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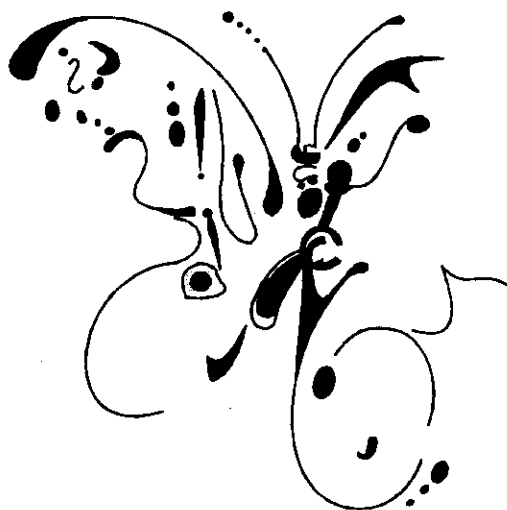
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МАКЕДОНСКИ МЕДИЦИНСКИ ПРЕГЛЕД
СПИСАНИЕ НА МАКЕДОНСКОТО ЛЕКАРСКО ДРУШТВО



IV КОНГРЕС НА ПСИХИЈАТРИТЕ НА РЕПУБЛИКА МАКЕДОНИЈА
СО МЕЃУНАРОДНО УЧЕСТВО

IV CONGRESS OF PSYCHIATRISTS OF REPUBLIC OF MACEDONIA
WITH INTERNATIONAL PARTICIPATION



ЗБОРНИК НА АПСТРАКТИ
BOOK OF ABSTRACTS

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P-053

PSYCHOLOGICAL CHARACTERISTICS OF PATIENTS WITH PSYCHOORGANIC SYNDROME

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Objective: The psychoorganic syndrome surrounds a heterogeneous group of diseases in MKB-10. The psychological characteristics of patients in this group are even more various. The objective of this study was to investigate which kind of psychological characteristics of patients are the most frequent in psychoorganic syndrome.

Methods: This was a two years retrospective study in patients with MKB-10 psychoorganic syndrome. There were 30 patients which were hospitalized on Psychiatry Clinic in Nis. In methodology, we used a semi-structured clinical interview, MMPI test, BG test, Benton test, and psychological characteristic scale by Sheehan and Noyes.

Results: The results we received show next psychological characteristics:

- The total (100%) patients were with depressive personality structure.
- Next important psychological characteristic was dependents, in half of patients (50%).
- Important statistical significance show hypersensitivity and primitivism (33, 3%).
- The other psychological characteristics didn't show statistically important significance. MMPI test showed that most frequent profile was D-Pt-Hs.

Conclusion: This study identified strong associations between specific personal structure (depression - dependents - hypersensitivity - primitivism) and psychoorganic syndrome. Trio D-Pt-Hs on MMPI test, may be considered as risk factor for psychoorganic sy.

P-054

QUALITY OF LIFE AND HOPE IN PATIENTS WITH HEAD AND NECK CANCER

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Theoretical framework and objectives: Awareness of diagnosis of cancer can have a devastating effect on individual personality, psychological balance and their families. Head and Neck cancer is especially traumatic emotionally because of disfigurement and functional impairment resulting from both the cancer and its treatment. Numerous concerns exist from a psychological perspective for the head and neck cancer patient, including the reaction to the cancer itself, the threat to one's mortality, body image issues, fears of treatment (surgery, radiation, and chemotherapy) and potential disfigurement, family, social and vocational issues. In the frame of theoretical and

empirical background of Positive psychology and psychooncology, in the past decade there has been a considerable increase of interest in quality of life (QoL) and hope issues. Snyder's cognitive model of hope is very famous which defines hope as "a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)" (Snyder, Irving, & Anderson, 1991, p. 287). The main aim of this study is to compare patient's Quality of life and the level of hope before and after the Head and Neck cancer surgery.

Design & methods: Participants inclusion criteria: During the period of June 2008- May 2009, 65 participants with diagnosed Head and Neck cancer were involved in this study. Patients attending the Maxillofacial surgery department at Clinical Hospital in Stip, were invited to participate in this study. Participant exclusion criteria: Significant psychological distress. The questionnaires we used: Quality of Life Questionnaire (EORTC QLQ)-H&N35, a questionnaire designed to assess the quality of life of head and neck (H&N) cancer patients in conjunction with the general cancer-specific EORTC QLQ-C30; Adult Hope Scale (AHS) C. R. Snyder.

Results and conclusion: The results shown that there were significant differences between Quality of life and the level of hope comparing the period before and after surgery. Issues associated with the head and neck cancer patient are far-reaching, and the ramifications of treatment often extreme. Therefore it is important for patients, caregivers, and medical staff to understand the many facets of adjustment to cancer and the impact of treatment on the patient's quality of life as well as its medical impact. Psychological support is often necessary in assisting these patients to make a successful adjustment to all the difficulties they will encounter as a result of the illness. Even long-term survivors report difficulties in coping, and therefore caregivers must remember that patients make a lifetime adaptation when undergoing treatment for head and neck cancer. Because their lives are changed, they must make appropriate personal changes in order to assist them in ensuring the highest possible quality of life following treatment. Only positive psychology approach can be good base on the path to new life.

P-055

POSITIVE PSYCHOLOGY INTERVENTIONS IN PATIENTS WITH HEAD AND NECK CANCER

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Theoretical framework and objectives: Positive psychological interventions have been known to improve quality of life and well being in early stage cancer. Similar studies are needed in late stage cancer. Purpose of the study: to see if simple, easy to use, effective strategies of positive psychology can be used to improve quality of life in people with head and neck cancer.

Design & methods: Study design: pilot study for a Randomised Control trial. Methodology: patients attending the Maxillofacial surgery department at Clinical Hospital in Stip, were invited to participate in this study. An initial screening was conducted and suitable candidates were recruited after obtaining written consent before their oncology clinic treatment. After they agree to take a part, they were randomly allocated into one of two groups:

1. Fast-track group who was starting immediately
2. A delayed start group who was starting 6 weeks later

The fast track group were interviewed on the same day and asked to fill some baseline questionnaires. They also got written information about positive psychology methods and also verbal explanation. They got diary sheets which should be filled out on a daily basis. They were also feeling free to contact the team on phone 1, 2 and 4 weeks after the first meeting in order to clarify any doubts they may have and also to be encouraged to complete their daily tasks. Face to face interviews took place at 6, 12, and 18 weeks after the initial interview. The questionnaires we used: Quality of Life Questionnaire (EORTC QLQ)-H&N35; in conjunction with the general cancer-specific EORTC QLQ-C30; Psychological Well-Being Scales, C. Ryff. The delayed start group will undergo an identical process, after a lag of 6 weeks. Participants inclusion criteria: During the period of June 2008- May 2009, 65 participants with diagnosed Head and Neck cancer were involved in this study. Participant exclusion criteria: Significant psychological distress - it is not ethical to include them as they may benefit from treatment with medication; current treatment with medication for psychological distress, unless they have been stable on them for more than a year - inclusion of such people will confound the results of the study as it would be difficult to say whether improvement is due to medication or the intervention; those who have severe memory impairment.

Results & Conclusions: Generally, patients were very satisfied with the positive psychology intervention programme. Supported the statistical data provided on the efficacy of the intervention programme. A problem-focused positive psychology intervention programme tailored to individuals' needs following treatment for head and neck cancer has demonstrated efficacy in reducing psychological distress, improving social functioning, well being and quality of life, which are sustained over time. Post-treatment problems can be managed within a biopsychosocial framework.

P-056

ВЛИЈАНИЕТО НА ЗДРАВСТВЕНАТА ЕДУКАЦИЈА (ПРОПАГАНДА) ВРЗ ОДНОСОТ КОН ПСИХИЧКИТЕ ЗАБОЛЕНИ

Прошев И.

Истражувавме кои фактори влијаат врз квалитетот на односот кон душевно заболените во нашата средина (Меџимуската жупанија, Р. Хрватска) и кои се тие социјални групи кон кои

треба да се насочат планираните стратегии за развој на психијатриската служба во Република Хрватска. Се обидовме да истражиме дали и колку пакетот на едукативно промотивните активности го поправил односот на средината кон нашата струка. Дали другите не перципираат како носители на конструктивни промени, ако да, за кои групи станува збор и во која мерка. Поимот пропаганда го претпоставуваме на поимот едукација зашто подобро одговара на активностите што ги извршивме, земајќи ја предвид и емотивната компонента на испрашаните, а не само когнитивно - сознајниот дел.

P-057

ПСИХИЈАТРИСКАТА СЛУЖБА И ТРАНЗИТОТ НА ПАЦИЕНТИ СО МЕНТАЛНИ РАСТРОЈСТВА ПРЕКУ ЕДИНИЦИТЕ НА ПРИМАРНА ЗДРАВСТВЕНА ЗАШТИТА

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Од соработката на психијатриската служба со примарната здравствена заштита (ПЗЗ) произлегуваат согледувања кои укажуваат дека посебен предизвик во единиците на ПЗЗ претставуваат пациентите со ментални растројства. Искуството покажува дека ангажирањето и вниманието што се посветува на пациентите со ментални растројства во единиците на ПЗЗ е недоволно. Недоволно медицински обработени или воопшто необработени се упатуваат кон психијатриските служби. Причините се најразлични, нереален страв од ваквите пациенти, површно познавање на психијатриската проблематика, избегнување на овие пациенти поради компромитираниот социјален статус, сугестии од немедицински служби, ниво на социјалната средина... Поради ваквиот паушален пристап и самата терапија која се ординира во единиците на ПЗЗ, честопати е несоодветна, дијагностиката е произволна, каква што е и тријажата. Се ангажираат, честопати непотребно, големи придружни екипи и превоз, што дополнително го оптоварува здравствениот систем и буџетот на семејството. Разните форми на едукација, обука и информирање преку системот на континуирана медицинска едукација (КМЕ), семинари, конгреси, работилници, како и ангажирање на невладиниот сектор, информирање преку образовниот процес, пишани и електронски медиуми, можат да придонесат за одредено подобрување или надминување на ваквата состојба. Освен кон несоодветен пристап кон пациентите со ментални растројства во единиците на ПЗЗ, ваквите активности би воделе и кон нивна поголема дестигматизација.