

Conclusions: In this study medical students are having a lower quality of life regarding most of the subscales when compared to normal population and both third year and sixth year students are found to be having high depression and anxiety levels. As medical training is a hard and long road to go, it is important to encourage medical students to get Psychiatric support when needed. This is important for them to maintain their mental health.

Key words: students - medical - behavioral symptoms - depression - anxiety

* * * * *

INTIMATE PARTNER ATTACHMENT STYLE AND ANTENATAL DEPRESSION SYMPTOMS IN NULLIPARAS: RESULTS FROM THE ZRNO STUDY

Polona Rus Prelog¹ & Maja Rus Makovec²

¹*Department of Geriatric Psychiatry, University Psychiatric Clinic Ljubljana, Ljubljana, Slovenia*

²*University Psychiatric Clinic Ljubljana, Ljubljana, Slovenia*

Background: The purpose of this study was to examine the relationship between the important indicators that define mental health functioning during the first pregnancy: the level of depression, anxiety and fear of childbirth in the context of nulliparas' intimate partner attachment style type and older generation's emotional support.

Subjects and methods: A group of 325 nulliparas in the third trimester of pregnancy were enrolled at the Childbirth preparation program of the University Medical Centre Ljubljana's Division of Gynaecology and Obstetrics. The following instruments were applied: Experiences in Close Relationships-Revised, The Edinburgh Depression Scale, two aspects of anxiety - Zung Anxiety Scale and a questionnaire regarding fear of childbirth. Attachment anxiety and avoidance scales were recoded into four categories of a prototypical attachment style: secure, fearful, preoccupied and dismissive. Two-way ANOVA and the chi-square test were used for the statistical analysis.

Results: All indicators of mental health functioning of our sample of nulliparas differed significantly regarding their partner attachment style. Nulliparas with a fearful, but also with a preoccupied type of attachment, showed less optimal mental health indicators compared to those with a secure/dismissive type of attachment. A significant interactive effect of partner attachment and emotional support from the older generation was found on the level of depression. Partner attachment styles and emotional support from the older generation were found to be statistically dependent.

Conclusions: In our sample a secure attachment seems to represent a protective buffer for the level of depression, even when a lower emotional support of the older generation was included. Screening and intervening on intimate attachment style as a protective factor for antenatal depression and different forms of anxiety is proposed.

Key words: anxiety - depression - partner-attachment style - older generation support - nulliparas

* * * * *

PSYCHOSOMATICS IN EATING DISORDERS

Marina S. Artemieva¹, Boris D. Tsygankov², Ivan E. Danilin¹,
Roman A. Suleymanov¹ & Anastasia G. Lazukova¹

¹*Department of psychiatry and medical psychology, Medical Institute, Peoples' Friendship University of Russia (RUDN University), Moscow, Russia*

²*Department of Psychiatry, Addictology and Psychotherapy of Faculty of additional professional education of Moscow State University of Medicine and Dentistry named after A.I. Evdokimov, Moscow, Russia*

Background: To study the psychosomatic options and dynamics in patients with eating disorders. To conduct a comparative study of psychosomatic characteristics of surveyed patients with eating disorders, taking into account the duration and severity of protein-energy deficiency and levels of catecholamines excretion; to reveal features of mental working capacity, basic mental processes and EEG data at different

stages of eating disorders; to develop scientifically based effective methods and means for correcting pathological changes that have arisen as a result of prolonged protein-energy deficiency in eating disorders.

Methods: Catamnestic, statistical, clinico-psychopathological with somatic, psychological and laboratory examination, anthropometry, high-performance liquid chromatography, electroencephalography. Statistical analysis of collected data was processed using the program IBM SPSS Statistics 22, the confidence level p-value is ≤ 0.001 .

Results: The long-term consequences of prolonged fasting in 500 women with eating disorders (ED), who applied for help at the RUDN department and were examined in 1987-2013, were studied. The most common somatic complications of prolonged protein-energy deficiency were investigated. In addition to the clinical method and anthropometry, to measure the efficiency of weight gain after prolonged alimentary deficiencies and to treat anorexia nervosa patients the pathopsychological method of "Shabalina's complex decoding" and analysis of catecholamine excretion rates in urine of patients with anorexia at different stages of therapy were used. Improvement of mental performance and general condition of the examined after applying the developed treatment was observed. Scientifically based principles of therapy, allowing to avoid complications of long-term fasting and during weight gain were suggested.

Key words: eating disorders - catecholamine excretion - long-term consequences - treatment - mental performance

* * * * *

PSYCHOSOMATIC ASPECTS OF AND TREATMENT OF GI PATHOLOGY

Marina S. Artemieva, V. Kuznetsov, I. Manyakin, E. Basova & D. Shumeyko

Psychiatry and medical psychology, RUDN University, Moscow, Russia

The frequency of instances of diseases of the digestive system has increased in recent years. The pattern of diseases changes: the pathology of the upper gastrointestinal tract (gastroesophageal reflux disease, gastritis, duodenitis) is the most prevalent. Gastroesophageal reflux disease (GERD) is one of the most common, recurrent and comorbid gastroenterological diseases, with a prevalence of 30% in Western Europe and 10% in East Asia in the adult population.

Evaluation of quality of life (based on the SF 36 questionnaire and Hamilton's scale of Depression and anxiety) is widespread and can aid in the choice of effective treatment for patients with combined pathology. We analyzed SF36 questionnaires of patients with GERD only and GERD in combination with thyroid pathology (hypothyroidism).

Patients were divided into two groups: the first group - patients with GERD (20 persons); the second group - patients with GERD and hypothyroidism (20 persons). The quality of life of patients from the second group was revealed to be low for such indicators as "physical and mental components of health", "social functioning".

The intensity of pain in both of the two groups significantly limits daily activities of patients. The physical component of health in patients with GERD is 48.82%, and in patients with comorbidity - 39.21% ($p \leq 0.05$). A significant difference in the mental health component was observed: in the first group - 39.7%, and in the second group - 30.18% ($p \leq 0.05$).

Patients with GERD suffer not only symptoms associated with erosive-ulcerative, catarrhal and/or functional disorders of the distal esophagus, but also neurotic disorders. Depression, memory impairment, attention disorders are more common.

Thyroid dysfunction manifests with the psychoendocrine syndrome (depressive and anxiety-phobic disorders), therefore the mental health component of the quality of life of patients with GERD and hypothyroidism decreases. Patients with combined pathology of GERD and thyroid dysfunction should be examined not only by a general practitioner, gastroenterologist, endocrinologist, cardiologist, but also by a psychotherapist because of pronounced somatogenic mental disorders. Treatment with antacids and drugs such as omeprazole, Cerucal, were less effective than when combined with psychotropic drugs: Sertraline 25-30 mg and hydroxyzine 12.5-25 mg per day.

* * * * *