevelopmental disorders in ICD-10, DSM-5 and ICD-11. **Results:** Neurodevelopmental disorders apply to a group of disorders with early onset that affect cognitive and social development. ICD-10 does not have a dedicated group for neurodevelopmental disorders and uses different terminology for specific conditions. DMS-5 replaced term "Mental Retardation" with less stigmatizing "Intellectual Disability", while ICD-11 proposes term "Disorders of intellectual development". They continue to be defined on basis of significant limitations in intellectual functioning and adaptive behavior. In recognition of lack of access to locally appropriate standardized measures and due to importance of determining severity for treatment planning, ICD-11 provide a comprehensive set of behavioral indicator tables. Another big change is made with hyperkinetic disorder, that is classified among behavioral disorders in child and adolescent age in ICD-10. In DSM-5 and ICD-11 is among neurodevelopmental disorders, replaced with term "Attention deficit hyperactivity disorder". Pervasive developmental disorders that is consisted of eight different subtypes in ICD-10, in DSM-5 and ICD-11 is replaced with "Autism spectrum disorders" category. Guidelines for autism spectrum disorder have been substantially updated to reflect the current literature. According to ICD-11, autism spectrum disorders and ADHD may coexist in an individual, which is useful since there is good evidence that children with this comorbidity can benefit from stimulant medications. Finally, Tic disorders in ICD-11 are classified under the Diseases of the nervous system, while in DSM-5 they are placed within neurodevelopmental disorders. **Conclusions:** ICD-11 does not deviate significantly from DSM-5 when it comes to neurodevelopmental disorders, which is in accordance with the goal of World Health Organization and American Psychiatric Association to harmonize two psychiatric classifications.

Keywords: *Neurodevelopmental Disorders; ICD-11; ICD-10; DSM-5.*

Literatura/References: 1. WHO Department of Mental Health and Substance Abuse 2020; 2. Stein, D.J., Szatmari, P., Gaebel, W. *et al.* Mental, behavioral and neurodevelopmental disorders in the ICD-11: an international perspective on key changes and controversies. BMC Med 18, 21 (2020). https://doi.org/10.1186/s12916-020-1495-2.; 3. Stein, D.J., Szatmari, P., Gaebel, W. *et al.* Mental, behavioral and neurodevelopmental disorders in the ICD-11: an international perspective on key changes and controversies. BMC Med 18, 21 (2020). https://doi.org/10.1186/s12916-020-1495-2.

RD_03

POREMEĆAJI SPAVANJA-BUDNOSTI U MKB-11

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Poremećaji spavanja-budnosti naziv je za novo poglavlje u nadolazećoj MKB-11 klasifikaciji. Ovo poglavlje se nalazi između poglavlja o mentalnim, bihevioralnim i neurorazvojnim poremećajima sa jedne i poglavlja o bolestima nervnog sistema sa druge strane. U MKB-10 klasifikaciji poremećaji spavanja su podijeljeni na organske i neorganske. Organski poremećaji spavanja nalaze se u poglavlju o bolestima nervnog sistema gdje su označeni šifrom G 47. Neorganski poremećaji spavanja nalaze se u poglavlju o mentalnim poremećajima i poremećajima ponašanja pod nazivom Neorganski poremećaji spavanja gdje su označeni šifrom F 51. Neorganske poremećaje spavanja MKB-10 klasifikacija smatra poremećajima nagona za spavanjem i na osnovu toga ih dijeli na kvanititativne (dizsomnije) i kvalitativne (parasomnije) poremećaje. MKB-11 klasifikacija isključuje pojmove „organski i neorganski“ te poremećaje spavanja svrstava u posebno poglavlje označeno brojem 7 pod nazivom Poremećaji spavanja-budnosti. Ovi poremećaji se u MKB-11 definišu kao smetnje u započinjanju ili održavanju sna (poremećaji nesanice), pretjerana pospanost (poremećaji hipersomnolencije), respiratorni poremećaji za vrijeme spavanja (poremećaji disanja povezani sa spavanjem), poremećaji rasporeda spavanja i buđenja (poremećaji cirkadijarnog ritma spavanje-budnosti), abnormalni pokreti za vrijeme spavanja (poremećaji pokreta povezani sa spavanjem) i bihevioralni ili fiziološki događaji koji se javljaju za vrijeme ulaska u san, tokom sna ili nakon buđenja iz sna (parasomnije). DSM-5 i MKB-11 klasfikacija značajno su ujednačene po pitanju poremećaja spavanja-budnosti.

Ključne riječi: *poremećaji, spavanje-budnost, klasifikacije.*

WS_03

SLEEP-WAKE DISORDERS IN ICD-11

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Sleep-wake disorders is the name for a new chapter in the upcoming ICD-11 classification. This chapter is located between the chapter on mental, behavioural and neurodevelopmental disorders on the one hand and the chapter on diseases of the nervous system on the other. In the ICD-10 classification, sleep disorders are divided into organic and non-organic. Organic sleep disorders are found in the chapter on diseases of the nervous system, where they are coded as G 47. Non-organic sleep disorders are found in the chapter on mental and behavioural disorders called Non-organic sleep disorders, where they are coded as F 51. The ICD-10 classification considers non-organic sleep disorders to be disorders of the urge to sleep, and on that basis, divides them into quantitative (dyssomnias) and qualitative (parasomnias) disorders. The ICD-11 classification excludes the terms "organic and non-organic" and classifies sleep disorders in a separate chapter marked with number 7, called "Sleep-wake disorders". These disorders in ICD-11 are defined as disturbances in initiating or maintaining sleep (insomnia disorders), excessive sleepiness (hypersomnolence disorders), respiratory disorders during sleep (sleep-related breathing disorders), sleep-wake schedule disorders (circadian rhythm sleep disorders-wakefulness), abnormal movements during sleep (sleep-related movement disorders), and behavioural or physiological events that occur during sleep, during sleep, or after awakening from sleep (parasomnias). The DSM-5 and ICD-11 classifications are significantly uniform in terms of sleep-wake disorders.

Keywords: *Disorders, Sleep-wakefulness, Classifications.*

Literatura/References: 1. Svjetska zdravstvena organizacija (WHO): Međunarodna klasifikacija bolesti za statistiku mortaliteta i morbiditeta, Jedanaesta revizija, 2021.; 2. Svjetska zdravstvena organizacija (WHO): Međunarodna klasifikacija bolesti za statistiku mortaliteta i morbiditeta, deseta revizija, 2003.

RD_04

STANJA POVEZANA SA SEKSUALNIM ZDRAVLJEM U MKB-11

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Uvod: Jedanaesta revizija Međunarodne klasifikacije bolesti (MKB-11) zamjenjuje MKB-10 kao globalni standard za evidentiranje zdravstvenih informacija i uzroka smrti. MKB razvija i godišnje ažurira Svjetska zdravstvena organizacija (SZO). Razvoj MKB-11 započeo je 2007. godine i trajao je deceniju rada, uključivši preko 300 specijalista iz 55 zemalja podijeljenih u 30 radnih grupa. MKB-11 je zvanično stupio na snagu 1. januara 2022. godine. MKB-11 sadrži pet novih poglavlja. Dva nova poglavlja, pored starog poglavlja 6-Mentalni, bihevioralni ili neurorazvojni poremećaji, od posebnog interesa za psihijatriju su Poremećaji spavanja-budnosti (Poglavlje 7) i Stanja povezana sa seksualnim zdravljem (Poglavlje 17). **Cilj:** Prezentirati i upoznati kolege sa izmjenama u MKB-11 klasifikaciji sa posebnim osvrtom na Poglavlje 17-Stanja povezana sa seksualnim zdravljem**. Metode:** Analiza promjena u novoj klasifikaciji MKB-11 u odnosu na MKB-10. **Rezultati:** Poglavlje 17-Stanja povezana sa seksualnim zdravljem je novo poglavlje u okviru MKB-11 koje u prethodnoj klasifikaciji MKB-10 nije postojalo. Ovo poglavlje prevazilazi zastarjelu distinkciju organsko/neorgansko i razmatra mentalne i fizičke faktore koji su uključeni u pojavu seksualnih poremećaja. **Zaključak:** MKB-11 je doživjela značajne izmjene u odnosu na prethonu MKB-10 klasifikaciju. Poglavlje 17 je novo i nastalo je kao rezultat novog koncepta promišljanja o seksualnom zdravlju**.**

Ključne riječi: *MKB-11, Poglavlje 17, seksualno zdravlje.*

WS_04

CONDITIONS RELATED TO SEXUAL HEALTH IN ICD-11

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Introduction: The Eleventh Revision of the International Classification of Diseases (ICD-11) replaces the ICD-10 as the global standard for recording health information and causes of death. The ICD is developed and annually updated by the World Health Organization (WHO). Development of the ICD-11 started in 2007 and took over a decade of work, involving over 300 specialists from 55 countries divided into 30 work groups. The ICD-11 officially came into effect on 1st January 2022. The ICD-11 features five new chapters. Two of new chapters, besides old one chapter 6-Mental, behavioural or neurodevelopmental disorders, are of specific interest for psychiatry, are Sleep-wake disorders (Chapter 7) and Conditions related to sexual health (Chapter 17). **Aim:** To present and familiarize colleagues with the changes in the ICD-11 classification with special focus to Chapter 17- Conditions related to sexual health. **Methods:** Analysis of changes in the new classification ICD-11 compared to ICD-10. **Results:** Chapter 17- Conditions related to sexual health is a new chapter within the ICD-11 that did not exist in the previous ICD-10 classification. This chapter overarch outdated organic/non-organic distinction and consider mental and physical factors involved in appearing of sexual disorders. **Conclusion:** ICD-11 has undergone significant changes compared to the previous ICD-10 classification. Chapter 17 is new and was created as a result of a new concept of thinking about sexual health.

Keywords: *ICD-11, Chapter 17, Conditions Related to Sexual Health.*

Literatura/Reference: 1. WHO. "International Classification of Diseases (ICD)". www.who.int. Archived from the original on 29th September 2022.

RD_05

OPSESIVNO KOMPULZIVNI I SRODNI POREMEĆAJI U MKB-11

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Uvod: Jedanaesta revizija Međunarodne klasifikacije bolesti (MKB-11) zamjenjuje MKB-10 kao globalni standard za evidentiranje zdravstvenih informacija i uzroka smrti. MKB razvija i godišnje ažurira Svjetska zdravstvena organizacija (SZO). Razvoj MKB-11 započeo je 2007. godine i trajao je deceniju rada, uključivši preko 300 specijalista iz 55 zemalja podijeljenih u 30 radnih grupa. MKB-11 je zvanično stupio na snagu 1. januara 2022. godine. MKB-11 sadrži pet novih poglavlja. Opsesivno kompulzivni i srodni poremećaji su nova grupa u koju su uključeni opsesivno kompulzivni poremećaj**,** tjelesni dismorfni poremećaj, olfaktorni referentni poremećaj, hipohondrijaza, poremećaj nakupljanja, ponavljajući poremećaji ponašanja usmjereni na tijelo, drugi specificirani opsesivno kompulzivni ili srodni poremećaji i neodređeni opsesivno kompulzivni ili srodni poremećaji. **Cilj:** Prezentirati i upoznati kolege sa promjenama vezanim za opsesivno kompulzivne i srodne poremećaje prema MKB-11 klasifikaciji. **Metode:** Analiza promjena u novoj klasifikaciji MKB-11 u odnosu na MKB-10. **Rezultati:** Opsesivno kompulzivni i srodni poremećaji su nova grupa poremećaja u MKB-11 klasifikaciji. Ova grupa obuhvata poremećaje koji su ranije bili drugačije klasificirani ali i u koju su uključene i nove dijagnostičke kategorije. **Zaključak:** MKB-11 je doživjela značajne izmjene u odnosu na prethonu MKB-10 klasifikaciju.

Ključne riječi: *MKB-11, opsesivno kompulzivni poremećaj.*

WS_05

OBSESSIVE COMPULSIVE AND RELATED DISORDERS IN ICD-11

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Introduction: The Eleventh Revision of the International Classification of Diseases (ICD-11) replaces ICD-10 as the global standard for recording health information and causes of death. The ICD is developed and updated annually by the World Health Organization (WHO). The development of ICD-11 began in 2007 and lasted a decade of work, involving over 300 specialists from 55 countries divided into 30 working groups. ICD-11 officially entered into force on January 1, 2022. ICD-11 contains five new chapters. Obsessive compulsive and related disorders are a new group that includes obsessive compulsive disorder, body dysmorphic disorder, olfactory reference disorder, hypochondriasis, hoarding disorder, repetitive body-focused behavior disorder, other specified obsessive compulsive or related disorders and unspecified obsessive compulsive or related disorders. **Aim:** To present and familiarize colleagues with changes related to obsessive compulsive and related disorders according to the ICD-11 classification. **Methods:** Analysis of changes in the new classification ICD-11 compared to ICD-10. **Results:** Obsessive compulsive and related disorders are a new group of disorders in the ICD-11 classification. This group includes disorders that were previously classified differently, but also includes new diagnostic categories. **Conclusions:** ICD-11 underwent significant changes compared to the previous ICD-10 classification.

Keywords: *ICD-11, Obsessive Compulsive Disorder.*

Literatura/Reference: 1. WHO. "International Classification of Diseases (ICD)". www.who.int. Archived from the original on 29th September 2022.

RD_06

ANKSIOZNI I SA STRAHOM PRIDRUŽENI POREMEĆAJI U MKB-11

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Uvod: Jedanaesta revizija Međunarodne klasifikacije bolesti (MKB-11) zamjenjuje MKB-10 kao globalni standard za evidentiranje zdravstvenih informacija i uzroka smrti. MKB razvija i godišnje ažurira Svjetska zdravstvena organizacija (WHO). Razvoj MKB-11 započeo je 2007. godine i trajao deceniju, uključivši preko 300 specijalista iz 55 zemalja podijeljenih u 30 radnih grupa. MKB-11 je zvanično stupio na snagu 1. januara 2022. **Cilj:** Prezentirati izmjene u MKB-11 klasifikaciji sa posebnim osvrtom na dijagnostičku grupaciju 6B0, Anksiozni i sa strahom pridruženi poremećaji. **Metode:** Analiza promjena u novoj klasifikaciji MKB-11 u odnosu na MKB-10. **Rezultati:** Poglavlje 6 u MKB-11 koje se odnosi na mentalne, bihevioralne i neurorazvojne poremećaje je prošlo kroz niz promjena u odnosu na prethodni klasifikacioni sistem MKB-10. Poremećaji primarno povezani sa anksioznošću ili strahom su regrupirani u dijagnostičku grupaciju 6B0, što nije bio slučaj u prethodnoj klasifikaciji. **Zaključak:** Anksiozni i sa strahom pridruženi poremećaji u MKB-11 predstavljaju zasebnu dijagnostičku grupaciju, koja je posebice bazirana na naučnim dokazima i potrebama kliničke prakse.

Ključne riječi: *MKB-11, MKB-10, anksiozni poremećaji.*

WS_06

ANXIETY AND FEAR-RELATED DISORDERS IN ICD-11

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Introduction: The Eleventh Revision of the International Classification of Diseases (ICD-11) replaces the ICD-10 as the global standard for recording health information and causes of death. The ICD is developed and annually updated by the World Health Organization (WHO). Development of the ICD-11 started in 2007 and took over a decade of work, involving over 300 specialists from 55 countries divided into 30 work groups. The ICD-11 officially came into effect on 1st January 2022. **Aim:** To present changes in ICD-11 classification with special focus on diagnostic grupation 6B0, Anxiety and Fear-Related Disorders**. Methods:** Analysis of changes in the new classification ICD-11 compared to ICD-10**. Results:** Chapter 6 in ICD-11, which refers to mental, behavioural and neurodevelopmental disorders, has gone through a series of changes compared to the previous classification system ICD-10. Disorders primarily associated with anxiety or fear have been regrouped in diagnostic group 6B0, which was not the case in the previous classification. **Conclusion:** Anxiety or Fear-Related Disorders in ICD-11 represent a separate diagnostic group, which is specifically based on scientific evidence and the needs of clinical practice.

Keywords: *ICD-11, ICD-10, Anxiety Disorders.*

Literatura/References: 1. WHO. International Classification of Diseases (ICD);. www.who.int. Archived from the original on 29 th September 2022.; 2. World Health Organization(WHO). 1993. The ICD-10 Classification of Mental and Behavioural Disorders. Genève, Switzerland: World Health Organization.

POSTER PREZENTACIJE (PS)

(abecednim redom)

POSTER PRESENTATIONS (PT)

(Alphabetical order)

PS_01

U ZDRAVOM TIJELU ZDRAV DUH

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Uvod: Kroz cijelu povijest postoje brojni znanstveni dokazi da tjelovježba ima pozitivan utjecaj na zdravlje, a manjak fizičke aktivnosti i tjelovježbe, negativan utjecaj na zdravlje. Zdravlje se definira kao stanje potpunog, tjelesnog, psihičkog i socijalnog blagostanja, a ne samo odsustvo bolesti i oronulosti. Općenito govoreći procesi koji utječu na zdravlje mogu biti salutogni, tj. oni koji pomažu očuvanju dobrog zdravlja i otežavaju pojavu bolesti, i patogeni koji djeluju suprotno, odnosno narušavaju zdravlje i pomažu pojavu bolesti.Tjelesna aktivnost ima važnu ulogu u ljudskom životu i njegovom zdravlju, a još od drevnih Grka, bila je sastavni dio obrazovanja. Tjelesna aktivnost definira se kao pokretanje tijela s pomoću skeletne muskulature uz veću potrošnju energije od potrošnje energije u mirovanju. **Cilj:** Pojasniti pozitivan utjecaj tjelovježbe na zdravlje ljudi. **Metode:** Opisati stručno pozitivan utjecaj tjelovježbe na duševno zdravlje**. Rezultati:** Glavni učinak tjelovježbe na zdravlje je salutogni, tj. pozitivni učinak na ljudsko tijelo i dušu. **Zaključak**: Tjelovježom možemo imati razne psihičke dobrobiti, poput smanjivanja razine stresa, smanjenja mogućnosti pojave psihičkih poremećaja i bolesti, održavanja mozga vitalnijim, povećavanjem lučenja hormona koje pozitivno utječu na naše zdravlje.

Ključne riječi: *zdravo tijelo, zdrav duh.*

PT_01

HEALTHY BODY HEALTHY SPIRIT

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Introduction: Throughout history, there is sample scientific evidence that exercise has a positive impact on health, and a lack of physical activity and exercise has a negative impact on health. Health is defined as a state of complete, physical, mental and social well-being and not merely the absence of disease or infirmity. Generally speaking, the processes that affect health can be salutogenic, help maintain good health and aggravate the onset of disease and pathogens that act in the opposite way, or impair health and help the onset of disease. Physical activity has played an important role in human life and health, and since the ancient Greeks, it has been an integral part of education. Physical activity is defined as the movement of the body with the help of skeletal muscles with higher energy expenditure than at rest. **Aim:** To clarify the positive impact of exercise on human health. **Methods:** Professionally describe the positive influence of exercise on mental health**. Results:** The main effect of exercise on health is salutogenic, it has a positive effect on the human body and soul. **Conclusions:** We can have various psychological benefits with exercise, such as reducing stress levels, reducing the chances of mental disorders and diseases, keeping the brain more vital, increasing hormone secretion that positively affects our health.

Keywords: *Healthy Body, Healthy Spirit.*

Literatura/References: 1. MacAuley D. A history of physical activity, health and medicine. J R Soc Med. 1994;87:32-5.; 2. Paffenbarger RS, Blair SN, Lee I. A history of physical activity, cardiovascular health and longevity: the scientific contributions of jeremy N Morris, DSc, DPH, FRCP. Int J Epidemiol. 2001;30:1184-92.; 3. World Health Organization. The health of youth. Geneva: 2009.

PS_02

PUT PACIJENTA SA PSIHIJATRIJSKIM SIMPTOMIMA COVID-19 INFEKCIJE (PRIKAZ SLUČAJA)

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Uvod: COVID-19 je zarazna bolest koju uzrokuje novi koronavirus a izaziva različite simptome, prvenstveno one koji potiču od respiratornog sistema, ali i drugih sistema: bolovi u mišićima, glavobolje, simptomi od strane GIT trakta, gubitak čula okusa i mirisa, i drugi. Koronavirusna infekcija povezana je sa nizom psihijatrijskih dijagnoza, a u akutnoj fazi infekcije često su zabilježeni znakovi delirija. Delirij je akutno, prolazno, obično promjenjivo stanje poremećaja pažnje, kognicije i stupnja svijesti. **Cilj:** Prikazati kako simptomi infekcije koronavirusom (koji se manifestuju poremećajem na planu svijesti, nemirom i konfuzijom) pogotovo kod pacijenata starije životne dobi mogu imponirati kao psihički poremećaj. **Metode:** Prikaz slučaja. **Prikaz slučaja:** Pacijent, rođen 1949. godine, izmijenjenog ponašanja (agresivan i konfuzan unazad tri dana), hospitaliziran je na Odjelu psihijatrije u februaru 2022. godine, bez anamneze ranijeg psihijatrijskog liječenja. Realiziranjem različitih dijagnostičkih procedura i testom na COVID-19, verificira se infekcija koronavirusom. Ranije bolesti: Diabetes mellitus, Hypertensio arterialis. Pacijent se uputi u COVID bolnicu uz intenzivni tretman i terapiju pulmologa i infektologa. **Zaključak:** Naučnici sa Harvarda pokazuju kako je delirij često prvi simptom infekcije koronavirusom kod starije životne dobi. Kada starija osoba koja nema anamnezu psihijatrijskog liječenja ima kliničku sliku delirija, treba uvijek misliti da je to simptom neke nove bolesti. Potrebno je misliti da pacijenti sa COVID-19 infekcijom mogu razviti delirij, anksioznost, depresiju i posttraumatski stresni poremećač i treba ih adekvatno liječiti s obzirom da povećana upala i snažan imunološki odgovor na virus povećava stopu smrti neurona.

Ključne riječi: *delirij, COVID-19, put pacijenta.*

PT_02

PATH OF A PATIENT WITH PSYCHIATRIC SYMPTOMS OF COVID-19 INFECTION (CASE REPORT)

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Introduction: COVID-19 is an infectious disease caused by the new coronavirus and causes various symptoms, primarily those originating from the respiratory system, but also from other systems: muscle pain, headaches, symptoms from the GIT tract, loss of the sense of taste and smell, etc. The coronavirus infection is associated with a number of psychiatric diagnoses, and in the acute phase of the infection, signs of delirium are often recorded. **Aim:** To show how the symptoms of infection with the coronavirus (manifested by disturbances in the level of consciousness, restlessness and confusion), especially in elderly patients, can impress as a psychological disorder. **Methods:** Case report. **Case report:** Male patient, born on 1949, with altered behavior (aggressive and confused for the past 3 days) was hospitalized at the Department of Psychiatry in February 2022, with no history of previous psychiatric treatment. By carrying out various diagnostic procedures and a test for COVID-19, infection with the coronavirus is verified. Previous diseases: Diabetes, Hypertension. The patient was sent to the COVID Hospital with intensive treatment and therapy by a pulmonologist and infectious diseases specialist. **Conclusions:** Scientists from Harvard show that delirium is often the first symptom of coronavirus infection in the elderly. When an elderly person with no history of psychiatric treatment has a clinical picture of delirium, it should always be assumed that it is a symptom of a new illness. It should be considered that patients with COVID-19 infection may develop delirium, anxiety, depression and posttraumatic stress disorder and should be adequately treated, given that increased inflammation and a strong immune response to the virus increases the rate of neuronal death.

Keywords: *Delirium, COVID-19, Patient Path.*

Literatura/References: 1. Ticinesi A, Cerundolo N, Parise A et al. Delirium in COVID-19: epidemiology and clinical correlations in a large group of patients admitted to an academic hospital. Aging Clin Exp Res, 2020.; 2. Rahman S, Byatt K. Follow – up services for delirium after COVID-19 – where now? Age Ageing, 2021.; 3. Kuitcheu CAT, Bašić – Jukić N. Delirium after COVID-19 in a kidney transplant recipient. Case report. Zagreb University Hospital Center, Zagreb, 2021.

PS_03

SOCIJALNI RAD U PSIHIJATRIJI

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Uvod: Kao specifičan vid i način ostvarivanja socijalno-zaštitne funkcije društva, socijalni rad u zdravstvu ima svoje mjesto i nesumnjiv značaj. Socijalni radnik, prema svojem bazičnom obrazovanju, pripada sustavu socijalne skrbi, ali je danas njegovo mjesto neupitno u prevenciji, dijagnostici, liječenju i rehabilitaciji određenih bolesti, osobito psihijatrijskih. Na pitanje što je socijalni rad u psihijatriji, odgovor nije jednostavan. Riječ je o pokušaju da se prognostički odredi i terapijski pomogne osobi s psihosocijalnim poremećajima, pri čemu se polazi od suvremenih stajališta socijalnog rada. Socijalni rad obuhvaća i aktivnosti sprječavanja pojave psihičkih poremećaja, odnosno očuvanja i unapređenja mentalnog zdravlja. **Cilj:** Objasniti ulogu i mjesto socijalnog radnika u preventivnom radu i liječenju osoba s duševnim smetnjama kroz suvremeni integralni i multidisciplinarni pristup. **Metode:** Opisati stručno podršku socijalne okoline kao jedan od najvažnijih preduvjeta oporavka pacijenta oboljelog od psihičkog oboljenja. **Rezultati:** Socijalni rad je stručna i znanstveno zasnovana djelatnost usmjerena na prevenciju, otklanjanje i nadilaženje stanja i situacija koja se mogu pojaviti kao kočnica razvoja i napretka kako svakog pojedinca, tako i društva u cjelini. **Zaključak:** Napredak u psihijatriji i razvoj socijalne psihijatrije doprinijeli su značajnijoj ulozi socijalnog radnika u multidisciplinarnom psihijatrijskom timu, kao i ulozi socijalnog radnika u preventivi i liječenju psihijatrijskih pacijenata. Socijalni radnici koji rade u službama zaštite mentalnog zdravlja ili u drugim zdravstvenim institucijama brinu se za to da se osobama koje se liječe od psihičkih poremećaja osiguraju razne usluge, kao što su socijalna rehabilitacija, intervencije u kriznim situacijama, ili osposobljavanje za funkcioniranje u svakodnevnom životu kao i drugi oblici usluga koji će olakšati pacijentu povratak u društvo.

Ključne riječi: *psihijatrija, socijalni radnik, prevencija, društvo.*

PT_03

SOCIAL WORK IN PSYCHIATRY

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Introduction: As a specific form and way of realizing the social protection function of society, social work in healthcare has its place and undoubted significance. A social worker, according to his basic education, belongs to the social care system, but today his place is unquestionable in the prevention, diagnosis, treatment and rehabilitation of certain diseases, especially psychiatric ones. The answer to the question of what is social work in psychiatry is not simple. It is an attempt to prognostically determine and therapeutically help a person with psychosocial disorders, while starting from the contemporary viewpoints of social work. Social work also includes activities to prevent the occurrence of mental disorders, that is, to preserve and improve mental health. **Aim:** To explain the role and place of the social worker in preventive work and treatment of people with mental disorders through a modern integral and multidisciplinary approach. **Methods:** Describe the professional support of the social environment as one of the most important prerequisites for the recovery of a patient suffering from a mental illness. **Results:** Social work is a professional and scientifically based activity aimed at preventing, eliminating and overcoming conditions and situations that can appear as a brake on the development and progress of each individual and society as a whole. **Conclusion:** Progress in psychiatry and the development of social psychiatry contributed to a more significant role of the social worker in the multidisciplinary psychiatric team, as well as the role of the social worker in the prevention and treatment of psychiatric patients. Social workers who work in mental health services or in other health institutions ensure that people who are treated for mental disorders are provided with various services, such as social rehabilitation, interventions in crisis situations, or training for functioning in everyday life as and other forms of services that will facilitate the patient's return to society.

Keywords: *Psychiatry, Social Worker, Prevention, Society.*

Literatura/References: 1. Štrkalj-Ivezić S, Martić-Biočina S. Reakcije obitelji na psihičku bolest člana obitelji. Medicina Fluminensis. Vol.46 No.3. 2010.; 2. TermizDž. Teorija socijalnog rada.NIK Grafit. Lukavac. 2001.; 3. Brlek G,Berc M, Milić-Babić M. Primjena savjetovanja kao metode pomoći u klubovima liječenih alkoholičara iz perspektive socijalnih radnika. Socijalna psihijatrija. Vol. 42, 2014.

PS_04

PRIKAZ SLUČAJA 15-GODIŠNJE PACIJENTICE SA SIMPTOMIMA OPSESIVNO-KOMPULZIVNOG POREMEĆAJA

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Uvod: Opsesivno-kompulzivni poremećaj (OKP) spada u skupinu anksioznih poremećaja, a karakteriziran je pojavom opsesivnih misli i kompulzivnih radnji. Osobe sa ovim poremećajem shvaćaju iracionalnost svojih postupaka i doživljavaju ih neugodnim, ali ih ne mogu spriječiti. Svi aspekti života mogu biti zahvaćeni (posao, škola, međuljudski odnosi), a mnoge aktivnosti ograničene. OKP jedan je od ograničavajućih i potencijalno hroničnih anksioznih poremećaja. Ovaj rad je prikaz slučaja učenice 9. razreda osnovne škole sa simptomima OKP, uključene u individualni i grupni tretman u kombinaciji koja podrazumijeva individualnu i grupnu psihoterapiju uz psihofarmake kao i psihoedukaciju roditelja. U tretman je uključena konceptualizacija slučaja sa kliničkom procjenom, definisanjem ciljeva, planom tretmana, prikazom toka tretmana, rezultatima te diskusijom i završetkom tretmana. Primijenjene metode su dovele do promjena na kognitivnom i bihevioralnom planu u vidu realnijih procjena situacija, promjene životne filozofije i primjene naučenog na mnoge životne aspekte. Na emocionalnom planu je došlo do znatno smanjene anksioznosti i depresivnosti te do samoprihvatanja. Na bihejvioralnom planu povećana je funkcionalnost i spremnost na izlaganje riziku neuspjeha i izlazak iz zone komfora. Pacijentica je pokazala poboljšanje u smislu redukcije simptoma OKP i spremnost usvajanja adekvatnih modela ponašanja i funkcioniranja očekivanog za životnu dob. Izblijedili su samopovređivajući impulsi, a školske obaveze ispunjava bez poteškoća uz jačanje ego snaga. **Cilj:** Cilj ovog rada je opisati kombinaciju farmakoterapijskog, te individualnog i grupnog tretmana OKP kod 15-godišnje djevojčice i prikazati učinke istog**. Metode:** Klinički psihijatrijski pregled, EEG nalaz, evaluacija kliničkog psihologa, dermatološki pregled. **Rezultati:** Prikazali smo slučaj 15-godišnje učenice S.S. sa opsesivno-kompulsivnom simptomatologijom. **Zaključak:** U tretmanu OKP u dječijoj dobi nužna je saradnja s roditeljima jer je od velike važnosti da pacijent u svojoj svakodnevnici koristi tehnike koje je koristio i radio na terapiji. Tokom liječenja pacijent često pokazuje otpor i oklijevanje pa je potrebno strpljenje i upornost od strane ljekara. Ishod tretmana bio je dobar i može biti poticaj psihijatrima.

Ključne riječi: *opsesivno-kompulsivni poremećaj, adolescent, tretman, farmakoterapija.*

PT_04

CASE REPORT OF THE 15 YEARS OLD GIRL WITH OBSESSIVE-COMPULSIVE DISORDER SYMPTOMS

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Introduction: Obsessive-compulsive disorder (OCD) belongs to the group of anxiety disorders, and is characterized by the appearance of obsessive thoughts and compulsive actions. People with this disorder understand the irrationality of their actions and perceive them as unpleasant, but they cannot prevent them. All aspects of life can be affected (work, school, interpersonal relationships), and many activities are limited. OCD is one of the limiting and potentially chronic anxiety disorders. This paper presents the case of a 9th grade elementary school student with symptoms of OCD, included in individual and group treatment in a combination that includes individual and group psychotherapy with psychopharmaceuticals and also psychoeducation of parents. The treatment includes conceptualization of the case with clinical assessment, definition of goals, treatment plan, presentation of the course of treatment, results, and discussion and completion of the treatment. The applied methods have led to changes on the cognitive and behavioural level in the form of more realistic assessments of situations, changes in life philosophy and the application of what has been learned to many aspects of life. On the emotional level, there was a significant reduction in anxiety and depression and self-acceptance. On the behavioural level, functionality and willingness to expose to the risk of failure and to leave the comfort zone have increased. The patient showed improvement in terms of reduction of OCD symptoms and readiness to adopt adequate models of behaviour and functioning expected for her age. The self-harming impulses have faded, and she fulfils her school duties without difficulty while strengthening her ego power. **Aim:** The aim of this case report is to describe the combination of pharmacotherapy and individual and group treatment of OCD in a 15-year-old girl and show its effects. **Methods:** Clinical psychiatric examination, EEG findings, clinical psychologist evaluation, dermatological examination. **Results:** We presented the case of the 15-year-old female student S.S. with obsessive-compulsive symptomatology. **Conclusions:** In the treatment of OCD in childhood, cooperation with parents is necessary because it is of great importance that the patient uses the techniques which are used and worked on in therapy in hospital daily life. During the treatment, the patient often shows resistance and hesitation, so doctors need patience and persistence. The outcome of the treatment was good and can be an encouragement to psychiatrists.

Keywords: *Obsessive-Compulsive Disorder, Adolescent, Treatment, Pharmacotherapy.*

Literatura/References: 1. Starcevic V, Brakoulias V. Symptom subtypes of obsessive-compulsive disorder: Are they relevant for treatment? Aust N Z J Psychiatry. 2008;42:651–61. – PubMed.; 2. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62:593–602. – PubMed.; 3. Geller D, Biederman J, Jones J, Park K, Schwartz S, Shapiro S, et al. Is juvenile obsessive-compulsive disorder a developmental subtype of the disorder? A review of the pediatric literature. J Am Acad Child Adolesc Psychiatry. 1998;37:420–7. – PubMed.

PS_05

ANTIPSIHOTIČNA POLIFARMACIJA U TRETMANU HOSPITALNO LIJEČENIH OD SHIZOFRENIJE U KLINICI ZA PSIHIJATRIJU TUZLA

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Uvod: Monoterapija je poželjan cilj i preporučena je kao prva linija u svim dostupnim vodičima za tretman shizofrenije. Istraživanja pokazuju da se polifarmacija propisuje češće u odnosu na preporuke. **Cilj:** Analizirati propisivanu antipsihotičnu terapiju pacijenata liječenih pod dijagnozom shizofrenije. **Metode:** Retrospektivna studija. Analiza terapije otpusne dokumentacije pacijenata liječenih u Klinici za psihijatriju u Tuzli u periodu 11.03.2020.-01.08.2022. **Rezultati:** Antipsihotična polifarmacija je češće propisivana u odnosu na preporuke. **Zaključak:** Češće propisivana antipsihotična polifarmacija u odnosu na preporuke je u skladu sa ranijim istraživanjima. Postoji nekoliko mogućih objašnjenja za ovakvu praksu.

Ključne riječi: *antipsihotična polifarmacija, shizofrenija.*

PT_05

ANTIPSYCHOTIC POLYPHARMACY IN TREATMENT OF HOSPITALIZED PATIENTS WITH SCHIZOPHRENIA IN THE TUZLA CLINIC FOR PSYCHIATRY

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Introduction: Monotherapy is the desired goal and is recommended as first line in all available guidelines for treatment of schizophrenia. Researches show that polypharmacy is prescribed more often than recommended. **Aim:** To analyse the prescribed antipsychotic therapy of treated patients diagnosed with schizophrenia. **Methods:** A retrospective study. Therapy analysis of the discharge documentation of patients treated at the Tuzla Clinic for Psychiatry in the period March 11, 2020 – August 1, 2022. **Results:** Antipsychotic polypharmacy was prescribed more often than recommended. **Conclusions:** Prescription of antipsychotic polypharmacy was more often than recommended, which is in line with earlier research. There are several possible explanations for this practice.

Keywords: *Antipsychotic Polypharmacy, Schizophrenia.*

Literatura/Reference: 1. Lähteenvuo M, Tiihonen J. Antipsychotic Polypharmacy for the Management of Schizophrenia: Evidence and Recommendations. Drugs.2021;81(11):1273–1284.

PS_06

TERAPIJSKA NESURADLJIVIST KOD PACIJENATA SA SHIZOFRENIJOM (PRIKAZ SLUČAJA)

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Uvod: Shizofrenija je kronična, recidivirajuća bolest koja se javlja kod 1% populacije. Pacijenti sa shizofrenijom najčešće zahtijevaju kontinuirani tretman antipsihoticima u svrhu postizanja dobre kontrole bolesti, smanjenja broja recidiva i hospitalizacija. Nažalost, loša terapijska suradljivost je česta kod pacijenata sa shizofrenijom, prisutna je u više od polovice pacijenata. Navedeno povećava rizik od relapsa i rehospitalizacija s posljedično lošijom kvalitetom života pacijenta. Iako je ovo intenzivno istraživan fenomen, još uvijek u potpunosti ne razumijemo mehanizme nastanka i predisponirajuće faktore. **Prikaz slučaja**: Radi se o 65-godišnjem pacijentu s dijagnozom shizofrenije od 20-te godine života, bez drugih značajnijih komorbiditeta. Pacijent je tijekom posljednjih 36 godina imao veći broj hospitalizacija, prosječno 2-3 godišnje. Tijekom navedenih hospitalizacija pacijent je liječen brojnim tipičnim i atipičnim antipsihoticima, s postizanjem zadovoljavajućeg terapijskog odgovora i dobrom kontrolom simptoma. Unatoč tome, loša suradnja pacijenta, neredovito ambulantno praćenje i samoinicijativno isključivanje antipsihotika nakon remisije, rezultiralo je brojnim relapsima, lošom kontrolom bolesti i na posljetku lošijom kvalitetom života. **Zaključak:** Terapijska nesuradljivost kod pacijenata sa shizofrenijom je problem koji često rezultira s dekompenzacijom, egzacerbacijom simptoma, relapsima, rehospitalizacijama i funkcionalnom deterioracijom. Naglašavamo potrebu da se ovaj problem prepozna kao važna prepreka u liječenju pacijenata sa shizofrenijom te da se implementiraju učinkovite strategije za poboljšanje suradljivosti pacijenata.

Ključne riječi: *shizofrenija, antipsihotici, terapijska suradljivost.*

PT_06

MEDICATION NONADHERENCE IN PATIENTS WITH SCHIZOPHRENIA (CASE REPORT)

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Introduction: Schizophrenia is a chronic psychiatric disorder that affects approximately 1% of the population. Patients with schizophrenia require maintenance treatment with antipsychotic medication to maintain symptom control. Unfortunately, medication nonadherence to antipsychotics is common in patients with schizophrenia, it affects approximately half of all patients. This increases the risk of relapse and hospitalization, which leads to poor quality of life. Although this is an intensively studied phenomenon, we still do not understand the underlying mechanisms and contributing factors. **Case report:** The patient was a 65-year-old man with a past psychiatric diagnosis of schizophrenia since the age of 20 years and no other past medical history. For approximately 36 years, the patient has had several past hospitalizations with irregular outpatient follow-up and non-compliance to a different antipsychotic drug. He has had past medication trials with clozapine, promazine, risperidone fluphenazine, and haloperidol, with a satisfactory therapeutic effect on each drug and achieving remission and symptom control during numerous hospitalizations. However, the patient has decided that he will discontinue his antipsychotic medication many times following discharge, which resulted in more relapses and more rehospitalizations. Ultimately, the patient was relegated to a life of poor symptom control, largely due to non-adherence. **Conclusions:** Mediation nonadherence is a major problem in many psychiatric diseases because it often leads to decompensation or exacerbation of symptoms, relapse, rehospitalization, and functional decline. We emphasize the need to recognize this as an important obstacle in treating the patient with schizophrenia and to implement effective strategies to improve adherence.

Keywords: *Antipsychotic, Illness Awareness, Medication Adherence, Schizophrenia.*

Literatura/References: 1. Phan SV. Medication adherence in patients with schizophrenia. Int J Psychiatry Med. 2016;51:211-9.; 2. Loots E, Goossens E, Vanwesemael T, Morrens M, Van Rompaey B, Dilles T. Interventions to Improve Medication Adherence in Patients with Schizophrenia or Bipolar Disorders: A Systematic Review and Meta-Analysis. Int J Environ Res Public Health. 2021, 28;18:10213.

PS_07

RIJETKI NEUROPSIHIJATRIJSKI SINDROMI NAKON MOŽDANOG UDARA

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Uvod: Neuropsihijatrijski sindromi povezani s moždanim udarom mogu se klasificirati u četiri skupine: poremećaji ponašanja ili osobnosti; poremećaji percepcije identifikacije sebe, drugih ljudi, mjesta i vremena; kognitivna dezintegracija; te poremećaji afekta i raspoloženja. Iako su kognitivne disfunkcije ili poremećaji raspoloženja i afekta vrlo česti nakon moždanog udara i predstavljaju vrlo važan čimbenik u oporavku i rehabilitaciji, ovdje ćemo se osvrnuti na rijetke neuropsihijatrijske sindrome kojima etiološki čimbenik može biti i moždani udar. Poremećaji ponašanja ili osobnosti koji se mogu javiti kao posljedica moždanog udara su Atimohormija, disprosodija (uključujući „Sindrom stranog naglaska“), Kluver Bucyjev sindrom, Sindrom patološkog smijeha i plača („Fou rire prodromique sindroma“). Iznimno rijetko nakon moždanog udara mogu se javiti i psihotični sindromi poput Reduplikativne paramnezije, Cotardov sindrom, Capgrasov sindrom, Fregolijev sindrom, Subjektivni sindrom dvojnika i Pedunkularne halucinacije. **Zaključak:** Pojava izoliranih psihijatrijskih simptoma, bez drugih neuroloških znakova, je iznimno rijetka klinička manifestacija moždanog udara. Unatoč tome, naglašavamo potrebu za dobrim poznavanjem navedenih sindroma, u svrhu postavljanja valjane dijagnoze i pravovremenog započinjanja ciljanog etiološkog liječenja.

Ključne riječi: *moždani udar, Capgrasov sindrom, pedunkularne halucinacije, Fregolijev sindrom.*

PT_07

RARE STROKE-RELATED PSYCHIATRIC DISORDERS

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Introduction: Stroke-related adult neuropsychiatric syndromes can be classified according to these four axes: behavior or personality disorders, disorders of the perception identification of the self, other people, places, and time, cognitive disintegration (acute confusional state) and affective or mood disorders. Although cognitive dysfunctions or mood and affect disorders are very common after stroke and represent a very important factor in the recovery and rehabilitation, they will not be discussed here. In this report we will give short overview of rare behavior or personality disorders related to stroke such as Athymormia, Disprosodia (including „Foreign Accent syndrome"), Kluver Bucy Syndroma, Pathological Laughing and Crying with a description of „Fou rire prodromique Syndrome". Also, it will be described rare delusional misidentifications syndromes like Reduplicative Paramnesia, Cotard syndrome, Capgras syndrome, Fregoly syndrome, the Syndrome of subjective doubles and Peduncular hallucinations. **Conclusions:** The occurrence of a pure psychiatric condition, without other neurological signs, following stroke is an extremely rare event. Nevertheless, we emphasize the need for a good knowledge of the mentioned syndromes, in order to make valid diagnosis and start targeted etiological treatment.

Keywords: *Stroke, Rare Psychiatric Disorders, Capgras Syndrome, Peduncular Hallucinations.*

Literatura/References: 1. Hackett ML, Köhler S, O'Brien JT, Mead GE. Neuropsychiatric outcomes of stroke. Lancet Neurol. 2014;13:525–34.; 2. Peckins CS, Khorashadi L, Wolpow ER. A Case of Reduplicative Paramnesia for Home. Cogn Behav Neurol. 2016;29:150–7.

PS_08

KOMUNIKACIJA S TERMINALNO OBOLJELIM PACIJENTIMA

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Uvod: Briga o terminalno oboljelom bolesniku dio je zdravstvene njege čija važnost i značaj kontinuirano rastu. Naime, liječenje bolesnika koji umiru od neizlječive bolesti može trajati relativno dugo što stvara potrebu za unaprijeđenjem medicinskog pristupa terminalno oboljelima. Naglasak se stavlja na doživljaj i iskustvo samog bolesnika kroz ovo izazovno razdoblje, ali i na komunikaciju okoline i medicinskog osoblja s pacijentom. Na ovom području provedena su brojna istraživanja koja se bave pitanjima odnosa zdravstvenog osoblja i pacijenta, kao i samog iskustva umirućih bolesnika, njihove svijesti o stanju u kojemu se nalaze, a sve u svrhu boljeg razumijevanja terminalno oboljelih i odabira najboljeg pristupa u njihovoj njezi. Interes za navedenim područjem rezultirao je brojnim istraživanjima i književnim djelima liječnika, psihologa i psihoterapeuta koji su se uhvatili u koštac s ovom temom. Pitanje s kojim se često susreću obitelj i medicinsko osoblje je koji pristup izabrati u komuniciranju s bolesnikom na temu dijagnoze i potencijalnog ishoda. Iskren ali empatičan pristup danas je zlatni standard, za razliku od povijesnih faza razvoja medicine u kojima se oboljelima ponekad tajila njihova dijagnoza. Umijeće, a i potreba je komunicirati s novodijagnosticiranim na način da mu se kaže istina, ali da mu se ne zatvore vrata nade, dok je u komunikaciji s umirućima naglasak na podršci, utjesi i umanjivanju somatskih i emocionalnih bolova. **Cilj:** Značaj korištenja adekvatnih načina komunikacije medicinskog osoblja u odnosu s terminalno oboljelim pacijentima u svrhu pospješenja kvalitete medicinske usluge koju pacijent prima. **Metode:** Terapijski odnos, psihoterapija, psihoedukacija. **Zaključak:** Suvremeni pristup u komunikaciji i odnosu s terminalno oboljelima omogućava senzibiliziranje zdravstvenog osoblja o psihološkim aspektima terminalne bolesti i doživljaja oboljelog jedna je od najvažnijih stavki u očuvanju ljudskog dostojanstva i olakšavanju patnji pri kraju života.

Ključne riječi: *terapijski odnos, komunikacija s pacijentima, psihoedukacija, terminalna oboljenja.*

PT_08

COMMUNICATION WITH TERMINALLY ILL PATIENTS

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Introduction: Caring for a terminally ill patient is a part of health care whose importance is continuously growing. The treatment of patients who dies from an incurable disease can take a relatively long time, which creates the need to improve the medical approach to terminally ill patients. Emphasis is placed on the experience of the patient himself during this challenging period, but also on the communication between the environment and the medical staff with the patient. Numerous studies have been conducted in this area that deal with issues of the relationship between health care staff and the patient, as well as the experience of dying patients, their awareness of their condition, all for the purpose of better understanding the terminally ill and choosing the best approach in their care. Interest in the mentioned area resulted in numerous researches and literary works by doctors, psychologists and psychotherapists who tackled this topic. A question that is often faced by the family and the medical staff is which approach to choose in communicating with the patient about the diagnosis and potential outcome. An honest but empathetic approach is today the gold standard, in contrast to the historical stages of the development of medicine in which patients were sometimes kept from their diagnosis. It is an art, and a necessity, to communicate with the newly diagnosed in such a way as to tell him the truth, but not to close the door of hope, while in communication with the dying, the emphasis is on support, comfort and reduction of somatic and emotional pain. **Aim:** The importance of using adequate means of communication by medical staff in relation to terminally ill patients in order to improve the quality of the medical service that the patient receives. **Methods:** Therapeutic relationship, psychotherapy, psychoeducation. **Conclusion:** A modern approach to communication and relationship with terminally ill patients makes it possible sensitizing health care personnel about the psychological aspects of terminal illness and the experience of the patient is one of the most important items in preserving human dignity and alleviating suffering at the end of life.

Keywords: *Therapeutic Relationship, Communication with Patients, Psychoeducation, Terminal Illnesses.*

Literatura/References: 1. Komunikacija s umirućima i njihovom rodbinom, Lugton Jean, California.; 2. Razgovori s umirućima, Kuebler-Ross Elizabeth, Chicago.; 3. Savladavanje komunikacije s pacijentima s teškim oboljenjima, Back Anthony, Arnold Robert, Tulsky James, California.

PS_09

PSIHOLOŠKE POJAVNOSTI TEŠKIH BOLESTI

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Uvod: Prirodno je da ishod reakcije na bolest ovisi o brojnim faktorima: samoj ličnosti pojedinca, vrsti bolesti, težini bolesti, trajanju bolesti, dobi bolesnika, vanjskim fatorima koji bolesnika okružuju. Bolest donosi brojne promjene u ljudskom životu, na fiziološkom i psihološkom planu, naročito kad govorimo o kroničnim bolestima. Multidisciplinarni pristup u suvremenom tretiranju bolesti neizostavna je stavka oporavka i pospješenja kvalitete života svakog pacijenta. Ponekad su anksiozni i depresivni simptomi toliko intenzivni da utječu na adekvatno prihvaćanje medicinskog tretmana što ponekad rezultira odbijanju liječenja i propuštanju zakazanih medicinskih intervencija. Ovaj podatak dodatno naglašava važnost pravovremene intervencije i uočavanja mogućih psihičkih tegoba. Od velike važnosti je mobilizirati jake strane ličnosti pacijenta, koji ovo životno ugrožavajuće iskustvo mogu iskoristiti za jačanje vlastitih kapaciteta suočavanja. Kod psihološke pomoći pacijentima oboljelima od maligne bolesti najučinkovitijom se pokazala kombinacija individualnog i grupnog pristupa (unutar psihoterapijskih grupa podrške u kojima sudjeluje više pacijenata i educirani zdravstveni djelatnik). Ove postupke primjenjuju educirani stručnjaci unutar multidisciplinarnog tima- psihijatri i zdravstveni psiholozi. Oba pristupa objedinjuju psihoonkološku edukaciju, osvještavanje emocija koje osoba doživljava, pomoć u uspostavljanju bolje komunikacije s obiteljima oboljelih i liječnicima, tehnike nošenja sa stresom. Povrh svega psihološke intervencije omogućavaju emocionalnu ventilaciju i pružanje emocionalne podrške oboljelom. **Cilj:** Značaj spoznavanja psiholoških pojavnosti kod teških somatskih oboljenja u svrhu pospješenja kvalitete života pacijenata. **Metode:** psihoterapija, psihoedukacija, terapijski odnos. **Rezultati:** Informiranost i angažman zdravstvenih radnika oko pacijenata dovodi do boljeg suočavanja s bolešću i aktivnijeg pristupa samozbrinjavanju bolesti, što na kraju daje i bolju prognozu tim bolesnicima, naročito ako su u pitanju kronične bolesti i teška somatska oboljenja. **Zaključak:** Psihološki tretmani, bili individualni ili grupni, pomažu bolesnicima da se prilagode dijagnozi, da se lakše nose s težinom medicinskog tretmana te da se adekvatnije adaptiraju na novonastalu situaciju u svom životu.

Ključne riječi: *pojavnost, teška oboljenja, multidisciplinarni pristup, zdravstvena psihologija, psihološka podrška.*

PT_09

PSYCHOLOGICAL EFFECTS OF SERIOUS SOMATIC DISEASES

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Introduction: It is natural that the outcome of the reaction to the disease depends on numerous factors: the personality of the individual, the type of disease, the severity of the disease, the duration of the disease, the age of the patient, and external factors surrounding the patient. The disease brings numerous changes in human life, on the physiological and psychological level, especially when we talk about chronic diseases. A multidisciplinary approach in the modern treatment of diseases is an indispensable item in the recovery and improvement of the quality of life of every patient. Sometimes, anxiety and depression symptoms are so intense that they affect the adequate acceptance of medical treatment, which sometimes results in refusing treatment and missing scheduled medical interventions. This information further emphasizes the importance of timely intervention and detection of possible psychological problems. It is of great importance to mobilize the strong sides of the patient's personality, who can use this life-threatening experience to strengthen their own coping capacities. A combination of individual and group approach (within psychotherapy support groups in which several patients and a trained healthcare professional participate) has proven to be the most effective in providing psychological assistance to patients suffering from a malignant disease. These procedures are applied by trained experts within a multidisciplinary team - psychiatrists and health psychologists. Both approaches combine psycho-oncology education, awareness of the emotions a person experiences, help in establishing better communication with patients' families and doctors, techniques for dealing with stress. Above all, psychological interventions enable emotional ventilation and provide emotional support to the patient. **Aim**: The importance of learning about psychological phenomena in severe somatic diseases in order to improve the quality of life of patients. **Methods**: psychotherapy, psychoeducation, therapeutic relationship. **Results:** Information and involvement of health workers around patients leads to a better coping with the disease and a more active approach to self-care of the disease, which ultimately gives a better prognosis to these patients, especially if it is a question of chronic diseases and severe somatic diseases. **Conclusion**: Psychological treatments, whether individual or group, help patients to adapt to the diagnosis, to cope more easily with the weight of medical treatment and to adapt more adequately to the new situation in their lives.

Keywords: *Manifestations, Serious Illnesses, Multidisciplinary Approach, Health Psychology, Psychological Support.*

Literatura/References: 1. Zdravstvena psihologija, Havelka Mladen, Zagreb.; 2. Psihološki aspekti malignih oboljenja, Steel Jennifer, Bryan Carr, USA.; 3. Psihološki pristup u tretmanu malignih oboljenja, Deshields Theresa, Kaplan Jonathan, Rynar Lauren.

PS_10

ZNAČAJ PSIHOSOCIJALNIH METODA U OPORAVKU PACIJENTICE SA PSIHOTIČNIM POREMEĆAJEM

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Uvod: Savremena rehabilitacija u psihijatriji obuhvata niz koordiniranih psihosocijalnih postupaka čiji cilj nije samo remisija već oporavak, a provodi se u skladu sa individualnim potrebama bolesnika, zajedno sa farmakoterapijom. Oporavak je individualni proces promjene stavova, vrijednosti, ciljeva i osjećaja koji omogućava da se osoba osjeća zadovoljno i korisno sa ograničenjem koje ostavlja bolest. **Cilj:** Značaj psihosocijalnih postupaka u postizanju oporavka, smanjenju recidiva i rehospitalizacija kod pacijentice sa psihotičnim poremećajem, bez obiteljske podrške i teškom materijalno-egzistencijalnom situacijom. **Metode:** Farmakoterapija, terapijski odnos, psihoedukacija, suportivna psihoterapija, radno-okupaciona terapija, program kordinirane brige. **Opis slučaja:** Pacijentica K.S., rođena 1972. godine, udana, majka dvoje djece (12 i 18 godina), žive u zajednici sa suprugovom majkom, koja je konfliktna. Skromnih ekonomskih mogućnosti, samo suprug privređuje, nema stalni posao. Bračni odnosi narušeni nakon što je pacijentica obolila. Hereditarno opterećena, liječi se unazad 5 godina, višestruko hospitalizirana kao psihotični poremećaj. Hospitalizacije su bile dugotrajne, uz spori oporavak, sa kratkim periodima između rehospitalizacija, gdje su permanentni izvor stresa i precipitirajući faktor u nastanku destabilizacije narušena intrafamilijarna dinamika i terapijski diskontinuitet. Tokom liječenja niko od srodnika se nije interesovao za stanje pacijentice, javljali bi se tek na pozive socijalnog radnika. Posljednje bolničko liječenje u trajanju od 87 dana je završeno 30. aprila 2021. godine. Tokom tretmana uspostavljen zadovoljavajući terapijski odnos uz psihoedukaciju, postiže se i adekvatna adherenca psihofarmaka. Uz suportivnu terapiju, socioterapiju, radno-okupacionu i rekreativnu terapiju postigne se psihostabilizacija. Obzirom na neadekvatan porodični suport, pacijentica uključena u program koordinirane medicinske brige. Tokom remisje izvršena optimizacija psihofarmakoterapije i identificirani kapaciteti i kompeticije pacijentice uz fokus na njene interese gdje je prioritet bio ekonomsko osamostaljivanje putem zaposlenja u čemu je pomogao koordinator brige. Već 9 mjeseci zaposlena kao higijeničarka, živi odvojeno na spratu porodične kuće. Zadovoljna, stabilna remisija se održava. **Zaključak:** Savremeni program rehabilitacije u psihijatriji sa akcentom na osnaživanje pozicije pacijenta može dovesti do značajnog oporavka bolesnika sa narušenim porodičnim odnosima.

Ključne riječi: *psihosocijalne metode, koordinirana briga, rehabilitacija, psihotični poremećaj.*

PT_10

THE IMPORTANCE OF PSYCHOSOCIAL METHODS IN THE RECOVERY OF A PATIENT WITH A PSYCHOTIC DISORDER

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Introduction: Modern rehabilitation in psychiatry includes a series of coordinated psychosocial procedures whose goal is not only remission but recovery, and is carried out in accordance with the individual needs of the patient, together with pharmacotherapy. Recovery is an individual process of changing attitudes, values, goals and feelings that allows a person to feel satisfied and useful within the limitations left by the disease. **Aim:** The importance of psychosocial procedures in achieving recovery, reducing relapse and rehospitalization in a patient with a psychotic disorder, without family support and in a difficult material and existential situation. **Methods:** Pharmacotherapy, therapeutic relationship, psychoeducation, supportive psychotherapy, occupational therapy, case management program. **Case report:** Patient K.S., born in 1972, married, mother of two children (ages 12 and 18), living with her husband's mother, who is conflicted. She has modest economic opportunities, her husband is the sole breadwinner, without permanent job. Marital relations disrupted after the patient became ill. Hereditarily burdened, she has been treated for the past 5 years, hospitalized multiple times as a psychotic disorder. Hospitalizations were long-term, with slow recovery and short periods between rehospitalizations, where a permanent source of stress and a precipitating factor in destabilization were disturbed intrafamilial dynamics and therapeutic discontinuity. During the treatment, none of the relatives were interested in the patient's condition, they would respond only to the calls of the social worker. The last hospital treatment lasting 87 days ended on April 30, 2021. During treatment, a satisfactory therapeutic relationship is established with psychoeducation, and adequate adherence to psychopharmaceuticals is achieved. With supportive therapy, sociotherapy, occupational and recreational therapy, psychostabilization is achieved. Due to inadequate family support, the patient is included in the program of case management. During the remission, psychopharmacotherapy was optimized and the patient's capacities and competencies were identified with a focus on her interests, where the priority was economic independence through employment, in which the case manager helped. She has been employed as a hygienist for 9 months and lives separately on the first floor of the family house. Satisfactory, stable remission is maintained. **Conclusion:** A modern rehabilitation program in psychiatry with an emphasis on strengthening the patient's position can lead to significant recovery of patients with broken family relationships.

Keywords: *Psychosocial Methods, Case Management, Rehabilitation, Psychotic Disorder.*

Literatura/Reference: 1. Rehabilitacija u psihijatriji: Psihobiosocijalni pristup, Štrkalj-Ivezić Slađana, Zagreb (2010).

PS_11

ZNAČAJ NEUROIMIDŽINGA U RANOJ DIJAGNOSTICI CEREBROVASKULARNOG INZULTA KOD PACIJENTICE SA DEMENCIJOM

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Uvod: Demencija se može razviti kao posljedica pojedinačnih infarkta, naročito u fazama ubrzo nakon moždanog udara u određenim moždanim zonama, najčešće u angularnom girusu, kaudatusu, globusu palidusu i hipokampusu. Moždani udari na ovim lokacijama uglavnom imaju karakteristike kognitivnih sindroma: nagli početak fluentne disfazije, vizuelnospacijalna dezorijentacija, agrafija i gubitak pamćenja koji često može biti pogrešno shvaćen kao Alchajmerova bolest**. Cilj:** Ukazati na važnost neuroradiološke dijagnostike u ranom otkrivanju moždanog udara kod pacijentice sa demencijom te povezanost lokalizacije ishemičke moždane lezije i kognitivnog statusa. **Metode:** Anamneza, psihički status, neurološki pregled, laboratorijske pretrage, EKG, internistički pregled, magnetna rezonanca (MR) mozga. **Prikaz slučaja:** Pacijentica starosti 76 godina, od ranije hipertoničar, tenzija medikamentozno regulisana. Unazad godinu dana srodnici primjetili da je postala zaboravna, samostalno funkcionisala u kućnoj sredini, bez terapije antidementiva. U psihijatrijsku bolnicu upućena zbog tegoba u smislu izraženije zaboravnosti, nesuvislog govora i dozorijentiranosti koje su naglo javile unazad pet dana, tegobe su intenzivnije u večernjim satima uz izražen strah. Na pregledu svjesna, nesigurne temporalne orijentacije (navodi da ni ranije nije znala datume, nepismena) mirna, komunikativna, bez manifestnih psihotičnih simptoma. Nalaz na kranijalnim nervima bez ispada. Na planu govora bez motorne disfazije. Vrat slobodan. Bez neurološkog deficita na ekstremitetima. Hod uredan. Internistički pregled pokaže uredan nalaz, laboratorijske pretrage u granicama referentnih vrijednosti. Urađena MR mozga pokaže akutno razvijenu vaskularnu ishemijsku leziju desno parijetalno paraventrikularno, uz III komoru, dijelom hipokampalno promjera 14 milimetara, irigacija prednje horoidalne arterije, izražena subkortikalna encefalopatija uz multiple konfluirajuće lakunarne infarkcije i atrofiju mozga. **Zaključak:** Kod pacijenata gdje se dobiju podaci koji ukazuju na dementni razvoj sa naglom progresijom, treba posumanjati na neurološko zbivanje. Neuroimidžing se nameće kao neophodnost radi postavljanja rane i ispravne dijagnoze, kako bi se u što kraćem vremenu pružio adekvatan terapijski tretman pacijentu i da bi se izbjegle nepotrebne hospitalizacije na psihijatriji.

Ključne riječi: *magnetna rezonanca, akutni ishemijski moždani udar, demencija.*

PT_11

THE SIGNIFICANCE OF NEUROIMAGING iN THE EARLY DIAGNOSIS OF CEREBROVASCULAR STROKE IN PATIENTS WITH DEMENTIA

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Introduction: Dementia can develop as a result of individual infarcts, especially in the stages shortly after a stroke in certain brain areas, most often in the angular gyrus, caudate, globus pallidus and hippocampus. Strokes in these locations mostly have the characteristics of cognitive syndromes: sudden onset of fluent dysphasia, visuospatial disorientation, agraphia, and memory loss that can often be mistaken for Alzheimer's disease. **Aim:** To point out the importance of neuroradiological diagnostics in the early detection of a stroke in a patient with dementia and the connection between the localization of the ischemic brain lesion and the cognitive status. **Methods:** Medical history, mental status, neurological examination, laboratory tests, EKG, internal medicine examination, magnetic resonance imaging (MR) of the brain. **Case report:** 76-year-old female patient, previously hypertensive, blood pressure regulated with medication. A year ago, relatives noticed that she became forgetful, functioning independently in the home environment, without antidementia therapy. Referred to a psychiatric hospital due to complaints in the sense of more pronounced forgetfulness, incoherent speech and disorientation that suddenly appeared five days ago, the complaints are more intense in the evening hours with pronounced fear. On examination, she is conscious, unsure of her temporal orientation (she states that she did not even know dates before, illiterate), calm, communicative, without manifest psychotic symptoms. A finding on the cranial nerves without an outburst. On the plan of speech without motor dysphasia. Neck free. No neurological deficit in the extremities. Neat walk. Internal medicine examination showed normal findings, laboratory tests within the limits of reference values. An MR of the brain showed an acutely developed vascular ischemic lesion in the right parietal paraventricular, adjacent to the III ventricle, partly hippocampal with a diameter of 14 millimeters, irrigation of the anterior choroidal artery, pronounced subcortical encephalopathy with multiple confluent lacunar infarctions and brain atrophy. **Conclusions:** In patients where data indicating demented development with sudden progression is obtained, a neurological event should be suspected. Neuroimaging is imposed as a necessity in order to establish an early and correct diagnosis, in order to provide adequate therapeutic treatment to the patient in the shortest possible time and to avoid unnecessary hospitalizations in psychiatry.

Keywords: *Magnetic Resonance Imaging, Acute Ischemic Stroke, Dementia.*

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PS_12

UPALNE BOLESTI CRIJEVA I REZILIJENCIJA

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Uvod: Upalne bolesti crijeva (engl. inflammatory bowel diseases-IBD) jesu idiopatske, inflamatorne, kronične, po svom tijeku nepredvidive bolesti, a kako je u osnovi poremećaja prepoznat imunosni poremećaj, onda ih nazivamo i imunosnim bolestima. Primarno mogu zahvaćati bilo koji dio probavne cijevi od usne šupljine do anusa, ali paralelno mogu imati patološke promjene (ekstraintestinalne manifestacije-EIM) na mnogim drugim organima (koža, oči, zglobovi). Termin psihološka rezilijencija ili sposobnost oporavka definira se kao urođena adaptivna karakteristika pojedinca da se nosi i oporavlja od nepovoljnih događaja. **Cilj:** Na temelju dosadašnjih spoznaja objasniti i približiti razumijevanje rezilijencije oboljelih od upalnih bolesti crijeva. **Metode:** Provedena je elektronska pretraga baze podataka PubMed. Pretraga je obavljena korištenjem ključnih riječi. U ovaj rad uključena su istraživanja koja su se unutar deset godina bavila ispitivanjem rezilijencije kod oboljelih od upalnih bolesti crijeva. **Rezultati:** Niže razine otpornosti bile su povezane sa značajno višim razinama anksioznosti i kliničke depresije. Suprotno tome, utvrđeno je da više razine otpornosti predviđaju bolju kvalitetu života pacijenata s IBD. Više razine otpornosti predviđale su više razine prilagodbe na stomu; posebno, ustrajnost-definirana kao osobina otpornosti- bila je najpouzdaniji prediktor. Štoviše, niži prihodi, poremećaji spavanja i neudate ženske osobe negativno su utjecali na razinu otpornosti i depresije među pacijentima s Chronovom bolesti sa stomom. **Zaključak:** Sve nezadovoljene potrebe i dalje postoje u istraživačkom programu IBD, uključujući bolje razumijevanje njegove fiziopatologije, smanjenje kašnjenja u dijagnostici, optimizaciju postojećih terapija, poboljšanje pridržavanja pacijenata planu liječenja, poboljšanje pacijentove kvalitete života, upravljanje i prevencija komplikacija. Potreban je višedimenzionalni pristup za pružanje visokokvalitetne zdravstvene skrbi za pacijente s IBD, ali još smo daleko od optimalnog upravljanja u stvarnom životu.

Ključne riječi: *upalne bolesti crijeva, Chronova bolest, ulcerozni kolitis, rezilijencija.*

PT_12

INFLAMMATORY BOWEL DISEASES AND RESILIENCE

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Introduction: Inflammatory bowel diseases (IBD) are idiopathic, inflammatory, chronic, unpredictable diseases, and since the basis of the disorder is recognized as an immune disorder, we call them immune diseases. They can primarily affect any part of the alimentary canal from the oral cavity to the anus, but in parallel they can have pathological changes (extraintestinal manifestations-EIM) on many other organs (skin, eyes, joints). The term psychological resilience or the ability to recover is defined as an innate adaptive characteristic of an individual to cope with and recover from adverse events. **Objective:** Based on previous knowledge, to explain and bring closer the understanding of resilience in patients with inflammatory bowel diseases. **Method:** An electronic search of the PubMed database was conducted. The search was performed using keywords. This paper includes research that was conducted within ten years to examine resilience in patients with inflammatory bowel diseases. **Results:** Lower levels of resilience were associated with significantly higher levels of anxiety and clinical depression. Conversely, higher levels of resistance were found to predict better quality of life in patients with IBD. Higher levels of resilience predicted higher levels of adaptation to the stoma; in particular, persistence-defined as the trait of resilience-was the most reliable predictor. Moreover, lower income, sleep disorders, and being single negatively affected levels of resilience and depression among Chron's disease patients with a stoma. **Conclusion:** All unmet needs still exist in the research program of IBD, including better understanding of its pathophysiology, reduction of delay in diagnosis, optimization of existing therapies, improvement of patient adherence to the treatment plan, improvement of patient's quality of life, management and prevention of complications. A multidimensional approach is needed to provide high-quality healthcare for patients with IBD, but we are still far from optimal management in real life.

Keywords: *Inflammatory Bowel Diseases, Crohn's Disease, Ulcerative Colitis, Resilience.*

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PS_13

UČESTALOST PRIMJENE ANTIDEPRESIVA U DEPRESIVNOJ EPIZODI BIPOLARNOG AFEKTIVNOG POREMEĆAJA

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Uvod: Mnogi bolesnici s bipolarnim poremećajem imaju česte simptome depresije i provode značajno više vremena u depresiji nego u maničnoj ili hipomaničnoj fazi. Depresija je često hronična i često se ponavlja u bipolarnih bolesnika, a nosi značajan rizik od samoubistva. Liječenje depresivnih epizoda u bolesnika s bipolarnim poremećajem predstavlja zbunjujući paradoks. Dileme su da li treba uključivati antidepresive u terapiju i trebaju li se propisivati samo u kombinaciji sa stabilizatorima raspoloženja? Dosadašnja istraživanja po tom pitanju su kontradiktorna. Dugotrajna primjena antidepresiva u bipolarnih bolesnika može biti povezana s maničnim recidivom, a ponekad i povećanom učestalošću bipolarnih epizoda. **Cilj:** Utvrditi učestalost primjene antidepresiva u depresivnoj epizodi bipolarnog afektivnog poremećaja. **Metode:** Retrospektivna studija. Analiza otpusne dokumentacije pacijenata liječenih u Klinici za psihijatriju u Tuzli u periodu od 11.03.2020.-01.08.2022. godine. **Rezultati:** U tremanu depresivne epizode bipolarnog afektivnog poremećaja, nađeno je da se antidepresivi često upotrebljavaju. **Zaključak:** Antidepresivi se često koriste u tretmanu depresivne epizode bipolarnog afektivnog poremećaja u Klinici za psihijatriju.

Ključne riječi: *bipolarni afektivni poremećaj, antidepresivi.*

PT_13

FREQUENCY OF ANTIDEPRESSANTS USE IN A DEPRESSIVE EPISODE OF BIPOLAR AFFECTIVE DISORDERS

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Introduction: Many patients with bipolar disorder have frequent depressive symptoms and spend significantly more time depressed than in the manic or hypomanic phase. Depression is often chronic and often recurs in bipolar patients, and carries a significant risk of suicide. The treatment of depressive episodes in patients with bipolar disorder presents a perplexing paradox. The dilemmas are whether antidepressants should be included in therapy and whether they should be prescribed only in combination with mood stabilizers? Previous research on this issue is contradictory. Long-term use of antidepressants in bipolar patients can be associated with manic relapse, and sometimes with an increased frequency of bipolar episodes. **Aim:** To determine the frequency of use of antidepressants in a depressive episode of bipolar affective disorder. **Methods:** Retrospective study. Analysis of the discharge documentation of patients treated at the Tuzla Clinic for Psychiatry in the period from March 11, 2020 to August 1, 2022. **Results:** In the treatment of a depressive episode of bipolar affective disorder, it was found that antidepressants are often used. **Conclusions:** Antidepressants are often used in the treatment of a depressive episode of bipolar affective disorder in the Clinic for Psychiatry.

Keywords: *Bipolar Disorder, Antidepressants.*

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PS_14

AKUTNI PSIHOTIČNI POREMEĆAJ KAO POSLJEDICA PANDEMIJE COVID-19 (PRIKAZ SLUČAJA)

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Uvod: Krajem decembra 2019. godine prijavljeni su prvi pacijenti sa upalom pluća zbog neidentificiranog mikrobnog agensa u Wuhanu u Kini. Ubrzo je otkriveno da je uzročnik novi koronavirus koji se u kratkom vremenu proširio po cijelom svijetu a već u martu mjesecu 2020. godine Svjetska zdravstvena organizacija (SZO) je procijenila da se može okarakterizirati kao pandemija COVID-19. Ograničenja slobode, kao što su policijski sat i karantin, zatvaranje škola, fleksibilne radne smjene koje su primjenjene kao strategije kontrole za pandemiju COVID-19, te dosada, neadekvatne informacije, strah od zaraze i finansijske poteškoće, mogu dovesti do raznih psihijatrijskih poremećaja kod osjetljivih osoba. Postojeće studije su ukazale da je mentalno zdravlje značajno pogođeno ovim vrstama globalne pandemije. Zabilježeno je nekoliko slučajeva novonastale psihoze. **Cilj:** Prikazati slučaj akutnog psihotičnog poremećaja kao posljedica pandemije COVID-19. **Metode:** Prikaz slučaja. **Prikaz slućaja:** Pacijent dobi 69 godina, prema heteroanamnestičkim podacima bio zdrav i uredno funkcionisao do početka pandemije da bi se poslije promijenio u ponašanju. Nije bio zaražen virusom. Nakon početka pandemije imao je strah od obolijevanja i smrti, zatvarao se u kuću i ukućanima nije dozvoljavao da izlaze, počeo je pretjerano da čisti na šta je tjerao i ukućane, zabranio je da se gleda televizija. Prestao je jesti hranu jer se bojao zaraze, nije dozvoljavao sa se bilo šta unese u kuću. Počeo je pričati sam sa sobom, govorio je da ga neko prati, bio je uznemiren i neprimjereno se ponašao. **Zaključak:** Pandemija COVID-19 je traumatični događaj koji je je kod ovog pacijenta bio precipitirajući faktor za razvoj akutnog psihotičnog poremećaja.

Ključne riječi: *pandemija, COVID-19, psihotični poremećaj.*

PT_14

ACUTE PSYCHOTIC DISORDER AS A CONSEQUENCE OF THE COVID-19 PANDEMIC (CASE REPORT)

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Introduction: At the end of December 2019, the first patients with pneumonia due to an unidentified microbial agent were reported in Wuhan, China. It was soon discovered that the cause was the new coronavirus, which spread throughout the world in a short time, and as early as March 2020, the World Health Organization (WHO) estimated that it could be characterized as a COVID-19 pandemic. Restrictions on freedom, such as curfews and quarantine, school closures, flexible work shifts that have been implemented as control strategies for the COVID-19 pandemic, and boredom, inadequate information and fear of infection, financial difficulties, can lead to various psychiatric disorders in vulnerable people. Existing studies have indicated that mental health is significantly affected by these types of global pandemics. Several cases of new-onset psychosis have been reported. **Aim:** Present a case of acute psychotic disorder as a result of the COVID-19 pandemic. **Methods:** Case report. **Case report:** The patient is 69 years old, according to hetero-anamnestic data, he was healthy and functioning properly until the beginning of the pandemic, only to change his behavior afterwards. He was not infected with the virus. After the start of the pandemic, he was afraid of getting sick and dying, he locked himself in the house and did not allow his family members to go out, he began to clean excessively, he also forced his family members to do so, he forbade watching television. He stopped eating food because he was afraid of infection, he did not allow anything to be brought into the house. He started talking to himself, said that someone was following him, was agitated and behaved inappropriately. **Conclusions:** The COVID-19 pandemic is a traumatic event that was a precipitating factor for the development of an acute psychotic disorder in this patient.

Keywords: *Pandemic, COVID-19, Acute Psychotic Disorder.*

Literatura/References: 1. Xiang YT, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. Hitno je potrebna pravovremena zaštita mentalnog zdravlja zbog izbijanja novog koronavirusa 2019. Lancet Psychiatry. 2020; 7: 228–9.; 2. Carvalho PM, Moreira MM, de Oliveira MN, Landim JM, Neto ML. Psihijatrijski utjecaj izbijanja novog koronavirusa Psychiatry Res. 2020;286:112902.

PS_15

RANA DEMENCIJA

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Uvod: Demencija je sindrom, tj. skup različitih simptoma progresivnog tijeka koji dovode do narušavanja socijalnog i radnog funkcioniranja. U sklopu toga postoji višestruko oštećenje viših kortikalnih funkcija: pamćenja pri usvajanju, pohranjivanju i reprodukciji novih informacija, mišljenje, orijentacija, shvaćanje, rasuđivanje, sposobnost učenja i jezične sposobnosti. Iako se demencije najčešće pojavljuju kod osoba iznad 65-te godine života, pojava ovog oboljenja nije nužno vezana uz starenje. **Cilj:** Prikaz slučaja mlade žene sa simptomima demencije. **Metode:** Temeljem kliničkog praćenja i dijagnostičke obrade, uključujući i NMR (asimetrija i blaga atrofija hipokampusa uz šire temporalne rogove postranične komore) i psihološko testiranje (prisutni indikatori deficita kognitivnih sposobnosti suspektno organske prirode). **Prikaz slučaja:** Bolesnica NN, 37 godina, zaposlena kao ekonomista. Primijetila je da teže pamti nove informacije unatrag 2 godine. Slabije je funkcionirala na radnom mjestu. Zaboravljala je svoje radne obveze zbog čega ih je zapisivala. Osjećala je stid jer su radne kolege počele primjećivati da se „često ponavlja“ i da je sporija nego ranije. Imala je poteškoća u pronalaženju odgovarajuće riječi prilikom govora. Zbog navedenog bila je nesigurna na radnom mjestu i u komunikaciji s kolegama. U kliničkoj slici dominirala je psihopatologija u vidu oslabljenog upamćivanja, slabog pamćenja, oslabljene koncentracije i zaboravnosti, a što je ukazivalo na simptome rane demencije. U terapiju se postupno uključuje Memantin 20 mg ujutro i Donepezil 5 mg, na što bolesnica nije osjetila poboljšanje. Terapija se korigira te se umjesto Donepezila uključuje Rivastigmin u večernjoj dozi od 1.5 mg, a kasnije 3 mg. Memantin ostaje u jutarnjoj terapiji u dozi od 20 mg, na što dolazi do poboljšanja i stabilizacije psihičkog stanja. **Zaključak:** Iako se demencija najčešće javlja u starijoj životnoj dobi povremeno se javlja i kod mlađih osoba. Uz adekvatnu terapiju došlo je do povlačenja simptoma i do stabilizacije psihičkog stanja.

Ključne riječi: *rana demencija, kognitivni deficit.*

PT_15
EARLY DEMENTIA

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Introduction: Dementia is a syndrome, a set of different symptoms of a progressive course that lead to impairment of social and work functioning. As a part of that, there is multiple impairment of higher cortical functions: memory during ascension, storing and reproducing new information, thinking, orientation, understanding, reasoning, learning ability and language skills. **Aim:** Case report of a young woman with symptoms of dementia. **Methods:** Based on clinical monitoring and diagnostic processing including NMR (asymmetry and mild atrophy of hippocampus with wider temporal horns of the lateral ventricle) and psychological testing (present indicators of cognitive deficits of a suspiciously organic nature). **Case report:** Female patient NN, 37-years-old, employed as an economist. She has noticed that was not able to remember new information in the last two years. She was less functional at her workplace. She kept forgetting her work duties, which is why she wrote them down. She felt ashamed because her colleagues began to notice that she was „repeating often" and that she was slower than before. She had difficulty finding new words when speaking, she was insecure at work and in communication with colleagues. The clinical picture was dominated by psychopathology in the form of impaired memory, poor memory, impaired concentration and forgetfulness, which indicated symptoms of early dementia. Memantine 20mg in the morning and Donepezil 5mg are gradually included in the therapy, after which the patient did not feel any improvement. Therapy is corrected, and instead of Donepezil, Rivastigmine is included in an evening dose of 1,5mg, and later 3mg. Memantine remains in the morning therapy at a dose of 20mg.
Conclusions: Although dementia most often occurs in older people, it occasionally occurs in younger people as well. With continued therapy, the symptoms of dementia in this case are reduced, and the mental health is improved.

Keywords: *Early Dementia, Cognitive Deficite.*

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PS_16

ČEDOMORSTVO U KONTEKSTU NEUREĐENOG SISTEMA

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Uvod: Uređeni sistemi modernih država podrazumijevaju integrirani tretman psihijatrijskih pacijenata, uključujući porodičnu medicinu, centre za mentalno zdravlje, bolnice, socijalne ustanove, u težim slučajevima sudstvo i policiju, a sve sa ciljem stavljanja bolesti pod kontrolu, adekvatne asimilacije psihijatrijskog pacijenta u društvo te prevencije mogućih delikata. **Cilj:** Prikazati perzistirajući zdravstveno-socijalno-pravni problem bosansko-hercegovačkog društva. **Metode:** Prikaz slučaja. **Prikaz slučaja:** 31-godišnja žena je bila hospitalizirana 2018. godine nakon čedomorstva. Četiri godine ranije imala epizodu sa simptomima postporođajne depresije koja nije liječena. Shvaćena kao atipična psihotična reakcija. Uključene nadležne institucije Tužilaštva, Policije, Centra za socijalni rad te porodica. Brzo postignuta remisija. Otpuštena nakon 40 dana. Redovne ambulantne kontrole psihijatra uz terapiju se kroz elektronsku bazu podataka prate godinu dana nakon otpusta. Poslije bez medicinskog nadzora. Tri godine kasnije, u junu 2022., pozivom socijalne radnice druge bolničke ustanove saznajemo da se imenovana upravo porodila, da nemaju podataka o njenom liječenju uopšte, te da raniju dokumentaciju dostavimo hitno. Nije bilo podataka o liječenju od psihijatrijske hospitalizacije do sadašnjeg prijema u bolnicu radi poroda. **Zaključak:** Neophodno je prepoznati probleme psihijatrijskih pacijenata i načine njihovog rješavanja, jasno definisati odgovornosti i pojedince koji su u sistemu nadzora takvog pacijenta, kao što su timovi porodične medicine, uz elektronsko umrežavanje bolničkih psihijatrijskih odjela, centara za mentalno zdravlje i centara za socijalni rad te obavezne periodične sastanke timova radi evaluacije stanja na terenu.

Ključne riječi: *psihijatrijski pacijent, zdravstvena zaštita, socijalna zaštita.*

PT_16

MATERNAL INFANTICIDE IN THE CONTEXT OF AN UNORGANIZED SYSTEM

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Introduction: The healthcare system of developed countries relies on the cooperation of different types of care services in the treatment of psychiatric patients, which further helps his/her assimilation in society and prevents potential negative legal and social repercussions of the patient's behaviour. **Aim:** To present the effects of a dysfunctional activities of the healthcare, social and legal systems in Bosnia and Herzegovina in the treatment of psychiatric patients **Methods:** Case report. **Case study:** A 31-year-old woman was hospitalized in 2018 after maternal infanticide. Four years earlier, she had an episode with symptoms of postpartum depression which was left untreated. It was classified as an atypical psychotic reaction and was brought to the attention of the Prosecutor's Office, the Police, the Center for Social Welfare. Shortly thereafter, a stable remission was achieved. The patient was discharged 40 days after admission. Regular outpatient checks by a psychiatrist along with the therapy are monitored through an electronic database during one year later. There are no data in system about her further medical supervision. After three years, the Psychiatric Department was contacted by a social worker of another hospital, informing us that their patient had just given birth and urging us to provide them medical documentation. There was no medical history information for the period between the end of the outpatient medical record and the day she was hospitalized to give birth. **Conclusion:** It's important and necessary to identify the permanent problems of psychiatric patient and modalities of their surveillance, to assign clear responsibilities to individuals in charge of the supervision of such a patient, regular visits by the family medicine team, to electronically connect the databases of different psychiatric hospital departments, centers for mental health and social work, with periodic team meetings and evaluation.

Keywords: *Psychiatric Patient, Health Care, Social Welfare.*

Literatura/References: 1. Zečević D i sur, Sudska medicina i deontologija, 5.obnovljeno i dopunjeno izdanje, Med.naklada.; 2. Kaplan H, Sadock B, Priručnik kliničke psihijatrije, Naklada Slap.

PS_17

POJAVNOST PIJENJA ALKOHOLNIH PIĆA I PUŠENJA DUHANA U SREDNJOŠKOLACA

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Uvod: Zlouporaba alkoholnih pića i drugih psihoaktivnih tvari ozbiljan je i težak problem kako u našoj zemlji tako i u drugim zemljama suvremenog svijeta, te je poprimila epidemijske razmjere, posebno u populaciji osoba mlađe životne dobi. **Cilj:** Ispitati pojavnost pijenja alkoholnih pića i pušenja duhana među srednjoškolcima. **Metode:** Ispitanici su učenici 3. i 4. razreda Srednje medicinske škole Sestara milosrdnica i učenici 3. i 4. razreda Srednje građevinske škole Juraja Dalmatinca. Istraživanjem je ukupno obuhvaćeno 180 ispitanika, 90 učenika Srednje građevinske škole i 90 učenika Srednje medicinske škole. Istraživanje je provedeno putem ESPAD (The European School Survey Project on Alcohol and Other Drugs) anketnog upitnika. **Rezultati:** Muški spol je zastupljeniji među ispitanicima Srednje građevinske škole a ženski spol među ispitanicima Srednje medicinske škole. Statističke razlike o pojavnosti pušenja cigareta između učenika Srednje medicinske i Srednje građevinske nisu značajne. Statistički podaci su pokazali da učenici Srednje građevinske škole naspram učenika Srednje medicinske škole u većoj mjeri piju alkoholna pića. Prema vrsti pića koje češće piju, pronađena je statistički značajna razlika, pivo češće piju učenici građevinske škole, dok žestoka pića češće piju učenici medicinske škole. **Zaključak:** Statističke značajne razlike o pojavnosti pušenja cigarete između učenika Srednje medicinske i Srednje građevinske ne postoje. Statistički podaci su pokazali da učenici Srednje građevinske škole naspram učenika Srednje medicinske škole u nešto većoj mjeri piju alkoholna pića.

Ključne riječi: *srednjoškolci, alkohol, cigarete, pojavnost.*

PT_17

INCIDENCE OF ALCOHOL CONSUMPTION AND TOBACCO SMOKING AMONG HIGH SCHOOL STUDENTS

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Introduction: Alcohol and the other psychoactive substances are serious problem in the modern world. These types of addictions have reached epidemic proportions, especially in the youth population. **Aim:** The aim of the study is to examine the incidence of alcohol consumption and tobacco smoking among high school students. **Methods:** The respondents are male and female students, 3rd and 4th grade of the Sisters of Mercy High School of Medicine (Mostar) and 3rd and 4th grade students of the Juraj Dalmatinac High School of Civil Engineering (Mostar). Altogether, the study involved 180 subjects, 90 male and female students of the High School of Civil Engineering and 90 male and female students of the High School of Medicine. The research is conducted through ESPAD (The European School Survey Project on Alcohol and Other Drugs) questionnaire. **Results:** Male gender was more common among the respondents of the High School of Civil Engineering and female gender among the respondents of the High School of Medicine. A higher percentage of students with excellent and very good success was in the High School of Medicine, and those with a good, sufficient and insufficient in High School of Civil Engineering. The statistical difference of the incidence of cigarette smoking among the students of the High School of Medicine and High School of Civil Engineering are not significant. Statistical data has shown that the students of the High School of Civil Engineering drink to certain extent more alcohol than the students of the High School of Medicine. According to the type of the beverage that they often drink, there was a statistically significant difference. Students of the High School of Civil Engineering mostly drink beer, while the students of the High School of Medicine drink liquor more often. **Conclusions:** Statistically significant differences of the incidence of cigarette smoking between High School of Medicine and High School of Civil Engineering do not exist. Statistical data showed that students of High School of Civil Engineering compared to students of the High School of Medicine drink alcoholic beverages to a slightly greater extent.

Keywords: *High School Students, Alcohol, Tobacco, Incidence.*

Literatura/References: 1. Zavod za javno zdravstvo Federacije BiH. Europsko istraživanje u školama o konzumiranju alkohola, droga i duhana u FBiH, ESPAD. Sarajevo: Zavod za javno zdravstvo Federacije BiH; 2009.; 2. Bergman KH, Anderson T. The development of advanced drinking habits in adolescence: a longitudinal study. Substance Use Misuse 1999;34:171-94.; 3. Pernar M. Psihološki razvoj čovjeka. U: Pernar M, Frančišković T, urednici. Razvoj u adolescenciji. Rijeka: Medicinski fakultet Sveučilište u Rijeci; 2008. str. 81-87.

PS_18

SAMOPOŠTOVANJE I KVALITETA ŽIVOTA ZDRAVSTVENIH DJELATNIKA COVID BOLNICE

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Uvod: Tijekom pandemije koronavirusne bolesti 19 (COVID-19), zdravstveni djelatnici COVID bolnice su neprestano u okruženju koje uzrokuje stres i sagorijevanje. U takvom okruženju niska razina samopoštovanja zdravstvenih djelatnika može biti ozbiljan problem. Nadalje, okruženje u kojem se zdravstveni djelatnici nalaze tijekom COVID-19 pandemije značajno doprinosi smanjenju kvalitete života. **Cilj:** Istražiti razinu i povezanost samopoštovanja i kvalitete života zdravstvenih djelatnika COVID bolnice u jeku pandemije. **Metode:** Provedena je presječna studija. Mjesto studije predstavlja COVID bolnica Sveučilišne kliničke bolnice Mostar. Prikupljanje podataka je provedeno u vremenskom razdoblju između prosinca 2020. i svibnja 2021. godine, na vrhuncu trećeg vala pandemije. Analizirano je 116 pravilno ispunjenih upitnika. Korišteni su sljedeći mjerni instrumenti: socio-demografski upitnik namjenski sačinjen za ovo istraživanje, WHOQOL-BREF-skraćena verzija upitnika kvalitete života Svjetske zdravstvene organizacije, te Rosenbergova skala samopoštovanja (RSES-Rosenberg Self-Esteem Scale). **Rezultati:** Pronađena je statistički značajna pozitivna povezanost između razine samopoštovanja i domena kvalitete života ($p<0,001$). Rezultati regresijske analize pokazuju da domena „Psihološka dobrobit“ statistički značajno predviđa razinu samopoštovanja ($p<0,001$). Pronađeno je da samopoštovanje u najvećoj mjeri utječe na domenu „Psihološka dobrobit“ ($p<0,001$). Domena „Tjelesno zdravlje“ je pod negativnim utjecajem od varijable „Spol“ ($p<0,05$), te pod pozitivnim utjecajem od varijable „Pripremljenost“ ($p<0,05$). **Zaključak:** Postoji statistički značajna povezanost između samopoštovanja i kvalitete života zdravstvenih djelatnika COVID bolnice. Razina samopoštovanja statistički značajno predviđa sve četiri domene kvalitete života.

Ključne riječi: *samopoštovanje, kvaliteta života, zdravstveni djelatnici, COVID-19.*

PT_18

SELF-ESTEEM AND QUALITY OF LIFE IN HEALTHCARE WORKERS OF COVID HOSPITAL

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Introduction: During the Coronavirus Disease 19 pandemic, healthcare workers of COVID Hospital are constantly in an environment that predisposes to stress and burnout. In such an environment, low self-esteem can be a huge problem. The work environment in which health workers find themselves during a pandemic contributes significantly to the reduced quality of life (QoL). **Aim:** To explore the level and relationship of self-esteem and quality of life in healthcare workers working at COVID-19 Hospital at the peak of the pandemic. **Methods:** A cross-sectional study was designed. The study was conducted at COVID-19 Hospital at the University Clinical Hospital Mostar. The survey was conducted between December 2020 and May 2021, at the peak of the third wave. Data from 116 correctly and fully completed questionnaires were analyzed. The following questionnaires were used: the Socio-demographic questionnaire personally designed, the World Health Organization Quality of Life-BREF and the Rosenberg Self-Esteem Scale. **Results:** There was a statistically significant positive correlation between self-esteem level and domains of quality of life ($p<0.001$). The results of the regression analyses indicated that the "Psychological Well-Being" domain significantly predicted self-esteem level ($p<0.001$). It was found that self-esteem significantly predicted psychological domain at a strongest level ($p<0.001$). "Physical Health" domain was significantly negatively affected by socio-demographic variable "Gender" ($p<0.05$), and positively by "Preparation" variable ($p<0.05$). **Conclusions:** There was a statistically significant positive correlation between self-esteem level and QoL among healthcare workers working at COVID Hospital. The self-esteem level significantly predicted all four domains of quality of life.

Keywords: *Self-Esteem, Quality of Life, Healthcare Workers, COVID-19.*

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PS_19

VAŽNOST PROBIRA HEPATITISA C

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Uvod: Hepatitis C predstavlja javno-zdravstvenu prijetnju kako u svijetu tako i u Hrvatskoj (RH). Incidencija hepatitis C infekcije (HCV) u Europskoj Uniji (EU) je 8,7 na 100.000 stanovnika. Svake godine oko 171.000 osoba u Europi umre od posljedica virusnih hepatitisa. Proširenost HCV u općoj populaciji u RH kreće se oko 0,9% dok u ovisničkoj populaciji iznosi oko 35%. Psihoedukacija o rizičnim ponašanjima u ovisničkoj populaciji dovodi do pada incidencije, a rano otkrivanje oboljelih i upućivanje na liječenje poboljšava ukupno zdravlje i kvalitetu života, te smanjuje sekundarne štete. **Cilj:** Prikazati epidemiološku sliku HCV i ukazati na važnost kontinuiranog probira u ovisničkoj populaciji u svrhu smanjenja broja novih infekcija, posljedica bolesti i smrtnosti kao i prijenosa virusa HCV u zajednici. **Metode:** Provođenje probira na HCV brzim testovima na slinu kod pacijenata koji se liječe u Službi zbog opijatske ovisnosti i usporedba petogodišnjeg trenda (2017 - 2021). **Rezultati:** U promatranom petogodišnjem razdoblju rezultati probira na HCV pokazuju da je incidencija HCV kod testiranih opijatskih pacijenata ujednačena i bez značajnijih statističkih odstupanja. Prevalencija HCV u grupi opijatskih ovisnika u navedenom petogodišnjem razdoblju se kreće između 10 - 12% i pokazuje karakteristike stabilnog trenda. Na godišnjoj razini probir na HCV prosječno radimo na stotinjak pacijenata koji zatraže pomoć Službe. U razdoblju između 01.01.2021. i 30.09.2021. godine upućeno je 18 HCV pozitivnih osoba na liječenje. Praćenjem i podrškom tijekom programa liječenja uočava se kako su svi upućeni uspješno završili liječenje. U odnosu na starije protokole liječenja, uočava se bolja retencija u liječenju i adherencija na terapiju, uz održanu razinu funkcioniranja. **Zaključak:** Rezultati praćenja epidemiološke slike kao i iskustva kliničkog rada ukazuju na važnost daljnjeg kontinuiranog monitoringa i redovitog probira na HCV među ovisničkom populacijom. Radi održanja povoljne epidemiološke slike kao i sprečavanja daljnjeg širenja potrebno je omogućiti lako dostupnim testiranje na HCV i provoditi redovito probir radi što ranijeg otkrivanja bolesti i uključivanja u liječenje.

Ključne riječi: *hepatitis C, probir, prevencija.*

PT_19

THE IMPORTANCE OF HEPATITIS C SCREENING

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Introduction: In the world as well as in Croatia, hepatitis C infection is a threat to public health. In EU, incidence of HCV is 8.7 per 100.000 persons with consequently around 171.000 deaths annually. In Croatia, the prevalence of HCV in the general population is around 0.9%, while in the population of addicts is around 35%. Psychoeducation of persons with addiction about risky behaviours decreases incidence of blood born viral diseases, while early detection and referral to treatment reduces secondary damages, improves overall health and quality of life. **Objective:** To show the epidemiological view of HCV infection in the population of addicts and to point out the importance of continuous screening in order to reduce new infections, consequences, and mortality as well as transmission in the community. **Methods**: Comparison of the 5-year trend (2017-2021) in screening for HCV with rapid saliva tests in persons in addiction treatment at the Mental Health and Addiction Prevention Service. **Results:** In the 5-year period, we provided on average a hundred HCV screening annually in our patients. The HCV incidence is uniform and without significant statistical deviations, while the prevalence of HCV ranges between 10-12% with a stable trend. 18 HCV positive persons were referred to treatment in the period from January 1st, 2021, to September 30th, 2022. Through support during the treatment program, it is seen that all those referred successfully completed the treatment. Compared to older treatment protocols, better retention in treatment and adherence to therapy is observed, with a maintained level of functioning. **Conclusions:** The results of monitoring of HCV infection and clinical experience indicate the importance of further regular screening among the persons with addiction in order to maintain a favorable epidemiological situation and prevent further spread as well as to detect the disease as early as possible and begin treatment.

Keywords: *Hepatitis C, Screening, Prevention*.

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PS_20

VAŽNOST NADZORA I KONTROLE NAD UPORABOM ANKSIOLITIKA

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Uvod: Anksiolitici su jedni od najčešće propisivanih psihofarmaka u svijetu. Zbog adiktivnog potencijala postoji značajan rizik za razvoj ovisnosti. Dokazan je sindrom ustezanja koji nastaje nakon višemjesečne kronične upotrebe benzodiazepina u terapijskoj dozi. Benzodiazepini su 2017. godine bili treći najčešće zlouporabljivani lijekovi koji se izdaju na recept u SAD. Stoga je jako važno imati nadzor i kontrolu nad uzimanjem anksiolitika. **Cilj:** Kroz prikaz bolesnika koji je razvio tešku ovisnost o anksioliticima ukazati na slabost i manjkavost sustava za kontrolu korištenja anksiolitika kao i važnost nadzora i kontrole nad uporabom anksiolitika. **Metode:** Podatci su dobiveni uvidom u povijest bolesti i kao i svakodnevnim praćenjem bolesnika za vrijeme provedenom na Odjelu za alkoholizam i druge ovisnosti Klinike za psihijatriju Sveučilišne kliničke bolnice (SKB) Mostar počevši od prijema 02.11.2021. godine. **Prikaz slučaja:** T.B., rođen 1976. godine, liječen je na Odjelu za alkoholizam i druge ovisnosti Klinike za psihijatriju SKB Mostar. Bolesnik je nakon jednog stresnog događaja 1998. godine započeo s korištenjem anksiolitika. Nakon navedenog događaja desetak godina ih je koristio skoro svakodnevno u terapijskim okvirima (u navedenom periodu bez kontrole psihijatra). Zadnjih 10-ak godina u nekoliko navrata ambulantno pregledan od strane psihijatra, međutim samostalno je postupno povećavao dozu anksiolitika, unatrag više od godinu dana pred stacioniranje na našu Kliniku uzimao prosječno na dnevnoj razini oko 100 mg Diazepama i 20 mg Alprazolama. Navedene psihofarmake je nabavljao preko ljekarni bez adekvatnih recepata koristeći se manipulativnim metodama (kopija liječničkog recepta ili bez recepta). Navedena ovisnost o anksioliticima je dovele do profesionalne degradacije, intraobiteljske disharmonije, separacije od supružnika. Po stacioniranju je proveden detoksikacijski tretman. Uz psihofarmake na našem Odjelu je bio uključen u psihoterapijski i socioterapijski tretman. **Zaključak:** Nadzor i kontrola nad mogućnosti nabavke anksiolitika su iznimne važnosti kako bi se smanjila mogućnost razvoja ovisnosti o anksioliticima.

Ključne riječi: *anksiolitici, ovisnost, nadzor.*

PT_20

THE IMPORTANCE OF SUPERVISION AND CONTROL OVER THE USE OF ANXIOLYTICS

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Introduction: Anxiolytics are one of the most commonly prescribed psychotropic drugs in the world. Due to its addictive potential, there is a significant risk of developing addiction. A withdrawal syndrome that occurs after several months of chronic use of benzodiazepines in a therapeutic dose has been proven. In 2017, benzodiazepines were the third most commonly abused prescription drugs in the USA. Therefore, it is very important to have supervision and control over taking anxiolytics. **Aim:** Through the presentation of a patient who developed a severe addiction to anxiolytics, point out the weakness and shortcomings of the system for controlling the use of anxiolytics, as well as the importance of supervision and control over the use of anxiolytics. **Methods:** Data were obtained by examining the medical history and daily monitoring of the patient during the time spent at the Department of Alcoholism and Other Addictions of the Clinic for Psychiatry of the University Clinical Hospital (UCH) Mostar starting from admission on November 2, 2021. **Case report:** T.B., born in 1976, was treated at the Department for Alcoholism and Other Addictions of the Clinic for Psychiatry of the UCH Mostar. After a stressful event in 1998, the patient started using anxiolytics. After the aforementioned event, he used them almost daily for ten years in therapeutic settings (in the mentioned period without the supervision of a psychiatrist). Over the last 10 years or so, he has been examined by a psychiatrist several times on an outpatient basis, but he gradually increased the dose of anxiolytics on his own, more than a year ago before being admitted to our Clinic, he was taking an average of 100 mg of Diazepam and 20 mg of Alprazolam per day. He obtained the above-mentioned psychopharmaceuticals through pharmacies without adequate prescriptions, using manipulative methods (a copy of a doctor's prescription or without a prescription). The mentioned addiction to anxiolytics led to professional degradation, intra-family disharmony, and separation from the spouse. After hospitalization, detoxification treatment was carried out. In addition to psychopharmaceuticals, he was involved in psychotherapeutic and sociotherapeutic treatment at our Department. **Conclusions:** Supervision and control over the possibility of obtaining anxiolytics are extremely important in order to reduce the possibility of developing an addiction to anxiolytics.

Keywords: *Anxiolytics, Addiction, Supervision.*

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PS_21

TRANSKRANIJALNA MAGNETNA STIMULACIJA U TRUDNICA S VELIKIM DEPRESIVNIM POREMEĆAJEM-SISTEMATSKI PREGLED LITERATURE

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Uvod: Veliki depresivni poremećaj čest je i iscrpljujući poremećaj raspoloženja čija se prevalenca povećava tokom trudnoće. Depresija kod majke može imati psihološke, anatomske i fiziološke posljedice za novorođenče, a 7 do 12% trudnica pati od depresije. Zbog mogućeg rizika za razvoj fetusa, trudnice preferiraju nefarmakološke terapijske mjere. U tom kontekstu, repetativna transkranijalna magnetna stimulacija (rTMS) postaje obećavajuća terapijska opcija u ovoj populaciji. **Cilj:** Pregled postojećih studija koje procjenjuju učinkovitost i sigurnost rTMS za liječenje velikog depresivnog poremećaja u trudnoći. **Metode:** Baze podataka PubMed i GoogleSchoolar pregledane su korištenjem pojmova za pretraživanje: depresija, MDD, trudnoća, rTMS. Odabrani su tekstovi koji uključuju primarne podatke, objavljeni na engleskom jeziku, u periodu od januara 2010. do jula 2022. godine, a govore o upotrebi TMS u tretmanu depresije kod trudnica. Radovi koji nemaju dovoljno podataka nisu uzeti u obzir. **Rezultati:** Osam studija je ispunilo zadane kriterije: 1 randomizirano kontrolisano ispitivanje (n=11; 11 kontrola), 1 retrospektivna studija (n=30), 1 otvorena pilot studija (n=10), 3 serije slučajeva (n=4; n=5; n=5) i 2 prikaza slučajeva. Sve studije su pokazale značajno poboljšanje simptoma depresije, kao i smanjenje na ljestvicama za procjenu težine depresije. 3.4 % sudionica uključenih u retrospektivnu studiju pokazalo je pogoršanje simptoma na kraju liječenja. Nisu zabilježene ozbiljne nuspojave za majke ili novorođenčad. Neke su pacijentice prijavile bol u tjemenu, glavobolju, početni umor nakon sesije, vrtoglavicu, trzanje vilice. Jedna je pacijentica imala kasni prijevremeni porod. Jedna je beba bila velika za gestacijsku dob. Ostala novorođenčad iz svih studija rođena su na vrijeme, sa urednim svim porođajnim parametrima. **Zaključak:** Prema analiziranim studijama rTMS je učinkovit i dobro podnošljiv terapijski izbor u tretmanu velikog depresivnog poremećaja u trudnica, bez ozbiljnih nuspojava za majku i dijete. Postoji potreba za kontrolisanim studijama koje uključuju veće uzorke, kako bi se procijenili dugoročni učinci rTMS u ovoj populaciji.

Ključne riječi: *depresija, veliki depresivni poremećaj, trudnoća, rTMS.*

PT_21

TRANSCRANIAL MAGNETIC STIMULATION IN PREGNANT WOMEN WITH MAJOR DEPRESSIVE DISORDER-A SYSTEMATIC LITERATURE REVIEW

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Introduction: Major Depressive Disorder (MDD) is a common and debilitating mood disorder that increases in prevalence during pregnancy. Seven to 12% of pregnant women experience depression. Maternal depression could have psychological, anatomical, and physiological consequences on the newborn. Due to the possible risk for the developing foetus, expectant mothers prefer non-medication treatment options. Within this context, repetitive Transcranial Magnetic Stimulation (rTMS) is emerging as a promising treatment option. **Aim:** To review existing studies that evaluate the efficacy and safety of rTMS to treat MDD in pregnancy. **Methods:** The PubMed and GoogleSchoolar databases were reviewed using the search terms depression, MDD, pregnancy, and rTMS. Texts including primary data published in English between 2010 and July 2022, evaluating depressed pregnant women treated with rTMS, were selected. Papers lacking sufficient data were excluded. **Results:** After applying inclusion criteria, 8 studies were selected and analysed: 1 Randomised Controlled Trial (RCT) (n=11; 11 controls), 1 retrospective study (n=30), 1 open-label pilot study (n=10), 3 case series (n=4; n=5; n=5), 2 case reports. All studies showed significant improvement in depressive symptoms, also a decrease in the depression assessment scales. 3.4 % of participants included in the retrospective study showed worsening scores at the end of the treatment. No serious adverse events for mothers or newborns were recorded. Some patients reported scalp pain, headache, initial post-session fatigue, vertigo, and jaw twitching. One patient had late preterm delivery. One baby was large for gestational age. The rest of the newborns from all the studies were born on time, with all delivery outcomes normal. **Conclusions:** According to analysed studies rTMS is an effective and well-tolerated treatment for MDD in pregnant women with no serious adverse events for mother and child. There is a need for controlled studies involving larger samples, to assess the long-term effects of rTMS in this population.

Keywords: *Depression, MDD, Pregnancy, rTMS.*

Literatura/Reference: 1. Depresija i antidepresivi tijekom trudnoće: kraniofacijalni defekti usljed deregulacije matičnih/progenitorskih stanica posredovanih serotoninom; Natalia Sánchez, Jesús Juárez-Balarezo, Marcia Olhaberry, Humberto González-Oneto, Antonia Muzard, María Jesús Mardonez, Pamela Franco, Felipe Barrera, Marcia Gaete; Front Cell Dev Biol. 2021 Aug 12;9:632766. doi: 10.3389/fcell.2021.632766.

PS_22

NEGATIVNI EFEKTI SOCIJALNE STIGME U TRETMANU PSIHIJATRIJSKOG PACIJENTA

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Uvod: Stigma je skup negativnih uvjerenja koje društvo ili grupa ljudi ima o nečemu. Kako bi izbjegli stigmatizaciju, koja može negativno utjecati na njihov društveni ili profesionalni status, psihijatrijski pacijenti često izbjegavaju ili odgađaju traženje pomoći, što doprinosi pogoršanju bolesti. Postoje dvije vrste stigme povezane s problemima mentalnog zdravlja: društvena stigma i samostigma. **Cilj:** Ukazati na stigmu kao prepreku u tretmanu psihijatrijskog bolesnika. **Metode:** Prikaz slučaja. **Prikaz slučaja:** Pacijentica je odgojena u malom gradu, studirala pravo u Sarajevu 90-ih godina. Odličan student sa natprosječnim IQ-om. Prva psihijatrijska hospitalizacija 2014. godine (dijagnoza: Shizoafektivni poremećaj). Tokom hospitalizacije prijavila je sukobe u porodici, potom otkriva da je otac seksualno zlostavljao. Kontaktiran Centar za socijalni rad i policija, koji su potvrdili navode. Pojasnili su da je to drugi slučaj koji je pokrenut pred sudom, po prijavi komšije koja ju je zatekla golu ispred kuće. Otac (75 godina), priznao krivicu nakon prve optužbe da bi zaštitio kćer od stigmatizacije zbog psihičkih problema. Smatrao je da bi javna percepcija seksualnog zlostavljanja od strane oca imala manje negativnih reperkusija u zajednici nego saznanje o psihičkoj bolesti. Zbog navedenog je kasnio i proces liječenja. **Zaključak:** Brojni su potencijalno štetni efekti društvene stigme na pacijente i one koji brinu o njima. Podizanje svijesti o problemima mentalnog zdravlja i edukacija šire javnosti o tome kao i o negativnim učincima stigme, najvažnije su metode prevencije, ranog otkrivanja, efikasnog liječenja i podizanja ukupne kvalitete života psihijatrijskog bolesnika i njegove porodice.

Ključne riječi: *stigma, mentalno zdravlje, edukacija.*

PT_22

NEGATIVE EFFECTS OF SOCIAL STIGMA IN THE TREATMENT OF PSYCHIATRIC PATIENT

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Introduction: Stigma is a set of negative beliefs that a society or group of people have about something. To avoid being stigmatized, what can negatively affect their social or professional status, psychiatric patients often avoid or delay seeking help, which in turn contributes to worsening symptoms and treatment inefficacy. **Aim:** To make a point on stigma as an obstacle in the treatment of psychiatric patients**. Methods:** Case report. **Case study:** The patient is a female from the small town, who studied law in early 90-ties of past century, with an IQ above average. The first psychiatric hospital treatment dates in 2014, and her diagnosis was schizoaffective disorder. During the hospitalization she reported conflicts in her family, and reveals that her father was sexually abusing her. They clarified that a second case had already been initiated in the court of law, following a report by a neighbour who found her undressed in front of the house. Her father plead guilty after the first accusation, just to protect his daughter from being stigmatized for her mental health problems. He considered that a public perception of being sexually violated by her father would have less negative social and professional repercussions in their community than if they knew about her mental disorder. **Conclusions:** There are many potential detrimental effects of social stigma, not only on the patients themselves, but also on their families and all those who care about them. Raising awareness about mental health problems and educating the general public about it and the negative effects of stigma are the most important methods of prevention, early detection, effective treatment and the overall quality of life in small communities.

Keywords: *Stigma, Mental Health, Education.*

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PS_23

POSLEDICE DEPRESIJE OD COVID-19

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Uvod: Bolest virusa SARS-CoV-2 povećava rizik od afektivnih poremećaja, uključujući depresivni poremećaj kod vakcinisanih i nevakcinisanih pacijenata koji primaju antidepresive. Istovremeno, iz literature već sprovedenih studija na globalnom nivou procenjuje se da je procenat pacijenata sa COVID-19 koje imaju depresivne poremećaje povećan zbog COVID-19, gubitka člana porodice i/ili reaktivacije simptoma depresije. **Cilj:** COVID-19 depresivni poremećaj preovlađuje kod više od 50.2 miliona pacijenata širom sveta. Povećan rizik od depresije je multifaktorski sa uključivanjem afektivne i kognitivne sfere, smanjenjem voljno-instinktivnog dinamizama ka samoubilačkim mislima. **Metode:** Sprovedena je retrospektivna studija pacijenata u Kliničkoj bolnici Štip, kojom je utvrđen procenat depresivnih poremećaja u periodu od februara 2019. godine do januara 2022. godine, skoro dve godine od perioda pandemije, a kod osoba od 19 i više godina, ambulantnih pacijenta sa depresivnim poremećajima koji su bili žrtve COVID-19. **Rezultati:** Od ukupnog broja ambulantnih pacijenata u periodu 2020. – 2022. godine, procenat žena je 18.07%, dok 7.48% ili 25.5% ukupne populacije ambulantnih pacijenata ima dijagnozu depresivnog poremećaja. **Zaključak:** Pandemija COVID-19 sa sobom nosi pandemiju depresivnih poremećaja u celokupnoj populaciji u vremenima krize sa potrebom da se poveća budnost prema poremećajima mentalnog zdravlja, što dovodi do daljih kliničkih istraživanja o potencijalnom riziku između COVID-19. pandemije i depresivnih poremećaja povezanih sa samoubistvom. To uključuje: a) planiranje za dugoročnu održivost od samog početka; b) rešavanje širokih potreba stanovništva za mentalnim zdravljem; c) poštovanje centralne uloge vlade; d) angažovanje nacionalnih profesionalnih organizacija; e) obezbeđivanje efektivne koordinacije među agencijama; f) preispitivanje planova i politika mentalnog zdravlja kao dela reforme; g) jačanje sistema mentalnog zdravlja u celini; h) ulaganje u zdravstvene radnike; i) korišćenje demonstracionih projekata za prikupljanje sredstava za širu reformu; i, j) ulaganje u zagovaranje kako bi se održao zamah za promene. Ovaj pristup je takođe povezan sa Specijalnom inicijativom Svetske zdravstvene organizacije za mentalno zdravlje: Univerzalna zdravstvena pokrivenost za mentalno zdravlje, koja će pomoći da se poboljša pristup mentalnom zdravlju.

Ključne reči: *afektivni poremećaji, SARS-CoV-2, depresivni poremećaj, reaktivacija simptoma depresije.*

PT_23

DEPRESSION CONSEQUENCES FROM COVID-19

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Introduction: SARS-CoV-2 virus disease increases the risk of affective disorders including depressive disorder in vaccinated and unvaccinated patients receiving antidepressants. At the same time, from the literature of already conducted studies on a global scale, the percentage of patients with COVID-19 who have depressive disorders is estimated to have increased due to COVID-19, loss of a family member and/or reactivation of depressive symptoms. **Aim:** COVID-19 depressive disorder is prevalent in more than 50.2 million patients worldwide. The increased risk of depression is multifactorial with involvement of the affective and cognitive spheres, reduction of volitional-instinctual dynamisms to suicidal thoughts. **Methods:** A retrospective study of patients in the Clinical Hospital - Stip was conducted, which determined the percentage of depressive disorders in the period from February 2019 to January 2022, almost two years from the period of the pandemic of persons aged 19 and older, outpatients. patients with depressive disorders victims of CIVID -19. **Results:** Of the total number of outpatients in the period 2020 - 2022, the percentage of women is 18.07%, and 7.48% or 25.5% of the total population of outpatients is diagnosed with depressive disorder. **Conclusions:** The COVID-19 pandemic brings with it a pandemic of depressive disorders in the entire population in times of crisis with the need to increase alertness to mental health disorders. The COVID-19 pandemic brings with it a pandemic of depressive disorders in the entire population in crisis situations with the need to increase alertness for mental health disorders, leading to further clinical research on the potential risk between the COVID 19 pandemic and depressive disorders associated with suicide. These include: a) planning for long-term sustainability from the outset; b) addressing the population's broad mental health needs; c) respecting the central role of government; d) engaging national professional organizations; e) ensuring effective coordination across agencies; f) reviewing mental health plans and policies as part of reform; g) strengthening the mental health system as a whole; h) investing in health workers; i) using demonstration projects to raise funds for wider reform; and j) investing in advocacy to maintain momentum for change. This approach also links to the WHO Special Initiative for Mental Health: Universal Health Coverage for Mental Health , which will help improve access to mental health.

Keywords: *Affective Disorders, SARS-CoV-2, Depressive Disorder, Reactivation.*

Literatura/References: 1. The Academy of Medical Sciences. COVID Mental health Surveys, 2020. http://www.acmedsci.ac.uk/COVIDmentalhealthsurveys.; 2. World Health Organization . Mental health and psychosocial considerations during the COVID-19 outbreak. Geneva: World Health Organization, 2020.; 3. McGinty EE, Presskreischer R, Han H, Barry CL. Psychological distress and loneliness reported by US adults. *JAMA* 2020.

PS_24

ANALIZA SAMOUBISTAVA U CRNOJ GORI OD 2015. DO 2020. GODINE

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Uvod: Prema podacima Svjetske zdravstvene organizacije, u svijetu godišnje usled samoubistava umre preko 700,000 ljudi, a mnogo više njih pokuša samoubistvo. Suicid je četvrti vodeći uzrok smrtnosti u dobnoj grupi od 15 do 29 godine širom svijeta. **Metod:** U radu su analizirana izvršena samoubistva u Crnoj Gori u periodu od 2015. do 2020. godine. Za analizu su korišteni podaci Uprave policije Crne Gore. **Rezultati:** Prosječna stopa samoubistava za ovaj period iznosila je 18,35/100,000 stanovnika. U odnosu na ranije stope koje su se kretale 23/100.000 stanovnika došlo je do pada broja samoubistava, a taj trend se bilježi tokom 2016. (17,91/100,000), 2017. (17,59/100,000), 2018. (17,59/100,000), 2019. (16,14/100,000), i 2020. (17,53/100,000) godine. Najveći broj samoubistava počinile su osobe muškog pola (76,5%). Prema životnoj dobi najviše samoubistava izvršile su osobe iznad 60-te godine života (59,2%), dok je najmanji broj samoubistava zabilježen kod osoba ispod 20 godina života, i to samo 2015.g., 2.85%. Analizom izvršenih samoubistava po gradovima zabilježeno je da je najveći broj samoubistava izvršen u Podgorici (u prosjeku 40 samoubistava za period 2015-2020. godine), a najmanje u Budvi (20). **Zaključak:** U posmatranom periodu došlo je do smanjenja trenda samoubistava u Crnoj Gori, a ovaj opadajući trend prisutan je poslednjih godina i u mnogim drugim zemljama Evrope i svijeta. Muški pol je dominantan u izvršenim samoubistvima pa bi mjere prevencije trebale biti usmjerene prema osobama muškog pola.

Ključne riječi: *samoubistvo, stopa, muški pol, Crna Gora.*

PT_24

ANALYSIS OF SUICIDE RATE IN MONTENEGRO FROM 2015 TO 2020

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Introduction: According to World Health Organization data, every year over 700,000 people loses life due to suicide, and a lot more attempt suicide. Suicide is the fourth leading cause of death in age group from 15 to 29 around the world. **Method:** We analyzed suicide rate in Montenegro from 2015 to 2020. For this analysis we used data from Police Department of Montenegro. Average suicide rate for this period of time is 18,35/100,000 people, which is lower comparing to previous suicide rates that were 23/100,000 people. There is a lower number of suicide, and it persists over years: 2016 (17,91/100,000), 2017 (17,59/100,000), 2018 (17,59/100,000), 2019 (16,14/100,000), and 2020 (17,53/100,000). The largest number of suicides are committed by males (76,5%). According to age group most of the suicides are committed by people over the age of 60 (59,2%), and the lowest number of suicides is seen in people below the age of 20 years of age (2015. 2.85%). According to analysis of number of suicides in different cities it is noted that the largest number of suicides was in Podgorica (average of 40 suicides in the period 2015-2020), and the lowest number of suicides was in Budva (20). **Conclusions:** In the observed period, there was a decrease in the trend of suicides in Montenegro, and this downward trend has been present in recent years in many other countries of Europe and the world. The male gender is dominant in committed suicides, and prevention measures should be directed towards the male gender.

Keywords: *Suicide, Rate, Male Gender, Montenegro.*

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PS_25

DELIRIJ U DEMENTNE OSOBE

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Uvod: Delirij je akutni i fluktuirajući poremećaj karakteriziran poremećajem pažnje i kognicije. Posljedica je medicinskih stanja u podlozi i obično je uzrok višestruk, tako da potpuna dijagnoza zahtijeva pažljivu procjenu širokog raspona temeljnih stanja. Delirij je čest uzrok morbiditeta i mortaliteta u hospitaliziranih starijih odraslih osoba, često superponiran demenciji. Potrebno je što hitnije odraditi somatsku obradu s ciljem isključenja ili utvrđivanja etioloških čimbenika delirantnog sindroma. Ukoliko se ustanovi jasan organski uzrok delirantnog stanja, terapija delirija je liječenje osnovne bolesti uz simptomatsko liječenje. **Cilj:** Prikaz slučaja starijeg muškarca sa simptomima delirija. **Metode:** Kliničkim pregledom, uvidom u medicinsku dokumentaciju i dijagnostičkim pretragama. **Prikaz slučaja:** Pacijent N.N., dobi od 68 godina, dolazi u pratnji obitelji. Prema heteroanamnestičkim podatcima, unatrag dva dana ne spava, noću ustaje iz kreveta, često pada, nestabilan na nogama, govor nepovezan, dizartričan. Prije 6 godina je doživio moždani udar. Unatrag dvije godine zaboravan, razdražljiv, bezvoljan. Za vrijeme pregleda, bolesnik je budan, dezorijentiran, odgovara nesuvislo, perseverira, gleda u stranu, doziva. Preznojava se, grebe se po rukama, čupa odjeću. Pokazuje znakove tranzitorne ishemijske atake. Uradi se hitni MSCT mozga koji pokaže stanje nakon ranijeg ICV desno frontoparijetalno, atrofiju moždanog parenhima i znake vaskularne leukoencefalopatije. Bolesnik je bio pod stalnim nadzorom, praćeni su vitalni parametri uz peroralnu i parenteralnu rehidraciju i nadoknadu elektrolita te primjenu nižih doza Haloperidola i benzodijazepina u svrhu smirivanja bolesnika. Uključen je Memantin (20 mg/dan), ujutro. Naknadno je realizirano psihološko testiranje koje je pokazalo da je ukupna intelektualna efikasnost ispodprosječna, uz nalaz suspektnih organskih oštećenja ispitanih kognitivnih funkcija. **Zaključak:** Adekvatno liječenje delirija i demencije važno je pitanje u akutnoj skrbi. Više uvida u dugoročne učinke akutne njege mentalnog zdravlja pomoći će u poboljšanju najsuvremenijeg liječenja i upravljanja otpustom u akutnoj gerijatrijskoj skrbi.

Ključne riječi: *bolesnik, delirij, demencija.*

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DELIRIUM IN DEMENTED PERSON

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Introduction: Delirium is an acute and fluctuating disorder characterized by impaired attention and cognition. It is the result of underlying medical conditions and usually has multiple causes. Delirium is a common cause of morbidity and mortality in hospitalized older adults, often superimposed on dementia. It is necessary to carry out a somatic treatment as soon as possible with the aim of excluding or determining the etiological factors of the delirious syndrome. **Aim:** Presentation of a case of an elderly man with symptoms of delirium. **Methods:** Clinical examination, review of medical documentation and diagnostic tests. **Case report:** Patient N.N, 68 years old, comes accompanied by his family. According to information from the relatives, he has not slept for two days, gets out of bed at night, often falls, is unsteady on his feet, speech is incoherent, dysarthric. He had a stroke 6 years ago. Two years ago, he became forgetful, irritable. During the examination, the patient is awake, disoriented, answers incoherently, perseveres, looks away, calls out. He sweats, scratches his hands, tears his clothes. It shows signs of a transient ischemic attack. An urgent MSCT of the brain is performed, which shows the condition after the earlier ICV in the right frontoparietal area, atrophy of brain parenchyma and signs of vascular leukoencephalopathy. The patient was under constant observation, vital parameters were monitored with oral and parenteral rehydration and electrolyte replacement, and the use of lower doses of Haloperidol and benzodiazepine to calm the patient. Memantine (20 mg/day) in the morning was included. Psychological testing: organic damage to the tested cognitive functions is suspected. **Conclusions:** Adequate treatment of delirium and dementia is an important issue in acute care. More insight into the long-term effects of acute mental health care will help improve state-of-the-art treatment and discharge management in acute geriatric care.

Keywords: *Patient, Delirium, Dementia.*

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PS_26

UTICAJ PANDEMIJE COVID-19 NA MENTALNO ZDRAVLJE PACIJENATA

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Uvod: Korona virus COVID-19 je ostavio mnogobrojne posljedice na korisnike usluga Centra za mentalno zdravlje (CMZ) Tuzla u psihičkom, psihološkom i socijalnom funkcionisanju. **Cilj:** Istražiti i utvrditi posljedice i promjene koje su nastale kod korisnika usluga CMZ Tuzla uslijed virusa COVID-19. **Metode:** Korištena je metoda analize, a uzorak je činilo 520 pacijenata liječenih u Centru za mentalno zdravlje Tuzla. U istraživanju je korišten anketni upitnik. Istraživanje je sprovedeno u centru za mentalno zdravlje Doma zdravlja „Dr Mustafa Šehović“ Tuzla. Studijom su obuhvaćeni pacijenti od 18 do 65 godina. **Rezultati:** Studijom je obuhvaćeno 520 pacijenata, sa starošću od 20-30 godina (8,5%), od 30-40 godina 113 (21,7%), 40-50 godina 131 (25,2%) , 50-60 godina 121 (21,3%), i preko 60 godina 111 (21,3%). Pacijenata muškog spola je 219 (42,1%), a ženskog spola je 301 (57,9%). Od 520 pacijenata, njih 173 (33,33%) je prebolovalo korona virus, a 347 (66,7%) nije bolovalo od istog. Kod 226 (43.,5%) pacijenata su članovi porodice bolovali od COVID-19. Od 520 ispitanih pacijenata, njih 57 (11%) je bilo hospitalizirano usljed zaraze korona virusom, u kućnim uslovima isti je prebolovalo 290 (55,8%), a 173 (33.3%) ispitanika nije bolovalo od korona virusa u navedenom periodu istraživanja. Kod 195 (37.5%) pacijenata je došlo do pogoršanja psihičkog stanja usljed pandemije COVID-19. Ukupno 54 (10,4%) pacijenata je tokom COVID-19 pandemije ostalo bez posla, a veliki broj ispitanika, njih 323 (62,1%), se izjasnilo da je tokom pandemije COVID-19 došlo do distanciranja od rodbine. Jedna trećina ispitanika (175 ili 33,7%) se izjasnila da je bila egzistencijalno ugrožena tokom trajanja COVID-19 pandemije, a kod 376 (72,3%) pacijenata je materijalna situacija bila bolja prije COVID-19 pandemije. **Zaključak:** Korona virus je uticao na na psihičko, fizičko i socijalno stanje kod korisnika usluga Centra za mentalno zdravlje Tuzla. Mnogim pacijentima su simptomi pojačani, došlo je do relapsa, a takođe veliki broj pacijenata je u periodu istraživanja iskusio egzistencijalnu problematiku.

Ključne riječi: *COVID-19, relaps, mentalno zdravlje.*

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IMPACT OF COVID-19 PANDEMIC ON TO MENTAL HEALTH OF PATIENTS

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Introduction: The Coronavirus (COVID-19) pandemic has left numerous consequences on service users of the Mental Health Center Tuzla (MHC) in mental, psychological and social function. **Aim:** Explore and determine the consequences and changes that have affected MHC Tuzla users during the COVID-19 pandemic. **Methods:** The analysis method was used, and the sample consisted of 520 patients treated in the MHC Tuzla. A survey questionnaire was used in the research. The research was conducted at the Tuzla Mental Health Center of the Health Center "Dr. Mustafa Šehović" Tuzla. The study was covered by patients from 18 to 65 years. **Results:** The study included 520 patients, with ages of 20-30 years (8.5%), 30-40 years 113 (21.7%), 40-50 years 131 (25.2%), 50-60 years 121 (21,3%), and over 60 years 111 (21.3%). Number of male patients was 219 (42.1%), while female was 301 (57.9%). Out of 520 patients, 173 (33.33%) suffered from corona virus, and 347 (66.7%) did not suffer from the same. At 226 (43,5%) patients family members have as well suffered from COVID-19. Of 520 tested patients, 57 (11%) were hospitalized due to Corona virus, 290 (55.8%) overcame the virus while staying at home and 173 (33.3%) participants did not suffer from the Corona virus in the mentioned period of the research. In 195 (37.5%) patients mental health deterioration has occurred during the pandemic. A total of 54 (10.4%) of patients during COVID-19 pandemic were lost their work places and a large number of participants (323 or 62.1%) pleaded that during the pandemic they have been estranged from their family. One third of respondents (175 or 33.7%) declared that it was existentially endangered during the pandemic, and 376 (72.3%) patients were better off financially before the pandemic. **Conclusions:** The Corona virus pandemic has directly affected the mental, physical, and social status of our users. A lot of patients have either felt enlarged effects of their already known symptoms, gone into relapse, and/or felt that they suffered from a existential crisis.

Keywords: *COVID-19, Relaps, Mentalh Health.*

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PS_27

TRANSDISCIPLINARNI PRISTUP PROCESU PREVENCIJE, INTERVENCIJE I RESOCIJALIZACIJE MALOLJETNIČKE DELIKVENCIJE U TUZLANSKOM KANTONU-ULOGA ODJELJENJA DJEČIJE I ADOLESCENTNE PSIHIJATRIJE

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Uvod: Uspješan pristup djeci i adolescenatima sa poremećajima ponašnja koji vode u delinkvenciju zahtijeva zajednički i koordinisan pristup stručnjaka iz oblasti mentalnog zdravnja, socijalnih službi i školstva. Preventivni rad, edukacija nastavnog i stručnog osoblja koje učestvuje u sudskom postupku, uz adekvatan tretman, mogu dati najbolji rezultat. **Cilj:** Sa ciljem prevencije, intervencije i resocijalizacije pojave maloljetničke delinkvencije u Tuzlanskom kantonu (TK) formirana je Radna grupa sa predstavnicima iz ministarstava zdravstva, rada, socijalne politike i povratka, obrazovanja, unutrašnjih poslova i pravosuđa, uz predstavnike nevladinih i vladinih organizacija koje rade sa djecom i adolescentima, a čiji je zadatak bio da koordinira i prati aktivnosti u ovom području. **Metode:** U periodu od 2017. do 2021. godine od ukupnog broja pregledanih maloljetnih osoba na Klinici za psihijatriju u Tuzli izdvojeni su oni parametri koji mogu ukazivati na rizik za pojavu maloljetničke delinkvencije kod mladih kao što su zloupotreba alkohola i drugih psihoaktivnih supstanci, reakcije na stres i poremećaji prilagodbe, poremećaji ponašanja i emocija u djetinjstvu i adolescenciji, te maloljetnici izloženi nepovoljnom uticaju psihosocijalnih faktora. Iz nadležniih socijalnih i pravosudnih službi dobiveni su podaci o broju prijavljenih maloljetnih delinkvenata u TK, te broju djece u riziku za pojavu maloljetne delinkvencije. **Rezultati:** Zajedničko intersektorsko djelovanje dovelo je do pada prijavljenih prekršaja čiji su počinitelji maloljetnici: 2017. godine taj broj je bio 139, da bi 2021. godine bilo 78 prijavljenih maloljetnih prekršitelja zakona. Ukupan broj pregleda djece i adolescenata na Klinici za psihijatriju u Tuzli u periodu od 2017. do 2019. godine iznosio je oko 1000, da bi pojavom pandemije korona virusom, i promjenama u radu zdravstvenih ustanova došlo do pada broja pregleda djece i adolescenata (2020. godine 488 pregleda, 2021. godine 648 pregleda), iako je potreba za uslugama dječijeg i adolescentnog psihijatra povećana, te su liste čekanja na pregled duže. Porastao je broj hospitalizacija maloljetnika (2017. godine 3 hosipitalizacije maloljetnika, a 2021. godine 15). Zbog zabrane okupljanja u uslovima pandemje prekinuta je grupna psihoterapija adolescenata u kojoj su se tokom 2019. godine obavile 220 intervencije za djecu i roditelje. **Zaključak:** Za društveno uspješno nošenje sa pojavom maloljetničke delinkvencije neophodan je transdisciplinarni pristup stručnjaka iz oblasti mentalnog zdravlja, socijalne zaštite i obrazovanja, uz saradnju sa odgovornim predstavnicima pravosuđa i policije.

Ključne riječi: *maloljetnička delinkvencija, prevencija, tretman, Tuzlanski kanton.*

PT_27

TRANSDISCIPLINARY APPROACH TO THE PROCESS OF PREVENTION, INTERVENTION, AND RESOCIALISATION OF JUVENILE DELIQUENCY IN TUZLA CANTON-THE ROLE OF THE CHILD AND ADOLESCENT PSYCHIATRY DEPARTMENT

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Introduction: Successful approach to children and adolescents with behavioural problems which lead to juvenile delinquency leads through coordinated actions of professionals from different public areas: mental health care, social care, education. Preventive work, education of teachers and professionals in prosecution system, with adequate treatment could promote the best outcomes. **Aim:** With a common aim for prevention, intervention and re-socialization of juvenile delinquency in Tuzla Canton there was formed a Task Force with representatives of ministries of health, social affairs, education, police, prosecution as well as other non-governmental and governmental associations which provide assistance for children and adolescents. Their task was to coordinate and follow activities in this area. **Methods:** We have followed parameters which indicate risk for juvenile delinquency in youngsters from a group of children and adolescents who were treated at outpatient psychiatry department: alcohol and drug abuse, posttraumatic stress reactions and adjustment disorder, emotional and behavioural problems, children and adolescents exposed to unfavourable living and psychosocial conditions. Data about rate of juvenile delinquency in Tuzla Canton were provided through social and judicial institutions. **Results:** In the time period from 2017 to 2021 there was a constant decrease of reported cases of juvenile delinquency in Tuzla canton (139 in 2017 to 79 in 2021). At the child and adolescent psychiatry department from 2017 to 2019 were about 1000 exams of minor patients, until the corona virus pandemic during 2020 (488) and in 2021 (648) where we could notice decrease in children and adolescents' exams at psychiatry department, because of reorganisation of health care system who mobilised equipment and stuff for dealing with pandemic. As a result of that, there is a notable increase of the waiting lists of minors for psychiatric examinations. There was increase in number of inpatient minors' treatments at adult psychiatry department for that time period; 3 in 2017 and 15 in 2021. Group therapy for adolescents was also restricted during corona pandemic, since before it, in 2019 were 220 group psychotherapy interventions at our Child and Adolescent Psychiatry Department. **Conclusions:** For successful social cope with juvenile delinquency there is necessary trans disciplinary cooperation of mental health, social judicial, government and non-government sectors and institutions.

Keywords: *Juvenile Delinquency, Prevention, Treatment, Tuzla Canton.*

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OKO KAO PROZOR U MOZAK – POREĐENJE OFTALMOLOŠKIH PARAMETARA KROZ FAZE ALZHEIMER-OVE BOLESTI

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Uvod: Alzheimer-ova bolest (AB) je vrsta demencije koju karakteriše nakupljanje abnormalnih proteina u mozgu i povezana neurodegeneracija. Najnoviji podaci pokazuju da će se do 2050. godine prevalencija demencije udvostručiti u Europi i utrostručiti širom svijeta, a ta procjena je 3 puta veća kada se zasniva na biološkoj (a ne kliničkoj) definiciji AB. Uprkos decenijama intenzivnog istraživanja, adekvatna dijagnoza i liječenje AB još uvijek su nezadovoljene medicinske potrebe. Vjeruje se da je nedostatak tehnika za skrining pacijenata i ranu dijagnozu jedan od glavnih razloga za to. **Cilj:** Korištenjem retine kao najpristupačnijeg dijela CNS, projekat ima za cilj da etablira novi, isplativ, neinvazivan i široko dostupan biomarker za AB, za identifikaciju osoba sa rizikom od AD koji zahtijevaju dodatne neurološke preglede, za longitudinalno praćenje bolesti i za (pret)klinička istraživanja u potrazi za efikasnijim tretmanima. **Metode:** Naš pristup se zasniva na prikupljanju dokaza o specifičnom pogoršanju strukture retine kod pacijenata sa AB i životinjskim modelima, kao i na novim dokazima koji naglašavaju potencijal in vivo hiperspektralne fotografije (HSRI) retine da služi kao biomarker za akumulaciju amiloida-β u mozgu. Najnoviji dodatak u studiju su pacijenti sa drugim oftalmološkim oboljenjima koji bi mogli uzrokovati poremećenje interpretacije signala. **Rezultati:** Kombinacijom modaliteta za imaging retine putem HSRI i optičke koherentne tomografije, kvantificirali smo akumulaciju Aβ proteina i neurodegeneraciju u retini i mogli smo razlikovati pojedince sa (ranim simptomima) AB od onih bez. Trenutno poredimo oftalmološke parametre u tri grupe: asimptomatski, blaži kognitivni poremećaj i dijagnosticirana AB kao i poređenje HSRI potpisa u očima i mozgu životinjskih modela AB. **Zaključak:** Pretklinička istraživanja na različitim životinjskim modelima neurodegenerativnih proteinopatija ukazuju na različite HSRI potpise za amiloid, tau i alfa-sinuklein. Ovi nalazi se sada dodatno potvrđuju kod pacijenata s AB, Parkinsonovom bolešću, frontotemporalnom demencijom i demencijom s Lewy tjelešcima.

Ključne riječi: *Alzheimer-ova bolest, retina, neurodegeneracija, imaging.*

PT_28

THE EYE AS A WINDOW TO THE BRAIN – COMPARING OPHTALMIC IMAGING PARAMETERS TROUGH THE STAGES OF ALZHEIMER'S DISEASE

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Introduction: Alzheimer's disease (AD) is a type of dementia characterized by accumulation of abnormal proteins in the brain and associated neurodegeneration. The most recent data indicate that, by 2050, the prevalence of dementia will double in Europe and triple worldwide, and that estimate is 3 times higher when based on a biological (rather than clinical) definition of Alzheimer's disease. Despite decades of intensive research, adequate diagnosis and treatment of AD are still unmet medical needs. The lack of techniques for patient screening and early diagnosis is believed to be one of the major reasons for this. **Aims**: By utilizing the retina as the most accessible portion of the central nervous system, the project aims to address the need for a novel, cost-effective, non-invasive, and widely available biomarker for AD, for identifying people at risk of AD who require additional neurological examinations, for longitudinal disease monitoring, and for (pre)clinical research in the pursuit of more effective treatments. **Methods**: Our approach is based on the accumulating evidence for specific deterioration in retinal structure in AD patients and animal models, and the emerging evidence highlighting the potential for in vivo retinal hyperspectral imaging (HSRI) to serve as a biomarker for brain amyloid-β accumulation. The most recent addition to the study is patients with other ophthalmic diseases that could cause a confounding in signal interpretation. **Results**: By combining multimodal retinal measurements through HSRI and optical coherence tomography, we have quantified Aβ protein accumulation and neurodegeneration in the retina and we could differentiate individuals with (early symptoms of) AD from those without. We are currently comparing ophthalmological parameters in three groups: asymptomatic, mild cognitive impairment and diagnosed AB as well as comparing HSRI signatures in the eyes and brains in animal models of Alzheimer's disease. **Conclusions**: Preclinical research in different mouse models of neurodegenerative proteinopathies indicates distinct HSRI signatures for amyloid, tau and alpha-synuclein. These findings are now being further validated in patients with AD, Parkinson's disease, frontotemporal dementia and dementia with Lewy bodies.

Keywords: *Alzheimer's Disease, Retina, Imaging, Neurodegeneration.*

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PS_29

POLITIKA I POLITIČARI KROZ OBJEKTIV PSIHIJATRIJE

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Uvod: Politika se definira kao umijeće upravljanja državom ili drugom političkom zajednicom, odnosno svi postupci upravljanja koji se očituju u organiziranim oblicima društvenoga djelovanja. Javnost, ali nažalost često i stručnjaci iz oblasti mentalnog zdravlja, svoje mišljenje o političarima formiraju na osnovu njihovih postupaka, ponašanja i medijskih istupa, odnosno bez detaljnog pregleda i testiranja. Zbog toga je Američka udruga psihijatara još 1964. godine usvojila Goldwaterovo pravilo, koje se počelo kršiti od strane nekih psihijatara tek dolaskom Donalda Trumpa na vlast. Većinom nakon svrgavanja političara s vlasti se dokazalo kako su bolovali od nekoliko psihičkih komorbiditeta, ali su unatoč tome birani u više navrata. Razlozi zbog kojih birači biraju te političare i daju im priliku da prezentiraju „svoju psihopatologiju" se mogu promatrati iz više perspektiva, ali svakako bi trebali imati sve relevantne činjenice o osobama koje mogu odlučivati o njihovim sudbinama. **Cilj:** Proučavanjem određenih psihičkih poteškoća, ponašanja i postupaka političara kroz povijest pokušati izvući određene zaključke koji bi u budućnosti pomogli u sprječavanju ogromnih posljedica nerealnih i pogibeljnih oduka političara za širu populaciju. **Metode:** pretraživanjem stručne literature, javnih nastupa, kao i izvještavanja javnih medija kroz povijest, pokušati pronaći određene psihičke poteškoće i crte ličnosti kod političara koje nisu preporučljive kod osoba na odgovornim političkim funkcijama. **Rezultati:** Anksioznost, poremećaj pažnje i hiperaktivnosti, te ovisnost o alkoholu su psihičke poteškoće koje su dosta često dijagnosticirane kod političara. Istraživanja pokazuju da se na inventaru osobnosti kod političara vidi manjak empatije, a prevladava narcisoidnost uz povišenja na podskalama arogancije i superiornosti. **Zaključak:** Bavljenje politikom ima svoje posebnosti, a političari pored svojih pozitivnih osobina u strukturi osobnosti imaju više psihopatolologije nego većina ostalih ljudi.

Ključne riječi: *politika, psihički poremećaji, Goldwaterovo pravilo, osobnost.*

PT_29

POLITICS AND POLITICIANS THROUGH THE LENS OF PSYCHIATRY

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Introduction: Politics is defined as the art of managing a state or other political community and all management procedures that are manifested in organized forms of social activity. The public, but unfortunately often experts in the field of mental health, form their opinion about politicians based on their actions, behaviour and media appearances, that is, without detailed examination and testing. For this reason, the American Psychiatric Association adopted the Goldwater rule as early as 1964, which began to be violated by some psychiatrists only when Donald Trump came to power. In most cases, after the ouster of the politicians from power, it was proven that they suffered from several psychological comorbidities, but they were nevertheless elected on several occasions. The reasons why voters choose these politicians and give them the opportunity to present "their psychopathology" can be viewed from several perspectives, but they should definitely have all the relevant facts about the people who can decide their fates. **Aim:** By studying certain mental difficulties, behaviour and actions of politicians throughout history, try to draw certain conclusions that would help in the future to prevent the enormous consequences of unrealistic and dangerous lessons of politicians for the general population. **Methods:** By searching professional literature, public appearances, as well as public media reporting throughout history, try to find certain psychological difficulties and personality traits in politicians that are not advisable in persons holding responsible political positions. **Results:** Anxiety, attention deficit and hyperactivity disorder, alcohol addiction are psychological problems that are often diagnosed in politicians. Research shows that politicians' personality inventory shows a lack of empathy, and narcissism prevails, with elevations in the subscales of arrogance and superiority. **Conclusion:** Dealing in politics has its peculiarities, and politicians, in addition to their positive personality traits, have more psychopathology than most other people.

Keywords: *Politics, Mental Disorders, Goldwater Rule, Personality.*

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PS_30

POJAVNOST UPORABE PSIHOAKTIVNIH TVARI UČENIKA SREDNJIH ŠKOLA U ŠIROKOM BRIJEGU

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Uvod: Uporaba psihoaktivnih tvari je ozbiljan i težak problem u našoj zemlji kao i u mnogim zemljama svijeta, te nažalost poprima epidemijske razmjere, posebno u populaciji mladih. **Cilj:** Ispitati pojavnost uporabe psihoaktivnih tvari među učenicima Gimnazije fra Dominika Mandića u Širokom Brijegu i Srednje strukovne škole (SŠS) u Širokom Brijegu, te je usporediti među učenicima ove dvije škole. **Metode:** Instrument istraživanja bio je standardizirani međunarodni usuglašeni upitnik Europsko istraživanje u školama o pušenju, pijenju i uzimanju droga (eng. European School Survey Project on Alcohol and Other Drugs-ESPAD). **Rezultati:** Gimnazijalci su u većem omjeru pušili cigarete (p=0,003), u većem postotku koristili ljepila i druga otapala (p=0,027), manje su zadovoljni osobnim zdravljem (p=0,035) u odnosu na ispitanke iz Srednje strukovne škole. Ispitanici SSŠ su u većem omjeru svakodnevno konzumirali cigarete (p=0,003), te se u većem postotku opijali od gimnazijalaca (p=0,024). **Zaključak:** Pojavnost uporabe psihoaktivnih tvari u srednjoškolske mladeži Širokog Brijega na zadovoljavajuće je niskoj razini. Više od 85% učenika navodi da nikada u životu nisu pušili cigarete, dok njih 86% navodi da se nikada nisu opili u životu.

Ključne riječi: *uporaba, psihoaktivne tvari, učenici.*

PT_30

APPEARANCE OF PSYCHOACTIVE SUBSTANCE IN HIGH SCHOOL STUDENTS IN THE CITY OF ŠIROKI BRIJEG

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Introduction: Abuse of psychoactive substances is a serious problem in our country as well as in many countries worldwide, and unfortunately is taking an epidemic proportion, especially in the population of youth. **Aim:** To determine the occurrence of use of psychoactive substances among students at Gymnasium fra Dominik Mandić (GfDM) and students at High Technical School (SSŠ) in the City of Široki Brijeg, and to compare it among students at these two schools. **Methods:** The research instrument was a standardized, internationally agreed European School Survey on Alcohol and Other Drugs (ESPAD). **Results:** Students of GfDM smoked more cigarettes (p=0,003), used a higher percentage of adhesives and other solvents (p=0,027), and were less satisfied with personal health (p=0,035) compared to respondents from SSŠ. Respondents from SSŠ consumed more cigarettes (p=0,003) every day and were more intoxicated than students odGfDM (p=0,024). **Conclusions:** The incidence of psychoactive substance use in Široki Brijeg's high school youth is satisfactorily low. More than 85% of students said that they have never smoked cigarettes, while 86% stated they have never been drunk in their lives.

Keywords: *Abuse, Psychoactive Substances, High School Students.*

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PS_31

UTICAJ PANDEMIJE COVID-19 NA PSIHIJATRIJSKE HOSPITALIZACIJE: RETROSPEKTIVNA ANALIZA-PSIHIJATRIJSKA BOLNICA KANTONA SARAJEVO

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Uvod: Pandemija COVID-19 je proglašena od strane Svjetske zdravstvene organizacije 11.03.2020. godine. Posljedično tome, u Bosni i Hercegovini, kao i širom svijeta uvedene su brojne startegije u cilju borbe protiv virusa - fizičko distanciranje, zabrane putovanja, zabrane kretanja, kako djelomične, tako i kompeltne za određenu populaciju. Obzirom na ove značajne promjene u svakodnevnici, od početka je previđeno da će globalna pandemija imati uticaj na akutne, ali i prolongirane mentalne poremećaje. Međutim, kao i sve druge zdravstvene usluge, tako su i usluge mentalnog zdravlja doživjele značajnu reorganizaciju. Smanjeni su kapaciteti za bolnička liječenja, organizirane izolacijske prostorije, organiziran rad medicinskog osoblja u smjenama, reduciran je broj ambulantnih pregleda. **Cilj:** Evaluacija uticaja pandemije COVID-19 na hospitalizacije pacijenata koji boluju od psihotičnih i afektivnih oboljenja, kao i na karakteristike pacijenata, u poređenju perioda pandemije sa odgovarajućim periodima prije i poslije pandemije. **Metode:** Sprovedena je opservaciona retrospektivna analiza hospitalizacija u Psihijatrijskoj bolnici Kantona Sarajevo u tri vremenska perioda – prije pandemije (01.04-01.07.2019.), tokom pandemije (01.04.-01.07.2020) i nakon pandemije (01.04.-01.07.2022.godine). Ovi periodi su određeni, obzirom na restriktivne mjere vezane za pandemiju. Iz bolničke baze podataka su prikupljeni slijedeći podaci: spol, starost, otpusna dijagnoza, vrsta hospitalizacije. Svi uključeni pacijenti su stariji od 18 godina. **Rezultati:** Studija je uključila 293 pacijenta. Broj hospitalizacija tokom perioda pandemije se značajno smanjio u odnosu na period prije i poslije COVID-19. Broj hospitalizacija u periodu nakon pandemije se povećao u odnosu na period prije pandemije. Zastupljenost psihotičnih poremećaja u ukupnom broju hospitalizacija se smanjila tokom pandemije, dok se zastupljenost afektivnih poremećaja povećala. Tokom navedenih perioda, muškarci su bili češće hospitalizirani nego žene. Spolna distribucija je tokom perioda uglavnom ujednačena. **Zaključak:** Rezultati naše studije pokazuju neposredni uticaj pandemije i pratećih mjera na psihijatrijske hospitalizacije. Ova saznanja mogu biti značajna za planiranje strategija pružanja usluga mentalnog zdravlja tokom perioda zdravstvene i socijalne krize. Potrebna su buduća istraživanja sa većim uzorkom, kako bi se rezultati potvrdili.

Ključne riječi: *COVID-19, hospitalni tretman, afektivni poremećaji, psihotični poremećaji.*

PT_31

THE IMPACT OF THE COVID-19 PANDEMIC ON INPATIENT ADMISSIONS: RETROSPECTIVE ANALYSIS-PSYCHIATRIC HOSPITAL OF CANTON SARAJEVO

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Introduction: The World Health Organization declared the coronavirus outbreak a pandemic on March 11, 2020. Within the onset of pandemic, in Bosnia and Herzegovina, as in countries around the globe, restrictive measures were set-social distancing, travel restrictions, partial and total lockdowns. Numerous studies demonstrated that the pandemic impacts acute and prolonged mental disorders. These global changes significantly impacted the way mental healthcare services work. Capacities for inpatient treatment are reduced, isolation rooms were set, medical professionals worked in reduces shifts, outpatient clinic was significantly reduced or cancelled. **Aim:** Evaluation of the COVID-19 pandemic to psychiatric inpatient treatment for people who suffer from psychotic and affective disorders, in comparison to the respective period before and after the pandemic. **Methods:** We have conducted observational, retrospective analysis of inpatient treatment in Psychiatric Hospital of Sarajevo Canton in three respective periods: pre-pandemic (01.04-01.07.2019.), during the pandemic (01.04.-01.07.2020) and after pandemic (01.04.-01.07.2022.). These period were chosen considering the measure policies regarding pandemic. From the hospital database, we have collected the following data of the patients: age, sex, discharge diagnosis, type of hospitalisation (voluntary or involuntary). All of the included patients were older than 18. **Results:** The study included a total of 293 patients. Inpatient admissions decreased during the pandemic in comparison with the pre-lockdown period and post-lockdown period for all of the disorders. Number of admissions for all the disorders increased for 13% in the post-covid in comparison to the pre-covid period. Over all three periods, men were admitted more. Age distribution doesn't show significant changes over these periods. Results indicate how psychotic disorders were represented on a smaller range in the pandemic period, comparing to the other two. On the other side, affective disorders were more represented in the pandemic period, comparing to the pre and postpandemic period. **Conclusions:** Our findings show the the immediate and long-term consequences of the COVID-19 pandemic and restrictive measures on patients' access to mental healthcare in the form of inpatient tretment, and these findings could be useful for the development of policies and measures during the time of health and social crisis. We suggest that further research is required in order to have better insight.

Keywords: *COVID-19, Inpatient Tretment, Psychotic Disorders, Affective Disorders.*

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PS_32

ULOGA CENTRA ZA SUPSTITUCIJU U ELIMINACIJI VIRUSNOG HEPATITISA C

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Uvod: U drevnim civilizacijama ljudi su koristili prirodne droge najčešće u magijskim i religioznim obredima. U drugoj polovini XX veka došlo je do ekspanzije zloupotreba droga bilo da su one prirodnog, polusintetskog ili sintetskog porekla. Ova pojava je raširena naročito među mladima. Karakteristično je i to da su u svim krajevima sveta dostupne sve droge, bez obzira gde se one proizvode. Sve više se koriste sinteticke droge čije je dejstvo jače, a time i opasnije od dejstva prirodnih droga. Snažna želja-neodoljiva potreba za nabavljanjem i uzimanjem droge, povećanje količine uzete droge, fizička zavisnost, psihička zavisnost, štetne zdravstvene posledice i poremećaji u društvenom i profesionalnom funkcionisanju glavni su dijagnostički kriterijumi/simptomi. Osoba koja ima najmanje 3 od 6 navedenih tegoba u poslednjih godinu dana ispunjava medicinske kriterijume za dijagnozu zavisnosti. Kvalitetno lečenje obavezno uključuje potrebu da se vodi briga ukupnog fizičkog i psihičkog zdravlja tih mladih ljudi. Prilikom prvih pregleda a i kasnije, prilikom kontrola, obavezno se radi testiranje urina na metabolite droga, Takođe se vrši testiranje na HBV, HCV i HIV infekciju. Lečenje otkrivenih bolesti osiguravamo kroz saradnju sa potrebnim specijalistima. Terapija hepatitisa C je besplatna. U Podgorici subotom i nedeljom rade dve ambulante na Klinici za psihijatriju, u kojima ordinira psihijatar. Nažalost, nisu dostupne „pomazuće“ ambulante socijalnog radnika, psihologa, radnog i okupacionog terapeuta. Pacijenti koji uzimaju droge intravenskim putem prema preporukama Evropske asocijacije za izučavanje jetre (EASL) su, i pored barijera, na listi prioriteta za akciju i lečenje Hepatitisa C, sto mi upravo i činimo. **Cilj:** Otkrivanje novih slučajeva HCV i HIV infekcije. Metode: Naučno istraživanje. **Rezultati:** U Crnoj Gori pri centrima za mentalno zdravlje djeluju i centri za supsptitucionu terapiju. Tokom avgusta 2022. godine u Psihijatrijskoj ambulanti Kliničkog centra Crne Gore i Doma zdravlja je bilo 420 pacijenata i to 388 muškaraca (prosečne starosti 29 godina) i 32 osobe ženskog pola (proseka godina 38 godina). Saradnjom sa infektolozima od početka 2022.godine zaključno sa 31.07.2022. godine otkriveno je ukupno 24 nova slučaja HCV infekcije od kojih je 19 na supstitucionoj terapiji buprenorfinom. Svi pacijenti su uspešno završili HCV tretman. **Zaključak:** Potrebno je nastaviti sa daljom bliskom saradnjom sa infektolozima u cilju daljeg otkrivanja novih slučajeva HCV infekcije. Takođe je potrebno uključiti u proces testiranja i partnere novootkrivenih slučajeva.

Ključne reči: *zavisnost, HCV infekcija.*

PS_32

THE ROLE OF THE CENTER FOR SUBSTITUTION IN THE ELIMINATION OF HEPATITIS C VIRUS

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Introduction: In ancient civilizations, people used natural drugs most often in magical and religious ceremonies. In the second half of the 20t^{h} century, there was an expansion of drug abuse, whether of natural, semi-synthetic or synthetic origin. This phenomenon is widespread, especially among young people. It is also characteristic that all drugs are available in all corners of the world, regardless of where they are produced. Synthetic drugs are being used more and more, the effect of which is stronger and therefore more dangerous than the effect of natural drugs. Strong desire - an irresistible need to acquire and take drugs, increasing the number of drugs taken, physical dependence, psychological dependence, adverse health consequences and disturbances in social and professional functioning are main symptoms in person whose uses drugs A person who has at least 3 of the 6 listed symptoms in the last year meets the medical criteria for a diagnosis of addiction. Quality treatment necessarily includes the need to take care of the overall physical and mental health of these young people. During the first examinations and later during controls, urine testing for drug metabolites is mandatory. Testing for HBV, HCV and HIV infections is also carried out. We ensure the treatment of detected diseases through cooperation with the necessary specialists. Hepatitis C therapy is free. There is Outpatient clinic at the Clinical Centre of Montenegro (CCMG), where a psychiatrist prescribes buprenorphine on Saturday and Sunday. Unfortunately, there are no "assistance" clinics with social workers, psychologists, work and occupational therapists available. Patients who take drugs intravenously according to the recommendations of European Association for the Study of the Liver (EASL) are, despite the barriers, on the list of priorities for action and treatment of Hepatitis C, which we are doing right now. **Aim:** Detection of new cases of HCV and HIV infection. **Methods:** Scientific research. **Results:** In August 2022 were 420 patients in the Outpatient Psychiatric Clinic at the CCMG and Health Center - 388 males (average age 29) and 32 women (average age 38). A total of 24 new cases of HCV infection were discovered from the beginning of 2022 to the end of July/2022, of which 19 are on buprenorphine substitution therapy. All patients successfully completed HCV treatment. **Conclusions:** It is necessary to continue with further close cooperation with infectologists in order to further detect new cases of HCV infection. It is also necessary to include partners of newly discovered cases in the testing process.

Keywords: *Addiction, HCV, HIV, Infection.*

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PS_33

NAŠA ISKUSTVA U LIJEČENJU PACIJENATA S PPPD

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Uvod: Fobijski posturalni vertigo (engl. Phobic Postural Vertigo-PPV) prvi su opisali 1986. njemački neurolozi Thomas Brandt i Marianne Dieterich. Današnji naziv za ovaj najčešći funkcionalni vestibularni poremećaj, perzistentna posturalno-percepijska vrtoglavica (engl. Persistent Postural-Perceptual Dizziness-PPPD*) konsenzusom* je usvojen 2015. godine. PPPD jest posljedica maladaptacije posturalnog sustava na vestibularnu (npr., vestibularni neuritis), neurološku (BPPV), psihijatrijsku (anksiozni poremećaji, depresija) ili strukturnu bolest. Strukture u mozgu odgovorne za spacijalnu orijentaciju u stalnoj su međusobnoj dvosmjernoj komunikaciji s onima odgovornima za osjećaj straha i opasnosti, čime ukratko možemo objasniti poveznicu između određenih psihičkih simptoma i poremećaja ravnoteže. Konkretnije rečeno, kao što vrtoglavica može nastati kao izravna posljedica npr., generaliziranog anksioznog poremećaja, jednako tako i vestibularni poremećaj može predstavljati okidač za razvoj psihičkog komorbiditeta, ili pak pogoršati već prisutne psihičke tegobe. Boljim poznavanjem i definiranjem dijagnostičkih kriterija za PPPD danas smatramo da je etiologija ovog stanja multisenzorna. Anksiozni poremećaji najčešći su psihijatrijski uzrok PPPD (8-10% pacijenata s vestibularnim smetnjama ima dijagnozu nekog od poremećaja iz ove skupine: generalizirana anksioznost, panični poremećaj, fobija). **Cilj:** Naš rad nastao je u suradnji s kolegama s ORL Klinike, svi pacijenti koje ovdje prikazujemo prethodno su detaljno audiološki, vestibularno i/ili somatski obrađeni, neki i višekratno, te naposljetku upućeni na ambulantni pregled psihijatra. U cilju nam je bilo predstaviti vlastita klinička iskustva u radu s pacijentima s ovom dijagnozom, razmotriti efikasnost farmakoloških i nefarmakoloških metoda liječenja te pratiti učinkovitost na primarne vertiginozne simptome, ali i najčešće psihijatrijske komorbiditete-anksioznost i depresiju. **Metode:** Pacijenti su obrađeni vestibulometrijski, dok su za procjenu anksioznosti i depresivnosti korištene HAM-D i HAM-A ocjenske ljestvice, a za kvalitetu života CGI skala. **Rezultati:** Primjenom i SSRI i SNRI lijekova primarni simptomi bolesti umanjeni su za gotovo 50%, također je došlo i do povlačenja smetnji iz sfere komorbidne anksioznosti i/ili depresije. Kod pacijenata kod kojih je uočena terapijska refrakternost i nastavak smetnji, zabilježen je i veći broj komorbiditeta u odnosu na one čije je liječenje uspješno provedeno. **Zaključak:** Kao i mnogo puta dosad, konverzivna priroda psihijatrijske simptomatologije i sklonost manifestiranju psihičkih tegoba na nepsihički i netipičan način izazov je u psihijatrijskom liječenju sam po sebi. Stoga možemo zaključiti kako je i u ovako kompleksnom stanju multiple etiologije od velike važnosti integrativni pristup pacijentu, koji uključuje kako farmakološko liječenje, tako i rad na psihoedukaciji, te suportu i psihoterapijskim tehnikama u postizanju što boljih konačnih rezultata u liječenju.

Ključne riječi: *PPPD, vertigo, fobija.*

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OUR EXPERIENCE IN THE TREATMENT OF PATIENTS WITH PPPD

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Introduction: Phobic Postural Vertigo (PPV) was first described by German neurologists Thomas Brandt and Marianne Dieterich in 1986. Today's name Persistent Postural-Perceptual Dizziness (PPPD) was accepted by consensus in 2015. PPPD occurs due to maladaptation of the postural system to vestibular, psychiatric, neurological or structural disorders. Brain regions responsible for spatial orientation communicate bidirectionally with regions responsible for fear and danger. This can explain the link between some psychological disorders and balance disorders. Today, we believe that the etiology of PPPD is multisensory. Anxiety disorders are the most common psychiatric cause of PPPD (8-10% of patients with vestibular disorders are diagnosed with one of the anxiety disorders). **Aim:** This study was created in collaboration with colleagues from the Clinic of Otorhinolaryngology. All patients were examined audiologicaly, vestibularly and/or physically, some more than once, and finally referred to a psychiatrist. Our goal was to present our own clinical experiences in working with patients with PPPD, to consider the effectiveness of pharmacological and non-pharmacological methods of treatment, and to monitor the effectiveness on the primary disturbances-dizziness and on the most common psychiatric comorbidities: anxiety and depression. **Methods:** Patients were examined by vestibulometry, HAM-D and HAM-A scale and CGI scale. **Results:** By using SSRI and SNRI antidepressants, the primary symptoms (vertigo) were reduced by about 50%, and the comorbidities (anxiety and/or depression) also decreased. Among the patients who did not respond to therapy, a significantly higher number of those who had more comorbidities was observed compared to those whose treatment was successful. **Conclusions:** The conversive nature of psychiatric symptoms and the tendency for mental disorders to manifest in an atypical and non-psychological way is always a challenge in our work. Therefore, we can conclude that even such a complex diagnosis of multiple etiology achieves the best results in treatment with an integrative approach to the patient, which includes pharmacological treatment, psychoeducation, psychological support and various psychotherapy techniques.

Keywords: *PPPD, Vertigo, Phobia.*

Literatura/References: 1. Staab JP, Eckhardt-Henn A, Horii A, et al. Diagnostic criteria for persistent postural-perceptual dizziness (PPPD): consensus document of the committee for the classification of vestibular disorders of the bárány society. J Ves Res 2016.; 2. Maslovara S, Begić D, Butković-Soldo S, Pajić-Matić I, Šestak A.Functional dizziness in the light of the newly-established entity-Persistent postural-perceptual dizziness. Liječ Vjesn 2019;141:196–2042.; 3. Staab JP, Ruckenstein MJ. Which comes first? Psychogenic dizziness versus otogenic anxiety. Laryngoscope 2003;113: 1714–8.

PS_34

SOCIODEMOGRAFSKE VARIJABLE I PORODIČNI ODNOSI KAO PREDIKTORI NASTANKA OVISNOSTI O HEROINU

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Uvod: Dosadašnja istraživanja pokazuju da su poremećeni odnosi u porodici i specifična sociodemografska obilježja važan prediktor kod nastanka ovisnosti o svim psihoaktivnim supstancama. **Cilj:** Utvrditi da li postoji i kakva je povezanost sociodemografskih obilježja i porodičnih odnosa sa nastankom ovisnosti o heroinu. **Metode:** Ispitivanje je provedeno na uzorku od 160 ispitanika, podijeljenih u dvije grupe. U jednoj grupi je ispitano 61 ovisnika o heroinu, liječenih na Klinici za psihijatriju Univerzitetskog kliničkog centra Tuzla, a u drugoj 99 ispitanika, studenata Univerziteta u Tuzli, nekonzumenata psihoaktivnih supstanci. Uzorak je testiran pomoću KOBI (Skala kvalitete obiteljskih interakcija), koja mjeri interakcije djeteta i roditelja na dvije dimenzije, u literaturi opisane kao prihvatanje i odbacivanje, i Socio-demografskog upitnika. **Rezultati:** Rezultati su pokazali da postoji statistički značajna razlika u porodičnom miljeu ovisnika o heroinu i studentske populacije (χ^2=31.63, p<0.01), a kada je riječ o socio-demografskim varijablama, rezultati su pokazali da ne postoji značajna razlika između ovisnika o heroinu i nekonzumenata psihoaktivnih supstanci (Wilksova λ=0.131, p>0.05). **Zaključak:** Odbijanje i neprihvatanje djece/osoba od strane porodice i roditelja, nekvalitetna komunikacija i disfunkcionalnost porodičnih odnosa su izraziti prediktor nastanka ovisnosti o heroinu, za razliku od većine sociodemografskih obilježja.

Ključne riječi: *heroinska ovisnost, odnosi u porodici, sociodemografska obilježja.*

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SOCIO-DEMOGRAPHIC VARIABLES AND FAMILY RELATIONSHIPS AS PREDICTORS OF HEROIN ADDICTION

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Introduction: Previous research shows that disturbed family relationships and specific socio-demographic characteristics are important predictors of addiction to all psychoactive substances. **Aim:** To determine whether there is and what is the relationship between sociodemographic characteristics and family relationships with the onset of heroin addiction. **Methods:** The survey was conducted on a sample of 160 respondents, divided into two groups. In one group, 61 heroin addicts, treated at the Psychiatry Clinic of the University Clinical Center Tuzla, were examined, and in the other, 99 subjects, students of the University of Tuzla, non-consumers of psychoactive substances. The sample was tested using the KOBI (Scale of quality of family interactions), which measures child-parent interactions on two dimensions, described in the literature as acceptance and rejection, and the Socio-demographic questionnaire. **Results:** The results showed that there is a statistically significant difference in the family milieu of heroin addicts and the student population ($\chi 2=31.63$, $p<0.01$), and when it comes to socio-demographic variables, the results showed that there is no significant difference between heroin addicts and non-consumers of psychoactive substances (Wilks' $\lambda=0.131$, $p>0.05$). **Conclusions:** Rejection and non-acceptance of children/persons by family and parents, low-quality communication and dysfunctional family relationships are distinct predictors of heroin addiction, unlike most sociodemographic characteristics.

Keywords: *Heroin Addiction, Family Relationships, Sociodemographic Characteristics.*

Literatura/References: 1. Hasanović, M., Pajević, I., Kuldija, A., Delić, A. (2012). Medically assisted treatment for opiate addiction - suboxonemethod as prevention of social exclusion of youth – Tuzla model. Psychiatr Danub 24 (Suppl. 3):394-404.; 2. Tomaš, M., Vučina, T. (2013). Važnost obiteljskih i vršnjačkih faktora u objašnjenju konzumiranja sredstava ovisnosti. Mostar: Conference Proceedings from the biennial Congress of Psychologists of Bosnia and Herzegovina (Zbornik radova Kongresa psihologa Bosne i Hercegovine), issue: 3 / 2013, pages: 303-325.; 3. Hasanović, I.M., Kuldija, A., Pajević, M.I., Zorić, S. (2012). Some Epidemiological Characteristics Of Heroin Addicts Clinicaly Treated in Post-war Bosnia and Herzegovina. Acta Medica Saliniana, 41(1).

PS_35

NASILJE NA RADNOM MJESTU U VRIJEME COVID-19 PANDEMIJE

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Uvod: Zdravstveni radnici su zbog prirode posla, kontakta sa bolesnicima i njihovom pratnjom, uslova rada, izloženi su brojnim štetnim faktorima na poslu. Jedan od takvih faktora je i nasilje na poslu. Evidentan porast nezadovoljstva, nepovjerenja i nasilja u porodicama, društvu i u radnom okruženju za vrijeme pandemije COVID-19 nije zaobišao ni zdravstveni sektor. Strah od COVID-19 infekcije, osjećaj odgovornosti da infekciju ne prenesu članovima porodice, smrt radnih kolega i bliskih osoba u vrijeme pandemije su neki od faktora koji su mogli da doprinesu pojavi mentalnih poteškoća kod zdravstvenih radnika. **Cilj:** Ukazati na veličinu problema izloženosti zdravstvenih radnika bilo kojoj vrsti nasilja za vrijeme COVID pandemije. Ukazati na zastupljenost sindroma sagorijevanja te evaluirati vještine samobrige o svom mentalnom zdravlju. **Metode:** Ispitivanje je prospektivno. Uzorak je činilo 77 zaposlenika primarne zdravstvene zaštite Doma zdravlja Žepče. Instrumenti istraživanja bili su upitnik procjene sagorijevanja na poslu, upitnik za uravnoteženu brigu o sebi i stil života i upitnik stresogenih faktora posla (osmišljen u svrhu ovog ispitivanja). **Rezultati:** Od ukupnog broja ispitanika 71% njih bilo je izloženo varbalnom nasilju. 6,49% je bilo izloženo fizičkom nasilju, 32,5% je izgubilo blisku osobu ili bilo u žalovanju, dok je 16,9 % zatražilo pomoć od strane profesionalaca iz oblasti mentalnog zdravlja. Posebne znake upozorenja od sagorijevanja na poslu je imalo 41,5% ispitanika. Najveći procenat njih ima dobre vještine brige o sebi 59,8 %, prosječne 31,2 %, loše 2.5%, a vrlo dobre 6,5%. **Zaključak:** Nasilje kao stresogeni faktor na radnom mjestu zastupljeno je u visokom procentu. Postoji pozitivna korelacija stresa na radnom mjestu i pojave sagorijevanja. Obzirom na rezultate istraživanja jasan je značaj razvoja i primjene programa za smanjenje nasilja na radnom mjestu u zdravstvenom sektoru i prevencije sagorijevanja.

Ključne riječi: *nasilje, sagorijevanje, prevencija.*

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VIOLENCE AT THE WORKPLACE DURING THE COVID-19 PANDEMIC

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Introduction: Due to the nature of work, contact with patients and companions, working conditions, healthcare workers are exposed to numerous harmful factors at work. One of such factors is violence at work. The obvious increase in dissatisfaction, mistrust and violence in families, society and in the work environment during the COVID-19 pandemic did not escape the health sector either. The fear of COVID-19 infection, the sense of responsibility not to transmit the infection to family members, the death of work colleagues and close people during the pandemic are some of the factors that could have contributed to the appearance of mental difficulties among healthcare workers. **Aim:** Point out the magnitude of the problem of exposure of healthcare workers to any type of violence during the COVID-19 pandemic. Point out the prevalence of burnout syndrome and evaluate self-care skills for your mental health. **Methods:** The study is prospective. The sample consisted of 77 primary health care employees of the Žepče Health Center. The research instruments were a burnout assessment questionnaire at work, a balanced self-care and lifestyle questionnaire and a questionnaire on job stressors (designed for the purpose of this study). **Results:** Out of the total number of respondents, 71% of them were exposed to verbal violence. 6.49% were exposed to physical violence, 32.5% lost a loved one or were in mourning, while 16.9% sought help from mental health professionals. 41.5% of respondents had special warning signs of burnout at work. The largest percentage of them have good self-care skills, 59.8%, average 31.2%, bad 2.5%, and very good 6.5%. **Conclusions:** Violence as a stressogenic factor in the workplace is represented in a high percentage. There is a positive correlation between workplace stress and burnout. Considering the results of the research, the importance of developing and implementing programs to reduce workplace violence in the health sector and prevent burnout is clear.

Keywords: *Violence, Burnout, Prevention.*

Literatura/References: 1. Canadian Centre for Occupational Health and Safety, CCOHS, Violence in the Workplace, Prevention Guide, 2nd Edition, 2001.; 2. Framework guidelines for addresing workplace violence in the health sector. First published 2005.

PS_36

ISPITIVANJE RAZLIKE IZMEĐU DIMENZIJA PORODIČNE VEZANOSTI U ODNOSU NA POJAVNOST DEPRESIJE U ODRASLOJ DOBI

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Uvod: Depresija kao poremećaj raspoloženja je najčešći psihički poremećaj današnjice, a glavna su mu obilježja depresivno raspoloženje, gubitak zanimanja i uživanja u gotovo svim aktivnostima, pojačan umor, psihomotorička agitacija, osjećaj krivnje i smanjenog samopoštovanja, poremećaji spavanja i apetita, te gubitak koncentracije. **Cilj:** Istraživanje obrazaca porodične afektivne vezanosti (tj. emotivni odnos između majke i djece) kod osoba koje su u odrasloj dobi oboljele od depresije. **Metode:** U istraživanju je učestvovalo 218 ispitanika, uzrastu od 20 do 67 godina. Uzorak čine 115 ispitanika koji nisu imali dijagnozu depresije i 103 ispitanika kojima je dijagnosticirana depresija. U istraživanju je korišten Upitnik za procjenjivanje porodične afektivne vezanosti (PAVb) i Skala za procjenu depresivne ličnosti. **Rezultati:** Rezultati mulvarijatne analize varijance za kriterijsku varijablu depresivnost ukazuju da se osobe oboljele od depresije razlikuju u odnosu na osobe koje nisu oboljele od depresije u pogledu dimenzije izbjegavanja. Depresivni pojedinci imaju više rezultate na dimenziji izbjegavanja (tj. odvraćanje pažnje od izvora stresa ili i negiranje stresa, (slabija emocionalna podrška, nesigurnost majke) od strane roditelja u odnosu na nedepresivne. **Zaključci:** Ovim istraživanjem je utvrđeno da je afektivna vezanost u negativnoj korelaciji sa pojavom depresije, pri čemu osobe sa sigurnim obrascima afektivne vezanosti pokazuju manju sklonost obolijevanja od depresije u odnosu na osobe sa nesigurnom oblicima privrženosti u djetinjstvu. Također je zaključeno da je veliki doprinos dimenzije izbjegavanja u nastanku depresije, što znači da je doživljaj neadekvatnosti figure podrške, izostanak bliskosti i intimnosti s njom, (slabija emocionalna podrška, nesigurnost majke) značajniji prediktor nastanka depresivnosti u odnosu na uvjerenja i osjećaje o sebi u kontekstu afektivne vezanosti.

Ključne riječi: *depresija, afektivna vezanost, dimenzije afektivne vezanosti.*

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EXAMINATION OF DIFFERENCES BETWEEN THE DIMENSIONS OF FAMILY AFFECTIVE ATTACHMENT IN RELATION TO THE OCCURRENCE OF DEPRESSION IN ADULTHOOD

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Introduction: Depression as a mood disorder is the most common mental disorder today, its main features are depressed mood, loss of interest and enjoyment in almost all activities, increased fatigue, psychomotor agitation, feelings of hiding and reduced self-esteem, sleep and appetite disorders, and loss of concentration. **Aim:** The aim of this research was to determine patterns of family affective attachment (emotional relationship between mother and children) in persons who suffered from depression in adulthood. **Methods:** The material for this study consisted of 218 respondents, aged from 20 to 67. Of these, 115 subjects were not diagnosed with depression, and 103 subjects were diagnosed with depression. The questionnaire for assessing family affective attachment - PAVb and the Depressive Personality Assessment Scale were used in the research. **Results:** The results of the multivariate analysis of variance for the criterion variable depression indicate that people with depression differ from people without depression regarding the dimension of avoidance. Depressed people have higher results on the dimension of avoidance (distraction from the source of stress or stress neglect, weaker emotional support, mother's insecurity) by parents, when compared to non-depressed people. **Conclusions:** This research found that affective connection is negatively correlated with the onset of depression, whereby people with secure patterns of affective attachment show a lower tendency to suffer from depression compared to people with insecure forms of attachment in childhood. This research concluded that the dimension of avoidance has a major contribution to the development of depression. The experience of the inadequacy of a support figure, the absence of closeness and intimacy with her (weaker emotional support, insecurity of the mother) is a significant predictor of the onset of depression in relation to beliefs and feelings about oneself in the context of affective attachment.

Keywords: D*epression, Affective Attachment, Dimensions of Affective Connection.*

Literatura/References: 1. American psychiatricassocciation: Diagnostic and statistic manual of mental disorders, Fifth Edition, Arlington, VA, American Psychiatric Assocciation, 2013.; 2. Liu Q., Nataga T. , Shono M. i Kitamura T. (2009)The effects of adult attachment and life stress on daily depression: A SampleofJapanese University students; Journal of Clinicalpsychology, Vol. 65(7), str. 639-652.; 3. Sroufe, A. (2005) Attachmentand development: A prospective, longitudinal study from birth to adulthood; Journal Attachment and Human Development, Volume 7- Issue 4, str. 349-367.

PS_37

AUTIZAM, STARENJE I DEPRESIJA

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Uvod: Autizam je identificiran 1940-ih, ali nije bio široko priznat sve do 1970-ih. To znači da neke starije autistične odrasle osobe možda nikada nisu dobile dijagnozu. To je i razlog zašto još uvijek ne znamo mnogo o iskustvu autizma u kasnijem životu. Stručnjaci su uvjereni da se autizam sam po sebi ne pogoršava s godinama. Ali još uvijek mnogo toga ne znamo o iskustvima starijih autističnih osoba. Tek sada oni koji su prvi put dijagnosticirani u 40-tim i 50-tim godina života stižu u kasniju životnu dob i učestvuju u početnim studijama. **Cilj i metode:** Istraživanje u Sjevernoj Makedoniji je provedeno kako bi se procijenila veza između autizma i depresije kod starijih osoba. U Centru za mentalno zdravlje, na 32 pacijenta sa autizmom, dodata je i evaluirana Beckova skala za depresiju. **Rezultati i zaključci:** Studije u Americi pronašle su vezu između autizma i povećanog rizika od dijabetesa, depresije ili srčanih bolesti u kasnijoj životnoj dobi. Ovi rizici su vjerovatno uzrokovani uobičajenim autističnim osobinama kao što su sviđanje vrlo određene hrane ili osjećaj izolacije ili usamljenosti. Ovo istraživanje je potvrdilo da se osobe s autizmom koje traže pomoć u ambulanti pored drugih problema suočavaju i sa simptomima depresije.

Ključne riječi: *autizam, depresija, starenje.*

PT_37

AUTISM, AGING AND DEPRESSION

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Introduction: Autism was identified in the 1940s, but wasn't widely recognized until the 1970s. This means some older autistic adults may have never have received a diagnosis. It's also why we still don't know much about the autism experience in later life. Experts are confident autism itself doesn't get worse with age. But there is still a lot we don't know about the experiences of older autistic people. It's only now that those who were first diagnosed back in the 40s and 50s are reaching later life, and taking part in groundbreaking studies. **Aim and Methods:** Research in North Macedonia was conducted to evaluate the link between autism and depression at older people. In the Center for mental health, on 32 patients with autism, Beck scale for depression was admitted and evaluated. **Results and Conclusions:** Studies in America have found links between autism and an increased risk of diabetes, depression, or heart disease in later life. These risks is likely to be due to common autistic traits such as liking very particular foods, or feeling isolated or lonely. This study confirmed that the persons with autism that are asking for help in ambulance setting beside other problems are also dealing with symptoms of depression.

Keywords: *Autism, Depression, Aging.*

Literatura/References: The Hospital Anxiety and Depression scale: Factor structure and psychometric properties in older adolescents and young adults with autism spectrum disorder. Uljarević M, Richdale AL, McConachie H, Hedley D, Cai RY, Merrick H, Parr JR, Le Couteur A.Autism Res. 2018 Feb;11(2):258-269. doi: 10.1002/aur.1872. Epub 2017 Sep 18.; 2. Psychiatric Co-occurring Symptoms and Disorders in Young, Middle-Aged, and Older Adults with Autism Spectrum Disorder. Lever AG, Geurts HM.J Autism Dev Disord. 2016 Jun;46(6):1916-1930. doi: 10.1007/s10803-016-2722-8.

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NEDIJAGNOSTICIRANI AUTIZAM KOD STARIJIH-AUTIZAM VS. SHIZOFRENIJA

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Uvod: Autizam je identificiran 1940-ih, ali nije bio široko priznat sve do 1970-ih. To znači da neke starije autistične odrasle osobe možda nikada nisu dobile dijagnozu. Također može biti teško dijagnosticirati ASD kod starije osobe jer određeni simptomi mogu odražavati druga stanja povezana s godinama. **Cilj i metode:** Ova studija je provedena s ciljem da se napravi razlika između autizma i shizofrenije kod starijih osoba u Sjevernoj Makedoniji uspoređivanjem i ponovnom evaluacijom dijagnoze autizma i shizofrenije kod 31 pacijenta u Centru za mentalno zdravlje. **Rezultati i zaključci:** Stanja koja utječu na funkcioniranje mozga, kao što je demencija, maskiraju određene autistične osobine. Smanjena pokretljivost i sve manji društveni krug također utiču na društvene komunikacijske vještine starije osobe, koje opet maskiraju autizam. Starije osobe su podložnije određenim problemima mentalnog zdravlja, posebno usamljenosti i depresiji. Ovo također utiče na samopoštovanje i ponašanje i dovodi do toga da ljudi izbjegavaju društvene situacije.

Ključne riječi: *autizam, shizofrenija, dijagnoza.*

PT_38

UNDIAGNOSED AUTISM IN THE ELDERLY-AUTISM VS. SCHIZOPHRENIA

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Introduction: Autism was identified in the 1940s, but wasn't widely recognized until the 1970s. This means some older autistic adults may have never have received a diagnosis. It can also be difficult to diagnose ASD in an older person because certain symptoms can mirror other age-related conditions. **Aim and Methods:** This study was conducted with a goal to make differentiation between autism and schizophrenia in older people in North Macedonia by comparing and reevaluating the diagnosis of autism and schizophrenia in 31 patients in Center for Mental Health. **Results and Conclusions:** Conditions that impact how the brain functions, such as dementia are masking certain autistic traits. Being less mobile, and a shrinking social circle also impact an older person's social communication skills-which again mask underlying autism. Older people are more susceptible to certain mental health problems, particularly loneliness and depression. This also have a knock-on effect self-esteem and behavior, and cause people to avoid social situations.

Keywords: *Autism, Schizophrenia, Diagnosis.*

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PS_39

ANEMIJE KOD PACIJENATA SA HRONIČNIM MENTALNIM POREMEĆAJIMA U SPECIJALNOJ BOLNICI ZA HRONIČNU PSIHIJATRIJU MODRIČA U PERIODU 2000.-2021. GODINA

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Uvod: Anemije karakteriše smanjenje mase eritrocita u krvi, koja je uvijek praćena smanjenjem hemoglobina i hematokrita ispod njihovih normalnih vrijednosti. Smanjenje hemoglobina predstavlja ipak glavni fiziološki poremećaj u anemijama, zbog uloge hemoglobina u transportu kiseonika. Morfološki, anemije se dijele na: normocitne (hemolitičke, aplastične, u sklopu drugih bolesti, akutna krvarenja bez deficita željeza-Fe), makrocitne (megaloblastne, poremećaji crijevne apsorpcije, bolesti jetre) i mikrocitne (zbog deficita Fe, hronična krvarenja, sideroblastne, talasemija, hemoglobinopatije, trovanje olovom, insuficijencija bubrega sa deficitom Fe). Dijagnoza se zasniva na hematološkim nalazima i kliničkim simptomima. **Cilj:** Prikazati zastupljenost anemija kod hroničnih duševnih bolesnika u Specijalnoj bolnici za hroničnu psihijatriju Modriča u odnosu na ukupan broj pacijenata, po godinama. **Metode:** Laboratorijske analize, vođenje evidencije, prikupljanje i analiza podataka na kraju svake kalendarske godine te retrospektivna analiza učestalosti anemija u navedenom periodu. **Rezultati:** Procentualna zastupljenost anemija po godinama u odnosu na broj pacijenata je bila: 2000. godine - 25,9%; 2001. - 24,2%; 2002. - 20,8%; 2003. - 15,8%; 2004. - 17,4%; 2005. - 9,6%; 2006. - 23,9%; 2007. - 16,6%; 2008. - 15,9%; 2009. - 6,7%; 2010. - 5,3%; 2011. - 7,0%; 2012. - 7,0%; 2013 - 4,5%; 2014. - 3,5%; 2015. - 5,2%; 2016. - 3,5%; 2017. - 3,9%; 2018. - 6,8%; 2019. - 9,2%; 2020. - 9,0%; 2021. - 10,6%. Sve anemije su razvrstane po morfološkoj podjeli na mikrocitne, normocitne i makrocitne što će biti prikazano u radu. **Zaključak:** U periodu 2000. - 2004. godina anemije su zastupljene u većem procentu, dominiraju mikro- i makrocitne anemije, što je bilo uslovljeno lošijom ishranom pacijenata. Poboljšanjem kvaliteta ishrane broj mikro- i makrocitnih anemija se smanjuje. Tokom perioda 2005. - 2018. godine procenat anemija se znatno smanjuje, preovladavaju normocitne anemije koje su bile povezane sa određenim somatskim stanjima (karcinomi, upalne bolesti) i terapijom antipsihotika. Tokom perioda 2019.-2021. godine ukupan broj anemija se ponovo povećavao zbog pandemije COVID-19 u korist normocitnih anemija.

Ključne riječi: *anemije, psihijatrija, zastupljenost.*

PT_39

ANEMIA IN PATIENTS WITH SEVERE MENTAL DISORDERS AT THE SPECIAL HOSPITAL FOR CHRONIC PSYCHIATRY MODRIČA - FOLLOW-UP IN THE PERIOD 2000 – 2021

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Introduction: Anaemia is characterized by a decrease in the mass of erythrocytes in the blood, which is always accompanied by a decrease in haemoglobin and haematocrit below their normal values. The decrease in haemoglobin is still the main physiological disorder in anaemias, due to the role of haemoglobin in oxygen transport. Morphological division of anaemia: Normocytic (haemolytic, aplastic, as part of other diseases, acute bleeding without iron-Fe deficiency), Macrocytic (megaloblastic, disorders of intestinal absorption, liver diseases) and Microcytic (due to Fe deficiency, chronic bleeding, sideroblastic, thalassemia, haemoglobinopathies, Lead-Pb poisoning, kidney failure with Fe deficiency). Diagnosis is based on haematological findings and clinical symptoms. **Aim:** To show the prevalence of anaemia in patients with severe mental disorders in the Special Hospital for Chronic Psychiatry Modriča, in relation to the total number of patients, by age. **Methods:** Laboratory analyses, record keeping, data collection and analysis at the end of each calendar year, and retrospective analysis of the frequency of anaemia in the specified period. **Results:** The percentage of anaemia by age in relation to the number of patients was: 2000 - 25.9%; 2001 - 24.2%; 2002 - 20.8%; 2003 - 15.8%; 2004 - 17.4%; 2005 - 9.6%; 2006 - 23.9%; 2007 - 16.6%; 2008 - 15.9%; 2009 - 6.7%; 2010 - 5.3%; 2011 - 7.0%; 2012 - 7.0%; 2013 - 4.5%; 2014 - 3.5%; 2015 - 5.2%; 2016 - 3.5%; 2017 - 3.9%; 2018 - 6.8%; 2019 - 9.2%; 2020 - 9.0%; 2021 - 10.6%. All anaemias are classified by morphological division into microcytic, normocytic and macrocytic, which will be shown in the paper. **Conclusions:** During the period 2000 - 2004 anaemias are represented in a higher percentage, with micro- and macrocytic anaemias domination, which was conditioned by the poor nutrition of the patients. By improving the quality of nutrition, the number of micro- and macrocytic anaemias decreases. In the period 2005 - 2018 the percentage of anaemia is significantly reduced, normocytic anaemia prevails, which was associated with certain somatic conditions (cancer, inflammatory diseases) and antipsychotic therapy. In period 2019 - 2021 the total number of anaemias increased again due to the COVID-19 pandemic in favour of normocytic anaemias.

Keywords: *Anaemia, Psychiatry, Representation.*

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PS_40

GLAGOL ZABORAVITI NE PODNOSI IMPERATIV

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Nakon gotovo dva desetljeća vlastitog psihoterapijskog rada s braniteljima oboljelima od posttraumatskog stresnog poremećaja (PTSP), a koji se temelji na načelima logoterapije (liječenje smislom) i na načelima terapijske zajednice (demokratizacija, permisivnost, zajedništvo i suočavanje s realnošću), možemo zaključiti da iako je od rata u Hrvatskoj prošlo više od 25 godina, puno je posla pred terapeutima koji rade s oboljelima od PTSP, jer posljedice traumatskog iskustva mogu trajati generacijama.
Kroz prikaz višegodišnjeg psihijatrijskog liječenja branitelja koji je tijekom rata u dva navrata ranjen, oboljelog od odgođenog PTSP, želimo pokazati da je zaborav najveća zaštita (potiskivanje), ali glagol zaboraviti ne podnosi imperative.

Ključne riječi: *PTSP, terapijska zajednica, logoterapija.*

PT_40

TO FORGET DOES NOT TOLERATE IMPERATIVES

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After almost two decades of our own psychotherapeutic work with veterans suffering from post-traumatic stress disorder (PTSD), based on the principles of logotherapy (treatment with meaning) and on the principles of the therapeutic community (democratization, permissiveness, communion and facing reality), we can conclude that although more than 25 years have passed since the war in Croatia, there is a lot of work ahead of therapists working with PTSD patients, because the consequences of a traumatic experience can last for generations.
Through the depiction of many years of psychiatric treatment of a defender who was wounded on two occasions during the war, suffering from delayed PTSD, we want to show that oblivion is the greatest protection (suppression), but the verb to forget does not tolerate imperatives.

Keywords: *PTSD, therapeutic community, logotherapy.*

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PS_41

STIGMATIZACIJA OSOBA S DUŠEVNIM SMETNJAMA

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Uvod: Na psihijatrijske se pacijente oduvijek gledalo kao na opasne i kriminalce. U prilog tome govori i činjenica da su ovakve osobe bivale mučene po raznim logorima, omalovažavane i etiketirane. Psihijatrijske su ustanove uvijek smještane izvan gradova, na planine, daleko od ostalih ljudi, a sve to se može vidjeti još i danas. Svi ovi faktori pridonijeli su stvaranju stigmatizacije ne samo među općom populacijom već i među zdravstvenih djelatnicima. Tek se u 18. stoljeću nazire svijetla točka u psihijatriji, skidanjem okova i lanaca s oboljelih. Bez obzira na napore koji su uloženi u smanjenje stigmatizacije, među općom populacijom još je i danas prisutan strah i oprez prilikom kontakta sa psihijatrijskim pacijentima. Stigmatizaciji značajno doprinosi nedostatak znanja i razumijevanja psihičke bolesti. Stoga je iznimno važna edukacija bolesnika, njihovih obitelji, ali i šire javnosti. **Cilj:** Bolje razumijevanje psihički oboljelih osoba i smanjenje stigmatizacije. **Metode:** Prikazati što sve utječe na stvaranje stigmatizirajućih stavova prema psihički oboljelim osobama te koji su mogući načini njihovog prevazilaženja. **Rezultati:** Na stvaranje stigmatizirajućih stavova prema psihički oboljelim osobama utječe nedostatak znanja i razumijevanja psihičke bolesti te učenje stigmatizirajućeg ponašanja. Kako bi se suzbila stigmatizacija psihički oboljelih osoba iznimno je važna obrazovanost čitavog društva, a posebno obrazovanost putem medija, kontakt sa psihički oboljelom osobom te veliko znanje i odgovornost profesionalaca. **Zaključak**: Borbu protiv stigme trebaju provoditi građani svih dobnih skupina. Stavovi cijelog društva trebaju poprimiti pozitivan smisao kako bi oboljeli dobili našu podršku, a ne odbijanje, ranije se javljali na liječenje te ga ne prekidali sve dok liječnik ne odredi da je vrijeme za to.

Ključne riječi: *psihička bolest, psihijatrijski pacijent, stigmatizacija.*

PT_41

STIGMATIZATION OF PEOPLE WITH MENTAL DISORDERS

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Introduction: Psychiatric patients have always been considered as dangerous and criminals. This is supported by the fact that such persons were tortured in various camps, belittled and labeled. Psychiatric institutions are always located outside the cities, on the mountains, far from other people, and all this can be seen even today. All these factors contributed to the creation of stigmatization not only among the general population but also among health professionals. It was only in the 18th century that a bright spot appeared in psychiatry, by removing shackles and chains from patients. Regardless of efforts to reduce stigmatization, fear and caution in contact with psychiatric patients are still present in the general population. Lack of knowledge and understanding of mental illness contributes significantly to stigmatization. Therefore, education of patients, their families, and the general public is extremely important. **Aim:** Better understanding of persons with mental disorders and reduction of stigmatization. **Methods:** To show what influences the creation of stigmatizing attitudes towards people with mental disorders and what are the possible ways to overcome them. **Results:** Lack of knowledge and understanding of mental illnesses and learning about stigmatizing behavior affects the creation of stigmatizing attitudes towards people with mental disorders. In the fight against the stigmatization of those persons, the education of the entire society is extremely important, especially education through the media, contact with a person, and the great knowledge and responsibility of professionals. **Conclusions:** The fight against stigma should be led by citizens of all age groups. The attitudes of the whole society should take on a positive meaning so that the sick get our support, not rejection, they show up for treatment earlier and do not stop it until the doctor determines that it is time for it.

Keywords: *Mental Disorders, Psychiatric Patient, Stigmatization.*

Literatura/References: 1. Babić, D. (2010). Stigma and Mental Illness. Materia Socio Medica, 22 (1): 43-46.;2. Corrigan, P. W. (2004). How stigma intereferes with mental health. American Psychologist, 59: 614−625.; 3. Johnstone, M. J. (2001). Stigma, social justice and the rights of the mentally ill: Challenging the status quo. Australian and New Zealand: Journal of Psychiatry.

PS_42

PSIHOSUPORT KAO FAKTOR KOMPLIJANTNOSTI PSIHIJATRIJSKIH PACIJENATA

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Uvod: Shodno definiciji komplijansa je mjera do koje se ponašanje osobe koja uzima lijek, poklapa sa preporukom zdravstvenog radnika koji lijek propisuje. Kreiranje optimalne terapijske šeme, te stepen komplijantnosti pacijenta spram iste u velikoj mjeri definiše ishod liječenja. **Cilj:** Utvrditi utjecaj psihosuporta kao terapijske tehnike na komplijantnost psihijatrijskih pacijenata. **Metode:** U istraživanju je učestvovalo 200 ispitanika oba spola, podijeljenih u dvije skupine (interventna i kontrolna grupa). Ljekarska intervencija u ovom istraživanju podrazumjevala je identifikaciju i rješavanje terapijskih problema. U istraživanju je korištena Čulig skala za ispitivanje ustrajnosti u primjeni terapije. **Rezultati:** Analizom dobijenih rezultata registrira se statistički značajno poboljšanje stepena komplijantnosti interventne skupine (Hi-kvadrat test, P = 0,003) u odnosu na kontrolnu skupinu. Uočava se statistički značajna razlika u stepenu komplijantnosti u odnosu na stepen obrazovanja (ANOVA test, P = 0,006). Ne pronađe se statistički signifikantna razlika komplijantnosti u odnosu na životnu dob (ANOVA test, P = 0,535), kao ni spol (t-test, P = 0,525). **Zaključak:** Procjenjuje se da je prosječna nekomplijantnost psihijatrijskih pacijenta u razvijenim zemljama oko 50%. Shodno rezultatima ovog istraživanja evidentan je benefit ljekarske intervencije u smislu pacijentu prihvatljivih terapijskih šema, što je u konačnici rezultiralo znatno većom komplijantnošću. Ispitanici sa većim stepenom obrazovanja pokazali su veću komplijantnost spram propisane terapije što vjerovatno korelira sa većim stepenom informiranosti, te odgovornijeg odnosa spram vlastitog zdravlja. Statistički, dob i spol nemaju značajan utjecaj na komplijantnost.

Ključne riječi: *komplijansa, psihosuport.*

PT_42

PSYCHOSUPPORT AS AN IMPACT FACTOR OF COMPLIANCE OF PSYCHIATRIC PATIENTS

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Introduction: According to the definition, compliance is the measure to which the behavior of the person taking the medicine matches the recommendation of the health worker who prescribes the medicine. The creation of an optimal therapeutic scheme, and the degree of patient compliance with it, largely defines the outcome of the treatment. **Objective:** To determine the influence of psychosupport as a therapeutic technique on the compliance of psychiatric patients. **Methods:** 200 respondents of both sexes participated in the research, divided into two groups (intervention and control group). The medical intervention in this study included the identification and resolution of therapeutic problems. The Culig scale was used in the research to test persistence in the application of therapy. **Results:** The analysis of the obtained results shows a statistically significant improvement in the degree of compliance of the intervention group (Chi-square test, P = 0.003) compared to the control group. A statistically significant difference is observed in the degree of compliance in relation to the level of education (ANOVA test, P = 0.006). No statistically significant difference in compliance was found in relation to age (ANOVA test, P = 0.535), as well as gender (t-test, P = 0.525). **Conclusion:** It is estimated that the average non-compliance of psychiatric patients in developed countries is around 50%. According to the results of this research, the benefit of medical intervention in terms of therapeutic schemes acceptable to the patient is evident, which ultimately resulted in significantly higher compliance. Respondents with a higher level of education showed greater compliance with the prescribed therapy, which probably correlates with a higher level of information and a more responsible attitude towards their own health. Statistically, age and gender do not have a significant impact on compliance.

Keywords: *Compliance, Psychological Support.*

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PS_43

UPORNOST U POVEĆAVANJU DOZE KOD ZLOUPOTREBE DIAZEPAMA (PRIKAZ SLUČAJA)

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Uvod: Zloupotreba benzodiazepina dostigla je nivo epidemije i rezultira lošim ishodima, posebno kada se kombinuje sa istovremenim depresivima centralnog nervnog sistema. Pa opet, mali broj autora je dokumentovao slučajeve zloupotrebe i fizičke zavisnosti od diazepama. Poznato je da je letalna doza Dijazepama 100mg na dan. **Cilj:** Smanjiti doze Dijazepama i održavati apstinenciju. **Metod:** Prikaz slučaja. **Prikaz slučaja:** Pacijent Z.I., rođen 1997. godine, ulazi u ambulantu neupadljivim hodom, uočavaju se tikovi i trizmus, imponuje je napeto, uspostavlja kontakt očima, verbalni kontakt se uspostavlja i ne produbljuje. Posljednje 3 godine zloupotreba Diazepama do 450mg/dan. Mikropsihotične episode koje se ispoljavaju kao agitiranost i poriv ka agresivnim pulzijama, koje aktuelno nemaju ispoljavanje ni ka unutra ni spolja, ali se nazire potencijal u oba smjera, interpretativnot sa konfabulacijama. Konkretno mišljenje. Psihotična anksioznost sa izraženom napetošću, somatizacijama i napadima panike. Emotivna rezonanca snižena. Sklonost ka manipulativnoj komunikaciji prilagođenoj kapacitetu. Laboratorijski nalazi i radiološke pretrage: CT endokranijuma uredan, i svi laboratorijski nalazi. Urin na psihoaktivne supstance pozitivan na benzodijazepine. Psihološko testiranje: korišteni su VITI, ACR-R, Mahover i TEP-zaključak: na osnovu psihološke eksploracije može se zaključiti da je u pitanju strukturni deficit ličnosti sa nesigurnom kontrolom impulsa, te sniženim pragom frustracione tolerancije. Mišljenje na hiperkonkretnom nivou. Snižen kapacitet kratkoročne memorije. Teškoće u mentalizaciji intrapsihičkih zbivanja rezultiraju probojima anksioznosti psihotičnog kvaliteta. Aktuelno intelektualno funkcionisanje na graničnom nivou sa zanačajnim neurokognitivnim padom psihotične etiologije. Terapija: prvi dan hospitalizacije ordinirano 60mg diazepama+ 40mg pp; Valproat 1500mg/dan (do pune doze u dva dana); Fluoksetin a 20mg/dan i Klozapin a 12.5mg/dan (isključen treći dan zbog neželjenih efekata i uključen Kvetiapin, 200mg/dan). Svakodnevno rađen suport, REBT psihoterapijske tehnike, u opsegu koji je pacijent mogao da prati. Pacijent aktuelno koristi Diazepam 40mg/dan, podijeljen u 8 doza, zadovoljan je i apstinira. Obavlja posao koji je do sada bio izvor prihoda. **Zaključak:** Svi ljekari bi trebalo da znaju da se dešava zloupotreba i pogrešna upotreba Dijazepama, te bi posebnu pažnju trebalo posvetiti prepisivanju, transportu i skladištenju ovog lijeka.

Ključne riječi: *diazepam, zloupotreba, zavisnost.*

PT_43

PERSISTANCE OF INCREASING THE DOSE IN DIAZEPAM ABUSE (CASE REPORT)

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Introduction: Benzodiazepine abuse has reached epidemic levels and results in poor outcomes, particularly when combined with concomitant central nervous system depressants. And yet, few authors have documented instances of abuse and physical addiction of diazepam, so far. Lethal dose of diazepam is known to be 100mg per day. **Aim:** To lower doses of Diazepam and maintain abstinence.

Method: Case report. **Case report.** Patient walked into policlinic on his foot, with tics and trismus, eye and verbal contact could be established. Patient Z.I., born 1997, referes missuse Diazepam during last 3 years up to 450mg per day. Micropsyhotic episodes with agitation and agresive biheviour, high in inetrpretability with confabulation. Concrete way of thinking. Psychotic anxiety, somatisation and panic attacks. Emotive resonance low. Manipulative presonality features. Laboratory results and radiological examinations: CT of endocranium and all laboratory results in normal range. Urine test positive on benzodiazepines. Psychological assessment: VITI, ACE-R, Mahover and TEP were used - findings: on the basis of psychological exploration, it can induce a structural personality deficit with uncertain impulse control and a lowered frustration tolerance. Thinking is on a hyper-concrete level. Capacity of short-term memory is reduced. There are difficulties in mentalizing intrapsychic processes that result in bursts of anxiety of a psychotic quality. Current intellectual functioning is at borderline level, with significant neurocognitive decline of psychotic etiology. Therapy: First hospital day 60mg Diazepam+ up to 40 mg, if necessary, Valproate to full range of 1500 mg/day in two days, Fluoxetine a 20mg/day and low Clozapine dose (stopped because of adverse effects), Quetiapine 50mg/day (up to 200 mg/day). Supportive and REBT psychotherapy were conducted on daily basis. Patient was released from hospital and now is on Diazepam 40mg per day divided in 8 doses, have job and is satisfied. **Conclusion:** All physicians should know that diazepam abuse and misuse is occurring, and careful attention should be given to prescribing, transporting, and storing this drug.

Keywords: *Diazepam, Abuse, Addiction.*

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PS_44

MJERE TOKOM PANDEMIJE KAO PRECIPITIRAJUĆI FAKTOR POJAVE OPSESIVNO-KOMPULSIVNOG POREMEĆAJA (PRIKAZ SLUČAJA)

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Uvod: Pandemija koronavirusom je povezana za različitim vrstama stresora: strah od zaraze, nametnuta socijalna izolacija, finansijski gubici. Dosadašnja istraživanja su pokazala značaj navedenih strestora sa pogoršanjem ranije dijagnosticiranih ili pojavom psihijatrijskih oboljenja u opštoj populaciji. **Cilj:** Istražiti posljedice pandemije koronavirusom, nametnute socijalne izolacije na mentalno zdravlje kod osoba imaju ranije dijagnosticirano mentalno oboljenje. **Prikaz slučaja:** Predstavljamo slučaj 60-godišnje ženske osobe koja je unazad godinu dana u ambulantnom psihijatrijskom tretmanu radi dijagnosticiranog anksiozno-depresivnog poremećaja. Na hospitalni tretman je primljena nakon pokusaja suicida skokom s visine. Tokom pandemije, pacijentica razvija simptome opsesivno-kompulsivnog poremećaja, što se manifestiralo pretjerano učestalim pranjem ruku (preko 50 puta dnevno), višestrukim čišćenjem predmeta koji se unose u stan, prestala je izlaziti iz stana kako bi izbjegla svaki socijalni kontakt. Po prijemu u psihijatrijsku kliniku, u kliničkoj slici su dominirali simptomi opsesivno-kompulsivnog poremećaja, uz anksioznost, te je pacijentica tretirana adekvatnim dozama antidepresiva uz anksiolitik, uz koje ne dolazi do značajnog poboljšanja. Tokom boravka na odjeljenju, kliničkom eksploracijom se dođe psihotičnih simptoma, u koje je pacijentica afektivno investirana. U terapiju se uključi i atipični antipsihotik, te uz psihoterapijski tretman, dolazi do redukcije simptomatike prisutne na prijemu. **Zaključak:** Ovaj prikaz slučaja sugeriše da su potrebna dodatna istraživanja povezanosti stresora koji se pojavljuju u sklopu globalne pandemije i pogoršanja oboljenja kod pacijenata sa ranije dijagnosticiranim mentalnim oboljenjima. Sugeriše se da je neophodno ispitati povezanost mjera namentnutih tokom pandemije i pojave opsesivno-kompulsivnog poremećaja, kao i načine dodatne podrške osobama koje boluju od mentalnih oboljenja tokom pandemije.

Ključne riječi: *COVID-19, opsesivno-kompulsivni poremećaj, psihoza.*

PT_44

MEASURES DURING PANDEMIC AS A PRECIPITATING FACTOR OF OBSSESIVE-COMPULSIVE DISORDER (CASE REPORT)

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Introduction: The coronavirus pandemic is associated with different types of stressors: fear of infection, imposed social isolation, financial losses. Previous research has shown the importance of these stressors with deterioration previously diagnosed or the occurrence of psychiatric diseases in the general population. **Aim**: Explore the consequences of a coronavirus pandemic, imposed social isolation on mental health in people have previously diagnosed mental illness. **Case report:** We are presenting a case of a 60-year-old female who is back a year in outpatient psychiatric treatment for diagnosed anxiety-depressive disorder. She was admitted to hospital treatment after suicide attempt by jumping from a height. During the pandemic, she develops symptoms of obsessive-compulsive disorder, manifested itself in overly frequent hand washing (over 50 times a day), by multiple repeating of cleaning items that are brought in to the apartment, she stopped leaving the apartment to avoid any social contact. After admission to a psychiatric clinic, in the clinical presentation were dominated by symptoms of obsessive-compulsive disorder, followed with anxiety, and the patient was treated with adequate doses of antidepressants and anxiolytics, but with no significant improvement. During her stay in the ward, clinical exploration reveals psychotic symptoms, in which she is emotionally invested. An atypical antipsychotic is added in the therapy, and along with the psychotherapy treatment, developed a reduction of the symptoms present on admission.
Conclusion: This case report suggests that additional research is needed on the connection between stressors, which appear as part of a global pandemic, and worsening of illness in patients with previously diagnosed mental illnesses, as well as the impact of preventive measures on the occurrence of obsessive-compulsive disorder. It is suggested that it is necessary to examine ways of additional support for people suffering from mental illness during a pandemic.

Keywords: *COVID-19, Obssesive-Compulsive Disorder, Psychosis.*

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PS_45

PATOLOŠKO KOCKANJE: KAKO ŽIVJETI BEZ IGARA? (PRIKAZ PSIHOTERAPIJSKOG RADA)

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Kockanje ili kocka je zajednički naziv za sve hazardne igre koje uključuju ulaganje novca, uz rizik ali i nadu za pozitivnim ishodom. U podlozi patološkog kockanja, često stoje teške životne priče ili određena psihopatologija. Kockanje može da uništi ne samo jedan život, nego i cijelu porodicu. Tada govorimo o ovisnicima o kocki. Oni kockaju intenzivno, imaju 5 ili više problema zbog kockanja. U radu je prikazana studija slučaja. Muškarac I. B., 56 godina. Fakultetsko obrazovanje. Radi. Oženjen. Dvoje djece. Živi sa suprugom u gradu. Djeca fakultetski obrazovana, oženjeni. Supruga 5 godina ima postavljenu dijagnozu karcinoma dojke, često na bolovanju. Bili su harmonični odnosi u porodici dok supruga nije obolila. Ponekad ranije igrao loto. Zadnje tri godine svaki dan ide u kladionicu. Kladi se na utakmice. Dug nema. Cijelu platu potroši na klađenje. Kao razlog početka kockanja navodi da ga je društvo „izvuklo“ iz kuće, da se malo skloni od priče o hemoterapijama. Odnosi sa suprugom su se pogoršali. Osuđivao ju je da nije žena koja ispunjava bračne obaveze i da mu to najviše nedostaje. Supruga sumnja da on ima drugu ženu. Kasnije saznaje da zbog kocke izostaje iz kuće sve duže i češće. Svađe su sve češće. Htio je da se razvede jer brak zbog supruge nije funkcionalan. Supruga je pristajala na sve, bila je umorna. Svi ga osuđuju, posebno sinovi koji prekidaju kontakt. Na tretman dolazi očajan. Ugovoren individualni plan liječenja koji podrazumijeva psihoterapiju sa farmakoterapijom. Ostvaren kontakt sa suprugom, date informacije o planu tretmana, te kako ona može da učestvuje. U tretmanu primijenjene tehnike i metode transakcione analize: analiza Skripta, dekontaminacija, Karpmanov dramatski trougao, Pobjednički trougao, terapija Novih odluka.

Ključne riječi: *patološko kockanje, psihoterapija, transakciona analiza.*

PT_45

PATHOLOGICAL GAMBLING: HOW TO LIVE WITHOUT GAMES? (A PRESENTATION OF PSYCHOTHERAPY WORK)

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Gambling is a catch-all term for all gambling games that involve risking money while hoping for a positive outcome. Pathological gambling is frequently accompanied by traumatic life events or specific psychopathology. Gambling can destroy not only a single life, but also an entire family. Also there are those who are addicted to gambling. They are addicted to gambling and have five or more gambling problems. The following case study is presented in the paper. I. B. is a 56-year-old male. holder of a university degree. Married, two children. Children graduated from university and married. His spouse has had breast cancer for five years and has been on sick leave frequently. The family had harmonious relationships until the spouse became ill. He previously played the lottery. For the past three years, he has gone to the betting shop every day. He is betting on soccer matches. There is no outstanding debt. He gambles away his entire salary. He claims that he began gambling because friends circle "dragged" him out of the house to avoid talking about chemotherapy. His relationship with his spouse deteriorated. He condemned her for not being a woman who fulfils hers marital obligations, which he most misses. His spouse suspects he has an affair; later, she discovers that he is neglecting home more and more frequently due to gambling. Quarrels are becoming more common. He desired a divorce because marriage serves no purpose because of his spouse. She agreed to everything because she was exhausted. Everyone condemns him, especially his sons who have severed contact with him. He comes to the treatment in a desperate state. We established a mutually agreed-upon individual treatment plan that combines psychotherapy and pharmacotherapy. The wife was contacted, informed her about the treatment plan and how she could participate. Transactional analysis techniques and methods used at work involved: Script analysis, decontamination, Karpman's dramatic triangle, Winning triangle and Redecision therapy.

Keywords: *Pathological Gambling, Psychotherapy, Transactional Analysis.*

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PS_46

IZLOŽENOST ŽENA KOJE IMAJU PROBLEMA SA PIJENJEM ALKOHOLA STIGMI I DISKRIMINACIJI

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Uvod: U radu predstavljamo studije slučajeva žena sa problemom pijenja alkohola koje uključuju sadržaj pomoći ženama, način podrške i savjetovanja, njihove interakcije sa socijalnom okolinom, dimenzije stigme i diskriminacije, i slično. **Cilj:** Uz pomoć teorijskog dijela, u radu pokušavamo i naša je namjera odgovoriti na sljedeća istraživačka pitanja: razumijemo li alkoholizam žena, da li je ženama potrebno prilagođeno liječenje, kako potaknuti veću socijalnu uključenost žena, kako ojačati društvenu i socijalnu mrežu žena, te da li se, u odnosu na muškarce sa problemima zbog pijenja alkohola osjećaju više stigmatizirane nego oni. **Metode:** U izradi rada koristili smo naučnu metodu studije slučaja žena sa iskustvom alkoholizma. **Rezultati:** Istraživanje je pokazalo, da je uloga žena u društvu pomaganjem drugima njihova glavna socijalna uloga. Pokazalo se je da žene sa problemom pijenja alkohola trebaju cjelovitu socijalnu, emocionalnu i stručnu podršku i sigurno socijalno okruženje terapijskog programa da mogu slijediti ciljeve zdravog životnog stila i apstinencije za koju su se odlučile. **Zaključak:** Žene koje imaju problem pijenja od strane značajnih bliskih osoba češće ne dobiju pomoć i na putu rješavanja problema sa pijenjem alkoholu ostanu same, a u porodici su često izložene raznim oblicima nasilja. Žene u terapijskog grupi mogu zadovoljiti potrebe koje ne mogu u drugim sličnim programima. Pijenje alkohola kod žena značajno je više prepoznato u društvu kao predmet stigme i diskriminacije nego kod muškaraca.

Ključne riječi: *alkoholizam, žene, stigma, diskriminacija.*

PT_46

THE EXPOSURE OF WOMEN WITH ALCOHOL DRINKING PROBLEMS TO STIGMA AND DISCRIMINATION

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Introduction: In the paper, we present case studies of women with alcohol drinking problems that include the content of assistance to women, the way of support and counseling, their interactions with the social environment, dimensions of stigma and discrimination, etc. **Aim:** With the help of the theoretical part, in this work we try, and our intention is to answer the following research questions: do we understand women's alcoholism, do women need customized treatment, how to encourage greater social inclusion of women, how to strengthen the social and social network of women, and whether, compared to men with problems due to drinking alcohol, they feel more stigmatized than they do. **Methods:** In the preparation of the paper, we used the scientific method of a case study of women with an experience of alcoholism. **Results:** Research has shown that women's role in society is to help others as their main social role. It has been shown that women with an alcohol drinking problem need complete social, emotional, and professional support and a safe social environment of a therapeutic program to be able to follow the goals of a healthy lifestyle and abstinence that they have decided for. **Conclusions:** Women in trouble often do not receive help from important close people and remain alone on the way to solving the problem of drinking alcohol, and in the family, they are often exposed to various forms of violence. Women in a women's therapy group can meet needs that cannot be met in other similar programs. The conclusion is that the drinking of alcohol by women is significantly more recognized in society as a subject of stigma and discrimination than by men.

Keywords: *Alcoholism, Women, Stigma, Discrimination.*

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PS_47

TRIDESET GODINA REMISIJE SHIZOFRENE BOLESNICE (PRIKAZ SLUČAJA)

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Uvod: Pravovremeno uspostavljanje dijagnoze shizofrenije, adekvatan terapijski savez s bolesnikom i obitelji pomaže smanjenju broja hospitalizacija i relapsa bolesti. Optimalni tretman adekvatne psihofarmakoterapije, prije svega antipsihoticima predstavlja okosnicu liječenja shizofrenije, u kombinaciji s različitim psihoterapijskim i socioterapijskim tehnikama, te psihoedukacija bolesnika i njegove obitelji koje su također veoma važne na ishod liječenja. **Cilj:** Naglasiti uspješnost 30-godišnje remisije shizofrene bolesnice. **Metode:** Podatci su dobiveni aktivnim sudjelovanjem u liječenju i uvidom u medicinsku dokumentaciju. **Prikaz slučaja:** Pacijentica S.M, rođena 1949. godine. Udata, majka dvoje djece, živi s mužem. Bolest je započela 80-tih godina prošlog stoljeća pojavom akutne psihotične epizode i prve hospitalizacije u Klinici za psihijatriju u Hrvatskoj. Poslije toga u tridesetgodišnjem periodu redovito je dolazila na kontrolne preglede, redovito koristila preporučenu terapiju. U obitelji i socijalnoj sredini je adekvatno funkcionirala. Odgojila je dvije kćerke, koje su se udale a onda je pomagala i u odgoju unučadi. S mužem je adekvatno funkcionirala kao i sa susjedima i rodbinom. Kompletna psihotična psihopatologija je potpuno nestala. Nakon 30 godina uspješne remisije i kontrole bolesti pod ambulantnim uvjetima, pacijentici dolazi do pogoršanja psihičkog stanja pa je ponovno hospitalizirana na Klinici za psihijatriju Sveučilišne kliničke bolnice Mostar u srpnju 2018. godine. U posthospitalnom praćenju i nakon četiri godine od posljednje hospitalizacije, u kućnim uvjetima i u socijalnoj sredini adekvatno funkcionira i obavlja uobičajene kućne poslove. Redovito obavlja kontrolne preglede psihijatra. Na zadnjem kontrolnom pregledu kojeg je obavila u svibnju 2022. godine u kliničkoj slici stanje stabilne remisije uz redukciju na kognitivno-mnestičkom planu u sklopu dugotrajnog sch procesa. **Zaključak:** Zahvaljujući uspješnoj terapiji, angažmanom bolesnice i obitelji, shizofrena bolesnica je bila 30 godina u remisiji.

Ključne riječi: *shizofrenija, liječenje, remisija.*

PS_47

THIRTY YEARS OF REMISSION IN A SHIZOPHRENIC PATIENT (CASE REPORT)

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Introduction: Establishing a diagnosis of schizophrenia at the right time, an adequate therapeutic alliance with the patient and family helps to reduce the number of hospitalizations and relapses of the disease. Optimal treatment with adequate psychopharmacotherapy, primarily antipsychotics, which is the basic line of treatment in schizophrenia, in combination with various psychotherapeutic and sociotherapeutic techniques, as well as psychoeducation of the patient and his family, which are also very important for the outcome of treatment. **Aim:** Focus is on the success of thirty years of remission in patient of schizophrenia. **Methods:** Data were obtained through active participation in treatment and insight into medical documentation. **Case report:** Female patient S.M, born in 1949. Married, mother of two children, lives with her husband. The disease began in the 1980s with the appearance of an acute psychotic episode and her first hospitalization in the Psychiatry Clinic in Croatia. After that, in the thirty-year period, she regularly came on control outpatient exams, regularly used the recommended therapy. She functioned adequately in the family and social environment. She raised two daughters, who got married and she also helped raise her grandchildren. She functioned adequately with her husband as well and also with her neighbours and relatives too. The complete psychotic psychopathology has completely disappeared. After thirty years of successful remission and in ambulatory condition controlling disease. The patients mental condition worsened, so he was re-hospitalized at the Clinic for Psychiatry, University Clinical Hospital Mostar in July 2018. In the post-hospital observing after four years since the last hospitalization, in domestic conditions and in the social environment, she functioned adequately and performs the usual household task. She performs regular control ambulatory exams. At the last control examination, which she performed in May 2022, the clinical finding was a condition of stable remission with a reduction in cognitive memory as a part of the long-term psychotic process. **Conclusions:** Including successful therapy and the involvement of the patient and her family, the schizophrenic patient was in remission for thirty years.

Keywords: *Shizophrenia, Treatment, Remission.*

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PS_48

ELEKTROKOLVUZIVNA TERAPIJA U TRETMANU TEŠKE TERAPOREZISTENTNE DEPRESIJE (PRIKAZ SLUČAJA)

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Uvod: Elektrokonvulzivna terapija (EKT) je psihijatrijski tretman tokom kojeg se kod anesteziranog pacijenta dobija terapijski efekat izazivanjem konvulzije nakon primene električne struje. EKT može biti korisna kao tretman prve linije izbora kod teških depresivnih epizoda s psihotičnim simptomima, katatonijom, suicidalnim rizikom, kod kompromitovane ishrane zbog odbijanja tečnosti i hrane i kod teške teraporezistentne depresije. U cilju destigmatizacije ovog tretmana (postoji neopravdana socijalna stigma) prikazan je slučaj i potvrđena korisnost primene EKT, efikasnost i poboljšanje sveukupnog kvaliteta pacijentkinje. **Prikaz slučaja:** Prikazali smo bolesnicu starosti 67 godina, koja se psihijatrijski leči od 1999. godine. Imala je od tada do sada preko 10 hospitalizacija i tri pokušaja suicida. Unazad četiri godine bolesnica je nezainteresovana, bezvoljna, bez inicijative, u depresivnom stuporu i pored uzimanja terapije. Suprug vodi računa o njoj, njenoj higijeni, o oblačenju i ishrani. 2018. godine sprovedena je EKT, 12 aplikacija, zbog teraporezistentne depresije. Nakon tretmana, kod bolesnice je došlo do drastičnog poboljšanja psihičkog zdravlja i kvaliteta života. Sama kuva, odlazi u kupovinu, brine se o domaćinstvu. **Zaključak:** Kod rezistentnih depresija tuvek treba razmišljati o EKT, jer ima najveći postotak poboljšanja i remisije od svih vidova antidepresivnih tretmana i kreće se 70-90%

Ključne reči: *EKT, teraporezistentna depresija, konvulzija.*

PT_48

ELECTROCONVULUSIVE THERAPY IN THE TREATMENT OF SEVERE THERAPY-RESISTANT DEPRESSION (CASE REPORT)

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Introduction: Electroconvulsive therapy (ECT) is a psychiatric treatment during which a therapeutic effect is obtained in an anesthetized patient by causing a convulsion after the application of electric current. ECT can be useful as a first-line treatment in severe depressive episodes with psychotic symptoms, catatonia, suicidal risk, in compromised nutrition due to refusal of liquids and food, and in severe therapy-resistant depression (Kennedy et al., 2009). In order to destigmatize this treatment (there is an unjustified social stigma), a case is presented and the usefulness of ECT application, efficiency and improvement of the overall quality of the patient are confirmed. We presented a 67-year-old patient, who has been receiving psychiatric treatment since 1999. Since then, she has had more than 10 hospitalizations and three suicide attempts.

For four years now, the patient has been disinterested, listless, without initiative, in a depressive stupor despite taking therapy. Her husband takes care of her, her hygiene, dressing and diet. In 2018, ECT was performed, 12 applications, due to therapy-resistant depression. After the treatment, the patient's mental health and quality of life improved drastically. She cooks herself, goes shopping, takes care of the household. Conclusion. In case of resistant depression, you should always think about ECT, because it has the highest percentage of improvement and remission of all types of AD treatment, ranging from 70-90%.

Keywords: *ECT, Therapy-Resistant Depression, Convulsion.*

Literatura/References: 1. Eranti S, Mogg A, Pluck G, Landau S, Purvis R, Brown RG. A randomized, controlled trial with 6-month follow-up of repetitive transcranial magnetic stimulation and electroconvulsive therapy for severe depression. Am J Psychiatry. 2007; 164: 73–81.; 2. Husain MM, Rush AJ, Fink M, Knapp R, Petrides G, Rummans T, et al. Speed of response and remission in major depressive disorder with acute electroconvulsive therapy (ECT): a Consortium for Research in ECT (CORE) report. J Clin Psychiatry. 2004; 65: 485–91.; 3. Stojanović Z, Špirić Ţ. Acute psychosis followed by fever: Malignant Neuroleptic Syndrome or viral encephalitis? Vojnosanitetski pregled (in press). Špirić Ţ, Stojanović Z, Samardzić R, Milovanović S, Gazdag G, Marić N. Electroconvulsive therapy practice in Serbia today. Psychiatria Danubina. 2014; 26(1):66-69.

PS_49

COVID-19 I KORTIKOSTEROIDNA TERAPIJA KAO PRECIPITIRAJUĆI FAKTORI PSIHOTIČNE REAKCIJE

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Uvod: Pandemija COVID-19 se nepovoljno odrazila kako na somatsko tako i na mentalno zdravlje populacije te se uočava porast incidence anksioznih, depresivnih, ali i psihotičnih poremećaja povezanih sa infekcijom COVID-19. Pored mehanizama direktno vezanih za COVID-19, kao mogući uzrok psihičke dekompenzacije navode se i terapijski pristupi u tretmanu iste. **Cilj:** Prikazati pacijenticu koja je tokom infekcije COVID-19 i tretmana kortikosteroidnom terapijom razvila psihotične simptome. **Metode:** Prikaz slučaja za kog je korištena medicinska dokumentacija: strukturirani psihijatrijski intervju, laboratorijski nalazi (kontrolisani u više navrata), hormonalni status štitne žlijezde (uredan nalaz), EKG (uredan nalaz), internistički pregled (dg.: Cor comp., HTA), CT neurokranijuma (početna vaskularna leukopatija i umjereno izražene kortikoatrofične promjene), pregledi infektologa, angiologa i pulmologa. **Prikaz slučaja:** Pacijentica, starosti 59 godina, nikada nije liječena psihijatrijski, adekvatne radno-socijalne funkcionalnosti. Hospitalizirana na Odjel intenzivne njege, zbog paranoidno-halucinatorne simptomatologije, praćene psihomotornim nemirom. Dvije sedmice prije hospitalizacije članu porodice je verificiran COVID-19, a pacijentici obostrana pneumonija, uz negativan PCR na teški akutni respiratorni sindrom corona virus 2 (SARS-CoV-2). Klinička slika je išla u prilog blagog oblika bolesti. Tretirana je antivirotikom favipiravirom, potom antibiotskom terapijom uz kortikosteroide. Tokom kortikosteroidne terapije nastupaju promjene na psihičkom planu, postaje razdražljiva, povišenog raspoloženja, pojačanog impulsa za govor, povremeno nepovezano govorila, verbalno i fizički agresivna. Destabiliziranog sna. Po prijemu diskontinuirani kortikosteridi, na ampularnu terapiju benzodizepina se postigne trankvilizacija. Na primjenjenu medikaciju, aripiprazol 10 mg/dan, kupira se ispoljena simptomatologija, postaje afektivno relaksirana, eutimična, adekvatna u kontaktu, bez produktivne psihotičnosti. Bez suicidalnih promišljanja i nakana. Kritična spram svog stanja, distancira se od događanja koja su prethodila hospitalnom tretmanu. Stabilnog somatskog stanja, bez subjektivnih tegoba. Postignuta psihostabilizacija se održava. **Zaključak:** Ovim radom smo željeli ukazati na moguću povezanost psihotične dekompenzacije sa COVID-19 infekcijom, ali i kortikosteroidnom terapijom korištenom u tretmanu ove infekcije.

Ključne riječi: *COVID-19, akutna psihoza, kortikosteroidi.*

PT_49

COVID -19 AND CORTICOSTEROID THERAPY AS PRECIPITATING FACTORS OF A PSYCHOTIC REACTION

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Introduction: The COVID 19 pandemic has adversely affected both the somatic and mental health of the population, and an increase in the incidence of anxiety, depression, but also psychotic disorders associated with the infection of COVID-19 is observed. In addition to mechanisms directly related to COVID-19, therapeutic approaches in the treatment of the illness are cited as a possible cause of psychological decompensation. **Aim:** To present a patient who developed psychotic symptoms during the course of COVID-19 infection and treatment with corticosteroid therapy. **Methods:** Case report based on medical documentation: structured psychiatric interview, laboratory tests (repeatedly checked), thyroid hormonal status (normal), ECG (normal), exam of the specialist in internal medicine (diagnosed hypertension and compensated heart disease), neurocranial CT (initial vascular leukopathy and moderately expressed corticotropic changes), examination by an infectious disease specialist, an angiologist, and a pulmologist. **Case description**: Female patient, 59 years old, with no prior psychiatric treatments, with adequate work and social functionality. Hospitalized in the Intensive Care Unit, due to paranoid-hallucinatory symptomatology, accompanied by psychomotor restlessness. Two weeks before hospitalization, the family member was diagnosed with COVID-19, and the she had bilateral pneumonia, with a negative PCR test for severe acute respiratory syndrome caused by Corona virus 2 (SARS-CoV-2). The clinical presentation was in favor of a mild form of the disease. She was treated with the antiviral favipiravire, and later antibiotics with corticosteroids. During corticosteroid therapy, changes occur on the psychological level, she became irritable, had an elevated mood, increased impulse to speak, spoke incoherently, was verbally and physically aggressive. Disturbed sleep. Corticosteroids were discontinuated. Tranquilization was achieved by parenteral benzodiazepine therapy. With the applied medication, aripiprazole 10 mg/day, the manifested symptomatology stopped, she became affectively relaxed, euthymic, adequate in contact, without productive psychotic symptoms. Without suicidal thoughts and intentions. Critical of her condition, she distances herself from the events that preceded her hospital treatment. Stable somatic condition, without subjective complaints. The achieved psychostabilization is maintained. **Conclusions:** With this paper we wanted to point out the possible relation of psychotic destabilization with COVID-19 infection, but also with corticosteroid therapy used in the treatment of this infection.

Keywords: *COVID-19, acute psyhosis, corticosteroids.*

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PS_50

STIGMA I DISKRIMINACIJA

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Uvod: Stigma postoji još od davnina kada su se posebnim vidom žiga označavala tela ljudi za koje se smatralo da su moralno ili na bilo koji drugi način "oštećeni". Ove osobe pored toga što su bile obeležene, bile su i diskrimisane i vrlo često posramljivane i odbačene od okoline. Od tada pa do danas, stigmatizacija nije nestala, već je samo kroz vreme menjala svoju formu prilagođavajući se novonastalim društvenim normama. **Cilj:** Kako stigmatizacija nastaje na temeljima predrasuda, straha i neznanja naš cilj je ukazati na značaj razumevanja psihijatrijskih pacijenata i njihovog prihvatanja bez diskriminacije. **Metode:** Danas je stigmatizacija najviše fokusirana na kult tela, kako iznutra, tako i spolja. Stigmtizovane osobe su pod konstantnim pritiskom koji negativno utiče na sve elemente psihe i narušava mentalno blagostanje svakodnevnog funkcionisanja. Ove osobe vremenom počinju da se osećaju inferiorno u odnosu na okolinu koja ih okružuje, kako na radnom mestu, u školama, porodici, tako i, za nas najbitnije, u zdravstvenim ustanovama. Zbog društvene diskriminacije često se na ustanove za psihijatrijske pacijente gleda kao na mesta gde se leče i "zatvaraju" ljudi opasni po sebe i po okolinu i gde se sprovode različite nasilne i prisilne metode, i prekomerne sedacije. **Rezultati:** Stigmatizacija je za nas kao lekare veoma ozbiljan problem jer upravo zbog nje pacijenti odbijaju blagovremeni odlazak kod psihijatra i prikrivaju svoje tegobe kako bi izbegli osuđivanje okoline. Upravo zato se mnogo često dešava da se lekarska pomoć potraži tek kada je bolest u uznapredovaloj fazi. Zbog porasta broja psihijatrijskih pacijenata na globalnom nivou, u sve većem broju zemalja pokreću se različiti antistigma programi sa ciljem vraćanja dostojanstva kako pacijentima tako i institucijama koje brinu za njihovo zdravlje. **Zaključak:** Možemo reći da se sa pravom smatra da je stigmatizacija psihijatrijskih pacijenata vrlo primitivna i neprihvatljiva za postojeći nivo kulturološkog društvenog razvoja.

Ključne reči: *stigma, diskriminacija, antistigmatizacija.*

PT_50

STIGMA AND DISCRIMINATION

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Introduction: Stigma has existed for centuries as people were labelled and considered to be morally or in any way "damaged". Aside from being labelled, stigmatized people are often targeted for discrimination, embarrassment, and rejection from the environment. As of today, the stigma has not disappeared, instead it has taken new forms adapting to the newly agreed upon social norms. **Aim:** How the basis of prejudice contributes to stigma, fear and ignorance, our aim is putting accent on the importance of understanding psychiatric patients and patient acceptance without discrimination. **Methods:** Modern day stigma is mostly focused on the body, both the physical and psychological aspect. Stigmatized people are under constant pressure that has a negative effect on every aspect of the human psyche and disrupts the mental wellbeing and daily functionality. In time, these people will start feeling inferior to the surroundings, the workplace, schools, family as well as most importantly in the healthcare institutions. Because of social discriminations, healthcare hospitals and wards are viewed as places where people that are "locked up" pose danger to themselves and the surroundings who are being mistreated with a variety of violent and forceful methods and over sedating patients. **Results:** Stigma presents a serious problem for us as doctors because it causes patients to refuse timely psychiatric visits and hide their symptoms with hope to avoid societal backlash and judgement. As a result, professional help is not asked until the disease reaches an advanced stage. The number of psychiatric patients has risen as of late, resulting in creating diverse Anti-Stigma programs in many countries with a purpose of restoring the dignity of patients and the institutions battling mental health alike. **Conclusions:** We conclude that its righteous to say - stigmatizing psychiatric patients is very primitive and unacceptable for modern societal development.

Keywords: *Stigma, Discrimination, Antistigmatization.*

Literatura/References: 1. Scambler G. Stigma and disease: changing paradigms.; 2. Wahl O. Mental health consumers' experience of stigma.; 3. Read J, Baker S. Not just sticks and stones: A Survey of the Stigma, Taboos and Discrimination Experienced by People with Mental Health Problems. London: MIND 1996.

PS_51

PSIHIJATRIJSKI TRETMAN OBOLJELOG OD AUTOIMUNOG ENCEFALITISA (PRIKAZ SLUČAJA)

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Uvod: Autoimuni encefalitis odnosi se na niz različitih simptoma koji se pojavljuju kada imunološki sistem napada zdrave moždane stanice a kao posljedica nastaje upala mozga koja se manifestuje neurološkim ispadima, kao i ispadima na psihičkom planu. U ovom radu će biti prikazani početak bolesti, klinička slika, dijagnostička evaluacija, tok liječenja kao i psihosocijalni tretman pacijentice oboljene od autoimunog encefalitisa. **Cilj:** Cilj ovog rada je naglasiti važnost integriranog pristupa u dijagnostici, liječenju i psihosocijalnoj rehabilitaciji. **Metode:** Pregled historije bolesti pacijentice liječene na Psihijatrijskoj klinici Kliničkog centra Univerziteta u Sarajevu (KCUS) u januaru 2022. godine. **Rezultati:** Pacijentica P.J., starosti 15 godina iz Travnika, prvi put je hospitalizirana na Psihijatrijskoj klinici KCUS nakon što je upućena iz bolnice u Travniku. Unazad tri dana imala povremeno temperaturu i kašalj, nije spavala noćima, slabo jela. Na početku je bila psihički izmjenjena. U toku hospitalizacije postala febrilna, zakočenog pogleda, pojačanog tonusa muskulature, uz vrat koji koči u krajnjoj antefleksiji. Uradi se niz dijagnostičkih pretraga i konzilijarnih pregleda od strane neuropedijatra, infektologa, oftalmologa, CT torakalnih organa, CT neurocraniuma, MRI mozga, laboratorijska i imunološka dijagnostika. Tretirana farmakoterapijom (antivirotik, antibiotik, analgetik, antipiretik). Od stane infektologa postavi se dijagnoza Status febrilis, Encephalopathia acuta obs., Encephalitis ac., te se pacijentica premjesti na Kliniku za infektivne bolesti KCUS, gdje je urađena odgovarajuća dijagnostika te se postavi dijagnoza Encephalithis autoimmunogenes in obs. Zbog pogoršanja psihičkog stanja pacijentica se ponovno premješta na Psihijatrijsku kliniku KCUS, kada je uključena u psihofaramakološki tretman nakon čega dolazi do redukcije smetnji na psihičkom planu. U toku hospitalizacije na našoj klinici urađena dodatna dijagnostička obrada, te neuropedijatar indicira premještaj na Pedijatrijsku kliniku KCUS pod dg: Encephalitis autoimunogenes in obs, Paralysis plexux brachialis lat. proximalis. Preporučuje se nastaviti psihofarmakološku terapiju (olanzapin, haloperidol, diazepam, biperiden). **Zaključak:** Na osnovu anamnestičkih podataka, dosadašnje kliničke opservacije i urađenih pretraga mišljenja smo da su smetnje na psihičkom planu organski uslovljene.

Ključne riječi: *autoimuni encefalitis, psihičke smetnje, paraliza pleksus brahialisa, organicitet.*

PT_51

PSYCHIATRIC TREATMENT OF PATIENTS WITH AUTOIMMUNE ENCEPHALITIS (CASE REPORT)

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Introduction: Autoimmune encephalitis (AE) refers to a number of different symptoms that appear when the immune system attacks healthy brain cells, resulting in inflammation of the brain that manifests itself in neurological and psychological symptoms. This paper will present the onset of the disease, clinical picture, diagnostic evaluation, course of treatment, and psychosocial treatment of a patient suffering from AE. **Aim:** The aim of this paper is to emphasize the importance of an integrated approach in diagnosis, treatment and psychosocial rehabilitation. **Methods:** A review of the medical histories of patient who was hospitalized in Clinic of Psychiatry at the Clinical Center of University of Sarajevo (CCUS) in January 2022. **Results:** Female patient P.J., 15 years old from Travnik, was hospitalized at the Clinic of Psychiatry CCUS for the first time, after being referred from Cantonal Hospital Travnik. Three days ago, she occasionally had fever and cough, did not sleep at night, lost her appetite. On beginning she was mentally altered. During hospitalization, she became febrile, with a frozen look, increased muscle tone, with a neck that stopping in extreme anteflexion. Neuropaediatricians, infectologist and ophthalmologist performed a series of examinations, as well as diagnostic tests like chest and brain CT and brain MRI, laboratory and immunological diagnostics. She was treated with pharmacotherapy (antiviral, antibiotics, analgetic, antipyretics). An infectologist makes a diagnosis of Febrile state, observed Acute Encephalopathy and Acute Encephalitis, and she was transferred to the Clinic for Infectious Diseases at CCUS where it was done appropriate diagnostics and made the diagnosis of observation to AE. Due to the deterioration of the patient's mental condition, she was again transferred to the Clinic of Psychiatry CCUS, when she was included in psychopharmacological treatment, and the psychological disturbances were reduced. During the hospitalization at our Clinic, additional diagnostic processing was performed, and the neuropaediatrician indicated transfer to the Paediatric Clinic CCUS under the diagnosis: Observation of AE, Paralysis plexus brachialis lat. proximalis. It is recommended to continue psychopharmacotherapy (olanzapine, haloperidol, diazepam, biperiden). **Conclusions:** Based on anamnestic data, clinical observation so far and performed tests we are of the opinion that psychological disorders are organically conditioned.

Keywords: *Autoimmune Encephalitis, Mental Disorders, Paralysis, Organicity.*

Literatura/Reference: 1. E. Lancaster. The Diagnosis and Treatment of Autoimmune Encephalitis J Clin Neurol. 2016 Jan; 12(1): 1–13.

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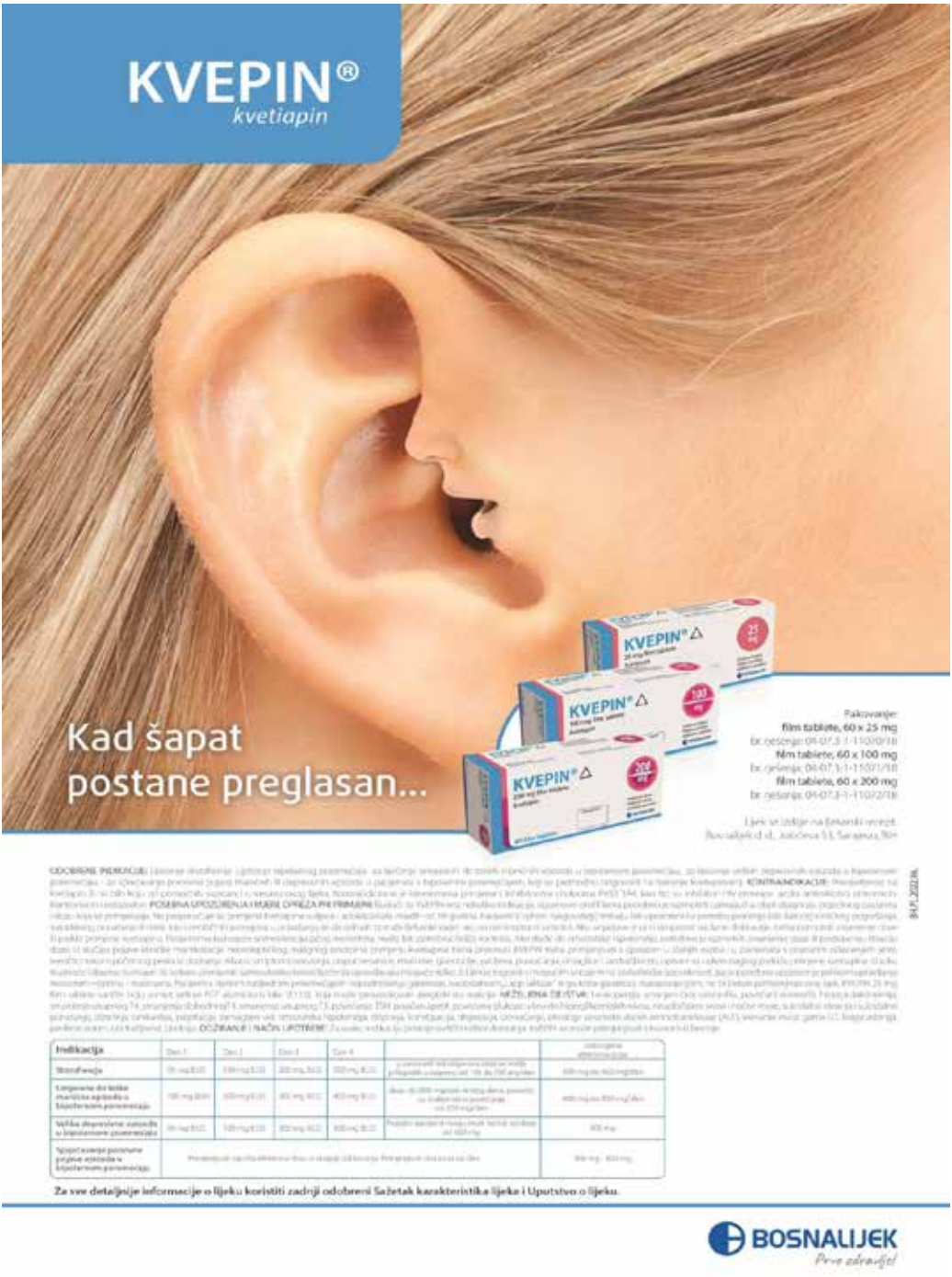
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Za sve detaljnije informacije o lijeku koristiti zadnji odobreni Sažetak karakteristika lijeka i Uputstvo o lijeku.
BOSNALIJEK
Prvo zdravlje!

ODOBRENE INDIKACIJE: Liječenje shizofrenije u odraslih i adolescenata u dobi od 15 godina i starijih. Liječenje umjerenih do teških manične epizode u bipolarnom poremećaju tipa I, te za prevenciju nove manične epizode u odraslih koji su imali prošlo manične epizode i u kojih su prethodne manične epizode odgovorale na liječenje s aripiprazolom. Liječenje, u trajanju do 12 sedmica, umjerenih do teških maničnih epizoda u bipolarnom poremećaju tipa I, u adolescenata u dobi od 13 godina i starijih. **KONTRAINDIKACIJE:** Preosjetljivost na aktivnu supstancu ili na bilo koju od pomoćnih supstanci. **POSEBNA UPOZORENJA I MJERE OPREZA PRI PRIMJENI:** Za vrijeme liječenja s antipsihoticima, može biti potrebno nekoliko dana do nekoliko sedmica za ostvarivanje poboljšanja kliničkog stanja pacijenta. Pacijente treba pažljivo pratiti tokom tog perioda. Pojava suicidalnog ponašanja u nekim slučajevima je poljepšana rano nakon početka ili promjene terapije s antipsihoticima. U visokorizičnih pacijenata, zahtijeva se pažljivo praćenje. Aripiprazol treba primjenjivati s oprezom u pacijenata s poznatom kardiovaskularnom bolešću i u pacijenata s porodičnom historijom produženja QT intervala. Ako se u pacijenta koji se liječe s aripiprazolom jave znaci i simptomi tardivne diskinezije, potrebno je razmotriti smanjenje doze ili prekid primjene lijeka. Aripiprazol treba koristiti s oprezom u pacijenata s historijom konvulzivnog poremećaja ili u pacijenata koji imaju stanja koja su povezana s konvulzijama. Antipsihotici nisu indicirani za liječenje psihoze povezane s demencijom. Aripiprazol može izazvati reakcije preosjetljivosti za koje su karakteristične alergijski simptomi. Povećanje tjelesne težine treba pratiti u adolescentnih pacijenata s bipolarnom manijom. Ako je povećanje tjelesne težine klinički značajno, trebalo bi razmotriti smanjenje doze. Aripiprazol treba oprezno primjenjivati u pacijenata s rizikom od aspiracijske pneumonije. Potrebno je razmotriti smanjenje doze ili prekid primjene lijeka ako se u pacijenta razvija poremećaji kontrole impulsa tokom liječenja s aripiprazolom. Maksimalna dnevna doza od 30 mg treba primjenjivati s oprezom u pacijenata s teškim oštećenjem jetre. Pacijenti s rijetkim nasljednim poremećajem nepodnošenja galaktoze, nedostatkom „Lapp laktaze" ili glukoza-galaktoza malapsorpcijom, ne bi trebali primjenjivati ovaj lijek. LUMINEL oralne disperzibilne tablete sadrže aspartam (E951) koji je izvor fenilalanina. Može biti štetan u osoba s fenilketonurijom. Primjena u periodu trudnoće i dojenja: Ovaj lijek ne bi trebalo primjenjivati u trudnoći, osim ako očekivana dobrobit za majku jasno opravdava mogući rizik za fetus. Aripiprazol se izlučuje u majčino mlijeko. Mora se donijeti odluka da li prekinuti dojenje ili primjenu aripiprazola, uzimajući u obzir dobrobit dojenja za dijete i dobrobit liječenja s aripiprazolom za majku. ▲Trigonik, lijek sa snažnim uticajem na psihofizičke sposobnosti (zabrana upravljanja motornim vozilima i mašinama). **NEŽELJENA DEJSTVA:** Nesanica, anksioznost, nemir, akatizija ekstrapiramidalni poremećaj, tremor, glavobolja, sedacija pospanost, omaglica, dijabetes mellitus, zamagljen vid, konstipacija, dispepsija mučnina, hiperrefleksija pljuvačke, povraćanje, umor. **DOZIRANJE I NAČIN UPOTREBE:** Odrasli *Shizofrenija*: preporučena početna doza LUMINELA je 10 mg ili 15 mg/dan, s dozom održavanja od 15 mg/dan, a primjenjuje se jedanput na dan, neovisno o obrocima. Maksimalna dnevna doza ne bi trebala premašivati 30 mg. Manične epizode u bipolarnom poremećaju tipa I: preporučena početna doza je 15 mg, a primjenjuje se jedanput na dan, neovisno o obrocima, u obliku monoterapije ili kombinirane terapije Maksimalna dnevna doza ne bi trebala premašivati 30 mg. *Prevencija ponovnog javljanja (relapsa) manične epizode u bipolarnom poremećaju tipa I*: u svrhu prevencije relapsa manične epizode u pacijenata koji su primali aripiprazol u obliku monoterapije ili kombinirane terapije, potrebno je nastaviti terapiju pri istoj dozi. Podešavanja dnevne doze, uključujući i smanjivanje doze, treba razmotriti na osnovu kliničkog stanja pacijenata. **Pedijatrijska populacija** *Shizofrenija u adolescenata u dobi od 13 godina i starijih*: preporučena doza LUMINELA je 10 mg/dan, a primjenjuje se jedanput na dan, neovisno o obrocima. Ne smije se premašiti maksimalna dnevna doza od 30 mg. *Manične epizode u bipolarnom poremećaju tipa I, u adolescenata u dobi od 13 godina i starijih*: preporučena doza LUMINELA je 10 mg/dan, a primjenjuje se jedanput na dan, neovisno o obrocima. Liječenje bi trebalo trajati samo onoliko koliko je potrebno da se simptomi stave pod kontrolu, a ne smije biti duže od 12 sedmica. Doze veće od 10 mg/dan treba primjenjivati samo u izuzetnim slučajevima i uz strogi klinički nadzor. Nije potrebno prilagođavanje doze za pacijente s blagim do umjerenim oštećenjem jetre i u pacijenata s oštećenjem bubrega. LUMINEL je namijenjen za oralnu primjenu. Oralnu disperzibilnu tabletu treba staviti u usta na jezik, gdje će se brzo raspadati (raztvoriti) u pljuvački. Može se uzimati s tečnošću ili bez nje.

Za sve detaljnije informacije o lijeku koristiti zadnji odobreni Sažetak karakteristika lijeka i Uputstvo o lijeku.

BOSNALIJEK
Prvo zdravlje!


Tregona D


Trefero
10 mg
15 mg

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VIENNA, AUSTRIA
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