

**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.

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## 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  $30 \pm 3.7$  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.

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## 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.

**Results:** Between score of Zung scale for self measuring anxiety and diagnosed AMI we got statistical significances correlation ( $r=-0.42$ ;  $p=0.003$ ). The results also show that in 80 patients with AMI in higher percentage (85%) have higher score of SAS (anxiety) and also they have stress work only in 25% patients have small score of SCA and they don't have stress work.

**Conclusion:** Our findings indicate that self-reported core psychological symptoms of anxiety and also stress work are moderately associated with AMI risk. So, early diagnosis of anxiety disorders in AMI is so import there is clear advantages for those patients who are discharged from the hospital mast go to a rehabilitation facility. In this facility with nurses, physical therapist, and social workers have time for diagnoses and treated anxiety in AMI patients.

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## POSTTRAUMATIC STRESS OR/AND POSTTRAUMATIC SUCCESS

Božidar Popović & Marko Tomičević

*General Hospital Našice, Našice, Croatia*

*Neuropsychiatric Hospital „Dr. Ivan Barbot“, Popovača, Croatia*

Results of several studies suggest that psychotrauma is not necessarily disabling. Most people are resistant and they can even develop as a person through trauma. Understanding and amplifying the sources of resilience and posttraumatic growth, as well as focusing on the hope and optimism, helps the professionals to awake those strengths in their patients. The intention of this workshop is to develop and to contribute to the sensitivity for the continuum which extends from the posttraumatic stress to the posttraumatic success - as well as to create a new language and a new understanding of trauma with which the survivors and the whole society can find new strength and more constructive patterns of support.

## POSTTRAUMATSKI STRES I/ILI POSTTRAUMATSKI USPJEH

Rezultati nekoliko studija ukazuju da psihotrauma ne mora nužno onesposobiti. Većina ljudi posjeduje otpornost te je čak moguć i osobni razvitak kroz traumu. Razumijevanje i pojačavanje izvora otpornosti i posttraumatskog rasta, kao i usredotočenje na nadu i optimizam, pomaže stručnjacima u buđenju tih snaga kod svojih pacijenata. Namjera ove radionice je poticaj razvoju osjetljivosti za kontinuum koji se proteže od posttraumatskog stresa do posttraumatskog uspjeha - kao i stvaranje novog jezika i novog shvaćanja traume s kojima preživjeli i cijelo društvo mogu pronaći novu snagu i konstruktivnije obrasce podrške.

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## MEDICAL TREATMENT OF ALCOHOL DEPENDENCE IN PATIENTS WITH CO-MORBID ANXIETY- DEPRESSIVE DISORDER

Sevime Sallahi Pasholli, Pavlina Vaskova, Marija Kostadinovska & Kristina Vasilevska-Calovska

*Psychiatric Hospital “Skopje”, Skopje, Republic of Macedonia*

**Background:** Alcohol dependence comorbid with anxiety-depressive disorder poses a major challenge in the clinical settings. Clinical studies show that certain number of people with alcoholism who are recently abstinent characteristically report increased feelings of anxiety and panic intertwined with depressive symptoms. Although the quality and severity of the presented symptoms do not satisfy the criteria of anxiety and depression, respectively, pharmacological treatment of this specific entity require comprehensive clinical assessment and thoughtful planning.

**Methods:** In the period 2015-2017 in specialized department for treating alcohol abuse and dependence in Mental Hospital “Skopje”-Skopje 609 patients were hospitalized. 61 patients were abstinent and at the same time were with mixed anxiety and depressive symptoms. We analysed the personal files of medical treatment in the hospital, individual pharmacological therapy list and prescribed therapy in the discharge summary. The included criteria were patients with the co-morbid state of alcohol dependence and anxiety-depressive disorder, while the excluded criteria were previously dual diagnosed conditions, alcoholism with personality or psychotic disorder.