Results: Clinical diagnostics of the responders using ICD-10 (WHO, 1992, Chapter V [F00-F99]) excluded the diagnosis of bipolar disorder. The MDQ screening method revealed a statistically significant excess of the average values for hypomania throughout the sample (M±m: 6.46±0.44; p<0.05). The total score of 64 interviewees (46.7%; 95% CI: 38.1–55.3) exceeded the threshold value (≥7). 68 responders (49.6%; 95% CI 41.0–55.3) showed one-stage manifestation of certain signs of mood rise. 72 interviewees (52.6%; 95% CI 43.9–58.3) reported absence of mood rise, associated with conflict behaviour, family problems etc.

According to the HDRS scale, 45 responders (32.85%; 95% CI: 24.14–40.95) showed signs of mild depression (M±m: 6.51±0.39; p<0.05). Also, a group of responders (18.2%; 95% CI: 11.78–24.72) manifested exceeding indicators both for hypomania and depression.

Conclusions: According to the MDQ scale, 46.7% of the responders showed threshold values exceeding; with the one-stage manifestation of hypomania signs in 49.6% of the respondents. 32.85% of the responders showed signs of mild depression (the HAMD scale). 18.2% of the interviewees exceeded threshold values for both hypomania and depression. The discovered cyclothymia-like conditions at the preclinical stage have potential for predicting risk for their transformation to bipolar disorder which directs further outpatient clinical and dynamic observation.

Key words: bipolar disorder - early screening - hypomania

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COMORBIDITY IN BIPOLAR DISORDER- CASE REPORT

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Bipolar disorder (BD) is an affective disorder characterized by the exchange of periods of depression and mania. BD is commonly in comorbidity with mental and somatic diseases. This report presents a 59-year-old female patient in treatment for BD comorbid with Generalised anxiety disorder (GAD) and somatic diseases (psoriasis, diabetes mellitus type 2, hypothyroidism). The development of clinical signs of BD began in January 2016. when she was first hospitalized for depression symptoms. Later that year, she was hospitalized for the second time with acute mania symptoms. During this period, she had caused significant financial loss spending all of her family savings. Symptoms were reduced using the combination of psychotropic medications (mood stabilizer, antipsychotic, anxiolytic, hypnotic). During the second hospitalization elevated blood sugar and altered levels of thyroid hormones were noted and the patient was diagnosed with diabetes mellitus type 2 and hypothyroidism. Insulin therapy and thyroid hormones substitute were introduced. After discharge from the hospital the patient noticed skin changes and was diagnosed with psoriasis. A year later (2017) she was re-hospitalized for the actualization of BD and GAD symptoms, and the clinical condition was further aggravated by changes in her physical appearance caused by psoriasis. Since her last hospitalization, the patient is in regular outpatient psychiatric, endocrinological and dermatological treatment and regularly takes prescribed medication. She is in a stable mood, functional in all spheres of life and is in state of solid symptom remission. In order to achieve optimal treatment outcomes, it is important to recognize comorbidities on time and treat them through an individualized interdisciplinary approach.

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PERSON-ORIENTED APPROACH IN EXAMINING CHINESE-HUNGARIAN PERSONALITY AND AFFECTIVE DISORDER PROFILES

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Background: Our Chinese-Hungarian crosscultural research aimed to apply a person-oriented approach on examining patterns of cultural, personality and affective disorder variables.

Subjects and methods: Our sample consisted of 238 Chinese and 167 Hungarian university students under the age of 26 years old. 238 Chinese university students (112 males, 126 females; mean age: 19.55, SD: 1.60) and 167 Hungarian University students (65 males and 100 females; mean age: 20.47, SD: 1.83) participated in our research. All individuals were under 26 years old. No gender (x^2(df=1)=2.32, p=0.127)) and no age differences between countries were observed. We analyzed in person-oriented approach the Zuckerman-Kuhlman-Aluja Personality Questionnaire, the universal values scale of Schwartz and three affective disorder questionnaires (Mood Disorder Questionnaire, Hypomania checklist, PVP Depression Scale).

Results: We applied model-based clustering that resulted in a model with five spherical, varying volume components. This meant that five clusters emerged, five typical patterns of the cultural, personality and affective variables. Significant cultural difference arose (x^2(df=4)=79.489, p<0.000)) in cluster proportions. In three clusters, proportion of Chinese was significantly higher than proportion (Overcontrolled: 82.6%, Reserved: 71.1%, Ordinary: 60.5%) of Hungarian. In the two remaining clusters, majority were Hungarian (Positive Sensation Seeker: 90.0%, Aggressive-Impulsive: 80.4%). Moreover, different psychiatric vulnerability emerge in relation to different profiles. Profiles that are more typical to Hungarians, have high sensation seeking level, and show vulnerability to hypomania, mood disorder and impulsive depression. On the other hand, typical Chinese profiles are linked to vulnerability of non-impulsive depression.

Conclusions: In sum, culture and cultural values play an important role in the vulnerability of different affective disorders. These differences can be linked to different typical personality patterns.

Key words: personality - affective disorders - person-oriented approach - cluster analyses - cross-cultural

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LEVELS OF DEPRESSION, ANXIETY AND QUALITY OF LIFE OF MEDICAL STUDENTS

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Background: Medical education is amongst the educational processes with the highest stress load**.** This study was conducted to determine levels of depression, anxiety and quality of life of medical students in a university hospital.

Subjects and methods: Third year and sixth year medical students which accepted to be participate to the study and sign informed consent form are included in the study. Data was evaluated by descriptive statistics.

Results: Totally 81 students of which 41 are third year, and 40 are sixth year students are included to the study. 79% of participants are women and 100% are unmarried. Accordingly, Beck Depression Inventory, ratio of those who have (any level of) depression are 58.5% in third year students and 55% in sixth year students. Ratio of those who have moderate to severe anxiety is 34.1% in third year students and 25% in sixth year students. Differences between them are not statistically significant. Regarding subscales of life quality; sixth year students have higher scores on general health perception then third year students. Medical students have lower scores in; difficulty in physical role, difficulty in emotional role, energy, mental health, social functioning and perception on general health when compared to the average scores of general public.