**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 unlicenced 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

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## THERAPEUTIC CORRECTION OF PSYCHOEMOTIONAL AND NEUROVEGETATIVE DISORDERS IN POSTMENOPAUSE

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**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 1<sup>st</sup> and 2<sup>nd</sup> 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 $\Box$ 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 $\Box$ 0.05); the indicator «Mental health» in the 1st group - 25.6±2.5 points, in the 2nd - 59.4±2.8 points (p $\Box$ 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.

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

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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

with no side effects associated with clozapine-induced hypersalivation. However, during subsequent follow-ups, hypersalivation reappeared, despite regularly taking sulpiride. Though, sulpiride as an adjunctive therapy has been shown to be effective in the initial reduction of clozapine-induced hypersalivation, but has not been proved to be satisfactory as the long-term treatment. Since the treatment did not maintain initial progress in the long run, the conclusions remain vague, as in the majority of comparable literature.

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## POSSIBLE CONSEQUENCES OF CANNABIS LEGALIZATION - WHAT DO RESEARCH SHOW?

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Background: Indian hemp (lat. Cannabis sativa subs. Indica) has been used as a source of industrial fiber, seed oil, food, medicine for some somatic diseases, and it is also used as a psychoactive substance. Cannabis can be used by smoking, evaporation, as a food ingredient, or as an extract. Acute and chronic cannabis use has been shown to be detrimental to several aspects of psychological and physical health and many experimental studies done on healthy people indicate the potential of  $\Delta 9$ - tetra hydro cannabinoid (THC) in inducing transient, dose-dependent psychotic symptoms, but also affective, behavioral, cognitive, neurovegetative, and psychophysical symptoms. Cannabis is the most commonly used illegal drug globally. In many communities, cannabis is perceived as a low-risk drug, leading to political lobbying to decriminalize its use. The wave of laws and initiatives to liberalize cannabis use continues to spread across the United States and the rest of the world, and there seems to be a political debate in the background about the potential risks and benefits of cannabis use. Aim is to present the possible consequences that the legalization of cannabis would have from the aspect of mental health and mental disorders.

**Methods:** Authors reviewed the literature using PubMed resources on the effects of cannabis using the keywords: cannabis use, cannabis use and psychoticism, cannabis use and depression, cannabis use and anxiety, cannabis use and cognition, cannabis use and insomnia, legalization of cannabis.

**Results:** Authors examined the effects of cannabis use on psychiatric disorders and the review of the legal status of cannabis use in the world was also made. The possible consequences of cannabis legalization on the public health system were also considered, based on experiences from countries where legalization has already been done. The evidence cited in this article suggests that strong claims about the need to legalize cannabis are still questionable, and may, even in the long run, remain mixed, inconclusive, or even contradictory. Political interference in this issue can trigger a wide range of unintended but profound and lasting consequences for the health system and the health of the individual.

**Conclusion:** We recommend further research on this topic and data collection with an emphasis on the effects and consequences of cannabis use on mental health, and in particular the benefits and harmful effects of medical cannabis use.

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# REGIONAL DIFFERENCES IN ANXIOLYTIC PRESCRIBING IN LIGHT OF HOFSTEDE'S CULTURAL DIMENSIONS THEORY

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**Background:** Anxiolytics such as benzodiazepines are widely used in the treatment of anxiety disorders, although they are no longer recommended as first-line therapy for these conditions due to