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 ≥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% verus 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 commorbidity 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-insupressible

hypercortisolemia, in addition to cytokine storm (IL-6, TNF-α, TGFß1, IFNγ/IL-4) present the endocrine and inflammatory basis for development of depression. Fatigue, insomnia, cognitive dysfunction, spasticity, neurogenic bladder, pain, and sexual dysfunction have shown to be additional precipitating factors in development of anxiety and depression in MS patients.

Key words: multiple sclerosis, depression, anxiety, comorbidities

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MENTAL HEALTH CARE PROFESSIONALS AND STRESS MANAGEMENT

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Introduction: Mental health and addiction prevention Introduction: Mental healthcare is one of the most stressful professions and staff are exposed to stress in their everyday work. Chronic stress or excessive strain at work can have serious mental health consequences that directly impact productivity. Repeated negative experiences in the workplace can lead to a sense of estrangement, which only heightens the negative impact on health and well-being. By taking care of professionals' mental health and wellbeing we increase the quality of care for patients also. To determine levels of stress and their underlying causes among staff in the Department of Mental Health and Addiction Prevention who directly care for 3.451 patients with mental health problems.

Methodology: Two self-administered, validated questionnaires were completed by staff members during May 2019.

Results: Staff members reported high levels of general stress in the past month, while levels of work stress were not as high, but increased statistically significantly over time due to work organization and financial factors according to the Work Stress Questionnaire. Employees who worked in the Department for more than 5 years found shift work more stressful than those with regular work hours. Men reported significantly more Risk and harm at work then women. Unrealistic expectations and communication difficulties with patients or family members are occasionally a source of greater stress. Some employees showed a very high level of perceived stress on all measured factors and indicators.These findings suggest that stress monitoring and mental health protection for the employee is essential.

Conclusion: Work can indeed be a risk factor for mental health, but it has also been proven that work can be a source of mental strength and contribute positively to overall mental health and well-being. With good leadership and a supportive work environment, work serves as a “health resource”. It is important to proactively support the mental health of employees to ensure prevention in the workplace. Promoting mental health is a core element of a group’s health, safety and well-being strategy and should be an integral part of work organization. In the development and implementation of stress prevention programs we need to talk openly about problems and challenges at all levels, and empower staff through continuous stress management training so that they can adequately manage sources of stress.

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THE RADIOLOGIST WORKLOAD INCREASE; WHERE IS THE LIMIT? MINI REVIEW AND CASE STUDY

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Introduction: Radiologist workload had increased significantly within the past three decades. In 2006-2007, the average annual workload per FTE radiologist was 14,900 procedures, an increase of 7% since 2002-2003 and 34.0% since 1991-1992. Annual RVUs per FTE radiologist were 10 200, an increase of 10% since 2002-2003 and 70.3% since 1991-1992.