

OVERVIEW OF SYMPTOMS OF ONGOING SYMPTOMATIC AND POST-COVID-19 PATIENTS WHO WERE REFERRED TO PULMONARY REHABILITATION - FIRST SINGLE-CENTRE EXPERIENCE IN CROATIA

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Background: Coronavirus-2 pandemic has changed the functioning of health systems worldwide. It is not yet fully known which symptoms of the disease are most commonly presented in patients referred for pulmonary rehabilitation. Our aim was to investigate the profile of patients referred for pulmonary rehabilitation; what symptoms they had during the acute phase of the disease and what symptoms were still present at the start of pulmonary rehabilitation.

Subjects and methods: Study included ongoing symptomatic and post-COVID patients who attended standard, in person pulmonary rehabilitation program. Patients had COVID-19 disease at least four weeks before attending pulmonary rehabilitation. Patients completed questionnaires of self-reported somatic deficits during acute and post-COVID-19 stage as well as questionnaires regarding their psychological symptoms. Pulmonary function test, expiratory and inspiratory muscle strength, hand grip strength and six-minute walk test was performed prior and after pulmonary rehabilitation.

Results: Study included 63 patients (32 male, 31 female), with mean age of 52,9 years. During acute COVID-19, majority of patients complained of fatigue, cough, dyspnea, myalgia and headache. More than 85% of patients reported pulmonary deficits during ongoing symptomatic and post-COVID-19 stage. Emotional distress and anxiety levels were significantly elevated in acute stage, while depression, anger and the need for help was not significantly elevated. All reported symptoms were significantly reduced in post-COVID-19 stage. There was statistically significant difference in six-minute walk distance, inspiratory and expiratory muscle strength and hand grip strength between first and final testing.

Conclusions: Results of our study are similar with previous studies, the most common symptoms during acute phase were fatigue, cough and dyspnea and fatigue and respiratory problems during ongoing symptomatic and post-COVID stage. Emotional distress diminishes significantly in post-COVID stage. Further larger studies are needed to clarify which acute disease symptoms are predominant in patients referred to pulmonary rehabilitation and cause prolonged discomfort.

Key words: COVID-19 - post-acute COVID-19 syndrome - pulmonary rehabilitation

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DEMENTIA-LIKE SYNDROME - THE UNUSUAL SYMPTOM OF COVID-19: A CASE REPORT

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The current pandemic situation has had a significant impact on the mental health of the entire population and especially on the health of people who have been infected with Coronavirus disease (COVID-19). This paper presents the impact of a history of cured coronavirus infection on the mental health of an 81-year-old person who was healthy at the time of infection and did not use any medication. The mental symptoms in the presented patient started with the appearance of the pandemic itself and worsened when the patient became infected with the virus and did not stop even after the infection was cured. The symptoms had a fluctuating course and were manifested by changes in behavior, thinking, affectivity, and cognitive impairment.

Key words: coronavirus - mental health - pandemic - dementia

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SEXUAL DYSFUNCTION IN CROATIAN PATIENTS WITH OBESITY

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Background: Patients with obesity may have symptoms of sexual dysfunction (SD). Little is known about these symptoms in obese patients in Croatia and the aim of this study was to explore them.

Subjects and methods: This was a cross-sectional study carried out in tertiary healthcare centre at the Croatian Obesity Treatment Referral Center in University Hospital Center of Zagreb. 103 patients (72 female, 31 male, mean age 48.7±11.87 years, mean BMI 40.42) were included. SD symptoms were assessed using the internationally acclaimed questionnaire Arizona Sexual Experience Scale (ASEX), that was recently validated for Croatian language. Patients were also administered a questionnaire, prepared for this purpose, that enquired about their previous known chronic disorders. Statistical analyses included t-test, chi-squared test and bivariate Pearson's correlations.

Results: Average total response on the questionnaire was 12.4 (women 13.2, range 3-30; men 10.6, range from 5-19). A total score of 19 or more was present in 5 (4.8%, range from 19-30, average 22.4; 1 man, 4 women), at least one question with a score 5 or greater on any item was found in 36 (34.9%, 5 men, 31 women), while a score of 4 or more on three items was found in 20 patients (19.4%, 2 men, 18 women). Overall median response was 3 (range 1-6). Women were found to have more pronounced symptoms of SD ($p < 0.05$). The overall results on ASEX were found to be in significant correlation with regard to depression ($r = 0.22$, $p = 0.03$), as well as anxiety ($r = 0.2$, $p = 0.04$). Significant correlations were also found with regard to age ($r = 0.31$), mobility ($r = 0.25$), and pain/uneasiness ($r = 0.22$) ($p < 0.05$).

Conclusions: This study brings valuable observations on the presence of SD symptoms in obese patients in Croatia. SD symptoms were found to be present in up to one-third of our patients, more pronounced in women, and in significant correlation with depression and anxiety. However, median response on ASEX suggests that overall SD symptoms in our group of patients are not that expressed.

Key words: obesity - sexual dysfunction - Arizona Sexual Experiences Scale - ASEX - Croatia

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REPRESENTATIONS OF CHRONIC ILLNESS IN PATIENTS AND THEIR PARTNERS

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Background: Representations of chronic illness have a strong influence on quality of life and coping. Illness-related beliefs and attitudes depend on the medical condition itself (including illness type and duration), as well as individual and relational variables. Couples affected by chronic illness develop shared illness representations, which support the patients' adaptation process. Our study was focused on illness representations in five patient groups, considering variables of illness duration and relationship satisfaction.

Method: the Illness Perception Questionnaire was administered to 154 subjects (79 male 75 female) and their partners in five illness groups (average illness duration 6,9 years). Marital satisfaction and similarity of illness representations as well as accuracy of estimates about the partner's illness representations were studied.

Results: The five patient groups significantly differed in their illness representations. In groups with longer illness duration, illness was perceived as chronic and more symptoms were experienced. Similarity of illness perceptions between subjects and their partners was highest for the asthma and lung cancer group, and spouses' scores differed most for the dimension of coherence. Marital satisfaction was related to similarity of illness perceptions, and more accurate estimates of the partners' perception.