

last three clinical entities belong to a common group called spondyloarthropathies (SpA); receiving anti-TNF therapy at the department of Rheumatology and Rehabilitation, Clinical Hospital Center Zagreb. The duration of therapy was a minimum of 1 month, with the mean duration of 32,0±24,0 months. The infections recorded were infections that appeared during treatment or soon after the treatment was stopped.

Results: During the course of therapy 17 patients (21.5%) experienced an infection, with the total number of 21 infections. This resulted in an overall incidence rate (IR) of 9.9/100 patient-years. Of the patients with RA 76,5% developed an infection, which was significantly higher than for patients with SpA ($p < 0.001$). The IR/100 patient-years for all infections in RA patients was 23.7 compared to 2.8 in patients with SpA. Female gender was associated with a significantly higher infection rate (70.6%, $p = 0.005$). There were 8 infections that were considered serious, yielding an IR of 3.8/100 patient-years. There was only one malignancy case in our study.

Conclusion: Every fifth patient developed an infection during the course of anti-TNF therapy, and more than one third of all infections were serious. RA and female gender was associated with a significantly increased number of infections.

Key words: anti-tnf therapy - inflammatory rheumatic diseases - infections - malignancies

COMORBIDITIES IN ALCOHOL USE DISORDERS IN TUZLA CANTON AREA - BOSNIA AND HERZEGOVINA

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Introduction: Previous research has shown the simultaneous presence of health diseases and alcohol use disorder (AUD). This research emphasizes the importance of individual diseases, the simultaneous presence and connection of different diseases, which creates the conditions for more adequate treatment of patients with AUD.

Determine somatic, neurological and psychiatric diseases in patients with AUD in the Tuzla Canton (TK) in the period from 01.01.2011. to 31.12.2015.

Subjects and methods: A retrospective study on the systematic cause of 1,863 patients with AUD recorded in the TK health system.

Results: Among 1004 (53.9%) patients with AUD, somatic diseases were present; in men: arterial hypertension 573 (31.7%), alcoholic liver disease 269 (14.9%), diabetes mellitus 211 (11.7%); and in women: arterial hypertension 27 (49.1%), diabetes mellitus 27 (49.1%), elevated lipoproteins 3 (5.5%); alcoholic liver disease 1 (1.8%) and anemia 1 (1.8%). Among 1196 (64,2%) patients with AUD, neurological diseases were present; in men: cognitive impairment 627 (34.7%), post-stroke condition 418 (23.1%), polyneuropathy 269 (14.9%); and in women, post stroke condition 28 (50,9%). Psychiatric comorbidity was determined in 1619 (86.9%) patients with AUD; in men: depressive disorder 806 (44.6%), personality disorder 660 (36.5%), while nicotine addiction 27 (1.5%) and dementia 13 (0.7%) were least present; in women: personality disorder 33 (60.0%), neurotic disorder 27 (49.1%), depressive disorder 22 (40.0%). The largest number of patients with somatic (787 or 42.25%), neurological (939 or 50.40%) and psychiatric comorbidity (939 or 50.40%) belonged to the age group 55-64.9 years.

Conclusion: Slightly more than half of the patients with AUD were diagnosed with somatic diseases, almost two thirds were diagnosed with neurological diseases and with more than four fifths of patients were diagnosed with psychiatric diseases. Of the somatic diseases the most common ones were, arterial hypertension, diabetes mellitus, and alcoholic liver disease; from neurological diseases: cognitive impairment, post-stroke condition and polyneuropathy; and the most common of psychiatric illnesses were depressive disorder and personality disorder. The largest number of patients are in the ages of 55-64.9.

Key words: medical characteristics - alcohol use disorder - Bosnia and Herzegovina

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ALCOHOL ABUSE IN THE DENTAL PATIENT AND TEMPOROMANDIBULAR DISORDER CAUSED BY TRAUMA

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The aim of the paper was to describe the multidimensional character of alcoholism and its effects on oral health, with a review of the relation between the traumatogenic factor of temporomandibular disorders (TMDs) and bruxism development. The difference between moderate drinking and the development of alcohol addiction which leads to alcoholism-related medical, social, legal and economic issues is not always clear. Alcoholism is often hidden within the private and wider social framework of a patient. Oral diseases are easy to notice in recorded alcoholics as well as in, for example, smokers. TMDs consist of a disorder of masticatory muscles and/or a disorder of temporomandibular joint (TMJ). Since the traumatogenic factor of individuals under the influence of alcohol is clearly evident, it can potentially become an initializing factor of TMJ disorder's clinical signs and symptoms development. A modern approach to the etiopathogenesis is to include the multifactorial model, that is, combinations of potential factors with various individual importances. In everyday dental practice, co-morbidities of oral diseases and alcoholism are expected more often, as well as oral diseases with their etiopathogenesis partially related to alcohol use.

Key words: alcoholism - oral health - temporomandibular joint - trauma - bruxism

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ALCOHOL ABUSE AMONG WOMAN AND CHALLENGES; TREATMENT OF WOMAN'S SUFFERING AND CHAIN FOR HER STRENGTH

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Women's importance in family and society is undoubtful. Her support and effort are longlasting. Multi-tasking-oriented women went through liberalization and centuries taking all their roles, but also accumulating stress and experiencing obstacles on the way to serve everyone: as a woman, mother, lover, colleague, daughter, friend... When feeling anxious, depressed, unsuccessful, she rarely uses coping mechanisms as before; talking and crying. She shows willingness to use typically "male mechanisms" - drinking too much: Alcohol use and abuse in women is increasing.

Team of professionals dealing with alcohol and other addictions in our Daily Hospital is a female team treating both women and men. However, we noted particular needs from women. There was a need for specified individual and group therapy in order to build her self-confidence, self-respect and orientation to priorities due to violence in the past (both verbal and physical) - they felt neglected, frightened and humiliated. Work with soul, but also with body is important and care for biological, psychological, social and spiritual aspects of her personality is required.

There was also need for treatment of women who were supporters to alcoholic partners - experiencing a "burn-out" after repeated attempts to help them. Transdisciplinary integrative approach included close cooperation between a psychiatrist, clinical psychologist, trained med-nurses, social worker and occupational therapist with relations established with GPs and social services.

Awareness about needs for human rights protection for women led us to partnership with 'Ženska soba' ('Woman's room') which is a non-governmental organisation and this ongoing project is approved by the Ministry of Health. Main goal is not just psychological support but also continuing education and sensibilisation for professional staff. Our pioneer form of collaboration between governmental and non-