

(especially malignant diseases), knowledge and experience with the national and local cancer early detection program.

**Subjects and methods:** A cross-sectional observational study included 38 general practitioners (GPs)/FPs from nine municipalities in the Hercegovina-Neretva and West Herzegovina canton. Data were collected by using an Individual questionnaire for all GPs/FPs which was prepared according to the Questionnaire for family physicians on implementing the Cancer Control Program, which is used in Croatia.

**Results:** Statistical analysis showed that most FPs carried out activities on primary cancer prevention (educating patients about smoking, alcohol, diet, physical activity, cancer education, and screening). The majority of respondents stated that it was not profitable to do screening for lung cancer and stomach cancer. Most FPs (73.7%) recommended mammography to women individually, sporadically, according to individual risk assessment.

**Conclusions:** The scientific contribution and the results of this work can be applied in practice in local communities. Given its position in the health system, ongoing contact with the population that elected it, and its impact on the local community in which it operates, FP plays an important role in the prevention of disease. Integration of preventive activities into the daily work of the doctor plays the most important role in achieving excellent results. Family medicine is primarily focused on primary and secondary prevention, which is carried out through a continuous approach and long-term management of patients.

**Key words:** neoplasms - preventive medicine - physicians - family

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## INFORMED PATIENT IS SATISFIED PATIENT - QUALITATIVE STUDY OF PATIENTS' EXPERIENCE AFTER TOTAL HIP ARTHROPLASTY

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**Background:** Total hip arthroplasty is “gold standard” in surgical treatment of hip osteoarthritis but we still lack quality information on patients' perspective. Preoperative narrative approach as instrument of patient-centered paradigm that provide detailed information tailored to the patients' needs, might give patient control over the whole process and better outcomes. The aim of this article is to explore the lived experience of patients from onset of disease to final treatment.

**Subjects and methods:** This is a qualitative study using direct content analysis. Data were collected through semi-structured interviews with 33 patients who undergone total hip arthroplasty in Special hospital for orthopedics in Biograd na Moru, Croatia, 6 to 9 months after surgery. Interviews were coded and organized to themes.

**Results:** Three main themes emerged and all themes were closely related to information available: 1) Pre-operation information (information about disease and coping with it, pain management, exercise for muscle and joint function maintenance), 2) Information about operation and technical information (waiting list transparency, type of implant, possible complications and risks), 3) After operation information (early rehabilitation, stationary rehabilitation, quality of life after operation).

**Conclusion:** Our findings reveal that patients experience lack of information prior to referral to our hospital. Involving patients in the process through good communication with doctor and providing extensive information on what to expect before and after surgery, and how surgery will affect quality of life, make them feel that they progress better. Identifying hidden barriers and enablers might help in patients' healing process. Our results indicate that preoperative narrative approach was a worthy time investment that contributed to patient general satisfaction.

**Key words:** patient-centered care - total hip arthroplasty - direct content analysis - narrative approach - patients' satisfaction

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## DEPRESSION IN ELDERLY - JUST A SMALL PROBLEM OR SOMETHING MORE?

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**Background:** Depression is the most common mental disorder in old age with a major impact on quality of life, morbidity and mortality. In daily work, various tests are used in terms of screening to detect suspected depressive disorder. One of the most commonly used tests is the so-called Geriatric Depression Scale-15 (GDS-15). The aim of our study was to determine the incidence of depressive symptoms in patients hospitalized in the geriatric ward.

**Subjects and methods:** A retrospective analysis included a total of 473 subjects (170 men and 303 women), with an average age of 83.8 years (minimum 65 years, maximum 101 years). GDS-15 was tested in all subjects (a positive test implies a GDS-15 score of  $\geq 6$ ). The results obtained were then statistically processed.

**Results:** Of the total of 473 subjects, 105 (22.2%) were positively tested for depressive symptoms (34 men and 71 women). Most of these live in the usual domestic setting (79.4% men and 74.6% women). In women, the symptoms are mostly present (49 women -69.0%) in women living alone (widowed, divorced or unmarried). The male respondents were mostly men living in a partner community (22 men - 64.7%).

**Conclusion:** The results obtained confirm the high incidence of depressive symptoms in the patients hospitalized in the geriatric ward. Depression is not a normal part of ageing and must be considered as a serious medical problem. Therefore, routine screening is necessary to identify the depressive symptoms, to detect and diagnose depression to begin treatment for such patients on time in order to improve the quality of life of the elderly.

**Key words:** depression - Geriatric Depression Scale - elderly

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## ANXIETY AND DEPRESSION AS COMORBIDITIES OF MULTIPLE SCLEROSIS

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Multiple Sclerosis (MS), a chronic inflammatory neurodegenerative disease, is accompanied by a number of comorbidities. Among the psychiatric ones, depression and anxiety occupy a special place. It is estimated that the prevalence of anxiety in the MS population is 22.1% versus 13% in the general population; whereas the prevalence of anxiety levels, as determined by various questionnaires, reaches even 34.2%. Systematic literature reviews (SPL) show considerable data variations due to differences in study design, sample size, diagnostic criteria and extremely high heterogeneity ( $I^2$ ). Among the more conspicuous factors associated with anxiety disorder in MS are demographic factors (age and gender), nonsomatic depressive symptoms, higher levels of disability, immunotherapy treatments, MS type, and unemployment. Depression is the most common psychiatric comorbidity in MS and the lifetime risk of developing depression in MS patients is >50%. According to some research, the prevalence of depression in MS vary between 4.98% and 58.9%, with an average of 23.7% ( $I^2=97.3\%$ ). Brain versus spinal cord lesions, as well as temporal lobe, fasciculus arcuatus, superior frontal and superior parietal lobe lesions in addition to the cerebral atrophy have been shown to be the anatomical predictors of depressive disorder in MS. Hyperactivity of the hypothalamic-pituitary-adrenal axis (HPA) and the consequent dexamethasone-insuppressible