

Conclusions: If we can find positive answers by our study it could help us in detecting expectant mothers with high risk of postpartum depression – with special focus on the vulnerable group of women with bipolar affective disorder – by evaluating the anxiety status in pregnancy and so help to avoid severe consequences for mother and child.

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The phenomenology of the behavioral disturbances in the Alzheimer's dementia

Lazarova Snezana, Barbov Ivan, Petrov Igor & S.Cuckova
Neurology, University Neurology Clinic Skopjeul."Vodnjanska" br.17, 1000 Skopje, Republic of Macedonia
E-mail: mimilazar@yahoo.com

Introduction/Objectives: The aim of this research work is to analyze the Behavioral and Psychological Symptoms of dementia-BPSD respectively the neuropsychiatric symptoms of Alzheimer's disease.

Participants, Materials/Methods: This study aimed to establish the standard pattern of a clinical-psychological estimate of the Behavioral and Psychological Symptoms of dementia-BPSD and to describe the phenomenology of BPSD. The study was a prospective one, and it included a groups of 30 patients diagnosed as Alzheimer's disease (by ICD 10), treated in the Clinic for neurology Skopje. The following instruments for investigation were used: Standardized clinical interview, the Behavioral Pathology in Alzheimer's disease Rating Scale (BEHAVE-AD), the Cohen-Mansfield Agitation Inventory (CMAI), and NONE standardized sociological-demographic questionnaire.

Results: The obtained results have shown that the average age is higher in patients with Alzheimer's disease and more rapid cognitive decline and more severe cognitive impairment are present in these patients. Paranoid and Delusional Ideation are more common in patients with Alzheimer's and the activity disturbances are increased by the severity of the disease. From the beginning of the disease the average time is 3 years. The patients who came on examination are in the high percentage in the moderate and severe stage.

Conclusions: The Behavioral and Psychological Symptoms of dementia are present in all patients. This is in accordance with data from the literature where it is said that in epidemiologic examples the frequency of the Behavioral and Psychological Symptoms of dementia is lower than in clinical samples because care is sought when neuropsychiatric symptoms emerge, but unfortunately in our examination more than it, when they exceed the tolerance of the family.

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Influence of personality on sexual satisfaction in patients suffering from schizophrenia and depression

Marija Vucic Peitl, Vjekoslav Peitl, Eduard Pavlovic, Djulijano Ljubicic & Klementina Ruzic
Psychiatric Clinic, Clinic Hospital Center Cambierieva 17/7, 51000 Rijeka, Croatia
E-mail: marijavn@gmail.com

Introduction/Objectives: Although there is no consensus regarding the definition of personality, personality psychology is getting near to understanding that personality traits can be summed up into five basic dimensions. Five factor personality model consists of these five basic dimensions: neuroticism, extraversion/introversion, openness to experience, agreeableness and conscientiousness. Aim of this research was to establish in what manner certain personality traits of patients suffering from schizophrenia and depression and healthy individuals, influence their sexual satisfaction.

Participants, Materials/Methods: This research was conducted on 100 patients suffering from schizophrenia, 100 patients suffering from depression and 100 healthy individuals. Instruments used in this research were: five factor personality questionnaire and sexual experience scale (Arizona).

Results: Among patients suffering from schizophrenia, sexual drive and easier sexual arousal were linked to higher extraversion, openness to experience, agreeableness and conscientiousness and to lower neuroticism. Among patients suffering from depression, smaller number and less pronounced sexual dysfunctions were linked to higher extraversion, openness to experience and conscientiousness, and also to lower neuroticism. Among healthy individuals, higher extraversion is linked to easier sexual arousal and higher neuroticism to lower orgasm satisfaction.

Conclusions: Personality traits have a significant influence on sexual satisfaction of patients suffering from depression and patients suffering from schizophrenia, but also of healthy individuals.

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Connection between physical punishment of children and their depression and anxiety

Lastric Gordana
Psychiatric Service, Cantonal Hospital Zenica Crkvice 67, 72000 Zenica, Bosna i Hercegovina
E-mail: goca13@yahoo.com

Introduction/Objectives: Physical punishment is part of raising children and it is at the centre of interest for psychologists, pedagogues, jurists etc. The motive for this work was my own experience in everyday life, and my impression that many parents often use physical punishment as a way to keep discipline up and to attain desired behavior by their children. The use of physical punishment on children creates a number of physical, psychological and sexual problems. The aim of this paper is to show the connection between physical punishment and children's depression and anxiety.

Participants, Materials/Methods: Methodology Data for this research was collected from a sample of 284 primary school pupils from Canton Sarajevo. The pupils came from 5th until 8th grade; age from 11 to 14. A written was obtained from both the ministry of education and the parents. The children completed "Youth Self-Report" YSR 6-18 which is one component of the Achenbach system of empirically based analysis (ASEBA).

Results: Results showed a statistical difference between punished and unpunished children on the anxious-depression scale (YSR- $P = 0.009$) and on the scale internal problems (YSR- $P = 0.046$).

Conclusions: Punished children expressed a more degree of depression, anxiety and internal problems compared to unpunished children. These findings are in accordance with previous international studies.

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Alcoholism and somatic comorbidity

Marija Burgic-Radmanovic, Snezana Dragojevic & Vanja Radisavljevic
Department for Psychiatry, Clinical Centre Macvanska bb, 72000 Banja Luka, Bosnia and Herzegovina
E-mail: marijabl@inecco.net

Introduction/Objectives: The lifetime prevalence of alcohol dependence as well as co-morbidity with somatic disorders is high. To assess the prevalence of alcoholism and somatic disorders.

Participants, Materials/Methods: The sample was 60 patients [4 females, mean (\pm SD) age: 43.7 ± 10.3 years, and 56 males; mean age: 42.4 ± 10.5 years, range: 20-75] who were consecutive

admissions to a ward of a university hospital specialized for the detoxification of alcoholics. The alcohol history was assessed through a structured questionnaire. Reliable data on the history of medical disorders (liver diseases, pancreatitis, gastritis, gastric or duodenal ulcer, pneumonia, diabetes, hypertension, heart disease or brain trauma) were available for 43 patients.

Results: Of the study 71.7% had current somatic problems or disorders. The most often are gastrointestinal disease pathology consisted of cardio-vascular diseases (stage II–III hypertension, ischemic heart disease, autonomic vascular dystonia), more cerebral degeneration, liver disease or alcoholic polyneuropathies. In our sample 36.7% are divorced; and 40% have heredity.

Conclusions: Alcoholism is a major contributor to the physical ill-health. Treatment or rehabilitation of addictive behavior should be of major concern for adequate service planning or provision.

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Hazardous lifestyles in patients with schizophrenia treated with antipsychotics: results of the Bosnian clinical study

Rusmir Softic, Alija Sutovic & Esmina Avdibegovic

Psychiatry, University Clinical Centre Tuzla, Solina b.b., 75000 Tuzla, Bosnia and Herzegovina

E-mail: dr.softic@gmail.com

Introduction/Objectives: Individuals with schizophrenia are in greater risk of physical illnesses, and their life is shorter comparing with general population. Hazardous lifestyles as tobacco smoking, lack of physical activity, and obesity contributing to this negative trend. Role of antipsychotic therapy, particularly second generation is also possible. This study aimed to establish hazardous lifestyles in clinical sample of patients with schizophrenia treated with first or second generation antipsychotics.

Participants, Materials/Methods: Study included 60 patients with schizophrenia (38.3% women) treated with antipsychotics for period of 6 months or longer. Experimental group included 30 patients treated with second generation antipsychotics, and control group included 30 patients treated with first generation antipsychotics. Physical activity, tobacco smoking, and waist circumference as an increased body weight indicator were analysed. Overweight was defined as a waist circumference above 102 cm for males and 88 cm for females.

Results: Mean age was 44.5 ± 12.6 . In this sample were 75% tobacco smokers, 30% of subjects taking typical, and 43% of subjects taking atypical antipsychotics declared physical inactivity during most of the day. Increased waist circumference was established in 51.6% of subjects. There wasn't any statistically significant difference between two group of subjects ($P = 0.538$).

Conclusions: Hazardous lifestyles including cigarette smoking, lack of physical activity and increased body weight are common in the individuals with schizophrenia. There wasn't any statistically significant difference between subjects taking first or second generation antipsychotics.

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Water poisoning with schizophrenic patients in conjunction with psychotic perceptions

Gorana Sulejmanpasic-Arslanagic, Snjezana Ler, Azra Frenjo & Senad Drnda

Psychiatric clinic, Clinical University Centre in Sarajevo, Bolnicka 25, 71000 Sarajevo, Bosnia-Herzegovina

E-mail: gorana71@yahoo.com

Introduction/Objectives: This research paper introduces a patient who, within the psychotic perceptions, a night before being

hospitalized, in a short time interval (2 hours), drank an average of 10 liters of water in 2 hours. Hypotonic hyperhydration has developed and led to water poisoning with a developing polymorphic symptomatology at the somatic level.

Participants, Materials/Methods: The patient (A.B. born in 1988) had initial psychological problems 6 months prior to being hospitalized in August 2003, at the age of 15. During 2003 and 2004 he was treated four times with the following diagnosis: Dg.F23.0 and F20.1. As of 2004 and until March 2007 the patient reported regularly for control examinations and was taking his therapy. He was in a relatively stable remission until 7 days ago, before coming to our clinic. A night before being hospitalized, in a short time interval (2 hours), he drank some 10 liters of water. Consumed with his psychotic experiences, he drank larger quantities of water to destroy "a growing mushroom in his stomach that was killing him". Nausea, vomiting, uncontrolled movements and spasms of the entire body have occurred, followed by a series of epileptic seizures of Grand-mal type (according to data provided by parents), with mouth foam, micturition and loss of conscience. Several urgent exams have been done: lab tests, screening test on narcotics and other psychoactive substances, internist', infectologist's, neurologist's procedures, abdominal ultrasound, EEG, brain CT

Results: The patient spent 12 hours under observation at the Emergency Center. After administered therapy (Diazepam vials 20 mg – i.m./inf. Ringer-lactate + hypertonic solution of NaCl) he is of a clear conscience, properly orientates in every direction, communicative, without conscience crisis, corrected lab values (Na 141 mmol/l, blood sugar 3, 6 mmol/l). Checkup EEG normal. After conducted checkups with the internist, neurologist and infectologist, the patient was admitted to psychiatric clinic for continued treatment.

Conclusions: This case study was to point the attention of a doctor – psychiatrist to unpredictability of a clinical course of psychotic process. Despite the regular checkups and prescribed therapy, the patient had a worsening psychological status followed by intensive psychotic perceptions, where he consumed large quantities of water. It led to polymorphic-somatic problems, which ultimately might have led to patient's death.

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Services for telepsychiatry – indicator for mobbing

Milan Stojakovic

Department Of Psychiatry & Clinic For Psychiatry, Clinical Center, Banjaluka School Of Medicine, University Of Banjaluka, Macvanska 10, 78000 Banjaluka, Bosnia-Herzegovina

E-mail: misos@blic.net

Introduction/Objectives: Telepsychiatry, as a branch of telemedicine, may be defined as the delivery of psychiatric treatment remotely, using live two-way video-teleconferencing equipment. Telepsychiatry and e-mental health services primarily involve videoconferencing over high speed (broadband) networks to enable natural interactions between patients and providers. The term "telepsychiatry" refers to the use of telecommunication technologies with the aim of providing psychiatric services from a distance. Services for telepsychiatry provided include:

- 1) Mental health Consultation services
- 2) Medication Review
- 3) Follow-Up Visits to Monitor Patient Progress
- 4) Individual and Family Therapy
- 5) Emergency Consultation
- 6) Patient Care
- 7) Medication management without travel
- 8) Employee Assistance Program

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