

report two clinical cases of inpatients treated for opioid and sedative-hypnotic co-dependence, in which prolonged use of high-dose MPD prior to hospitalization seemed the most important factor affecting withdrawal syndrome duration and severity.

Key words: methylphenidate - sedative-hypnotics - withdrawal

* * * * *

AMISULPRIDE REDUCES CRAVING IN PATIENTS WITH GBL ADDICTION - CASE SERIES AND REVIEW OF THE LITERATURE

Tom Sugnet¹, Suzana Jonovska^{1,2} & Vesna Šendula-Jengi^{2,3}

¹*Department of Addictions and Psychotrauma, Psychiatric Hospital Rab, Rab, Croatia*

²*Faculty of Health Studies, Rijeka, Croatia*

³*Research Department, Psychiatric Hospital Rab, Rab, Croatia*

γ-butyrolactone (GBL), a prodrug of γ-hydroxybutyric acid (GHB), is increasingly abused, mainly as a recreational intoxicant with subjective effects similar to barbiturates. Its popularity might be due to not being classified as an illegal substance in many jurisdictions. At lower doses it has euphoric effects, while sedative effects are prominent at higher doses. Many users enhance its effects with other psychostimulants, such as MDMA or amphetamines. When consumed frequently or in excessive amounts, physical and psychological dependence can develop. GBL and GHB act as GABA-B receptor agonists and GHB-receptor agonists. GABA-B agonists, like baclofen, are useful in acute GBL/GHB withdrawal but are insufficient in long term therapy of GBL/GHL addiction. Benzamide antipsychotics were found to upregulate GHB receptors. We report a case of two GBL-addicted patients who were treated with low to moderate doses of amisulpride. Amisulpride was found to reduce cravings for GBL, as well as GBL-seeking behavior. Benzamide antipsychotics might be useful in long-term treatment of GBL/GHB addiction.

Key words: amisulpride - GHB - GBL

* * * * *

DO CANNABIS AND CANNABINOIDS HAVE A PSYCHOPHARMACOTHERAPEUTIC EFFECT?

Izet Pajević^{1,2}, Mevludin Hasanović^{1,2}, Nera Žigić^{1,2}, Ahmed Pajević^{1,2} & Leila Avdić³

¹*Department of Psychiatry University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina*

²*School of Medicine University of Tuzla, Tuzla, Bosnia and Herzegovina*

³*Department of Neurology University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina*

Backgrounds: Written historical evidence reveals that Cannabis sativa has been used medically, recreationally and spiritually for more than five centuries in many cultures. It is considered the most-used plant-based psychoactive substance with millions of different usages across the world. To review what the studies, conducted over the past two decades, indicate about effects of the cannabis on physical and mental health as well as the impact on social functioning.

Methods: We selected literature review using PubMed resources, to summarize the findings of the existing publications on cannabis and cannabinoids and their possible psychopharmacological therapeutic effects only.

Results: Research supports cannabis' clear acute effect on neurocognition, while non-acute effects for prolonged use of marijuana are unclear and still insufficiently explored. Due to cannabidiol's (CBD) safety and tolerability, the absence of psychoactive or cognitive effects, the existence of clinical trials with positive results and its broad pharmacological spectrum, CBD is a cannabinoid whose initial results will likely lead to implementation into clinical practice. The fact that the results of previous studies establish the claim of CBD as an antipsychotic and anxiolytic, makes the above developments even more likely. However, long-term, double-blind, placebo studies with samples of patients with different psychotic and anxiety disorders are still necessary. Likewise, due to CBD's biphasic effects, determining an adequate therapeutic dose remains a challenge to conclude, the cannabinoid system represents a promising target for new therapeutic interventions in psychiatry.

Conclusion: Further controlled studies are essential to determine the precise mechanisms of action of cannabinoids on various neuropsychiatric disorders as well as the safety of their use are needed. Never just the use of 'smoking cannabis in an unlicensed way'. The use of simple 'smoked cannabis' remains dangerous because of the effects on inducing psychosis which the article itself refers to, and needs to remain illegal.

Key words: cannabis - cannabinoids - psychopharmacological therapeutic effects

* * * * *

THERAPEUTIC CORRECTION OF PSYCHOEMOTIONAL AND NEUROVEGETATIVE DISORDERS IN POSTMENOPAUSE

Elena Petrova¹, Evgenii Nesterenko¹, Alexander Shutov², Natalia Bofanova¹,
Villory Strukov¹ & Pavel Poluboyarinov³

¹*Penza State University, Department of Neurology, Neurosurgery and Psychiatry, Penza, Russia*

²*Ulyanovsk State University, Department of Therapy and Professional Diseases, Ulyanovsk, Russia*

³*Penza State University of Architecture and Construction, Penza, Russia*

Background: To assess the psychoemotional and neurovegetative disorders in postmenopausal women depending on therapy.

Materials and methods: A survey of 58 postmenopausal women with psychoemotional and neurovegetative disorders was conducted (54.4±0.7 years old). The patients were divided into two groups: 1st group used symptomatic metabolic and sedative therapy, psychotherapy; in patients of 2nd group - additionally used the biologically active drug «Femo-Clim» 2 tablets 3 times a day (it includes β-alanine, which regulates pituitary-hypothalamic interactions, as well as drone brood homogenate (HDBA organic complex), which helps to normalize the level of steroids during menopause). Research methods were Kupperman menopausal index (KI) scale; Hospital Anxiety and Depression Scale (HADS); SF-36 Health Status Survey (SF-36). The final evaluation was carried out after 30 days of treatment.

Results: There was a significant difference between 1st and 2nd groups. KI's neurovegetative component (hot flashes, sweating, palpitations, headaches, dizziness) in the 2nd group decreased to 10.0±1.8 points, in the 1st group - 18.4±2.0 (p<0.02). According to HADS, in the 2nd group, anxiety stopped and amounted to 6.7±0.3 points, while in the 1st group, subclinical 10.1±0.2 points remained (p<0.05). The average level of depression was reduced to normal - 6.5±0.3 - only in the 2nd group, in the 1st group - 9.7±0.3 (p<0.05). The average value of the indicator «Physical health» of the questionnaire SF-36 in the 1st group was 36.3±2.5 points, in the 2nd group 65.4±2.8 points (p<0.05); the indicator «Mental health» in the 1st group - 25.6±2.5 points, in the 2nd - 59.4±2.8 points (p<0.05).

Conclusions: In postmenopausal women, the therapeutic correction of psychoemotional and neurovegetative disorders was associated with taking «Femo-Clim». Adequate therapy in this category of patients contributed to the improvement of indicators of quality of life in general.

* * * * *

CLOZAPINE-INDUCED HYPERSALIVATION TREATED WITH SULPIRIDE - IS IT A SOLUTION?

Emir Prljača¹, Elvir Bećirović^{1,2}, Mevludin Hasanović^{1,2}, Izet Pajević^{1,2} & Anel Brigić¹

¹*Department of Psychiatry, University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina*

²*School of Medicine, University of Tuzla, Tuzla, Bosnia and Herzegovina*

Clozapine-induced hypersalivation is a common phenomenon whose etiology is not completely clear up to date. A sulpiride may be a potential pharmacological options for treating clozapine-induced hypersalivation. We described a male patient aged 29, who has been treated as an inpatient since 2009 to 2020 because of schizophrenic disorder. After the introduction and titration of the clozapine, hypersalivation occurred as a side effect. The adjuvant therapy with sulpiride was introduced as an "off-label" option to stop it. The initial therapeutic response was satisfactory. The patient was discharged recovered