

Purpose: With frequent calls by the psychologist and participation in therapeutic sessions of social worker, family, active participation of its part of the department with helping low-skilled staff, affective are well kept. Physical health was monitored by team of specialists of internal medicine and in our institution spent more than ten years.

* * * * *

USE OF ADJUVANT DOSES OF OLANZAPINE IN ANXIETY CALMING IN SOME NEUROTIC DISEASES (OBSESSIVE, CONVERSIVE, AND SOMATOFORM DISORDERS)

Zora Mitic & Aneta Spasovska Trajanovska

PHI „Dr Zora Mitic”, Skopje, Republic of Macedonia

According to certain studies, olanzapine as an atypical antipsychotic from the second generation, in addition to reducing the positive and negative symptoms of schizophrenia as well as the manic episodes in bipolar disorders, used in adjuvant doses, gives positive results in the treatment of anxiety in certain neurotic diseases.

The aim of this paper is to accurately reflect the efficacy of olanzapine in alleviating, i.e. overcoming anxiety symptomatology in some neurotic disorders (obsessive, conversive and somatoform).

Subjects and methods: The study was of a prospective type, i.e. it was done for a period of 1 month in the PHI "Dr. Zora Mitic". The study involved 30 patients (13 men and 17 women) with Dg: F42, F44, and F45. Patients were at the average age of 30 ± 3.7 years. They did not suffer from another illness. During treatment, they were placed on medium and large dose antidepressant therapy. The dose of olanzapine administered was at a mean dose of 6.8 mg daily. The efficacy of olanzapine was evaluated using the Hamilton scale to determine the degree of anxiety, prior to the onset of olanzapine administration, after two weeks of treatment and after a month of treatment. Descriptive methods and t-test for testing the significance of differences were used in the prospective study on the statistical processing of the obtained data.

Results: The results obtained from the study indicated that after two weeks of treatment, the anxiety was reduced in patients with no statistically significance $p = 0.34$, and after a month of treatment, the reduction of the anxiety symptoms was statistically significant $p = 0.003$.

Conclusion: With the use of olanzapine in adjuvant doses, for a short period of time, these patients did not require anxiolytic and sedative therapy anymore. In those patients, due to a reduction in anxiety score after initiation into olanzapine, benzodiazepines that were previously given in high doses, after the reduction of anxiety, were given in small doses, only incidentally, or not given at all.

* * * * *

ANXIETY AND ACUTE MYOCARDIAL INFARCTION IN PEOPLE WITH STRESS WORK

Aneta Spasovska Trajanovska & Jorgo Kostov

*Psychiatric hospital Skopje, Republic of Macedonia
University clinic for cardiology Skopje, Republic of Macedonia*

Using data from the Epidemiological Catchment Area study, found that a history of anxiety disorders increased the risk of acute myocardial infarction (AMI), so they also found a graded relationship between anxiety (stress work) and the risk of AMI.

The AIM of this study was to determinate the risk of AMI in people with stress work.

Subjects and methods: The patients of this cross section study were examined in the University Clinic Skopje. We evaluated prevalence of anxiety disorders during hospitalization for Acute Myocardial Infarction in 80 patients (60 men and 20 women). Acute myocardial infarction was diagnosed according to the European Society of cardiology consensus guidelines. Criteria for AMI included specific clinical symptoms according to case history information (typical pains), changes in blood levels of cardiac enzymes and specified ECG changes. Anxiety symptoms were measured by Zung scale for self measuring anxiety (SAS). We excluded participants with cancer, asthma, diabetes mellitus, other endocrine disorders and autoimmune diseases. The results of this study were determined by descriptive methods and Pearson coefficient of linear correlation.