

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.

Conclusions: Marital satisfaction has a remarkable influence on illness representation similarity and accuracy of the perception about the partner's illness representations. Patients and their partners are more likely to form similar illness representations if symptoms are clearly observable as in the case of asthma or lung cancer. The dimension of coherence has significant within-person variations, as illness usually has a deeply personal meaning to both the patients and their partners.

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DIFFERENCE OF SYMPTOMS NETWORKS IN EARLY AND LATE PHASE SCHIZOPHRENIA; A CROSS-SECTIONAL NETWORK ANALYSIS

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Objective: The functional remission or recovery of schizophrenia patients is a challenging task which relies on pharmacotherapy but also on the timing of psychotherapy and other therapeutic interventions. The study aimed to assess the difference in strength and structure of symptoms networks between early and late phase schizophrenia. Our secondary objective was to check whether the overall, positive, negative, and general symptoms severity change over the course of treatment and disorder.

Methods: This nested cross-sectional analysis combined the samples from two studies performed during 2014-2016 at University Psychiatric Hospital Vrapče, Zagreb, Croatia on the consecutive sample of men 30-60 years old diagnosed with schizophrenia, 85 of them in the early (≤ 5 years from diagnosis), and 143 in the late phase of the illness. The study was funded by the project: "Biomarkers in schizophrenia - integration of complementary methods in longitudinal follow up of FEP patients".

Results: Median (IQR) age of the participant in the early phase was 36 (32-45) years and in the late phase 44 (38-49) years. Patients in the early phase had significantly higher odds for being in the symptomatic remission compared to the patients in the late-phase schizophrenia (OR=2.11; 95% CI 1.09-4.09) and had 10% less pronounced negative symptoms. The global strength, density, and structure of the symptoms network were not significantly different between the two study groups.

Conclusions: Negative symptoms severity change with the course of illness and differ from the early to the late phase of schizophrenia. However, the overall network of psychotic symptoms is relatively stable, and overall strengths or density and the partial relationship between particular symptoms do not change significantly. The observed worsening of negative symptoms is probably at least partially caused by the lack of clear guidelines and effective treatment options aimed specifically toward negative symptoms.

Key words: schizophrenia - psychosis - PANSS - networks - symptoms

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INFLUENCE OF SERUM TESTOSTERONE LEVEL ON AGGRESSION IN WOMEN WITH SCHIZOPHRENIA

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Background: Unlike in female population, the effect of testosterone on aggression in men has been investigated countless times so far. A scarce number of studies have examined the effect of testosterone on aggression in women. The results obtained so far are inconsistent for some studies indicated a positive, whilst others showed a negative correlation. Since testosterone turned out to be an important factor related to aggression in men, the aim of our study was to investigate whether this correlation existed in aggressive female patients with schizophrenia.

Subjects and methods: The sample consisted of 120 women, aged from 18 to 45 years, diagnosed with schizophrenia by DSM-5 criteria. Those who were breastfeeding or suffered from specific hormonal or other physical disorders were excluded from the study. They were divided into two groups of 60 - those with aggressive behavior and those with nonaggressive behavior. Psychopathology was measured by several tests (Positive and Negative Syndrome Scale - PANSS, Overt Aggression Scale - OAS and PANSS Extended Subscale