

## IMPACT OF MULTIMORBIDITY ON TREATMENT OUTCOMES OF SCHIZOPHRENIA AND MDD

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There is an extremely small number of studies on the influence of physical comorbidities on the outcome of treatment of patients with psychotic disorders. The results indicate a connection with a worse treatment outcome, a higher frequency of relapse and rehospitalization, and a worse quality of life. (Filipčić *et al.*, 2016; Filipčić *et al.*, 2017; Gervaix *et al.*, 2018). It seems that multimorbidity (>2 physical diseases) is significantly associated with psychiatric rehospitalizations (Filipčić *et al.* 2017). Based on the above, it is clear that for the successful treatment of patients with psychotic disorders, it is necessary to improve the prevention of modifying risk factors, early recognition and timely and assertive treatment of physical illness from the first appearance of psychotic symptoms.

There is significant evidence of the effectiveness of pharmacological and behavioral interventions in the prevention of modifiable risk factors in patients. What is missing in improving the physical health of patients with schizophrenia is the integration of multimodal interventions that include pharmacological, behavioral, somatic and social approaches into daily clinical practice. It is necessary to prioritize primary and secondary prevention in daily clinical practice, through regular screenings, health promotion programs, and reduction of cardiometabolic risks.

The first pharmacological and behavioral intervention program in the Republic of Croatia was established in 2015 at the Sveti Ivan Psychiatric Clinic under the auspices of the Center for Integrative Psychiatry (CIP). CIP is a multimodal model of integration of pharmacological, behavioral, somatic and social intervention for patients with mental disorders whose primary goal is to reduce the morbidity and mortality of patients through the prevention of modifying risk factors, early recognition and interventions, and assertive treatment of physical comorbidities.

Secondary goals are to speed up resocialization and rehabilitation through social rehabilitation programs, increase the quality of life and work productivity of patients. The goal is also to raise awareness and educate patients, their families and healthcare workers about the mentioned problems, through the implementation of educational and preventive programs, workshops and expert meetings and their implementation in everyday clinical practice.

It is significant that prevention and early intervention in maintaining the health of patients suffering from psychiatric disorders leads to a reduction in treatment costs for the Croatian health system and society as a whole. The national strategy and clinical guidelines for the prevention and treatment of physical diseases in people with mental illness also aim to improve the health and quality of life of patients and reduce premature mortality.

**Key words:** Multimorbidity, schizophrenia, behavioral interventions

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## IF PERSONALIZED MEDICINE IS THE FUTURE GOAL- CAN GENETICS OF STRESS RELATED DISORDERS PROVIDE A KEY?

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**Introduction:** Stress related disorders nowadays are seen as biological disorders, this is a view proposed recently—not more than two decades ago. The trigger for this question probably was based on the clinical observation that people can suffer same trauma intensity and duration but still not all develop symptoms of PTSD. Genetic research has yielded with more knowledge and data but key answers useable for clinical practice are still lacking. The formation of psychiatric genomic consortia has given a new insight into genome-wide association studies with promising results for PTSD, as well. We have understood until now that research of this area is complicated and big samples and phenotype narrowing is the major consideration to be kept in mind. With this article we would like to give an overview on the current findings of posttraumatic stress disorder genetics, critically overview the clinical usage and give insight into a new area of research by investigating the oxytocin transporter receptor gene, as a promising target.

**Methods:** Five centers have been included with three target groups that have been exposed to war

related trauma in ex Yugoslavian countries. The sample was divided into groups regarding PTSD diagnosis (lifetime, current and no PTSD). The diagnosis and symptom clusters have been correlated with the genetic variant of the oxytocin transporter receptor gene (rs53576).

**Results:** Statistically significant results have been found with specific symptom clusters in correlation with the allelic status of the OXTR rs53576 SNP.

**Conclusion:** Future psychiatry will definitely be focused on research of genetics of psychiatric disorders. Posttraumatic stress disorder shouldn't be forgotten in this research field. The insight into specific genetic variants can give us functional and pathophysiological answers into stress related disorders as well. The oxytocin transporter receptor gene, specifically the rs53576 polymorphism seems to have important function in determining symptom cluster intensity.

**Key words:** Posttraumatic stress disorder, OXTR gene, rs53576, symptom clusters

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## RESTLESS LEG SYNDROME BETWEEN PSYCHIATRY AND NEUROLOGY

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Restless Legs Syndrome (RLS), is a chronic neurosensorimotor disorder, characterized by an urge to move the legs which is often accompanied by uncomfortable or unpleasant sensations. Large community studies in Europe and North America show RLS prevalence rates from 4% to 29% in the general adult population. Prevalence increases with age and in the presence of coexisting morbidities, and it is higher in women.

According to International RLS Study Group (IRLSG) the four essential criteria are: 1) urge to move the legs or other body parts usually accompanied or caused by unpleasant sensations; 2) Rest worsens symptoms; 3) Gyration or movement partially/totally relieve symptomst; and 4) Evening/night time onset or worsening of symptoms 5) Denila of another primary causation of the symptoms (acronyme URGED). The DSM-5 criteria for RLS are consistent with the five IRLSSG criteria, and include the following additional specifications: RLS symptoms occur at least three times per week and have persisted for at least 3 months; symptoms cause significant distress or impairment on social, occupational, educational, academic or behavioral functioning; and the disturbance cannot be explained by the effects of a drug or abuse of medication. Supportive clinical features for RLS include a positive family history, positive response to dopaminergic therapy, and presence of Periodic Limb Movements in Sleep (PLMS).

RLS may be primary (idiopathic) or secondary to diverse conditions, such as pregnancy, end-stage renal disease, iron deficiency anemia, peripheral neuropathy.

The potential presence of RLS should be considered in patients who complain of early insomnia and paresthesias or dysesthesias of the legs, somatogorm pain disorder, as well as depressive and anxiety disorders. In addition, sleep disruption and fatigue due to RLS may be causal factors for depression or depressive symptoms.

One of the leading hypotheses for the pathogenesis of RLS is that there is a dopaminergic deficit. The strongest evidence for this hypothesis is the efficacy of dopaminergic therapy.

Treatment of comorbid depression in patients with RLS must be carefully considered as antidepressants have been reported to trigger or exacerbate RLS symptoms.

**Key words:** Restless Leg Syndrome, RLS symptoms, RLS detection

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## THE POSITIVE EFFECT OF PRESCHOOL CLASSROOM INTERACTIVE GAMES ON CHILDREN'S MENTAL HEALTH FROM THE PERSPECTIVE OF PRESCHOOL PSYCHOLOGY

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