

**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

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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

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**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.

**Results:** Medication-based treatments included an assortment of agents from several classes of medication, including benzodiazepines, selective serotonin reuptake inhibitors [SSRIs], the serotonin dopamine antagonist-[SDA] agent Olanzapine and Sulpirid, atypical antipsychotic drug of the benzamide class used in low dosage to treat anxiety and mild depression. Beside prescribed benzodiazepines, the most used drugs in reducing anxiety-depressive symptoms were SSRI- agents 54.09%, followed by SDA 42.62%. Escitalopram was prescribed in 17 cases or 27.86%, mostly in the dosage of 10 mg. The second agent prescribed for such conditions was Sertraline, in 16 cases or 26.22% while dose ranges varied from 50 mg mostly at 68.75%, 25% of them took 100 mg, and the least prescribed dose was 150 mg (6.25%). The next mostly used medications were SDA agents, on the first place Sulpirid in 14 cases of 61 or in 22.95% mostly in the dosage of 50 mg twice a day. The second SDA agent was Olanzapine prescribed in 12 cases of 61, or 19.67% and in all cases in the anxiolytic dosage of 5 mg.

**Conclusions:** Our analyse indicate that both SSRI and SDA agents in certain doses are medications for the treatment of alcohol dependence co-morbid with anxiety-depressive symptoms. Escitalopram was the most prescribed SSRI, and on the second place Sertraline. On the third place was SDA agent-sulpiride succeeded with olanzapine, both in anxiolytic doses.

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## SELF-FORGIVENESS IN ALCOHOL USE DISORDER TREATMENT

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Self-forgiveness is a strategy which leads to positive self esteem and resolves emotional distress (egg. feelings of guilt, shame, anger, regret and disappointment) caused by perceived discrepancy between ones values and behavior. Process of genuine self-forgiveness involves emotional coping (egg. regulation of shame) and problem coping - behavioral change.

Shame is a specific emotional response often found in alcohol abusing individuals related to harmful behaviors during influence of alcohol or alcohol abuse itself and it generally focuses on the self (egg. „I am a bad person“). It is deleterious for someone's self-respect, leads to negative affect and alcohol craving and it can enhance proneness to use alcohol as an emotional coping strategy.

In Psychiatric hospital Rab we conducted a research (N=60) to investigate relationship between self-forgiveness trait and feeling of shame, rumination about alcohol use, negative affect and alcohol craving. Also, we investigated differences in negative affect and alcohol craving between groups of inpatients divided by level of self-forgiveness. Our poster presentation reports our results.

Our goal is to emphasize the importance of self-forgiveness in AUD treatment and therapeutic techniques which support this process as a mean of treatment outcomes improvement.

## OPRAŠTANJE SEBI U TRETMANU POREMEĆAJA UZIMANJA ALKOHOLA

Opraštanje sebi definira se kao strategija koja uključuje pomak ka pozitivnijem samopoimanju osobe kako bi se razriješio emocionalni stres (npr. u vidu krivnje, srama, ljutnje, žaljenja i razočaranja) koji dolazi iz percipiranog nesklada između vrijednosti do kojih osoba drži i njezinog ponašanja. Proces iskrenog opraštanja sebi uključuje suočavanje usmjereno na emocije (npr. regulacija osjećaja srama), kao i suočavanje usmjereno na problem u vidu promjene ponašanja koje je dovelo do nesklada s vrijednostima osobe.

Sram je specifični emocionalni odgovor koji se često javlja kod osoba koje zloupotrebljavaju alkohol vezano za štetna ponašanja počinjena pod utjecajem sredstava ovisnosti ili zloupotrebe same po sebi te se generalno fokusira na samu osobu (npr. „Ja sam loša osoba“). Osjećaj srama posebno je štetan za samopoštovanje osobe, dovode do povećane razine negativnog afekta i alkoholne žudnje te može povećati sklonost osobe da konzumira sredstva ovisnosti u pokušaju suočavanja s tim osjećajem.

U Psihijatrijskoj bolnici Rab provedeno je istraživanje (N=60) na uzorku pacijenata na liječenju od poremećaja uzimanja alkohola kako bismo ispitali povezanost crte opraštanja sebi s razinom osjećaja srama, ruminacijama o pijenju alkohola, negativnim afektom i alkoholnom žudnjom tijekom tretmana. Također, ispitali smo razlike u negativnom afektu i alkoholnoj žudnji između grupa pacijenata podijeljenih po stupnju opraštanja sebi. Ovom poster prezentacijom izvještavamo o rezultatima našeg istraživanja.

Cilj nam je istaknuti važnost opraštanja sebi u tretmanu poremećaja uzimanja alkohola i terapijskih postupaka koji podržavaju ovaj proces radi poboljšavanja ishoda liječenja.