

Results: Over 50% of first-time admission and rehospitalized inpatients use self-medication to cope their symptoms during preadmission period. Coping anxiety and insomnia is a key motivation to self-medication. Most frequently consumed medications included barbiturate - over 30% in each sample (which can be bought without prescription) and benzodiazepine tranquilizers and herbal anxiolytics and antidepressive therapy (13% Vs 2%, $p=0.0008$), in contrast first admission patients were using more frequently herbal anxiolytics (38% Vs 21% in rehospitalized patients, $p=0.009$) Misunderstanding of origin of their state, searching for information about treatment of disease up the Internet, increased emotiveness and tension and lack of their correction with psychotherapy are the factors of self-medication.

Conclusion: To prevent self-medication at preadmission period in recurrent inpatients psychic education and teaching to psychotherapeutic techniques of coping anxiety are needed. To prevent self-medication in first onset inpatients informing them of origin, symptoms and treatment of depressive and neurotic disorders through internet can be used.

Key words: self-medication - depression - anxiety - multifactorial model

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THE NEED FOR A MULTIDISCIPLINARY APPROACH AND INDIVIDUAL SCOPE IN FOCUS

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Introduction/Objectives: As there were several methods in practice commonly used in treatment of patients with alcohol dependencies (known as patients with high comorbidity and several mental disorders), there are common expectations about multidisciplinary approach as the best way to treat these patient. This article is also dealing with the second, very important need- the need for detailed insight in patient's specific somatic(biological), psychological, and social status, system of beliefs, working habits, motivation, expectation, responsibility built within the family, referral group and common society. Individual approach includes use of specific knowledge about patient, impression taken at screening, but also during regular treatment what improve possibility for best individual approach and implementation of adaptive training, new learning what brings functionality and practice, and implementation strategies with idea to support individual to learn skills that may help patient to adapt to specific requests after being treated at Department for treatment of alcoholism and /or within Daily hospital.

Experiences taken in daily work with patients are described and summarized and serve as a starting point for short overview and efforts for implementation of specific programs that meets the needs of patients and daily practice. Treatment should be beneficial for patient, make him/her much stronger, but also functional and able to cope with daily requirements.

Subjects and methods: Descriptive method; summary of activities performed with 20 patients within the treatment for patients treated at the Department for alcohol and other dependencies in Hospital Popovaca/ Daily Hospital for alcohol dependencies -working at two locations(city Popovaca and city Sisak/-is to be provided; include different methods that activate need for learning, adoption of new sights, adaptation, education process, learning about group and in the group, individual experience , training in self-presentation and self-esteem, emotions expression, sharing and taking emotions, building trust and criticism, group spirit, interest for others, mirror experience, copying, taking responsibilities, playing roles, talking about planned steps when leaving safe "treatment area" and treatment period etc.

Results: Qualitative data summarized for several patients and families are considered as positive feedback and support idea to use similar methods for future practice and patients improvement; results motivate professional team to continue to use multidisciplinary approach and individually centered methods with focus and awareness on patients specific characteristics and needs.

Conclusions: Results support use of psycho-bio-social model and underline importance of sharing all important data within multidisciplinary team with continued efforts for further investigation how to improve individual plan and treatment in accordance with patient's specific needs. These efforts are with a purpose to enable patient to achieve best adaptation in accordance to family, work and social requests from one side, and feel good, self-confident, relaxed, motivated and accepted, from other side. From social and health- insurer-s level, it is also very important to keep stable remission and make individual strong within local community, also included in different support groups (including groups as strong support for treated alcoholics) trying to avoid return to the hospital within short timeframe. These efforts may be productive if relevant instances are cooperating closely and as active support while planning and organizing these activities. Active politics on country level may do much more here.