



**SOCIJALNA PSIHIJARIJA –
ČASOPIS HRVATSKOGA PSIHIJATRIJSKOG DRUŠTVA**

**SOCIAL PSYCHIATRY –
THE JOURNAL OF THE CROATIAN PSYCHIATRIC SOCIETY**

Izdavač/Publisher

Medicinska naklada d.o.o.
Cankarova 13, 10000 Zagreb
Hrvatska/Croatia

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Tisak/Printed by

Medicinska naklada, Zagreb, Cankarova 13

Časopis *Socijalna psihijatrija* utemeljen je 1973. godine pri Klinici za psihijatriju Kliničkoga bolničkog centra Zagreb i Medicinskoga fakulteta Sveučilišta u Zagrebu, gdje je i sjedište Uredničkog odbora. Izlazi četiri puta godišnje.

The journal *Social Psychiatry* was established in 1973 at the Clinic for Psychiatry of the University Hospital Centre Zagreb and the School of Medicine of the University of Zagreb, which is also the seat of the Editorial Board. The journal is published four times a year.

Časopis je **indeksiran** u/The journal is **indexed** in:

EBSCO, Embase/Excerpta Medica, Hrčak, PsycInfo, Scopus.

Sadržaj časopisa dostupan je i putem brojnih platformi za otkrivanje sadržaja i znanstvene pretrage, kao što su BASE, CORE, Google Scholar, J-Gate, SciLit i druge.

Journal content is also accessible via various discovery and scholarly search platforms, such as BASE, CORE, Google Scholar, J-Gate, SciLit, and others.

Godišnja pretplata iznosi 80 €. U cijenu je uključena poštarina za kupce iz Hrvatske, uz dodatnu naknadu od 10 € za zemlje Europske unije te 20 € za zemlje izvan Europske unije. Cijena pojedinačnog broja iznosi 35 €, pri čemu je poštarina uključena za sve zemlje. Podatci za pretplatu: IBAN HR2223600001101226715, Medicinska naklada, Cankarova 13, 10000 Zagreb, Hrvatska (za časopis Socijalna psihijatrija).

The annual subscription fee is 80 €. The price includes shipping for customers in Croatia, with an additional charge of 10 € for deliveries within the European Union and 20 € for deliveries outside the European Union. The price of a single issue is 35 €, with shipping included for all destinations. Orders can be made through our office address above. Payment by check at our foreign currency account: Zagrebačka banka d.d., Paromlinska 2, 10000 Zagreb, Croatia. IBAN: HR2223600001101226715, SWIFT: ZABHR2X (for Socijalna psihijatrija).

ISSN 0303-7908 (Tisak/Print), ISSN 2459-6140 (Online)

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E-pošta uredništva / Editorial Office e-mail

socijalna.psihijatrija@kbc-zagreb.hr

Mrežne stranice časopisa/Journal website

<https://www.socijalnapsihijatrija.com>

9. hrvatski psihijatrijski kongres i 21. hrvatski psihijatrijski dani / 9th Croatian Psychiatric Congress and 21st Croatian Psychiatric Days

Knjiga sažetaka: Psihijatrija u dijalogu – od različitosti perspektiva do zajedničkih temelja – civilizacijsko postignuće i izazov današnjice / Book of Abstracts: Psychiatry in Dialogue – From Diverse Perspectives to Common Foundations – An Achievement of Civilization and a Contemporary Challenge

Gost-urednik / Guest Editor

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Psihijatrija u dijalogu – o struci, odgovornosti i zajedničkim temeljima

/ Psychiatry in Dialogue – On the Profession, Responsibility, and Common Foundations

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TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.103>

Vrijeme u kojemu živimo pred psihijatriju postavlja pitanja koja sve češće nadilaze granice naše struke. Društvene i demografske promjene, iskustva različitih kriza, migracije, promjene u obiteljskim i drugim bliskim odnosima, digitalizacija svakodnevice i ubrzan razvoj umjetne inteligencije mijenjaju okolnosti u kojima ljudi odrastaju, rade, stvaraju odnose i stare. Mijenja se pojavnost i izražavanje nekih psihičkih simptoma i poremećaja, ali i očekivanja koja društvo postavlja pred psihijatriju.

Od nas se očekuje da liječimo, ali i da preveniramo, da budemo prisutniji u zajednici, dostupniji, da štitimo prava bolesnika i smanjujemo stigmatu te da pratimo razvoj novih tehnologija i novih mogućnosti liječenja. Pritom ne bismo smjeli izgubiti ono što je u psihijatriji temeljno, a to je odnos u kojemu se trudimo što bolje razumjeti osobu koja nam se obraća za pomoć.

Čini mi se da je upravo sada važno ponovno promisliti što psihijatriju čini posebnom medicinskom disciplinom. Čovjeka nikada nismo mogli svesti samo na bolest niti psihički poremećaj razumjeti izvan njegova životnog konteksta. Biološki procesi, psihološki razvoj, odnosi s drugima i socijalne okolnosti međusobno

The times in which we live confront psychiatry with questions that increasingly extend beyond the boundaries of our profession. Social and demographic changes, the experience of various crises, migration, shifting family structures and other close relationships, the digitalization of everyday life, and the rapid advance of artificial intelligence are all transforming the circumstances in which people grow up, work, form relationships, and age. The presentation and expression of certain psychological symptoms and disorders are changing, as are the expectations that society places on psychiatry.

We are expected not only to treat but also to prevent, be more present and accessible within the community, protect patients' rights and reduce stigma, and keep pace with the development of new technologies and new treatment options. In doing so, however, we must not lose sight of what is fundamental to psychiatry: the relationship in which we strive to understand, as fully as possible, the person who comes to us for help.

It seems to me that this is precisely the moment to reconsider what makes psychiatry a distinct medical discipline. We have never been able to reduce the human being to illness alone, nor to understand a psychological disorder apart from the context of a person's life. Biological process-

su povezani. Biopsihosocijalni model nije samo teorijski okvir nego i način kliničkog pristupa i promišljanja.

Iz takvog je promišljanja proizašao i moto ovogodišnjeg 9. Hrvatskog psihijatrijskog kongresa i 21. Hrvatskih psihijatrijskih dana, koji će se od 7. do 10. listopada 2026. održati u Brelima: ***Psihijatrija u dijalogu – od različitosti perspektiva do zajedničkih temelja.***

Pojam dijaloga nije odabran slučajno. Psihijatrija je struka u kojoj su različite teorijske i terapijske perspektive uvijek postojale, a katkad se i međusobno udaljavale. Danas, međutim, teško možemo ozbiljno pristupiti psihičkim poremećajima iz samo jedne perspektive. Neurobiološka istraživanja donijela su nam znanja koja prije nekoliko desetljeća nismo imali, psihofarmakologija je promijenila ishode liječenja brojnih bolesnika, psihoterapija nam omogućuje drukčiju razinu razumijevanja čovjekova unutarnjeg svijeta i njegovih odnosa, dok nas socijalna psihijatrija stalno podsjeća da se ni bolest ni oporavak ne događaju izvan društvenoga konteksta. Ne mislim da između tih perspektiva trebamo birati. Mnogo je važnije naučiti ih povezivati.

Upravo smo zato ovogodišnjim kongresom željeli napraviti iskorak i u načinu stručnog rada. Uz predavanja, okrugle stolove te prikaze stručnih i znanstvenih radova, veći smo prostor dali interaktivnim radionicama i raspravama o konkretnim kliničkim slučajevima. Željeli smo omogućiti susret različitih područja psihijatrije, ali i drugih struka s kojima svakodnevno surađujemo.

Klinička praksa vrlo brzo pokaže granice svake pojedinačne teorije. Osoba koju susrećemo u ordinaciji ili na odjelu ne dolazi kao „depresija“, „psihoza“ ili „poremećaj ličnosti“. Dolazi sa svojom bolešću, ali i sa svojom poviješću, odnosima, obitelji, gubitcima, radnom okolinom, materijalnim okolnostima, vrijednostima i očekivanjima. Problemi zbog kojih nam se obraća često su istodobno medicinski, psihološki i socioekonomski. Sposobnost razumijevanja i

es, psychological development, relationships with others, and social circumstances are all interconnected. The biopsychosocial model is not merely a theoretical framework but also a mode of clinical approach and reasoning.

It is from this line of reflection that the motto of this year's 9th Croatian Psychiatric Congress and 21st Croatian Psychiatric Days emerged: **„Psychiatry in Dialogue: From a Diversity of Perspectives to Common Foundations“**, to be held in Brela from October 7–10, 2026.

The concept of dialogue was not chosen by chance. Psychiatry is a profession in which different theoretical and therapeutic perspectives have always coexisted and at times drifted apart from one another. Today, however, it is difficult to take psychological disorders seriously when approaching them from only one perspective. Neurobiological research has provided us with knowledge that was unavailable just a few decades ago, psychopharmacology has transformed treatment outcomes for many patients, psychotherapy affords us a different level of understanding of a person's inner world and relationships, and social psychiatry continually reminds us that neither illness nor recovery occurs outside its social context. I do not believe that we need to choose between these perspectives. It is far more important to learn to bring them together.

It was precisely for this reason that, with this year's congress, we sought to break new ground in the way we conduct our professional work as well. Alongside lectures, roundtables, and presentations of professional and scientific papers, we have provided greater space for interactive workshops and discussions of concrete clinical cases. Our aim was to create a meeting point for different fields of psychiatry, as well as for other professions with which we collaborate on a daily basis.

Clinical practice very quickly reveals the limits of any single theory. The person we meet in the consulting room or on the ward does not present as „depression“, „psychosis“, or „personality disorder“. They come with their illness, but also with their personal history, relationships, family, losses, work environment, material circumstances, values, and expectations. The problems that bring them to

nošenja s ovom složenošću smatram jednom od važnijih kompetencija psihijatra.

Iz perspektive predsjednice Hrvatskoga psihijatrijskog društva potrebno je promisliti i o tome što danas treba biti uloga nacionalnoga stručnog društva. Organizacija kongresa i stručnih sastanaka njezin je važan dio, ali svakako nije jedini. Hrvatsko psihijatrijsko društvo treba povezivati psihijatre različitih generacija, područja interesa, terapijskih usmjerenja i ustanova. Trebamo poticati znanstveni i stručni rad, kontinuiranu edukaciju i razvoj stručnih standarda, ali i biti mjesto na kojemu možemo otvoriti pitanja na koja nemamo gotove odgovore. Treba zastupati struku u zdravstvenom sustavu i u javnosti te sudjelovati u raspravama o pitanjima mentalnog zdravlja koja se ne tiču samo psihijatara. Važno mi je da Društvo bude prostor u kojem je moguće razgovarati i onda kada se ne slažemo. Struka se ne razvija tako da jedni drugima potvrđujemo ono što već znamo ili mislimo – razvija se kroz razmjenu iskustava, argumentiranu raspravu i spremnost da povremeno preispitamo vlastita stajališta. U psihijatriji je to osobito važno, jer su pitanja s kojima se susrećemo često istodobno klinička, etička i socijalna.

Posebno mjesto u radu Društva trebaju imati psihijatri i specijalizanti koji se nalaze na početku svoje karijere. Ovogodišnji, peti Forum mladih psihijatara ponovno je pokazao njihov interes za povezivanje, edukaciju, znanstveni rad i međunarodnu suradnju. Snažno vjerujem kako je na nama, koji smo dulje u struci, zadatak prenošenja znanja i iskustva, ali bez očekivanja od mladih kolega da psihijatriju vide na potpuno isti način kao mi. Svaka generacija ulazi u struku u različitom vremenu. Današnje generacije psihijatara susrest će se s pitanjima koja prije dvadesetak godina naša generacija nije mogla ni postaviti.

Među njima je svakako odnos psihijatrije i novih tehnologija. Digitalni alati, telepsihijatrija i umjetna inteligencija već mijenjaju medicinu.

us are often medical, psychological, and socioeconomic all at once. I consider the ability to understand and manage this complexity to be one of the most important competencies of a psychiatrist.

From the perspective of the President of the Croatian Psychiatric Association, it is also necessary to reflect on the role of a national professional society today. Organizing congresses and professional meetings is an important part of this role, but it is certainly not the only one. The Croatian Psychiatric Association must connect psychiatrists across generations, areas of interest, therapeutic orientations, and institutions. We need to foster scientific and professional work, continuing education, and the development of professional standards, while also serving as a place where we can raise questions to which we do not yet have ready answers. The Association must represent the profession within the healthcare system and before the public, and take part in discussions on mental health issues that concern not only psychiatrists. It matters to me that the Association remains a space in which conversation is possible, even when we disagree. A profession does not develop by confirming to one another what we already know or think; it develops through the exchange of experience, reasoned debate, and a willingness to occasionally re-examine our own positions. This is especially important in psychiatry, as the questions we encounter are often clinical, ethical, and social simultaneously.

Psychiatrists and residents at the beginning of their careers deserve a special place in the Association's work. This year's fifth Young Psychiatrists' Forum once again demonstrated their interest in networking, education, scientific work, and international collaboration. I firmly believe that it is our task, as those who have been longer in the profession, to pass on knowledge and experience, but without expecting our younger colleagues to view psychiatry in exactly the same way we do. Each generation enters the profession at different points in time. Today's generations of psychiatrists will confront questions that our generation, some twenty years ago, could not even have posed.

Among these is certainly the relationship between psychiatry and new technologies. Digital

Njihove mogućnosti ne treba podcjenjivati. Oni mogu pridonijeti dostupnosti skrbi, praćenju ishoda liječenja, edukaciji i kliničkom odlučivanju. Istodobno ćemo morati ozbiljno razgovarati o njihovim ograničenjima, etičkim pitanjima, zaštiti privatnosti i utjecaju na terapijski odnos, kao možda i redefiniranju naše vlastite uloge. Mislim kako će u vremenu ubrzanoga tehnološkog razvoja psihijatrija imati još jednu važnu zadaću: **sačuvati vrijednost neposrednoga ljudskog susreta**. Tehnologija može pomoći liječniku i bolesniku, no odnos u kojemu se osoba osjeća viđenom, saslušanom i shvaćenom ostaje bitan dio našega rada.

Za tematski broj *Socijalne psihijatrije* posebno je važno podsjetiti na pripadnost psihijatrije zajednici. Socijalne okolnosti snažno određuju mentalno zdravlje. Siromaštvo, usamljenost, nesigurnost, stigma, diskriminacija i socijalna isključenost mogu povećati ranjivost pojedinca. S druge strane, kvalitetni bliski odnosi, socijalna podrška, osjećaj pripadnosti, obrazovanje, rad i dostupna i kvalitetna zdravstvena skrb mogu imati snažnu zaštitnu ulogu. Stoga se budućnost hrvatske psihijatrije ne može svesti samo na nove dijagnostičke i terapijske mogućnosti. Jednako je važno kako ćemo organizirati skrb i kako ćemo je kao stručnjaci provoditi.

Razvoj izvanbolničkih programa, psihijatrije u zajednici, mobilnih timova, dnevnih bolnica, telepsihijatrije te psihoterapijskih, socioterapijskih i rehabilitacijskih programa treba omogućiti dostupniju skrb i bolji kontinuitet liječenja. Upravo kontinuitet smatram jednim od važnih pitanja budućeg razvoja našega sustava. Bolesnik ne bi trebao postajati „novi bolesnik“ svaki put kada prijeđe iz jednog dijela sustava u drugi. Kontinuitet nije samo pitanje organizacije, naime on znači da osoba tijekom liječenja ne mora uvijek iznova graditi odnos povjerenja i ponovno objašnjavati svoju životnu i terapijsku povijest. U psihijatriji, možda više nego u mnogim drugim područjima medicine, upravo je taj kontinuitet odnosa važan dio liječenja.

tools, telepsychiatry, and artificial intelligence are already transforming medicine. Their potential should not be underestimated. They can contribute to the accessibility of care, monitoring of treatment outcomes, education, and clinical decision-making. At the same time, we will need to engage seriously with their limitations, the ethical questions they raise, the protection of privacy, their impact on the therapeutic relationship, and perhaps even the redefinition of our own role. I believe that, in this era of accelerating technological development, psychiatry will face another important task: **preserving the value of direct human encounter**. Technology can assist both physicians and patients, but the relationship in which a person feels seen, heard, and understood remains an essential part of our work.

For this special issue of *Socijalna psihijatrija*, it is especially important to recall the connection between psychiatry and the community. Social circumstances strongly shape mental health. Poverty, loneliness, insecurity, stigma, discrimination, and social exclusion can heighten an individual's vulnerability. Conversely, high-quality close relationships, social support, a sense of belonging, education, employment, and accessible high-quality healthcare can play a powerful protective role. Therefore, the future of Croatian psychiatry cannot be reduced to new diagnostic and therapeutic possibilities alone. It is equally important how we organize care and how we, as professionals, deliver it.

The development of outpatient programs, community psychiatry, mobile teams, day hospitals, telepsychiatry, and psychotherapeutic, sociotherapeutic, and rehabilitation programs should make care more accessible and improve the continuity of treatment. I consider continuity itself to be one of the important issues for the future development of our system. A patient should not become a „new patient“ every time they move from one part of the system to another. Continuity is not merely a matter of organization; it also means that over the course of treatment, a person does not have to keep rebuilding a relationship of trust and repeatedly explaining their life and treatment history from scratch. In psychiatry, perhaps more than in

Jednu od zadaća Hrvatskoga psihijatrijskog društva vidim i u poticanju rasprave o tome kakav sustav mentalnog zdravlja želimo razvijati. Trebamo povezivati iskustva iz različitih sredina, prepoznavati dobre modele skrbi i biti aktivan stručni sugovornik u procesima koji će određivati budućnost psihijatrije u Hrvatskoj.

Istodobno trebamo ostati dio europske i međunarodne psihijatrijske zajednice, a ovogodišnje pristupanje Praškom sporazumu važan je korak u tom smjeru. Riječ je o globalnom zaokretu u zdravstvenoj politici koji mentalno zdravlje definira kao ključan preduvjet za održiv gospodarski razvoj, a ne kao proračunski trošak. Pristupanjem ovoj inicijativi, Hrvatsko psihijatrijsko društvo svrstalo je domaću struku uz bok vodećim svjetskim organizacijama u borbi za hitno povećanje javnih investicija, čime potvrđujemo kako se mentalno zdravlje danas sve više promatra istodobno kao zdravstveno pitanje, pitanje ljudskih prava i društvenog razvoja. Međunarodna suradnja omogućuje nam da učimo iz iskustava drugih, ali ne znači nekritičko preuzimanje tuđih modela. Hrvatska psihijatrija ima vlastitu tradiciju, iskustvo i specifičnosti zdravstvenog sustava koje moramo uzeti u obzir.

Kada razmišljam o motu ovogodišnjega kongresa, njegov drugi dio – *od različitosti perspektiva do zajedničkih temelja* – čini mi se posebno važnim. Različitosti će u psihijatriji uvijek postojati. Različito ćemo razumjeti pojedine kliničke fenomene, imati različita profesionalna iskustva, pripadati različitim terapijskim usmjerenjima i ponekad se nećemo slagati. Ne mislim da te razlike treba uklanjati. One mogu biti poticajne za razvoj struke. No pritom trebamo znati što nam je zajedničko. Za mene su to stručnost, znanstvena utemeljenost, etičnost, poštovanje dostojanstva osobe i njezinih prava te odgovornost prema ljudima koji nam povjeravaju vrlo osobne i često najbolnije dijelove svojih života. Zajednička nam mora biti i svijest kako dijagnoza nikada nije isto što i ci-

many other areas of medicine, this continuity of relationship is itself an essential part of treatment.

I see one of the tasks of the Croatian Psychiatric Association as fostering discussion on the type of mental health system we want to develop. We need to draw together experiences from different settings, identify good models of care, and serve as active professional interlocutors in the processes that will shape the future of psychiatry in Croatia.

At the same time, we must remain part of the European and international psychiatric community, and this year's accession to the Prague Accord is an important step in that direction. This represents a global shift in health policy that defines mental health as a key precondition for sustainable economic development rather than a budgetary cost. By joining this initiative, the Croatian Psychiatric Association has placed the domestic profession alongside the world's leading organizations in the fight for an urgent increase in public investment, thereby affirming that mental health is today increasingly viewed as a health issue, a human rights issue, and a matter of social development all at once. International cooperation allows us to learn from the experience of others, but it does not mean uncritically adopting other countries' models. Croatian psychiatry has its own traditions, experiences, and health system-specificities that must be considered.

When I reflect on the motto of this year's congress, its second part — *from a diversity of perspectives to common foundations* — strikes me as especially important. Diversity will always exist within psychiatry. We will understand particular clinical phenomena differently, bring different professional experiences, belong to different therapeutic orientations, and at times, we will disagree. I do not believe that these differences should be eliminated. They can be a stimulus for the development of the profession. What matters is that we know what we hold in common. For me, this includes professional expertise, a foundation in science, ethical conduct, respect for the dignity of the person and their rights, and a sense of responsibility toward the people who entrust us with the most deeply personal and often painful parts of their lives. We must also share the

jela osoba te kako kvalitetna psihijatrijska skrb treba biti dostupna onome komu je potrebna.

Voljela bih da ovogodišnji kongres bude mjesto takvog susreta. Ne samo mjesto na kojemu ćemo pokazati što znamo nego i mjesto na kojemu ćemo moći govoriti o onome što ne znamo dovoljno, o pitanjima oko kojih se ne slažemo te o onome što u našoj svakodnevnoj praksi i sustavu trebamo mijenjati. Kongres će završiti nakon nekoliko dana. Nakon njega će, nadam se, osim novih znanja ostati novi profesionalni kontakti, suradnje i ideje koje ćemo prenijeti u sredine iz kojih dolazimo. Kao predsjednica Hrvatskoga psihijatrijskog društva željela bih da naše Društvo upravo tomu služi: povezivanju ljudi, znanja i iskustava, zastupanju struke, ali i pružanju prostora u kojemu možemo otvoreno razgovarati o njezinoj budućnosti. Jer psihijatrija se, bez obzira na to koliko se naše dijagnostičke i terapijske mogućnosti mijenjale, uvijek događa u odnosu između bolesnika i terapeuta, između različitih stručnjaka, između psihijatrije i drugih disciplina te između struke i društva kojemu pripada. Stoga dijalog nije samo moto ovogodišnjega kongresa. Smatram ga jednim od temelja dobre psihijatrije i kvalitetnog društva.

Program Kongresa obuhvaća dva pozvana predavanja posvećena psihosomatici iz kardiološke i gastroenterološke perspektive, 11 radionica te ukupno 117 stručnih i znanstvenih radova, od kojih će 31 biti predstavljen usmenim izlaganjem, a 86 u obliku postera. Poseban dio programa čini predavanje predstavnice Europskoga psihijatrijskog udruženja (EPA) o novom Etičkom kodeksu EPA-e i promjenama koje on donosi. Kongresne teme i radovi bit će predstavljeni i u tematskom broju časopisa *Socijalna psihijatrija*, čime će biti dostupni široj stručnoj i znanstvenoj javnosti.

**Gost urednik tematskog broja
„Socijalne psihijatrije“**

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društva

awareness that a diagnosis is never the same as the whole person and that high-quality psychiatric care should be accessible to whoever needs it.

I would like this year's congress to be a place of just such an encounter: not only a place where we display what we know, but also one where we can speak about what we do not yet know well enough, about the questions on which we disagree, and about what needs to change in our everyday practice and in the system. The congress itself will conclude after a few days. I hope that, once it has ended, it will leave behind not only new knowledge but also new professional contacts, collaborations, and ideas that we will carry back to our respective settings. As the President of the Croatian Psychiatric Association, I would like our Association to serve precisely this purpose: connecting people, knowledge, and experience; representing the profession; and providing a space in which we can speak openly about its future. For psychiatry, however much our diagnostic and therapeutic possibilities may change, it always takes place within a relationship: between the patient and therapist, among different professionals, between psychiatry and other disciplines, and between the profession and the society to which it belongs. Dialogue, then, is not merely the motto of this year's congress. I regard it as one of the foundations of good psychiatry and of a good society.

The Congress program includes two invited lectures devoted to psychosomatics from cardiological and gastroenterological perspectives, 11 workshops, and a total of 117 professional and scientific papers, of which 31 will be presented as oral presentations and 86 as posters. A special part of the program is a lecture by a representative of the European Psychiatric Association (EPA) on the EPA's new Code of Ethics and the changes it introduces. The congress topics and papers will also be presented in a special issue of the journal *Socijalna psihijatrija*, making them available to the wider professional and scientific community.

**Guest Editor of this Special Issue of
*Socijalna psihijatrija***

Prof. Prim. Tihana Jendričko, MD, PhD
President of the Croatian Psychiatric Association

Neuromodulatori kao zajednički jezik gastroenterologije i psihijatrije u liječenju poremećaja interakcije crijeva i mozga

/ Neuromodulators as a Common Language Between Gastroenterology and Psychiatry in the Treatment of Disorders of Gut–Brain Interaction

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KLJUČNE RIJEČI / KEYWORDS:

gastroenterologija / gastroenterology

neuromodulatori / neuromodulators

psihijatrija / psychiatry

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.109>

Uvod: Poremećaji interakcije crijeva i mozga (DGBI) vrlo su česti i čine važan dio gastroenterološke prakse. Među najčešćima su funkcionalna dispepsija i sindrom iritabilnog crijeva. *Rome V* naglašava pristup usmjeren bolesniku, pozitivno postavljanje dijagnoze te integraciju farmakoloških, bihevioralnih i prehrambenih intervencija. Cilj: Prikazati klinički pristup bolesnicima s DGBI-jem, osobito onima s perzistentnim simptomima, izraženim funkcionalnim opterećenjem te psihičkim ili kroničnim bolnim komorbiditetima, i objasniti ulogu središnjih neuromodulatora te suradnje gastroenterologa i psihijatra. Sadržaj: Na nastanak i perzistiranje simptoma utječu poremećaji gastrointestinalne motorike i osjetljivosti, visceralna preosjetljivost, promijenjena obrada aferentnih

Introduction: Disorders of gut–brain interaction (DGBI) are very common and represent an important part of gastroenterological practice. Among the most frequent are functional dyspepsia and irritable bowel syndrome. *Rome V* emphasizes a patient-centered approach, positive (affirmative) diagnosis, and the integration of pharmacological, behavioral, and dietary interventions. Aim: To present the clinical approach to patients with DGBI, especially those with persistent symptoms, pronounced functional impairment, and psychiatric or chronic pain comorbidities, and to explain the role of central neuromodulators and the collaboration between gastroenterologists and psychiatrists. Content: The development and persistence of symptoms are influenced by disturbances of gastrointestinal motility and sensitivity, visceral hypersensitivity, altered processing of afferent

signala te kognitivni i emocionalni odgovori na tjelesne osjete. Anksiozni i depresivni poremećaji, poremećaji spavanja, migrena, fibromijalgija i drugi kronični bolni sindromi česti su komorbiditeti. Njihova prisutnost ne znači da su gastrointestinalni simptomi psihogeni, ali može biti povezana s većim funkcionalnim opterećenjem i složenijim liječenjem. Središnji neuromodulatori djeluju na obradu signala na osi crijevo – mozak te se primjenjuju radi modulacije visceralne osjetljivosti, boli i drugih simptoma DGBI-ja, neovisno o prisutnosti psihičkog poremećaja. Izbor lijeka prilagođava se dominantnim simptomima i komorbiditetima. Zaključak: Bolesniku s DGBI-jem nisu potrebna dva odvojena terapijska plana, nego usklađen pristup gastroenterologa i psihijatra.

signals, and cognitive and emotional responses to bodily sensations. Anxiety and depressive disorders, sleep disorders, migraine, fibromyalgia, and other chronic pain syndromes are common comorbidities. Their presence does not mean that gastrointestinal symptoms are psychogenic, but it may be associated with greater functional burden and more complex treatment. Central neuromodulators act on signal processing along the gut–brain axis and are used to modulate visceral sensitivity, pain, and other DGBI symptoms, regardless of the presence of a psychiatric disorder. The choice of medication is tailored to the dominant symptoms and comorbidities. Conclusion: A patient with DGBI does not need two separate treatment plans, but rather a coordinated approach by the gastroenterologist and the psychiatrist.

Kad srce priča o psihi

/ When the Heart Speaks of the Psyche

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KLJUČNE RIJEČI / KEYWORDS:
srce / heart
psiha / psyche
psihokardiologija / psychocardiology

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.111>

Psihokardiologija je interdisciplinarno područje koje proučava dvosmjernu povezanost mentalnog i kardiovaskularnog zdravlja. Kronični stres, depresija, anksioznost i usamljenost ne utječu samo na kvalitetu života, nego su i neovisni čimbenici rizika za razvoj arterijske hipertenzije, koronarne bolesti, srčanog popuštanja i srčanih aritmija. Istodobno, dijagnoza kardiovaskularne bolesti, osobito akutni infarkt miokarda, može biti snažan psihološki stresor te povećati rizik od razvoja svih psihičkih poremećaja. Time nastaje začarani krug koji nepovoljno utječe na kvalitetu života i ukupnu prognozu. Povezanost srca i psihe zbiva se putem autonomnog živčanog sustava, neuroendokrinih i upalnih mehanizama. Emocionalni stres može dovesti do promjena srčane frekvencije, krvnog tlaka, endotelne disfunkcije i pojačane upalne aktivnosti, dok bolesti srca mogu znatno promijeniti emocionalno funkcioniranje bolesnika. Srce je organ čiji se rad može neposredno osjetiti. Upravo zbog toga promjene njegova ritma ili snage otkućaja često

Psychocardiology is an interdisciplinary field that studies the bidirectional connection between mental and cardiovascular health. Chronic stress, depression, anxiety, and loneliness not only affect quality of life, but are also independent risk factors for the development of arterial hypertension, coronary artery disease, heart failure, and cardiac arrhythmias. At the same time, a diagnosis of cardiovascular disease, especially acute myocardial infarction, can be a powerful psychological stressor and increase the risk of developing all mental disorders. This creates a vicious circle that adversely affects quality of life and overall prognosis. The connection between the heart and the psyche operates through the autonomic nervous system, as well as neuroendocrine and inflammatory mechanisms. Emotional stress can lead to changes in heart rate, blood pressure, endothelial dysfunction, and increased inflammatory activity, while heart diseases can significantly alter a patient's emotional functioning. The heart is an organ whose activity can be directly perceived. Precisely for this reason, changes in its rhythm or the strength of its beats often provoke concern.

izazivaju zabrinutost. Budući da je srce simbol života, ali i organ čiji prestanak rada znači kraj života, nije iznenađujuće da su srčani simptomi snažno povezani sa psihološkim odgovorom. U svakodnevnoj kliničkoj praksi preklapaju se psihijatrijski i kardiološki simptomi. Palpitacije, tahikardije, dispneja i omaglice mogu biti manifestacija anksioznosti, ali mogu biti i prvi znak dotada neprepoznate srčane aritmije. U praksi nije rijetkost da bolesnici s aritmijama godinama budu liječeni zbog pretpostavljenih psihogenih tegoba prije nego što odgovarajuća kardiološka obrada dovede do ispravne dijagnoze. S druge strane, prisutnost organske bolesti ne isključuje razvoj psiholoških poteškoća koje mogu pojačati tegobe. Psihokardiologija zagarantira integrirani biopsihosocijalni model skrbi u kojemu različite zdravstvene profesije zajednički sudjeluju u liječenju bolesnika. Ne postoji potpuno zdravo srce bez mentalnog zdravlja niti potpuno mentalno zdravlje bez zdravog srca. Kada srce govori o psihi, ono ne govori metaforički – govori fiziološki. Emocije mogu mijenjati rad srca, a bolesti srca emocionalno stanje čovjeka. Upravo zato suvremena medicina ne smije liječiti samo organ nego i čovjeka u cjelini.

Since the heart is a symbol of life, and an organ whose cessation of function signifies the end of life, it is not surprising that cardiac symptoms are strongly linked to psychological responses. In everyday clinical practice, psychiatric and cardiological symptoms overlap. Palpitations, tachycardia, dyspnea, and dizziness may be manifestations of anxiety, but they may also be the first sign of a previously unrecognized cardiac arrhythmia. In practice, it is not uncommon for patients with arrhythmias to be treated for years for presumed psychogenic complaints before appropriate cardiological evaluation leads to the correct diagnosis. Conversely, the presence of an organic disease does not exclude the development of psychological difficulties that can intensify symptoms. Psychocardiology advocates an integrated biopsychosocial model of care in which different health professions jointly participate in the treatment of the patient. There is no completely healthy heart without mental health, nor complete mental health without a healthy heart. When the heart speaks about the psyche, it does not do so metaphorically – it speaks physiologically. Emotions can change the functioning of the heart, and heart diseases can change a person's emotional state. That is precisely why modern medicine must not treat only the organ, but the human being as a whole.

Nutritivna psihijatrija – uloga prehrane u prevenciji i liječenju mentalnih poremećaja

/ Nutritional Psychiatry – The Role of Diet in the Prevention and Treatment of Mental Disorders

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KLJUČNE RIJEČI / KEYWORDS:

nutritivna psihijatrija / *nutritional psychiatry*

prehrana / *nutrition*

mentalno zdravlje / *mental health*

nutritivne intervencije / *nutritional interventions*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.113>

Sudionici će se upoznati s temeljnim konceptima nutritivne psihijatrije i važnošću interdisciplinarnog pristupa mentalnom zdravlju kroz razumijevanje složenih međudjelovanja prehrane, metabolizma, imunskih procesa, crijevnog mikrobioma i funkcije mozga. Poseban naglasak bit će stavljen na povezanost prehrambenih obrazaca, nutritivnog statusa i ciljanih nutritivnih intervencija s prevencijom, tijekom i liječenjem psihijatrijskih poremećaja. Radionica je namijenjena stručnjacima iz područja mentalnog zdravlja te će pružiti pregled aktualnih znanstvenih spoznaja o biološkim mehanizmima koji povezuju prehranu i psihopatologiju, uključujući upalne procese, oksidacijski stres, metaboličku disfunkciju i os crijevo – mozak. U prikazu kliničkih primjera i raspravom o praktičnim izazovima sudionici

Participants will be introduced to the fundamental concepts of nutritional psychiatry and the importance of an interdisciplinary approach to mental health through understanding the complex interactions between diet, metabolism, immune processes, the gut microbiome, and brain function. Special emphasis will be placed on the relationship between dietary patterns, nutritional status, and targeted nutritional interventions in the prevention, course, and treatment of psychiatric disorders. The workshop is intended for mental health professionals and will provide an overview of current scientific knowledge on the biological mechanisms linking nutrition and psychopathology, including inflammatory processes, oxidative stress, metabolic dysfunction, and the gut-brain axis. Through the presentation of clinical examples and discussion of practical challenges, participants will have the opportuni-

će imati priliku promišljati o mogućnostima integracije načela nutritivne psihijatrije u svakodnevni klinički rad te njihovoj ulozi u individualiziranom pristupu liječenju. Bolje razumijevanje prehrambenih čimbenika koji utječu na mentalno zdravlje može pridonijeti cjelovitijoj procjeni potreba pacijenata i obogatiti postojeće terapijske strategije. Uključivanje nutritivnih aspekata u kliničku praksu pruža dodatne mogućnosti za poticanje oporavka, poboljšanje kvalitete života i dugoročno unaprjeđenje ishoda liječenja osoba s mentalnim poremećajima.

ty to reflect on ways to integrate the principles of nutritional psychiatry into everyday clinical practice and on their role in an individualized treatment approach. A better understanding of dietary factors that affect mental health can contribute to a more comprehensive assessment of patients' needs and enrich existing therapeutic strategies. Incorporating nutritional aspects into clinical practice offers additional opportunities to promote recovery, improve quality of life, and enhance long-term treatment outcomes for people with mental disorders.

Fenomen varalice

/ *The Impostor Phenomenon*

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KLJUČNE RIJEČI / KEYWORDS:

Clance test / Clance test

fenomen varalice / impostor phenomenon

samopoštovanje / self-esteem

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.115>

Fenomen varalice psihološki je konstrukt ili ponašanje pojedinca koji sebe smatra intelektualnim prevarantom, nedostatno kvalificiranim za svoje uspjehe, unatoč tomu što ih je potigao vlastitim trudom i znanjem. Ovaj fenomen smanjuje samopouzdanje, samopoštovanje i cjelokupno psihičko blagostanje. Predstavit će se rezultati istraživanja ovog fenomena među studentima riječkog, zagrebačkog i sarajevskog sveučilišta. Tijekom radionice provest će se *Clance test* o fenomenu varalice te raspraviti o njihovim rezultatima. Radionica je namijenjena specijalizantima i mlađim specijalistima s obzirom na to da je ovaj fenomen prisutniji u studenata biomedicinskih studijskih programa. Trajanje radionice je 90 minuta, očekivani broj sudionika je do 30 te je potrebna prijava za radionicu.

The impostor phenomenon is a psychological construct or pattern of behavior in which an individual regards themselves as an intellectual fraud, insufficiently qualified for their achievements, despite having attained them through their own effort and knowledge. This phenomenon reduces self-confidence, self-esteem, and overall psychological well-being. The results of a study of this phenomenon among students at the universities of Rijeka, Zagreb, and Sarajevo will be presented. During the workshop, the Clance test will be administered, and the participants' results will be discussed. The workshop is intended for residents and early-career specialists, given that this phenomenon is more prevalent among students in biomedical study programs. The workshop will last 90 minutes, the expected number of participants is up to 30, and registration is required.

Liječenje shizofrenije kroz različite kliničke scenarije / *Treatment of Schizophrenia Across Different Clinical Scenarios*

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KLJUČNE RIJEČI / KEYWORDS:

shizofrenija / *schizophrenia*

prodromi / *prodrome*

trudnoća / *pregnancy*

terapijska rezistencija / *treatment resistance*

metabolički sindrom / *metabolic syndrome*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.116>

Radionica će istražiti terapijske pristupe u liječenju shizofrenije kroz različite faze bolesti i kliničke situacije, uključujući prodromalnu fazu shizofrenije, subakutnu fazu s predominantnim kognitivnim i negativnim simptomima, trudnoću, terapijsku rezistenciju te metaboličke nuspojave izazvane antipsihoticima. U radionici će se upotrijebiti kliničke vinjete koje su upotrijebljene u istraživanju o liječenju shizofrenije koje se provodila kao dio *Ambasador programa* Europskog psihijatrijskog udruženja. U istraživanju su kliničke vinjete upotrijebljene da bi se ispitalo na koji način psihijatri iz 38 europskih zemalja liječe shizofreniju u navedenim fazama te u kojoj se mjeri kliničari pridržavaju terapij-

The workshop will explore therapeutic approaches to the treatment of schizophrenia across different stages of the illness and clinical situations, including the prodromal phase of schizophrenia, the subacute phase with predominant cognitive and negative symptoms, pregnancy, treatment resistance, and metabolic side effects induced by antipsychotics. The workshop will use clinical vignettes that were employed in a study on the treatment of schizophrenia conducted as part of the European Psychiatric Association Ambassador Program. In this study, clinical vignettes were used to examine how psychiatrists from 38 European countries treat schizophrenia in these phases and to what extent clinicians adhere to

skih smjernica. Mladi psihijatri (Kristina Brozić i Elizabeth Nedić) izlagat će kliničke vinjete, a nakon svake vinjete slijedit će kratko predavanje o aktualnim smjernicama temeljenim na dokazima za liječenje prodromalne faze, liječenje kognitivnih i negativnih simptoma, liječenje shizofrenije tijekom trudnoće i liječenje terapijski rezistentne shizofrenije, koje će održati psihijatri Martina Rojnić Kuzman i Aleksandar Savić, te o aktualnim smjernicama temeljenima na dokazima za liječenje metaboličkih nuspojava, koje će održati endokrinologinja Martina Matovinović. Radionica uključuje interaktivna izlaganja i uključivanje publike u kliničke procjene kliničkih vinjeta te podrazumijeva aktivnu raspravu tijekom cijelog trajanja radionice. Radionica je interdisciplinarna i uključuje suradnju psihijatara i endokrinologa. Cilj je radionice educirati sudionike o optimalnim pristupima liječenja shizofrenije u različitim fazama bolesti koje su uglavnom terapijski izazov, tako da se u raspravu uključi i razlika između kliničke prakse i postojećih smjernica temeljenih na dokazima. Radionica je predviđena u trajanju od 90 minuta, a namijenjena je specijalizantima i mladim psihijatrima te specijalistima psihijatrije. Radionica nema ograničenje broja sudionika.

treatment guidelines. Early-career psychiatrists (Kristina Brozić and Elizabeth Nedić) will present the clinical vignettes, and each vignette will be followed by a short lecture on current evidence-based guidelines for treating the prodromal phase, cognitive and negative symptoms, schizophrenia in pregnancy, and treatment-resistant schizophrenia, delivered by psychiatrists Martina Rojnić Kuzman and Aleksandar Savić, as well as on current evidence-based guidelines for the management of metabolic side effects, delivered by endocrinologist Martina Matovinović. The workshop includes interactive presentations and audience involvement in the clinical assessment of the vignettes, and is designed to foster active discussion throughout its entire duration. It is interdisciplinary and involves collaboration between psychiatrists and endocrinologists. The aim of the workshop is to educate participants about optimal treatment approaches to schizophrenia in different illness phases that are generally therapeutically challenging, while also addressing the gap between clinical practice and existing evidence-based guidelines. The workshop is planned to last 90 minutes and is intended for residents and early-career psychiatrists, as well as specialist psychiatrists. There is no limit on the number of participants.

Između autonomije i sigurnosti: kliničke dileme u liječenju psihotičnih poremećaja tijekom trudnoće i postpartalnog razdoblja

/ Between Autonomy and Safety: Clinical Dilemmas in the Treatment of Psychotic Disorders During Pregnancy and the Postpartum Period

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KLJUČNE RIJEČI / KEYWORDS:

perinatalna psihijatrija / *perinatal psychiatry*

trudnoća / *pregnancy*

postpartalna psihoza / *postpartum psychosis*

antipsihotici / *antipsychotics*

mjere prisile / *coercive measures*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.118>

Psihotični poremećaji tijekom trudnoće i nakon porođaja jedno su od najsloženijih područja suvremene psihijatrije. Kliničko odlučivanje zahtijeva procjenu koristi i rizika terapijskih intervencija za majku i fetus, uz istodobno uvažavanje etičkih i pravnih aspekata skrbi. Poseban su izazov situacije u kojima psihotična simptomatologija narušava sposobnost pacijentice za donošenje informiranih odluka o liječenju te otvara pitanja mogućeg prisilnog liječenja i primjene zakonom propisanih mjera. Cilj je radionice unaprijediti kompetencije psihijatara u

Psychotic disorders during pregnancy and after childbirth are among the most complex areas of contemporary psychiatry. Clinical decision-making requires assessing the benefits and risks of therapeutic interventions for both mother and fetus, while simultaneously taking into account the ethical and legal aspects of care. Situations in which psychotic symptoms impair a patient's capacity to make informed decisions about treatment, raising questions of possible involuntary treatment and the application of legally prescribed measures, are a particular challenge. The aim of the workshop is to enhance psychiatrists'

donošenju dijagnostičkih i terapijskih odluka u liječenju psihotičnih poremećaja tijekom trudnoće i postpartalnog razdoblja te potaknuti raspravu o kliničkim, etičkim i pravnim dilemama koje se pojavljuju u svakodnevnoj praksi. Radionica će se temeljiti na prikazu i analizi više kliničkih slučajeva iz svakodnevne psihijatrijske prakse, uključujući žene s primarnim psihotičnim poremećajima, prvom pojavom psihotičnih simptoma tijekom trudnoće te postpartalnom psihozom kao hitnim psihijatrijskim stanjem. Kroz prikazane slučajeve raspravljat će se o donošenju terapijskih odluka, uključujući odabir i prilagodbu psihofarmakoterapije tijekom trudnoće i dojenja, mogućnosti suportivnih i psihoterapijskih intervencija, procjenu sposobnosti za davanje informiranog pristanka te postupanju u situacijama kada trudnica odbija liječenje ili svojim ponašanjem ugrožava vlastitu sigurnost, sigurnost fetusa ili drugih osoba. Prikazani slučajevi analizirat će se iz različitih stručnih perspektiva psihijatarâ s iskustvom u području biologijske, socijalne, psihoterapijske i forenzičke psihijatrije, s ciljem usporedbe različitih kliničkih pristupa i obrazaca donošenja odluka. Posebna pozornost bit će posvećena situacijama u kojima se sukobljavaju načela autonomije pacijentice, dobrobiti fetusa i odgovornosti liječnika za zaštitu života i zdravlja. Sudionici će tijekom radionice biti aktivno uključeni u donošenje kliničkih odluka kroz strukturiranu raspravu i analizu slučajeva. Poseban naglasak bit će stavljen na usporedbu različitih pristupa liječenju, kritičko razmatranje aktualnih stručnih preporuka i dostupnih dokaza iz literature te njihovu primjenu u svakodnevnim kliničkim situacijama.

competencies in making diagnostic and therapeutic decisions in the treatment of psychotic disorders during pregnancy and the postpartum period, and to stimulate discussion on the clinical, ethical, and legal dilemmas that arise in everyday practice. The workshop will be based on the presentation and analysis of several clinical cases from routine psychiatric practice, including women with primary psychotic disorders, first-onset psychotic symptoms during pregnancy, and postpartum psychosis as a psychiatric emergency. Through the presented cases, the workshop will address therapeutic decision-making, including the choice and adjustment of psychopharmacotherapy during pregnancy and breastfeeding, the possibilities for supportive and psychotherapeutic interventions, assessment of capacity to provide informed consent, and management of situations in which a pregnant woman refuses treatment or, through her behavior, endangers her own safety, the safety of the fetus, or that of others. The cases will be analyzed from different expert perspectives of psychiatrists experienced in biological, social, psychotherapeutic, and forensic psychiatry, with the aim of comparing different clinical approaches and patterns of decision-making. Particular attention will be paid to situations in which the principles of patient autonomy, fetal well-being, and the physician's responsibility to protect life and health come into conflict. Participants will be actively involved in clinical decision-making throughout the workshop through structured discussion and case analysis. Special emphasis will be placed on comparing different treatment approaches, critically considering current professional recommendations and available evidence from the literature, and applying them in everyday clinical situations.

Radionica: terapijski pristupi u psihoonkologiji / *Workshop: Therapeutic Approaches in Psycho-Oncology*

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KLJUČNE RIJEČI / KEYWORDS:

psihoonkologija / *psycho-oncology*

terapija / *therapy*

stigma / *stigma*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.120>

Psihoonkologija je interdisciplinarna znanstvena i klinička grana koja se nalazi na raskrižju onkologije i njezinih različitih kliničkih disciplina, psihologije, psihijatrije te područja povezanih sa stilovima življenja. Bavi se pitanjima psihičkog zdravlja osoba oboljelih od karcinoma, njihovom kvalitetom života te psihosocijalnim čimbenicima povezanim s nastankom bolesti i tijekom liječenja. Predmet skrbi psihoonkologije nisu samo oboljeli nego i njihove obitelji te medicinsko osoblje uključeno u proces liječenja. Ova će radionica, uz prikaz praktičnog primjera iz rada s pacijentima, obuhvatiti pregled suvremenih pristupa liječenju onkološkog bolesnika, od farmakološkog do individualnog i grupno psihoterapijskog. Psihofarmakologija je ključna komponenta holističkog pristupa u psihoonkologiji, a uključuje liječenje anksioznih i depresivnih stanja, psihotičnih reakcija te deli-

Psycho-oncology is an interdisciplinary scientific and clinical field at the crossroads of oncology and its various clinical disciplines, psychology, psychiatry, and lifestyle-related areas. It deals with issues of mental health in people with cancer, their quality of life, and psychosocial factors related to the onset of the disease and the course of treatment. The focus of psycho-oncological care is not only the patients themselves, but also their families and the medical staff involved in the treatment process. This workshop, alongside a practical example from clinical work with patients, will provide an overview of contemporary approaches to the treatment of oncology patients, from pharmacological interventions to individual and group psychotherapeutic treatment. Psychopharmacology is a key component of the holistic approach in psycho-oncology and includes the treatment of anxiety and depressive states, psychotic reactions, and delirious states. Mental disorders may

rantnih stanja. Psihičke smetnje mogu biti povezane s karcinomom ili terapijom same bolesti. Prikazat će se relevantna saznanja i pristupi u liječenju i podršci ne samo pacijentu nego i njegovoj obitelji, zdravstvenom osoblju te samom terapeutu, kao i dosadašnja iskustva u suportivnom psihoterapijskom pristupu koji se provodi u Klinici za psihijatriju KB Dubrava, kao dijelu sveobuhvatnog psihoonkološkog programa. Naglasit će se i važnost smanjenja stigme kod onkoloških bolesnika, s posebnim osvrtom na specifičnosti povezane s pojedinim sijelima karcinoma, kao i na utjecaj stigme na psihosocijalno funkcioniranje i kvalitetu života onkoloških pacijenata. Voditelji radionice: prof. dr. sc. Lana Mužinić Marinić, prof. dr. sc. Branka Aukst Margetić. 1. Prikaz slučaja, Tea Plišić, dr. med, prof. dr. sc. Lana Mužinić Marinić; 2. Farmakoterapija u liječenju psihičkih poremećaja kod onkoloških pacijenata, prof. dr. sc. Branka Aukst Margetić; 3. Psihološki/psihoterapijski pristup onkološkom pacijentu, obitelji, zdravstvenom osoblju i samome sebi, dr. sc. Tomislav Peharda; 4. Grupni psihoterapijski pristup u psihoonkologiji – iskustva Klinike za psihijatriju KB Dubrava, dr. sc. Dijana Lucijanić; 5. Stigma onkoloških pacijenata, Marina Alaber, dr. med., prof. dr. sc. Lana Mužinić Marinić.

be related to the cancer itself or to the therapy for the disease. The workshop will present relevant knowledge and approaches in treatment and support not only for the patient, but also for their family, healthcare staff, and the therapist themselves, as well as accumulated experience with the supportive psychotherapeutic approach implemented at the Department of Psychiatry of University Hospital Dubrava as part of a comprehensive psycho-oncology program. The importance of reducing stigma among oncology patients will also be emphasized, with special attention to specifics related to individual cancer sites, as well as to the impact of stigma on the psychosocial functioning and quality of life of oncology patients.

Workshop leaders: prof. dr. sc. Lana Mužinić Marinić, prof. dr. sc. Branka Aukst Margetić. 1) Case presentation – Tea Plišić, dr. med, prof. dr. sc. Lana Mužinić Marinić. 2) Pharmacotherapy in the treatment of mental disorders in oncology patients – prof. dr. sc. Branka Aukst Margetić. 3) Psychological/psychotherapeutic approach to the oncology patient, the family, healthcare staff, and oneself – dr. sc. Tomislav Peharda. 4) Group psychotherapeutic approach in psycho-oncology – experiences from the Department of Psychiatry, University Hospital Dubrava – dr. sc. Dijana Lucijanić. 5) Stigma among oncology patients – Marina Alaber, dr. med., prof. dr. sc. Lana Mužinić Marinić.

Psihosomatika danas

/ *Contemporary Psychosomatics*

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KLJUČNE RIJEČI / KEYWORDS:

psihosomatika / *psychosomatics*

psihodinamika / *psychodynamics*

sram / *shame*

krivnja / *guilt*

psihoterapija / *psychotherapy*

mentalizacija / *mentalization*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.122>

Psihodinamski pristup psihosomatici proučava povezanost nesvjesnih emocionalnih procesa, unutarnjih konflikata, interpersonalnih odnosa i tjelesnog doživljaja. Tjelesni simptomi mogu biti povezani s teškoćama u prepoznavanju, izražavanju i regulaciji emocija, ali se ne svode na ideju da je bolest „samo u glavi“. Posebno mjesto može imati **sram**, koji se često povezuje s doživljajem vlastite neadekvatnosti, ranjivosti ili neprihvatljivosti. Kada ga je teško mentalizirati i izraziti, može se manifestirati kroz tjelesnu napetost, povlačenje, pojačanu usmjerenost na tijelo ili druge somatske simptome. Psihodinamski terapijski pristupi nastoje povezati **tjelesno iskustvo s emocijama, nesvjesnim obrascima i odnosima**. Uključuju suportivnu psihodinamsku terapiju,

The **psychodynamic approach to psychosomatics** examines the links between unconscious emotional processes, inner conflicts, interpersonal relationships, and bodily experience. Physical symptoms may be related to difficulties in recognizing, expressing, and regulating emotions, but they cannot be reduced to the idea that illness is “only in the head”. **Shame** may have a special place here, as it is often associated with experiencing oneself as inadequate, vulnerable, or unacceptable. When it is difficult to mentalize and express, shame may manifest through bodily tension, withdrawal, heightened focus on the body, or other somatic symptoms. Psychodynamic therapeutic approaches aim to connect **bodily experience with emotions, unconscious patterns, and relationships**. They include supportive psy-

ekspresivnu/interpretativnu psihodinamsku terapiju, kratkotrajnu psihodinamsku terapiju, relacijsku i intersubjektivnu psihoterapiju te pristupe utemeljene na **mentalizaciji**. Cilj nije pronaći jedno „skriveno značenje“ simptoma, nego povećati sposobnost osobe da prepozna, razumije i regulira vlastita emocionalna i tjelesna iskustva.

chodynamic therapy, expressive/interpretive psychodynamic therapy, brief psychodynamic therapy, relational and intersubjective psychotherapy, and **mentalization**-based approaches. The goal is not to find a single “hidden meaning” of the symptom, but to increase the person’s capacity to recognize, understand, and regulate their own emotional and bodily experiences.

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Okrugli stol: Zakon o zaštiti osoba s duševnim smetnjama

/ Roundtable: Law on the Protection of Persons With Mental Disorders

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KLJUČNE RIJEČI / KEYWORDS:

psihijatrija / psychiatry

zaštita prava osoba s duševnim smetnjama / protection of the rights of persons with mental disorders

forenzička psihijatrija / forensic psychiatry

pravo / law

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsh.2026.124>

Ovaj okrugli stol govorit će o dilemama u primjeni Zakona o zaštiti osoba s duševnim smetnjama u svakodnevnoj praksi. Problemizirat će se različito tumačenje civilnog i forenzičkog prisilnog smještaja. Otvorit će se pitanje smještaja istražnih zatvorenika. Kako se pripremaju izmjene ZZODS-a, razgovarat će se o predstojećim izmjenama i njihovim implikacijama na psihijatrijsku praksu. Okrugli stol dat će interdisciplinarni uvid, psihijatrijsko-medicinski, pravni i niz pozicije pacijenata.

This roundtable will address dilemmas in applying the Law on the Protection of Persons with Mental Disorders in everyday practice. It will problematize the differing interpretations of civil and forensic involuntary admission, and raise the issue of the placement of remand prisoners. As amendments to the Law on the Protection of Persons with Mental Disorders are being prepared, the discussion will focus on the upcoming changes and their implications for psychiatric practice. The round table will provide an interdisciplinary perspective, including psychiatric-medical, legal, and patient viewpoints.

Dugodjelujući antipsihotici

/ Long-Acting Antipsychotics

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KLJUČNE RIJEČI / KEYWORDS:

dugodjelujući antipsihotici / long-acting antipsychotics

Referentni centar / Reference Center

Ambulanta za dugodjelujuću terapiju / Long-Acting
Therapy Clinic

psihoedukacija / psychoeducation

KBC Split / University Hospital Centre Split

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.125>

Dugodjelujući antipsihotici vrijedan su alat u liječenju pacijenata koji boluju od shizofrenije i poremećaja iz kruga psihoza. Osobito su važni za poboljšavanje suradljivosti koja je često glavna prepreka oporavku psihijatrijskih pacijenata. Unatoč tomu, i dalje se ne primjenjuju u dovoljnoj mjeri. Cilj nam je pokrenuti raspravu o ovoj važnoj temi oslanjajući se na dugogodišnje iskustvo Klinike za psihijatriju KBC-a Split kao Referentnog centra Ministarstva zdravstva za dugodjelujuće antipsihotike. Želimo prikazati perspektivu liječnika, medicinskih sestara, ali i pacijenata i njihovih obitelji. Bilježimo 20 go-

Long-acting antipsychotics are a valuable tool in the treatment of patients with schizophrenia and psychotic-spectrum disorders. They are particularly important for improving adherence, which is often the main obstacle to recovery in psychiatric patients. Despite this, they are still not used to a sufficient extent. Our aim is to initiate a discussion on this important topic, drawing on the long-standing experience of the Department of Psychiatry at the University Hospital Centre Split, which serves as the Ministry of Health's Reference Center for Long-Acting Antipsychotics. We want to present the perspec-

dina od prve primjene dugodjeljujućeg pripravka nove generacije (dugodjeljujući risperidon 15. 3. 2006.). U Klinici za psihijatriju KBC-a Split tijekom stacionarnog liječenja otprilike 25 % pacijenata primi dugodjeljujući antipsihotik. Promatramo li pacijente s dijagnozama od F20 do F29, njih 47 % dobije dugodjeljujući antipsihotik. Osim za poremećaje iz shizofrenog spektra, primjenjuju se i u liječenju poremećaja raspoloženja, posttraumatskog stresnog poremećaja ili poremećaja ličnosti. Naša Ambulanta za dugodjeljujuću terapiju, prva u Republici Hrvatskoj, počela je s radom prije 10 godina (1. 2. 2016.). Dok je u stacionaru najpropisivaniji dugodjeljujući paliperidon, u Ambulanti za dugodjeljujuću terapiju dominira dugodjeljujući olanzapin. U radu Ambulante važnu ulogu ima medicinska sestra koja s pacijentima stvara odnos povjerenja, pruža kontinuiranu podršku te edukaciju pacijentu i obitelji. Redovitim dolascima na primjenu terapije medicinska sestra ima priliku upoznati pacijenta, pratiti njegovo stanje te pravodobno prepoznati poteškoće povezane s liječenjem. Sve su to važni elementi suradljivosti i uspješnosti liječenja. Poznavajući važnost psihoedukacije, odlučili smo kreirati edukativni materijal o dugodjeljujućim antipsihoticima za pacijente i njihove obitelji. Uvažavajući kliničko iskustvo ponudili smo im osnovne informacije o lijekovima, važnosti liječenja, nuspojavama i prednostima dugodjeljujućih antipsihotika trudeći se stvoriti suradnike u liječenju. Nadamo se da ćemo otvarajući ovu temu i njezine rukavce potaknuti razmjenu iskustva i znanja s drugim kolegama i strukama na obostranu korist i zadovoljstvo.

tives of physicians, nurses, as well as patients and their families. This year marks 20 years since the first use of a new-generation long-acting formulation (long-acting risperidone, March 15, 2006). At the Department of Psychiatry, University Hospital Center Split, approximately 25% of patients receive a long-acting antipsychotic during inpatient treatment. If we look only at patients with diagnoses from F20 to F29, 47% of them receive a long-acting antipsychotic. In addition to schizophrenia spectrum disorders, these medications are also used in the treatment of mood disorders, posttraumatic stress disorder, and personality disorders. Our Long-Acting Therapy Clinic, the first of its kind in the Republic of Croatia, began operating 10 years ago (February 1, 2016). While long-acting paliperidone is the most frequently prescribed in the inpatient setting, long-acting olanzapine predominates in the Long-Acting Therapy Outpatient Clinic. In the work of the Outpatient Clinic, the nurse plays an important role by building a relationship of trust with patients, providing continuous support, and educating both patients and their families. Through regular visits for therapy administration, the nurse has the opportunity to get to know the patient, monitor their condition, and recognize treatment-related difficulties in a timely manner. All of these are important elements of adherence and treatment success. Recognizing the importance of psychoeducation, we decided to create educational materials on long-acting antipsychotics for patients and their families. Drawing on clinical experience, we offered them basic information about the medications, the importance of treatment, side effects, and the advantages of long-acting antipsychotics, striving to make them partners in the treatment process. By opening this topic and its many branches, we hope to stimulate the exchange of experience and knowledge with other colleagues and professions, to our mutual benefit and satisfaction.

Tri lica iste šutnje: muški obrazac psihičke patnje kroz prikaz kliničkih slučajeva

/ Three Faces of the Same Silence: The Male Pattern of Psychological Distress Through Clinical Case Presentations

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KLJUČNE RIJEČI / KEYWORDS:

muško mentalno zdravlje / men's mental health

maskirana depresija / masked depression

prikrivena suicidalnost / hidden suicidality

samoliječenje / self-medication

rodno osjetljivi probir / gender-sensitive screening

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.127>

Cilj radionice: Kroz tri klinička slučaja prikazat će se „muški obrazac” psihičke patnje opisan u priručniku – eksternalizaciju i somatizaciju distresa, samoliječenje te kasno prepoznavanje i odgađanje pomoći pod pritiskom muških normi i samostigme, i iz više stručnih perspektiva raspraviti kako rodno osjetljivo prepoznavanje i niži prag ulaska u skrb mijenjaju tijekom liječenja i dugoročni ishod. Radionica je dio predstavljanja priručnika o mentalnom zdravlju muškaraca. Sadržaj i aktivnosti: Prikazuju se tri slučaja

Workshop aim: Through three clinical cases, the “male pattern” of psychological distress described in the handbook will be presented – externalization and somatization of distress, self-medication, and late recognition and delayed help-seeking under the pressure of masculine norms and self-stigma. From multiple professional perspectives, the workshop will discuss how gender-sensitive recognition and a lower threshold for entering care can change the course of treatment and long-term outcomes. The workshop is part of the presentation of a handbook on men's men-

koja isti obrazac pokazuju na različitim razinama dobi i ozbiljnosti. Prvi je slučaj muškarac (42) sa „stresom na poslu”, izljevima bijesa, nesanicom i pojačanim pijenjem kojim se negira tuga – maskirana depresija s potisnutim žalovanjem, uspješno liječena ambulantno. Drugi je muškarac (38) s povlačenjem i anhedonijom bez otvorenih suicidalnih izjava, ali sa „sređivanjem računa” – prikrivenu suicidalnost prepoznaje liječnik primarne zaštite i upućuje na hitni prijam. Treći je mlađi muškarac kod kojega razočaranje, izolacija i kronični kanabis vode u psihozu nakon dugog samoliječenja. Slučajevi su odabrani tako da otvore kliničku, terapijsku, farmakološku i etičku raspravu te ulogu obitelji i sustava u (ne)prepoznavanju. Najmanje jedan predavač predstavlja slučajeve, a ostali iz različitih struka iznose kratka stručna stajališta iz vlastite perspektive (do 10 minuta), dok predsjedavajući vode raspravu i povezuju izlaganja. Zajednička nit triju slučajeva: uspjeh ranog prepoznavanja, opasnost propuštanja i cijena dugog samoliječenja vodi praktičnim porukama priručnika o ranijem i rodno osjetljivom pristupu muškarcu u psihičkoj patnji.

tal health. Content and activities: Three cases are presented that show the same pattern at different ages and levels of severity. The first case is a man (42) with “work stress,” anger outbursts, insomnia, and increased drinking that serves to deny sadness – masked depression with repressed grief, successfully treated on an outpatient basis. The second is a man (38) with withdrawal and anhedonia without overt suicidal statements, but with “putting his affairs in order” – hidden suicidality is recognized by a primary care physician, who refers him for emergency admission. The third is a younger man in whom disappointment, isolation, and chronic cannabis use lead to psychosis after prolonged self-medication. The cases are selected to open clinical, therapeutic, pharmacological, and ethical discussions, as well as to examine the role of the family and the system in (not) recognizing problems. At least one presenter introduces the cases, and others from different professions provide brief expert perspectives (up to 10 minutes), while the chairs lead the discussion and connect the presentations. The common thread of the three cases – the success of early recognition, the danger of missing it, and the cost of prolonged self-medication – leads to the handbook’s practical messages on earlier and gender-sensitive approaches to men in psychological distress.

Obilježja terapijskog procesa u programu za liječenje poremećaja ličnosti – iskustva iz RIO programa

/ Characteristics of the Therapeutic Process in a Personality Disorder Treatment Program – Experiences From the RIO Program

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KLJUČNE RIJEČI / KEYWORDS:

art-terapija / art therapy

grupna psihodinamska psihoterapija / group

psychodynamic psychotherapy

kognitivno-bihevioralna terapija / cognitive-behavioral
therapy

poremećaji ličnosti / personality disorders

psihoedukacija / psychoeducation

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.129>

Izvanbolnički program RIO, punim nazivom *Razum i osjećaji*, organiziran je i implementiran u Klinici za psihijatriju „Sveti Ivan“ prije dva-naest godina. Održava se svake godine, traje tri mjeseca, dvaput tjedno, a kombinacija je različitih dokazano učinkovitih terapijskih metoda. Program RIO inicijalno je predviđen za pacijente s graničnim poremećajem ličnosti, da bi se tijekom višegodišnjih iskustava indikacije pro-

The outpatient RIO program, with the full name Reason and Feelings (Croatian: *Razum i osjećaji*), was organized and implemented at the “Sveti Ivan” Psychiatry Clinic twelve years ago. It is held every year, lasts three months, takes place twice a week, and combines various therapeutically effective, evidence-based methods. The RIO program was initially intended for patients with borderline personality disorder, but over years of

širile i na neke druge poremećaje ličnosti (narcističke, mješovite). Indikacije za sudjelovanje individualno se procjenjuju tijekom indikacijskog intervjuja koji vodi psihijatar s iskustvom u radu u programu RIO. Program uključuje po dvanaest seansi psihodinamske grupne psihoterapije, KBT (DBT) radionica, *art*-terapije te po pet radionica psihoedukacije i terapije filmom. Dvije su radionice posvećene socijalnoj problematici i vođene od socijalnog radnika. Cijeli se program integrira na tjednim sastancima terapijske zajednice, a supervizira dvaput mjesečno od supervizora koji ne sudjeluje u programu. Cilj je radionice prikaz specifičnosti sadržaja i procesa kao i specifičnosti terapijskih intervencija u homogenoj grupi poremećaja ličnosti te nekih aspekata procjene uspješnosti. U interakciji s polaznicima radionice prodiskutirat će se moguća implementacija sličnih programa u dnevnobolničkim uvjetima drugih ustanova u RH, kao i dinamika prikazanog procesa uz razmjenu iskustava u radu s ovom kategorijom pacijenata polaznika. Maksimalan je broj sudionika po radionici 50.

experience, the indications have been expanded to include some other personality disorders (narcissistic, mixed). Indications for participation are assessed individually during an intake (indication) interview conducted by a psychiatrist experienced in working in the RIO program. The program includes twelve sessions each of psychodynamic group psychotherapy, CBT (DBT) workshops, art therapy, as well as five psychoeducation workshops and five film therapy workshops. Two workshops are devoted to social issues and are led by a social worker. The entire program is integrated at weekly therapeutic community meetings and is supervised twice a month by a supervisor who does not participate directly in the program. The aim of the workshop is to present the specific features of the content and process, as well as the specific therapeutic interventions in a homogeneous personality disorder group, and some aspects of evaluating treatment success. In interaction with workshop participants, possible implementation of similar programs in day-hospital settings in other institutions in Croatia will be discussed, along with the dynamics of the presented process and an exchange of experiences in working with this category of patients. The maximum number of participants per workshop is 50.

Dežurstvo bez mentora – simulacijska radionica kliničkog odlučivanja u hitnoj psihijatriji

/ On Call Without a Mentor – A Simulation Workshop on Clinical Decision-Making in Emergency Psychiatry

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KLJUČNE RIJEČI / KEYWORDS:
dežurstvo / on-call psychiatry
klinička dilema / clinical dilemma
psihoza / psychosis
suicidalnost / suicidality

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.131>

Specijalizacija iz psihijatrije pruža čvrste teorijske temelje, no mladi psihijatri često navode da se tijekom edukacije nedovoljno uvježbava donošenje kliničkih odluka u složenim i neizvjesnim situacijama koje obilježavaju svakodnevni rad u hitnoj psihijatriji. Procjena suicidalnog ili heteroagresivnog rizika, odluka o hospitalizaciji, primjena prisilnih mjera, komunikacija s pacijentom i članovima obitelji te odgovarajuće dokumentiranje postupaka izazovi su koji zahtijevaju istodobnu primjenu stručnog znanja, poznavanja zakonskog okvira, kvalitetnog vođenja dokumentacije i komunikacijskih vještina. Cilj radionice jest unaprijediti kliničko odlučivanje kroz iskustveno učenje temeljeno na simulaciji psihijatrijskog dežurstva. Sudionici će biti raspoređeni u manje timove koji će tijekom radionice preuzeti ulogu dežurnog psihijatra te

Specialization in psychiatry provides a solid theoretical foundation, but young psychiatrists often report that, during training, there is insufficient practice in making clinical decisions in complex and uncertain situations that characterize everyday work in emergency psychiatry. Assessing suicidal or hetero-aggressive risk, deciding on hospitalization, applying coercive measures, communicating with the patient and family members, and appropriately documenting procedures are challenges that require the simultaneous application of professional knowledge, familiarity with the legal framework, high-quality record-keeping, and communication skills. The aim of the workshop is to improve clinical decision-making through experiential learning based on the simulation of a psychiatric on-call shift. Participants will be divided into smaller teams that will, during the workshop, take on the role

donositi odluke u nizu realistično koncipiranih kliničkih scenarija. Svaki će scenarij uključivati elemente neizvjesnosti i dinamične promjene okolnosti, poput novih informacija, zahtjeva članova obitelji, intervencija policije ili promjene kliničkog stanja pacijenta, čime će se približiti uvjetima stvarnog dežurstva. Radionica će se koristiti metodama simulacije, rada u malim skupinama, strukturirane rasprave i interaktivnog glasovanja. Nakon svakog scenarija slijedi analiza procesa donošenja odluka s naglaskom na kliničko rezoniranje, procjenu rizika, komunikacijske strategije, najčešće pogreške te medicinsko-pravne aspekte psihijatrijskog rada. Očekuje se da će sudionici nakon radionice biti sigurniji u strukturiranom pristupu hitnim psihijatrijskim stanjima, učinkovitiji u donošenju kliničkih odluka pod vremenskim pritiskom te osnaženi za samostalno i odgovorno obavljanje dežurstava. Interaktivni format radionice omogućuje razvoj kliničkog razmišljanja i timskog rada te predstavlja inovativan edukacijski pristup u području kontinuirane edukacije psihijatara.

of the on-call psychiatrist and make decisions in a series of realistically designed clinical scenarios. Each scenario will include elements of uncertainty and dynamically changing circumstances, such as new information, family members' demands, police involvement, or changes in the patient's clinical condition, thereby approximating real on-call conditions. The workshop will use methods of simulation, small-group work, structured discussion, and interactive voting. After each scenario, there will be an analysis of the decision-making process with emphasis on clinical reasoning, risk assessment, communication strategies, the most common errors, and the medico-legal aspects of psychiatric practice. It is expected that, after the workshop, participants will feel more confident in using a structured approach to psychiatric emergencies, more effective in making clinical decisions under time pressure, and better equipped for independent and responsible on-call work. The interactive format of the workshop supports the development of clinical thinking and teamwork and represents an innovative educational approach in the field of continuing education for psychiatrists.

Psihoterapija u sustavu zdravstvene skrbi

/ *Psychotherapy in the Health Care System*

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KLJUČNE RIJEČI / KEYWORDS:

psihoterapija / *psychotherapy*

psihijatrija / *psychiatry*

zdravstvena skrb / *health care*

biopsihosocijalni model / *biopsychosocial model*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.133>

Psihoterapija je jedna od temeljnih sastavnica suvremenoga biopsihosocijalnog modela liječenja psihičkih poremećaja i ima važnu ulogu u ostvarivanju ciljeva *Strateškog okvira razvoja mentalnog zdravlja do 2030. godine* i *Akcijskog plana za implementaciju sustava zaštite mentalnog zdravlja u zajednici do 2027. godine*. Suvremeni razvoj zaštite mentalnog zdravlja usmjeren je na povećanje dostupnosti psihoterapijskih intervencija, njihovu pravodobnu primjenu u skladu s kliničkim indikacijama, osiguravanje kontinuiteta skrbi te njihovu integraciju s farmakološkim, rehabilitacijskim i drugim terapijskim postupcima. Razvoj usluga u zajednici, multidisciplinarnih timova te digi-

Psychotherapy is one of the fundamental components of the contemporary biopsychosocial model of treating mental disorders and plays an important role in achieving the goals of the *Strategic Framework for the Development of Mental Health up to 2030* and the *Action Plan for the Implementation of a Community Mental Health Care System up to 2027*. Modern mental health care development is focused on increasing the availability of psychotherapeutic interventions, their timely application in line with clinical indications, ensuring continuity of care, and integrating them with pharmacological, rehabilitative, and other therapeutic procedures. The development of community-based services, multidisci-

talnih oblika skrbi, uključujući telepsihijatriju i telepsihoterapiju, dodatno proširuje mogućnosti pružanja kvalitetne i dostupne psihoterapijske podrške različitim skupinama korisnika. Suvremeni pristup nadilazi tradicionalnu podjelu na biološke, psihoterapijske i socijalne modele liječenja te promiče integrirani model skrbi usmjeren na osobu, koji uvažava simptome, razinu funkcioniranja, interpersonalne odnose, životne okolnosti i individualne ciljeve oporavka. U tom se kontekstu posebno ističe uloga psihoterapijskih programa u bolničkim i izvanbolničkim ustanovama, pri čemu terapijski učinak proizlazi ne samo iz individualnog psihoterapijskog rada nego i iz strukturiranog terapijskog okruženja, interdisciplinarnе suradnje, uključivanja obitelji i zajednice te osiguravanja kontinuiteta liječenja i oporavka. Razvoj psihoterapije zahtijeva definiranje njezinih mogućnosti i ograničenja te razlikovanje razvojnih i egzistencijalnih teškoća od psihičkih poremećaja koji zahtijevaju specifično psihijatrijsko liječenje. Poseban je izazov uspostavljanje ravnoteže između pravodobnog prepoznavanja i liječenja psihičkih poremećaja te izbjegavanja nepotrebne psihijatrizacije svakodnevnih životnih izazova. Daljnji razvoj psihoterapije u javnozdravstvenom sustavu stoga podrazumijeva jačanje dostupnosti, kvalitete i održivosti psihoterapijskih usluga, njihovu integraciju u sustav zaštite mentalnog zdravlja u zajednici te razvoj interdisciplinarnih modela skrbi usmjerenih na oporavak, koji odgovaraju rastućim potrebama stanovništva.

plinary teams, and digital forms of care, including telepsychiatry and telepsychotherapy, further expands the possibilities for providing high-quality and accessible psychotherapeutic support to different user groups. The contemporary approach goes beyond the traditional division into biological, psychotherapeutic, and social treatment models and promotes an integrated, person-centered model of care that takes into account symptoms, level of functioning, interpersonal relationships, life circumstances, and individual recovery goals. In this context, the role of psychotherapeutic programs in inpatient and outpatient settings is particularly emphasized, where the therapeutic effect arises not only from individual psychotherapeutic work, but also from a structured therapeutic environment, interdisciplinary collaboration, involvement of the family and community, and the provision of continuity of treatment and recovery. The development of psychotherapy requires defining its possibilities and limitations, as well as distinguishing developmental and existential difficulties from mental disorders that require specific psychiatric treatment. A particular challenge is establishing a balance between the timely recognition and treatment of mental disorders and avoiding unnecessary psychiatrization of everyday life challenges. Further development of psychotherapy in the public health system therefore entails strengthening the availability, quality, and sustainability of psychotherapeutic services, integrating them into the community mental health care system, and developing interdisciplinary, recovery-oriented models of care that respond to the growing needs of the population.

Simptom kao poziv na promjenu – sistemska obiteljska psihoterapija u kliničkoj praksi

/ The Symptom as an Invitation to Change: Systemic Family Psychotherapy in Clinical Practice

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KLJUČNE RIJEČI / KEYWORDS:

sistemska obiteljska psihoterapija / systemic family

psychotherapy

simptom / symptom

homeostaza / homeostasis

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.135>

U suočavanju s psihijatrijskom dijagnozom i bolešću svoga člana, obitelji i bliske osobe prolaze kroz teško razdoblje, obilježeno promjenama koje mogu postati izvor dodatnog stresa. Iza već ustaljenih nefunkcionalnih obrazaca ponašanja i komunikacije često stoje snažna uvjerenja i emocije, koje traže svoje razrješenje, kao i transgeneracijske i kulturološke specifičnosti. Sistemska obiteljska psihoterapija simptom razumije kao „pogrešno pokušavana rješenja“ koja obitelj ima za određeni problem, održavajući tako homeostazu, makar ona bila i patološka. Naglasak je stavljen na interpersonalne obrasce i interakcijsko razumijevanje problema te pojavu simptoma u tom kontekstu, s ciljem depatologizacije pojedinca i nalaženja novih narativa za cijelu obitelj. Simptom člana obitelji koji dovodi cijelu obitelj u terapiju „vrh je sante leda“ i iza njega razotkrivamo specifič-

In confronting the psychiatric diagnosis and illness of one of their members, families and those close to them go through a difficult period marked by changes that may become a source of additional stress. Behind already entrenched dysfunctional patterns of behavior and communication, there often lie powerful beliefs and emotions that seek resolution, as well as transgenerational and cultural specificities. Systemic family psychotherapy understands the symptom as the “mistakenly attempted solutions” that the family has for a particular problem, thereby maintaining homeostasis, even if that homeostasis is pathological. The emphasis is placed on interpersonal patterns and an interactional understanding of the problem, and on the emergence of the symptom in that context, with the aim of depathologizing the individual and finding new narratives for the family as a whole. The symptom of the family member that brings the entire family into therapy is “the tip of

ne strukturalne i komunikacijske obrasce koji ga održavaju. Umreženi odnosi, rigidne uloge, duple poruke, zatvorene granice prema okolini dio su karakteristika obitelji sa psihički oboljelim članom, a najviše su izražene u poremećajima iz spektra shizofrenije. Osnovni je pristup psihoedukativni postupak o prirodi bolesti i načinu komunikacije (smanjenju EE indeksa) u kombinaciji sa strateško-strukturalnim tehnikama. U postmodernističkom duhu, naglasak je dodatno stavljen na kontekst i kulturu, te se ovakav pristup pokazao vrlo učinkovit u psihoterapijskom tretmanu obitelji sa shizofrenijom, ali i drugim težim psihičkim poremećajima kao što su depresija, poremećaj prehrane itd. Suвременa psihoterapija obitelji integrira te različite pristupe i tehnike i čini vrlo dinamično i otvoreno područje psihoterapije za rad i daljnja istraživanja, a terapeuta stavlja u poziciju radoznalog, kreativnog istraživača i suradnika obitelji.

the iceberg,” and behind it we uncover the specific structural and communicational patterns that maintain it. Enmeshed relationships, rigid roles, double messages, and closed boundaries toward the environment are among the characteristics of families in which a member has a mental illness, and they are most pronounced in schizophrenia spectrum disorders. The fundamental approach is a psychoeducational procedure regarding the nature of the illness and the mode of communication (reduction of the EE index), combined with strategic-structural techniques. In a post-modernist spirit, the emphasis is placed further on context and culture, and this approach has proved highly effective in the psychotherapeutic treatment of families with schizophrenia, but also with other more severe mental disorders such as depression, eating disorder, etc. Contemporary family psychotherapy integrates these various approaches and techniques and constitutes a highly dynamic and open field of psychotherapy for practice and further research, placing the therapist in the position of a curious, creative researcher and collaborator with the family.

Anatomija kockarskoga uma / *The Anatomy of the Gambling Mind*

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KLJUČNE RIJEČI / KEYWORDS:

kockar / *gambler*

um / *mind*

postmodernizam / *postmodernism*

logika / *logic*

ludens / *ludens*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.137>

Cilj je ovoga rada objasniti zašto kockarskom umu koji funkcionira tako da barata poluinformacijama – koje stvara iz percepcije, a ne iz mišljenja pojma – treba napor. Radi se o empirijskim podacima i opservacijama stečenima u dugogodišnjem radu s kockarima koje se kroz pojmovne analize i zaključke u ovom radu sintetizira u apstraktne i univerzalne zaključke, prema načelima eksperimentalne filozofije. Mnogo je točnije reći da se, u kockara, radi (najčešće) o zdravim osobama koje adaptiraju svoj razum prividom i apsurdom, a ne o bolesnim osobama. Dolazi se do zaključka da je nužna višeslojna obrada kockarske osobnosti kroz moralne filtre postojanja, u kojima se naporom i logički raščlanjuje istina od neistine, koji kockara stavljaju u centar svog bivanja (autonomija, autarkija), nasuprot ugodu, besmislu i ropskoj svijesti. Ovisnici o nesupstancijalnim modelima memorijskoga modeliranja (kocka, videoigre) rabe pojam „kulture“ kao u svim ci-

The aim of this paper is to explain why the gambling mind — which functions by operating with half-information, information it generates out of perception rather than out of the thinking of the concept — requires effort. What is at issue are empirical data and observations acquired over many years of work with gamblers, which in this paper are synthesized, through conceptual analyses and inferences, into abstract and universal conclusions, according to the principles of experimental philosophy. It is far more accurate to say that in gamblers we are dealing (most often) with healthy persons who adapt their reason by means of illusion and absurdity, and not with ill persons. The conclusion reached is that a multilayered processing of the gambling personality is necessary, by way of the moral filters of existence, in which truth is distinguished from untruth by effort and by logic, and which place the gambler at the center of his own being (autonomy, autarky), as against pleasure, meaninglessness, and slave consciousness. Those addicted to nonsubstance models of

vilizacijama do sada, pa tako i u postmodernizmu, kroz „sustave dresure“, učeći i vježbajući discipline koje su im nužne za preživljavanje, kao i svaki ne-ovisnik. Jedina je razlika danas u tome što su kulturni obrasci koji se prenose iz generacije u generaciju, ta važna životna spoznajna i moralna pravila, marketinški obrađena u nekom obliku pseudointelektualnoga rada u kojemu je naglašena ludenačka forma.

memory modeling (gambling, video games) employ the concept of “culture” as in all civilizations to date, and so too in postmodernism, through “systems of drill”, learning and practicing the disciplines necessary to their survival, just as does every non-addict. The only difference today is that the cultural patterns transmitted from generation to generation, those important cognitive and moral rules of life, have been worked over by marketing into some form of pseudointellectual labor in which the ludic form is emphasized.

Poremećaj ličnosti F60.3 kao klinički marker nepovoljnog obrasca hospitalizacije kod bolesnika liječenih zbog ovisnosti o psihoaktivnim tvarima

/ Personality Disorder F60.3 as a Clinical Marker of an Unfavorable Hospitalization Pattern in Patients Treated for Psychoactive Substance Dependence

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KLJUČNE RIJEČI / KEYWORDS:

ovisnost / dependence

psihoaktivne supstancije / psychoactive substances

F60.3 / F60.3

poremećaj ličnosti / personality disorder

rehospitalizacija / rehospitalization

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.139>

Ciljevi istraživanja: Procijeniti klinički značaj poremećaja ličnosti F60.3 kao markera nepovoljnog obrasca hospitalizacije kod bolesnika liječenih zbog ovisnosti o psihoaktivnim supstancijama, s naglaskom na rehospitalizaciju i prijevremeni prekid liječenja. Materijali i metode: Provedena je retrospektivna deskriptivno-analiitička studija jednog centra na Odjelu za narkomaniju JU Zavod za bolesti ovisnosti Kantona Sarajevo. Analizirano je 125 hospitalizacija tijekom 2025. godine. Bolesnici su razvrstani u tri skupine: samo ovisnost, ovisnost uz F60.3 i ovisnost uz druge psihijatrijske dijagnoze. Analizirani su spol, dob, dijagnostička skupina, dominantna supstanija,

Objectives: To assess the clinical significance of personality disorder F60.3 as a marker of an unfavorable hospitalization pattern in patients treated for psychoactive substance dependence, with emphasis on rehospitalization and premature treatment termination. Materials and methods: A retrospective descriptive-analytical single-center study was conducted in the Department for Drug Addiction of the Public Institution Institute for Addiction Diseases of the Canton Sarajevo. A total of 125 hospitalizations during 2025 were analyzed. Patients were divided into three groups: dependence only, dependence with F60.3, and dependence with other psychiatric diagnoses. The following were analyzed: sex, age, diagnostic group, dominant substance, therapeutic modal-

terapijski modalitet, trajanje hospitalizacije, tip otpusta i obrazac hospitalizacije. Statistička obrada: Kategorijske varijable prikazane su apsolutnim brojevima i procentima, a trajanje hospitalizacije prosječnom vrijednošću i rasponom. Povezanost dijagnostičke skupine i obrasca hospitalizacije ispitana je hi-kvadratnim testom, uz Cramerov V. Rezultati: U uzorku su bila 104 muškarca (83,2 %) i 21 žena (16,8 %). F60.3 je evidentiran kod 73/125 hospitalizacija (58,4 %). Rehospitalizacije su zabilježene u 29 slučajeva (23,2 %), pri čemu je F60.3 bio prisutan kod 20/29 bolesnika (69,0 %). Pri otpustu zbog grubog kršenja pravila F60.3 bio je prisutan kod 5/7 bolesnika (71,4 %). Utvrđena je značajna povezanost između dijagnostičke skupine i obrasca hospitalizacije ($\chi^2 = 19,25$; $df = 4$; $p = 0,0007$; Cramerov $V = 0,28$). Zaključak: F60.3 klinički je relevantan marker nepovoljnog hospitalnog tijeka, osobito u odnosu na rehospitalizaciju i prijevremeni prekid liječenja. Nalazi podržavaju rano prepoznavanje poremećaja ličnosti, strukturiranu dijagnostiku, integrativni timski tretman i posthospitalni kontinuitet skrbi. Ključne riječi: ovisnost; psihoaktivne supstancije; F60.3; poremećaj ličnosti; rehospitalizacija.

ity, length of hospitalization, type of discharge, and pattern of hospitalization. Statistical analysis: Categorical variables are presented as absolute numbers and percentages, and length of hospitalization as mean value and range. The association between diagnostic group and pattern of hospitalization was tested using the chi-square test with Cramer's V. Results: The sample included 104 men (83.2%) and 21 women (16.8%). F60.3 was recorded in 73/125 hospitalizations (58.4%). Rehospitalizations were observed in 29 cases (23.2%), with F60.3 present in 20/29 patients (69.0%). In discharges due to gross violation of rules, F60.3 was present in 5/7 patients (71.4%). A significant association was found between diagnostic group and pattern of hospitalization ($\chi^2 = 19.25$; $df = 4$; $p = 0.0007$; Cramer's $V = 0.28$). Conclusion: F60.3 is a clinically relevant marker of an unfavorable inpatient course, particularly with regard to rehospitalization and premature treatment termination. The findings support early recognition of personality disorders, structured diagnostics, integrative team-based treatment, and post-hospital continuity of care.

Klinički tijek shizofrenije u 21. stoljeću: od kronične deterioracije do modela oporavka

/ The Clinical Course of Schizophrenia in the 21st Century: From Chronic Deterioration to the Recovery Model

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KLJUČNE RIJEČI / KEYWORDS:

shizofrenija / *schizophrenia*

klinički tijek / *clinical course*

oporavak / *recovery*

negativni simptomi / *negative symptoms*

digitalna psihijatrija / *digital psychiatry*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.141>

Shizofrenija je kronični psihički poremećaj obilježen znatnom heterogenošću kliničkog tijeka i ishoda. Tradicionalni koncepti, temeljeni na Kraepelinovu modelu progresivne deterioracije, u 21. stoljeću sve se više zamjenjuju dinamičnim i dimenzionalnim pristupima koji naglašavaju varijabilnost tijeka i mogućnost oporavka. Cilj je ovoga izlaganja prikazati suvremeno razumijevanje kliničkog tijeka shizofrenije, uključujući ulogu ranih intervencija, negativnih i kognitivnih simptoma, kao i utjecaj novih terapijskih i digitalnih pristupa. Posljednjih je desetljeća došlo do znatnog napretka u razvoju antipsihotika, s ciljem povećanja učinkovitosti i smanjenja nuspojava. Najsuvremeniji lijekovi

Schizophrenia is a chronic mental disorder characterized by considerable heterogeneity in clinical course and outcome. Traditional concepts, based on Kraepelin's model of progressive deterioration, are increasingly being replaced in the 21st century by dynamic and dimensional approaches that emphasize variability of course and the possibility of recovery. The aim of this presentation is to outline the contemporary understanding of the clinical course of schizophrenia, including the role of early interventions, negative and cognitive symptoms, as well as the impact of new therapeutic and digital approaches. In recent decades, there has been substantial progress in the development of antipsychotics, with the goal of increasing efficacy and reducing side effects. The most advanced drugs

danas nude preciznije djelovanje na neurotransmitske sustave i bolju podnošljivost. Fokus više nije samo na kontroli simptoma nego i na kvaliteti života, funkcionalnom oporavku i individualiziranom pristupu. Digitalno praćenje terapije i primjena umjetne inteligencije (AI) u liječenju shizofrenije jedno su od najbrže rastućih područja moderne psihijatrije. Cilj ovih tehnologija nije zamijeniti psihijatra ili psihoterapiju, nego omogućiti ranije prepoznavanje pogoršanja simptoma, bolju adherenciju na terapiju i personaliziraniji pristup liječenju. AI i digitalno praćenje terapije imaju znatan potencijal u liječenju shizofrenije, posebno za: rano prepoznavanje relapsa, poboljšanje uzimanja terapije, kontinuirano praćenje simptoma i personalizaciju liječenja. Zaključno, shizofrenija se danas promatra kao poremećaj s potencijalom za funkcionalni oporavak uz pravodobnu i integriranu skrb. Suvremeni podatci pokazuju da znatan udio bolesnika može postići remisiju i funkcionalni oporavak. Najsuvremeniji lijekovi za liječenje shizofrenije donose znatan napredak u odnosu na starije terapije. Međutim, ove tehnologije trenutačno najbolje funkcioniraju kao dodatak standardnoj psihijatrijskoj skrbi, a ne kao njezina zamjena. Fokus suvremene psihijatrije pomaknut je prema funkcionalnom oporavku i kvaliteti života.

today offer more precise action on neurotransmitter systems and better tolerability. The focus is no longer only on symptom control but also on quality of life, functional recovery, and an individualized approach. Digital monitoring of treatment and the application of artificial intelligence (AI) in the treatment of schizophrenia are among the fastest-growing areas of modern psychiatry. The aim of these technologies is not to replace the psychiatrist or psychotherapy, but to enable earlier recognition of symptom exacerbation, better adherence to treatment, and a more personalized approach to care. AI and digital treatment monitoring have considerable potential in the treatment of schizophrenia, particularly for: early detection of relapse, improving medication adherence, continuous symptom monitoring, and personalization of treatment. In conclusion, schizophrenia is now viewed as a disorder with the potential for functional recovery given timely and integrated care. Contemporary data show that a substantial proportion of patients can achieve remission and functional recovery. The most advanced drugs for the treatment of schizophrenia represent a significant improvement over older therapies. However, these technologies currently function best as an adjunct to standard psychiatric care, rather than as its replacement. The focus of modern psychiatry has shifted toward functional recovery and quality of life.

U zdravom tijelu – zdrav duh? Mentalno zdravlje hrvatskih sportaša kroz prizmu SMHAT-1 probira

/ A Healthy Mind in a Healthy Body? The Mental Health of Croatian Athletes Through the Lens of SMHAT-1 Screening

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KLJUČNE RIJEČI / KEYWORDS:
mentalno zdravlje / *mental health*
sportaši / *athletes*
adolescenti / *adolescents*
SMHAT-1 / *SMHAT-1*
psihološki stres / *psychological stress*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.143>

Cilj: Sport se tradicionalno povezuje s tjelesnim i psihološkim zdravljem, no suvremena istraživanja pokazuju da natjecateljski sport može biti i znatan izvor psihološkog opterećenja. Cilj je rada prikazati rezultate hrvatske implementacije i validacije IOC-ova sustava SMHAT-1 te otvoriti raspravu o mentalnom zdravlju hrvatskih sportaša, osobito adolescenata i mladih odraslih. **Materijali i metode:** Prikaz temeljen na hrvatskoj validaciji *Athlete Psychological Strain Questionnaire* (APSQ-Cro) te istraživanju provedenom među hrvatskim natjecateljskim spor-

Objective: Sport is traditionally associated with physical and psychological health, but contemporary research shows that competitive sport can also be a significant source of psychological strain. The aim of this paper is to present the results of the Croatian implementation and validation of the IOC's SMHAT-1 system and to open a discussion on the mental health of Croatian athletes, especially adolescents and young adults. **Materials and methods:** This paper is based on the Croatian validation of the *Athlete Psychological Strain Questionnaire* (APSQ-Cro) and on a study

tašima u sklopu probira SMHAT-1. U istraživanjima su sudjelovali sportaši različitih sportova i razina natjecanja, a primijenjeni su standardizirani upitnici za procjenu psihološkog opterećenja, anksioznosti, depresivnosti, poremećaja spavanja, ADHD-a, konzumacije alkohola i drugih mentalnozdravstvenih rizika. Rezultati: Rezultati pokazuju značajnu prisutnost simptoma anksioznosti, depresivnosti, poremećaja spavanja i psihološkog distresa među hrvatskim sportašima. Posebno su izražene spolne razlike, pri čemu sportašice češće prelaze granične vrijednosti na ljestvicama za anksioznost, depresiju, PTSD i rizičnu konzumaciju alkohola. Validacija APSQ-Cro pokazala je dobru pouzdanost instrumenta te postojanje dviju dominantnih dimenzija psihološkog opterećenja: intrapersonalnog psihološkog stresa i stresa povezanog sa sportskim okruženjem. Zaključak: Mentalno zdravlje sportaša važno je javnozdravstveno i kliničko pitanje koje nadilazi stereotip sporta kao isključivo zaštitnog čimbenika. Rano prepoznavanje psihološkog opterećenja i razvoj dostupnih preventivnih i intervencijskih programa nužni su za očuvanje mentalnog zdravlja, sportske izvedbe i dugoročnog funkcioniranja mladih sportaša. Hrvatska validacija alata SMHAT-1 važan je korak prema sustavnijem pristupu mentalnom zdravlju u sportu.

conducted among Croatian competitive athletes as part of SMHAT-1 screening. Athletes from different sports and levels of competition took part in the studies, and standardized questionnaires were used to assess psychological strain, anxiety, depression, sleep disorders, ADHD, alcohol consumption, and other mental health risks. Results: The findings show a significant presence of symptoms of anxiety, depression, sleep disorders, and psychological distress among Croatian athletes. Gender differences are particularly pronounced, with female athletes more often exceeding cut-off values on scales for anxiety, depression, PTSD, and risky alcohol consumption. The validation of APSQ-Cro demonstrated good reliability of the instrument and the existence of two dominant dimensions of psychological strain: intrapersonal psychological stress and stress related to the sporting environment. Conclusion: The mental health of athletes is an important public health and clinical issue that goes beyond the stereotype of sport as an exclusively protective factor. Early recognition of psychological strain and the development of accessible prevention and intervention programs are essential for preserving the mental health, sporting performance, and long-term functioning of young athletes. The Croatian validation of the SMHAT-1 tool is an important step toward a more systematic approach to mental health in sport.

Učinkovitost grupnog ESTAIR pristupa u liječenju kompleksnog PTSP-a kod hrvatskih ratnih veterana

/ Effectiveness of the Group ESTAIR Approach in the Treatment of Complex PTSD in Croatian War Veterans

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KLJUČNE RIJEČI / KEYWORDS:

psihotrauma / psychotrauma

kompleksni PTSP / complex PTSD

ESTAIR / ESTAIR

ratni veterani / war veterans

modularna psihoterapija / modular psychotherapy

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.145>

Kompleksni posttraumatski stresni poremećaj (KPTSP) složeniji je oblik posttraumatske psihopatologije obilježen simptomima PTSP-a te poremećajima u samoorganizaciji, uključujući emocionalnu disregulaciju, negativno samopojmanje i interpersonalne poteškoće. Među ratnim veteranima KPTSP se često pojavljuje, a znatan broj bolesnika pokazuje slab terapijski odgovor na standardne psihoterapijske i farmakološke intervencije. Modularni pristupi, poput ESTAIR-a (*Enhanced Skills Training in Affective and Interpersonal Regulation*), razvijeni su s ci-

Complex post-traumatic stress disorder (CPTSD) is a more intricate form of post-traumatic psychopathology, characterized by PTSD symptoms and disturbances in self-organization, including emotional dysregulation, negative self-concept, and interpersonal difficulties. Among war veterans, CPTSD occurs frequently, and a substantial number of patients show a poor therapeutic response to standard psychotherapeutic and pharmacological interventions. Modular approaches, such as ESTAIR (*Enhanced Skills Training in Affective and Interpersonal Regulation*), have been developed

ljem tretmana kompleksnijih dimenzija posttraumatskih tegoba. Cilj istraživanja bio je ispitati izvedivost i učinkovitost grupnog prilagođenog ESTAIR programa kod hrvatskih ratnih veterana s dugotrajnim i terapijski rezistentnim KPTSP-om. Provedeno je naturalističko, nerandomizirano istraživanje tijekom 14 mjeseci na uzorku od 90 veterana raspoređenih u ESTAIR ili kontrolnu skupinu. Grupni tretman uključivao je module emocionalne regulacije, samopoimanja i interpersonalnih odnosa tijekom 18 tjedana, uz standardnu psihijatrijsku skrb. Procjena ishoda provedena je primjenom instrumenata ITQ, LEC-5, PHQ-9, GAD-7 i AUDIT-C prije tretmana, nakon intervencije i tijekom praćenja. Rezultati su pokazali statistički značajno smanjenje ukupnih KPTSP simptoma, simptoma PTSP-a i poremećaja u samoorganizaciji u ESTAIR skupini u odnosu na kontrolnu skupinu. Utvrđene su značajne interakcije grupa $\times$ vrijeme za PTSD ($p = 0,042$), poremećaje u samoorganizaciji ($p = 0,006$) i ukupni ITQ rezultat ($p = 0,003$), što upućuje na izraženije poboljšanje u terapijskoj skupini tijekom vremena. Najizraženije poboljšanje zabilježeno je nakon modula usmjerenog na samopoimanje. Stopa odustajanja od tretmana iznosila je 4,3 %, uz dobru prihvatljivost grupnog modularnog pristupa. Nisu utvrđene značajne promjene u simptomima depresije, anksioznosti i uporabe alkohola. Zaključak: Nalazi podupiru primjenu modularnih i fazno usmjerenih intervencija u liječenju kompleksnog PTSP-a te upućuju na potencijal ESTAIR pristupa u radu s veteranima koji boluju od dugotrajnih, višegodišnjih tegoba vezanih za KPTSP.

with the aim of treating the more complex dimensions of post-traumatic difficulties. The aim of this study was to examine the feasibility and effectiveness of a group-adapted ESTAIR program in Croatian war veterans with long-term and treatment-resistant CPTSD. A naturalistic, non-randomized study was conducted over 14 months on a sample of 90 veterans assigned to either the ESTAIR or the control group. The group treatment included modules on emotion regulation, self-concept, and interpersonal relationships over 18 weeks, alongside standard psychiatric care. Outcome assessment was carried out using the ITQ, LEC-5, PHQ-9, GAD-7, and AUDIT-C instruments before treatment, after the intervention, and during follow-up. The results showed a statistically significant reduction in overall CPTSD symptoms, PTSD symptoms, and disturbances in self-organization in the ESTAIR group compared with the control group. Significant group $\times$ time interactions were found for PTSD ($p = 0.042$), disturbances in self-organization ($p = 0.006$), and total ITQ score ($p = 0.003$), indicating more pronounced improvement in the treatment group over time. The most marked improvement was observed after the module focused on self-concept. The dropout rate was 4.3%, with good acceptability of the group modular approach. No significant changes were found in symptoms of depression, anxiety, or alcohol use. Conclusion: The findings support the use of modular and phase-oriented interventions in the treatment of complex PTSD and point to the potential of the ESTAIR approach in working with veterans suffering from long-term, chronic difficulties related to CPTSD.

ADOS-2 u kliničkoj dilemi: kad protokol vidi ono čega nema, a propušta ono što postoji

/ ADOS-2 in a Clinical Dilemma: When the Protocol Sees What Is Not There and Misses What Is

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KLJUČNE RIJEČI / KEYWORDS:
autizam u odrasloj dobi / *adult autism*
poremećaji ličnosti / *personality disorders*
psihotični poremećaji / *psychotic disorders*
maskiranje / *masking*
ADOS-2 / *ADOS-2*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.147>

ADOS-2 jedan je od najčešće korištenih opservacijskih instrumenata u procjeni simptoma iz spektra autizma. Iako može biti vrijedan dio dijagnostičkog procesa, njegova interpretacija zahtijeva oprez kod pacijenata sa složenom kliničkom slikom u odrasloj dobi, ali i dječjoj. Opres je posebno važan kada ADOS-2 upotrebljavaju stručnjaci koji nemaju šira klinička znanja, poput socijalnih pedagoga, logopeda i edukacijskih rehabilitatora, zbog čega je nužna integracija nalaza sa psihološkim i psihijatrijskim aspektima procjene. Pozitivan ADOS-2 nalaz nije sam po sebi dovoljan za dijagnozu autizma kao što ni negativan nalaz ne isključuje autizam, osobito u osoba s razvijenim kompenzacijskim strategijama, urednim intelektualnim funkcioniranjem ili atipičnom kliničkom slikom. Cilj je ovoga prikaza istaknuti

The ADOS-2 is one of the most commonly used observational instruments for assessing autism spectrum symptoms. Although it can be a valuable part of the diagnostic process, its interpretation requires caution in patients with a complex clinical picture in adulthood as well as in childhood. Caution is especially important when ADOS-2 is used by professionals who do not have broader clinical expertise, such as social pedagogues, speech and language therapists, and educational rehabilitators, which is why it is necessary to integrate the findings with psychological and psychiatric aspects of assessment. A positive ADOS-2 result is not in itself sufficient for an autism diagnosis, just as a negative result does not rule out autism, particularly in individuals with well-developed compensatory strategies, intact intellectual functioning, or an atypical clinical presentation. The aim of this report is to high-

ograničenja protokola ADOS-2 u diferencijalnoj dijagnostici autizma u odnosu na druga stanja. U izlaganju su prikazana četiri klinička slučaja u kojima je odnos između ADOS-2 nalaza i kliničke slike bio dijagnostički netočan. Prikazani su slučajevi graničnog poremećaja ličnosti, psihotičnosti i izbjegavajućeg poremećaja ličnosti koji su interpretirani kao autizam, kao i slučaj pacijentice s autizmom, neuropsihološkim kontinuitetom teškoća i nalazima prisutnima od najranije dobi kod koje ADOS-2 nije detektirao autizam. Prikazani slučajevi naglašavaju da se ADOS-2 ne smije upotrebljavati kao samostalan dijagnostički dokaz, nego kao dio šire multidisciplinarne procjene te je preporuka napraviti neuropsihološku procjenu i psihijatrijski pregled te prema potrebi neurološku obradu, a ako ostane nejasnoća ADOS-2, ali ADOS-2 nikako ne bi trebao biti prva obrada. Diferencijalna dijagnostika autizma mora uključivati detaljnu razvojnu anamnezu, heteroanamnestičke podatke, školsku i medicinsku dokumentaciju, procjenu ličnosti, psihopatologije, intelektualnog i neuropsihološkog profila (pažnja, verbalne i neverbalne sposobnosti, različite vrste pamćenja, izvršne funkcije, govorno-jezične sposobnosti, brzina obrade informacija, motorička brzina, perceptivne funkcije). Takav pristup smanjuje rizik od lažno pozitivnih i lažno negativnih zaključaka te omogućuje preciznije razlikovanje autizma od stanja koja imaju problema sa socijalnom kognicijom.

light the limitations of the ADOS-2 protocol in the differential diagnosis of autism in relation to other conditions. The presentation includes four clinical cases in which the relationship between ADOS-2 findings and the clinical picture was diagnostically inaccurate. The cases presented are borderline personality disorder, psychoticity, and avoidant personality disorder that were interpreted as autism, as well as a case of a patient with autism, neuropsychological continuity of difficulties, and findings present since early childhood, in whom ADOS-2 did not detect autism. The cases presented emphasize that ADOS-2 must not be used as a stand-alone diagnostic proof, but rather as part of a broader multidisciplinary assessment. It is recommended to carry out a neuropsychological assessment and a psychiatric examination and, where necessary, neurological work-up, and, if ambiguity remains, ADOS-2 may be added — but ADOS-2 should by no means be the first assessment. The differential diagnosis of autism must include a detailed developmental history, collateral (heteroanamnestic) information, school and medical documentation, assessment of personality, psychopathology, intellectual and neuropsychological profile (attention, verbal and nonverbal abilities, different types of memory, executive functions, speech and language abilities, processing speed, motor speed, perceptual functions). Such an approach reduces the risk of false-positive and false-negative conclusions and enables a more accurate distinction between autism and conditions that involve problems with social cognition.

Nikada ne bih rekao da je to ADHD

/ I Would Never Have Said It Was ADHD

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KLJUČNE RIJEČI / KEYWORDS:

ADHD / ADHD

diferencijalna dijagnostika / *differential diagnosis*

neuropsihološka procjena / *neuropsychological
assessment*

psihijatrija / *psychiatry*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.149>

ADHD se još uvijek često pogrešno razumije kao prolazni problem ponašanja u dječjoj dobi, iako suvremena istraživanja pokazuju da je riječ o neurorazvojnem poremećaju koji često perzistira u odrasloj dobi i može znatno narušavati obrazovno, radno, socijalno i zdravstveno funkcioniranje. Osim toga, ti pacijenti često razvijaju dodatne komorbiditete, uključujući poremećaje ličnosti. Unatoč relativno visokoj prevalenciji ADHD-a u odraslih, osobito u psihijatrijskim populacijama često ostaje neprepoznat i neliječen. Teškoće pažnje, nemir, impulzivnost, emocionalna disregulacija, nesanica, rizična ponašanja i izvršna disfunkcija nerijetko se pripisuju drugim psihičkim poremećajima, osobinama ličnosti ili komorbidnim stanjima. Cilj je ovoga izlaganja prikazati kako neprepoznati ADHD može djelovati kao tihi pokretač kroničnosti,

ADHD is still often mistakenly understood as a transient behavioral problem in childhood, although contemporary research shows that it is a neurodevelopmental disorder that often persists into adulthood and can significantly impair educational, occupational, social, and health functioning. In addition, these patients frequently develop additional comorbidities, including personality disorders. Despite the relatively high prevalence of ADHD in adults, especially in psychiatric populations, it often remains unrecognized and untreated. Difficulties with attention, restlessness, impulsivity, emotional dysregulation, insomnia, risk-taking behaviors, and executive dysfunction are often attributed to other mental disorders, personality traits, or comorbid conditions. The aim of this presentation is to show how unrecognized ADHD can act as a silent

funkcionalnog oštećenja i terapijske rezistencije u psihijatrijskoj praksi, osobito u pacijenata s ovisnostima, depresivnim smetnjama, kroničnom nesanicom, traumatskim iskustvima i emocionalnom disregulacijom. Prikazana su tri klinička slučaja u kojima ADHD nije bio prepoznat tijekom višegodišnjeg psihijatrijskog liječenja. U prvom je slučaju pacijent s poremećajima ovisnosti i rizičnim ponašanjem bio liječen zbog ovisnosti i graničnog poremećaja ličnosti, dok je tek naknadni probir putem detaljne neuropsihološke procjene potvrdio ADHD iz premorbidne razine. U drugom je slučaju dugotrajno liječena depresivna simptomatologija kod odrasle pacijentice djelomično bila povezana s neprepoznatim nepažljivim ADHD-om. U trećem slučaju kronična nesanica, nemir, teškoće koncentracije i depresivnost u pacijenta s traumatskom anamnezom prikrivale su perzistentni ADHD s izraženom izvršnom disfunkcijom koji traumatska simptomatologija dodatno pogoršava. Prikazani slučajevi naglašavaju potrebu za detaljnom neuropsihološkom procjenom u kompleksnim kliničkim slikama i rezistentnim stanjima. Ključna je procjena simptoma prije 12. godine na osnovi heteroanamnestičkih podataka vidljivih iz neuropsihološkog profila i funkcionalnog oštećenja kroz životni tijek koji afirmiraju i drugi. Pravodobno prepoznavanje i liječenje ADHD-a može značajno poboljšati funkcioniranje i unaprijediti ishode liječenja.

driver of chronicity, functional impairment, and treatment resistance in psychiatric practice, particularly in patients with addictions, depressive disorders, chronic insomnia, traumatic experiences, and emotional dysregulation. Three clinical cases are presented in which ADHD was not recognized during many years of psychiatric treatment. In the first case, a patient with substance use disorders and risky behaviors was treated for addiction and borderline personality disorder, while only subsequent screening through detailed neuropsychological assessment confirmed ADHD at a premorbid level. In the second case, long-term treated depressive symptomatology in an adult female patient was partially related to unrecognized inattentive ADHD. In the third case, chronic insomnia, restlessness, concentration difficulties, and depressive mood in a patient with a traumatic history masked persistent ADHD with pronounced executive dysfunction, which was further exacerbated by traumatic symptomatology. The cases presented highlight the need for detailed neuropsychological assessment in complex clinical pictures and treatment-resistant conditions. A key element is the assessment of symptoms before the age of 12 on the basis of collateral (heteroanamnestic) information, visible in the neuropsychological profile and in functional impairment across the life course, and corroborated by others. Timely recognition and treatment of ADHD can significantly improve functioning and enhance treatment outcomes.

Izazovi i rješenja u pružanju podrške LGBTIQ+ osobama

/ Challenges and Solutions in Providing Support to LGBTIQ+ Individuals

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KLJUČNE RIJEČI / KEYWORDS:
LGBTIQ+ / LGBTIQ+
psihosocijalna podrška / psychosocial support
protokol / protocol

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.151>

Tijekom 2023. Udruga za unaprjeđenje mentalnog zdravlja Vrapčići iz Slavonskog Broda provela je projekt *Uz dugine boje do mentalnog zdravlja* podržan od Fonda za aktivno građanstvo, sredstvima Islanda, Lihtenštajna i Norveške. Projekt je imao za cilj osnažiti pružatelje psihosocijalnih usluga i savjetovanja za rad s LGBTIQ+ populacijom. LGBTIQ+ osobe nevidljive su u društvu, skrivaju svoj identitet, a uz izraženo nasilje i diskriminaciju, gube samopoštovanje, što dovodi do razvoja psihosocijalnih poteškoća. Projekt je bio posebno važan jer na području istočne Hrvatske ne postoji ni jedna udruga, pokret ili usluga koja se bavi zaštitom LGBTIQ+ osoba. Trajanjem projekta provedeno je istraživanje koje je obuhvatilo odrasle osobe opće populacije starije od 18 godina i imalo je za cilj istražiti znanje, stavove

In 2023, the Association for the Improvement of Mental Health “Vrapčići” from Slavonski Brod implemented the project “Through the Colors of the Rainbow to Mental Health,” supported by the Active Citizenship Fund with funds from Iceland, Liechtenstein, and Norway. The project aimed to strengthen providers of psychosocial services and counselling for work with the LGBTIQ+ population. LGBTIQ+ people are invisible in society, hide their identity, and, in the context of pronounced violence and discrimination, lose self-esteem, which leads to the development of psychosocial difficulties. The project was particularly important because in eastern Croatia there is not a single association, movement, or service focused on the protection of LGBTIQ+ people. During the project, a study was conducted that included adults from the general population over 18 years of age and aimed to examine knowledge,

i razinu nasilja nad pripadnicima LGBTIQ+ zajednice. Istraživanje je provedeno putem interneta primjenom alata *Google Forms*. Kao instrument istraživanja upotrijebljen je anketni upitnik koji je obuhvatio sociodemografske karakteristike sudionika, pitanja o znanju o LGBTIQ+ temama, stavovima prema pripadnicima LGBTIQ+ te razini nasilja. Prikupljeni podatci, odgovori 201 sudionika, obrađeni su pomoću programskih paketa Microsoft Excel i SPSS for Windows 13.0. Prosječna dob sudionika bila je 31 godina, pri čemu su sudjelovale osobe različitih spolova, uključujući pripadnike LGBTIQ+ populacije. Rezultati istraživanja otkrili su važne povezanosti između znanja o LGBTIQ+ temama, stavova prema pripadnicima LGBTIQ+ i nasilja. Visoka razina znanja bila je povezana s pozitivnijim stavovima i manjom incidencijom nasilja prema LGBTIQ+ osobama. Također, sudionici s višom razinom kontakta s pripadnicima LGBTIQ+ pokazali su bolje razumijevanje i podršku. U okviru projekta izdan je Protokol za postupanje s LGBTIQ+ osobama u pružanju psihosocijalne podrške. Protokol ima za cilj osigurati inkluzivno, podržavajuće i sigurno okruženje za LGBTIQ+ osobe koje traže psihosocijalnu podršku kao i njima bliskim osobama. Donosi opća načela, objašnjenje terminologije i pravne propise. Uz protokol je izdana brošura *Zdravstvena skrb LGBTIQ+ osoba u Hrvatskoj* koja donosi popis dostupnih usluga i pružatelja u zdravstvenom, nevladinom i pravnom sustavu te kratki rječnik LGBTIQ+ terminologija.

attitudes, and the level of violence against members of the LGBTIQ+ community. The research was conducted online using the *Google Forms* tool. As the research instrument, a questionnaire was used that covered the sociodemographic characteristics of participants, questions about knowledge of LGBTIQ+ topics, attitudes toward LGBTIQ+ individuals, and the level of violence. The collected data, responses from 201 participants, were processed using Microsoft Excel and SPSS for Windows 13.0. The average age of participants was 31 years, and people of different genders took part, including members of the LGBTIQ+ population. The results revealed important associations between knowledge of LGBTIQ+ topics, attitudes toward LGBTIQ+ individuals, and violence. A high level of knowledge was associated with more positive attitudes and a lower incidence of violence against LGBTIQ+ persons. In addition, participants with a higher level of contact with LGBTIQ+ individuals showed better understanding and support. As part of the project, a Protocol for Working with LGBTIQ+ Persons in the Provision of Psychosocial Support was published. The protocol aims to ensure an inclusive, supportive, and safe environment for LGBTIQ+ people seeking psychosocial support, as well as for those close to them. It sets out general principles, explains terminology, and presents legal regulations. Alongside the protocol, a brochure titled "Health Care for LGBTIQ+ Persons in Croatia" was issued, which provides a list of available services and providers in the health care, non-governmental, and legal sectors, as well as a short glossary of LGBTIQ+ terminology.

Vitamin D i kognitivne domene u bolesnika s blagim kognitivnim poremećajem i demencijama

/ Vitamin D and Cognitive Domains in Patients With Mild Cognitive Impairment and Dementias

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KLJUČNE RIJEČI / KEYWORDS:

vitamin D / *vitamin D*

kognitivne domene / *cognitive domains*

demencija / *dementia*

pamćenje / *memory*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.153>

Uvod: Niže koncentracije vitamina D povezuju se s lošijim kognitivnim ishodima, no nalazi dosadašnjih istraživanja nisu jednoznačni. Budući da globalni probirni testovi ne moraju prepoznati suptilnije razlike među pojedinim kognitivnim domenama, cilj je ovoga istraživanja bio ispitati povezanost serumskog vitamina D s globalnim kognitivnim statusom i pojedinim kognitivnim domenama u bolesnika s blagim kognitivnim poremećajem, Alzheimerovom i vaskularnom demencijom. Ispitanici i metode: Provedeno je retrospektivno presječno istraživanje na 108 bolesnika Dnevne bolnice za demencije Klinike za psihijatriju KBC-a Zagreb. Uključeni su bolesnici s Alzheimerovom demencijom, vaskularnom demencijom i blagim kognitivnim poremećajem. Globalno kogni-

Introduction: Lower vitamin D concentrations are associated with poorer cognitive outcomes, but findings from previous studies have been inconsistent. Since global screening tests may fail to detect more subtle differences between specific cognitive domains, the aim of this study was to examine the association of serum vitamin D with global cognitive status and individual cognitive domains in patients with mild cognitive impairment, Alzheimer's dementia, and vascular dementia. **Subjects and methods:** A retrospective cross-sectional study was conducted on 108 patients of the Day Hospital for Dementia at the Clinic for Psychiatry, University Hospital Centre Zagreb. The sample included patients with Alzheimer's dementia, vascular dementia, and mild cognitive impairment. Global cognitive functioning was assessed using the MMSE and

tivno funkcioniranje procijenjeno je testovima MMSE i MoCA, a pojedine kognitivne domene testom 5-KOG. Analizirani su pamćenje, verbalna fluentnost, izvršne funkcije, brzina obrade informacija i radno pamćenje. Rezultati: Prosječna koncentracija vitamina D iznosila je 62,8 nmol/L. Utvrđena je pozitivna povezanost između vitamina D i pamćenja ($r = 0,55$; $p < 0,001$). Slabija, ali statistički značajna povezanost pronađena je za verbalnu fluentnost ($r = 0,25$; $p = 0,010$) i izvršne funkcije ($r = 0,23$; $p = 0,018$). Nije utvrđena značajna povezanost između vitamina D i rezultata na MMSE-u i MoCA-i. Povezanost vitamina D s pamćenjem ostala je stabilna nakon kontrole dobi i obrazovanja te nakon isključenja ispitanika s ekstremno visokim vrijednostima vitamina D. Status vitamina D nije se značajno razlikovao među dijagnostičkim skupinama. Zaključak: Serumski vitamin D bio je povezan ponajprije s pojedinim kognitivnim domenama, osobito s pamćenjem, dok povezanost s globalnim probirnim testovima nije utvrđena. Rezultati ističu važnost procjene pojedinih kognitivnih domena u bolesnika s neurokognitivnim poremećajima, s obzirom na to da globalni probirni testovi ne moraju biti dovoljno osjetljivi za prepoznavanje povezanosti između bioloških čimbenika i kognitivnog funkcioniranja.

MoCA tests, while individual cognitive domains were evaluated with the 5-Cog test. The domains analyzed were memory, verbal fluency, executive functions, information processing speed, and working memory. Results: The mean vitamin D concentration was 62.8 nmol/L. A positive association was found between vitamin D and memory ($r = 0.55$; $p < 0.001$). A weaker but statistically significant association was observed for verbal fluency ($r = 0.25$; $p = 0.010$) and executive functions ($r = 0.23$; $p = 0.018$). No significant association was found between vitamin D and MMSE or MoCA scores. The association between vitamin D and memory remained stable after controlling for age and education, as well as after excluding participants with extremely high vitamin D values. Vitamin D status did not differ significantly between diagnostic groups. Conclusion: Serum vitamin D was associated primarily with specific cognitive domains, particularly memory, while no association was found with global screening test scores. The results highlight the importance of assessing individual cognitive domains in patients with neurocognitive disorders, given that global screening tests may not be sufficiently sensitive to detect associations between biological factors and cognitive functioning.

Biomarkeri reaktivnosti astrocita i neurona tijekom elektrokonvulzivne terapije

/ Biomarkers of Astrocyte and Neuronal Reactivity During Electroconvulsive Therapy

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KLJUČNE RIJEČI / KEYWORDS:

EKT / ECT

shizofrenija / schizophrenia

UCH-L1 / UCH-L1

GFAP / GFAP

biomarkeri / biomarkers

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.155>

Elektrokonvulzivna terapija (EKT) učinkovita je terapijska metoda u liječenju bolesnika s terapijski rezistentnom shizofrenijom. Unatoč suvremenim dokazima o njezinoj učinkovitosti i sigurnosti, u kliničkoj praksi i dalje je prisutna zabrinutost zbog mogućeg strukturnog oštećenja moždanog tkiva. U tom kontekstu, biomarkeri neuronalne i astroglijalne reaktivnosti mogu pridonijeti objektivnijoj procjeni neurobioloških učinaka ove terapijske metode. Cilj je ovoga istraživanja bio analizirati promjene serumskih koncentracija ubikvitin C-terminalne hidrolaze L1 (UCH-L1) i glijalnog fibrilarnog kiselog proteina (GFAP) tijekom terapijskog ciklusa EKT-a u bolesnika sa shizofrenijom. Istraživanje je provedeno kao retrospektivna

Electroconvulsive therapy (ECT) is an effective therapeutic method in the treatment of patients with treatment-resistant schizophrenia. Despite contemporary evidence of its effectiveness and safety, concern about potential structural damage to brain tissue remains present in clinical practice. In this context, biomarkers of neuronal and astroglial reactivity may contribute to a more objective assessment of the neurobiological effects of this therapeutic method. The aim of this study was to analyze changes in serum concentrations of ubiquitin C-terminal hydrolase L1 (UCH-L1) and glial fibrillary acidic protein (GFAP) during a therapeutic course of ECT in patients with schizophrenia. The study was conducted as a retrospective clinical study on 34 patients with schizophrenia treated with ECT at the Clinic for

klinička studija na 34 bolesnika sa shizofrenijom liječenih EKT-om na Klinici za psihijatriju KBC-a „Sestre milosrdnice“ u Zagrebu. Serum-ske koncentracije UCH-L1 i GFAP-a određivane su prije i nakon 1., 6. i 12. sesije EKT-a. Promjene koncentracija analizirane su općim linearnim modelom za ponovljena mjerenja, s obzirom na sesiju EKT-a i vrijeme mjerenja. Za UCH-L1 utvrđen je značajan multivarijantni učinak sesije te značajna interakcija sesije i vremena mjerenja, što upućuje na fazno ovisan obrazac promjena tijekom EKT ciklusa. Najizraženiji porast zabilježen je nakon prve sesije, dok u kasnijim fazama nije uočen obrazac daljnjeg progresivnog porasta. Za GFAP glavni učinci sesije i vremena mjerenja nisu bili statistički značajni, no utvrđena je značajna interakcija sesije i vremena mjerenja, uz promjenjiv i nelinearan obrazac promjena. Dobiveni nalazi pokazuju da primjena EKT-a u bolesnika sa shizofrenijom nije bila povezana s trajnim niti progresivnim porastom biomarkera neuronalne i astroglialne reaktivnosti. Rezultati dodatno podupiru sigurnosni profil EKT-a te sugeriraju da promjene UCH-L1 i GFAP-a tijekom terapijskog ciklusa vjerojatnije odražavaju fazno ovisne i reverzibilne neurobiološke procese nego strukturno oštećenje moždanog tkiva.

Psychiatry, „Sisters of Charity“ University Hospital in Zagreb. Serum concentrations of UCH-L1 and GFAP were measured before and after the 1st, 6th, and 12th ECT sessions. Changes in concentrations were analyzed using a general linear model for repeated measures, with respect to ECT session and time of measurement. For UCH-L1, a significant multivariate effect of session and a significant interaction between session and time of measurement were found, indicating a phase-dependent pattern of changes during the ECT course. The most pronounced increase was observed after the first session, while no pattern of further progressive increase was detected in the later phases. For GFAP, the main effects of session and time of measurement were not statistically significant, but a significant interaction between session and time of measurement was found, with a variable and nonlinear pattern of change. The findings show that the use of ECT in patients with schizophrenia was not associated with a permanent or progressive increase in biomarkers of neuronal and astroglial reactivity. The results further support the safety profile of ECT and suggest that changes in UCH-L1 and GFAP during the therapeutic course more likely reflect phase-dependent and reversible neurobiological processes rather than structural damage to brain tissue.

Probir serumskog testosterona u muških psihijatrijskih bolesnika

/ Serum Testosterone Screening in Male Psychiatric Patients

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KLJUČNE RIJEČI / KEYWORDS:

testosteron / testosterone

psihijatrija / psychiatry

hospitalizacija / hospitalization

shizofrenija / schizophrenia

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.157>

Ciljevi istraživanja: Ispitati povezanost serumskih testosteronskih parametara s težinom akutne psihičke bolesti i duljinom hospitalizacije u muških bolesnika te utvrditi odnos testosterona s dobi, pušenjem i indeksom tjelesne mase. Materijali i metode: U istraživanje su uključena 253 muška bolesnika hospitalizirana na Zavodu za biologijsku psihijatriju KBC-a „Sestre milosrdnice“ u Zagrebu. Određivani su ukupni testosteron, slobodni testosteron i indeks slobodnog testosterona, a težina bolesti procijenjena je ljestvicom CGI-S pri prijemu. Podaci su analizirani prema dijagnozama, duljini hospitalizacije, dobi, pušenju i BMI-ju. Statistička obrada: Primijenjena je deskriptivna i inferencijalna statistika, uz analizu korelacija

Objectives: To examine the association of serum testosterone parameters with the severity of acute mental illness and length of hospitalization in male patients, and to determine the relationship of testosterone with age, smoking, and body mass index. Materials and methods: The study included 253 male patients hospitalized at the Department of Biological Psychiatry, Sisters of Charity University Hospital in Zagreb. Total testosterone, free testosterone, and the free testosterone index were measured, and illness severity at admission was assessed using the CGI-S scale. Data were analyzed according to diagnoses, length of hospitalization, age, smoking status, and BMI. Statistical analysis: Descriptive and inferential statistics were applied, including correlation analyses between hormonal and clinical vari-

između hormonskih i kliničkih varijabli. Rezultati: Najčešće dijagnoze bile su poremećaji uzrokovani alkoholom, shizofrenija i depresivni poremećaji. Shizofrenija je bila povezana s najvećom kliničkom težinom pri prijemu i najduljim boravkom u bolnici, dok su bolesnici s poremećajima uzrokovanim alkoholom imali blažu kliničku sliku i kraći boravak. Nije utvrđena značajna povezanost ukupnog ni slobodnog testosterona s težinom bolesti prema ljestvici CGI-S niti s duljinom hospitalizacije, dok je indeks slobodnog testosterona pokazao slabu negativnu povezanost s težinom bolesti. Dob je bila negativno povezana sa svim testosteronskim pokazateljima, pušenje s višim ukupnim testosteronom, a BMI negativno s ukupnim i pozitivno sa slobodnim testosteronom. Zaključak: U ovoj akutnoj psihijatrijskoj kohorti testosteron nije bio glavni prediktor kliničke težine ni trajanja liječenja, dok su dob i tjelesna masa imali izraženiji utjecaj na hormonski status.

ables. Results: The most common diagnoses were alcohol-related disorders, schizophrenia, and depressive disorders. Schizophrenia was associated with the greatest clinical severity at admission and the longest hospital stay, whereas patients with alcohol-related disorders had a milder clinical presentation and shorter hospitalization. No significant association was found between total or free testosterone and illness severity according to the CGI-S scale or with length of hospitalization, while the free testosterone index showed a weak negative association with illness severity. Age was negatively associated with all testosterone measures, smoking was associated with higher total testosterone, and BMI was negatively associated with total and positively with free testosterone. Conclusion: In this acute psychiatric cohort, testosterone was not a major predictor of clinical severity or treatment duration, whereas age and body weight had a more pronounced influence on hormonal status.

Suicidalnost u starijoj životnoj dobi: od istraživačkih nalaza do kliničkih obrazaca u psihijatrijski hospitaliziranih bolesnika

/ Suicidality in Older Adults: From Research Findings to Clinical Patterns in Psychiatric Inpatients

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KLJUČNE RIJEČI / KEYWORDS:

suicidalnost / suicidality

starija životna dob / older age

suicidalni rizik / suicide risk

psihijatrijska hospitalizacija / psychiatric hospitalization

biopsihosocijalna procjena / biopsychosocial assessment

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.159>

Cilj: Prikazati čimbenike povezane sa suicidalnim rizikom u starijoj životnoj dobi kroz istraživačke nalaze i kliničke obrasce u hospitaliziranih bolesnika. **Materijali i metode:** Deskriptivni stručni prikaz temelji se na istraživačkim nalazima te opažanjima bolesnika starije životne dobi liječenih na Klinici za psihijatriju u razdoblju od jedne godine koji su hospitalizirani zbog suicidalne ideacije ili nakon suicidalnog pokušaja. **Rezultati:** Prema dostupnim istraživačkim nalazima, suicidalni rizik u starijoj životnoj dobi povezuje se s kumulacijom psihičkih, somatskih, kognitivnih, funkcionalnih,

Aim: To present factors associated with suicide risk in older age through research findings and clinical patterns in hospitalized patients. **Materials and methods:** This descriptive expert report is based on research findings and observations of older adult patients treated at the Department of Psychiatry over a one-year period who were hospitalized due to suicidal ideation or following a suicide attempt. **Results:** According to available research findings, suicide risk in older age is associated with the accumulation of psychological, somatic, cognitive, functional, social, and pharmacological factors. In this context, among other

socijalnih i farmakoloških čimbenika. U tom se kontekstu, među ostalim, ističu raniji pokušaji suicida, psihički poremećaji, kognitivno oštećenje ili demencija, somatski multimorbiditet, kronična bol, funkcionalni pad, gubitci, izolacija i dostupnost letalnih sredstava. Zaključak: Procjena suicidalnosti u osoba starije životne dobi ne bi se smjela oslanjati dominantno na eksplicitno izrečenu suicidalnu ideaciju. Klinički je važno prepoznati kumulaciju rizičnih čimbenika te manje verbalizirane oblike patnje, poput gubitka autonomije, osjećaja tereta, povlačenja ili zasićenosti životom. Biopsihosocijalna procjena može pridonijeti prepoznavanju rizika i planiranju individualiziranih intervencija.

things, previous suicide attempts, mental disorders, cognitive impairment or dementia, somatic multimorbidity, chronic pain, functional decline, losses, isolation, and access to lethal means stand out. Conclusion: The assessment of suicidality in older adults should not rely predominantly on explicitly expressed suicidal ideation. It is clinically important to recognize the accumulation of risk factors and less verbalised forms of suffering, such as loss of autonomy, feelings of being a burden, withdrawal, or being weary of life. A biopsychosocial assessment can contribute to recognizing risk and planning individualized interventions.

FACT u Nizozemskoj, zašto je FACT potreban za pacijente s teškim psihičkim poremećajima

/ FACT in the Netherlands: Why FACT Is Needed for Patients With Severe Mental Illness

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KLJUČNE RIJEČI / KEYWORDS:
FACT / FACT
Nizozemska / Netherlands
teški psihički poremećaji / severe mental disorders

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.161>

Ovim izlaganjem predstavljeno je kako funkcionira tim FACT (*Flexible Assertive Community Treatment*) u Nizozemskoj. Riječ je o multidisciplinarnom timu koji posjećuje pacijente u njihovu domu i pruža skrb na svim područjima života kako bi se postigao društveni oporavak. FACT tretman detaljnije će se prikazati u nizu studija slučaja.

This presentation described how the FACT (*Flexible Assertive Community Treatment*) team operates in the Netherlands. It is a multidisciplinary team that visits patients in their homes and provides care across all areas of life in order to achieve social recovery. FACT treatment will be presented in more detail through a series of case studies.

Pokazatelji upale niskog stupnja u pacijenata s prvom psihotičnom epizodom – retrospektivno-prospektivna opservacijska studija – preliminarni rezultati

/ Markers of Low-Grade Inflammation in Patients With First-Episode Psychosis: A Retrospective-Pro prospective Observational Study—Preliminary Results

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KLJUČNE RIJEČI / KEYWORDS:

C-reaktivni protein / C-reactive protein

kompletna krvna slika / complete blood count

neuroinflamacija / neuroinflammation

psihotični poremećaji / psychotic disorders

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.162>

Uvod i cilj istraživanja: Psihotični poremećaji obilježeni su prisutnošću pozitivnih, negativnih i kognitivnih simptoma. Prva psihotična epizoda (engl. *first psychotic episode*, FEP) najčešće se pojavljuje u dobi između 15. i 30. godine života. Etiopatogeneza FEP-a složena je i multifaktorijalna te je rezultat genske predispozicije, strukturnih promjena mozga, neurotransmitorskih promjena, neuroinflamacije i čimbenika okoliša. Iako brojna istraživanja upućuju na po-

Introduction and aim of the study: Psychotic disorders are characterized by the presence of positive, negative, and cognitive symptoms. First-episode psychosis (FEP) most commonly occurs between 15 and 30 years of age. The etiopathogenesis of FEP is complex and multifactorial, resulting from genetic predisposition, structural brain changes, neurotransmitter alterations, neuroinflammation, and environmental factors. Although numerous studies indicate an association between

vezanost shizofrenije s upalom niskog stupnja, nedostatan je njihov broj u pacijenata s FEP-om. Glavni je cilj istraživanja utvrditi prisutnost neuroinflamacije u pacijenata s FEP-om (dijagnoza prema Međunarodnoj klasifikaciji bolesti, 10. revizija: F23) te usporediti razinu pokazatelja upale sa zdravom kontrolnom skupinom. Materijali i metode: Ova retrospektivno-prospektivna opservacijska studija provodi se u Klinici za psihijatriju i psihološku medicinu KBC-a Zagreb. Istraživanje je odobrilo Etičko povjerenstvo KBC-a Zagreb. Kao pokazatelji neuroinflamacije određivani su C-reaktivni protein (CRP), omjer neutrofila i limfocita (NLR), omjer monocita i limfocita (MLR), omjer trombocita i limfocita (PLR) i sistemski imunološko-upalni indeks (SII). Statistička obrada: Demografska obilježja ispitanika i vrijednosti indikatora upale prikazani su metodama deskriptivne statistike. Za usporedbu kontrolne skupine i FEP-a primjenjen je Mann-Whitneyev U-test u statističkom programu JAMOMI, verzija 2.7.30. Rezultati: U istraživanje su uključena 53 pacijenta s FEP-om i 62 zdrave osobe u kontrolnoj skupini. U bolesnika s FEP-om utvrđene su statistički značajno veće vrijednosti NLR-a, MLR-a, SII-ja i CRP-a, uz umjeren do velik efekt. Nije uočena statistički značajna razlika u vrijednostima PLR-a između skupina. Zaključak: Rezultati istraživanja upućuju na prisutnost pojačane neuroinflamacije u bolesnika s prvim psihotičnom epizodom. Potrebna su daljnja istraživanja kako bi se preciznije razjasnila uloga neuroinflamacijskih procesa u etiopatogenezi FEP-a.

schizophrenia and low-grade inflammation, there is a lack of such studies in patients with FEP. The main aim of this study is to determine the presence of neuroinflammation in patients with FEP (diagnosis according to the International Classification of Diseases, 10th revision: F23) and to compare the level of inflammatory markers with a healthy control group. Materials and methods: This retrospective-prospective observational study is being conducted at the Department of Psychiatry and Psychological Medicine of University Hospital Centre Zagreb. The study was approved by the Ethics Committee of University Hospital Centre Zagreb. The following markers of neuroinflammation were measured: C-reactive protein (CRP), neutrophil-to-lymphocyte ratio (NLR), monocyte-to-lymphocyte ratio (MLR), platelet-to-lymphocyte ratio (PLR), and systemic immune-inflammation index (SII). Statistical analysis: Demographic characteristics of participants and values of inflammatory indicators were presented using descriptive statistics. To compare the control group and the FEP group, the Mann-Whitney U test was applied in the statistical program JAMOMI, version 2.7.30. Results: The study included 53 patients with FEP and 62 healthy individuals in the control group. Patients with FEP had statistically significantly higher values of NLR, MLR, SII, and CRP, with a moderate to large effect size. No statistically significant difference in PLR values was observed between groups. Conclusion: The results of the study indicate the presence of increased neuroinflammation in patients with a first psychotic episode. Further research is needed to clarify more precisely the role of neuroinflammatory processes in the etiopathogenesis of FEP.

Promjena jezika u adiktologiji na primjeru poremećaja kockanja

/ Changing the Language of Addiction Medicine: The Case of Gambling Disorder

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KLJUČNE RIJEČI / KEYWORDS:

adiktologija / *addictology*

jezik / *language*

kockanje / *gambling*

ovisnosti / *addictions*

stigma / *stigma*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.164>

Uvod: Prevalencija problema povezanih s kockanjem svakodnevno raste, pa tako 450 milijuna osoba u svijetu pokazuje rizično ponašanje vezano uz kockanje. Među adolescentima su problemi povezani s kockanjem još češći te je više od 10 % adolescenata u svijetu kockalo prošle godine. Unatoč tomu, utjecaj kockarske industrije sve je veći te će njezin globalni profit do 2030. godine iznositi preko 150 milijardi dolara. Iako su bolesti ovisnosti, uključujući i poremećaj kockanja, učestale u općoj populaciji, osobe koje pate od nekog oblika ovisnosti i dalje su često izložene stigmatizaciji. Jedan od načina kako se stigma ovih osoba može smanjiti jest upotreba ispravne terminologije. Djelatnici Klinike za psihijatriju Vrapče, u sklopu međunarodnog projekta *Unplugged*, nastoje proširiti

Introduction: The prevalence of gambling-related problems is increasing every day, with 450 million people worldwide displaying risky gambling behavior. Among adolescents, gambling-related problems are even more common, and more than 10% of adolescents worldwide gambled in the past year. Despite this, the influence of the gambling industry is growing, and its global profit is expected to exceed 150 billion dollars by 2030. Although addictive disorders, including gambling disorder, are common in the general population, people suffering from some form of addiction are still frequently subjected to stigmatization. One way to reduce stigma toward these individuals is through the use of correct terminology. Staff at University Psychiatric Hospital Vrapče, as part of the international *Unplugged* project, strive to expand other professionals' knowledge about

znanja ostalih stručnjaka o ponašajnim ovisnostima, među ostalim i promicanjem pravilnog jezika. Ciljevi: Prikazani su osnovni pojmovi koji su bitni u razumijevanju poremećaja kockanja te ispravni adiktološki termini koji se preporučuju upotrebljavati u svakodnevnom radu s osobama koje pate od nekog oblika ovisnosti. Rasprava: U izlaganju je najprije objašnjena razlika između pojmova kockanje, komercijalno kockanje, kockarski proizvodi, kockarsko tržište, štete povezane s kockanjem, štetno/rizično kockanje, patološko kockanje, poremećaj kockanja, problematično kockanje i ovisnost o kockanju. U drugom dijelu izlaganja objašnjeno je zašto promjena jezika može smanjiti stigmatu osoba koje pate od ovisnosti. To može biti ključno u tretmanu ovih osoba, s obzirom na to da oni koji se suočavaju sa stigmom imaju lošije ishode liječenja, izraženije simptome i lošije funkcioniranje. Javna stigma i diskriminacija mogu dovesti do samostigme, odnosno do internaliziranih negativnih stereotipa i srama, što smanjuje mogućnost oporavka. Zbog toga se u tretmanu ovisnosti preporučuje koristiti jezikom usmjerenim na osobu, odnosno termine kao što su osoba s poremećajem povezanim s uporabom psihoaktivnih tvari, osoba koja pati od ovisnosti, osoba s poremećajem kockanja. Termin ovisnik trebao bi se izbjegavati. Zaključak: Stručnjaci se trebaju koristiti jezikom koji smanjuje sram, poštuje osobu i pomaže joj u oporavku. Shvaćanje ovisnosti kao kronične bolesti i ispravna medicinska terminologija pridonose oporavku osoba koje pate od ovisnosti.

behavioral addictions, including by promoting appropriate language use. Objectives: The presentation outlines basic concepts that are important for understanding gambling disorder, as well as correct addiction-medicine terminology recommended for use in everyday work with people suffering from some form of addiction. Discussion: The presentation first explains the difference between the terms gambling, commercial gambling, gambling products, gambling market, gambling-related harm, harmful/risky gambling, pathological gambling, gambling disorder, problem gambling, and gambling addiction. In the second part, it explains why changing language can reduce stigma toward people living with addiction. This can be crucial in treating these individuals, given that those who experience stigma have worse treatment outcomes, more pronounced symptoms, and poorer functioning. Public stigma and discrimination may lead to self-stigma, that is, internalized negative stereotypes and shame, which reduces the likelihood of recovery. Therefore, in addiction treatment, it is recommended to use person-first language, that is, terms such as person with a substance use disorder, person living with addiction, person with gambling disorder. The term addict should be avoided. Conclusion: Professionals should use language that reduces shame, respects the person, and supports their recovery. Understanding addiction as a chronic disease and using correct medical terminology contribute to the recovery of people living with addiction.

Prilagodbe psihoterapijskog pristupa i psihoterapijske tehnike u dugotrajnoj analitičkoj grupnoj psihoterapiji osoba sa psihotičnim poremećajima

/ Adaptations of Psychotherapeutic Approach and Technique in Long-Term Analytic Group Psychotherapy for Persons With Psychotic Disorders

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KLJUČNE RIJEČI / KEYWORDS:

grupna psihoterapija / group psychotherapy

psihoze / psychosis

modifikacije psihoterapijskog pristupa / modifications of the psychotherapeutic approach

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.166>

Psihوتيčni proces remeti funkcioniranje ličnosti u svim aspektima (emocionalnom, kognitivnom, voljno-nagonskom), što rezultira oštećenjem interpersonalnog i socijalnog funkcioniranja. Psihoterapijski su ciljevi općenito usmjereni na socijalizaciju i poboljšanje kvalitete međuljudskih odnosa kao i prihvaćanje bolesti i liječenja. Grupnoanalitički *setting* kao demokratska situacija jedinstveni je konceptualni format koji ne postoji u drugim psihoterapijskim pristupima. Naglasak na komunikaciji, interakciji i participaciji u dugotrajnom grupnom analitičkom procesu, uz psihoterapijski rad na različitim razinama komunikacije (aktualnoj, transfernoj, projektivnoj i primordijalnoj), kao

The psychotic process disrupts personality functioning in all aspects (emotional, cognitive, volitional-instinctual), resulting in impaired interpersonal and social functioning. Psychotherapeutic goals are generally focused on socialization and improving the quality of interpersonal relationships, as well as on acceptance of the illness and its treatment. The group-analytic setting, as a democratic situation, is a unique conceptual format that does not exist in other psychotherapeutic approaches. Emphasis on communication, interaction, and participation in long-term group-analytic work, together with psychotherapeutic interventions at different levels of communication (actual, transference, projective, and

i na razvoj grupnog matriksa, pozitivno se odražava na poboljšanje u objektnim odnosima, slici selfa i rekonstrukciji mehanizama obrane. Grupnoanalitički rad sa psihotičnim pacijentima zahtijeva adaptaciju psihoterapijske tehnike: suportivniji pristup u početnim fazama grupnog rada, fleksibilnost na granicama i promjene nekih aspekata terapijskog ugovora tijekom grupnog procesa. Važna je spremnost terapeuta na mogućnost prelaska od analitičkih k suportivnim intervencijama i natrag u situacijama individualne i grupne krize i u razvijenim fazama grupnog procesa. Kliničke vinjete iz dugotrajne grupne psihoterapije s ovom kategorijom pacijenata ilustrirat će navedene značajke terapijskog procesa.

primordial) and the development of the group matrix, has a positive impact on improvements in object relations, self-image, and the reconstruction of defense mechanisms. Group-analytic work with psychotic patients requires adaptation of psychotherapeutic technique: a more supportive approach in the initial phases of group work, flexibility regarding boundaries, and modifications of certain aspects of the therapeutic contract over the course of the group process. It is important that the therapist is prepared to move from analytic to supportive interventions and back again in situations of individual and group crisis and in advanced phases of the group process. Clinical vignettes from long-term group psychotherapy with this category of patients will be used to illustrate these features of the therapeutic process.

Odjel kao seizmograf: desetljeće psihijatrijskih prijema na akutnom muškom odjelu

/ The Ward as a Seismograph: A Decade of Psychiatric Admissions to an Acute Male Ward

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KLJUČNE RIJEČI / KEYWORDS:

akutna psihijatrija / acute psychiatry

psihotični poremećaji / psychotic disorders

dijagnostički profil / diagnostic profile

pandemija / pandemic

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.168>

Ciljevi istraživanja: Prikazano je desetogodišnje iskustvo akutnog muškog odjela kroz trendove prijema, dijagnostički profil i ponovne hospitalizacije te kako se promjene u strukturi pacijenata mogu čitati kao odraz širih društvenih i epidemioloških zbivanja. Materijali i metode: Retrospektivno su analizirani prijemi integrativnog muškog odjela s akutnim prijemima Klinike za psihijatriju „Sveti Ivan“ u Zagrebu (2015. – 2026.). Za pune godine upotrijebljen je procijenjeni broj jedinstvenih prijema, a za novije razdoblje detaljniji uzorak u kojemu su razlučene ponovne hospitalizacije. Dijagnoze su kodirane prema MKB-10. Statistička obrada: Primijenjene su deskriptivna statistika,

Objectives: This study presents ten years of experience from an acute male ward through trends in admissions, diagnostic profile, and rehospitalizations, and shows how changes in the structure of patients can be read as a reflection of broader social and epidemiological developments. Materials and methods: Admissions to the integrative male acute ward at the “Sveti Ivan” Psychiatric Hospital in Zagreb (2015–2026) were analyzed retrospectively. For full calendar years, an estimated number of unique admissions was used, while for the more recent period, a more detailed sample was analyzed in which rehospitalizations were distinguished. Diagnoses were coded according to ICD-10. Statistical analysis: Descriptive sta-

analiza učestalosti i udjela, praćenje trendova po godinama te analiza vremena do ponovnog prijema. Rezultati: Broj prijema ostao je stabilan tijekom cijelog desetljeća, no slika dijagnoza se mijenjala. Psihoze su i dalje činile približno polovicu prijema, ali se težište pomaknulo s klasične shizofrenije prema nespecificiranim i akutnim psihotičnim poremećajima koji su izrazito porasli. Sve je više i psihoza povezanih s psihoaktivnim tvarima te raste broj dualnih dijagnoza, odnosno psihoze udružene s ovisnošću. U podacima su vidljivi i tragovi širih događanja, više prijema zbog stresa i posttraumatskih reakcija u vrijeme pandemije te porast bihevioralnih ovisnosti posljednjih godina. Pokazalo se i da manji dio pacijenata stoji iza velikog udjela svih prijema, često uz brz povratak na odjel i promjenjivu dijagnozu. Točne brojke prikazane su u izlaganju. Zaključak: I kad kapacitet ostaje isti, mijenja se tko dolazi i zašto, pa akutni odjel djeluje kao osjetljiv seizmograf promjena u zajednici. Sustavno čitanje vlastitih podataka pomaže da se rano prepoznaju novi izazovi od sve nejasnijih psihotičnih slika do bihevioralnih ovisnosti, te da se skrb, a osobito praćenje pacijenata nakon otpusta, bolje prilagodi njihovim stvarnim potrebama.

tistics, analysis of frequencies and proportions, trend monitoring by year, and time-to-readmission analysis were applied. Results: The number of admissions remained stable over the entire decade, but the diagnostic picture changed. Psychoses continued to account for approximately half of all admissions, but the focus shifted from classic schizophrenia toward unspecified and acute psychotic disorders, which increased sharply. There has also been a growing number of psychoses related to psychoactive substances and an increase in dual diagnoses, that is, psychosis combined with addiction. The data also bear traces of broader events, such as more admissions due to stress and post-traumatic reactions during the pandemic, and a rise in behavioral addictions in recent years. It was also shown that a smaller group of patients accounts for a large proportion of all admissions, often with rapid return to the ward and changing diagnoses. Exact figures are presented in the talk. Conclusion: Even when capacity remains the same, who comes in and why changes over time, so an acute ward functions as a sensitive seismograph of changes in the community. Systematic reading of one's own data helps in the early recognition of new challenges—from increasingly unclear psychotic presentations to behavioral addictions—and in better adapting care, especially follow-up after discharge, to patients' real needs.

„Pogledaj me“ – prikaz grupne psihoterapije adolescenata u sklopu Dnevne bolnice Zavoda za dječju i adolescentnu psihijatriju KBC-a Rijeka

/ “Look at Me”: An Account of Adolescent Group Psychotherapy at the Day Hospital of the Department for Child and Adolescent Psychiatry of University Hospital Center Rijeka

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KLJUČNE RIJEČI / KEYWORDS:

adolescent / adolescent

grupna psihoterapija / group psychotherapy

crtež / drawing

dnevna bolnica / day hospital

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.170>

Ideja otvaranja o vlastitim nesigurnostima i problemima pred grupom kod adolescenata može izazvati strah i nelagodu. Istodobno, često postoji želja za otvaranjem, ali i potreba za izolacijom i povlačenjem. Psihoterapijska grupa može djelovati kao svojevrсна mreža potpore i “rezonator”, jer unutar komunikacije s grupom pojedinac može iznijeti svoje misli i osjeća je te dobiti povratnu informaciju. Grupa pomaže osvijestiti da nismo sami u teškoćama s kojima se suočavamo, i na taj način smanjiti anksioznost i ojačati samopouzdanje. Likovno usmjerena grupna psihoterapija oblik je psihoterapije u kojemu se kao

The idea of opening up about one's own insecurities and problems in front of a group can provoke fear and discomfort in adolescents. At the same time, there is often a desire to open up, but also a need for isolation and withdrawal. A psychotherapy group can function as a kind of support network and “resonator”, because within communication with the group an individual can express their thoughts and feelings and receive feedback. The group helps raise awareness that we are not alone in the difficulties we face, thereby reducing anxiety and strengthening self-confidence. Art-focused group psychotherapy is a form of psychotherapy in which artistic media, that is, the creative visual

primarno sredstvo komunikacije upotrebljavaju likovni mediji, odnosno stvaralački likovni proces. Takav pristup potiče razvoj zdravih mehanizama suočavanja sa stresom, jača sposobnost regulacije emocija i pridonosi boljem razumijevanju sebe i drugih. U ovom se terapijskom okviru uspostavlja trijadni odnos, pri čemu stvaralački proces omogućuje oslobađanje nesvjesnih sadržaja i njihovo preoblikovanje u crtež ili sliku. Ovakva vrsta psihoterapije potiče alternativne načine komunikacije te se usmjerava na duboke emocije, kao i na nesvjesne emocionalne sadržaje koje postupno učimo prepoznavati i regulirati. Često se primjenjuje kod teškoća povezanih sa samopouzdanjem i slikom o sebi, koji su osobito česti u adolescentnoj dobi. Prikazujemo nekoliko važnih presjeka iz grupnog psihoterapijskog procesa koji se odvijao u okviru Dnevne bolnice Zavoda za dječju i adolescentnu psihijatriju Klinike za psihijatriju KBC-a Rijeka. Program Dnevne bolnice trajao je jednu školsku godinu te je obuhvaćao vizitu, likovno orijentiranu grupnu terapiju i verbalno orijentiranu terapijsku grupu, dok se usporedno s grupom adolescenata održavala i grupa roditelja. Naše iskustvo pokazuje da likovno orijentirana grupna terapija pridonosi lakšem otvaranju pojedinih emocionalnih sadržaja, koji se potom prenose i razrađuju u maloj terapijskoj grupi.

process, are used as the primary means of communication. Such an approach encourages the development of healthy coping mechanisms for dealing with stress, strengthens the capacity for emotion regulation, and contributes to a better understanding of oneself and others. Within this therapeutic framework, a triadic relationship is established, in which the creative process enables the release of unconscious content and its transformation into a drawing or painting. This type of psychotherapy encourages alternative modes of communication and focuses on deep emotions as well as on unconscious emotional content that we gradually learn to recognize and regulate. It is often used for difficulties related to self-confidence and self-image, which are especially common in adolescence. We present several important segments from a group psychotherapeutic process carried out within the Day Hospital of the Department of Child and Adolescent Psychiatry, Clinic for Psychiatry, University Hospital Center Rijeka. The Day Hospital program lasted one school year and included ward rounds, an art-oriented group therapy, and a verbally oriented therapy group, while a parents' group was held in parallel with the adolescents' group. Our experience shows that art-oriented group therapy facilitates the opening up of certain emotional contents, which are then carried over into and further elaborated within the small therapy group.

Utjecaj farmakogenetičkih varijanti na učinkovitost i podnošljivost antidepresivne terapije: iskustva pacijenata

/ The Influence of Pharmacogenetic Variants on the Efficacy and Tolerability of Antidepressant Therapy: Patient Experiences

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KLJUČNE RIJEČI / KEYWORDS:

farmakogenomika / pharmacogenomics

personalizirana medicina / personalized medicine

depresija / depression

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.172>

Uvod: U suvremenom pristupu liječenju usmjerenom na pacijenta, ishodi liječenja koje prijavljuju pacijenti (PRO) imaju sve važniju ulogu u procjeni učinkovitosti i podnošljivosti terapije. Budući da odražavaju iskustva pacijenata vezana uz simptome, nuspojave lijekova (ADR) i opće zdravstveno stanje, PRO je vrijedan dodatni klinički pokazateljima. Ciljevi: Ispitati per-

Introduction: In the modern patient-centered approach to treatment, patient-reported outcomes (PROs) play an increasingly important role in assessing the effectiveness and tolerability of therapy. Since they reflect patients' experiences related to symptoms, adverse drug reactions (ADRs), and overall health status, PROs are a valuable complement to clinical indicators. Objectives: To ex-

cepciju bolesnika o učinkovitosti i sigurnosti antidepressivne terapije te istražiti povezanost farmakogenetičkih (PGx) varijanti s prijavljenim ishodima liječenja i nuspojavama. Materijali i metode: Istraživanje je obuhvatilo 123 psihička bolesnika koji su ispunili upitnik o aktualnim simptomima i mogućim nuspojavama antidepressivne terapije. U 49 bolesnika bili su dostupni farmakogenetički (PGx) profili (ABCB1, ABCG2, COMT, CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2D6, CYP3A4/5 i SERT), a dodatno je analizirana njihova povezanost s ishodima liječenja i prijavljenim nuspojavama. Rezultati: Među 49 bolesnika, sertralin je bio najčešće propisivan antidepressiv (85,7 %), a nakon njega escitalopram (8,2 %). Većina bolesnika primala je kombiniranu terapiju (81,6 %). Najčešće prijavljene nuspojave bile su mučnina (51,0 %), omaglica (10,2 %) i suhoća usta (8,2 %). Fenotipovi CYP2C19 bili su pretežno brzi ili normalni metabolizatori, dok su CYP2D6 i CYP2B6 najčešće bili normalni ili intermedijarni metabolizatori. Funkcija SERT (5-HTTLPR) najčešće je bila normalna ili snižena. Eksploratorna analiza Fisherovim egzaktnim testom pokazala je nominalnu povezanost između CYP2B6 i mučnine, CYP2C19 i omaglice te CYP2B6 i suhoće usta. Zaključak: Integracija PGx profila i PRO ishoda omogućuje individualizaciju pristupa propisivanju antidepressivne terapije, smanjujući potrebu za propisivanjem metodom „pokušaja i pogreške“. Istraživanje je financijski podržano projektom *Artificial Intelligence for Personalised Medicine in Depression – ArtiPro* (ERA PerMed).

amine patients' perceptions of the effectiveness and safety of antidepressant therapy and to explore the association of pharmacogenetic (PGx) variants with reported treatment outcomes and adverse effects. Materials and methods: The study included 123 psychiatric patients who completed a questionnaire on current symptoms and possible adverse effects of antidepressant therapy. Pharmacogenetic (PGx) profiles (ABCB1, ABCG2, COMT, CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2D6, CYP3A4/5, and SERT) were available for 49 patients, and their association with treatment outcomes and reported adverse effects was additionally analyzed. Results: Among the 49 patients, sertraline was the most commonly prescribed antidepressant (85.7%), followed by escitalopram (8.2%). Most patients received combination therapy (81.6%). The most frequently reported adverse effects were nausea (51.0%), dizziness (10.2%), and dry mouth (8.2%). CYP2C19 phenotypes were predominantly rapid or normal metabolizers, while CYP2D6 and CYP2B6 were most often normal or intermediate metabolizers. SERT (5-HTTLPR) function was most commonly normal or reduced. Exploratory analysis using Fisher's exact test showed a nominal association between CYP2B6 and nausea, CYP2C19 and dizziness, and CYP2B6 and dry mouth. Conclusion: Integration of PGx profiles and PRO outcomes enables an individualized approach to prescribing antidepressant therapy, reducing the need for "trial-and-error" prescribing. The study was financially supported by the project *Artificial Intelligence for Personalised Medicine in Depression – ArtiPro* (ERA PerMed).

„Kad narastem želim biti serijski ubojica“: novi izazovi u forenzičkoj psihijatriji / prikaz slučaja malodobnog pacijenta

/ “When I Grow Up, I Want to Be a Serial Killer”: New Challenges in Forensic Psychiatry / A Case Report of a Minor

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KLJUČNE RIJEČI / KEYWORDS:

forenzička psihijatrija / *forensic psychiatry*

malodobni pacijent / *minor patient*

serijski ubojica / *serial killer*

izazovi / *challenges*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.174>

Nedvojbeno je da previše vremena provedenog uz digitalne medije može utjecati na mozak i promijeniti način na koji on funkcionira. No može li sadržaj koji gledamo utjecati na način na koji razmišljamo? Zbog sve veće potrebe za smještajem malodobnih osoba na forenzičke odjele, zapitali smo se imaju li agresivni sadržaji koji su putem raznih medija djeci svakodnevno dostupni utjecaj na identifikaciju i razvoj djece. U ovom prikazu slučaja prikazan je pacijent koji se zaprima na forenzičko-psihijatrijski tretman u dobi od nepunih 17 godina. Pacijent je dio odrastanja proveo u disfunkcionalnoj obitelji, tijekom čega je učestalo vrijeme provodio sa starijim osobama sklonima kriminalu, a kasnije je smje-

It is undisputed that spending too much time with digital media can affect the brain and change how it functions. But can the content we watch influence the way we think? Due to the increasing need to hospitalize minors in forensic units, we asked ourselves whether aggressive content, which is made available to children on a daily basis through various media, has an impact on children's identification and development. This case report presents a patient admitted to forensic-psychiatric treatment at just under 17 years of age. The patient spent part of his upbringing in a dysfunctional family, during which he frequently spent time with older individuals inclined to criminal behavior, and was later placed in a foster family. A review of the available records reveals

šten i u udomiteljsku obitelj. Uvidom u dostupne spise doznaje se o počinjenju kaznenog djela za koje je proglašen neubrojivim, a iz vještačenja se iščitava kako je pacijentov idol poznati serijski ubojica, čiji je život recentno slikovito prikazan u seriji na popularnoj medijskoj platformi. Štoviše, fascinacija pacijenta navedenim serijskim ubojicom ide do te razine da pokušava kopirati njegove životne odluke, što utječe i na odabir škole pri upisu u srednju školu, kao i na sastavljanje plana o počinjenju kaznenog djela zbog kojega se zaprima na forenzičko-psihijatrijski tretman. U višestrukim individualnim razgovorima pacijent iznosi bizarne ideje o načinima na koje bi htio drugima nanijeti bol, fokusirajući se na skupinu mladih žena, istodobno afirmirajući kako je „ljepši spol“ za njega „lakši plijen“ i kako kod njih očekuje veći strah. Forenzičko-psihijatrijski tretman malodobnih osoba znatan je terapijski izazov, i za pacijenta i za osoblje. U ovom slučaju uloga psihijatra i cjelokupnog tima u tretmanu pacijenta graniči s ulogom odgajatelja te glavnom osobom koja postavlja granice, istodobno tretirajući psihički poremećaj. Cilj je izlaganja prikazati koliko se tretman na forenzičkom odjelu treba prilagoditi pacijentu, kao i identificirati potencijalne poteškoće u svakodnevnom radu s kojima se osoblje može susresti, osobito uzevši u obzir dob pacijenta.

the commission of a criminal offense for which he was found not criminally responsible, and the forensic report shows that the patient's idol is a well-known serial killer whose life was recently vividly portrayed in a series on a popular media platform. Moreover, the patient's fascination with this serial killer goes so far that he attempts to copy his life decisions, which influences both his choice of school upon enrolling in high school and the creation of the plan to commit the criminal offense for which he was admitted to forensic-psychiatric treatment. In multiple individual interviews, the patient shares bizarre ideas about ways he would like to inflict pain on others, focusing on a group of young women, while at the same time asserting that the "fairer sex" is for him an "easier target" and that he expects greater fear from them. Forensic-psychiatric treatment of minors is a considerable therapeutic challenge, both for the patient and for the staff. In this case, the role of the psychiatrist and the entire team in the patient's treatment borders on the role of an educator and the primary figure setting boundaries, while simultaneously treating the mental disorder. The aim of this presentation is to show the extent to which treatment in a forensic unit needs to be adapted to the patient, and to identify potential difficulties in everyday work that staff may encounter, especially considering the patient's age.

Tehnoferencija, fragilni self i mentalno zdravlje generacije „Z”

/ Technoference, the Fragile Self, and the Mental Health of Generation “Z”

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KLJUČNE RIJEČI / KEYWORDS:

fragilni self / fragile self

generacija „Z” / Generation “Z”

mentalno zdravlje / mental health

tehtnoferencija / technoference

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.176>

U svakodnevnoj praksi sve češće uviđamo specifične obrasce emocionalnog i interpersonalnog funkcioniranja mlađih odraslih osoba, tzv. generacije „Z”. U kliničkoj slici dominira anksioznost, opsesivno-kompulzivni simptomi, nizak prag tolerancije na frustraciju, narcistična obilježja ličnosti kao i socijalna izolacija. U interpersonalnim odnosima dominira afektivna distanca, nesigurni obrasci privrženosti kao i sklonost eksternalizaciji krivnje (projektivnost). U terapijskom kontekstu, ti pacijenti manifestiraju instrumentalni odnos prema tretmanu, preferirajući instant-rješenja kao što je farmakoterapija, dok izbjegavaju transferne relacije, samim time i psihoterapijski rad. Iz perspektive psihodinamskog razumijevanja i nozoloških klasifikacija (DSM/MKB) diferen-

In everyday practice, we are increasingly noticing specific patterns of emotional and interpersonal functioning in younger adults, the so-called Generation “Z”. The clinical picture is dominated by anxiety, obsessive-compulsive symptoms, a low frustration tolerance, narcissistic personality traits, and social isolation. In interpersonal relationships, affective distance, insecure attachment patterns, and a tendency to externalize blame (projectivity) predominate. In the therapeutic context, these patients manifest an instrumental relationship toward treatment, preferring instant solutions such as pharmacotherapy while avoiding transference relationships, and thus psychotherapeutic work itself. From the perspective of psychodynamic understanding and nosological classifications (DSM/ICD), a range of diagnostic entities from the spectrum of anxiety disorders

cijalno-dijagnostički dolazi u obzir niz dijagnostičkih entiteta iz kruga anksioznih poremećaja i poremećaja ličnosti. S aspekta psihodinamskog razumijevanja, niz je autora koji govore o deficitima *selfa*, difuziji identiteta, „prolongiranoj adolescenciji” ili „narcističkoj vulnerabilnosti” prije nego o jasno razvijenim poremećajima ličnosti. Smatra se da etiologija ovih poremećaja proizlazi iz „fragmentiranih odnosa”. „Fragmentiran odnos” karakteriziraju emocionalno nestabilne, nedosljedne i isprekidane interakcije s emocionalno važnim objektima tijekom razvojnih faza. Fragmentirani odnosi narušavaju kontinuitet *selfa* i osjećaj stabilnosti. Rezultat je nesigurna privrženost, kroničan osjećaj praznine i pojačan oprez u odnosima. Tehnoferencija je plastičan primjer rane relacijske fragmentacije pri čemu je pažnja roditelja (najčešće majke) tijekom interakcije s djetetom konstantno ometana upotrebom „ekrana”. Iako je roditelj fizički prisutan izostaje emocionalna usklađenost, responzivnost i kontakt očima što uzrokuje doživljaj diskontinuiteta u odnosu. Takva parcijalna prisutnost može stvoriti rani razvojni deficit što može biti temelj za razvoj niza psihičkih poremećaja u odrasloj dobi.

and personality disorders can be considered in the differential diagnosis. From the standpoint of psychodynamic understanding, a number of authors speak of self deficits, identity diffusion, “prolonged adolescence,” or “narcissistic vulnerability” rather than clearly developed personality disorders. It is considered that the etiology of these disorders arises from “fragmented relationships.” A “fragmented relationship” is characterized by emotionally unstable, inconsistent, and intermittent interactions with emotionally important objects during developmental stages. Fragmented relationships disrupt the continuity of the self and the sense of stability. The result is insecure attachment, a chronic sense of emptiness, and heightened vigilance in relationships. Technoference is a vivid example of early relational fragmentation, in which the parent’s (most often the mother’s) attention during interaction with the child is constantly disrupted by the use of “screens.” Although the parent is physically present, emotional attunement, responsiveness, and eye contact are absent, which leads to an experience of discontinuity in the relationship. Such partial presence can create an early developmental deficit that may form the basis for the development of a range of mental disorders in adulthood.

Kada riječi utihnu: subjekt pred umjetnom inteligencijom

/ When Words Fall Silent: The Subject in the Face of Artificial Intelligence

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KLJUČNE RIJEČI / KEYWORDS:

umjetna inteligencija / artificial intelligence

psihoterapija / psychotherapy

Matte Blanco / Matte Blanco

matematika beskonačnosti / mathematics of infinity

simetrična paradoksalna logika / symmetrical paradoxical logic

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.178>

Brz razvoj umjetne inteligencije doveo je do njezina širenja u različite sfere ljudskog života i na brojna polja ljudskih djelatnosti. *Chatbotovi* ili razgovorni agenti vrlo su se brzo počeli upotrebljavati za traženje emocionalne potpore. Iako su s obzirom na novitet tehnologije istraživanja malobrojna, već su zabilježeni negativni učinci takve prakse. Stručnjaci naglašavaju da je riječ o velikim jezičnim modelima koji statistički predviđaju sljedeću riječ i generiraju odgovor u prirodnom jeziku. Odnosno, iza odgovora *chatbota* nema prave empatije, razumi-

The rapid development of artificial intelligence has led to its spread into different spheres of human life and many areas of human activity. Chatbots, or conversational agents, have very quickly begun to be used for seeking emotional support. Although given the novelty of the technology, there are only a few studies, negative effects of this practice have already been documented. Experts emphasize that these are large language models that statistically predict the next word and generate a response in natural language. In other words, behind a chatbot's response there is no real empathy, understanding, meaning, or

jevanja, smisla ni konteksta. Da bi se istaknula razlika naspram psihoterapije, naglašavaju se upravo ljudske osobine koje umjetnoj inteligenciji nedostaju. Naš je cilj bio tom problemu pristupiti na drugačiji način, pomalo tehnicistički, iz matematičke perspektive. Neuropsihoanaliza naglašava vezu potreba, nagona i osjećaja te koliko su oni važni u našem svakodnevnom funkcioniranju. Autori poput Solmsa, Pankseppa i Damasia omogućili su bolje razumijevanje neurobiološke osnove nagona i osjećaja, ali i njihove svrhe. Lacan je kroz koncept „objekt malo a“ naglasio stalnu vitalnost potrebe, odnosno želje koja ne nestaje ni zadovoljenjem. Neuropsihoanalitička istraživanja potvrdila su njegovu ideju da ljudi ne žele nešto specifično, već sam čin žudnje. Ljudska je priroda takva da uvijek imamo potrebe, nagone, osjećaje i želje. Dok god smo živi, oni su prisutni, stalno se vraćaju, ostavljaju dojam beskonačnosti u našim konačnim životima. Matte Blanco koristio se upravo matematikom beskonačnosti i simetričnom paradoksalnom logikom kako bi opisao ljudsko nesvjesno i snažne emocije kao provalu beskonačnosti iz nesvjesnog u naš svjesni um. S druge strane, umjetna inteligencija funkcionira na klasičnoj matematici i asimetričnoj aristotelovskoj logici. Dok naš um stalno oscilira između svjesnog i nesvjesnog, odnosno između klasične i paradoksalne logike, umjetna inteligencija urušila bi se pod tim paradoksom, nastala bi greška. Stoga smatramo da umjetna inteligencija još uvijek ne može zamijeniti psihoterapeuta.

context. To highlight the difference from psychotherapy, precisely those human qualities that artificial intelligence lacks are emphasized. Our goal was to approach this problem in a different way, somewhat technicistically, from a mathematical perspective. Neuropsychanalysis underscores the connection between needs, drives, and feelings, and how important they are in our everyday functioning. Authors such as Solms, Panksepp, and Damasio have enabled a better understanding of the neurobiological basis of drives and feelings, as well as their purpose. Through the concept of the “object small a,” Lacan emphasized the constant vitality of need, that is, of desire that does not disappear even when it is satisfied. Neuropsychanalytic research has confirmed his idea that people do not desire something specific, but rather the very act of desiring. Human nature is such that we always have needs, drives, feelings, and desires. As long as we are alive, they are present, continually returning, leaving an impression of infinity within our finite lives. Matte Blanco used the mathematics of infinity and symmetrical paradoxical logic to describe the human unconscious and intense emotions as an eruption of infinity from the unconscious into our conscious mind. By contrast, artificial intelligence operates on classical mathematics and asymmetrical Aristotelian logic. While our mind constantly oscillates between the conscious and the unconscious, that is, between classical and paradoxical logic, artificial intelligence would collapse under such a paradox; an error would occur. Therefore, we believe that artificial intelligence still cannot replace the psychotherapist.

Mogu li proteinski agregati u serumu otkriti biološku osnovu mentalnih poremećaja?

/ Can Serum Protein Aggregates Reveal the Biological Basis of Mental Disorders?

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KLJUČNE RIJEČI / KEYWORDS:

shizofrenija / schizophrenia

depresija / depression

proteostaza / proteostasis

agregati / aggregates

biomarkeri / biomarkers

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.180>

Uvod: Shizofrenija (SCZ) i veliki depresivni poremećaj (MDD) kronični su poremećaji čija biološka podloga ostaje nedovoljno razjašnjena. Sve više podataka pokazuje da se mogu razmatrati kao proteinopatije jer su u moždanom tkivu oboljelih dokazani netopljivi proteinski agregati. Otkrivanje takvih proteina u serumu moglo bi biti temelj za razvoj novih biomarkera. Ciljevi: Ispitati prisutnost proteina sklonih agregaciji u serumu bolesnika sa SCZ-om i MDD-om te utvrditi povezanost s težinom kliničke slike. Metode: U pilot-studiji analizirani su uzorci seruma 50 bolesnika sa SCZ-om, 50 s MDD-om i 50 zdravih kontrola. Provedeno je frakcioniranje seruma na topljivu i netopljivu

Introduction: Schizophrenia (SCZ) and major depressive disorder (MDD) are chronic disorders whose biological basis remains insufficiently clarified. Increasing evidence suggests they can be considered proteinopathies, as insoluble protein aggregates have been demonstrated in the brain tissue of affected individuals. Detecting such proteins in serum could provide the basis for developing new biomarkers. Objectives: To examine the presence of aggregation-prone proteins in the serum of patients with SCZ and MDD, and to determine their association with clinical severity. Methods: In this pilot study, serum samples from 50 patients with SCZ, 50 with MDD, and 50 healthy controls were analyzed. Serum was fractionated into soluble and insoluble fractions,

frakciju te Western blot analiza ciljnih proteina (NPAS3, *dysbindin-1*, TRIOBP-1). Težina simptoma procijenjena je ljestvicom PANSS za SCZ i ljestvicom HAM-D za MDD. Rezultati: U serumu bolesnika sa SCZ-om utvrđena je povišena razina NPAS3. U netopljivoj frakciji detektirani su *dysbindin-1* i TRIOBP-1. Približno 23 % bolesnika sa SCZ-om bilo je pozitivno na barem jedan protein, a taj nalaz značajno je korelirao s težinom simptoma prema ljestvici PANSS. Na temelju tih rezultata pokrenuto je prošireno istraživanje na 300 ispitanika s ciljem validacije novih biljega i procjene utjecaja psihofarmakoterapije. Zaključak: Rezultati podupiru pretpostavku o poremećenoj proteostazi u SCZ te upućuju na mogućnost upotrebe serumskih agregata kao biomarkera. Istraživanje se nastavlja na većem uzorku radi potvrde nalaza.

followed by Western blot analysis of target proteins (NPAS3, *dysbindin-1*, TRIOBP-1). Symptom severity was assessed using the PANSS scale for SCZ and the HAM-D scale for MDD. Results: Elevated levels of NPAS3 were found in the serum of patients with SCZ. *Dysbindin-1* and TRIOBP-1 were detected in the insoluble fraction. Approximately 23% of patients with SCZ were positive for at least one protein, and this finding significantly correlated with symptom severity according to the PANSS scale. Based on these results, an expanded study involving 300 participants has been initiated, with the aim of validating new markers and assessing the impact of psychopharmacotherapy. Conclusion: The results support the hypothesis of disturbed proteostasis in SCZ and indicate the potential use of serum aggregates as biomarkers. The research is continuing in a larger sample to confirm these findings.

Mentalno zdravlje žena – suvremeni koncepti

/ *Women's Mental Health: Contemporary Concepts*

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KLJUČNE RIJEČI / KEYWORDS:

mentalno zdravlje žena / *women's mental health*

hormonski utjecaj / *hormonal influence*

terapijski pristupi / *therapeutic approaches*

traumom informirana skrb / *trauma-informed care*

mentalno opterećenje / *mental load*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.182>

Suvremeni pristupi mentalnom zdravlju žena, uz tradicionalne pristupe u psihijatriji, uključuju i širi koncept pristupa ženskom zdravlju u cjelini. Suvremeni pristup mentalnom zdravlju temelji se na biopsihosocijalnom modelu koji uključuje međusobni utjecaj bioloških, psiholoških i socijalnih čimbenika, te prepoznaje i naglašava važnost specifičnih potreba žena u različitim životnim periodima. Prepoznaje se da se simptomi psihičkih poremećaja kod žena često razlikuju od onih kod muškaraca, zatim da hormonske oscilacije u različitim periodima života žene (menstrualni ciklus, trudnoća, postpartalno razdoblje, perimenopauza i menopauza) mogu pridonijeti razvoju psihičkih poremećaja te da pri propisivanju psihofarmakološke terapije treba uzeti u obzir ove biološke specifičnosti. Perinatalno mentalno zdravlje važna je tema kojoj se posvećuje sve više pažnje

Contemporary approaches to women's mental health, in addition to traditional psychiatric perspectives, also include a broader concept of women's health as a whole. The modern approach to mental health is based on the biopsychosocial model, which encompasses the mutual influence of biological, psychological, and social factors, and recognizes and emphasizes the importance of women's specific needs across different life periods. It is recognized that the symptoms of mental disorders in women often differ from those in men, that hormonal fluctuations at different stages of a woman's life (menstrual cycle, pregnancy, the postpartum period, perimenopause, and menopause) can contribute to the development of mental disorders, and that these biological specificities should be taken into account when prescribing psychopharmacological treatment. Perinatal mental health is an important topic receiving increasing attention,

te su brojna nova istraživanja o ovoj tematici. Predmenstrualni disforični poremećaj (PMDD) kao zasebna dijagnostička kategorija tema je koja se često provlači kroz recentne literaturne navode, kao i utjecaj menopauze na mentalno zdravlje žena, specifično područje koje je dugo bilo zanemareno u kliničkim istraživanjima. Također, koncept mentalnog opterećenja (*mental load*) sve je prisutniji u literaturi, a odnosi se na nevidljivi kognitivni i emocionalni rad organiziranja kućanstva, brige o djeci i emocionalnog rada u vezama, koji nerazmjerno pada na žene te se povezuje s kroničnim stresom i sagorijevanjem. Nadalje, traumom informirana skrb (*trauma-informed care*) postala je standard u radu sa ženama, s obzirom na visoku prevalenciju seksualnog nasilja, nasilja u vezama i zlostavljanja u djetinjstvu, te razumijevanje kako trauma oblikuje kasnije simptome poput PTSP-a, disocijacije ili poremećaja prehrane. Još je jedan važan konstrukt i okvir intersekcionalnost koja prepoznaje da iskustvo žene s mentalnim zdravljem ovisi i o drugim faktorima (rasa, klasa, seksualna orijentacija, invaliditet), primjerice žene iz marginaliziranih skupina društva imaju različite poteškoće u pristupu zdravstvenoj skrbi. Zaključno, cilj je ovoga pregleda prikazati recentni, moderniji pristup mentalnom zdravlju žena, uključujući klinički kontekst i nove terapijske strategije u svjetlu i trenutku vremena u kojemu živimo.

with numerous new studies addressing this area. Premenstrual dysphoric disorder (PMDD) as a distinct diagnostic category is a frequently discussed topic in recent literature, as is the impact of menopause on women's mental health, a specific area that has long been neglected in clinical research. In addition, the concept of mental load is increasingly present in the literature; it refers to the invisible cognitive and emotional work of organizing the household, caring for children, and performing emotional labor in relationships, which disproportionately falls on women and is associated with chronic stress and burnout. Furthermore, trauma-informed care has become the standard in working with women, given the high prevalence of sexual violence, intimate partner violence, and childhood abuse, as well as an understanding of how trauma shapes later symptoms such as PTSD, dissociation, or eating disorders. Another important construct and framework is intersectionality, which recognizes that a woman's experience of mental health also depends on other factors (race, class, sexual orientation, disability); for example, women from marginalized social groups face different difficulties in accessing healthcare. In conclusion, the aim of this review is to present recent, more modern approaches to women's mental health, including the clinical context and new therapeutic strategies, in light of the time and conditions in which we live.

Fenomen zlouporabe sintetskih kanabinoida u zatvorskim ustanovama – novi izazov za forenzičku psihijatriju

/ The Phenomenon of Synthetic Cannabinoid Abuse in Correctional Facilities - A New Challenge for Forensic Psychiatry

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KLJUČNE RIJEČI / KEYWORDS:

sintetski kanabinoidi / *synthetic cannabinoids*

zatvorska populacija / *prison population*

forenzička psihijatrija / *forensic psychiatry*

nove psihoaktivne tvari / *new psychoactive substances*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.184>

Uvod: Sintetski kanabinoidi (engl. *synthetic cannabinoid receptor agonists*, SCRA) posljednjih su godina postali jedna od najvažnijih novih psihoaktivnih tvari u europskim zatvorskim sustavima. Visoka potentnost, jednostavno krijumčarenje impregnacijom papira i otežana detekcija standardnim metodama pridonose njihovoj širokoj dostupnosti u zatvorima. Europski podatci pokazuju da su SCRA najčešće korištene nove psihoaktivne tvari u zatvorima te važan uzrok hitnih medicinskih i psihijatrijskih intervencija. Cilj sažetka jest prikazati obilježja zlouporabe SCRA u zatvorima, njihove psihičke i sigurnosne posljedice te implikacije za kliničku praksu zatvorskih psihijatara. Metode: Proveden je narativni pregled literature objavljene od

Introduction: In recent years, synthetic cannabinoids (*synthetic cannabinoid receptor agonists*, SCRA) have become one of the most important new psychoactive substances in European prison systems. Their high potency, easy smuggling by impregnating paper, and difficult detection by standard methods contribute to their wide availability in prisons. European data show that SCRA are the most commonly used new psychoactive substances in prisons and a major cause of emergency medical and psychiatric interventions. The aim of this abstract is to present the characteristics of SCRA misuse in prisons, their psychological and security-related consequences, and the implications for the clinical practice of prison psychiatrists. Methods: A narrative review was conducted of the literature published between 2017

2017. do 2026. godine, uključujući epidemiološka izvješća i znanstvene radove o farmakologiji, epidemiologiji, kliničkim manifestacijama i forenzičkopsihijatrijskim aspektima uporabe u zatvorskoj populaciji. Rasprava: Globalni pregled epidemioloških istraživanja pokazuje da približno 40 % osoba pri prijemu u zatvor ispunjava kriterije za poremećaj uzimanja droga. U UK-u se procjenjuje da 33 – 90 % zatvorenika uzima SCRA, dok su u Engleskoj i Walesu nove psihoaktivne tvari, ponajprije SCRA, povezane s više od polovice neprirodnih smrtnih slučajeva u zatvorima. I u SAD-u (2024.) i u EU-u bilježi se porast fatalnih predoziranja i trovanja visokopotentnim SCRA-om. Kao puni agonisti CB1 receptora, uzrokuju teže psihičke i somatske komplikacije od prirodnog kanabisa, uključujući akutne psihoze, suicidalnost, agresivnost, epileptičke napadaje i kardiovaskularne komplikacije. Prošireni toksikološki nadzor Agencije Europske unije za droge (EUDA) sada se usredotočuje na analizu politoksikomanije te visokopotentne sintetske opioide i kanabinoida. Zaključak: SCRA su rastući javnozdravstveni i sigurnosni problem u zatvorskim ustanovama. Učinkovit odgovor zahtijeva interdisciplinarnu suradnju psihijataru, zatvorskih liječnika, toksikoloških laboratorija, pravosuđa i javnog zdravstva. Naglasak treba staviti na rano prepoznavanje intoksikacija, razvoj metoda detekcije, edukaciju stručnjaka te ciljane preventivne i terapijske programe za osobe lišene slobode.

and 2026, including epidemiological reports and scientific papers on the pharmacology, epidemiology, clinical manifestations, and forensic-psychiatric aspects of use in the prison population. Discussion: A global review of epidemiological studies shows that approximately 40% of individuals at prison intake meet criteria for a drug use disorder. In the UK, it is estimated that 33–90% of prisoners use SCRA, while in England and Wales, new psychoactive substances, primarily SCRA, are associated with more than half of all unnatural deaths in prisons. Both in the USA (2024) and in the EU, an increase has been recorded in fatal overdoses and poisonings with high-potency SCRA. As full CB1 receptor agonists, they cause more severe psychological and somatic complications than natural cannabis, including acute psychosis, suicidality, aggressiveness, epileptic seizures, and cardiovascular complications. The expanded toxicological monitoring of the European Union Drugs Agency (EUDA) now focuses on the analysis of polydrug use and high-potency synthetic opioids and cannabinoids. Conclusion: SCRA represent a growing public health and security problem in correctional facilities. An effective response requires interdisciplinary collaboration among psychiatrists, prison physicians, toxicology laboratories, the justice system, and public health services. Emphasis should be placed on early recognition of intoxications, the development of detection methods, professional education, and targeted prevention and treatment programs for people deprived of liberty.

Intervencije usmjerene na životni stil u rehabilitaciji osoba s mentalnim poremećajima

/ Lifestyle Interventions in the Rehabilitation of Persons With Mental Disorders

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KLJUČNE RIJEČI / KEYWORDS:

životni stil / lifestyle

rehabilitacija / rehabilitation

mentalni poremećaji / mental disorders

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.186>

Cilj: Prikazati značaj intervencija usmjerenih na životni stil (engl. *lifestyle interventions*) u rehabilitaciji osoba s mentalnim poremećajima, s naglaskom na njihov doprinos funkcionalnom oporavku, kvaliteti života i tjelesnom zdravlju. **Metode:** Učinjen je pregled relevantne literature, uključujući suvremene europske preporuke o primjeni intervencija usmjerenih na životni stil kod osoba s mentalnim poremećajima. Poseban je naglasak stavljen na tjelesnu aktivnost, prehranu, spavanje, regulaciju stresa, socijalnu povezanost te smanjenje pušenja, uporabe sredstava ovisnosti i drugih rizičnih ponašanja. **Rezultati:** Dostupni rezultati upućuju na to da intervencije usmjerene na životni stil mogu imati važnu ulogu u rehabilitaciji osoba s depresivnim, anksioznim, psihotičnim i drugim mentalnim poremećajima. One mogu pridonijeti smanjenju psihičkih simptoma, poboljšanju kognitivnog i socijalnog funkci-

Objective: To present the importance of lifestyle interventions in the rehabilitation of people with mental disorders, with an emphasis on their contribution to functional recovery, quality of life, and physical health. **Methods:** A review was conducted of relevant literature, including contemporary European recommendations on the use of lifestyle interventions in people with mental disorders. Special emphasis was placed on physical activity, nutrition, sleep, stress regulation, social connectedness, and the reduction of smoking, substance use, and other risky behaviors. **Results:** Available findings indicate that lifestyle interventions can play an important role in the rehabilitation of people with depressive, anxiety, psychotic, and other mental disorders. They can help reduce psychiatric symptoms, improve cognitive and social functioning, lower metabolic and cardiovascular risk, and strengthen the sense of self-efficacy and active patient engagement in recovery. In the rehabilitation context, particular-

oniranja, smanjenju metaboličkog i kardiovaskularnog rizika te jačanju osjećaja osobne učinkovitosti i aktivnog sudjelovanja pacijenta u oporavku. U rehabilitacijskom kontekstu osobito su važne strukturirane, individualizirane i multidisciplinarne intervencije koje uzimaju u obzir motivaciju, razinu funkcioniranja, emocionalnu regulaciju, nošenje sa stresom, kognitivne obrasce, socijalne determinante zdravlja i dostupnost podrške u zajednici. Zaključak: Intervencije usmjerene na životni stil vrijedan su dio suvremene, oporavku usmjerene psihijatrijske skrbi. Njihova sustavnija primjena može pridonijeti boljem funkcionalnom ishodu, smanjenju somatskog komorbiditeta i osnaživanju pacijenata u procesu rehabilitacije. Za uspješnu implementaciju potrebni su edukacija stručnjaka, multidisciplinarna suradnja i prilagodba intervencija realnim mogućnostima pacijenta i zdravstvenog sustava.

ly important are structured, individualized, and multidisciplinary interventions that take into account motivation, level of functioning, emotional regulation, stress coping, cognitive patterns, social determinants of health, and the availability of support in the community. Conclusion: Lifestyle interventions are a valuable component of modern, recovery-oriented psychiatric care. Their more systematic implementation can contribute to better functional outcomes, a reduction in physical comorbidity, and the empowerment of patients in the rehabilitation process. Successful implementation requires professional education, multidisciplinary collaboration, and adaptation of interventions to the real capacities of the patient and the healthcare system.

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Prva psihotična epizoda uz neuroradiološke promjene i serološki nalaz *Toxoplasma gondii* nejasnog kliničkog značaja – prikaz slučaja

/ First-Episode Psychosis With Neuroradiological Changes and Toxoplasma Gondii Serology of Unclear Clinical Significance: A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

prva / first

psihoza / psychosis

Toxoplasma gondii / *Toxoplasma gondii*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.188>

Toksoplazmoza uzrokovana parazitom *Toxoplasma gondii* u imunokompetentnih osoba najčešće protječe asimptomatski ili blago, no reaktivacija latentne infekcije, osobito uz zahvaćanje središnjega živčanog sustava, može oponašati primarne psihičke poremećaje, uključujući psihotičnu simptomatologiju. Cilj je rada prikazati slučaj bolesnika kod kojega je prva psihotična epizoda bila praćena kliničkim, laboratorijskim i radiološkim nalazima koji su otvorili pitanje moguće infektivne komponente u podlozi psihičke dekompenzacije. Prikazan je slučaj 41-godišnjeg muškarca, bez poznatog psihijatrijskog herediteta i bez prethodnog psihijatrijskog li-

Toxoplasmosis caused by the parasite *Toxoplasma gondii* in immunocompetent individuals is most often asymptomatic or mild; however, reactivation of latent infection, especially when the central nervous system is involved, can mimic primary psychiatric disorders, including psychotic symptomatology. The aim of this paper is to present a case of a patient whose first psychotic episode was accompanied by clinical, laboratory, and radiological findings that raised the question of a possible infectious component underlying the psychiatric decompensation. We present the case of a 41-year-old man, with no known psychiatric heredity and no prior psychiatric treatment, who

ječenja, hospitaliziranog radi prve psihotične epizode obilježene sumanutim idejama utjecaja i proganjanja, izraženom somatskom preokupacijom bolešću, znatnim gubitkom tjelesne težine te izraženim poremećajem spavanja neposredno prije prijema. MR mozga s kontrastom pokazao je upalne promjene moždanih ovojnica nejasne etiologije. Opsežnom mikrobiološkom obradom likvora, uključujući PCR na virus Zapadnog Nila, virus Usutu, citomegalovirus i virus krpeljnog meningoencefalitisa, uz granični IgM na virus Zapadnog Nila i negativan IgG, uzročnik upale nije mikrobiološki potvrđen. Serumski je dokazana prokuženost s *Toxoplasma gondii* visokog aviditeta IgG-a, što je prema infektološkoj procjeni upućivalo na davnu, a ne akutnu infekciju. Trombofilijska obrada te nastavljeno praćenje neurologa i transfuziologa, uključujući kontrolu ranije uočene tromboze kortikalnih vena, ostali su uredni tijekom hospitalizacije. Uz uvedenu antipsihotičku i anksiolitičku terapiju, postignuta je brza i izražena regresija psihotične i afektivne simptomatologije te je bolesnik otpušten kući uz nastavak ambulantnog psihijatrijskog liječenja. Ovaj slučaj ilustrira dijagnostičku složenost prve psihotične epizode s pratećim neuroradiološkim promjenama nejasne etiologije te naglašava vrijednost multidisciplinarne obrade i opreznog tumačenja seroloških nalaza, uključujući *Toxoplasma gondii*, u kontekstu diferencijalne dijagnostike naglo nastalih psihotičnih stanja.

was hospitalized due to a first psychotic episode characterized by delusional ideas of influence and persecution, marked somatic preoccupation with illness, significant weight loss, and a pronounced sleep disturbance immediately before admission. Brain MRI with contrast showed inflammatory changes of the meninges of unclear etiology. Extensive microbiological analysis of the cerebrospinal fluid, including PCR for West Nile virus, Usutu virus, cytomegalovirus, and tick-borne encephalitis virus, together with borderline IgM for West Nile virus and negative IgG, did not microbiologically confirm the causative agent of the inflammation. Serum testing demonstrated exposure to *Toxoplasma gondii* with high-avidity IgG, which, according to the infectious disease specialist's assessment, indicated a remote rather than an acute infection. Thrombophilia workup and continued follow-up by a neurologist and transfusion medicine specialist, including monitoring of previously noted cortical vein thrombosis, remained unremarkable during hospitalization. With the introduction of antipsychotic and anxiolytic therapy, a rapid and marked regression of psychotic and affective symptoms was achieved, and the patient was discharged home with continued outpatient psychiatric treatment. This case illustrates the diagnostic complexity of a first psychotic episode accompanied by neuroradiological changes of unclear etiology and underscores the value of multidisciplinary evaluation and cautious interpretation of serological findings, including *Toxoplasma gondii*, in the context of the differential diagnosis of acute-onset psychotic states.

Od putokaza do smjernica – prikaz europskih preporuka za tranzicijsku psihijatrijsku skrb

/ From Signposts to Guidelines – An Overview of European Recommendations for Transitional Psychiatric Care

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KLJUČNE RIJEČI / KEYWORDS:

tranzicija / transition

smjernice / guidelines

mentalno zdravlje mladih / youth mental health

MILESTONE / MILESTONE

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.190>

Ciljevi istraživanja: Prikazati ključna načela i preporuke za kvalitetnu tranziciju mladih iz dječje i adolescentne psihijatrijske skrbi u adultne službe mentalnog zdravlja te predstaviti završne rezultate i kliničku primjenu europskog MILESTONE projekta kroz novoobjavljene ESCAP smjernice. Materijali i metode: Rad se temelji na rezultatima europskog MILESTONE projekta, najvećeg europskog istraživačkog projekta usmjerenog na tranziciju, provedenog u više europskih zemalja. Konačni vrhunac i translacija rezultata projekta predstavljeni su kroz ESCAP smjernice za tranziciju mentalnozdravstvene skrbi. Sadržaj rada strukturiran je prema ključnim fazama tranzicijskog procesa: priprema prije prijelaza, prijenos skrbi i po-

Objectives of the study: To present the key principles and recommendations for a high-quality transition of young people from child and adolescent psychiatric care to adult mental health services, and to introduce the final results and clinical application of the European MILESTONE project through the newly published ESCAP guidelines. Materials and methods: The paper is based on the results of the European MILESTONE project, the largest European research project focused on transition, conducted in several European countries. The final culmination and translation of the project results are presented through the ESCAP guidelines for the transition of mental health care. The content of the paper is structured according to the key stages of the transition process: preparation before transfer, trans-

sttranzicijska podrška, uz naglasak na razvojno primjeren pristup, multidisciplinarnu suradnju i kontinuitet liječenja. Statistička obrada: U radu nisu provedene dodatne statističke analize. Prikazane preporuke temelje se na prethodno objavljenim multicentričnim europskim istraživanjima, longitudinalnim podacima MILESTONE projekta i stručnim konsenzusima. Rezultati: Prikazan je strukturirani model tranzicijske skrbi koji integrira preporuke za rano planiranje prijelaza, procjenu potreba mladih, koordinaciju između službi, jasnu komunikaciju među službama te kontinuirano praćenje nakon prijenosa skrbi. Posebno je naglašena važnost individualiziranog pristupa i prevencije prekida liječenja tijekom prijelaza u adultni sustav mentalnog zdravlja. ESCAP smjernice donose završni i praktično usmjereni rezultat višegodišnjeg MILESTONE projekta. Zaključak: Tranzicija je složen klinički i razvojni proces koji zahtijeva strukturirano planiranje i suradnju različitih službi. Implementacija preporuka razvijenih kroz MILESTONE projekt i ESCAP smjernice može pridonijeti boljem kontinuitetu skrbi i kvalitetnijim ishodima liječenja mladih osoba s mentalnim teškoćama.

fer of care, and post-transition support, with an emphasis on a developmentally appropriate approach, multidisciplinary collaboration, and continuity of treatment. Statistical analysis: No additional statistical analyses were conducted in this paper. The recommendations presented are based on previously published multicenter European studies, longitudinal data from the MILESTONE project, and expert consensus statements. Results: A structured model of transitional care is presented that integrates recommendations for early transition planning, assessment of young people's needs, coordination between services, clear inter-service communication, and continuous follow-up after transfer of care. Particular emphasis is placed on the importance of an individualized approach and on preventing treatment discontinuity during the transition to the adult mental health system. The ESCAP guidelines provide the final, practice-oriented outcome of the multi-year MILESTONE project. Conclusion: Transition is a complex clinical and developmental process that requires structured planning and collaboration among different services. Implementation of the recommendations developed through the MILESTONE project and the ESCAP guidelines may contribute to improved continuity of care and better treatment outcomes for young people with mental health difficulties.

Nikad ne bih rekao da to nije ADHD

/ I Would Never Have Thought It Wasn't ADHD

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KLJUČNE RIJEČI / KEYWORDS:

ADHD / ADHD

diferencijalna dijagnostika / *differential diagnosis*

neuropsihološka procjena / *neuropsychological*

assessment

psihijatrija / *psychiatry*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.192>

Dijagnoza ADHD-a u dječjoj i odrasloj dobi često se postavlja na temelju subjektivnih pritužbi na pažnju, organizaciju, planiranje, prokrastinaciju i izvršno funkcioniranje, pri čemu se nedovoljno provjeravaju heteroanamnestički podatci, razvojna anamneza te značenje roditeljskih ili pacijentovih navoda o kognitivnim teškoćama. Prisutnost simptoma nalik na ADHD nije isto što i prisutnost ADHD-a jer su simptomi poput prokrastinacije, teškoća učenja, lutanja pažnje, teškoća pamćenja, organiziranja i planiranja zajednički različitim kliničkim stanjima (poremećaji ličnosti, depresivni poremećaji, anksiozni poremećaji, drugih neurorazvojni poremećaji). Cilj je ovoga prikaza istaknuti važnost diferencijalne dijagnostike kod pacijenata koji se javljaju zbog sumnje na

The diagnosis of ADHD in childhood and adulthood is often established on the basis of subjective complaints about attention, organization, planning, procrastination, and executive functioning, while heteroanamnestic data, developmental history, and the meaning of parental or patient reports of cognitive difficulties are insufficiently verified. The presence of ADHD-like symptoms is not the same as the presence of ADHD, because symptoms such as procrastination, learning difficulties, wandering attention, problems with memory, organization, and planning are shared by different clinical conditions (personality disorders, depressive disorders, anxiety disorders, other neurodevelopmental disorders). The aim of this report is to highlight the importance of differential diagnosis in patients who present with suspected ADHD, especially when

ADHD, osobito kada klinička slika uključuje izostanak ranijih razvojnih dijagnoza te moguće neuropsihološke, medicinske ili dodatne neurorazvojne čimbenike. U sva tri slučaja raspravlja se o nedostacima u diferencijalnodijagnostičkoj obradi koji su doveli do zaključka o ADHD-u. Prikazani slučajevi naglašavaju da se pažnja i izvršno funkcioniranje moraju procjenjivati u širem razvojnom, emocionalnom, neuropsihološkom i medicinskom kontekstu te da je važna usklađenost stručnjaka uključenih u dijagnostički proces. Neslaganje među stručnjacima može biti klinički važan signal da je potrebno dodatno razjasniti etiologiju teškoća prije donošenja zaključka o ADHD-u. U izlaganju se prikazuje kako razvojni tijek, heteroanamnestički podatci i neuropsihološka procjena mogu pomoći u razlikovanju teškoća koje proizlaze iz ličnosti, drugih psihičkih stanja, somatskih čimbenika i neurorazvojnog profila. Poseban naglasak stavlja se na doprinos neuropsihološke procjene u integraciji kliničke slike, osobito u odnosu na uobičajenu psihološku procjenu. Diferencijalna dijagnostika kod odraslih osoba bez ranije povijesti liječenja ADHD-a treba uključivati neuropsihološku procjenu (koja mora imati razvojnu anamnezu, heteroanamnezu, školsku ili radnu dokumentaciju, procjenu komorbidnih psihičkih i somatskih stanja) te psihijatrijski pregled uz integraciju neuropsihološkog nalaza. Takav pristup smanjuje rizik od pogrešne dijagnoze i neadekvatnog liječenja te potiče kvalitetniju multidisciplinarnu suradnju.

the clinical picture includes the absence of earlier developmental diagnoses and possible neuropsychological, medical, or additional neurodevelopmental factors. In all three cases, shortcomings in the differential diagnostic work-up that led to the conclusion of ADHD are discussed. The cases presented emphasize that attention and executive functioning must be assessed within a broader developmental, emotional, neuropsychological, and medical context, and that concordance among the professionals involved in the diagnostic process is important. Disagreement among professionals may be a clinically important signal that the etiology of the difficulties needs to be further clarified before drawing a conclusion about ADHD. The presentation shows how developmental course, heteroanamnesic data, and neuropsychological assessment can help distinguish difficulties arising from personality, other mental conditions, somatic factors, and the neurodevelopmental profile. Particular emphasis is placed on the contribution of neuropsychological assessment to the integration of the clinical picture, especially in relation to routine psychological assessment. Differential diagnosis in adults without a prior history of ADHD treatment should include neuropsychological assessment (which must contain developmental history, heteroanamnesis, school or work documentation, and assessment of comorbid mental and somatic conditions) and psychiatric evaluation with integration of the neuropsychological findings. Such an approach reduces the risk of misdiagnosis and inadequate treatment and fosters higher-quality multidisciplinary collaboration.

Oporavak u pokretu: terapijski potencijal putovanja u oporavku od psihoza

/ Recovery in Motion: The Therapeutic Potential of Travel in Recovery From Psychosis

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KLJUČNE RIJEČI / KEYWORDS:

psihoza / psychosis

oporavak / recovery

putovanje / travel

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.194>

Suvremeni pristupi liječenju psihoza naglašavaju koncept oporavka (*recovery*), koji nije usmjeren samo na smanjenje simptoma nego i na ponovno uspostavljanje smislenog, aktivnog i povezanog života. U tom kontekstu zajednička putovanja, iako nisu terapijska metoda sama po sebi, mogu imati terapijsku i rehabilitacijsku ulogu. Putovanje uključuje niz elemenata koji podržavaju oporavak: izlazak iz rutine bolesti, jačanje autonomije, razvoj samopouzdanja, stvaranje novih pozitivnih iskustava te ponovno povezivanje s drugima i sa samim sobom. Kod mladih osoba posebno je važan osjećaj da ponovno mogu sudjelovati u iskustvima tipičnima za njihovu dob, umjesto da ostanu definirani dijagnozom i iskustvom liječenja. Objavljeni radovi uglavnom naglašavaju rizike

Contemporary approaches to the treatment of psychosis emphasize the concept of recovery, which is focused not only on symptom reduction but also on re-establishing a meaningful, active, and connected life. In this context, group travel, although not a therapeutic method in itself, can have a therapeutic and rehabilitative role. Travel includes a series of elements that support recovery: stepping out of the illness routine, strengthening autonomy, developing self-confidence, creating new positive experiences, and reconnecting with others and with oneself. For young people, it is particularly important to feel that they can once again participate in experiences typical for their age, instead of remaining defined by the diagnosis and the experience of treatment. Published papers mainly emphasize the risks of travel in the context of psychosis: sleep disturbance,

putovanja kod psihoza: poremećaj sna, stres, promjena okoline i kulturni šok mogu pridonijeti psihotičnim epizodama kod ranjivih osoba. Ovaj rad donosi prikaz zajedničkog putovanja 15 mladih osoba s dijagnozom psihotičnog poremećaja u Milano koje je organizirala Udruga za unaprjeđenje mentalnog zdravlja Vrapčići iz Slavonskog Broda u okviru programa Erasmus+. Prethodila je dobra priprema uz kontinuiranu podršku tijekom putovanja, čime je putovanje unatoč izazovima postalo prostor oporavka te je putnicima pružilo osjećaj pripadanja, samoučinkovitosti, nade i ponovnog uključivanja u život.

stress, environmental change, and cultural shock can contribute to psychotic episodes in vulnerable individuals. This paper presents a case report of a group trip to Milan undertaken by 15 young people with a diagnosis of psychotic disorder, organized by the Association for the Improvement of Mental Health „Vrapčići“ from Slavonski Brod within the Erasmus+ program. The trip was preceded by careful preparation with continuous support during the journey, which, despite the challenges, turned the travel experience into a space of recovery and provided the travelers with a sense of belonging, self-efficacy, hope, and renewed engagement in life.

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Spontane neinfektivne ulcerativne kožne lezije kao komplikacija uporabe metamfetamina – prikaz slučaja

/ Spontaneous Noninfectious Ulcerative Skin Lesions as a Complication of Methamphetamine Use – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

metamfetamin / methamphetamine

kožne lezije / skin lesions

ulceracije / ulcerations

ovisnost / dependence

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.196>

Uvod: Metamfetamin je snažan psihostimulans koji djeluje povećanjem sinaptičke koncentracije dopamina, noradrenalina i serotonina. Njegov izražen simpatomimetički učinak uzrokuje sistemsku i perifernu vazokonstrikciju te poremećaj mikrocirkulacije, a uz neurotoksične učinke može dovesti do različitih dermatoloških komplikacija. Dok su pruritus, ekzorijacije i deluzijska infestacija dobro opisane posljedice uporabe metamfetamina, posljednjih godina sve se više prepoznaju spontane neinfektivne ulcerativne i papulopustulozne kožne lezije koje nisu posljedica *skin-pickinga*, već se smatra da nastaju zbog izravnih učinaka metamfetamina na kožu i mikrovaskulaturu. Prikaz slučaja: Pacijent (43) hospitaliziran je

Introduction: Methamphetamine is a potent psychostimulant that acts by increasing the synaptic concentrations of dopamine, norepinephrine, and serotonin. Its pronounced sympathomimetic effect causes systemic and peripheral vasoconstriction and microcirculatory disturbance, and together with its neurotoxic effects can lead to various dermatological complications. While pruritus, excoriations, and delusional infestation are well-described consequences of methamphetamine use, in recent years there has been growing recognition of spontaneous noninfectious ulcerative and papulopustular skin lesions that are not the result of skin-picking, but are thought to arise from the direct effects of methamphetamine on the skin and microvasculature. Case report: A 43-year-old patient was hospitalized for treat-

radi liječenja ovisnosti o opioidima, kokainu i metamfetaminima. Dugogodišnji je korisnik heroína na supstitucijskoj terapiji metadonom, uz povremenu konzumaciju kokaina. Četiri mjeseca prije prijema počeo je konzumirati *Crystal Meth* (metamfetamin) pušeći svaka dva do tri tjedna. Uz nesanicu je primijetio pojavu rana na koži koje prethodno nije imao. Pri prijemu su na dorzumima šaka, podlakticama i potkoljenicama bile prisutne višestruke okruglaste erodirane papule i površinske ulceracije prekrivene hemoragičnim krastama, uz postinflatornu hiperpigmentaciju. Pacijent je naveo da se promjene spontano povlače otkada ne konzumira metamfetamin. Rasprava: Patogeneza spontanih kožnih lezija povezanih s uporabom metamfetamina nije u potpunosti razjašnjena. Smatra se da važnu ulogu imaju izražena simpatomimetička vazokonstrikcija i poremećaj mikrocirkulacije s posljedičnom lokalnom ishemijom kože, uz mogući izravan citotoksični učinak metamfetamina na kožu te poremećaj procesa cijeljenja rana. Klinički značajna vremenska povezanost između konzumacije i pojave lezija, kao i njihovo povlačenje tijekom apstinencije, dodatno podupiru tu povezanost. Zaključak: Spontane kožne lezije rijetka su i nedovoljno prepoznata komplikacija uporabe metamfetamina. Njihovo prepoznavanje može poslužiti kao vrijedan klinički pokazatelj aktivne konzumacije, čime se izbjegavaju nepotrebni dijagnostički postupci i pridonosi ranijem uključivanju bolesnika u liječenje.

ment of opioid, cocaine, and methamphetamine dependence. He was a long-term heroin user on methadone substitution therapy, with occasional cocaine use. Four months prior to admission, he began smoking crystal meth (methamphetamine) every two to three weeks. Along with insomnia, he noticed the appearance of skin wounds, which he had not had previously. At admission, multiple rounded eroded papules and superficial ulcerations covered with hemorrhagic crusts were present on the dorsum of the hands, forearms, and lower legs, accompanied by postinflammatory hyperpigmentation. The patient reported that the lesions had resolved spontaneously since he stopped using methamphetamine. Discussion: The pathogenesis of spontaneous skin lesions associated with methamphetamine use has not been fully clarified. It is considered that marked sympathomimetic vasoconstriction and disruption of microcirculation, with consequent local skin ischemia, play an important role, along with a possible direct cytotoxic effect of methamphetamine on the skin and impairment of wound-healing processes. A clinically significant temporal relationship between consumption and the onset of lesions, as well as their resolution during abstinence, further supports this association. Conclusion: Spontaneous skin lesions are a rare and insufficiently recognized complication of methamphetamine use. Their recognition may serve as a valuable clinical indicator of active consumption, thereby avoiding unnecessary diagnostic procedures and contributing to earlier engagement of patients in treatment.

Kliničke sličnosti, terapijske razlike: ADHD i granični poremećaj ličnosti kod odraslih

/ Clinical Similarities, Therapeutic Differences: ADHD and Borderline Personality Disorder in Adults

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KLJUČNE RIJEČI / KEYWORDS:

ADHD / ADHD

granični poremećaj ličnosti / *borderline personality disorder*

farmakoterapija / *pharmacotherapy*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.198>

Ciljevi istraživanja: Brojne sličnosti graničnog poremećaja ličnosti i poremećaja hiperaktivnosti i deficita pažnje (engl. *attention deficit hyperactivity disorder*, ADHD) kod odraslih otežavaju razlikovanje ovih dvaju poremećaja. ADHD je neuropsihijatrijski poremećaj dječje i adolescentne dobi obilježen trijasom simptoma: hiperaktivnost, impulzivnost i nemogućnost pažnje. Radi se o kroničnom poremećaju te se u više od polovice slučajeva simptomi nalaze i u odrasloj dobi, a najčešći su otežano izvršavanje zadataka, unutarnji nemir, snižen prag frustracije, promjenjivo raspoloženje te sklonost rizičnom ponašanju. Granični poremećaj ličnosti pojavljuje se u kasnoj adolescentnoj ili mladoj odrasloj dobi. Izraženi su ustaljeni obrasci nestabilnosti i preosjetljivosti u interpersonalnim odnosima, impulzivne radnje bez razmišljanja o posljedicama i emocionalna nestabilnost pra-

Objectives: Numerous similarities between borderline personality disorder and attention-deficit/hyperactivity disorder (ADHD) in adults make it difficult to distinguish between these two disorders. ADHD is a neuropsychiatric disorder of childhood and adolescence characterized by a triad of symptoms: hyperactivity, impulsivity, and impaired attention. It is a chronic disorder, and in more than half of cases the symptoms are also present in adulthood, most commonly as difficulty completing tasks, inner restlessness, lowered frustration tolerance, mood lability, and a tendency toward risky behavior. Borderline personality disorder emerges in late adolescence or early adulthood. It is characterized by persistent patterns of instability and hypersensitivity in interpersonal relationships, impulsive actions without consideration of consequences, and emotional instability accompanied by outbursts of anger, including aggressive behaviors. The diagnoses of

ćena izljevima ljutnje, čak i agresivnim ponašanjima. Dijagnoza obaju poremećaja postavlja se na temelju kliničkih kriterija. Cilj je ove studije prikazati kako su, unatoč mnogim sličnostima u kliničkoj slici, potrebni različiti pristupi u psihofarmakoterapiji. Ispravna dijagnoza i odabir terapije imaju pozitivan učinak na socijalno i poslovno funkcioniranje. Materijali i metode: Prikaz slučaja dvaju pacijenata kojima u kliničkoj slici dominiraju impulzivnost, nemir, otežana regulacija emocija, snižena razina frustracijskog praga i problemi u svakodnevnom funkcioniranju. U oba pacijenta obavi se psihologijsko testiranje. Prvi je pacijent 31-godišnjak koji zadovoljava kriterije ADHD-a u odrasloj dobi, zbog čega se u terapiju uključi atomoksetin. Drugom se pacijentu psihologijskim testiranjem ustanovi da se radi o graničnom poremećaju ličnosti u pogoršanju uzrokovanom emocionalnom preopterećenošću i visokim stresom. U terapiju je uveden reboksetin. Rezultati: Na primijenjenu terapiju došlo je do klinički značajnog poboljšanja psihičkog stanja. Zaključak: ADHD i granični poremećaj ličnosti u odrasloj dobi teško je klinički diferencirati, a mogu se pojaviti i kao komorbidne dijagnoze. Sveobuhvatna anamneza i psihologijsko testiranje ključni su za postavljanje ispravne dijagnoze, što je nužno za dobar odabir terapije. Ciljana terapija značajno poboljšava dugoročne ishode.

both disorders are based on clinical criteria. The aim of this study is to demonstrate that, despite many similarities in clinical presentation, different approaches in psychopharmacotherapy are required. Accurate diagnosis and choice of treatment have a positive effect on social and occupational functioning.

Materials and methods: We present the cases of two patients whose clinical pictures are dominated by impulsivity, restlessness, difficulties in emotion regulation, a lowered frustration threshold, and problems in everyday functioning. Both patients underwent psychological testing. The first patient is a 31-year-old man who met the criteria for ADHD in adulthood, for which atomoxetine was introduced into treatment. Psychological testing in the second patient established the presence of borderline personality disorder in exacerbation, caused by emotional overload and high stress. Reboxetine was introduced into treatment. Results: Following the applied treatment, there was clinically significant improvement in mental status. Conclusion: ADHD and borderline personality disorder in adulthood are difficult to differentiate clinically and may also occur as comorbid diagnoses. A comprehensive history and psychological testing are crucial for establishing the correct diagnosis, which is necessary for the appropriate choice of treatment. Targeted therapy significantly improves long-term outcomes.

Ružičasta iluzija – od zabave na *INmusic* festivalu do akutne psihoze

/ The Pink Illusion – From Entertainment at the INmusic Festival to Acute Psychosis

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KLJUČNE RIJEČI / KEYWORDS:

ružičasti kokain / *pink cocaine*

nove psihoaktivne tvari / *new psychoactive substances*

psihoza inducirana psihoaktivnim tvarima /

substance-induced psychosis

urgentna psihijatrija / *emergency psychiatry*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.200>

Uvod: Ružičasti kokain (poznat i kao *tusi*, *tucibi* ili 2C-B) posljednjih godina postaje sve prisutniji na europskom tržištu droga. Riječ je o ružičasto obojenom prahu koji se najčešće prodaje kao ekskluzivna rekreacijska droga. Analize zaplijenjenih uzoraka pokazuju vrlo raznolik sastav te sadržavaju ketamin, MDMA, kokain, sintetske katinone, benzodiazepine i druge psihoaktivne tvari. Zbog nepoznatog i promjenjivog sastava korisnici su izloženi povećanom riziku od razvoja akutnih psihičkih i somatskih komplikacija, uključujući agitaciju, psihotične simptome, poremećaje raspoloženja i suicidalno ponašanje. Prikaz slučaja: Muškarac, 27 godina, bez prethodnog psihijatrijskog liječenja, dovezen je u hitnu psihijatrijsku službu nakon izra-

Introduction: Pink cocaine (also known as *tusi*, *tucibi*, or 2C-B) has in recent years become increasingly present on the European drug market. It is a pink-colored powder most often sold as an exclusive recreational drug. Analyses of seized samples show a highly heterogeneous composition and contain ketamine, MDMA, cocaine, synthetic cathinones, benzodiazepines, and other psychoactive substances. Due to its unknown and variable composition, users are exposed to an increased risk of developing acute psychological and somatic complications, including agitation, psychotic symptoms, mood disturbances, and suicidal behavior. Case report: A 27-year-old man, with no prior psychiatric treatment, was brought to the emergency psychiatric service after marked psychomotor agitation, paranoid ideas, and dis-

zite psihomotoričke agitacije, paranoidnih ideja i dezorganiziranog ponašanja. Prema heteroanamnestičkim podacima, tijekom vikenda na glazbenom festivalu konzumirao je više doza tzv. ružičastog kokaina koji je nabavio kao „sigurniju alternativu kokainu“. Negira uzimanje drugih psihoaktivnih tvari. Pri prijemu je bio silno agitiran, sumnjičav prema okolini, uvjeren da ga nepoznate osobe prate, progone i prisluškuju. Toksikološki probir urina bio je pozitivan na MDMA i ketamin, a zbog rizika od autoagresivnog i heteroagresivnog ponašanja bila je indicirana hospitalizacija. Na osnovi kliničke slike ordinirani su lorazepam i olanzapin te je primijenjen postupak deeskalacije. Tijekom hospitalnog tretmana dolazi do postupne regresije psihotičnih simptoma. Nakon šest dana liječenja elementi psihotičnosti se ne bilježe, a pacijent stječe djelomičan uvid u povezanost simptoma s uporabom droge. Zaključak: Ružičasti kokain (*tusi*) sve se češće pojavljuje među mladima i rastući je izazov za hitna stanja u psihijatriji. Kod mladih pacijenata s akutnom psihotičnom dekompenzacijom potrebno je uzeti detaljnu anamnezu o uporabi novih psihoaktivnih tvari te imati na umu da naziv „ružičasti kokain“ ne označava specifičnu kemijsku supstanciju, nego mješavinu različitih psihoaktivnih tvari nepredvidivog sastava i učinaka. Prikazani slučaj ilustrira potencijal ružičastog kokaina za izazivanje ozbiljnih psihičkih komplikacija te naglašava važnost pravodobnog prepoznavanja i adekvatnog liječenja ovih pacijenata.

organized behavior. According to collateral history, over the weekend at a music festival he had consumed several doses of so-called pink cocaine, which he had obtained as a “safer alternative to cocaine.” He denied using other psychoactive substances. At admission, he was extremely agitated, suspicious of those around him, and convinced that unknown persons were following, persecuting, and eavesdropping on him. Toxicological urine screening was positive for MDMA and ketamine, and due to the risk of auto-aggressive and hetero-aggressive behavior, hospitalization was indicated. Based on the clinical picture, lorazepam and olanzapine were prescribed, and a de-escalation procedure was applied. During inpatient treatment, there was a gradual regression of psychotic symptoms. After six days of treatment, no psychotic features were recorded, and the patient achieved partial insight into the connection between his symptoms and drug use. Conclusion: Pink cocaine (*tusi*) is increasingly appearing among young people and represents a growing challenge for psychiatric emergencies. In young patients with acute psychotic decompensation, it is necessary to obtain a detailed history regarding the use of new psychoactive substances and to bear in mind that the term “pink cocaine” does not denote a specific chemical substance, but rather a mixture of different psychoactive substances of unpredictable composition and effects. The presented case illustrates the potential of pink cocaine to induce serious psychological complications and emphasizes the importance of timely recognition and adequate treatment of these patients.

Od prisilne hospitalizacije do pravosudnog ispita – funkcionalni oporavak nakon teškog tijeka psihoze

/ From Involuntary Hospitalization to the Bar Examination – Functional Recovery Following a Severe Course of Psychosis

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KLJUČNE RIJEČI / KEYWORDS:

dugodjelujući antipsihotici / long-acting antipsychotics

funkcionalni oporavak / functional recovery

leukopenija / leukopenia

prisilna hospitalizacija / involuntary hospitalization

psihoza / psychosis

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.202>

Uvod: Liječenje bolesnika s dugotrajnim neliječnim psihotičnim poremećajima znatan je klinički izazov, posebice kada je praćeno izraženim otporom prema liječenju, agresivnim ponašanjem i potpunim izostankom uvida u bolest. Postizanje kliničke remisije i potpunog funkcionalnog oporavka kod takvih bolesnika zahtijeva složenu, individualiziranu farmakoterapijsku strategiju te prevladavanje potencijalno teških nuspojava lijekova. Cilj: Prikazati bolesnicu s teškom psihotičnom dekompen-

Introduction: Treating patients with long-standing untreated psychotic disorders is a substantial clinical challenge, especially when accompanied by pronounced treatment resistance, aggressive behavior, and a complete lack of insight into the illness. Achieving clinical remission and full functional recovery in such patients requires a complex, individualized pharmacotherapeutic strategy and the management of potentially severe medication side effects. Aim: To present a female patient with severe psychotic decompen-

zacijom i višegodišnjom socijalnom izolacijom kod koje je, unatoč inicijalnoj nesuradljivosti, prisilnom liječenju i razvoju hematoloških nuspojava, optimizacijom terapije postignut izniman funkcionalni i profesionalni oporavak. Prikaz slučaja: Prikazana je 32-godišnja bolesnica, diplomirana pravnica, zaprimljena na prvu psihijatrijsku hospitalizaciju nakon intervencije hitne medicinske pomoći i policije. Pri prijemu je bila psihomotorički povišena, paranoidno strukturirana, heteroagresivna, bez uvida u bolest i u potpunom otporu prema liječenju. Zbog ugrožavanja vlastitog zdravlja i sigurnosti pokrenut je i sudski odobren postupak prisilnog smještaja prema Zakonu o zaštiti osoba s duševnim smetnjama. Inicijalni terapijski pokušaj uvođenja klopazina i olanzapina morao je biti prekinut zbog razvoja nuspojava u obliku leukopenije i neutropenije. Terapijska strategija potom je korigirana uvođenjem lamotrigina te dugodjelujućeg antipsihotika aripiprazola (960 mg depo svaka dva mjeseca). Izmjenom farmakoterapije i individualiziranim pristupom postignuto je postupno, ali stabilno kliničko poboljšanje. Bolesnica je razvila uvid u bolest, postala suradljiva, a psihički se status stabilizirao. Uz podršku obitelji ostvarila je visoku razinu socijalne reintegracije te se aktivno priprema za polaganje pravosudnog ispita. Zaključak: Prikazani slučaj naglašava složenost liječenja psihoze s dugotrajnim neliječnim simptomima i teškim inicijalnim tijekom. Unatoč terapijskim izazovima, uključujući leukopeniju tijekom primjene učinkovite farmakoterapije, prelazak na modernu dugodjelujuću depo terapiju uz podršku obitelji omogućio je ne samo stabilnu kliničku remisiju nego i potpunu socijalnu reintegraciju te visok stupanj profesionalnog oporavka.

sation and years-long social isolation in whom, despite initial non-adherence, involuntary treatment, and the development of hematologic side effects, optimization of therapy led to an exceptional functional and professional recovery. Case report: We present a 32-year-old female patient, a law school graduate, admitted for her first psychiatric hospitalization following an intervention by emergency medical services and the police. At admission, she was psychomotorly agitated, with a paranoid ideation structure, heteroaggressive, without insight into her illness, and in complete opposition to treatment. Due to endangerment of her own health and safety, court-approved involuntary hospitalization proceedings were initiated in accordance with the Law on the Protection of Persons with Mental Disorders. The initial therapeutic attempt to introduce clozapine and olanzapine had to be discontinued due to the development of side effects in the form of leukopenia and neutropenia. The therapeutic strategy was then adjusted by introducing lamotrigine and long-acting injectable aripiprazole (960 mg depot every two months). Through this change in pharmacotherapy and an individualized approach, gradual but stable clinical improvement was achieved. The patient developed insight into her illness, became cooperative, and her mental status stabilized. With family support, she attained a high level of social reintegration and is actively preparing to take the bar exam. Conclusion: The presented case highlights the complexity of treating psychosis with long-standing untreated symptoms and a severe initial course. Despite therapeutic challenges, including leukopenia during the use of otherwise effective pharmacotherapy, transition to a modern long-acting depot treatment, together with family support, enabled not only stable clinical remission but also full social reintegration and a high level of professional recovery.

Poremećaj prilagodbe – godišnja prevalencija kod pacijenata Centra za mentalno zdravlje Hadžići, uz analizu stresora

/ Adjustment Disorder – Annual Prevalence Among Patients at the Hadžići Mental Health Center, with an Analysis of Stressors

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KLJUČNE RIJEČI / KEYWORDS:

poremećaj prilagođavanja / *adjustment disorder*

dijagnoza / *diagnosis*

prevalencija / *prevalence*

stresori / *stressors*

liječenje / *treatment*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.204>

Poremećaj prilagodbe jedan je od najčešće dijagnosticiranih mentalnih poremećaja u kliničkoj praksi. Ovaj rad daje osnovne informacije o poremećaju, razmatra znanstvena i klinička pitanja i dileme te analizira zastupljenost ovog poremećaja kod pacijenata u Centru za mentalno zdravlje u jednoj lokalnoj zajednici, uz uvid u najčešće stresore koji su uzrokovali razvoj poremećaja. Cilj rada: Ispitati prevalenciju

Adjustment disorder is one of the most frequently diagnosed mental disorders in clinical practice. This paper provides basic information about the disorder, considers scientific and clinical questions and dilemmas, and analyzes the prevalence of this disorder among patients at a Community Mental Health Center in a local community, with an overview of the most common stressors that led to the development of the disorder. Aim: To

poremećaja prilagodbe na godišnjoj razini u Centru za mentalno zdravlje (CMZ) Hadžići, da se ispita koliko su rezultati u skladu s dosadašnjim dokazima studija o poremećaju prilagodbe. Materijali i metode: U uzorak su uzeti svi pacijenti su se u CMZ javili nakon više od dva mjeseca od stresnog događaja. Uzorak su činili svi prvi pregledi kod psihijatra i psihologa tijekom 2023. godine. Svi podatci upotrijebljeni u ovom istraživanju prikupljeni su i obrađivani isključivo u skladu s etičkim standardima, te ni jedan osobni podatak nije zloupotrijebljen. Statistička obrada: Najprije je izračunata prevalencija poremećaja prilagodbe u odnosu na ukupne prve preglede, potom razlike u demografskim karakteristikama – dob i spol, te analiza stresora koji su utjecali na razvoj poremećaja prilagodbe. Rezultati: Od ukupnog broja prvih pregleda u centru za mentalno zdravlje, za 2023. godinu, koji iznosi 651, njih 115 dijagnosticirano je kao poremećaj prilagodbe ili 17,66 %. U 115 slučajeva poremećaja prilagodbe, evidentirano je 76 žena ili 66,09 % i 39 muškaraca ili 33,91 %. Prosječna starost žena bila je 39,49 godina, dok je prosječna starost muškaraca bila 40,93 godina. Najčešća je stresna situacija bila suočavanje s dijagnozom ozbiljne somatske bolesti (34 pacijenta). Drugi je najčešći uzročnik bila “situacija na poslu”, s rezultatom od 33 pacijenta. Zaključak: Rezultati pokazuju da je poremećaj prilagodbe također zastupljen među pacijentima Centra za mentalno zdravlje Hadžići. Prevalencija poremećaja prilagodbe kod pacijenata CMZ Hadžići jednaka je prevalenciji u općoj populaciji. S obzirom na dobiveni rezultat, može se zaključiti da je zastupljenost ovog poremećaja veća kod žena, što je također u korelaciji s rezultatima u općoj populaciji.

examine the annual prevalence of adjustment disorder at the Center for Mental Health (CMHC) Hadžići and to assess the extent to which the results align with existing evidence from studies on adjustment disorder. Materials and methods: The sample included all patients who presented to the CMHC more than two months after a stressful event. The sample consisted of all first-time evaluations by a psychiatrist and psychologist during 2023. All data used in this study were collected and processed exclusively in accordance with ethical standards, and no personal data were misused. Statistical analysis: First, the prevalence of adjustment disorder was calculated in relation to the total number of first evaluations, followed by an analysis of differences in demographic characteristics—age and sex—and an analysis of the stressors that contributed to the development of adjustment disorder. Results: Of the total number of first evaluations at the Community Mental Health Center in 2023, which was 651, 115 were diagnosed as adjustment disorder, or 17.66%. Among the 115 cases of adjustment disorder, 76 were women (66.09%), and 39 were men (33.91%). The average age of women was 39.49 years, while the average age of men was 40.93 years. The most common stressful situation was facing the diagnosis of a serious somatic illness (34 patients). The second most common cause was a “work-related situation,” affecting 33 patients. Conclusion: The results indicate that adjustment disorder is also present among patients of the Center for Mental Health Hadžići. The prevalence of adjustment disorder among CMHC Hadžići patients is equal to its prevalence in the general population. Given the obtained results, it can be concluded that this disorder is more prevalent in women, which is also consistent with findings in the general population.

Utjecaj psihoaktivnih tvari na mentalno zdravlje / *The Impact of Psychoactive Substances on Mental Health*

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KLJUČNE RIJEČI / KEYWORDS:

psihoaktivne tvari / *psychoactive substances*

mentalno zdravlje / *mental health*

psihijatrija / *psychiatry*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.206>

Kao medicinski tehničar koji radi na psihijatrijskom odjelu Klinike za psihijatriju, KBC Split, svakodnevno se susrećem s posljedicama uporabe psihoaktivnih tvari na mentalno zdravlje. Psihoaktivne tvari, poput alkohola, droga i određenih lijekova koji se zloupotrebljavaju, djeluju na središnji živčani sustav te mogu uzrokovati promjene u raspoloženju, ponašanju, mišljenju i percepciji. Dugotrajna ili učestala uporaba povezana je s povećanim rizikom za razvoj anksioznih poremećaja, depresije, psihoza, ovisnosti i rizičnog ponašanja. Kod osoba koje već imaju psihičke poteškoće psihoaktivne tvari često pogoršavaju simptome i otežavaju liječenje. Također mogu dovesti do socijalne izolacije, problema u obitelji i na radnom mjestu te mogu narušiti kvalitetu života. Važnu ulogu u prevenciji i liječenju imaju edukacija, rana intervencija i stručna podrška zdravstvenog tima. Promicanjem zdravih životnih navika i pružanjem podrške osobama u

As a nurse working in the psychiatric ward of the Department of Psychiatry, University Hospital of Split, I encounter the consequences of psychoactive substance use on mental health on a daily basis. Psychoactive substances, such as alcohol, drugs, and certain medications that are misused, act on the central nervous system and can cause changes in mood, behavior, thinking, and perception. Long-term or frequent use is associated with an increased risk of developing anxiety disorders, depression, psychosis, addiction, and risky behavior. In individuals who already have psychological difficulties, psychoactive substances often worsen symptoms and complicate treatment. They can also lead to social isolation, problems within the family and at the workplace, and can impair quality of life. Education, early intervention, and professional support from the healthcare team play an important role in prevention and treatment. By promoting healthy lifestyle habits and providing support to people at risk, we can help preserve mental health and reduce the harmful

riziku možemo pridonijeti očuvanju mentalnog zdravlja i smanjenju štetnih posljedica uporabe psihoaktivnih tvari. Prikazan je slučaj pacijenta u tridesetim godinama koji od ranog puberteta aktivno konzumira psihoaktivne tvari i u psihijatrijskom je tretmanu od adolescentne dobi. Više je puta liječen i hospitaliziran u raznim psihijatrijskim ustanovama. Od samog početka heteroanamnestički se doznaje da je pacijent bio urednog psihomotoričkog razvoja, iz skladne obitelji i negativnog psihijatrijskog herediteta. Cilj je ovoga rada upozoriti na štetnost psihoaktivnih tvari za mentalno zdravlje, prikazati kronologiju urušavanja mentalnog zdravlja pacijenta i upozoriti na sve veću problematiku psihoaktivnih tvari u društvu.

consequences of psychoactive substance use. We present the case of a patient in his thirties who has been actively using psychoactive substances since early puberty and has been in psychiatric treatment since adolescence. He has been treated and hospitalized multiple times in various psychiatric institutions. From the outset, heteroanamnesic data indicated that the patient had normal psychomotor development, came from a harmonious family, and had a negative psychiatric family history. The aim of this paper is to highlight the harmful effects of psychoactive substances on mental health, to present the chronology of the patient's mental health deterioration, and to draw attention to the growing problem of psychoactive substances in society.

Uloga medicinske sestre u radu mobilnog psihijatrijskog tima

/ The Role of the Nurse in a Mobile Psychiatric Team

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KLJUČNE RIJEČI / KEYWORDS:

mobilni psihijatrijski tim / *mobile psychiatric team*

medicinska sestra / *nurse*

kućni posjeti / *home visits*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.208>

Mobilni psihijatrijski tim čine doktor medicine specijalist psihijatrije, psiholog, medicinska sestra / prvostupnica sestrinstva te osoba s iskustvom oporavka od mentalnih poteškoća (*peer worker*). Rad tima organiziran je kroz terenske posjete korisnicima u njihovim domovima. Prvi razgovori o uključivanju u program kućnih posjeta započinju već tijekom hospitalizacije korisnika. Uloga medicinske sestre / tehničara u mobilnom timu uključuje kontaktiranje osoba s mentalnim poteškoćama i članova njihovih obitelji radi dogovora prvog kućnog posjeta. Prilikom dolaska u dom korisnika članovi tima predstavljaju se korisniku i članovima obitelji te ih upoznaju s ciljevima i načinom rada mobilnog tima. Korisniku se uručuje informirani pristanak na potpis, kao i evidencijska dokumentacija za praćenje realiziranih posjeta. Tijekom kućnog posjeta razgovor se vodi zasebno s korisnikom, a potom i s članovima

The mobile psychiatric team consists of a medical doctor specializing in psychiatry, a psychologist, a nurse/bachelor of nursing, and a person with lived experience of recovery from mental health difficulties (*peer worker*). The team's work is organized through field visits to service users in their homes. Initial discussions about inclusion in the home-visit program begin already during the user's hospitalization. The role of the nurse / technician in the mobile team includes contacting people with mental health difficulties and members of their families to arrange the first home visit. Upon arrival at the user's home, team members introduce themselves to the user and family members and explain the goals and working methods of the mobile team. The user is given an informed consent form to sign, as well as documentation for recording and monitoring the visits carried out. During the home visit, the conversation is conducted first with the user alone, and then with members of their family. Special

njegove obitelji. Posebna se pozornost posvećuje redovitom uzimanju propisane terapije, odlascima na kontrolne preglede te primjeni depo pripravaka kada su indicirani. Također se procjenjuje razina osobne higijene korisnika i higijene životnog prostora. Dio korisnika živi samostalno te zbog prirode bolesti može imati poteškoća u održavanju osobne higijene i urednosti domaćinstva. Medicinska sestra / tehničar pruža edukaciju i savjetovanje o važnosti redovitog uzimanja terapije, održavanja osobne i prostorne higijene te uključivanja u društvene aktivnosti i socijalne kontakte, koji imaju važnu ulogu u procesu oporavka i očuvanja mentalnog zdravlja. Tijekom posljednje godine mobilni psihijatrijski tim redovito posjećuje i domove te udomiteljske obitelji koje skrbe o osobama s mentalnim poremećajima. Udomiteljima se pružaju stručne informacije i podrška vezana uz pravilnu primjenu terapije, prepoznavanje ranih znakova pogoršanja psihičkog stanja te odgovarajuće postupanje u kriznim situacijama.

attention is paid to regular use of prescribed medication, attendance at follow-up appointments, and administration of depot preparations when indicated. The level of the user's personal hygiene and the cleanliness of the living space are also assessed. Some users live independently and, due to the nature of their illness, may have difficulties maintaining personal hygiene and keeping their household in order. The nurse/technician provides education and counseling on the importance of taking medication regularly, maintaining personal and environmental hygiene, and engaging in social activities and contacts, which play an important role in the recovery process and in preserving mental health. Over the past year, the mobile psychiatric team has also been making regular visits to homes and foster families that care for people with mental disorders. Foster caregivers are provided with professional information and support regarding the correct use of medication, recognition of early signs of deterioration in mental state, and appropriate actions to take in crisis situations.

Analiza potrošnje lijekova osoba s duševnim smetnjama u odnosu na dijagnozu u periodu 2020. – 2025. godine

/ Analysis of Medication Use Among People With Mental Disorders by Diagnosis During 2020–2025

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KLJUČNE RIJEČI / KEYWORDS:

esencijalna lista lijekova / *essential medicines list*

dijagnoza / *diagnosis*

lijek / *medicine*

psihofarmakoterapija / *psychopharmacotherapy*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.210>

Uvod: Zdravlje je osnovno ljudsko pravo, a pravo na zdravstvenu zaštitu, koje uključuje i dostupnost esencijalnih lijekova, osnovna je pretpostavka za ostvarivanje tog prava. Lijekovi imaju ključnu ulogu u mnogim aspektima zdravstvene zaštite i ako su dostupni, priuštivi, kvalitetni i pravilno upotrebljavani, mogu na jednostavan i isplativ način rješavati mnoge zdravstvene probleme. Problem i predmet istraživanja: Zavod za bolesti ovisnosti i Javna ustanova Psihijatrijska bolnica KS koje pružaju usluge pacijentima. Psihijatrijska bolnica KS (Bolnica "Jagomir") namijenjena je za stacionarno liječenje i psihorehabilitaciju pacijenata oboljelih od akutnih psihoza, pogoravanja kroničnih psihoza, depresivnih poremećaja, težih oblika psihoneurotskih bolesti, te drugih

Introduction: Health is a fundamental human right, and the right to health care, which includes the availability of essential medicines, is a basic precondition for the realization of this right. Medicines play a key role in many aspects of health care and, if they are available, affordable, of good quality, and used appropriately, they can provide a simple and cost-effective way to address many health problems. Problem and subject of research: The Institute for Addictive Disorders and the Public Institution Psychiatric Hospital of Sarajevo Canton, which provide services to patients. The Psychiatric Hospital of Sarajevo Canton (Hospital "Jagomir") is intended for inpatient treatment and psychorehabilitation of patients suffering from acute psychoses, exacerbations of chronic psychoses, depressive disorders, more severe forms of psychoneurotic illnesses, and other

urgentnih psihičkih poremećaja. Ciljevi istraživanja: Analizirati potrošnju psihofarmaka u odnosu na dijagnozu u periodu 2020. – 2025. u Psihijatrijskoj bolnici u Kantonu Sarajevo, te uporediti ukupnu potrošnju po godinama za navedeni period. Zaključak: Na potražnju lijekova iz grupe psihofarmaka utječu broj hospitaliziranih pacijenata tijekom godine, kao i duljina hospitalizacije, te dijagnoza i razvoj kliničke slike. S obzirom na to da je Javna ustanova Psihijatrijska bolnica KS bolnica stacioniranog tipa i da raspolaže sa 75 bolničkih kreveta, analizirani su podatci za period od 202. do 2025. godine za taj kapacitet. U općem dijelu rada provedena je analiza koje se psihičke bolesti najčešće susreću, njihovi osnovni simptomi, kao i lijekovi, odnosno njihova prvobitna namjena. Dobiveni podatci pokazuju da je u 2020.godini broj pacijenata iznosio 626 hospitalizirana pacijenta, dok je u sljedećim godinama bio smanjen i kretao se između 450 i 550 hospitaliziranih pacijenata.

urgent mental disorders. Research objectives: To analyze the consumption of psychopharmaceuticals in relation to diagnosis in the period 2020–2025 in the Psychiatric Hospital of Sarajevo Canton, and to compare total consumption by year for the stated period. Conclusion: The demand for medicines from the group of psychopharmaceuticals is influenced by the number of hospitalized patients during the year, as well as by the length of hospitalization, diagnosis, and development of the clinical picture. Given that the Public Institution Psychiatric Hospital of Sarajevo Canton is an inpatient-type hospital and has 75 hospital beds, data for the period from 2020 to 2025 were analyzed for that capacity. In the general part of the paper, an analysis was carried out of which mental disorders are most commonly encountered, their basic symptoms, and the medicines used, that is, their original indication. The obtained data show that in 2020 the number of patients amounted to 626 hospitalized patients, while in the following years it decreased and ranged between 450 and 550 hospitalized patients.

Od dijagnoze prema trajektoriji: transsindromalni i razvojni model psihopatologije mladih

/ From Diagnosis to Trajectory: A Transsyndromal and Developmental Model of Psychopathology in Youth

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KLJUČNE RIJEČI / KEYWORDS:

transsindromalna psihopatologija / *transsyndromal psychopathology*

razvojne trajektorije / *developmental trajectories*

klinički staging / *clinical staging*

precizna psihijatrija / *precision psychiatry*

mentalno zdravlje mladih / *youth mental health*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.212>

Ciljevi istraživanja: Psihopatologija adolescencije i rane odrasle dobi obilježena je preklapanjem simptoma, promjenjivošću kliničke slike te prijelazima između različitih psihičkih poremećaja tijekom razvoja. Takva je dinamika izazov za tradicionalne dijagnostičke sustave. Suvremeni razvojni modeli naglašavaju kontinuum mentalnih fenotipova, zajedničke biološke i okolišne mehanizme te važnost razumijevanja individualnih razvojnih putanja. Cilj je rada prikazati transsindromalni pristup psihopatologiji mladih i njegov potencijal za razvoj prognostičkih modela. Materijali i me-

Research objectives: The psychopathology of adolescence and early adulthood is characterized by symptom overlap, fluctuations in clinical presentation, and transitions between different mental disorders across development. This dynamic poses a challenge for traditional diagnostic systems. Contemporary developmental models emphasize a continuum of mental phenotypes, shared biological and environmental mechanisms, and the importance of understanding individual developmental trajectories. The aim of this paper is to present a transsyndromal approach to psychopathology in young people and its potential for the develop-

tode: Prikazan je konceptualni okvir projekta *Youth-GEMs*, koji istražuje razvojne trajektorije mentalnog zdravlja integracijom kliničkih, genetičkih, epigenetičkih i okolišnih podataka. Naglasak je na razvojnim tranzicijama između psihopatoloških fenomena, transsindromalnim obrascima traženja pomoći i konceptu kliničkog *staginga*. Statistička obrada: Longitudinalni modeli, multivarijatne analize i algoritmi umjetne inteligencije primijenjeni su za identifikaciju razvojnih obrazaca psihopatologije i razvoj individualiziranih prognostičkih modela. Rezultati: Očekuje se identifikacija razvojnih obrazaca koji nadilaze tradicionalne dijagnostičke kategorije te bolje razumijevanje povezanosti razvojnih neurobioloških procesa i kasnijih psihopatoloških ishoda. Posebna je vrijednost pristupa rano prepoznavanje rizika, prije razvoja jasno definiranih poremećaja. Zaključak: Transsindromalni pristup označuje odmak od simptomima definiranih dijagnoza prema razvojnom i etiopatogenetskom razumijevanju psihopatologije. Takav model otvara mogućnost razvoja preciznije, personalizirane i prognostički usmjerene psihijatrije te pridonosi premošćivanju tradicionalne podjele između dječje i adultne psihijatrije.

ment of prognostic models. Materials and methods: The conceptual framework of the *Youth-GEMs* project is presented, which investigates developmental trajectories of mental health by integrating clinical, genetic, epigenetic, and environmental data. Emphasis is placed on developmental transitions between psychopathological phenomena, transsyndromal patterns of help-seeking, and the concept of clinical staging. Statistical analysis: Longitudinal models, multivariate analyses, and artificial intelligence algorithms were applied to identify developmental patterns of psychopathology and to develop individualized prognostic models. Results: The study is expected to identify developmental patterns that transcend traditional diagnostic categories and to provide a better understanding of the links between developmental neurobiological processes and later psychopathological outcomes. A particular strength of this approach is early risk detection, before the emergence of clearly defined disorders. Conclusion: The transsyndromal approach represents a shift away from symptom-defined diagnoses toward a developmental and etiopathogenetic understanding of psychopathology. Such a model enables the development of more precise, personalized, and prognostically oriented psychiatry and helps bridge the traditional divide between child and adult psychiatry.

Stanje nalik demenciji uzrokovano akutnom intoksikacijom i kroničnom zlouporabom više vrsta psihoaktivnih tvari: prikaz slučaja

/ Dementia-Like State Caused by Acute Intoxication and Chronic Polysubstance Abuse: A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

psihoaktivne tvari / psychoactive substances

demencija / dementia

demijelinizacija / demyelination

zloupotreba / abuse

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.214>

Uvod: Akutna intoksikacija psihoaktivnim tvarima, njihova kronična zlouporaba i sustezanje mogu izazvati štetne učinke na središnji živčani sustav. Neurotoksični su učinci brojni: demijelinizacijske promjene, toksična leukoencefalopatija, hipoksijsko-ishemijsko oštećenje mozga i infarkt mozga. Prikazat će se slučaj pacijentice kod koje se razvila klinička slika demencije kao posljedica moždanih promjena uzrokovanih akutnom intoksikacijom i kroničnom zlouporabom psihoaktivnih tvari. Prikaz slučaja: 30-godišnja pacijentica liječena je u somatskoj bolnici nakon pokušaja suicida intoksikacijom pregabalinom, buprenorfinom i diazepamom. Pri prijemu je bila poremećene svijesti i bradipnoična. CT mozga bio je uredan, dok su radiološkom

Introduction: Acute intoxication with psychoactive substances, their chronic abuse, and withdrawal can cause harmful effects on the central nervous system. The neurotoxic effects are numerous: demyelinating changes, toxic leukoencephalopathy, hypoxic-ischemic brain injury, and cerebral infarction. This paper presents a case of a patient in whom a clinical picture of dementia developed as a consequence of brain changes caused by acute intoxication and chronic abuse of psychoactive substances. Case report: A 30-year-old female patient was treated in a somatic hospital after a suicide attempt by intoxication with pregabalin, buprenorphine, and diazepam. On admission, she had impaired consciousness and bradypnea. Brain CT was normal, while radiologic workup verified bilateral pulmonary infiltrates

obradom verificirani obostrani plućni infiltrati uz razvoj sepse. Nakon tjelesne stabilizacije premeštena je u Kliniku za psihijatriju Vrapče radi liječenja ovisnosti. Pri prijemu je uzimala kветiаpin, pregаbalin, levotiroksin i pantoprazol. Bila je uredne svijesti i kontakta, bradipsihična, zaravnjenog afektiviteta, organiziranog misaonog toka, bez produktivne psihopatologije. Doznaje se o zloupotrebi kokaina, amfetamina, bupropiona, buprenorfina, pregabalina i benzodiazepina. Nakon deset dana hospitalizacije dolazi do postupnog razvoja smetenosti, ideacijske apraksije, vremenske dezorijentacije, amnezije s konfabulacijama, disgrafije, diskalkulije i gubitka samostalnosti u aktivnostima svakodnevnog života. EEG je pokazao difuzne disritmične promjene, a MR mozga obostrano simetrično povišen T2-signal duboke i supkortikalne bijele tvari bez ekspanzivnog učinka, nalaz suspektan na toksičnu demijelinizaciju povezanu s konzumacijom adulteriranih psihoaktivnih tvari. U terapiji je reducirana doza kветiаpina, pregabalina je postupno ukinut uz uvođenje klonazepama. Provedena je supstitucija vitaminima B i D. Dolazi do postupnog oporavka – ideacijska se apraksija povlači, bolesnica ponovno postiže samostalnost u aktivnostima svakodnevnog života i uspostavlja vremensku orijentaciju, uz zaostalu parcijalnu amneziju za razdoblje pogoršanja. Zaključak: Kognitivne simptome inducirane zloupotrebom psihoaktivnih tvari potrebno je čim prije prepoznati kako bi se s liječenjem započelo što ranije jer je oporavak moguć.

with the development of sepsis. After stabilization of her physical condition, she was transferred to University Psychiatric Hospital Vrapče for addiction treatment. On admission there, she was taking quetiapine, pregabalin, levothyroxine, and pantoprazole. She was clear in consciousness and in contact, with psychomotor slowing, blunted affect, organized thought flow, and no productive psychopathology. It was learned that she had been abusing cocaine, amphetamines, bupropion, buprenorphine, pregabalin, and benzodiazepines. After ten days of hospitalization, there was a gradual development of confusion, ideational apraxia, disorientation in time, amnesia with confabulations, dysgraphia, dyscalculia, and loss of independence in activities of daily living. EEG showed diffuse dysrhythmic changes, and brain MRI revealed bilaterally symmetric increased T2 signal of the deep and subcortical white matter without mass effect, findings suspicious for toxic demyelination associated with the use of adulterated psychoactive substances. Treatment involved reducing the dose of quetiapine, gradual discontinuation of pregabalin, and introduction of clonazepam. Vitamin B and D supplementation was provided. A gradual recovery followed: ideational apraxia resolved, the patient regained independence in activities of daily living and re-established temporal orientation, with residual partial amnesia for the period of deterioration. Conclusion: Cognitive symptoms induced by the abuse of psychoactive substances must be recognized as early as possible so that treatment can be initiated promptly, since recovery is possible.

Kompetencije sestrinstva kod poremećaja ishrane u depresivnom sindromu

/ Nursing Competencies in the Management of Eating Disturbances in Depressive Syndrome

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KLJUČNE RIJEČI / KEYWORDS:

depresivni sindrom / depressive syndrome

poremećaj u prehrani / eating disorder

uloga medicinske sestre / role of the nurse

prevencija / prevention

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.216>

Depresivni poremećaj (depresija) jedan je od najčešćih mentalnih poremećaja današnjice koji se očituje neraspoloženjem, gubitkom zanimanja i zadovoljstva, osjećajem krivice i manje vrijednosti, poremećajem sna i apetita, gubitkom energije i lošom koncentracijom. Cilj rada: Poremećaji prehrane jesu nutritivni i mentalni poremećaji koji uzrokuju razne negativne smetnje: opsjednutost tjelesnom težinom, promjene u prehranbenim navikama i ponašanja u ishrani. Poremećaji u ishrani se mogu razviti tokom vremena i dovesti do mnogih učinaka uključujući malnutriciju, osteoporozu, amenoreju, anksioznost i depresiju koju mogu uzrokovati anoreksija i bulimija. Anoreksija i bulimija bolesti su obilježene iskrivljenjem percepcije svoga tijela. Te bolesti uglavnom utječu na žene u dobi između 11 i 35 godina. Kao rezultat tih poremećaja kod pacijentica dolazi do namjer-

Depressive disorder (depression) is one of the most common mental disorders today, manifested by low mood, loss of interest and pleasure, feelings of guilt and worthlessness, sleep and appetite disturbances, loss of energy, and poor concentration. Aim of the paper: Eating disorders are nutritional and mental disorders that cause various negative disturbances: preoccupation with body weight, changes in dietary habits, and disordered eating behaviors. Eating disorders may develop over time and lead to numerous consequences, including malnutrition, osteoporosis, amenorrhea, anxiety, and depression, which may be caused by anorexia and bulimia. Anorexia and bulimia are illnesses characterized by a distorted perception of one's own body. These conditions mainly affect women between 11 and 35 years of age. As a result of these disorders, patients deliberately and persistently reduce their food intake. Bulimia involves recurrent episodes of binge

nog, dugoročnog smanjenja unosa hrane. Bulimija uključuje ponavljajuće epizode prejedanja te naknadno sprječavanje dobitka na težini u obliku povraćanja i zloupotrebe laksativa. Metode: Tijekom bolesti dolazi do različitih simptoma, kao što su izolacija od najmilijih, depresivno raspoloženje, apatija, društveno otuđenje i problemi s koncentracijom i pamćenjem. I depresivni poremećaji i poremećaji u prehrani su multidimenzionalni i heterogeni poremećaji. Ovaj rad istražuje prirodu njihova odnosa pregledavanjem kliničkih deskriptivnih i bioloških studija koje se odnose na problem, i njime se želi prikazati uloga sestrinstva u prevenciji poremećaja prehrane kod depresivnog sindroma. Razne studije potvrđuju povezanost depresivnih simptoma i depresivnih poremećaja u poremećajima prehrane. Zaključak: Cilj rada jest dati osnovne smjernice u kompetencijama i ingerecijama sestrinstva kod blagovremenog uočavanja, adekvatnog tretmana i povoljnog ishoda liječenja poremećaja prehrane kod depresivnog sindroma. Rezultati istraživanja bit će temelj standardnih postupaka u pojedinim aspektima prevencije i tretmana poremećaja prehrane kod depresivnog sindroma.

eating followed by attempts to prevent weight gain in the form of vomiting and laxative abuse. Methods: Over the course of the illness, various symptoms occur, such as withdrawal from loved ones, depressed mood, apathy, social alienation, and problems with concentration and memory. Both depressive disorders and eating disorders are multidimensional and heterogeneous conditions. This paper examines the nature of their relationship by reviewing clinical descriptive and biological studies addressing the problem, and aims to present the role of nursing in the prevention of eating disorders in the context of depressive syndrome. Various studies confirm the association between depressive symptoms and depressive disorders in eating disorders. Conclusion: The aim of this paper is to provide basic guidelines regarding the competencies and responsibilities of nursing in the timely detection, appropriate treatment, and favorable treatment outcomes of eating disorders in depressive syndrome. The research results will form the basis for standard procedures in specific aspects of prevention and treatment of eating disorders in depressive syndrome.

Genitalno samoozljeđivanje: kliničke i etiološke značajke, prikaz slučaja

/ Genital Self-Injury: Clinical and Etiological Features, With a Case Report

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KLJUČNE RIJEČI / KEYWORDS:

genitalno samoozljeđivanje / *genital self-injury*

autokastracija / *autocastration*

psihoza / *psychosis*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.218>

Genitalno samoozljeđivanje rijedak je i kompleksan oblik samodestruktivnog ponašanja koji označava namjerno oštećenje vlastitih, vanjskih spolnih organa u različitom opsegu (površinsko samoozljeđivanje, autokastracija/ autoorhiektomija, autopenektomija). S obzirom na specifičnost i rijetkost ovakvih slučajeva, oni su često izolirani te ne postoje točni podatci o incidenciji i prevalenciji genitalnog samoozljeđivanja. No, prema spolu velika većina objavljenih slučajeva odnosi se na osobe muškog biološkog spola. Unutar rizičnih skupina učestalost je najveća kod psihotičnih poremećaja (u ovoj je skupini i najveći rizik za ponavljajuće genitalno samoozljeđivanje), zatim kod bolesti ovisnosti, poremećaja ličnosti

Genital self-injury is a rare and complex form of self-destructive behavior that involves the intentional damage of one's own external genital organs to varying degrees (superficial self-injury, autocastration/autoorchietomy, autopenectomy). Given the specificity and rarity of such cases, they are often isolated, and there are no precise data on the incidence and prevalence of genital self-injury. However, with respect to sex, the vast majority of published cases involve individuals of male biological sex. Within risk groups, the highest frequency is found in psychotic disorders (this group also has the greatest risk of recurrent genital self-injury), followed by substance use disorders, personality disorders, and gender dysphoria. In contrast to other forms of self-injury, genital self-injury is characterized by its acute-

te rodne disforije. Za razliku od druge vrste samozljeđivanja, genitalno samoozljeđivanje obilježavaju akutnost, često odsutnost prethodnog obrasca druge vrste samoozljeđivanja, visok stupanj tjelesnog oštećenja te povezanost s promijenjenim stanjem svijesti/realiteta. Prikazan je slučaj pacijenta (F23.2) koji je u akutnoj psihotičnoj epizodi seksualno-moralne tematike (prethodno već liječen zbog psihotičnih dekompenzacija) izvršio djelomičnu autopenektomiju. Dijagnostičkom obradom te opsežnom anamnezom zaključeno je da se radi o pacijentu s kasno nastalim, ponavljajućim i kratkotrajnim psihotičnim dekompenzacijama na podlozi neurotsko-narcističke strukture ličnosti obilježene osjećajem manje vrijednosti, fragilnim identitetom, seksualnom krivnjom i sramom uz istodobnu hiperseksualizaciju identiteta te idealiziranje slike o sebi s ciljem potvrde vlastite vrijednosti. Anamneza alkoholizma kod pacijenta, dominantno u funkciji samomedikacije, uz atrofične promjene mozga opisane na CT-u, potencijalni su precipitirajući čimbenik koji je uz smanjenu kontrolu impulsa i oslabljenu afektivnu regulaciju mogao povećati vulnerabilnost za psihotične proklize. Pacijent je liječen kombinacijom psihofarmakoterapije i psihosuporta, a s obzirom na obilježja i kompleksnost psihopatologije, indicirano je i psihoterapijsko liječenje.

ness, often the absence of a prior pattern of other self-injurious behaviors, a high degree of bodily harm, and its association with an altered state of consciousness/reality. We present the case of a patient (F23.2) who, during an acute psychotic episode with sexual-moral themes (previously treated for psychotic decompensations), carried out a partial autopenectomy. Based on diagnostic workup and extensive history taking, it was concluded that this was a patient with late-onset, recurrent, and short-lasting psychotic decompensations on the background of a neurotic-narcissistic personality structure characterized by feelings of inferiority, fragile identity, sexual guilt and shame, along with simultaneous hypersexualization of identity and idealization of self-image aimed at affirming his own worth. The patient's history of alcoholism, predominantly serving a self-medication function, together with atrophic brain changes described on CT, represent potential precipitating factors which, in the context of reduced impulse control and impaired affect regulation, may have increased vulnerability to psychotic breakdowns. The patient was treated with a combination of psychopharmacotherapy and psychosupport, and given the characteristics and complexity of the psychopathology, psychotherapeutic treatment was also indicated.

Razlike u roditeljskim stilovima prema djeci s problemima mentalnog zdravlja i njihovoj zdravoj braći i sestrama: transdijagnostičko presječno istraživanje

/ Differences in Parenting Styles Toward Children With Mental Health Problems and Their Healthy Siblings: A Transdiagnostic Cross-Sectional Study

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KLJUČNE RIJEČI / KEYWORDS:

roditeljski stilovi / parenting styles

roditelji / parents

adolescentna psihijatrija / adolescent psychiatry

mentalni poremećaji / mental disorders

braća i sestre / siblings

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.220>

Ciljevi istraživanja: Problemi mentalnog zdravlja često se prvi put pojavljuju tijekom adolescencije i rane odrasle dobi, no malo je poznato razlikuju li roditelji svoj pristup prema djetetu s problemima mentalnog zdravlja i njegovom zdravom bratu ili sestri. Cilj ovog istraživanja bio je ispitati postoje li razlike u roditeljskim stilovima i odgojnim ponašanjima prema djeci s problemima mentalnog zdravlja i njihovoj zdravoj braći i sestrama. Materijali i metode: Istraživanje je provedeno u Splitu, Hrvatska, od veljače 2024.

Research aims: Mental health problems often first emerge during adolescence and early adulthood, but little is known about whether parents adjust their approach toward a child with mental health problems compared to their healthy brother or sister. The aim of this study was to examine whether there are differences in parenting styles and child-rearing behaviors toward children with mental health problems and their healthy siblings. Materials and methods: The study was conducted in Split, Croatia, from February 2024

do veljače 2025. godine. Uključeni su roditelji 101 djeteta s različitim psihijatrijskim dijagnozama i 113 zdrave djece. Podatci su prikupljeni putem papirnatih i *online* upitnika, a za procjenu roditeljskih stilova i odgojnih ponašanja primijenjeni su validirani upitnici *Parenting Style Four Factor Questionnaire* (PS-FFQ) i S-EMBU. Statistička obrada: Podatci su analizirani u programu MedCalc. Normalnost distribucije testirana je Kolmogorov-Smirnovljevim testom. Budući da podatci nisu imali normalnu distribuciju, prikazani su medijan i interkvartilni raspon. Za usporedbu skupina upotrijebljen je Wilcoxonov test, a za povezanosti među varijablama Spearmanov koeficijent korelacije. Statistička značajnost određena je uz $p < 0,05$. Rezultati: Roditelji djece s problemima mentalnog zdravlja bili su češće razvedeni, mlađi i nižeg socioekonomskog statusa. Djeca s problemima mentalnog zdravlja bila su češće izložena autoritarnom roditeljskom stilu i većoj razini pretjerane zaštite, dok su zdrava braća i sestre češće doživljavala nezainteresirani roditeljski stil. U kontrolnoj skupini starija djeca češće su bila izložena autoritarnom roditeljstvu, dok su mlađa djeca češće doživljavala emocionalnu toplinu i pretjeranu zaštitu. Zaključak: Roditelji pokazuju različite obrasce roditeljstva prema djetetu s problemima mentalnog zdravlja i zdravoj braći ili sestrama. Povećana kontrola i zaštita prema oboljelom djetetu te manja uključenost prema zdravom djetetu upućuju na potrebu za većom podrškom obiteljima kako bi se potaknulo uravnoteženo roditeljstvo i očuvalo funkcioniranje cijele obitelji.

to February 2025. It included parents of 101 children with various psychiatric diagnoses and 113 healthy children. Data were collected using paper-and-pencil and online questionnaires, and validated instruments were used to assess parenting styles and parenting behaviors: the *Parenting Style Four Factor Questionnaire* (PS-FFQ) and the S-EMBU. Statistical analysis: Data were analyzed using MedCalc. Normality of distribution was tested with the Kolmogorov-Smirnov test. As the data were not normally distributed, the median and interquartile range are presented. The Wilcoxon test was used to compare groups, and Spearman's correlation coefficient to examine relationships between variables. Statistical significance was set at $p < 0.05$. Results: Parents of children with mental health problems were more often divorced, younger, and of lower socioeconomic status. Children with mental health problems were more often exposed to an authoritarian parenting style and higher levels of overprotection, whereas healthy brothers and sisters more often experienced an uninvolved parenting style. In the control group, older children were more frequently exposed to authoritarian parenting, while younger children more often experienced emotional warmth and overprotection. Conclusion: Parents display different parenting patterns toward a child with mental health problems and their healthy brothers or sisters. Increased control and protection toward the affected child and lower involvement with the healthy child indicate the need for greater support to families in order to foster balanced parenting and preserve the functioning of the entire family.

Djetinjstvo u sjeni alkohola: skriveni teret sekundarnih šteta u odrasloj dobi

/ Childhood in the Shadow of Alcohol: The Hidden Burden of Secondary Harms in Adulthood

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KLJUČNE RIJEČI / KEYWORDS:

alkohol / alcohol

mentalno zdravlje / mental health

odrastanje uz osobu koja prekomjerno pije / growing up with a heavy drinker

prevencija / prevention

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.222>

Uvod: Rana životna iskustva imaju dugotrajan utjecaj na zdravlje i dobrobit u odrasloj dobi. Cilj istraživanja bio je ispitati povezanost iskustva odrastanja uz prekomjernu konzumaciju alkohola u obiteljskom okruženju sa samoprocijenjenim mentalnim zdravljem (SRMH) u odrasloj dobi te identifikacija rizičnih i zaštitnih čimbenika za SRMH. Metode: Analizirani su podatci presječnog istraživanja DEEP SEAS (2021) provedenog na uzorku opće populacije (N = 11113), u dobi 18 – 64 godine, iz šest europskih zemalja (Hrvatska, Bosna i Hercegovina, Slovenija, Austrija, Mađarska i Italija). Rezultati: Utvrđena je statistički značajna povezanost iskustva odrastanja uz člana obitelji

Introduction: Early life experiences have a long-term impact on health and well-being in adulthood. The aim of this study was to examine the association between growing up in a family environment with excessive alcohol consumption and self-rated mental health (SRMH) in adulthood, as well as to identify risk and protective factors for SRMH. Methods: We analyzed data from the cross-sectional DEEP SEAS (2021) survey conducted on a general population sample (N = 11,113), aged 18–64 years, from six European countries (Croatia, Bosnia and Herzegovina, Slovenia, Austria, Hungary, and Italy). Results: A statistically significant association was found between growing up with a family member who drinks excessively and poorer self-rated mental

koji prekomjerno pije i lošije samoprocjene mentalnog zdravlja u odrasloj dobi. Osobe koje su tijekom djetinjstva bile negativno pogođene tuđim pijenjem dosljedno su u svim zemljama prijavljivale lošije SRMH. Analiza logističke regresije pokazala je da se prediktori mentalnog zdravlja razlikuju prema analiziranim skupinama ovisno o negativnom utjecaju, pri čemu se zadovoljstvo odnosima pokazalo kao najjači zaštitni čimbenik, dok se vlastito prekomjerno pijenje pokazalo kao značajan prediktor lošijeg mentalnog zdravlja. U Hrvatskoj je zabilježena visoka prevalencija negativne pogođenosti uslijed iskustva tuđeg pijenja (26,5 %). Zaključak: Odrastanje uz prekomjernog konzumenta alkohola povezano je s dugotrajno lošijim samoprocijenjenim mentalnim zdravljem u odrasloj dobi. Rezultati upućuju na potrebu za ciljanim javnozdravstvenim i preventivnim intervencijama usmjerenima na osobe koje su u riziku.

health in adulthood. Individuals who were negatively affected by someone else's drinking during childhood consistently reported worse SRMH in all countries. Logistic regression analysis showed that predictors of mental health differ between the analyzed groups depending on negative impact, with satisfaction with relationships emerging as the strongest protective factor, while one's own excessive drinking proved to be a significant predictor of poorer mental health. In Croatia, a high prevalence of being negatively affected by others' drinking was observed (26.5%). Conclusion: Growing up with a heavy alcohol user is associated with persistently poorer self-rated mental health in adulthood. The results indicate the need for targeted public health and preventive interventions aimed at people at risk.

Stratifikacija rizika povezanog s alkoholom kod hrvatskih natjecateljskih sportaša: AUDIT-C i CAGE-AID u okviru SMHAT-1

/ Alcohol-Related Risk Stratification Among Croatian Competitive Athletes: AUDIT-C and CAGE-AID Within the SMHAT-1 Framework

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KLJUČNE RIJEČI / KEYWORDS:

sportaši / athletes

alkohol / alcohol

AUDIT-C / AUDIT-C

CAGE-AID / CAGE-AID

SMHAT-1 / SMHAT-1

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.224>

Cilj: Konzumacija alkohola među adolescen-tima i mladim odraslim osobama u Hrvatskoj visoko je zastupljena, no obrasce rizične konzumacije kod natjecateljskih sportaša još uvijek nisu dovoljno istraženi. Cilj istraživanja bio je ispitati rezultate probira na alkohol pomoću AUDIT-C i CAGE-AID među hrvatskim natjeca-teljskim sportašima te analizirati razlike prema spolu i vrsti sporta. **Materijali i metode:** Prove-dena je sekundarna analiza presječnih podata-

Objective: Alcohol use among adolescents and young adults in Croatia is highly prevalent, but patterns of risky consumption among compet-itive athletes have not yet been sufficiently in-vestigated. The aim of this study was to examine alcohol screening results using the AUDIT-C and CAGE-AID among Croatian competitive ath-letes and to analyze differences by sex and type of sport. **Materials and methods:** A secondary analysis was conducted on cross-sectional data

ka prikupljenih u sklopu hrvatske implementacije IOC Sport Mental Health Assessment Tool 1 (SMHAT-1). U istraživanju su sudjelovali natjecateljski sportaši ($N \approx 869$) različitih sportskih disciplina koji su ispunili standardizirane instrumente za procjenu mentalnog zdravlja i konzumacije alkohola. AUDIT-C primijenjen je za procjenu rizične konzumacije alkohola, a CAGE-AID za identifikaciju mogućih problema povezanih s uporabom alkohola i drugih psihoaktivnih tvari. Statistička obrada: Analizirane su prevalencije pozitivnih nalaza te razlike prema spolu i vrsti sporta uporabom χ^2 -testova. Procijenjena je i unutarnja konzistencija instrumenata. Rezultati: AUDIT-C identificirao je 28,42 % sportaša iznad praga rizika, dok je CAGE-AID identificirao 6,00 %. Sportašice su pokazale višu pozitivnost na AUDIT-C u odnosu na sportaše (35,88 % prema 19,01 %; $p < 0,001$), dok kod CAGE-AID nije utvrđena spolna razlika ($p = 0,252$). Sportaši individualnih sportova imali su višu pozitivnost na AUDIT-C (33,10 %) i CAGE-AID (7,14 %) u odnosu na timske sportove (19,32 % i 3,73 %). Unutarnja konzistencija instrumenata bila je zadovoljavajuća (AUDIT-C $\alpha = 0,77$; CAGE-AID $\alpha = 0,73$). Zaključak: Rizična konzumacija alkohola česta je među hrvatskim natjecateljskim sportašima, osobito u individualnim sportovima. Rezultati upućuju na potrebu diferenciranih strategija probira i preventivnih intervencija u sportskom okruženju.

collected as part of the Croatian implementation of the IOC Sport Mental Health Assessment Tool 1 (SMHAT-1). Competitive athletes ($N \approx 869$) from various sports disciplines participated in the study and completed standardized instruments for assessing mental health and alcohol use. The AUDIT-C was used to assess risky alcohol consumption, and the CAGE-AID to identify possible problems related to the use of alcohol and other psychoactive substances. Statistical analysis: The prevalences of positive screening findings and differences by sex and type of sport were analyzed using χ^2 tests. Internal consistency of the instruments was also evaluated. Results: The AUDIT-C identified 28.42% of athletes above the risk threshold, while the CAGE-AID identified 6.00%. Female athletes showed a higher rate of positive AUDIT-C results than male athletes (35.88% vs. 19.01%; $p < 0.001$), while no sex difference was found on the CAGE-AID ($p = 0.252$). Athletes in individual sports had higher positivity on both the AUDIT-C (33.10%) and CAGE-AID (7.14%) compared to team sports (19.32% and 3.73%, respectively). The internal consistency of the instruments was satisfactory (AUDIT-C $\alpha = 0.77$; CAGE-AID $\alpha = 0.73$). Conclusion: Risky alcohol consumption is common among Croatian competitive athletes, especially in individual sports. The findings point to the need for differentiated screening strategies and preventive interventions in the sports setting.

Hiponatrijemija kao nuspojava antidepresiva / *Hyponatremia as an Adverse Effect of Antidepressants*

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KLJUČNE RIJEČI / KEYWORDS:

ijatrogena hiponatrijemija / *iatrogenic hyponatremia*

nuspojava / *adverse effect*

antidepresivi / *antidepressants*

SNRI / *SNRIs*

venlafaksin / *venlafaxine*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.226>

Hiponatrijemija uzrokovana antidepresivima poznata je i ozbiljna nuspojava lijekova iz skupine antidepresiva, posebice onih iz skupina SSRI, poput sertralina i fluoksetina, te SNRI, poput venlafaksina i duloksetina. Može se manifestirati simptomima poput umora i smetenosti, a u težim slučajevima može doći i do epileptičkog napadaja. U radu je prikazan slučaj 89-godišnje pacijentice kod koje se razvila hiponatrijemija kao nuspojava antidepresiva te su prikazane najnovije znanstvene spoznaje o hiponatrijemiji kod antidepresiva s ciljem isticanja važnosti pravodobnog prepoznavanja i zbrinjavanja ove nuspojave. Pacijentica je vozilom Hitne medicinske pomoći upućena iz kronične psihijatrijske ustanove u OHBP KBC-a Rijeka zbog prvog epileptičkog napadaja koji se očitovao smetenošću, tremorom i grčevima

Hyponatremia caused by antidepressants is a known and serious adverse effect of medications from the antidepressant class, especially those from the SSRI group, such as sertraline and fluoxetine, and the SNRI group, such as venlafaxine and duloxetine. It may present with symptoms such as fatigue and confusion, and in more severe cases can lead to epileptic seizures. This paper presents the case of an 89-year-old female patient who developed hyponatremia as an adverse effect of antidepressant therapy, and outlines the latest scientific findings on antidepressant-induced hyponatremia with the aim of highlighting the importance of timely recognition and management of this side effect. The patient was transported by ambulance from a long-term psychiatric facility to the Emergency Department of the Clinical Hospital Center Rijeka due to a first epileptic seizure, which manifested as confusion, tremor,

cijeloga tijela bez neuroloških deficita. U kroničnoj farmakoterapiji uzimala je venlafaksin, mirtazapin, olanzapin, pregabalin i diazepam. U sklopu laboratorijske obrade verificirana je hiponatrijemija s vrijednostima natrija 115 mmol/L, a slikovne su pretrage pokazale uređan nalaz prsnih organa i CT mozga, na kojemu je uočena klinički irelevantna kalcificirana tvorba. Pacijentici su ordinirani diazepam i metoklopramid parenteralnim putem uz nadoknadu natrija, 300 mL 3 %-tnog NaCl i 500 mL 0,9 %-tnog NaCl. Konzilijarno je pregledana od neurologa, internista i neurokirurga, nakon čega je zaprimljena na Kliniku za neurokirurgiju. Tijekom boravka na Klinici kontinuirano su bilježene niže vrijednosti natrija u krvi te je konzilijarno upućena psihijatru koji je korigirao kroničnu farmakoterapiju, pritom ukidajući venlafaksin. Nakon korekcije farmakoterapije natrijemija je stabilizirana na 140 mmol/L te nisu više nisu zabilježene oscilacije, uz potpun izostanak epileptičkih napadaja i drugih simptoma. Pacijentica je otpuštena u matičnu bolničku ustanovu s korigiranom farmakoterapijom. Prikazom slučaja upućujemo na važnost pravodobnog prepoznavanja nuspojava antidepresiva u kliničkoj praksi.

and generalized body convulsions without neurological deficits. Her chronic pharmacotherapy included venlafaxine, mirtazapine, olanzapine, pregabalin, and diazepam. Laboratory workup confirmed hyponatremia with a sodium level of 115 mmol/L, while imaging studies showed normal findings of the thoracic organs and brain CT, on which a clinically irrelevant calcified lesion was observed. The patient was treated with parenteral diazepam and metoclopramide, along with sodium replacement using 300 mL of 3% NaCl and 500 mL of 0.9% NaCl. She was evaluated by a neurologist, internist, and neurosurgeon in a consultative setting, after which she was admitted to the Clinic of Neurosurgery. During her stay in the Clinic, persistently low serum sodium levels were recorded, and she was therefore referred for psychiatric consultation. The psychiatrist adjusted her chronic pharmacotherapy, discontinuing venlafaxine. Following this adjustment, natremia stabilized at 140 mmol/L with no further fluctuations, and there was complete cessation of epileptic seizures and other symptoms. The patient was discharged back to her referring hospital with corrected pharmacotherapy. By presenting this case, we emphasize the importance of timely recognition of antidepressant side effects in clinical practice.

Liječenje psihotičnih simptoma u Parkinsonovoj bolesti – prikaz slučaja

/ Treatment of Psychotic Symptoms in Parkinson Disease – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

antipsihotici / *antipsychotics*

nuspojave / *side effects*

Parkinsonova bolest / *Parkinson's disease*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.228>

Parkinsonova bolest progresivni je neurodegenerativni poremećaj obilježen motoričkim simptomima, poput tremora u mirovanju, bradikinezije, rigiditeta i posturalne nestabilnosti, ali i brojnim nemotoričkim simptomima, uključujući kognitivno oštećenje, depresiju i psihotične simptome. Liječenje psihoze u Parkinsonovoj bolesti terapijski je izazov jer većina antipsihotika može pogoršati motoričke simptome. Klopazin se često smatra terapijom izbora zbog manjeg rizika od ekstrapiramidnih nuspojava, no njegovu primjenu mogu ograničiti nuspojave poput hipersalivacije i sedacije. Prikazujemo slučaj bolesnice rođene 1953. godine s dijagnozom Parkinsonove bolesti, kod koje su bili prisutni bradikinezija, hipokinezija, hipomimija i rigiditet. Unatoč povećanju doze levodope/benserazida i uvođenju pramipeksola tijekom 2024. godine, motorički simptomi postupno su se pogoršavali. Neuropsihološka

Parkinson's disease is a progressive neurodegenerative disorder characterized by motor symptoms such as resting tremor, bradykinesia, rigidity, and postural instability, as well as numerous non-motor symptoms, including cognitive impairment, depression, and psychotic symptoms. Treating psychosis in Parkinson's disease is a therapeutic challenge because most antipsychotics can worsen motor symptoms. Clozapine is often considered the treatment of choice due to its lower risk of extrapyramidal side effects, but its use may be limited by adverse effects such as hypersalivation and sedation. We present the case of a female patient born in 1953 with a diagnosis of Parkinson's disease, who exhibited bradykinesia, hypokinesia, hypomimia, and rigidity. Despite increasing the dose of levodopa/benserazide and introducing pramipexole during 2024, her motor symptoms gradually worsened. Neuropsychological assessment showed cognitive deficits and pronounced speech disturbances, consistent with

obrada pokazala je kognitivne deficite i izražene govorne smetnje, u skladu s progresijom bolesti. U svibnju 2025. razvijaju se anksiozno-depresivni simptomi, zbog čega se uvode escitalopram i alprazolam. Ubrzo nakon uvođenja terapije pojavljuju se paranoidne interpretacije realiteta i slušne halucinacije. Escitalopram se ukida, a uvodi se klopazin titriran do doze od 25 mg tri puta dnevno, uz kvetiapin 25 mg dva puta dnevno. Unatoč terapiji, psihotični simptomi perzistiraju, uz razvoj izražene hipersalivacije koja dodatno otežava svakodnevno funkcioniranje bolesnice. Zbog slabog terapijskog odgovora i nuspojava klopazina se ukida te se uvodi olanzapin u dozi od 5 mg navečer i 2,5 mg ujutro. Nakon promjene terapije dolazi do stabilizacije psihotičnih simptoma bez pogoršanja motoričkih funkcija. Ovaj prikaz slučaja naglašava složenost liječenja psihotičnih simptoma u Parkinsonovoj bolesti te važnost individualiziranog pristupa liječenju, uz pažljivo balansiranje između kontrole psihičkih simptoma i očuvanja motoričke funkcionalnosti bolesnika.

disease progression. In May 2025, she developed anxiety-depressive symptoms, for which escitalopram and alprazolam were introduced. Shortly after starting this therapy, paranoid interpretations of reality and auditory hallucinations appeared. Escitalopram was discontinued, and clozapine was introduced, titrated to a dose of 25 mg three times daily, along with quetiapine 25 mg twice daily. Despite treatment, psychotic symptoms persisted, and marked hypersalivation developed, further impairing the patient's everyday functioning. Due to the poor therapeutic response and side effects, clozapine was discontinued, and olanzapine was introduced at a dose of 5 mg in the evening and 2.5 mg in the morning. After the change in therapy, psychotic symptoms stabilized without any worsening of motor function. This case report highlights the complexity of treating psychotic symptoms in Parkinson's disease and the importance of an individualized treatment approach, with careful balancing between control of psychiatric symptoms and preservation of the patient's motor functioning.

Unaprjeđenje prakse temeljene na znanjima o traumi kroz digitalne alate: spoznaje iz triju europskih ERASMUS+ projekata

/ Advancing Trauma-Informed Practice Through Digital Tools: Insights From Three European Erasmus+ Projects

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KLJUČNE RIJEČI / KEYWORDS:

trauma / *trauma*

praksa temeljena na znanjima o traumi / *trauma-informed practice*

Erasmus+ / *Erasmus+*

javne službe / *public services*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.230>

Ciljevi: Izloženost traumi raširena je diljem Europe zbog prisilnih migracija, nasilja, rata, prirodnih katastrofa, zdravstvenih ugroza i društvene nestabilnosti. Osobe koje se koriste javnim uslugama mogu imati posttraumatske simptome, a oni često ostaju neprepoznati jer profesionalci u javnim službama nemaju dovoljno znanja i iskustva iz područja mentalnog

Objectives: Exposure to trauma is widespread across Europe due to forced migration, violence, wars, natural disasters, health threats, and social instability. People who use public services may have post-traumatic symptoms that often remain unrecognized because professionals in public services lack sufficient knowledge and experience in mental health. *Trauma-Informed Practice (TIP)*

zdravlja. Praksa temeljena na znanjima o traumi (*Trauma-Informed Practice*, TIP) pruža okvir za razumijevanje i odgovor na traumu, preusmjerujući fokus s pitanja „Što s vama nije u redu?“ na „Što vam se dogodilo?“. Ovaj sažetak predstavlja tri Erasmus+ projekta – *Post-Traumatic Integration* (PTI), *Trauma-Informed Practice for Public Services* (TIPS) i *Trauma-Informed Practice for Kids* (TIP FOR KIDS) – usmjerena na integraciju načela prakse temeljene na znanjima o traumi u profesionalna i obrazovna okruženja te razvoj edukacijskih materijala o traumi za stručnjake koji nisu iz područja mentalnog zdravlja. Metode: Procjene potreba u sedam europskih zemalja, usmjerile su razvoj praktičnih edukacijskih materijala o primjeni praksi temeljenih na znanjima o traumi za stručnjake iz različitih sektora. Materijali promiču sigurnost, povjerenje, osnaživanje, suradnju i emocionalnu regulaciju te omogućuju bolje razumijevanje i učinkovit odgovor na traumu u svakodnevnom radu. Rezultati: Rezultati uključuju smjernice za rad temeljen na znanjima o traumi, studije slučaja, interaktivne platforme, mobilne aplikacije, obrazovne materijale i treninge, *podcaste* te chatbot temeljen na umjetnoj inteligenciji. Svi materijali dostupni su na devet jezika, uključujući hrvatski. Usmjereni su na jačanje kapaciteta stručnjaka za prepoznavanje traume, smanjenje retraumatizacije, upravljanje stresom i poticanje uključivih okruženja koja podržavaju oporavak, otpornost i dobrobit. Zaključci: Pružanjem praktičnih edukacijskih materijala, Erasmus+ projekti pridonose sekundarnoj prevenciji traume i retraumatizacije u obrazovanju, javnim službama i sustavima podrške. Prakse temeljene na znanjima o traumi unaprjeđuju psihosocijalnu podršku, smanjuju štetu i jačaju sposobnost stručnjaka za odgovor na traumu u različitim skupinama i okruženjima.

provides a framework for understanding and responding to trauma, shifting the focus from the question “What is wrong with you?” to “What happened to you?”. This abstract presents three Erasmus+ projects – *Post-Traumatic Integration* (PTI), *Trauma-Informed Practice for Public Services* (TIPS), and *Trauma-Informed Practice for Kids* (TIP FOR KIDS) – aimed at integrating trauma-informed practice principles into professional and educational settings and developing educational materials on trauma for professionals who do not work in the field of mental health. Methods: Needs assessments in seven European countries guided the development of practical educational materials on the application of trauma-informed practices for professionals from various sectors. The materials promote safety, trust, empowerment, collaboration, and emotional regulation, and enable better understanding of and more effective responses to trauma in everyday work. Results: The results include trauma-informed practice guidelines, case studies, interactive platforms, mobile applications, educational materials and trainings, podcasts, and an artificial intelligence-based chatbot. All materials are available in nine languages, including Croatian. They are aimed at strengthening professionals’ capacity to recognize trauma, reduce retraumatization, manage stress, and foster inclusive environments that support recovery, resilience, and well-being. Conclusions: By providing practical educational materials, the Erasmus+ projects contribute to secondary prevention of trauma and retraumatization in education, public services, and support systems. Trauma-informed practices enhance psychosocial support, reduce harm, and strengthen professionals’ ability to respond to trauma in diverse groups and settings.

Povezanost roditeljskih odgojnih stilova, narcizma i imposter-sindroma među studentima medicine i humanističkih znanosti: presječno, komparativno kvantitativno istraživanje s korelacijskim pristupom

/ Associations of Parenting Styles, Narcissism, and Impostor Syndrome Among Medical and Humanities Students: A Cross-Sectional Comparative Quantitative Study With a Correlational Approach

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KLJUČNE RIJEČI / KEYWORDS:

roditeljski odgojni stilovi / parental rearing styles

imposter-sindrom / impostor syndrome

narcizam / narcissism

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.232>

Roditeljski odgojni stilovi imaju važnu ulogu u oblikovanju psihološkog razvoja pojedinca te mogu dugoročno utjecati na način na koji osoba doživljava sebe, vlastita postignuća i odnose s drugima. Dva psihološka fenomena koja su posebno relevantna za studentsku populaciju jesu imposter-sindrom i narcističke osobine. Imposter-sindrom obilježen je trajnim osjećajem intelektualne neadekvatnosti i sumnje u vlastite sposobnosti unatoč objektivnim dokazima uspjeha, dok narcističke osobine obuhvaćaju obrasce samopoimanja povezane s osjećajima

Parental rearing styles play an important role in shaping an individual's psychological development and can have long-term effects on how a person experiences themselves, their own achievements, and their relationships with others. Two psychological phenomena that are particularly relevant to the student population are impostor syndrome and narcissistic traits. Impostor syndrome is characterized by a persistent feeling of intellectual inadequacy and doubt in one's own abilities despite objective evidence of success, while narcissistic traits include patterns

jem vlastite važnosti, potrebom za priznanjem i osjetljivošću na evaluaciju okoline. Cilj ovog doktorskog istraživanja jest ispitati povezanost između percipiranih roditeljskih odgojnih stilova i razina imposter-sindroma te narcističkih osobina među studentima biomedicinskih i zdravstvenih te humanističkih i društvenih znanosti. Poseban je naglasak stavljen na dimenzije roditeljske emocionalne topline, prezaštićivanja i odbacivanja te njihovu povezanost s navedenim psihološkim obilježjima. Istraživanje će biti provedeno primjenom presječnog, komparativnog kvantitativnog dizajna s korelacijskim pristupom. Podatci će se prikupljati pomoću standardiziranih psiholoških upitnika i sociodemografskog upitnika među studentima različitih studijskih područja. Uz ispitivanje povezanosti roditeljskih odgojnih stilova s imposter-sindromom i narcističkim osobinama, analizirat će se i moguće razlike s obzirom na područje studija, spol, dob i godinu studija. Očekuje se da će rezultati pridonijeti boljem razumijevanju uloge obiteljskog okruženja u razvoju psiholoških obrazaca relevantnih za akademsko funkcioniranje, mentalno zdravlje i razvoj osobnosti mladih odraslih osoba te biti temelj za razvoj preventivnih i savjetodavnih programa usmjerenih studentskoj populaciji.

of self-perception related to a sense of one's own importance, a need for recognition, and sensitivity to evaluation by others. The aim of this doctoral research is to examine the association between perceived parental rearing styles and levels of impostor syndrome and narcissistic traits among students in biomedical and health sciences and in the humanities and social sciences. Special emphasis is placed on the dimensions of parental emotional warmth, overprotection, and rejection, and their relationship with these psychological characteristics. The study will be conducted using a cross-sectional, comparative quantitative design with a correlational approach. Data will be collected using standardized psychological questionnaires and a sociodemographic questionnaire among students from different fields of study. In addition to examining the association of parental rearing styles with impostor syndrome and narcissistic traits, possible differences will be analyzed with regard to field of study, gender, age, and year of study. The results are expected to contribute to a better understanding of the role of the family environment in the development of psychological patterns relevant to academic functioning, mental health, and personality development in young adults, and to provide a basis for the development of preventive and counseling programs targeting the student population.

Što je bilo prvo – psihoza ili organska bolest? Važnost somatske obrade prve psihoze

/ Which Came First – Psychosis or Organic Disease? The Importance of Somatic Assessment in First-Episode Psychosis

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KLJUČNE RIJEČI / KEYWORDS:

psihoza / *psychosis*

multipla skleroza / *multiple sclerosis*

somatska obrada / *somatic workup*

mutidisciplinarni pristup / *multidisciplinary approach*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.234>

Skupina autora prikazuje pacijenta koji se po prvi put na liječenje javlja u dobi od 31 godine sa slikom akutnog psihotičnog poremećaja. Opisuje se psihičke promjene unatrag tri godine koje su sada kulminirale i manifestirale se u obliku dezorganiziranog ponašanja, rastroženosti, paranoide, socijalne i radne disfunkcionalnosti, uz sve izraženije agresivne ispade (verbalne i brahijalne) uz slušne i suspektne vidne halucinacije. Pacijent potpuno bez uvida u svoje stanje, uvjeren da je potpuno zdrav, odbija svaki oblik liječenja. Liječen je prisilnom

A group of authors presents a patient who sought treatment for the first time at the age of 31 with a clinical picture of acute psychotic disorder. They describe psychological changes over the previous three years that have now culminated and manifested in the form of disorganized behavior, distractibility, paranoia, social and occupational dysfunction, with increasingly pronounced aggressive outbursts (verbal and physical), accompanied by auditory and suspected visual hallucinations. The patient, completely lacking insight into his condition and convinced that he is en-

hospitalizacijom. Klinička slika zadovoljavala je kriterije endogenog procesa shizofrenog tipa. Zahtjevno liječenje dodatno se komplicira razvojem nuspojava. Nakon akutnog smirivanja pacijenta započne se s obradom. Rutinskom CT obradom nađu se hipodenziteti duboke bijele tvari obostrano, otvorene etiologije. Daljnja se obrada specifično usmjeri te se od neurologa postavi dijagnoza aktivne demijelinizacijske bolesti, relapsno-remitirajuće multiple skleroze. Učinjenom obradom zadovoljeni su revidirani McDonaldovi kriteriji za postavljanje dijagnoze – lezije supratentorijske i infratentorijske, koje pokazuju aktivnost, pozitivan nalaz likvora, visok titar slobodnih lakih lanaca Ig kapa tipa u likvoru. Ispunjeni su svi kriteriji za uvođenje cladribina u prvu liniju liječenja osoba s visokim rizikom od napredovanja neurološke onesposobljenosti. Multidisciplinarnom suradnjom, uz prilagodbu terapije, psihotični se simptomi u potpunosti kupiraju. Pacijent aktivno sudjeluje u obradi i liječenju neurološke bolesti. Zaključak: iako je klinička slika početno odgovarala shizofreniji, detaljnom obradom i postavljanjem dijagnoze somatske bolesti revidira se u organsku psihozu. Za daljnje liječenje i održavanje funkcionalnosti bolesnika potrebna je multidisciplinarna suradnja i praćenje u svrhu poboljšanja ishoda i kvalitete života pacijenta.

tirely healthy, refused any form of treatment. He was treated under compulsory hospitalization. The clinical picture met the criteria for an endogenous process of the schizophrenic type. The demanding treatment was further complicated by the development of side effects. After the patient's acute state had stabilized, diagnostic workup was initiated. Routine CT imaging revealed bilateral hypodensities of the deep white matter of unclear etiology. Further assessment was specifically directed, and a neurologist established the diagnosis of an active demyelinating disease, relapsing–remitting multiple sclerosis. The diagnostic workup fulfilled the revised McDonald criteria for establishing the diagnosis – supratentorial and infratentorial lesions showing activity, positive cerebrospinal fluid findings, and a high titer of free kappa light chain Ig in the cerebrospinal fluid. All criteria were met for introducing cladribine as first-line therapy in a person at high risk of progression of neurological disability. Through multidisciplinary collaboration and adjustment of therapy, the psychotic symptoms were completely resolved. The patient actively participated in the assessment and treatment of the neurological disease. Conclusion: Although the initial clinical picture was consistent with schizophrenia, detailed diagnostic workup and identification of a somatic disease led to revision of the diagnosis to organic psychosis. For further treatment and maintenance of the patient's functioning, multidisciplinary collaboration and follow-up are required to improve outcomes and quality of life.

Primjena depo oblika aripiprazola u liječenju i kontroli bipolarnog poremećaja

/ Use of Long-Acting Injectable Aripiprazole in the Treatment and Management of Bipolar Disorder

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KLJUČNE RIJEČI / KEYWORDS:

bipolarni poremećaj / *bipolar disorder*

depo oblik aripiprazola / *depot formulation of aripiprazole*
indikacije / *indications*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.236>

Aripiprazol, kao atipičan antipsihotik, indiciran je za liječenje shizofrenije i maničnih epizoda bipolarnog poremećaja. Zbog svoje uloge u stabilizaciji aktivnosti neurotransmitora (dopamina i serotonina) kod bipolarnog poremećaja može se primijeniti kao monoterapija u maničnoj fazi, kao augmentacija uz stabilizatore raspoloženja te u svrhu prevencije novih epizoda. U obliku depo preparata osigurava bolju suradljivost i adherenciju, te bolje ishode liječenja u određenog broja pacijenata zbog postupnog otpuštanja i održavanja stabilne razine lijeka u krvi. U Hrvatskoj je na teret HZZO-a odobren isključivo za liječenje shizofrenije. U ovom radu prikazujemo pacijenta koji se liječi godinama radi bipolarnog poremećaja, i do sada su isprobane razne kombinacije antipsihotika i stabilizatora raspoloženja, uz antidepresive u depresivnim epizodama. Posljednja hospitalizacija bila je u manično-disforičnom

Aripiprazole, as an atypical antipsychotic, is indicated for the treatment of schizophrenia and manic episodes of bipolar disorder. Due to its role in stabilizing neurotransmitter activity (dopamine and serotonin) in bipolar disorder, it can be used as monotherapy in the manic phase, as augmentation alongside mood stabilizers, and for the prevention of new episodes. In its depot formulation, it ensures better cooperation and adherence, and better treatment outcomes in a certain number of patients due to gradual release and maintenance of a stable drug level in the blood. In Croatia, it is reimbursed by the Croatian Health Insurance Fund (HZZO) exclusively for the treatment of schizophrenia. In this paper, we present a patient who has been treated for years for bipolar disorder, with various combinations of antipsychotics and mood stabilizers tried so far, along with antidepressants during depressive episodes. The most recent hospitalization occurred in a manic-dysphoric state, during which, as a

stanju, kada je uslijed bolesti pokazao ozbiljne suicidalne i homicidne smetnje. S obzirom na pretilost i metabolički sindrom, uz dosadašnju terapiju risperidonom i Na-valproatom, odlučio se za uvođenje aripiprazola s ciljem postizanja bolje stabilizacije, a presudni je faktor u odluci bila njegova metabolička neutralnost. Zbog ranije neadherencije u uzimanju lijekova dogovorno se uvede depo preparat u dogovoru s pacijentom. Iako prema smjernicama HZZO-a aripiprazol depo nije indiciran za liječenje BAP-a, kod ovog smo pacijenta uspjeli uspostaviti dužu stabilnu remisiju bolesti, povratak na posao i funkcionalnost u okviru svojih mogućnosti, uz dobru adherenciju i motiviranost za rad na sebi.

consequence of the illness, he exhibited serious suicidal and homicidal disturbances. Given obesity and metabolic syndrome, and the existing therapy with risperidone and sodium valproate, a decision was made to introduce aripiprazole with the aim of achieving better stabilization, with its metabolic neutrality being the decisive factor in this choice. Due to previous nonadherence to oral medication, the depot preparation was introduced by mutual agreement with the patient. Although, according to HZZO guidelines, aripiprazole depot is not indicated for the treatment of bipolar affective disorder, in this patient we managed to achieve a longer stable remission of the illness, a return to work, and functioning within his capabilities, with good adherence and motivation to work on himself.

Youth-GEMs: interakcije genetskih i okolišnih čimbenika u razvojnim putanjama mentalnog zdravlja mladih: protokol prospektivnog multicentričnog opservacijskog istraživanja

/ Youth-GEMs: Gene–Environment Interactions in Developmental Trajectories of Youth Mental Health: Protocol for a Prospective Multicenter Observational Study

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KLJUČNE RIJEČI / KEYWORDS:

genetski čimbenici / *genetic factors*

okolišni čimbenici / *environmental factors*

mentalno zdravlje mladih / *youth mental health*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.238>

Uvod: Mentalno zdravlje mladih jedan je od najhitnijih javnozdravstvenih izazova u Europi. Potrebno je bolje razumjeti dugoročni razvoj mentalnog zdravlja, rane čimbenike rizika te mogućnosti pravodobne intervencije kod mladih izloženih traumi ili riziku za razvoj mentalnih poremećaja. Pretpostavlja se da razvoj mentalnog zdravlja proizlazi iz složene interakcije genetskih, epigenetskih i okolišnih čimbenika, no izravni dokazi za takve povezanosti

Introduction: The mental health of young people is one of the most urgent public health challenges in Europe. There is a need for a better understanding of the long-term development of mental health, early risk factors, and opportunities for timely intervention in young people exposed to trauma or at risk of developing mental disorders. It is assumed that the development of mental health arises from a complex interaction of genetic, epigenetic, and environmental factors, but direct ev-

još su ograničeni. Cilj: Projekt YOUTH-GEMS (*Gene Environment Interactions in Mental Health Trajectories of Youth*) ispituje povezanost bioloških i okolišnih čimbenika koji oblikuju razvoj mentalnog zdravlja mladih tijekom adolescencije i rane odrasle dobi. Metode: Prikupljanje podataka započelo je u ožujku 2024. godine u 16 institucija iz 9 zemalja. U istraživanje se planira uključiti 1000 mladih osoba u dobi od 12 do 24 godine koje traže pomoć zbog teškoća mentalnog zdravlja. Sudionici se prate tijekom dvije godine primjenom digitalnih tehnologija i umjetne inteligencije. Prikupljaju se klinički, genetski, epigenetski i okolišni podatci te podatci o obrascima traženja pomoći. Rezultati: Do ožujka 2026. godine uključena su 634 sudionika, što predstavlja 64 % planiranog uzorka. Najveći doprinos regrutaciji ostvarile su Španjolska i Srbija, koje su dosegnule 90 % očekivanog cilja, dok su Hrvatska i Estonija ostvarile 50 %, a Finska i Nizozemska 30 % planirane regrutacije. Biološki uzorci prikupljeni su od 504 sudionika (79 %), uključujući 398 uzoraka krvi i 106 uzoraka sline. Digitalni podatci putem mobilne aplikacije dostupni su za 274 sudionika (43 %), dok je 69 sudionika (11 %) dostavilo narative. Praćenje sudionika provedeno je za 401 ispitanika nakon 3 mjeseca, 308 nakon 6 mjeseci, 265 nakon 12 mjeseci, 58 nakon 18 mjeseci te 6 nakon 24 mjeseca. Zaključak: YOUTH-GEMS jedno je od najvećih europskih longitudinalnih istraživanja mentalnog zdravlja mladih. Integracijom genetskih, epigenetskih, okolišnih i digitalnih podataka projekt će omogućiti razvoj prediktivnih modela i alata za rano prepoznavanje rizika te unaprijediti donošenje odluka temeljenih na dokazima u području mentalnog zdravlja mladih. Registracija istraživanja: ISRCTN17131459. Financiranje: Horizon Europe (Grant Agreement No. 101057182).

idence for such associations is still limited. Aim: The YOUTH-GEMS (*Gene Environment Interactions in Mental Health Trajectories of Youth*) project examines the relationship between biological and environmental factors that shape the development of mental health in young people during adolescence and early adulthood. Methods: Data collection began in March 2024 at 16 institutions in 9 countries. The study plans to include 1,000 young people aged 12 to 24 who are seeking help for mental health difficulties. Participants are followed over two years using digital technologies and artificial intelligence. Clinical, genetic, epigenetic, and environmental data are collected, as well as data on help-seeking patterns. Results: By March 2026, 634 participants had been included, representing 64% of the planned sample. Spain and Serbia contributed the most to recruitment, reaching 90% of the expected target, while Croatia and Estonia reached 50%, and Finland and the Netherlands 30% of the planned recruitment. Biological samples were collected from 504 participants (79%), including 398 blood samples and 106 saliva samples. Digital data via a mobile application are available for 274 participants (43%), while 69 participants (11%) provided narratives. Follow-up was conducted for 401 participants at 3 months, 308 at 6 months, 265 at 12 months, 58 at 18 months, and 6 at 24 months. Conclusion: YOUTH-GEMS is one of the largest European longitudinal studies on youth mental health. By integrating genetic, epigenetic, environmental, and digital data, the project will enable the development of predictive models and tools for the early detection of risk and will improve evidence-based decision-making in the field of youth mental health. Trial registration: ISRCTN17131459. Funding: Horizon Europe (Grant Agreement No. 101057182).

Gdje završava kultura, a počinje psihoza? – prikaz slučaja iz transkulturalne psihijatrije

/ Where Does Culture End and Psychosis Begin? – A Case Report From Transcultural Psychiatry

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KLJUČNE RIJEČI / KEYWORDS:

transkulturalna psihijatrija / *transcultural psychiatry*

migranti / *migrants*

psihoza / *psychosis*

religijski sadržaj sumanutosti / *religious content of delusions*

jezična barijera / *language barrier*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.240>

Migracije i sve veća kulturološka raznolikost znatan su izazov za suvremenu psihijatriju. Jezične barijere, različiti religijski sustavi i ograničena dostupnost anamnestičkih podataka mogu otežati dijagnostički proces i planiranje liječenja. Pacijent u ranim tridesetim godinama, državljanin Nepala zaposlen kao dostavljač, primljen je na psihijatrijski odjel zbog psihotične dekompenzacije praćene auto-agresivnim i heteroagresivnim ponašanjem. U pratnji policije i hitne medicinske službe doveden je nakon što je nožem prijetio sustanaru smrću te se potom ozlijedio rezanjem po zape-

Migration and increasing cultural diversity pose a considerable challenge for contemporary psychiatry. Language barriers, different religious systems, and limited availability of anamnesis data may complicate the diagnostic process and treatment planning. A patient in his early thirties, a citizen of Nepal employed as a delivery worker, was admitted to the psychiatric ward due to psychotic decompensation accompanied by auto-aggressive and hetero-aggressive behavior. Accompanied by the police and emergency medical services, he was brought in after threatening his roommate with a knife, saying he would kill him, and then

šću. Prema dostupnim podacima, postupao je pod utjecajem imperativnih slušnih halucinacija. Zbog izražene jezične barijere inicijalni podatci dobiveni su od sustanara, a kasnije uz pomoć službenog prevoditelja angažiranog putem nepalskog konzulata. Tijekom hospitalizacije pacijent navodi komunikaciju s duhovima i demonima, dok se naknadno od članova obitelji doznaje kako se identificirao s hinduističkom religijskom tradicijom u kojoj nadnaravna bića imaju važnu simboličku ulogu. Dodatno se saznaje podatak o ranijem psihijatrijskom liječenju, problemima ovisnosti te epizodama agresivnog ponašanja u zemlji podrijetla. Liječen je risperidonom i kvetiapiinom, uz postupnu kliničku stabilizaciju. Prikaz naglašava važnost kulturološki informiranog psihijatrijskog pristupa u procjeni psihotičnih simptoma kod migranata. Razlikovanje psihopatoloških fenomena od kulturološki i religijski uvjetovanih vjerovanja zahtijeva pažljivo uzimanje anamneze, suradnju s prevoditeljima i razumijevanje sociokulturnog konteksta pacijenta. Dodatni izazovi uključuju jezične prepreke, ograničenu socijalnu podršku i otežan kontinuitet psihijatrijske skrbi nakon otpusta.

injuring himself by cutting his wrist. According to the available data, he acted under the influence of imperative auditory hallucinations. Due to a pronounced language barrier, initial information was obtained from the roommate, and later with the help of an official interpreter engaged through the Nepalese consulate. During hospitalization, the patient reported communication with spirits and demons, while it was subsequently learned from family members that he identified with the Hindu religious tradition, in which supernatural beings have an important symbolic role. Additional information was obtained about prior psychiatric treatment, substance use problems, and episodes of aggressive behavior in the country of origin. He was treated with risperidone and quetiapine, with gradual clinical stabilization. This case highlights the importance of a culturally informed psychiatric approach in the assessment of psychotic symptoms in migrants. Differentiating psychopathological phenomena from culturally and religiously conditioned beliefs requires careful history taking, collaboration with interpreters, and understanding of the patient's sociocultural context. Additional challenges include language barriers, limited social support, and impaired continuity of psychiatric care after discharge.

Povezanost posttraumatskog stresnog poremećaja, crijevnog mikrobioma i kardiometaboličkog rizika u hrvatskih ratnih veterana

/ Association of Posttraumatic Stress Disorder, the Gut Microbiome, and Cardiometabolic Risk Among Croatian War Veterans

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KLJUČNE RIJEČI / KEYWORDS:

PTSP / PTSD

šećerna bolest / diabetes

mikrobiom / microbiome

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.242>

Cilj istraživanja: Ispitati sastav crijevnog mikrobioma i njegovu povezanost s kardiovaskularnim rizikom u ratnih veterana s posttraumatskim stresnim poremećajem (PTSP) i šećernom bolešću tipa 2 (DM2). Materijali i metode: U istraživanje će biti uključeni ratni veterani s dijagnozom PTSP-a i DM2 te ratni veterani s dijagnozom PTSP-a bez DM2 kao kontrolna skupina. Provest će se analiza validiranih anketnih upitnika o pridržavanju mediteranske prehrane (MDSS), procjena psihičkog stresa primjenom CAPS i ITQ upitnika, mjerenje antropometrijskih parametara i sastava tijela te analiza laboratorijskih parametara. Odredit će

Aim of the study: To examine the composition of the gut microbiome and its association with cardiovascular risk in war veterans with post-traumatic stress disorder (PTSD) and type 2 diabetes mellitus (T2DM). Materials and methods: The study will include war veterans diagnosed with PTSD and T2DM, as well as war veterans diagnosed with PTSD without T2DM as a control group. Validated questionnaires on adherence to the Mediterranean diet (MDSS) will be administered, psychological stress will be assessed using the CAPS and ITQ questionnaires, anthropometric parameters and body composition will be measured, and laboratory parameters will be

se parametri kardiovaskularnog rizika, uključujući AGEs (engl. *advanced glycation end-products*), ABI (engl. *ankle-brachial index*) i serumske biljege endotelne disfunkcije. Iz uzoraka stolice provede će se analize sekvenciranja gena *16S rRNA* metodom NGS-a te analiza WGS (*shotgun whole genome sequencing*) radi procjene sastava i funkcionalnog potencijala crijevnog mikrobioma ispitivanih skupina. Statistička obrada: Multivarijatna analiza omogućit će sveobuhvatan pristup otkrivanju zajedničkih genskih varijanti crijevnog mikrobioma i potencijalnih funkcionalnih puteva povezani s PTSP-om i DM2. Također će se razviti model strojnog učenja za predviđanje šećerne bolesti tipa 2 i kardiovaskularnog rizika na temelju sastava crijevnog mikrobioma, prehrambenih navika i razine psihičkog stresa. Rezultati: Pretpostavlja se da kronični psihički stres mijenja sastav crijevnog mikrobioma i povećava kardiovaskularni rizik u osoba s PTSP-om, što je važan znanstveni doprinos. Analiza crijevnog mikrobioma, antropometrijskih parametara, sastava tijela, laboratorijskih parametara i pokazatelja kardiovaskularnog rizika mogla bi pridonijeti boljem razumijevanju uloge kroničnog psihičkog stresa u patogenezi DM2 i povećanom kardiovaskularnom riziku u ratnih veterana. Zaključak: Sveobuhvatna analiza sastava i funkcionalne uloge crijevnog mikrobioma može pridonijeti boljem razumijevanju njegove uloge u šećernoj bolesti i kardiovaskularnom riziku u bolesnika s PTSP-om te otvoriti mogućnosti personaliziranih terapijskih pristupa usmjerenih na mikrobiom s ciljem unaprjeđenja skrbi i kvalitete života bolesnika s PTSP-om.

analyzed. Cardiovascular risk parameters will be determined, including AGEs (advanced glycation end-products), ABI (ankle-brachial index), and serum markers of endothelial dysfunction. From stool samples, *16S rRNA* gene sequencing using NGS technology and WGS (*shotgun whole-genome sequencing*) analyses will be performed to assess the composition and functional potential of the gut microbiome in the study groups. Statistical analysis: Multivariate analysis will enable a comprehensive approach to identifying shared genetic variants of the gut microbiome and potential functional pathways associated with PTSD and T2DM. A machine learning model will also be developed to predict type 2 diabetes and cardiovascular risk based on gut microbiome composition, dietary habits, and level of psychological stress. Results: It is hypothesized that chronic psychological stress alters the composition of the gut microbiome and increases cardiovascular risk in individuals with PTSD, which would represent an important scientific contribution. Analysis of the gut microbiome, anthropometric parameters, body composition, laboratory parameters, and cardiovascular risk indicators could contribute to a better understanding of the role of chronic psychological stress in the pathogenesis of T2DM and increased cardiovascular risk in war veterans. Conclusion: A comprehensive analysis of the composition and functional role of the gut microbiome may contribute to a better understanding of its role in diabetes and cardiovascular risk in patients with PTSD and open up possibilities for personalized microbiome-targeted therapeutic approaches aimed at improving care and quality of life in patients with PTSD.

Tinitus kao biopsihosocijalni fenomen: povezanost s anksioznošću, depresivnošću i stresom u ambulantno liječenih nepsihotičnih pacijenata

/ Tinnitus as a Biopsychosocial Phenomenon: Associations With Anxiety, Depression, and Stress Among Nonpsychotic Outpatients

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KLJUČNE RIJEČI / KEYWORDS:

tinitus / tinnitus

anksioznost / anxiety

depresivnost / depression

stres / stress

psihijatrijski pacijenti / psychiatric patients

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.244>

Cilj: Cilj je ovoga istraživanja je ispitati povezanost intenziteta tinitusa s depresivnošću, anksioznošću i stresom u ambulantno liječenih nepsihotičnih pacijenata. **Uvod:** Tinitus kao simptom jest subjektivan osjećaj zvuka ili šuma u ušima bez vanjskog slušnog podražaja, tvoreći tako fantomski zvuk u uhu ili glavi. Danas se tinitus ne smatra isključivo otološkim simptomom, već složenim fenomenom na čiji doživljaj znatno utječu emocionalni i kognitiv-

Aim: The aim of this study is to examine the association between tinnitus intensity and depression, anxiety, and stress in non-psychotic outpatients. **Introduction:** Tinnitus as a symptom is a subjective perception of sound or noise in the ears without an external auditory stimulus, thus creating a phantom sound in the ear or head. Today, tinnitus is not considered solely an otologic symptom, but a complex phenomenon whose experience is substantially influenced by emotional

ni čimbenici. Prevalencija tinitusa slična je prevalenciji migrene i drugih bolnih stanja, što čini znatan teret pojedincu i zdravstvenom sustavu, Metode: U prosječno istraživanje uključeno je 55 ambulantno liječenih pacijenata koji su prijavili tinitus. Isključni kriteriji bili su psihotični poremećaji i izražene kognitivne teškoće. Sudionici su procijenjeni pomoću *Upitnika depresivnosti, anksioznosti i stresa* (DASS-21) te *Vizualne analogne ljestvice za tinitus* (TVAS), kojom su procjenjivali subjektivni intenzitet tinitusa na ljestvici od 0 do 10. Distribucija rezultata na podljestvicama depresivnosti, anksioznosti i stresa te na TVAS-u bila je normalna, zbog čega su primijenjene parametrijske statističke metode. Statistička značajnost određena je na razini $p < 0,05$. Rezultati: Prosječna vrijednost depresivnosti iznosila je $10,58 \pm 13,22$ bodova, anksioznosti $9,69 \pm 6,57$ bodova, a stresa $11,52 \pm 5,50$ bodova. Prosječna vrijednost intenziteta tinitusa na TVAS-u bila je $5,62 \pm 2,15$. Većina ispitanika ostvarila je rezultate koji upućuju na izraženu prisutnost depresivnih i anksioznih simptoma te stresa. Utvrđena je statistički značajna pozitivna korelacija između intenziteta tinitusa i dobi ($r = 0,351$; $p = 0,009$) te između intenziteta tinitusa i anksioznosti ($r = 0,348$; $p = 0,010$). Nisu pronađene statistički značajne razlike u intenzitetu tinitusa s obzirom na spol. Zaključak: U populaciji ambulantno liječenih nepsihotičnih pacijenata veći intenzitet tinitusa povezan je s višom razinom anksioznosti i starijom životnom dobi. Rezultati upućuju na važnu ulogu anksioznosti u subjektivnom doživljaju tinitusa te naglašavaju potrebu za integriranim biopsihosocijalnim pristupom u procjeni i liječenju bolesnika s tinitusom.

and cognitive factors. The prevalence of tinnitus is similar to that of migraine and other pain conditions, representing a considerable burden for the individual and the healthcare system. Methods: This cross-sectional study included 55 outpatients who reported tinnitus. Exclusion criteria were psychotic disorders and pronounced cognitive difficulties. Participants were assessed using the *Depression, Anxiety and Stress Scale* (DASS-21) and the *Tinnitus Visual Analogue Scale* (TVAS), on which they rated the subjective intensity of tinnitus on a scale from 0 to 10. The distribution of scores on the depression, anxiety, and stress subscales and on the TVAS was normal, so parametric statistical methods were applied. Statistical significance was set at $p < 0.05$. Results: The mean depression score was 10.58 ± 13.22 points, the mean anxiety score 9.69 ± 6.57 points, and the mean stress score 11.52 ± 5.50 points. The mean tinnitus intensity on the TVAS was 5.62 ± 2.15 . Most participants achieved scores indicating a marked presence of depressive and anxiety symptoms and stress. A statistically significant positive correlation was found between tinnitus intensity and age ($r = 0.351$; $p = 0.009$), and between tinnitus intensity and anxiety ($r = 0.348$; $p = 0.010$). No statistically significant differences in tinnitus intensity were found with respect to sex. Conclusion: In a population of non-psychotic outpatients, higher tinnitus intensity is associated with higher levels of anxiety and older age. The results point to the important role of anxiety in the subjective experience of tinnitus and emphasize the need for an integrated biopsychosocial approach to the assessment and treatment of patients with tinnitus.

Implementacija programa nutritivne psihijatrije u Klinici za psihijatriju Vrapče

/ Implementation of a Nutritional Psychiatry Program at Vrapče University Psychiatric Hospital

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KLJUČNE RIJEČI / KEYWORDS:

nutritivna psihijatrija / *nutritional psychiatry*

prehrambene navike / *eating habits*

mentalno zdravlje / *mental health*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.246>

Uvod: Osobe koje boluju od psihičkih bolesti često imaju nepravilne prehrambene navike, što uz primjenu psihofarmakoterapije može dodatno povećati teret bolesti i rizik od razvoja metaboličkih komplikacija. Nutritivna psihijatrija interdisciplinarno je područje koje proučava povezanost prehrane, pojedinih nutrijenata i mentalnog zdravlja, s naglaskom na njihov utjecaj na raspoloženje, kognitivne funkcije i opće psihičko funkcioniranje. Prehrana se smatra potencijalno promjenjivim čimbenikom rizika i dijelom terapijskog pristupa u prevenciji i liječenju mentalnih poremećaja. Ciljevi istraživanja: Prikazati uvođenje programa nutritivne psihijatrije u nekoliko faza, u bolničke i izvanbolničke programe liječenja u psihijatriji u Klinici za psihijatriju Vrapče. Materijali i metode: Pregled literature, kreiranje eduka-

Introduction: People with mental illness often have unhealthy eating habits, which, together with the use of psychopharmacotherapy, can further increase disease burden and the risk of developing metabolic complications. Nutritional psychiatry is an interdisciplinary field that examines the relationship between diet, specific nutrients, and mental health, with an emphasis on their impact on mood, cognitive functions, and overall psychological functioning. Diet is considered a potentially modifiable risk factor and part of the therapeutic approach in the prevention and treatment of mental disorders. Aims of the study: To present the introduction of a nutritional psychiatry program in several phases into inpatient and outpatient psychiatric treatment programs at the University Psychiatric Hospital Vrapče. Materials and methods: Literature review, development of educational materials, organization

cijskih materijala, organiziranje fokusnih grupa, edukacija stručnjaka i osoba s problemima mentalnog zdravlja. Rezultati: Povratne informacije pokazale su da su pacijenti i stručnjaci zainteresirani za uvrštavanje ovih sadržaja u programe liječenja i preventivne programe te da ih smatraju dodanom vrijednošću. Zaključak: Pravilna i uravnotežena prehrana smatra se jednim od važnih čimbenika u prevenciji mentalnih poremećaja, a suvremena znanstvena istraživanja sve češće ističu njezinu ulogu kao dijela komplementarnog pristupa prevenciji i liječenju poremećaja mentalnog zdravlja. Edukacija pacijenata i stručnjaka o važnosti pravilne prehrane važan je doprinos očuvanju mentalnog zdravlja, unaprjeđenju kvalitete života i smanjenju ukupnog tereta bolesti.

of focus groups, and education of professionals and people with mental health problems. Results: Feedback showed that patients and professionals are interested in including these contents in treatment and prevention programs and that they regard them as added value. Conclusion: Proper and balanced nutrition is considered one of the important factors in the prevention of mental disorders, and contemporary scientific research increasingly highlights its role as part of a complementary approach to the prevention and treatment of mental health disorders. Educating patients and professionals about the importance of proper nutrition is an important contribution to preserving mental health, improving quality of life, and reducing the overall disease burden.

Psihodinamska perspektiva psihotične depresije – prikaz slučaja

/ *A Psychodynamic Perspective on Psychotic Depression – A Case Report*

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KLJUČNE RIJEČI / KEYWORDS:

psihotična depresija / *psychotic depression*

psihodinamika / *psychodynamics*

patološko žalovanje / *pathological mourning*

halucinacije / *hallucinations*

gubitak objekta / *object loss*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.248>

Cilj rada jest prikazati slučaj pacijentice hospitalizirane zbog depresivne dekompenzacije psihotičnog intenziteta, a u kontekstu patološkog žalovanja nakon smrti oca, te analizirati psihodinamske mehanizme koji sudjeluju u nastanku simptomatike. Sadašnja depresivna epizoda počinje uslijed majčinih učestalih odlazaka bratu, koji je dobio dijete. Iako je zbog toga bila sretna, majčini odlasci doveli su do osjećaja usamljenosti i napuštenosti. Otac je preminuo prije dvije godine te su psihotični elementi bili obilježeni slušnim halucinacijama u obliku glasa pokojnog oca. Odnos s ocem opisuje bliskim, ali ambivalentnim, obilježenim istodobno lju-

The aim of this paper is to present the case of a female patient hospitalized due to depressive decompensation of psychotic intensity in the context of pathological mourning following her father's death, and to analyze the psychodynamic mechanisms involved in the development of her symptoms. The current depressive episode began as a result of her mother's frequent visits to the patient's brother, who had just had a child. Although she was happy about this, her mother's absences led to feelings of loneliness and abandonment. Her father had died two years earlier, and the psychotic elements were characterized by auditory hallucinations in the form of her

bavlju i nerazriješenom ljutnjom. Navodi da nikada nije u potpunosti prihvatila očevu smrt te smatra da su sadašnje tegobe odgođena reakcija žalovanja. U vrijeme očeve smrti bila je suočena s brojnim životnim stresorima, zbog čega nije imala dovoljno prostora za proživljavanje i obradu gubitka objekta. Iz psihodinamske perspektive slučaj se može razumjeti kao oblik patološkog žalovanja u kojemu izgubljeni objekt nije psihički napušten, već ostaje prisutan kroz halucinatorni doživljaj. Očev glas predstavlja introjektirani objekt koji održava vezu s pokojnikom, dok sadržaj halucinacija upućuje na unutarnje konflikte i potisnute impulse. Zbog ambivalentnog odnosa prema ocu, osjećaji ljutnje i agresije nisu mogli biti otvoreno izraženi te su se nakon njegove smrti okrenuli prema vlastitom Ja. Depresivna simptomatika može se razumjeti kao izraz autoagresije, odnosno agresivnih osjećaja koji su se, zbog nemogućnosti usmjeravanja prema objektu, okrenuli prema vlastitom Ja i manifestirali kroz krivnju i samookrivljavanje. Tijekom liječenja došlo je do postupnog povlačenja halucinacija, uz istodobnu pojavu tuge, plačljivosti i anksioznosti, ali i poboljšanja općeg funkcioniranja. Takav razvoj može se tumačiti kao prelazak iz psihotične obrane prema zdravijem procesu žalovanja i emocionalne integracije gubitka.

late father's voice. She describes her relationship with her father as close but ambivalent, marked simultaneously by love and unresolved anger. She reports that she never fully accepted her father's death and believes that her current difficulties represent a delayed grief reaction. At the time of her father's death, she was faced with numerous life stressors, which left her without sufficient space to experience and process the loss of the object. From a psychodynamic perspective, the case can be understood as a form of pathological mourning in which the lost object is not relinquished psychologically but remains present through hallucinatory experience. The father's voice represents an introjected object that maintains the connection with the deceased, while the content of the hallucinations points to internal conflicts and repressed impulses. Due to the ambivalent relationship with her father, feelings of anger and aggression could not be openly expressed and, after his death, were turned against the self. The depressive symptomatology can be understood as an expression of self-directed aggression, that is, aggressive feelings which, because they could not be directed toward the object, were turned inward and manifested as guilt and self-blame. During treatment, the hallucinations gradually receded, accompanied by the emergence of sadness, tearfulness, and anxiety, as well as improvement in overall functioning. Such a development can be interpreted as a transition from psychotic defense toward a healthier process of mourning and emotional integration of the loss.

Rizici korištenja umjetne inteligencije za psihijatrijske pacijente – prikaz slučaja

/ Risks of Artificial Intelligence Use for Psychiatric Patients – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

umjetna inteligencija / *artificial intelligence*

psihijatrija / *psychiatry*

samoozljeđivanje / *self-harm*

suicidalnost / *suicidality*

deluzije / *delusions*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsh.2026.250>

Pacijentica u ranim tridesetima, liječena pod dijagnozama F60.3 i F41.2, krajem prošle godine opservirana je zbog snažne uznemirenosti, autoagresivnih promišljanja i pulzija. Navela je da se pokušala zarezati, o čemu se savjetovala s *chatbotom*. Nakon što se nije uspjela ozlijediti kako je namjeravala, *chatbot* joj je odgovorio na način koji je doživjela kao ponižavajući i okrivljujući, što ju je snažno destabiliziralo. Taj događaj je prepričavala uz izraženu uznemirenost i uvjerenje da bi takve sustave trebalo zabraniti.

The patient, in her early thirties and treated under the diagnoses F60.3 and F41.2, was observed at the end of last year due to severe agitation, self-aggressive thoughts, and impulses. She stated that she had attempted to cut herself and had consulted a chatbot about it. After she was unable to injure herself in the way she had intended, the chatbot responded in a manner she experienced as humiliating and blaming, which profoundly destabilized her. She recounted the event with marked distress and a strong conviction that such systems should

Slučaj pokazuje da interakcija s generativnom umjetnom inteligencijom u stanju psihičke krize može imati klinički značajan učinak. Za ranjivu osobu umjetna inteligencija (UI) nije samo tehnički alat nego se može i doživjeti kao autoritet, savjetnik ili psihoterapeut. Neprijemljen, invalidirajući ili ponižavajući odgovor može pojačati osjećaje srama, bezvrijednosti, beznađa kao i autoagresivne impulse. Poseban rizik nose suicidalnost i samoozljeđivanje. Opasnost nije samo u mogućnosti da UI ponudi izravne ili neizravne upute za samoozljeđivanje nego i u odgovorima koji relativiziraju rizik, ne prepoznaju hitnost ili potvrđuju korisnikovu beznađnost. Kod osoba u krizi i jedan pogrešno formuliran odgovor može djelovati kao okidač. Problem je i sklonost UI sustava povlađivanju korisniku. Model koji zvuči empatično može u pogrešnom kontekstu potvrditi patološke interpretacije, uključujući depresivne, autoagresivne, paranoidne ili grandiozne sadržaje. Opisuje se i mogućnost da dugotrajne interakcije s UI-jem kod vulnerabilnih osoba pojačaju psihotične simptome u vidu deluzija te otežaju testiranje realiteta. Regulacija je nužna, ali složena jer su UI alati globalno dostupni i često se upotrebljavaju izvan kliničkog nadzora. Potrebni su sigurniji modeli, zabrana opasnih uputa, smanjenje povlađivanja, prepoznavanje kriznih stanja, jasna upozorenja da UI nije terapeut te edukacija korisnika i kliničara. U psihijatrijskoj procjeni ubuduće bi trebalo pitati pacijente upotrebljavaju li UI za razgovor o samoozljeđivanju, suicidalnosti, simptomima ili liječenju.

be banned. The case shows that interaction with generative artificial intelligence during a mental health crisis can have a clinically significant impact. For a vulnerable person, artificial intelligence (AI) is not merely a technical tool, but may be experienced as an authority, advisor, or psychotherapist. An inappropriate, invalidating, or humiliating response can intensify feelings of shame, worthlessness, hopelessness, as well as self-aggressive impulses. Particular risks are associated with suicidality and self-harm. The danger lies not only in the possibility that AI might provide direct or indirect instructions for self-injury, but also in responses that downplay the risk, fail to recognize urgency, or confirm the user's sense of hopelessness. In people in crisis, even a single poorly formulated response can act as a trigger. Another problem is the tendency of AI systems to gratify or comply with the user. A model that sounds empathic may, in the wrong context, validate pathological interpretations, including depressive, self-aggressive, paranoid, or grandiose content. There is also concern that prolonged interaction with AI in vulnerable individuals may exacerbate psychotic symptoms in the form of delusions and impair reality testing. Regulation is necessary but complex, as AI tools are globally accessible and often used outside clinical supervision. Safer models are needed, including prohibition of dangerous instructions, reduction of uncritical compliance, improved recognition of crisis states, clear warnings that AI is not a therapist, and education of users and clinicians. In future psychiatric assessments, patients should be asked whether they use AI to talk about self-harm, suicidality, symptoms, or treatment.

Suradnja gastroenterologa i psihijatara u liječenju složenih bolesnika: prikaz slučaja bolesnika sa sindromom medijalnog arkuatnog ligamenta

/ Collaboration Between Gastroenterologists and Psychiatrists in the Treatment of Complex Patients: A Case Report of a Patient With Median Arcuate Ligament Syndrome

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KLJUČNE RIJEČI / KEYWORDS:

konzultativna psihijatrija / *consultation-liaison psychiatry*
psihofarmakologija / *psychopharmacology*
sindrom medijalnog arkuatnog ligamenta / *median arcuate ligament syndrome*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.252>

Sindrom medijalnog arkuatnog ligamenta (MALS) rijetko je stanje povezano s kompresijom celijačne arterije. Obilježavaju ga bolovi u trbuhu, mučnina i gubitak težine, koji su često popraćeni nesanicom, sniženim raspoloženjem i dugotrajnom anksioznošću. Kirurško liječenje metoda je izbora, ali simptomi se mogu vratiti. U takvim situacijama često nije jasno koja je odgovarajuća terapijska opcija. Prikazat će se slučaj u kojemu je liječenje psihofarmcima dovelo do poboljšanja psihičkih tegoba, ali i smanjenja intenziteta gastroenteroloških tegoba. Gospodin A. bio je 43-godišnjak kada je ponovno

Median arcuate ligament syndrome (MALS) is a rare condition associated with compression of the celiac artery. It is characterized by abdominal pain, nausea, and weight loss, often accompanied by insomnia, low mood, and long-standing anxiety. Surgical treatment is the method of choice, but symptoms may recur. In such situations, it is often unclear what the appropriate therapeutic option is. This report presents a case in which treatment with psychotropic medications led to improvement in psychological symptoms as well as a reduction in the intensity of gastrointestinal complaints. Mr. A was 43 years old when he was rehospitalized for recurrent MALS symp-

hospitaliziran zbog ponavljajućih simptoma MALS-a sedam mjeseci nakon operacije. Ultrazvuk abdomena s respiratornim manevrom pokazao je promjene vršne sistoličke brzine u celijskoj arteriji koje su bile tipične za MALS i u osnovi su se podudarale s onima registriranim prijeperacijski, bez obzira na prethodnu operaciju. Uz jaku bol, pacijent je imao i simptome anksioznosti, depresije i nesanice. Započeta je terapija pregabalinom, sulpiridom i mirtazapinom. To je liječenje dovelo do znatnog poboljšanja unutar nekoliko dana. Sedam mjeseci nakon početka terapije lijekovima, pacijent je imao povremene blage bolove, nije imao prethodnih psiholoških poteškoća, a ultrazvuk abdomena pokazao je normalizaciju vršne sistoličke brzine u celijskoj arteriji. Tada je procijenjeno da bi se terapija mogla prekinuti. Do pogoršanja dolazi nakon desetak dana, a intenzitet simptoma sve je izraženiji tijekom mjesec dana. Zbog toga se prethodna terapija ponovno uključuje i ponovno dolazi do smanjenja tjelesnih tegoba i poboljšanja psihičkog stanja. Ovaj prikaz opisuje iskustva s liječenjem rekurentnih simptoma MALS-a psihofarmacima te ističe potrebu suradnje gastroenterologa i konzultativnih psihijatara u tretmanu složenih pacijenata.

toms seven months after surgery. Abdominal ultrasound with a respiratory maneuver showed changes in peak systolic velocity in the celiac artery that were typical for MALS and essentially matched those recorded preoperatively, regardless of the previous operation. In addition to severe pain, the patient had symptoms of anxiety, depression, and insomnia. Treatment with pregabalin, sulpiride, and mirtazapine was initiated. This regimen led to substantial improvement within a few days. Seven months after starting pharmacotherapy, the patient reported only occasional mild pain, had no prior psychological difficulties, and abdominal ultrasound showed normalization of peak systolic velocity in the celiac artery. At that point, it was judged that treatment could be discontinued. Worsening occurred after about ten days, and the intensity of symptoms became increasingly marked over the course of a month. The previous treatment was therefore reintroduced, again resulting in a reduction of physical symptoms and improvement in psychological status. This case report describes experience with treating recurrent MALS symptoms using psychotropic medications and underscores the need for collaboration between gastroenterologists and consultation-liaison psychiatrists in the management of complex patients.

Glazbene halucinacije nakon neurokirurškog liječenja cerebralne aneurizme: diferencijalnodijagnostički i terapijski izazovi

/ Musical Hallucinations After Neurosurgical Treatment of a Cerebral Aneurysm: Differential Diagnostic and Therapeutic Challenges

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KLJUČNE RIJEČI / KEYWORDS:

auditivne halucinacije / auditory hallucinations

aneurizma srednje moždane arterije / middle cerebral artery aneurysm

prikaz slučaja / case report

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.254>

Glazbene halucinacije rijedak su oblik kompleksnih auditivnih halucinacija koji se može pojaviti u sklopu neuroloških, psihičkih i senzornih poremećaja. Češće se opisuju u žena starije životne dobi te nisu nužno povezani s primarnim psihotičnim poremećajem. Njihova je etiologija često dijagnostički i terapijski izazov. Pacijentica, 71 godina, s dugogodišnjom anamnezom migrene s aurom 2020. godine hospitalizirana je na Klinici za neurologiju KBC Split zbog intenzivne lijevostrane glavobolje, retroorbitalne boli uz suženje oka i rinoreju. Dijagnostičkom obradom utvrđena je nerupturirana aneurizma lijeve srednje moždane arterije te je učinjeno neurokirurško zbrinjavanje aneurizme klipsama. U osobnoj i obiteljskoj anamnezi nije bilo

Musical hallucinations are a rare form of complex auditory hallucinations that can occur in the context of neurological, psychiatric, and sensory disorders. They are more commonly described in older women and are not necessarily associated with a primary psychotic disorder. Their etiology is often a diagnostic and therapeutic challenge. A 71-year-old female patient with a long-standing history of migraine with aura was hospitalized in 2020 at the Department of Neurology, University Hospital of Split, due to intense left-sided headache, retro-orbital pain with tearing of the eye and rhinorrhea. Diagnostic workup revealed an unruptured aneurysm of the left middle cerebral artery, and neurosurgical clipping of the aneurysm was performed. There were no psychiatric disorders in her personal or family history. After the surgery,

psihičkih poremećaja. Nakon operacijskog zahvata razvija auditivne fenomene u obliku akoazama, a potom i perzistentnih glazbenih halucinacija. Opisuje stalne slušne halucinacije u obliku klasične glazbe, pri čemu je znakovito da je i profesionalno bila vezana uz glazbu. Pacijentica ima uvid te shvaća da se radi o fenomenu bez vanjskog zvučnog podražaja. Poslijeoperacijski oporavak protekao bez komplikacija. Kontrolni CT mozga nakon 6 mjeseci bio je uredan. U terapiju je inicijalno uveden risperidon bez kliničkog poboljšanja, potom flufenazin također bez značajnijeg učinka. Dodatkom mirtazapina postignuto je poboljšanje kvalitete sna i smanjenje smetnji usnivanja i prosnivanja. Bolesnica je i nadalje u interdisciplinarnom praćenju neurologa i psihijatra. Na posljednjem neurološkom pregledu navodi epizode „lebdenja” i osjećaj gubitka kontrole nad sobom. Ovaj prikaz slučaja dodatno podupire hipotezu o organskoj podlozi glazbenih halucinacija nakon neurokirurškog liječenja aneurizme te pokazuje da one nisu nužno manifestacija primarnog psihotičnog poremećaja. Pravodobno prepoznavanje organske etiologije može znatno utjecati na dijagnostički i terapijski pristup.

she developed auditory phenomena in the form of acousmas, followed by persistent musical hallucinations. She described constant auditory hallucinations in the form of classical music, notably having also been professionally involved with music. The patient had insight and understood that this was a phenomenon occurring without an external auditory stimulus. Postoperative recovery proceeded without complications. A follow-up brain CT scan after 6 months was normal. Risperidone was initially introduced into treatment without clinical improvement, followed by fluphenazine, also without significant effect. With the addition of mirtazapine, improvement in sleep quality and a reduction in difficulties with falling and staying asleep were achieved. The patient continues to be followed in an interdisciplinary setting by a neurologist and a psychiatrist. At her most recent neurological examination, she reported episodes of “floating” and a feeling of losing control over herself. This case report further supports the hypothesis of an organic basis for musical hallucinations after neurosurgical treatment of an aneurysm and demonstrates that they are not necessarily a manifestation of a primary psychotic disorder. Timely recognition of an organic etiology can significantly influence the diagnostic and therapeutic approach.

Halucinatorna doživljavanja kod osoba sa senzoričkim oštećenjima – prikaz dvaju slučajeva

/ Hallucinatory Experiences in Individuals With Sensory Impairments – A Report of Two Cases

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KLJUČNE RIJEČI / KEYWORDS:

halucinacije / hallucinations

senzoričko oštećenje / sensory impairment

senzorna deprivacija / sensory deprivation

psihotični simptomi / psychotic symptoms

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.256>

Cilj: Prikazati specifičnosti halucinatornih i drugih perceptivnih fenomena kod osoba sa senzoričkim oštećenjima te istaknuti dijagnostičke izazove u njihovoj psihijatrijskoj procjeni. **Materijali i metode:** Prikazana su dva bolesnika liječena na Klinici za psihijatriju KBC Rijeka. Prvi slučaj govori o gluhonijemoj pacijentici hospitaliziranoj zbog psihotične dekompenzacije, a drugi o slabovidnom pacijentu s organskim afektivnim poremećajem praćenim vidnim halucinacijama. Uz prikaz slučajeva učinjen je pregled dostupne literature o halucinacijama i psihotičnim simptomima kod osoba sa senzoričkim oštećenjima. **Rezultati:** Kod gluhonijeme pacijentice psihijatrijska procjena bila je otežana zbog komunikacijskih ograniče-

Objective: To present the specific features of hallucinatory and other perceptual phenomena in individuals with sensory impairments and to highlight diagnostic challenges in their psychiatric assessment. **Materials and methods:** Two patients treated at the Clinic for Psychiatry, Clinical Hospital Centre Rijeka, are presented. The first case concerns a deaf-mute female patient hospitalized due to psychotic decompensation, and the second a visually impaired male patient with an organic affective disorder accompanied by visual hallucinations. In addition to the case reports, a review of the available literature on hallucinations and psychotic symptoms in individuals with sensory impairments was conducted. **Results:** In the deaf-mute patient, psychiatric assessment was hindered by communication limitations and required

nja te je zahtijevala suradnju s prevoditeljem znakovnog jezika. Tijekom obrade pacijentica je dezorganiziranog ponašanja, iznosi paranojne sadržaje i neobična perceptivna iskustva, pri čemu je bilo otežano razlikovati psihotične simptome od fenomena povezanih sa senzornim deficitom. Kod slabovidnog pacijenta s višestrukim somatskim komorbiditetima i organskim afektivnim poremećajem dominirala su vidna halucinatorna doživljavanja u obliku percepcije cvijeća i lišća. Diferencijalnodijagnostički razmatrani su psihički, organski i depri-vacijski mehanizmi nastanka simptoma. Oba slučaja upućuju na značajan utjecaj senzoričkog oštećenja na fenomenologiju simptoma i dijagnostički proces. Zaključak: Senzorička oštećenja mogu modificirati prezentaciju halucinacija i drugih psihotičnih fenomena. Prikazani slučajevi ističu važnost individualiziranog pristupa i diferencijalne dijagnostike perceptivnih poremećaja kod osoba sa senzoričkim oštećenjima.

collaboration with a sign language interpreter. During the workup, the patient displayed disorganized behavior and reported paranoid content and unusual perceptual experiences, making it difficult to distinguish psychotic symptoms from phenomena related to the sensory deficit. In the visually impaired patient with multiple somatic comorbidities and an organic affective disorder, visual hallucinatory experiences predominated in the form of perceiving flowers and leaves. In the differential diagnosis, psychological, organic, and deprivation-related mechanisms of symptom formation were considered. Both cases indicate a substantial impact of sensory impairment on the phenomenology of symptoms and on the diagnostic process. Conclusion: Sensory impairments can modify the presentation of hallucinations and other psychotic phenomena. The presented cases underscore the importance of an individualized approach and careful differential diagnosis of perceptual disorders in individuals with sensory impairments.

Izazovi liječenja shizoidnog poremećaja ličnosti – prikaz slučaja

/ Challenges in the Treatment of Schizoid Personality Disorder – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

shizoidni poremećaj ličnosti / *schizoid personality disorder*

sociorehabilitacija / *socio-rehabilitation*

suportivna psihoterapija / *supportive psychotherapy*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.258>

Uvod: Shizoidni poremećaj ličnosti jest poremećaj ličnosti koji se prema DSM-5 klasifikaciji svrstava u klaster A, dok je u MKB-10 klasifikaciji zasebno opisan. Osnovne karakteristike osoba koje boluju od ovog poremećaja jesu socijalna izoliranost zbog teškoća u uspostavljanju interpersonalnih odnosa te emocionalna hladnoća, ravnodušnost ili zaravnjen afekt. Cilj: Prikazom slučaja i pregledom literature prikazati izazove u liječenju pacijenata sa shizoidnim poremećajem ličnosti. Prikaz slučaja: Riječ je o pacijentu koji je u psihijatrijskom tretmanu od svoje srednjoškolske dobi. Tijekom dijagnostičkog procesa postavljene su dijagnoze shizoidnog poremećaja ličnosti i distimičnog poremećaja. Socijalno je izoliran, nezaposlen, većinu vremena provodi kod kuće baveći se solitarnim aktivnostima, ima podršku obitelji. S pacijentom je započet individualni suportivni

Introduction: Schizoid personality disorder is a personality disorder that, according to the DSM-5 classification, falls within cluster A, while in the ICD-10 classification it is described as a separate entity. The main characteristics of individuals with this disorder are social isolation due to difficulties in establishing interpersonal relationships, as well as emotional coldness, indifference, or a flattened affect. Objective: Through a case report and a review of the literature, to present the challenges in treating patients with schizoid personality disorder. Case report: The patient has been in psychiatric treatment since his high school years. During the diagnostic process, diagnoses of schizoid personality disorder and dysthymic disorder were established. He is socially isolated, unemployed, spends most of his time at home engaged in solitary activities, and has family support. An individual supportive psychotherapeutic process was initiated with the patient, aimed at

psihoterapijski proces koji je za cilj imao poboljšanje socijalnog funkcioniranja. Kroz dulji terapijski rad pacijent je prihvatio uključivanje u sociorehabilitacijski program. U grupi sudjeluje pasivnije, ali je zadovoljan ovim oblikom podrške te je tijekom sudjelovanja uspostavio komunikaciju s drugim članovima grupe. Kao glavni terapijski izazovi ostaju daljnja socijalna integracija i poboljšanje svakodnevnog funkcioniranja. Zaključak: Prema dostupnoj literaturi postoje različite mogućnosti terapijskih pristupa koje uključuju psihoterapijske, socioterapijske i psihofarmakološke metode. Prikaz pokazuje da je individualnim psihoterapijskim radom moguće povećati spremnost pacijenta za uključivanje u sociorehabilitacijske programe, što može biti važan korak u liječenju osoba sa shizoidnim poremećajem ličnosti.

improving social functioning. Through prolonged therapeutic work, the patient accepted inclusion in a socio-rehabilitation program. In the group, he participates more passively, but he is satisfied with this form of support and, during his participation, has established communication with other group members. The main therapeutic challenges that remain are further social integration and improvement of everyday functioning. Conclusion: According to the available literature, there are various therapeutic approaches that include psychotherapeutic, sociotherapeutic, and psychopharmacological methods. This case shows that individual psychotherapeutic work can increase a patient's readiness to engage in socio-rehabilitation programs, which may be an important step in the treatment of individuals with schizoid personality disorder.

Kad pons progovori: slušne halucinacije nakon liječenja pontinog apscesa

/ When the Pons Speaks: Auditory Hallucinations After Treatment of a Pontine Abscess

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KLJUČNE RIJEČI / KEYWORDS:

slušne halucinacije / auditory hallucinations

apsces ponsa / pontine abscess

moždano deblo / brainstem

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.260>

Slušne halucinacije odnose se na percepciju zvuka u odsutnosti auditivnog podražaja te se najčešće povezuju sa psihotičnim poremećajima, no mogu nastati i u sklopu brojnih organskih stanja. Posebno su zanimljivi slučajevi slušnih halucinacija povezanih s lezijama moždanog debla, uključujući pontine lezije, gdje se pretpostavlja poremećaj centralnih auditivnih puteva i mehanizama senzorne modulacije. Kao postlezijske halucinacije mogu perzistirati tjednima ili mjesecima te se tumače fenomenom oslobađanja (engl. *release phenomenon*) nakon oštećenja auditivnih mreža, a pregledom dostupne literature opisani su tek rijetki klinički slučajevi iz psihijatrijske prakse. Prikazujemo pacijenta koji dolazi na prvi psihijatrijski pregled dvije i pol godine nakon završenog sustavnog i operacijskog liječenja apscesa mozga u području ponsa. Riječ je o 44-godišnjem, dotad zdravom muškarcu. Tadašnje tegobe očitovala su se lijevo-

Auditory hallucinations refer to the perception of sound in the absence of an external auditory stimulus. They are most commonly associated with psychotic disorders, but may also occur in a range of organic conditions. Particularly interesting are cases of auditory hallucinations related to brainstem lesions, including pontine lesions, in which disruption of central auditory pathways and sensory modulation mechanisms is presumed. As post-lesional hallucinations, they may persist for weeks or months and are interpreted as a “release phenomenon” following damage to auditory networks. A review of the available literature shows that only rare clinical cases from psychiatric practice have been described. We present a patient who presented for an initial psychiatric evaluation two and a half years after completion of systemic and surgical treatment of a brain abscess in the pontine region. He is a 44-year-old man who had previously been healthy. At that time, his symptoms manifested as left-sided hemipare-

stranom hemiparezom, zatiljnom glavoboljom i dvoslikama pri pogledu udesno, a liječenje se kompliciralo poremećajem stanja svijesti te otežanim uspostavljanjem kontakta u poslijeoperacijskom tijeku uzrokovanim hemoragijom u području evakuiranog apscesa. Pacijentu je tijekom hospitalizacije u dva navrata učinjena vanjska ventrikulodrenaža, nakon čega se neurološki status postupno oporavlja. Tijekom boravka u jedinici intenzivnog liječenja pacijent afirmira pojavu vidnih i osjetilnih halucinacija, koje su se tijekom liječenja spontano povukle, no trajno su zaostale slušne halucinacije poput glasa koji govori „nećeš“ te zvuka prometa. Nakon uvođenja antipsihotika pacijent prijavljuje poboljšanje tegoba u smislu manjeg intenziteta slušnih halucinacija i manju zaokupljenost njima. Kontrolnom radiološkom obradom (MR) utvrđuje se stanje poslije evakuacije apscesa i krvarenja, uz poslijeoperacijske ožiljne promjene i gliozu te olivarnu degeneraciju. Prikazani slučaj naglašava složenost neuronskih mreža odgovornih za percepciju i svijest te podsjeća da halucinacije nisu isključivo obilježje primarnih psihičkih poremećaja. Lezije moždanog debla, iako rijetko povezane sa slušnim halucinacijama, mogu rezultirati neočekivanim neuropsihičkim manifestacijama koje odražavaju još uvijek nedovoljno razjašnjene mehanizme senzorne integracije.

sis, occipital headache, and diplopia on right gaze. Treatment was complicated in the postoperative course by impaired consciousness and difficulty establishing contact, caused by hemorrhage in the area of the evacuated abscess. During hospitalization, external ventricular drainage was performed twice, after which his neurological status gradually recovered. During his stay in the intensive care unit, the patient reported the onset of visual and sensory hallucinations, which resolved spontaneously over the course of treatment; however, auditory hallucinations persisted, such as a voice saying “you won’t” and the sound of traffic. After initiation of antipsychotic medication, the patient reported improvement in the form of reduced intensity of auditory hallucinations and less preoccupation with them. Follow-up radiological imaging (MRI) showed a state after abscess evacuation and hemorrhage, with postoperative scar changes and gliosis, as well as olivary degeneration. The case presented highlights the complexity of the neural networks responsible for perception and consciousness and serves as a reminder that hallucinations are not exclusively a feature of primary psychiatric disorders. Brainstem lesions, although rarely associated with auditory hallucinations, can result in unexpected neuropsychiatric manifestations that reflect still insufficiently understood mechanisms of sensory integration.

Uvid u stigmatu i autostigmatu kroz radnu terapiju / *Insights Into Stigma and Self-Stigma Through Occupational Therapy*

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KLJUČNE RIJEČI / KEYWORDS:

stigma / stigma

autostigma / self-stigma

psihijatrija / psychiatry

radna terapija / occupational therapy

kreativne tehnike / creative techniques

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.262>

U liječenju osoba s psihičkim bolestima susrećemo se s nizom poteškoća i prepreka. Dio tih prepreka nalazimo u stigmatizaciji, ali i autostigmatizaciji naših pacijenata. Postaju, ne vlastitom krivnjom, izolirani članovi društva. Stigmatizacija često utječe na tijek liječenja jer osoba zbog očekivanja i pritiska okoline odgađa traženje pomoći i lošije je terapijske suradljivosti. Osobe koje se susreću s učestalom stigmatizacijom nerijetko internaliziraju negativne stereotipe i predrasude koje društvo ima o njima. Za vrijeme svog boravka na akutnom psihijatrijskom odjelu, pacijenti svakodnevno sudjeluju u radnoj terapiji. Potiče se sudjelovanje u aktivnostima koje zahtijevaju socijalne i kogni-

In treating people with mental disorders, we encounter a series of difficulties and obstacles. Some of these barriers stem from the stigmatization and self-stigmatization of our patients. Through no fault of their own, they become increasingly isolated members of society. Stigmatization often affects the course of treatment, as the individual, due to expectations and pressure from the environment, delays seeking help and shows poorer adherence to therapy. People who are frequently exposed to stigmatization often internalize the negative stereotypes and prejudices that society holds about them. During their stay in an acute psychiatric ward, patients participate daily in occupational therapy. They are encour-

tivne vještine te kreativne tehnike. Kreativne tehnike zahtijevaju sklad svih kognitivnih i socijalnih vještina. Koristeći se kolaž-tehnikom, potaknuli smo pacijente da daju sliku sebe koja isključuje stigmatizaciju i autostigmatizaciju. Uz smjernice i upute, pacijenti pronalaze način da prikažu sebe, ali bez ranjivosti koju bi razgovor u grupnom okruženju zahtijevao. Istodobno daju oduška kreativnoj strani svoje osobnosti. U izrađenim kolažima prikazuju svoje interese, način života, što ih veseli i opušta, te to sklapaju u jednu smislenu sliku o sebi. Kroz kreativan rad pacijenata možemo dobiti vrijedne i korisne informacije koje daju dodatan, dublji i posebniji uvid u njihov doživljaj sebe, bez pritisaka i očekivanja njihove okoline. Tako se pacijentima omogućuje lakše razlikovanje njih samih od nametnutih doživljaja okoline. Edukacija društva i integriranje pacijenata u život zajednice kao jednako vrijednih, poželjnih i potrebnih članova tog istog društva, ključan su faktor u cjelokupnom liječenju pacijenata. Kroz grupni rad za vrijeme radne terapije uviđamo da su potrebni minimalni poticaji i smjernice da pacijenti daju svoj doprinos. Omogućujući im aktivno sudjelovanje u zajednicama dobiva se odnos koji potiče i potpomaže efikasnije i bolje razumijevanje, a samim time i liječenje pacijenata.

aged to take part in activities that require social and cognitive skills, as well as creative techniques. Creative techniques demand the integration of all cognitive and social abilities. Using collage techniques, we encouraged patients to create an image of themselves that excludes stigma and self-stigmatization. With guidance and instructions, patients find a way to depict themselves without the vulnerability that would be required in a group discussion setting, while at the same time giving expression to the creative side of their personality. In the collages they produce, patients portray their interests, lifestyle, what brings them joy and relaxation, assembling these elements into a meaningful picture of themselves. Through patients' creative work, we can obtain valuable and useful information that provides an additional, deeper, and more specific insight into their self-experience, without the pressures and expectations of their surroundings. In this way, patients are helped to distinguish more easily between their own self and the imposed perceptions of the environment. Education of society and the integration of patients into community life as equally valuable, desirable, and needed members of that same society are key factors in the overall treatment process. Through group work during occupational therapy, we observe that only minimal encouragement and guidance are needed for patients to contribute. By enabling their active participation in communities, a relationship is created that fosters and supports more effective and better understanding, and consequently more effective treatment of patients.

Psihotična dekompenzacija ili početak teške somatske bolesti? Važnost multidisciplinarnog pristupa u dijagnostičkim i terapijskim izazovima bolesnika s katatonom shizofrenijom

/ Psychotic Decompensation or the Onset of Severe Somatic Disease? The Importance of a Multidisciplinary Approach to Diagnostic and Therapeutic Challenges in a Patient With Catatonic Schizophrenia

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KLJUČNE RIJEČI / KEYWORDS:

akutna respiratorna insuficijencija / acute respiratory failure

katatonija / catatonia

multidisciplinarni pristup / multidisciplinary approach
shizofrenija / schizophrenia

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.264>

Katatonija je složen psihopatološki sindrom koji može pratiti različite psihičke i somatske poremećaje. Zbog preklapanja psihičkih, neuroloških i internističkih simptoma često je znatan dijagnostički izazov te zahtijeva interdisciplinarnu suradnju. Prikazujemo slučaj pedesetogodišnjeg bolesnika, s više od dvadeset godina dugom anamnezom shizofrenije, kod kojega je psihotična dekompenzacija bila praćena katatonim simptomima i teškim somatskim komplikacijama. Bolesnik je inicijalno zapri-

Catatonia is a complex psychopathological syndrome that may accompany various psychiatric and somatic disorders. Due to the overlap of psychiatric, neurological, and internal medicine symptoms, it often represents a considerable diagnostic challenge and requires interdisciplinary collaboration. We present the case of a 58-year-old patient with a history of schizophrenia spanning more than twenty years, in whom psychotic decompensation was accompanied by catatonic symptoms and severe somatic complications.

mljen zbog psihomotorne usporenosti, nesnice, slušnih obmana osjetila te naglo nastale nestabilnosti u hodu uz podatak o višestrukim padovima. Učinjena je hitna obrada (CT mozga, EEG i analiza likvora) kojom je isključeno akutno neurološko zbivanje. Tijekom hospitalizacije dolazi do razvoja febriliteta, porasta upalnih parametara, poremećaja svijesti i akutne respiratorne insuficijencije. Bolesnik je premješten u jedinicu intenzivnog liječenja gdje je mehanički ventiliran te je obradom utvrđen mukopurulentni traheobronhitis i bakterijska pneumonija u podlozi kronične opstruktivne plućne bolesti. Višestruke infekcije respiratornog sustava uz izolaciju multirezistentnih uzročnika značajno su komplicirale tijek liječenja. Internističkim liječenjem postignuta je respiratorna i hemodinamska stabilizacija uz regresiju upalnih parametara i radiološko povlačenje infiltrata. Nakon povratka na psihijatrijski odjel nastavljeno je farmakološko liječenje benzodiazepinima i antipsihoticima, nakon čega dolazi do daljnjeg povlačenja psihotične simptomatologije i znatnog poboljšanja općeg stanja bolesnika. Prikazani slučaj predstavlja dijagnostičku dilemu između primarno psihijatrijske, neurološke i somatske etiologije kliničke slike. Katatoni fenomeni, psihotična simptomatologija, promjene stanja svijesti i razvoj životno ugrožavajućih somatskih komplikacija zahtijevali su kontinuirani dijalog psihijatar, neurologa, intenzivista, pulmologa i infektologa. Pravodobno prepoznavanje i liječenje somatskih komplikacija bilo je ključno za povoljan ishod. Ovaj prikaz naglašava važnost multidisciplinarnog pristupa u zbrinjavanju somatskih komplikacija kod psihijatrijskih bolesnika s teškom psihotičnom dekompenzacijom.

The patient was initially admitted due to psychomotor retardation, insomnia, auditory perceptual disturbances, and suddenly developed gait instability with a history of multiple falls. Emergency workup (brain CT, EEG, and cerebrospinal fluid analysis) ruled out an acute neurological event. During hospitalization, the patient developed fever, elevated inflammatory markers, impaired consciousness, and acute respiratory failure. He was transferred to the intensive care unit, where he was mechanically ventilated, and further evaluation revealed mucopurulent tracheobronchitis and bacterial pneumonia on the basis of chronic obstructive pulmonary disease. Multiple respiratory infections with isolation of multidrug-resistant pathogens significantly complicated the course of treatment. Internal medicine management led to respiratory and hemodynamic stabilization with regression of inflammatory parameters and radiologic resolution of infiltrates. After returning to the psychiatric ward, pharmacological treatment with benzodiazepines and antipsychotics was continued, followed by further remission of psychotic symptoms and marked improvement in the patient's overall condition. The case presented poses a diagnostic dilemma between primarily psychiatric, neurological, and somatic etiologies of the clinical picture. Catatonic phenomena, psychotic symptomatology, alterations in consciousness, and the development of life-threatening somatic complications required ongoing dialogue among psychiatrists, neurologists, intensivists, pulmonologists, and infectious disease specialists. Timely recognition and treatment of somatic complications were crucial for a favorable outcome. This report underscores the importance of a multidisciplinary approach to managing somatic complications in psychiatric patients with severe psychotic decompensation.

Povezanost kronotipa i vremena provedenog pred ekranima sa suicidalnim promišljanjima u ranoj adolescenciji: Uloga spola

/ Associations of Chronotype and Screen Time With Suicidal Ideation in Early Adolescence: The Role of Sex

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KLJUČNE RIJEČI / KEYWORDS:

adolescenti / adolescents

suicidalnost / suicidality

kronotip / chronotype

vrijeme pred ekranima / screen time

spolne razlike / sex differences

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.266>

Ciljevi istraživanja: Cilj ovog istraživanja bio je ispitati učestalost suicidalnih promišljanja kod ranih adolescenata te utvrditi njihovu povezanost s biološkim ritmovima (kronotipom) i vremenom provedenim pred ekranima, uz analizu glavnih efekata spola te interakcije spola i suicidalnosti. **Materijali i metode:** Provedeno je presječno istraživanje na uzorku ranih adolescenata (nesuicidalni mladići $n = 145$, nesuicidalne djevojke $n = 152$, suicidalni mladići $n = 54$ i suicidalne djevojke $n = 41$). Za procjenu učestalosti suicidalnih ideacija analizirani su odgovori o mislima o smrti, želji za smrću i mislima o samoubojstvu. Primijenjeni su standardizirani upitnici za procjenu ukupnog

Research objectives: The aim of this study was to examine the prevalence of suicidal ideation in early adolescents and to determine its association with biological rhythms (chronotype) and time spent in front of screens, with an analysis of the main effects of sex and the interaction between sex and suicidality. **Materials and methods:** A cross-sectional study was conducted on a sample of early adolescents (non-suicidal boys $n = 145$, non-suicidal girls $n = 152$, suicidal boys $n = 54$, and suicidal girls $n = 41$). To assess the prevalence of suicidal ideation, we analyzed responses regarding thoughts about death, wish for death, and thoughts about suicide. Standardized questionnaires were used to assess overall chronotype and total time spent in front of screens.

kronotipa te ukupnog vremena provedenog pred ekranima. Statistička obrada: Učestalost i spolne razlike testirane su hi-kvadratnim testom nezavisnosti. Povezanost kronotipa i vremena pred ekranima sa suicidalnošću i spolom analizirana je dvosmjernom analizom varijancije (ANOVA). Rezultati: Analiza učestalosti ne pokazuje statistički značajne spolne razlike u suicidalnim ideacijama: često razmišljanje o smrti prisutno je kod 25,8 % dječaka i 19,5 % djevojčica ($p = 0,138$), želja za smrću kod 6,0 % dječaka i 5,1 % djevojčica ($p = 0,697$), dok često o samoubojstvu razmišlja 7,1 % dječaka i 8,2 % djevojčica ($p = 0,672$). U pogledu kronotipa, utvrđeno je da adolescenti s izraženijim večernjim kronotipom nemaju statistički učestalija suicidalna promišljanja u usporedbi s onima koji naginju jutarnjem kronotipu ($p = 0,233$), a taj je nalaz stabilan kod oba spola (p za interakciju = 0,283), iako djevojčice općenito više naginju večernjem tipu ($p = 0,013$). Ključni nalaz pokazuje visoko značajan glavni efekt suicidalnosti na vrijeme pred ekranima ($p < 0,001$); suicidalni dječaci ($M = 2,49$) i djevojke ($M = 2,63$) provode znatno više vremena pred ekranima od nesuicidalnih vršnjaka, bez obzira na spol (p za interakciju = 0,861). Zaključak: Rani adolescenti obaju spolova u podjednakoj mjeri proživljavaju suicidalna promišljanja. Dok pripadnost određenom kronotipu ne predstavlja rizik za suicidalnost, povećano vrijeme provedeno pred ekranima izranja kao univerzalan i izrazito snažan marker suicidalne krize kod oba spola, što upućuje na nužnost integracije digitalnih navika u suvremenu psihijatrijsku procjenu.

Statistical analysis: Prevalence and sex differences were tested using the chi-square test of independence. The associations of chronotype and screen time with suicidality and sex were analyzed using two-way analysis of variance (ANOVA). Results: The frequency analysis did not show statistically significant sex differences in suicidal ideation: frequent thoughts about death were present in 25.8% of boys and 19.5% of girls ($p = 0.138$), wish for death in 6.0% of boys and 5.1% of girls ($p = 0.697$), while 7.1% of boys and 8.2% of girls often thought about suicide ($p = 0.672$). Regarding chronotype, it was found that adolescents with a more pronounced evening chronotype did not have statistically more frequent suicidal ideation compared with those who lean toward a morning chronotype ($p = 0.233$), and this finding was stable in both sexes (p for interaction = 0.283), although girls in general tended more toward the evening type ($p = 0.013$). The key finding shows a highly significant main effect of suicidality on screen time ($p < 0.001$); suicidal boys ($M = 2.49$) and girls ($M = 2.63$) spend considerably more time in front of screens than their non-suicidal peers, regardless of sex (p for interaction = 0.861). Conclusion: Early adolescents of both sexes experience suicidal ideation to a similar extent. While belonging to a particular chronotype does not represent a risk for suicidality, increased time spent in front of screens emerges as a universal and very strong marker of suicidal crisis in both sexes, pointing to the need to integrate digital habits into contemporary psychiatric assessment.

Utjecaj vortiooksetina na smanjenje seksualne želje – prikaz slučaja

/ Effect of Vortioxetine on Reduced Sexual Desire – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

vortiooksetin / vortioxetine

seksualna želja / sexual desire

antidepresivi / antidepressants

nuspojave / side effects

granični poremećaj ličnosti / borderline personality disorder

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.268>

Vortiooksetin je multimodalni antidepresiv s povoljnim učinkom na depresivne i kognitivne simptome. Zbog svojega jedinstvenog mehanizma djelovanja kao serotonininski modulator i stimulator, u literaturi se opisuje kao lijek s nižom učestalošću seksualnih nuspojava u odnosu na klasične SSRI antidepresive, poput sertralina, escitaloprama i paroksetina. Cilj je rada prikazati slučaj pacijentice koja je razvila smanjenje libida tijekom liječenja vortiooksetinom. Pacijentica se javila u kasnim dvadesetim

Vortioxetine is a multimodal antidepressant with favorable effects on depressive and cognitive symptoms. Owing to its unique mechanism of action as a serotonergic modulator and stimulator, it is described in the literature as a medication with a lower frequency of sexual side effects compared with classical SSRI antidepressants such as sertraline, escitalopram, and paroxetine. The aim of this report is to present the case of a female patient who developed decreased libido during treatment with vortioxetine. The patient, in her

godinama na psihijatrijsko liječenje zbog anksiozno-depresivnih smetnji i graničnog poremećaja ličnosti, uz ranije neuspješne pokušaje liječenja različitim antidepresivima i nedovoljnu terapijsku suradljivost. Započeto je liječenje vortiooksetinom u dozi od 5 mg dnevno, uz postupnu titraciju na 10 mg i 15 mg dnevno te ambulantno praćenje. Nakon šest tjedana terapije dolazi do smanjenja anksiozno-depresivnih simptoma, rjeđih promjena raspoloženja i subjektivnog poboljšanja psihičkog stanja. Istodobno pacijentica prvi put primjećuje smanjenje libida pri dozi od 10 mg dnevno. Unatoč tome, nastavlja terapiju zbog dobrog kliničkog odgovora, a nakon povećanja doze na 15 mg dolazi do daljnjeg poboljšanja bez dodatnog pogoršanja seksualne disfunkcije. Iako se vortiooksetin smatra antidepresivom s povoljnim profilom seksualnih nuspojava i usporedivim s placebom u većini studija, dostupni podatci iz kliničkih ispitivanja upućuju na nisku učestalost seksualnih nuspojava, uključujući rijetko prijavljeno smanjenje libida, uz mogući blagi porast incidencije s povećanjem doze. Ovaj prikaz slučaja upućuje na mogućnost smanjenja libida tijekom liječenja vortiooksetinom, čak i pri nižim terapijskim dozama, što naglašava važnost individualnog praćenja seksualnog funkcioniranja u kliničkoj praksi.

late twenties, presented for psychiatric treatment due to anxiety-depressive difficulties and borderline personality disorder, with previously unsuccessful attempts at treatment with various antidepressants and insufficient therapeutic adherence. Treatment with vortioxetine was initiated at a dose of 5 mg daily, with gradual titration to 10 mg and 15 mg daily and outpatient follow-up. After six weeks of therapy, there was a reduction in anxiety-depressive symptoms, less frequent mood swings, and a subjective improvement in her mental state. At the same time, the patient, for the first time, noticed a decrease in libido at the dose of 10 mg daily. Despite this, she continued the therapy due to the good clinical response, and after increasing the dose to 15 mg, there was further improvement without additional worsening of sexual dysfunction. Although vortioxetine is considered an antidepressant with a favorable profile of sexual side effects and comparable to placebo in most studies, available clinical trial data indicate a low frequency of sexual adverse effects, including the rarely reported decreased libido, with a possible slight increase in incidence with higher doses. This case report points to the possibility of decreased libido during treatment with vortioxetine, even at lower therapeutic doses, underscoring the importance of individual monitoring of sexual functioning in clinical practice.

Kad je odnos terapija: terapijska prisutnost medicinske sestre u radu s osobama s mentalnim poremećajima

/ When the Relationship Is Therapy: The Therapeutic Presence of Nurses in Caring for People With Mental Disorders

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KLJUČNE RIJEČI / KEYWORDS:

psihijatrijsko sestrinstvo / psychiatric nursing

terapijska komunikacija / therapeutic communication

empatija / empathy

mentalno zdravlje / mental health

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.270>

Uvod: Psihijatrijska sestrinska skrb temelji se na uspostavljanju terapijskog odnosa između medicinske sestre i pacijenta. Za razliku od drugih područja zdravstvene skrbi, upravo je odnos često najvažniji alat rada. Terapijska prisutnost podrazumijeva aktivno slušanje, empatiju, autentičnost, poštovanje i dostupnost pacijentu tijekom procesa liječenja. Cilj: Prikazati važnost terapijske prisutnosti medicinske sestre u psihijatrijskoj skrbi te njezin utjecaj na stvaranje povjerenja, terapijskog saveza i ishoda liječenja osoba s mentalnim poremećajima. Metode: Pregled stručne i znanstvene literature objavljene u bazama podataka tijekom posljednjih deset godina, s naglaskom na terapijski odnos, terapijsku komunikaciju i sestrinske

Introduction: Psychiatric nursing care is based on establishing a therapeutic relationship between the nurse and the patient. Unlike in other areas of health care, the relationship itself is often the most important working tool. Therapeutic presence implies active listening, empathy, authenticity, respect, and being available to the patient throughout the treatment process. Aim: To present the importance of the nurse's therapeutic presence in psychiatric care and its impact on building trust, the therapeutic alliance, and treatment outcomes in people with mental disorders. Methods: A review of professional and scientific literature published in databases over the past ten years, with an emphasis on the therapeutic relationship, therapeutic communication, and nursing interventions in psychiatry. Results: The available literature

intervencije u psihijatriji. Rezultati: Dostupna literatura pokazuje da kvaliteta odnosa između medicinske sestre i pacijenta značajno pridonosi osjećaju sigurnosti, smanjenju anksioznosti, većoj suradljivosti u liječenju i većem zadovoljstvu skrbi. Terapijska prisutnost povezana je s boljim razumijevanjem potreba pacijenata, smanjenjem osjećaja stigmatizacije te jačanjem njihovih osobnih kapaciteta za oporavak. Empatija, dosljednost i profesionalna dostupnost medicinske sestre prepoznati su kao ključni elementi uspješnog terapijskog odnosa. Zaključak: Terapijska prisutnost medicinske sestre jedna je od temeljnih kompetencija psihijatrijskog sestринства. U vremenu sve veće tehnološke i administrativne opterećenosti zdravstvenih djelatnika, očuvanje kvalitete odnosa s pacijentom ostaje nezaobilazan dio profesionalne prakse. Razvijanje komunikacijskih vještina i svijesti o važnosti terapijskog odnosa pridonosi kvalitetnijoj i humanijoj psihijatrijskoj skrbi.

shows that the quality of the relationship between the nurse and the patient significantly contributes to a sense of safety, reduction of anxiety, better adherence to treatment, and greater satisfaction with care. Therapeutic presence is associated with better understanding of patients' needs, reduced feelings of stigmatization, and strengthening of their personal capacities for recovery. Empathy, consistency, and the nurse's professional availability have been identified as key elements of a successful therapeutic relationship.

Conclusion: The therapeutic presence of the nurse is one of the core competencies of psychiatric nursing. In a time of increasing technological and administrative burdens on health professionals, maintaining the quality of the relationship with the patient remains an indispensable part of professional practice. Developing communication skills and awareness of the importance of the therapeutic relationship contributes to higher-quality and more humane psychiatric care.

Manična psihotična epizoda povezana sa zlouporabom testosterona izvan medicinskih indikacija – prikaz slučaja

/ Manic Psychotic Episode Associated With Nonmedical Testosterone Use – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

testosteron / testosterone

anabolički androgeni steroidi / anabolic-androgenic steroids

psihoza / psychosis

manija / mania

body building / bodybuilding

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.272>

Uvod: Anabolički androgeni steroidi (AAS), uključujući testosteron, upotrebljavaju se među sportašima radi povećanja mišićne mase i poboljšanja sportskih performansi. Iako su somatske nuspojave njihove primjene dobro poznate, psihičke posljedice često ostaju nedovoljno prepoznate u kliničkoj praksi. Prikaz slučaja: Prikazujemo slučaj muškarca u dvadesetim godinama života, natjecateljskog *bodybuildera*, hospitaliziranog zbog višednevne nesanice, povišenog raspoloženja, ubrzanog tijeka mišljenja

Introduction: Anabolic-androgenic steroids (AAS), including testosterone, are used among athletes to increase muscle mass and enhance sports performance. Although their somatic side effects are well known, the psychological consequences often remain insufficiently recognized in clinical practice. Case report: We present the case of a man in his twenties, a competitive bodybuilder, who was hospitalized due to several days of insomnia, elevated mood, accelerated thought processes, and delusional ideas of grandiosity and persecution.

te sumanutih ideja grandioznosti i proganjanja. Bolesnik je bio uvjeren da posjeduje izniman društveni utjecaj te da je izložen organiziranom praćenju. Tijekom obrade anamnestički se doznaje o višemjesečnoj primjeni visokih doza testosterona nabavljenog na crnom tržištu. Nakon uvođenja antipsihotične i stabilizacijske terapije došlo je do postupnog povlačenja psihotičnih i afektivnih simptoma. Rasprava: Dostupna literatura upućuje na povezanost viših doza testosterona i drugih AAS-a s pojavom maničnih i psihotičnih simptoma, osobito kod predisponiranih pojedinaca. Mehanizmi uključuju modulaciju dopaminergičnog i serotonergičnog neurotransmitorskog sustava te poremećaj neuroendokrine regulacije. U prikazanom slučaju vremenska povezanost razvoja simptoma i primjene testosterona upućuje na moguću uzročno-posljedičnu povezanost. Zaključak: Kod mladih osoba koje se bave *body buildingom* i prezentiraju se s novonastalom maničnom ili psihotičnom simptomatologijom potrebno je aktivno istražiti uporabu anaboličkih androgenih steroida. Pravodobno prepoznavanje ove povezanosti može značajno utjecati na dijagnostički i terapijski pristup te smanjiti rizik od ponavljanja psihijatrijskih epizoda.

The patient was convinced that he possessed exceptional social influence and that he was being subjected to organized surveillance. During the assessment, the history revealed several months of using high doses of testosterone obtained on the black market. After the introduction of antipsychotic and mood-stabilizing therapy, there was a gradual remission of psychotic and affective symptoms. Discussion: The available literature indicates an association between higher doses of testosterone and other AAS and the onset of manic and psychotic symptoms, particularly in predisposed individuals. The mechanisms include modulation of dopaminergic and serotonergic neurotransmitter systems and disruption of neuroendocrine regulation. In the presented case, the temporal association between symptom development and testosterone use suggests a possible causal relationship. Conclusion: In younger individuals engaged in bodybuilding who present with new-onset manic or psychotic symptoms, it is necessary to actively investigate the use of anabolic-androgenic steroids. Timely recognition of this association can significantly influence the diagnostic and therapeutic approach and reduce the risk of recurrent psychiatric episodes.

Osobine ličnosti, izbor psihoaktivnih tvari i promjene psihološkog profila tijekom liječenja u terapijskoj zajednici

/ Personality Traits, Choice of Psychoactive Substances, and Changes in Psychological Profile During Treatment in a Therapeutic Community

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KLJUČNE RIJEČI / KEYWORDS:

osobnost / personality

ličnost / character

ovisnost / addiction

komorbiditet / comorbidity

psihoaktivne tvari / psychoactive substances

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsh.2026.274>

Ciljevi istraživanja: Ispitati povezanost osobina ličnosti procijenjenih *Minnesotskim multifaznim inventarom ličnosti – 2* (MMPI-2) s izborom psihoaktivnih tvari i psihijatrijskim komorbiditetom kod osoba s ovisnošću te procijeniti promjene psihološkog funkcioniranja tijekom liječenja. Pretpostavlja se povezanost pojedinih osobina ličnosti s izborom psihoaktivnih tvari, psihijatrijskim komorbiditetom i promjenama psihološkog profila tijekom liječenja. Materijali i metode: U istraživanje će biti uključeni kori-

Research aims: To examine the association of personality traits assessed by the *Minnesota Multiphasic Personality Inventory–2* (MMPI-2) with the choice of psychoactive substances and psychiatric comorbidity in individuals with addiction, and to evaluate changes in psychological functioning during treatment. It is assumed that specific personality traits are associated with the choice of psychoactive substances, psychiatric comorbidity, and changes in psychological profile during treatment. Materials and methods: The study

snici Terapijske zajednice „Papa Ivan XXIII“. Podatci će se prikupljati tijekom 2026. i 2027. godine u njezinim podružnicama. Pri prijemu primijenit će se MMPI-2, *Beckov inventar depresivnosti* (BDI), *Personality Assessment Inventory* (PAI) i strukturirani upitnik za prikupljanje sociodemografskih i kliničkih podataka te podataka o uzimanju psihoaktivnih tvari, uključujući trajanje ovisnosti, hospitalizacije, relapse i psihotične dekompenzacije. Analizirat će se odnos osobina ličnosti, vrste psihoaktivne tvari i psihijatrijskog komorbiditeta, a nakon 6 – 12 mjeseci ispitanici će se retestirati radi procjene promjena tijekom liječenja. Statistička obrada: Koristit će se deskriptivna statistika, regresijski modeli, medijacijska analiza i mješoviti linearni modeli. Rezultati će se prikazati uz 95 %-tne intervale pouzdanosti, a statistička značajnost odredit će se na razini $p < 0,05$. Očekivani rezultati: Očekuje se povezanost povišenih rezultata na MMPI-2 ljestvicama depresivnosti, hipomanije, psihopatske devijacije, shizofrenije i socijalne introverzije sa specifičnim vrstama psihoaktivnih tvari i psihijatrijskim komorbiditetom. Nadalje, pretpostavlja se medijacijski učinak vrste psihoaktivne tvari u odnosu između osobina ličnosti i psihijatrijskog komorbiditeta te povezanost profila ličnosti s tijekom i ishodima liječenja. Tijekom praćenja očekuje se smanjenje rezultata na ljestvicama depresivnosti, psihastenije, paranoje i shizofrenije te povezanost navedenih promjena s boljom retencijom u programu i manjim brojem relapsa. Zaključak: Razumijevanje povezanosti osobina ličnosti s izborom psihoaktivnih tvari, psihijatrijskim komorbiditetom i ishodima liječenja može pridonijeti razvoju individualiziranih pristupa u liječenju ovisnosti.

will include users of the Therapeutic Community “Pope John XXIII.” Data will be collected during 2026 and 2027 at its branches. At admission, the MMPI-2, *Beck Depression Inventory* (BDI), *Personality Assessment Inventory* (PAI), and a structured questionnaire for collecting sociodemographic and clinical data will be administered, along with information on the use of psychoactive substances, including duration of addiction, hospitalizations, relapses, and psychotic decompensations. The relationship between personality traits, type of psychoactive substance, and psychiatric comorbidity will be analyzed, and after 6–12 months, participants will be retested to assess changes during treatment. Statistical analysis: Descriptive statistics, regression models, mediation analysis, and mixed linear models will be used. Results will be presented with 95% confidence intervals, and statistical significance will be set at $p < 0.05$. Expected results: It is expected that elevated scores on the MMPI-2 scales of depression, hypomania, psychopathic deviance, schizophrenia, and social introversion will be associated with specific types of psychoactive substances and psychiatric comorbidity. Furthermore, a mediating effect of the type of psychoactive substance is assumed in the relationship between personality traits and psychiatric comorbidity, as well as an association between personality profiles and the course and outcomes of treatment. During follow-up, reductions in scores on the depression, psychasthenia, paranoia, and schizophrenia scales are anticipated, with these changes expected to be associated with better retention in the program and fewer relapses. Conclusion: Understanding the links between personality traits, the choice of psychoactive substances, psychiatric comorbidity, and treatment outcomes may contribute to the development of individualized approaches in addiction treatment.

Dugodjelujući aripiprazol u liječenju disocijativnog motoričkog poremećaja: prikaz slučaja

/ Long-Acting Aripiprazole in the Treatment of Dissociative Motor Disorder: A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

dugodjelujući aripiprazol / *long-acting aripiprazole*
disocijativni motorički poremećaj / *dissociative motor disorder*
dopamin / *dopamine*
stabilizatori / *stabilizers*
spazam / *spasm*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.276>

Disocijativni motorički poremećaj dijagnoza je kojoj nerijetko prođe mnogo vremena od pojave simptoma do prepoznavanja bolesti. Aripiprazol, specifičan po svojem djelovanju kao parcijalni agonist dopaminskih receptora, mogao bi biti odličan izbor u liječenju spomenutog poremećaja. Cilj je prikazati slučaj pacijentice koja je liječena dugodjelujućim pripravkom aripiprazola. Liječena je pod dijagnozama disocijativnog motoričkog poremećaja i ostalih poremećaja raspoloženja, u Klinici za psihijatriju KBC-a Split početkom 2026. Nedavno je postala punoljetna, a u psihijatrijskom je tretmanu posljednjih

Dissociative motor disorder is a diagnosis for which a long time often passes from the onset of symptoms to recognition of the illness. Aripiprazole, which is specific in its action as a partial agonist of dopamine receptors, could be an excellent treatment choice for this disorder. The aim is to present the case of a female patient treated with a long-acting aripiprazole formulation. She was treated under the diagnoses of dissociative motor disorder and other mood disorders at the Department of Psychiatry, University Hospital of Split, in early 2026. She had only recently reached adulthood and had been in psychiatric treatment

nekoliko godina. Od djetinjstva je doživljavala fenomene depersonalizacije i derealizacije, no posljednjih godina usred stresnih situacija razvija spazam mišića gornjeg dijela tijela. Najčešće bude zahvaćena jedna strana tijela, usta budu djelomično zatvorena, nalik na trizmus, te pacijentica nije sposobna govoriti dok traju grčevi. Navedene simptome imala je i prije početka psihofarmakološke terapije. Ekstenzivno je obrađena neurološki, imunološki te radiološki, no organski uzroci nisu pronađeni. Pacijentica je na Klinici liječena kombinacijom dugodjelujućeg pripravka aripiprazola te kветiapinom. Ovdje smo postigli dvojake učinke samom činjenicom što je pacijentica pokušala suicid intoksikacijom psihofarmacima, pa se dugodjelujući pripravak pokazao kao logičan izbor, ali i samim djelovanjem aripiprazola kao stabilizatora usred dijagnoze poremećaja raspoloženja. Nakon provedenog liječenja pacijentici se smanjila učestalost te intenzitet spazmova. Pokazalo se kako blokada dopaminskih receptora pozitivno utječe na liječenje disocijativnih poremećaja. Istraživanja su na ovu temu oskudna te uglavnom navode starije antipsihotike čija snažna blokada dopaminskih receptora može djelovati depresogeno i uzrokovati ekstrapiramidne simptome. Aripiprazol je parcijalni agonist dopamina te bi se upravo svojim balansiranim djelovanjem na dopaminski sustav mogao pokazati kao lijek izbora. Potrebna su dodatna istraživanja da podrže tezu o djelovanju i iskoristivosti lijeka u disocijativnim poremećajima, pa i u liječenju disocijativnog motoričkog poremećaja.

for the past several years. Since childhood, she had experienced depersonalization and derealization phenomena, but in recent years, in the context of stressful situations, she developed muscle spasms in the upper part of the body. Most often, one side of the body would be affected; the mouth would be partially closed, resembling trismus, and the patient was unable to speak while the spasms lasted. She had experienced these symptoms even before the initiation of psychopharmacological treatment. She underwent extensive neurological, immunological, and radiological workup, but no organic causes were found. During hospitalization, the patient was treated with a combination of long-acting aripiprazole and quetiapine. This approach had a dual rationale: the patient had attempted suicide by overdosing on psychopharmaceuticals, making a long-acting formulation a logical choice, and aripiprazole itself acted as a stabilizer in the context of a mood disorder diagnosis. After the treatment, the frequency and intensity of the spasms decreased. It appears that blockade of dopamine receptors has a positive effect on the treatment of dissociative disorders. Research on this topic is scarce and mostly refers to older antipsychotics, whose strong dopamine receptor blockade can have depressogenic effects and cause extrapyramidal symptoms. Aripiprazole is a partial dopamine agonist and, due to its balanced action on the dopaminergic system, may prove to be the drug of choice. Further studies are needed to support the hypothesis regarding the effects and usefulness of this medication in dissociative disorders, including in the treatment of dissociative motor disorder.

Razvoj perzistentne štucavice nakon uvođenja klonazepamama – prikaz slučaja

/ Development of Persistent Hiccups Following Clonazepam Initiation – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

štucavica / hiccups

klonazepam / clonazepam

benzodiazepini / benzodiazepines

nuspojava / side effect

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.278>

Prikazujemo slučaj 18-godišnjeg pacijenta u psihijatrijskom tretmanu zbog emocionalnih teškoća, socijalne povučenosti i opsesivno-kompulzivnih simptoma. Psihomotorni razvoj bio je uredan, bez obiteljskog psihijatrijskog opterećenja. Pacijent je prethodno bio liječen fluvoksaminom, uz djelomično poboljšanje, no zbog pogoršanja simptoma planirana je postupna zamjena venlafaksinom. U sklopu promjene terapije uveden je i klonazepam u dozi od 0,5 mg tri puta dnevno radi kratkotrajne anksiolize. Već prvog dana primjene dolazi do pojave perzistentne štucavice, prisutne kontinuirano tijekom dana i noći. U trenutku javljanja psihijatru simptomi su trajali približno 36

We present the case of an 18-year-old patient in psychiatric treatment due to emotional difficulties, social withdrawal, and obsessive-compulsive symptoms. Psychomotor development was normal, with no family history of psychiatric disorders. The patient had previously been treated with fluvoxamine, with partial improvement, but due to symptom worsening, a gradual switch to venlafaxine was planned. As part of the medication change, clonazepam was introduced at a dose of 0.5 mg three times daily for short-term anxiolysis. On the very first day of use, persistent hiccups appeared, present continuously during both day and night. At the time of contacting the psychiatrist, the symptoms had lasted approx-

sati, a terapija venlafaksinom još nije bila započeta. Nakon ukidanja klonazepama štucavica se potpuno povukla unutar tri dana. Mehanizam nastanka štucavice tijekom primjene klonazepama nije u potpunosti razjašnjen. Pretpostavlja se da pojačana GABA-ergična aktivnost može inhibicijom interneurona, koji tonički suprimiraju neuronsku mrežu u moždanom deblu odgovornu za generiranje refleksa štucavice, paradoksalno, dezinhibirati taj refleks. Dodatni mogući periferni mehanizam uključuje relaksaciju donjeg ezofagealnog sfinktera, što može pogodovati gastroezofagealnom refluksu kao poznatom okidaču štucavice. Benzodiazepini su u pojedinim prikazima slučajeva opisani u liječenju perzistentne i refraktarne štucavice, a istodobno su rijetko zabilježeni i kao njezin okidač, što upućuje na kompleksnu i još uvijek nedovoljno razjašnjenu ulogu GABA-ergične modulacije u regulaciji refleksa štucavice. Ovaj prikaz naglašava važnost prepoznavanja atipičnih nuspojava benzodiazepina te individualne varijabilnosti odgovora na GABA-ergičnu modulaciju u kliničkoj praksi.

imately 36 hours, and venlafaxine treatment had not yet been started. After discontinuation of clonazepam, the hiccups completely resolved within three days. The mechanism of hiccup onset during clonazepam use is not fully understood. It is assumed that increased GABAergic activity may, through inhibition of interneurons that tonically suppress the brainstem neuronal network responsible for generating the hiccup reflex, paradoxically disinhibit this reflex. An additional possible peripheral mechanism involves relaxation of the lower esophageal sphincter, which can promote gastroesophageal reflux as a known trigger of hiccups. Benzodiazepines have been described in some case reports as a treatment for persistent and refractory hiccups, but have also rarely been reported as a trigger, suggesting a complex and still insufficiently clarified role of GABAergic modulation in the regulation of the hiccup reflex. This case highlights the importance of recognizing atypical side effects of benzodiazepines and the individual variability of responses to GABAergic modulation in clinical practice.

Kada terapijska koncentracija diazepama nije dovoljan odgovor: prikaz forenzičkog slučaja

/ When a Therapeutic Diazepam Concentration Does Not Provide the Answer: A Forensic Case Report

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KLJUČNE RIJEČI / KEYWORDS:

diazepam / *diazepam*

benzodiazepini / *benzodiazepines*

forenzička psihijatrija / *forensic psychiatry*

prometna sigurnost / *traffic safety*

vozačka sposobnost / *driving ability*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.280>

Ciljevi istraživanja: Prikazati forenzičko-psihijatrijske dvojbe u procjeni vozačke sposobnosti kod osoba koje uzimaju benzodiazepine u terapijskim dozama te istaknuti važnost pravodobnog informiranja bolesnika o mogućem utjecaju lijekova na sigurnost u prometu. Materijali i metode: Prikaz slučaja 25-godišnjeg muškarca bez psihijatrijske anamneze koji je sudjelovao u prometnoj nesreći sa smrtnim ishodom. Analizirani su medicinska dokumentacija, toksikološki nalazi i rezultati forenzičko-psihijatrijskog vještačenja. Toksikološkom analizom utvrđena je prisutnost diazepama i

Objectives: To present forensic-psychiatric dilemmas in the assessment of driving fitness in individuals taking benzodiazepines in therapeutic doses, and to highlight the importance of timely informing patients about the possible impact of medications on traffic safety. Materials and methods: We present the case of a 25-year-old man without a psychiatric history who was involved in a traffic accident with a fatal outcome. Medical records, toxicology findings, and the results of forensic-psychiatric evaluation were analyzed. Toxicological analysis confirmed the presence of diazepam and its metabolites in therapeutic

njegovih metabolita u terapijskim koncentracijama, uz negativan nalaz alkohola. Rezultati: Ispitanik je povremeno uzimao diazepam propisan prema potrebi zbog lumbosakralne boli, bez aktivne psihijatrijske indikacije. Vrijeme uzimanja lijeka nije bilo moguće pouzdano utvrditi, a kvantitativni toksikološki podatci nisu bili dostupni. Forenzičko-psihijatrijskim vještačenjem nisu utvrđeni duševni poremećaj, kognitivno oštećenje ni poremećaj povezan s uporabom psihoaktivnih tvari. Nakon nesreće razvila se akutna reakcija na stres koja nije zahtijevala psihofarmakološko liječenje. Unatoč poznatom utjecaju benzodiazepina na psihomotoričke funkcije, nije bilo moguće sa sigurnošću zaključiti je li diazepam utjecao na sposobnost upravljanja vozilom niti je li pridonio nastanku prometne nesreće. Zaključak: Prisutnost diazepamata u organizmu sama po sebi ne dokazuje funkcionalnu nesposobnost za vožnju niti uzročnu povezanost s prometnom nesrećom. Ovaj slučaj upućuje na ograničenja forenzičko-psihijatrijske procjene u nedostatku preciznih podataka o dozi, vremenu uzimanja i individualnom odgovoru na lijek. Istodobno otvara pitanje propisivanja benzodiazepina izvan psihijatrijskih indikacija, kvalitete informiranja bolesnika o mogućem utjecaju lijeka na vozačke sposobnosti te potrebe za jasnijim smjernicama i dokumentiranjem upozorenja o privremenom smanjenju sposobnosti upravljanja motornim vozilom.

concentrations, with a negative alcohol finding. Results: The subject occasionally took diazepam prescribed on an as-needed basis for lumbosacral pain, without an active psychiatric indication. The exact time of medication intake could not be reliably established, and quantitative toxicological data were not available. Forensic-psychiatric evaluation did not reveal a mental disorder, cognitive impairment, or a disorder related to the use of psychoactive substances. After the accident, an acute stress reaction developed, which did not require psychopharmacological treatment. Despite the known effects of benzodiazepines on psychomotor functions, it was not possible to determine with certainty whether diazepam affected driving ability or contributed to the occurrence of the traffic accident. Conclusion: The mere presence of diazepam in the body does not in itself prove functional incapacity to drive or a causal link with a traffic accident. This case points to the limitations of forensic-psychiatric assessment in the absence of precise data on dose, time of intake, and individual response to the drug. At the same time, it raises questions about prescribing benzodiazepines outside psychiatric indications, the quality of patient information regarding the potential impact of the drug on driving ability, and the need for clearer guidelines and documentation of warnings about temporary reduction in the ability to operate a motor vehicle.

Transrodnost ili adolescentna kriza: prikaz slučaja

/ *Transgender Identity or Adolescent Crisis: A Case Report*

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KLJUČNE RIJEČI / KEYWORDS:

rodni identitet / *gender identity*

adolescentna kriza / *adolescent crisis*

depresija / *depression*

anksioznost / *anxiety*

vortiooksetin / *vortioxetine*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.282>

Transrodnost je tema koja već neko vrijeme pobuđuje interes u psihijatrijskim i laičkim krugovima. Cilj nam je prikazati složenost toga fenomena i važnost opreznog pristupa u kliničkoj praksi. Pacijent u ranim dvadesetim godinama javlja se u psihijatrijsku ambulantu zbog anksiozno-depresivnih smetnji. Za vrijeme pregleda uočavaju se napetost, izbjegavanje kontakta očima, opreznost i slabija artikulacija u govoru, a navode se i suicidalna promišljanja nekoliko mjeseci ranije. Saznaje se za socijalno povlačenje, prekid radnog odnosa, pojačanu konzumaciju alkohola te prekomjerno igranje videoigara putem kojih upoznaje i ostvaruje

Transgender identity has for some time been a topic of interest in both psychiatric and lay circles. Our aim is to present the complexity of this phenomenon and the importance of a cautious approach in clinical practice. A patient in their early twenties presents to a psychiatric outpatient clinic due to anxiety–depressive difficulties. During the examination, tension, avoidance of eye contact, wariness, and reduced clarity of speech are observed, and the patient reports suicidal thoughts occurring several months earlier. It is learned that there has been social withdrawal, termination of employment, increased alcohol consumption, and excessive playing of video games, through which

partnersku vezu na daljinu s djevojkom za koju navodi da ima poremećaj iz spektra autizma. U tom kontekstu pacijent izražava sumnju na postojanje vlastitog neurorazvojnog poremećaja te planove o preseljenju u inozemstvo s djevojkom, gdje bi ostvario tranziciju u ženski spol. U osobnoj anamnezi isticala se složena obiteljska dinamika obilježena verbalnom i fizičkom agresivnošću majke te pojava simptoma nakon njezine smrti. Nakon psihijatrijske obrade, uvedena je terapija vortiooksetinom i alprazolamom. Nakon mjesec dana opservira se stabilizacija raspoloženja, smanjenje anksioznosti i konzumacije alkohola, pacijent se uključuje u terapijsku zajednicu te se doza vortiooksetina povećava na 15 mg dnevno. Na kontrolnom pregledu nakon pet mjeseci doznaje se o apstinenciji od alkohola i videoigara, remisiji anksiozno-depresivnih simptoma, značajno boljem socijalnom funkcioniranju te potpunom izostanku promišljanja vezanih uz rodni identitet. Prikazani slučaj upućuje na složen međuodnos afektivnih smetnji, razvojnih procesa, životnih okolnosti i pitanja identiteta te ilustrira važnost diferencijalne dijagnoze između primarne disforije spola i rodne neugode kao manifestacije složenih psiholoških teškoća, poput traume, depresije i ovisnosti. Kod mladih osoba u kojih se pojavljuju dvojbe vezane uz rodni identitet važno je provesti sveobuhvatnu psihijatrijsku procjenu i praćenje uz individualiziran i oprezan klinički pristup.

the patient meets and establishes a long-distance romantic relationship with a girl reported to have an autism spectrum disorder. In this context, the patient expresses suspicion of having a neurodevelopmental disorder themselves and plans to move abroad with the girl, where they would undergo transition to the female gender. Personal history reveals a complex family dynamic marked by the mother's verbal and physical aggressiveness and the onset of symptoms after her death. Following psychiatric assessment, treatment with vortioxetine and alprazolam was initiated. After one month, stabilization of mood is observed, along with reduced anxiety and alcohol consumption; the patient joins a therapeutic community, and the vortioxetine dose is increased to 15 mg daily. At a follow-up visit five months later, the patient reports abstinence from alcohol and video games, remission of anxiety-depressive symptoms, significantly improved social functioning, and complete absence of thoughts related to gender identity. The presented case points to the complex interplay of affective disturbances, developmental processes, life circumstances, and identity issues, and illustrates the importance of the differential diagnosis between primary gender dysphoria and gender-related distress as a manifestation of complex psychological difficulties such as trauma, depression, and addiction. In young individuals who develop doubts related to gender identity, it is important to conduct comprehensive psychiatric assessment and follow-up, with an individualized and cautious clinical approach.

Od terapijski rezistentne depresije do povratka na posao: iskustvo liječenja esketaminom – prikaz slučaja

/ From Treatment-Resistant Depression to Return to Work: Experience With Esketamine Treatment – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

terapijski rezistentna depresija / *treatment-resistant depression*

esketamin / *esketamine*

Spravato / *Spravato*

funkcionalni oporavak / *functional recovery*

zaposlenje / *employment*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.284>

Ciljevi istraživanja: Prikazati učinak intranazalnog esketamina na simptome i funkcionalni oporavak bolesnika s terapijski rezistentnom depresijom. Materijali i metode: Prikazan je slučaj 37-godišnjeg muškarca s dijagnozom rekurentnog depresivnog poremećaja, teške depresivne epizode bez psihotičnih simptoma (F33.2), u kontinuitetu prisutnog približno 15 godina. Bolesnik je ambulantno liječen brojnim antidepressivima (escitalopram, fluvoxamin, duloksetin, venlafaksin, vortiooksetin, mirtazapin i bupropion) te augmentacijskim strategijama koje su uključivale aripiprazol i pregabalin, bez postizanja zadovoljavajućeg terapijskog odgovora. Nakon pogoršanja depresivne i anksiozne simptomatologije tijekom

Objectives: To present the effect of intranasal esketamine on symptoms and functional recovery in a patient with treatment-resistant depression. Materials and methods: We present the case of a 37-year-old man with a diagnosis of recurrent depressive disorder, severe depressive episode without psychotic symptoms (F33.2), continuously present for approximately 15 years. The patient had been treated on an outpatient basis with numerous antidepressants (escitalopram, fluvoxamine, duloxetine, venlafaxine, vortioxetine, mirtazapine, and bupropion) and augmentation strategies including aripiprazole and pregabalin, without achieving a satisfactory therapeutic response. After worsening of depressive and anxiety symptomatology during a period of

razdoblja nezaposlenosti započeto je liječenje intranazalnim esketaminom. Prve dvije aplikacije primijenjene su u dozi od 56 mg, a potom je terapija nastavljena dozom od 84 mg. Praćeni su klinički odgovor, nuspojave i funkcionalni ishod. Rezultati: Početni rezultat na *Montgomery-Åsbergovoj ljestvici depresije* (MADRS) iznosio je 37 bodova. Nakon osme primjene zabilježeno je značajno poboljšanje uz smanjenje rezultata na 12 bodova, dok je nakon dvanaeste primjene MADRS iznosio 17 bodova. Tijekom liječenja bolesnik je aktivno tražio zaposlenje te je nakon višegodišnje nezaposlenosti pronašao posao i započeo radni odnos. Ukupno je primio 17 aplikacija esketamina. Zabilježene nuspojave bile su prolazna vrtoglavica, blagi disocijativni doživljaji i blaži pad arterijskog tlaka, bez potrebe za prekidom liječenja. Unatoč povoljnom terapijskom odgovoru, bolesnik je samo-inicijativno prekinuo liječenje zbog zaposlenja i preseljenja. Tijekom naknadnog telefonskog praćenja izvijestio je o održanom poboljšanju psihičkog stanja i urednom radnom funkcioniranju. Zaključak: Prikazani slučaj potvrđuje važnost esketamina kao terapijske opcije u liječenju terapijski rezistentne depresije. Osim značajnog smanjenja depresivne simptomatologije, postignut je i klinički relevantan funkcionalni oporavak koji je uključivao povratak na tržište rada nakon dugotrajne nezaposlenosti. Funkcionalni ishodi trebali bi predstavljati važan pokazatelj uspješnosti liječenja uz standardne mjere procjene simptoma.

unemployment, treatment with intranasal esketamine was initiated. The first two applications were administered at a dose of 56 mg, after which treatment was continued at a dose of 84 mg. Clinical response, adverse effects, and functional outcome were monitored. Results: The initial score on the *Montgomery-Åsberg Depression Rating Scale* (MADRS) was 37 points. After the eighth application, a significant improvement was recorded, with a reduction of the score to 12 points, while after the twelfth application, the MADRS score was 17 points. During treatment, the patient actively sought employment and, after many years of unemployment, found a job and started working. In total, he received 17 applications of esketamine. Recorded adverse effects included transient dizziness, mild dissociative experiences, and a mild drop in blood pressure, without the need to discontinue treatment. Despite the favorable therapeutic response, the patient independently discontinued treatment due to employment and relocation. During subsequent telephone follow-up, he reported maintained improvement in mental state and satisfactory occupational functioning. Conclusion: The presented case confirms the importance of esketamine as a therapeutic option in the treatment of treatment-resistant depression. In addition to a significant reduction in depressive symptomatology, a clinically relevant functional recovery was achieved, including re-entry into the labor market after long-term unemployment. Functional outcomes should represent an important indicator of treatment success alongside standard symptom assessment measures.

Snaga sadašnjeg trenutka: primjena mindfulnessa u dnevnoj bolnici

/ The Power of the Present Moment: The Use of Mindfulness in a Day Hospital Setting

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KLJUČNE RIJEČI / KEYWORDS:

mindfulness / mindfulness

dnevna bolnica / day hospital

grupna terapija / group therapy

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.286>

Ciljevi rada: *Mindfulness* se definira kao usmjerena svjesnost u sadašnjem trenutku, bez prosuđivanja. Naša je pozornost tijekom života raspršena, okupirani smo obvezama i svakodnevnim stresorima. S jedne strane beskonačno ruminiramo o trenucima koji su dio prošlosti, dok s druge strane neprestano planiramo što ćemo napraviti u budućnosti, najmanje smo „ovdje i sada”, prisutni u sadašnjem trenutku koji ponekad zaboravimo cijeniti. Jon Kabat-Zinn ističe važnost svjesnog života svakog trenutka, uključujući i one teške poput boli i straha. Istraživanja učinaka *mindfulnessa* potvrđuju učinkovitost u smanjenju simptoma anksioznosti, depresije i stresa te povećanju psihološke otpornosti i opće dobrobiti. Cilj je ovog rada prikazati implementaciju tehnika *mindfulnessa* u radu psihijatrijske dnevne bolnice, s naglaskom na terapijski potencijal kod pacijenata s anksiozno-depresivnim i paničnim

Objectives: Mindfulness is defined as focused awareness of the present moment, without judgment. Throughout life, our attention is scattered; we are occupied with obligations and everyday stressors. On the one hand, we endlessly ruminate about moments that belong to the past, while on the other, we constantly plan what we will do in the future; we are least “here and now,” present in the current moment, which we sometimes forget to appreciate. Jon Kabat-Zinn emphasizes the importance of consciously living every moment, including the difficult ones such as pain and fear. Research on the effects of mindfulness confirms its effectiveness in reducing symptoms of anxiety, depression, and stress, and in increasing psychological resilience and overall well-being. The aim of this paper is to present the implementation of mindfulness techniques in the work of a psychiatric day hospital, with an emphasis on their therapeutic potential in patients with anxiety-depressive and panic disorders,

poremećajima, PTSP-om i poremećajima prilagodbe povezanim s obiteljskim i radnim stresorima. Materijali i metode: Unutar grupnih aktivnosti dnevne bolnice provode se strukturirane *mindfulness*-vježbe. Početni dio uključuje razgovore o automatiziranim obrascima ponašanja u svakodnevici. Pacijenti su dobivali zadatke da određene dnevne aktivnosti izvode svjesno i prisutno, uključujući aktivnosti poput pripreme obroka, tuširanja ili razgovora s obitelji. Prakticiraju se i tehnike disanja, osvježavanja tijela i kratke vježbe suosjećanja prema sebi prizivanjem pozitivnih sjećanja. Rezultati: Osobe oboljele od psihičkih poteškoća, uključene u program dnevne bolnice, putem upitnika obavještavaju o boljoj sposobnosti prepoznavanja i regulacije emocija, smanjenju intenziteta anksioznosti i psihološke napetosti te o većoj usmjerenoj svjesnosti unutar ADŽ-a. Vježbe su se pokazale lako primjenjivima u kliničkoj praksi, primarno vježbe disanja koje su ključan alat za umirivanje tijela i uma. Zaključak: *Mindfulness* je jednostavna i primjenjiva terapijska metoda. Kontinuirana provedba pomaže regulaciji emocionalnog doživljavanja, održavanju stabilnosti i kontroli ponašajnih reakcija te smanjenju psihološke nelagode. Dakako, tijekom kontinuirane provedbe potrebna su daljnja istraživanja radi sustavne procjene dugoročnih učinaka intervencija ovakve vrste.

PTSD, and adjustment disorders related to family and work stressors. Materials and methods: Within the group activities of the day hospital, structured mindfulness exercises are conducted. The initial part includes discussions about automatic behavior patterns in everyday life. Patients received tasks to carry out certain daily activities consciously and with full presence, including activities such as meal preparation, showering, or conversations with family. Breathing techniques, body awareness, and short self-compassion exercises are also practiced by evoking positive memories. Results: People with mental health difficulties included in the day hospital program report, via questionnaires, a better ability to recognize and regulate emotions, reduced intensity of anxiety and psychological tension, and greater focused awareness in activities of daily living. The exercises proved easy to apply in clinical practice, especially the breathing exercises, which are a key tool for calming the body and mind. Conclusion: Mindfulness is a simple and applicable therapeutic method. Its continuous practice helps regulate emotional experience, maintain stability, control behavioral reactions, and reduce psychological discomfort. Of course, with ongoing implementation, further research is needed for a systematic evaluation of the long-term effects of such interventions.

Arhetipska struktura i kolektivno nesvjesno u pjesničkom opusu Marka Perkovića Thompsona: jungijanska analiza kolektivne identifikacije

/ Archetypal Structure and the Collective Unconscious in the Poetry of Marko Perković Thompson: A Jungian Analysis of Collective Identification

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KLJUČNE RIJEČI / KEYWORDS:

Carl Gustav Jung / *Carl Gustav Jung*

arhetipovi / *archetypes*

kolektivno nesvjesno / *collective unconscious*

Marko Perković Thompson / *Marko Perković Thompson*

kolektivni identitet / *collective identity*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.288>

Cilj rada bio je analizirati pjesnički opus Marka Perkovića Thompsona kroz teorijski okvir analitičke psihologije Carla Gustava Junga te istražiti ulogu arhetipskih obrazaca u oblikovanju kolektivnog identiteta, političke simbolike i transgeneracijskog prijenosa društvenih trauma. Provedena je kvalitativna analiza sadržaja odabranih pjesama iz različitih razdoblja autorova stvaralaštva. Interpretacija je temeljena na

The aim of this paper was to analyze the poetic oeuvre of Marko Perković Thompson through the theoretical framework of Carl Gustav Jung's analytical psychology and to explore the role of archetypal patterns in shaping collective identity, political symbolism, and the transgenerational transmission of social trauma. A qualitative content analysis was conducted on selected songs from different periods of the author's creative

jungijanskim konceptima Heroja, Sjene, Starog Mudraca, Anime i Kralja te njihovoj pojavnosti u lirskim motivima, simbolima i narativnim strukturama. Analiza pokazuje da Thompsonov opus sustavno aktivira temeljne arhetipove kolektivnog nesvjesnog. Arhetip Heroja razvija se od obrambenog ratnika prema metafizičkom borcu za svjetlo, dok se arhetip Sjene pojavljuje kroz motive vanjskog neprijatelja i unutar-nje izdaje. Arhetip Starog Mudraca očituje se u transgeneracijskom prijenosu vrijednosti i identiteta kroz odnos oca, sina i djeda. Anima prolazi razvoj od osobnih i konfliktnih projekcija prema spiritualiziranim i transcendentnim oblicima ženskog principa. Arhetip Kralja povezan je s povijesnim traumama, simbolikom nacionalnog suvereniteta te kolektivnim osjećajem gubitka i obnove. Thompsonov opus može se promatrati kao simbolički prostor u kojem se reflektiraju procesi oblikovanja kolektivnog identiteta i suočavanja s povijesnim traumama. Arhetipski su obrasci važan mehanizam kolektivne identifikacije te mogu pridonijeti boljem razumijevanju sociopsiholoških procesa, kolektivnog pamćenja i transgeneracijskog prijenosa vrijednosti u suvremenom hrvatskom društvu.

work. The interpretation was based on Jungian concepts of the Hero, the Shadow, the Wise Old Man, the Anima, and the King, and on their manifestation in lyrical motifs, symbols, and narrative structures. The analysis shows that Thompson's oeuvre systematically activates fundamental archetypes of the collective unconscious. The Hero archetype develops from a defensive warrior into a metaphysical fighter for the light, while the Shadow archetype appears through motifs of the external enemy and internal betrayal. The Wise Old Man archetype is expressed in the transgenerational transmission of values and identity through the relationship between father, son, and grandfather. The Anima evolves from personal and conflictual projections toward spiritualized and transcendent forms of the feminine principle. The King archetype is linked to historical traumas, the symbolism of national sovereignty, and the collective sense of loss and renewal. Thompson's oeuvre can be viewed as a symbolic space in which the processes of forming collective identity and confronting historical traumas are reflected. Archetypal patterns are an important mechanism of collective identification and may contribute to a better understanding of sociopsychological processes, collective memory, and the transgenerational transmission of values in contemporary Croatian society.

Stavovi medicinskog i nemedicinskog osoblja u odnosu na mjere humanog sputavanja na odjelima opće bolnice Pula

/ Attitudes of Medical and Nonmedical Staff Toward Humane Restraint Measures in the Departments of Pula General Hospital

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KLJUČNE RIJEČI / KEYWORDS:

humano sputavanje / humane restraint

ozljeđivanje / injuring

stigmatizacija / stigmatization

stavovi / attitudes

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.290>

Mjere humanog sputavanja kroz povijest su, pa tako i danas, bile veliko etičko, medicinsko i pravno pitanje. One su jedan od alata koje se primjenjuju u zdravstvenim ustanovama kao prevencija ozljeđivanja i nastanka štete za pacijenata i njegovu okolinu. Cilj je istraživanja bio ispitati stavove medicinskog osoblja na psihijatrijskom odjelu i drugima odjelima, kao i članovima obitelji psihijatrijskih pacijenata prema mjerama humanog sputavanja. Glavni je alat u tome upitnik kojim je provedeno istraživanje u tri ispitivane skupine. Prva skupina ispitanika jest medicinsko osoblje na psihijatrijskom odjelu, drugu skupinu čini medicinsko osoblje zaposleno na drugim, nepsihijatrijskim odjeli-

Throughout history, and continuing to the present day, humane restraint measures have been a major ethical, medical, and legal issue. They are one of the tools used in healthcare institutions to prevent injury and harm to the patient and their surroundings. This study aimed to examine attitudes toward humane restraint measures among medical staff in a psychiatric ward and other hospital wards, as well as among family members of psychiatric patients. The main instrument was a questionnaire administered to three study groups. The first group of respondents consists of medical staff working in a psychiatric ward, the second group comprises medical staff employed in other, non-psychiatric wards, and the third group consists of relatives of patients subjected

ma, a treća skupina jest rodbina pacijenata nad kojima se provodi humano sputavanje. Ukupan je broj predviđenih ispitanika 75, u svakoj skupini po 25 ispitanika. Samo je istraživanje u tijeku, predviđeno kao prospektivna studija, te će se rezultati predstaviti na kongresu. Očekujemo da se rezultati našeg ispitivanja s istraživanjima provedenim u svijetu pod sličnom hipotezom, točnije da postoji razlaz mišljenja kod medicinskih i nemedicinskih ispitanika u obliku negativne predodžbe mjera kod nemedicinskih ispitanika, odnosno rodbine pacijenata. Takvi se rezultati mogu objasniti nedostatkom edukacije o indikacijama za mjere humanog sputavanja, kao i stigmatizacijom i nedostatkom edukacije o psihičkim bolestima i stanjima te njihovu liječenju općenito.

to humane restraint. The total planned number of respondents is 75, with 25 participants in each group. The study is ongoing and has been designed as a prospective study; the results will be presented at the congress. We expect that our findings will be consistent with studies conducted worldwide under a similar hypothesis, specifically that there is a divergence of opinion between medical and non-medical respondents, with non-medical respondents, that is, patients' relatives, holding a more negative view of these measures. Such results may be explained by a lack of education regarding the indications for measures of humane restraint, as well as by stigmatization and insufficient education about mental illnesses and conditions and their treatment in general.

Psihijatrijski aspekti sindroma temporomandibularnog zgloba: prikaz slučaja

/ Psychiatric Aspects of Temporomandibular Joint Syndrome: A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

temporomandibularni zglob / *temporomandibular joint*

stres / *stress*

mentalno zdravlje / *mental health*

agresija / *aggression*

konverzija / *conversion*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.292>

Sindrom temporomandibularnog zgloba ili temporomandibularni poremećaji zahvaćaju zglob između temporalne kosti i mandibule te okolne mišiće. Glavna mu je značajka bol, no mogući su i zvučni fenomeni tijekom pokretanja zgloba i/ili ograničena funkcija čeljusti. Kao mogući uzrok navodi se stres, odnosno smatra se da sindrom ima psihološku komponentu, a i u liječenju se upotrebljavaju psihofarmaci. Cilj je prikazati pacijenta koji se psihijatrijskim liječenjem oporavio od sindroma temporo-

Temporomandibular joint syndrome, or temporomandibular disorders, affect the joint between the temporal bone and the mandible, as well as the surrounding muscles. Their main feature is pain, but acoustic phenomena during joint movement and/or restricted jaw function may also be present. Stress is cited as a possible cause, and the syndrome is considered to have a psychological component; psychopharmaceuticals are also used in treatment. The aim is to present a patient who recovered from temporomandibular joint syndrome

mandibularnog zgloba. Pacijent u pedesetim godinama javlja se na psihijatrijski ambulantni pregled zbog anksiozno-depresivne simptomatike. Upućen je od liječnika dentalne medicine. Negativnog je psihijatrijskog herediteta. U razgovoru se saznaje za dugotrajnu i složenu poslovnu problematiku, bruksizam, glavobolju, bolnost u području lica, osobito temporomandibularnog zgloba, zvučne fenomene prilikom otvaranja i zatvaranja usta, otežano otvaranje usta i smetnje usnivanja i prosnivanja. Pacijent je liječen sertralinom i alprazolamom te nakon tri mjeseca liječenja dolazi do potpunog povlačenja simptoma. Kao jedan od uzroka sindroma temporomandibularnog zgloba često se navodi emocionalno opterećenje. Stres dovodi do pojačane aktivacije mišića što za posljedicu ima oštećenje zgloba, mišićnu napetost i bol. Također, stres može smanjiti prag tolerancije na bol. Postoji zajednička genetska podloga osjetljivosti na stres, bol, anksioznost i depresiju. Osobe s anksioznim i depresivnim poremećajima imaju veći rizik za razvoj ovog sindroma. Ako bol u zglobu potraje dulje, tada može negativno utjecati na mentalno zdravlje osobe. Utvrđeno je da su promjene upalnih citokina, neurotransmitora i neuropeptida koje prate depresiju prisutne i kod sindroma temporomandibularnog zgloba. Zabilježene su i promjene u istim regijama mozga i neuralnim mrežama. Iz psihoanalitičke perspektive može se govoriti o konfliktu između želje za neovisnosti i ovisnosti, načinu usmjerivanja agresije, sadizmu i mazohizmu, somatizaciji i konverziji. Slučaj ovog pacijenta pokazuje važnost multidisciplinarnog pristupa.

through psychiatric treatment. A patient in his fifties presented for an outpatient psychiatric examination due to anxiety–depressive symptoms. He had been referred by a dental medicine specialist. He had a negative psychiatric family history. The interview revealed long-standing and complex work-related problems, bruxism, headache, pain in the facial area—especially in the region of the temporomandibular joint—acoustic phenomena when opening and closing the mouth, difficulty opening the mouth, and problems with falling asleep and maintaining sleep. The patient was treated with sertraline and alprazolam, and after three months of treatment, his symptoms fully resolved. Emotional burden is often cited as one of the causes of temporomandibular joint syndrome. Stress leads to increased muscle activation, which results in joint damage, muscle tension, and pain. Stress may also lower the pain tolerance threshold. There is a shared genetic basis for vulnerability to stress, pain, anxiety, and depression. People with anxiety and depressive disorders are at higher risk of developing this syndrome. If joint pain persists for a longer period, it can then negatively affect a person's mental health. It has been established that changes in inflammatory cytokines, neurotransmitters, and neuropeptides that accompany depression are also present in temporomandibular joint syndrome. Changes in the same brain regions and neural networks have likewise been recorded. From a psychoanalytic perspective, one can speak of a conflict between the desire for independence and dependence, modes of directing aggression, sadism and masochism, somatization, and conversion. This patient's case demonstrates the importance of a multidisciplinary approach.

Fenomenologija percepcije realiteta

/ *Phenomenology of the Perception of Reality*

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KLJUČNE RIJEČI / KEYWORDS:

determinizam / *determinism*

psihoaktivne tvari / *psychoactive substances*

fenomenologija / *phenomenology*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.294>

Prikazat će se slučaj pacijenta čije se iskustvo svijeta promijenilo zbog zaokupljenosti determinizmom. Udaljavajući se od naučenih klasifikacija, primjećuje se da neke osobe s psihičnim iskustvima opisuju neobične percepcije, snove i ideje koje nastaju kao dio kreativnih ili filozofskih procesa, ponekad pojačanih uporabom psihoaktivnih tvari. Dvadesetpetogodišnji muškarac javio se zbog intenzivne anksioznosti, depresivnog raspoloženja i u uvjerenju da su sva ponašanja unaprijed određena. Njegov pogled na svijet bio je posebno izmijenjen u doživljaju komunikacije s drugim ljudima, koja mu se činila robotiziranom. Izražavao je osjećaj da više nije sposoban funkcionirati na istoj razini kao i prije. Prisjećajući se ranijih razdoblja adolescencije, navodio je da je imao osjećaj da ga drugi promatraju, da se bojaio tuđih mišlje-

The case of a patient whose experience of the world changed due to a preoccupation with determinism is presented. Stepping away from learned classifications, it can be observed that some individuals with psychotic experiences describe unusual perceptions, dreams, and ideas that arise as part of creative or philosophical processes, sometimes amplified by the use of psychoactive substances. A 25-year-old man presented with intense anxiety, depressed mood, and the conviction that all behaviors are predetermined. His view of the world was particularly altered in how he experienced communication with other people, which seemed robotic to him. He expressed a sense that he was no longer able to function at the same level as before. Recalling earlier periods of adolescence, he reported feeling that others were watching him, fearing other people's opin-

nja te da je istodobno imao osjećaj pripadnosti određenim skupinama, ali i izdvojenosti iz njih. Govorio je da je tada bio sretan, duhovit i ekstrovertiran, ali da „odnedavno više nema smisla za humor i nije zanimljiv“. Osam godina redovito je konzumirao kanabis, koji ga je smirivao i omogućivao mu da se „udubi u teme iz filozofije i psihologije“. Nakon kratkog razdoblja apstinencije i ponovne uporabe kanabisa, imao je osjećaj kao da se njegov svjetonazor temeljen na determinizmu učvrstio do te mjere da je razvio tešku anksioznost, potom i depresiju. Susrećemo ga u okviru Dnevne bolnice nakon kratkotrajnog bolničkog liječenja. Tijekom terapije djeluje nemotivirano, anksiozno i povučeno u grupnim psihoterapijskim seansama. Istražuje znanstvena i filozofska stajališta o determinizmu, o kojima opširno raspravlja s *chatbotom*, te traži terapeuta upoznatog s tom temom koji bi mu mogao pružiti utjehu i pomoći u teškoćama koje teško verbalizira. Pacijentovi simptomi mogu se promatrati kroz prizmu fenomenologije opsesije na granici sumanutosti, pri čemu osjeća strah i gubitak smisla zbog spoznaje da nema kontrolu nad vlastitim životom. U razgovorima dolazimo do hipoteze da je doživio razočaranje i svojevršno razotkrivanje stvarnosti kroz prizmu determinizma te da bi terapija trebala biti usmjerena na ponovno uspostavljanje određenih iluzija (odnosno ponovno pronalaženje smisla kroz interese i odnose), što bi mu moglo omogućiti bolje socijalno funkcioniranje.

ions, and at the same time experiencing a sense of belonging to certain groups while also feeling set apart from them. He said that at that time he had been happy, funny, and extroverted, but that “recently I no longer have a sense of humor and I am not interesting.” For eight years he had regularly used cannabis, which calmed him and allowed him to “immerse himself in topics from philosophy and psychology.” After a short period of abstinence and subsequent renewed cannabis use, he felt as if his determinism-based worldview had solidified to such an extent that he developed severe anxiety, followed by depression. We encountered him in the context of a Day Hospital program after a brief inpatient treatment. During therapy, he appeared unmotivated, anxious, and withdrawn in group psychotherapy sessions. He explored scientific and philosophical positions on determinism, which he discussed at length with a chatbot, and he sought a therapist familiar with this topic who could provide comfort and help him with difficulties he struggled to verbalize. The patient’s symptoms can be viewed through the prism of the phenomenology of obsession on the border of delusion, in which he feels fear and loss of meaning due to the realization that he has no control over his own life. In conversations, we arrived at the hypothesis that he had experienced disappointment and a kind of “unmasking” of reality through the lens of determinism, and that therapy should be directed toward re-establishing certain illusions (that is, rediscovering meaning through interests and relationships), which could enable better social functioning.

Diferencijalno dijagnostički i terapijski izazov kod katatonije u starije bolesnice sa somatskim komorbiditetima

/ Differential Diagnostic and Therapeutic Challenges of Catatonia in an Older Woman With Somatic Comorbidities

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KLJUČNE RIJEČI / KEYWORDS:

katatonija / *catatonia*

demencija / *dementia*

maligni neuroleptički sindrom / *neuroleptic malignant syndrome*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.296>

Uvod: Katatonija je bihevioralni sindrom obilježen nemogućnošću izvođenja normalnih pokreta, usprkos punom fizičkom kapacitetu za to. Sindrom se može pojaviti u brojnim psihičkim i somatskim poremećajima koje vidamo u jedinicama objedinjenog hitnog bolničkog prijema. Prikaz pacijenta: Pacijentica u dobi od 88 godina upućena je na konzilijarni pregled pod dijagnoznom katatonije u sklopu demencije. Dovezena je iz umirovljeničkog doma jer je posljednja dva dana bila bez kontakta. Dva dana ranije pregledana je nakon što je navodno pala i udarila glavom, nakon čega je postala nekontaktilna. Ranije bolesti: Demencija, fibrilacija atrijska, prije 3 godine preboljela moždani udar.

Introduction: Catatonia is a behavioral syndrome characterized by an inability to perform normal movements despite full physical capacity to do so. The syndrome can occur in numerous psychiatric and somatic disorders that we encounter in emergency hospital admission units. Case presentation: An 88-year-old female patient was referred for a consultative examination with a diagnosis of catatonia in the context of dementia. She was brought in from a nursing home because she had been unresponsive for the previous two days. Two days earlier, she had been examined after allegedly falling and hitting her head, after which she became non-responsive. Past medical history: Dementia, atrial fibrillation, and an isch-

Godinu dana ranije hospitalizirana je zbog sincope, kada ju je medicinski tehničar zatekao klonute glave, nije mogla samostalno sjediti ni govoriti. Dan prije konzilijarnog pregleda psihijatra pregledana je neurološki jer je bila bez kontakta, gledala je uprazno i nije odgovarala na pitanja. Zbog sumnje na katatoniju ordiniran je diazepam 1/2 ampule, 10 mg iv. Pacijentica nakon dva sata postaje kontaktibilna. Sljedećeg dana konzilijarni psihijatar zbog moguće psihotične podloge uvodi antipsihotik (olanzapin 5 mg uvečer, uz oksazepam) nakon čega ponovno dolazi do pogoršanja stanja svijesti. Sljedeći konzilijarni psihijatar za dva dana uklanja antipsihotik, postavlja sumnju na maligni neuroleptički sindrom koji se laboratorijskim nalazima i daljnjom opservacijom te pregledom neurologa isključuje, kao i moguće infektološko zbivanje. Uvodi lorazepam u dozi od 3 x 2,5 mg, koji se modificira na dozu 1, 1, 2,5 mg, s tim da je pacijentica adekvatnog kontakta. Zaključak: Unatoč teškom prepoznavanju i nizu diferencijalnodijagnostičkih dilema važno je pravodobno dijagnosticiranje i liječenje benzodiazepinima i/ili elektrokonvulzivnom terapijom uz liječenje medicinskih stanja koja su u podlozi katatonije, s obzirom na to da katatonija može biti životno ugrožavajuće stanje.

emic stroke three years earlier. One year before the current episode, she had been hospitalized for syncope, when a nurse found her with her head slumped, unable to sit up or speak on her own. The day before the psychiatric consultation, she had been examined by a neurologist because she was unresponsive, staring blankly, and not answering questions. Due to suspected catatonia, diazepam 1/2 ampoule 10 mg IV was administered. Two hours later, the patient became responsive. The following day, a consultative psychiatrist, suspecting a possible psychotic basis, started an antipsychotic (olanzapine 5 mg in the evening, with oxazepam), after which there was a renewed deterioration in consciousness. Two days later, a subsequent consultative psychiatrist discontinued the antipsychotic and raised suspicion of neuroleptic malignant syndrome, which was ruled out by laboratory findings, further observation, and neurologic examination, as was a possible infectious process. Lorazepam was introduced at a dose of 3 x 2.5 mg, later adjusted to 1, 1, and 2.5 mg, with the patient maintaining adequate contact. Conclusion: Despite the difficulty of recognition and the numerous differential diagnostic dilemmas, timely diagnosis and treatment with benzodiazepines and/or electroconvulsive therapy, alongside management of the underlying medical conditions causing catatonia, are crucial, given that catatonia can be a life-threatening condition.

Utjecaj digitalnog marketinga alkoholnih pića na razvoj alkoholizma

/ The Impact of Digital Marketing of Alcoholic Beverages on the Development of Alcohol Use Disorder

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KLJUČNE RIJEČI / KEYWORDS:

alkoholizam / alcoholism

psihijatrija / psychiatry

digitalni marketing / digital marketing

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.298>

Američko udruženje psihijatara definiralo je alkoholizam tako da podrazumijeva ovisnost o alkoholu, ili obrazac patološke upotrebe alkohola, ili oštećenje društvenog ili profesionalnog funkcioniranja zbog alkohola te apstinencijsku krizu. Cilj je ovog istraživanja bio istražiti utjecaj digitalnog marketinga alkoholnih pića na razvoj alkoholizma u općoj populaciji i utjecaj medicinske sestre na prevenciju razvoja alkoholizma. Ispitanici su punoljetne osobe koje su dobrovoljno ispunile anketu. Ona je sadržavala 23 tvrdnje koje se odnose na ispitivanje stavova opće populacije o reklamiranju alkoholnih pića i njegovu utjecaju na razvoj alkoholizma. U istraživanju je primijenjena metoda anketiranja putem strukturiranog upitnika koji je ispitivao i sociodemografske podatke ispitanika, uključujući dob, spol i obrazovni status. Podatci su prikupljeni putem platforme *Google Forms* i obrađeni primjenom deskriptivnih sta-

The American Psychiatric Association has defined alcoholism as involving alcohol dependence, a pattern of pathological alcohol use, or impairment of social or professional functioning due to alcohol, as well as withdrawal syndrome. The aim of this study was to investigate the impact of digital marketing of alcoholic beverages on the development of alcoholism in the general population and the influence of nurses on the prevention of alcoholism development. The respondents were adults who voluntarily completed the survey. It contained 23 statements related to examining the attitudes of the general population toward advertising alcoholic beverages and its impact on the development of alcoholism. The study used a questionnaire survey method with a structured instrument that also examined respondents' sociodemographic data, including age, gender, and educational status. Data were collected via the *Google Forms* platform and processed using descriptive statistical methods. The study includ-

tističkih metoda. U istraživanju je sudjelovalo 120 ispitanika, od čega su 86 žene (71,7 %) i 34 muškarca (28,3 %). Prema stupnju obrazovanja, najveći udio ispitanika imao je završenu srednju školu (40 %), a većina je ispitanika navela da živi u velikom gradu (42,5 %). Analizom prikupljenih odgovora i otvorenih odgovora prikazan je pretežno negativan stav ispitanika o konzumaciji alkoholnih pića na koncertnim, sportskim ili drugim društvenim događanjima. Većina ispitanika smatra da takav oblik promocije normalizira konzumaciju alkohola te pridonosi percepciji alkohola kao sastavnog dijela zabave i društvenog života. U otvorenim odgovorima posebno je izraženo protivljenje povezivanju alkohola sa sportom. Dio ispitanika zagovarao je potpunu zabranu reklamiranja alkoholnih pića, dok manji broj ispitanika smatra da je umjerena promocija prihvatljiva uz odgovornu konzumaciju i poštovanje dobnih ograničenja.

ed 120 respondents, of whom 86 were women (71.7%) and 34 men (28.3%). Regarding educational level, the largest share of respondents had completed secondary school (40%), and most stated that they live in a large city (42.5%). Analysis of the collected responses, including open-ended answers, showed a predominantly negative attitude toward the consumption of alcoholic beverages at concerts, sporting events, or other social gatherings. Most respondents believe that this form of promotion normalizes alcohol consumption and contributes to the perception of alcohol as an integral part of entertainment and social life. In the open-ended responses, opposition to linking alcohol with sport was particularly pronounced. Some respondents advocated a complete ban on advertising alcoholic beverages, while a smaller number felt that moderate promotion is acceptable with responsible consumption and respect for age restrictions.

Galaktoreja uz normoprolaktinemiju kod pacijentice na terapiji risperidonom: prikaz slučaja i dijagnostičko-terapijske implikacije

/ Galactorrhea With Normoprolactinemia in a Patient Treated With Risperidone: A Case Report and Diagnostic and Therapeutic Implications

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KLJUČNE RIJEČI / KEYWORDS:

galaktoreja / galactorrhea

normoprolaktinemija / normoprolactinemia

nuspojava / adverse effect

risperidon / risperidone

psihofarmaci / psychotropic drugs

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.300>

Uvod: Neuroendokrini poremećaji, posebice hiperprolaktinemija i posljedična galaktoreja, ubrajaju se među poznate i dokumentirane nuspojave atipičnog antipsihotika risperidona. Međutim, pojava galaktoreje uz normoprolaktinemiju znatno je rjeđe pojavnosti i otvara pitanja o alternativnim mehanizmima nastanka kao i o daljnjoj obradi i pristupu. Prikaz slučaja: Pacijentici u dobi od 18 godina uveden je risperidon u dozi od 2 mg zbog psihotičnih fenomena i agresivnih pulzija. Prethodni endokrinološki status bio je bez osobitosti. Nakon kraćeg perioda od početka terapije pacijentica primjećuje iscjedak iz dojke, a kliničkim pregledom verifi-

Introduction: Neuroendocrine disorders, especially hyperprolactinemia and consequent galactorrhea, are among the well-known and documented adverse effects of the atypical antipsychotic risperidone. However, the occurrence of galactorrhea with normoprolactinemia is much rarer and raises questions about alternative mechanisms of onset as well as about further work-up and clinical approach. Case report: An 18-year-old female patient was started on risperidone 2 mg due to psychotic phenomena and aggressive impulses. Her previous endocrinological status had been unremarkable. After a short period following treatment initiation, the patient noticed breast discharge, and clinical examination

cira se bilateralna galaktoreja. Menstrualni je ciklus bio uredan. U diferencijalnodijagnostičke svrhe provedena je obrada. Laboratorijski nalazi potvrdili su vrijednosti serumskog prolaktina unutar referentnog intervala (209,230 mIU/L). Tireoidni status bio je uredan kao i UZV dojki (BI-RADS 1). MR mozga i pregledi specijalista isključili su organske i endokrine razloge razvoja galaktoreje. Zbog perzistiranja simptoma risperidon je elektivno isključen iz terapije nakon čega se prati se potpuna regresija galaktoreje. Ponovni test izloženosti nije primijenjen zbog bioetičkih razloga. Rasprava: Brojne kliničke studije i sustavni pregled literature potvrđuju da je antipsihoticima inducirana hiperprolaktinemija čest fenomen koji pogađa čak do 70 % populacije pacijenata liječenih od shizofrenije, dok je pojava normoprolaktinemijske galaktoreje rjeđe dokumentirana i ograničena je na sporadične prikaze slučajeva i manje serije slučajeva, a u kliničkom radu implicira dileme. Kod pacijentice su dostupnim pretragama isključeni endokrinološki uzorci i organska patologija tkiva dojke, a literatura kao moguće objašnjenje nudi tranzitorne fluktuacije lučenja prolaktina, teoriju tkivne hipersenzitivnosti, heterogenost molekule prolaktina te ulogu serotonina. Zaključak: S obzirom na dob i alternativna psihofarmakološka rješenja kod pacijentice, risperidon je elektivno isključen iz terapije. Prestanak galaktoreje snažno implicira ulogu psihofarmaka u ovom fenomenu. Slučaj pokazuje da uredne vrijednosti prolaktina nužno ne isključuju posredovanje lijeka u nastanku galaktoreje te naglašava potrebu za multidisciplinarnim pristupom.

confirmed bilateral galactorrhea. The menstrual cycle was regular. A diagnostic work-up was performed for differential diagnostic purposes. Laboratory findings showed serum prolactin values within the reference range (209,230 mIU/L). Thyroid function was normal, as was the breast ultrasound (BI-RADS 1). Brain MRI and specialist examinations excluded organic and endocrine causes of galactorrhea. Due to the persistence of symptoms, risperidone was electively discontinued, after which complete regression of the galactorrhea was observed. A rechallenge test was not performed for bioethical reasons. Discussion: Numerous clinical studies and systematic literature reviews confirm that antipsychotic-induced hyperprolactinemia is a common phenomenon affecting up to 70% of patients treated for schizophrenia, whereas the occurrence of normoprolactinemic galactorrhea is less frequently documented and limited to sporadic case reports and small case series, which creates dilemmas in clinical practice. In this patient, endocrinological causes and organic breast pathology were excluded with the available tests, and the literature offers as possible explanations transient fluctuations in prolactin secretion, the theory of tissue hypersensitivity, heterogeneity of the prolactin molecule, and the role of serotonin. Conclusion: Given the patient's age and the availability of alternative psychopharmacological options, risperidone was electively discontinued from therapy. The cessation of galactorrhea strongly implies a role of the psychotropic medication in this phenomenon. The case shows that normal prolactin values do not necessarily exclude a drug-mediated mechanism in the development of galactorrhea and highlights the need for a multidisciplinary approach.

Od svemoći do nemoći: prikaz slučaja pacijentice iscrpljenih adaptacijskih kapaciteta

/ From Omnipotence to Helplessness: A Case Report of a Patient With Exhausted Adaptive Capacity

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KLJUČNE RIJEČI / KEYWORDS:

anksioznost / anxiety

depresija / depression

suicidalnost / suicidality

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.302>

Suvremeno društvo svakodnevno nameće razne ideale u kojima se ponekad teško snaći. Očekivanja koja su ponekad nametnuta ženama od strane partnera, obitelji i društva, znaaju premašiti mogućnosti osobe da ih provede u djelo. Tijekom kliničkog rada autori opažaju kako se sve češće susreću sa pacijenticama koje se žale na poteškoće u svakodnevnom funkcioniranju uz pojavu simptoma iz kruga anksiozno depresivnog poremećaja. U ovom prikazu slučaja opisuje se jedna od navedenih situacija, u kojoj se mlada žena u dobi od 29 godina javlja u hitnu psihijatrijsku ambulantu zbog poteškoća usnivanja i prosnivanja, no dubljom eksploracijom sadržaja doznaje se kako je unatrag pola godine snižena raspoloženja uz izraženu anksioznost. Stanje se drastično pogoršava ne-

Contemporary society imposes various ideals on a daily basis, in which it is sometimes difficult to find one's way. Expectations that are at times imposed on women by partners, family, and society may exceed the individual's ability to fulfill them. In their clinical work, the authors increasingly encounter female patients who complain of difficulties in everyday functioning accompanied by symptoms within the spectrum of anxiety-depressive disorder. This case report describes one such situation, in which a young woman aged 29 presents to the emergency psychiatric outpatient clinic due to difficulties with falling and staying asleep. However, through more in-depth exploration, it emerges that, over the past six months, she has had low mood with pronounced anxiety. Her condition worsened dramatically in the days before the examination, when the patient report-

koliko dana pred pregled, kada pacijentica navodi kako nije mogla spavati unatoč primjeni anksiolitika i zolpidema, a pri samom vrhuncu tegoba navodi prisutnost suicidalnih misli i ideja o njihovoj provedbi u djelo na bizaran način. Opterećena realitetnom problematikom i na poticaj obitelji javlja se na prvi psihijatrijski pregled u Hitnu psihijatrijsku ambulantu, nakon čega se zaprima na prvo hospitalno psihijatrijsko liječenje. Tijekom hospitalizacije učinjena je indicirana psihodijagnostička obrada uz primjenu psihofarmakoterapije, a nakon stabilizacije stanja otpušta se uz preporuku nastavka psihijatrijskog tretmana putem Dnevne bolnice, gdje je uključena u grupnoterapijski rad te joj je pružen individualni psihosupport. S vremenom blijedi depresivno raspoloženje, a pacijentica iznosi zadovoljstvo poboljšanjem svojega stanja, naglašavajući poboljšanje u svakodnevnom funkcioniranju i sretnom povratku u uloge majke.

ed that she had been unable to sleep despite taking anxiolytics and zolpidem, and at the peak of her distress she described suicidal thoughts and ideas of carrying them out in a bizarre manner. Burdened by real-life problems and encouraged by her family, she attends her first psychiatric evaluation at the Emergency Psychiatric Clinic, after which she is admitted for her first inpatient psychiatric treatment. During hospitalization, the indicated psychodiagnostic assessment was performed and psychopharmacotherapy initiated. After stabilization of her condition, she was discharged with a recommendation to continue psychiatric treatment in the Day Hospital, where she was included in group therapy and provided with individual psychological support. Over time, the depressive mood faded, and the patient reported satisfaction with the improvement in her condition, emphasizing better everyday functioning and a happy return to her role as a mother.

Ludilo u dvoje: prikaz slučaja anoreksičnog pacijenta sa specifičnim fobijama

/ Folie à Deux: A Case Report of a Patient With Anorexia and Specific Phobias

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KLJUČNE RIJEČI / KEYWORDS:

ludilo u dvoje / shared psychotic disorder

folie à deux / folie à deux

anoreksija / anorexia

suicidalnost / suicidality

osjećaj krivnje / guilt feelings

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.304>

Folie à deux ili ludilo u dvoje rijetka je, no fascinativna pojava među psihijatrijskim dijagnozama. Najčešće se viđa među osobama koje su emocionalno povezane, bilo da se radi o supružnicima ili članovima primarne obitelji, kod kojih jedna osoba s deluzijama i sumanutostima inducira njihovu pojavu u druge osobe. Ovdje se prikazuje slučaj pedesetogodišnjaka koji se nakon rastave braka i godina života u inozemstvu vraća u Hrvatsku, gdje živi s roditeljima. Iako je tijekom COVID pandemije, zbog viška kilograma, odlučio izgubiti na tjelesnoj masi, ne poznajući „granice“ dovodi se do kaheksije praćene opsežnim edemima zbog kojih se otežano kreće. Iako je tijekom endokrinološke obrade upućivan na pregled psihijatru, kada doseže najnižu tjelesnu

Folie à deux, or shared psychotic disorder, is a rare yet fascinating phenomenon among psychiatric diagnoses. It is most often seen in people who are emotionally connected, whether spouses or members of the primary family, in whom one person with delusions induces their occurrence in another person. This case presents a 50-year-old man who, after a divorce and years of living abroad, returns to Croatia, where he lives with his parents. Although during the COVID pandemic he decided to lose weight because of excess body weight, not knowing his “limits”, he progressed to cachexia accompanied by extensive edema that made movement difficult. Although during endocrinological work-up he was referred for a psychiatric evaluation, it is only when he reaches his lowest body weight that he presents to the

masu, javlja se u Hitnu psihijatrijsku ambulantu zbog suicidalnih misli. Prilikom prijema opserviraju se ideje krivnje koje dosežu sumanutu razinu, pri čemu pacijent, iako dobrostojeće financijske situacije, navodi kako ne jede zbog štedljivosti i majčina straha od siromaštva. Tijekom hospitalizacije u individualnim razgovorima a pacijentom doznaje se kako izbjegava jesti meso budući da je njegova majka uvjerenja da u mesu postoje kukci i insekti koji ih mogu otrovati. Majka nije u tretmanu. Uvođenjem antipsihotika u terapiju uz benzodiazepine kod pacijenta se opservira poboljšanje psihičkog stanja. Nakon hospitalizacije tretman se nastavlja u Dnevnoj bolnici, gdje aktivno sudjeluje u grupnoterapijskom radu, a nakon individualnih razgovora s vremenom obogaćuje svoju prehranu te u nju uvrštava sve važne nutrijente, uključujući i mesne proizvode. Pokazuje inicijativu u kućanskim poslovima i pripremanju obroka, bilježi se porast tjelesne mase, no ono što sve iznenađuje jest adherentnost pri uzimanju terapije, dolascima na grupnu terapiju i kontrolne preglede.

Emergency Psychiatric Outpatient Clinic because of suicidal thoughts. On admission, ideas of guilt are observed that reach a delusional level, with the patient, despite being in a financially stable situation, stating that he does not eat out of frugality and because of his mother's fear of poverty. During hospitalization, in individual interviews with the patient, it is learned that he avoids eating meat because his mother is convinced that meat contains bugs and insects that can poison them. The mother is not in treatment. After introducing an antipsychotic into therapy, along with benzodiazepines, an improvement in the patient's mental state is observed. After hospitalization, treatment continues in the Day Hospital, where he actively participates in group therapy work, and after individual sessions he gradually enriches his diet, adding all important nutrients, including meat products. He shows initiative in household chores and meal preparation, and an increase in body weight is recorded. What surprises everyone is his adherence to taking medication and to attending group therapy and follow-up appointments.

„Uzalud Vam sve, meni nitko ne može pomoći“: prikaz slučaja pacijenta s visokim suicidalnim rizikom i poremećajem ličnosti

/ “It Is All in Vain; No One Can Help Me”: A Case Report of a Patient With High Suicide Risk and a Personality Disorder

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KLJUČNE RIJEČI / KEYWORDS:

poremećaj ličnosti / *personality disorder*

beznađe / *hopelessness*

suicidalnost / *suicidality*

litijev karbonat / *lithium carbonate*

kanabinoidi / *cannabinoids*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.306>

Oscilacije raspoloženja, depresivni pomaci i beznađe česti su kod osoba s poremećajem ličnosti. Svladavanje vlastitih emocija navedenoj skupini pacijenta poseban je izazov, a rad s njima često izaziva i frustracije kod medicinskog osoblja. Autori prikazuju pacijenta u dobi od 28 godina kojemu je na posljednjem pregledu nadležni psihijatar preporučio hospitalizaciju. Uviđom u dostupnu medicinsku dokumentaciju doznaje se da pacijent odbija uzimati psihofarmake koji su mu preporučeni, već se, kada god ima prilike, okreće samomedikaciji kanabisom kako bi ublažio napetost i beznađe koje je ovladalo njime. Prilikom prijema na hospitalizaciju

Mood fluctuations, depressive shifts, and hopelessness are common in people with personality disorders. Managing their own emotions is a particular challenge for this group of patients, and working with them often causes frustration among medical staff. The authors present a 28-year-old patient whose attending psychiatrist recommended hospitalization at his last examination. Review of the available medical records shows that the patient refuses to take the prescribed psychopharmaceuticals and instead, whenever he has the opportunity, turns to self-medication with cannabis in order to alleviate the tension and hopelessness that have

pacijent je disforična raspoloženja, hostilan, afirmira postojanje suicidalnih misli i ideja s jasnim planom o njihovu provođenju u djelo, kao i „rezervnim“ planom. Toksikološkom analizom verificira se pozitivan urin na THC. Zaprima se na Odjel za intenzivno psihijatrijsko liječenje i skrb gdje se postupno uvode psihofarmaci u terapiju te se učini potrebna obrada. Na početku liječenja s pacijentom su učestalo vođeni individualni razgovori, zbog njegove nemogućnosti da satima ne može „zaustaviti izljeve emocija“. Nakon inicijalne stabilizacije stanja doznaje se o opterećenosti disfunkcionalnom obitelji, osjećaju manje vrijednosti, kao i željom za ostvarivanjem emocionalne veze. Tijekom hospitalizacije u terapiju se uvodi zlatni standard – litijev karbonat te ubrzo dolazi do poboljšanja psihičkog stanja. Oscilacije u raspoloženju manje su učestale, a pacijent pokazuje interes za pozitivnim promjenama u vlastitom životu. Primjerenije se ponaša i odijeva, pokazuje interes za pomoći drugim članovima terapijske zajednice. U konačnici prihvaća farmakoterapijske preporuke te se nakon duljeg vremena zapošljava.

overtaken him. At admission, the patient is in a dysphoric mood, hostile, and affirms the presence of suicidal thoughts and ideas with a clear plan for carrying them out, as well as a “backup” plan. Toxicology testing confirms urine positive for THC. He is admitted to the Intensive Psychiatric Care Unit, where psychopharmaceuticals are gradually introduced into treatment, and the necessary diagnostic work-up is performed. At the beginning of treatment, frequent individual interviews are conducted with the patient because for hours he is unable to “stop the outpouring of emotions.” After initial stabilization, it emerges that he is burdened by a dysfunctional family, feelings of inferiority, and a desire to establish an emotional relationship. During hospitalization, the gold standard—lithium carbonate—is introduced into therapy, and his mental state soon improves. Mood swings become less frequent, and the patient shows interest in positive changes in his own life. His behavior and clothing become more appropriate, and he shows interest in helping other members of the therapeutic community. Ultimately, he accepts the pharmacotherapy recommendations and, after a long period, becomes employed.

Utjecaj sadržaja o mentalnom zdravlju na društvenim mrežama na percepciju psihopatologije kod adolescenata: prikazi kliničkih slučajeva

/ The Impact of Mental Health Content on Social Media on Adolescents' Perceptions of Psychopathology: Clinical Case Reports

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KLJUČNE RIJEČI / KEYWORDS:

društvene mreže / social networks

digitalni sadržaji / digital content

mentalno zdravlje / mental health

adolescenti / adolescents

samodijagnosticiranje / self-diagnosis

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.308>

Uvod: Društvene mreže jedan su od glavnih izvora informacija o mentalnom zdravlju među adolescentima. Iako takvi sadržaji mogu pridonijeti većoj informiranosti, često uključuju pojednostavljene ili netočne prikaze psihopatologije putem kojih adolescenti razumiju i interpretiraju vlastite psihičke teškoće. Posebno zabrinjava pojava samodijagnosticiranja i identifikiranja s populariziranim dijagnostičkim kategorijama. Cilj: Prikazati utjecaj internetskih sadržaja vezanih uz mentalno zdravlje na percepciju i prezentaciju psihopatoloških simptoma kod adolescenata tijekom psihijatrijske obrade.

Introduction: Social networks are one of the main sources of information about mental health among adolescents. Although such content can contribute to greater awareness, it often includes simplified or inaccurate depictions of psychopathology through which adolescents understand and interpret their own psychological difficulties. Of particular concern is the emergence of self-diagnosis and identification with popularized diagnostic categories. Aim: To present the impact of online mental health-related content on the perception and presentation of psychopathological symptoms in adolescents during psychiatric

Prikazi slučajeva: Prikazano je sedam adolescenata hospitaliziranih na dječjoj i adolescentnoj psihijatriji koji su tijekom obrade spontano povezivali vlastite poteškoće s dijagnozama i konceptima o kojima su prethodno informirani putem društvenih mreža i internetskih sadržaja. Najčešće su navodili sumnju na poremećaje ličnosti, poremećaj disocijativnog identiteta, bipolarni poremećaj, depresivne poremećaje, ADHD, poremećaje iz spektra autizma te rodnu disforiju. Uočena je sklonost prepoznavanju vlastitih iskustava u pojednostavljenim opisima simptoma te oslanjanju na iskustva influencera i internetskih zajednica kao relevantan izvor informacija. Zaključak: Društvene mreže i internetski sadržaji značajan su čimbenik u oblikovanju razumijevanja psihopatologije među adolescentima. Tijekom psihijatrijske procjene važno je sustavno ispitati izvore informacija o mentalnom zdravlju kojima su mladi izloženi te procijeniti njihov utjecaj na pojavu simptoma i formiranje identiteta bolesti. Prikazani slučajevi upućuju na potrebu razvoja programa medijske pismenosti i psihoedukacije adolescenata i roditelja te na potrebu daljnjih istraživanja utjecaja digitalnih sadržaja na mentalno zdravlje mladih.

assessment. Case reports: We present seven adolescents hospitalized in child and adolescent psychiatry who, during assessment, spontaneously linked their own difficulties with diagnoses and concepts about which they had previously learned through social networks and online content. They most commonly reported suspecting personality disorders, dissociative identity disorder, bipolar disorder, depressive disorders, ADHD, autism spectrum disorders, and gender dysphoria. A tendency was observed to recognize their own experiences in simplified descriptions of symptoms and to rely on the experiences of influencers and online communities as a relevant source of information. Conclusion: Social networks and online content are a significant factor in shaping adolescents' understanding of psychopathology. During psychiatric evaluation, it is important to systematically examine the sources of mental health information to which young people are exposed and to assess their impact on the emergence of symptoms and the formation of illness identity. The presented cases indicate the need to develop media literacy and psychoeducation programs for adolescents and parents, as well as the need for further research on the impact of digital content on young people's mental health.

Psihosavjet – bolničko savjetovalište za podršku mentalnom zdravlju djelatnika KBC-a Split

/ PsihoSavjet – A Hospital-Based Counseling Service Supporting the Mental Health of Employees at the University Hospital of Split

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KLJUČNE RIJEČI / KEYWORDS:

mentalno zdravlje djelatnika / *staff mental health*

burnout / burnout

profesionalni stres / *occupational stress*

sekundarna traumatizacija / *secondary traumatization*

organizacijska otpornost / *organizational resilience*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.310>

Rad u zdravstvenom sustavu obilježen je visokim profesionalnim zahtjevima, velikom odgovornošću, izloženošću patnji i smrti te organizacijskim izazovima. Zdravstveni djelatnici izloženi su povećanom riziku za profesionalni stres, sindrom sagorijevanja na poslu (*burnout*), moralni distres, sekundarnu traumatizaciju te anksiozne i depresivne simptome. Navedene teškoće mogu nepovoljno utjecati na psihološku dobrobit zaposlenika, kvalitetu zdravstvene skrbi i sigurnost pacijenata. Suvremeni pristupi zaštiti mentalnog zdravlja naglašavaju važnost razvoja organizacijske otpornosti i psihološki sigurnog radnog okruženja. Radi pružanja pravodobne psihološke podrške djelatnicima, u KBC-u Split

Work in the healthcare system is characterized by high professional demands, great responsibility, exposure to suffering and death, and organizational challenges. Healthcare workers are at increased risk for occupational stress, burnout, moral distress, secondary traumatization, and anxiety and depressive symptoms. These difficulties can adversely affect employees' psychological well-being, the quality of healthcare, and patient safety. Contemporary approaches to mental health protection emphasize the importance of developing organizational resilience and a psychologically safe work environment. To provide timely psychological support to employees, the "Psihosavjet" counseling service was established

uspostavljeno je savjetovalište „Psihosavjet“ kao model rane intervencije, prevencije teškoća mentalnog zdravlja i trijaže prema odgovarajućim oblicima stručne pomoći. Savjetovalište je dostupno svim djelatnicima KBC-a Split, neovisno o profesiji i radnom mjestu. Na svim računalima u bolnici instalirana je aplikacija putem koje se djelatnici mogu anonimno prijaviti za razgovor sa psihologom. Savjetovalište djeluje jednom tjedno. U radu savjetovališta sudjeluju psiholozi zaposleni na klinikama i zavodima za psihijatriju, pedijatriju, ginekologiju, neurologiju i onkologiju KBC-a Split. „Psihosavjet“ je lako dostupna, anonimna i nestigmatizirajuća intervencija koja omogućuje rano prepoznavanje teškoća, osnaživanje strategija suočavanja sa stresom i upućivanje na daljnje oblike liječenja kada je to potrebno. Očekivani učinci uključuju smanjenje profesionalnog stresa i sagorijevanja, unaprjeđenje psihološke dobrobiti i radnog funkcioniranja zaposlenika te posredno povećanje kvalitete i sigurnosti zdravstvene skrbi. Zbog svoje dostupnosti i jednostavne organizacije, „Psihosavjet“ je primjer dobre prakse koji se može implementirati i u drugim zdravstvenim ustanovama.

at the Split University Hospital Center (KBC Split) as a model of early intervention, prevention of mental health difficulties, and triage toward appropriate forms of professional help. The counseling service is available to all KBC Split employees, regardless of profession or workplace. An application has been installed on all hospital computers through which employees can anonymously register for a conversation with a psychologist. The counseling service operates once a week. Psychologists employed at the departments and clinics of psychiatry, pediatrics, gynecology, neurology, and oncology of KBC Split participate in the work of the counseling service. „Psihosavjet“ is an easily accessible, anonymous, and non-stigmatizing intervention that enables early recognition of difficulties, strengthening of stress-coping strategies, and referral to further forms of treatment when needed. Expected effects include reduction of occupational stress and burnout, improvement of employees' psychological well-being and work functioning, and, indirectly, increased quality and safety of healthcare. Due to its accessibility and simple organization, „Psihosavjet“ is an example of good practice that can be implemented in other healthcare institutions.

Je li „krivac“ litij? – prikaz bolesnice s komorbiditetom BAP-a i Hashimotova tireoiditisa

/ Is Lithium the “Culprit”? – A Case Report of a Patient With Comorbid Bipolar Affective Disorder and Hashimoto Thyroiditis

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KLJUČNE RIJEČI / KEYWORDS:

bipolarni afektivni poremećaj (BAP) / *bipolar affective disorder (BAD)*

autoimunosne bolesti / *autoimmune diseases*

Hashimotov tireoiditis / *Hashimoto's thyroiditis*

litij / *lithium*

interdisciplinarni pristup / *interdisciplinary approach*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.312>

Dokazano je da oboljeli od bipolarnog afektivnog poremećaja (BAP) češće pate od upalnih i autoimunosnih (AI) bolesti, a jedno od najčešćih AI stanja u toj populaciji bolesnika jest Hashimotov tireoiditis. Stanje je to kod kojega imunski sustav „napada“ tkivo štitnjače, postupno dovodeći do njezina oštećenja i disfunkcije (najčešće smanjene funkcije), nerijetko uz

It has been demonstrated that patients with bipolar affective disorder (BAD) more often suffer from inflammatory and autoimmune (AI) diseases, and one of the most common AI conditions in this patient population is Hashimoto's thyroiditis. This is a condition in which the immune system “attacks” thyroid tissue, gradually leading to its damage and dysfunction (most often reduced

posljedičan nepovoljan utjecaj i na psihičko zdravlje. U bolesnika s BAP-om, Hashimotov tireoiditis može destabilizirati psihičko stanje, a također i otežati liječenje BAP-a, tim više što se i mnogi stabilizatori raspoloženja, među kojima i litij, povezuju s poremećajima štitnjače. Stoga je u liječenju osoba s komorbiditetom BAP-a i Hashimotova tireoiditisa važan interdisciplinarni pristup, odnosno suradnja psihijatra i endokrinologa kako bi se postigla stabilnost psihičkog i tjelesnog stanja. Prikazat će se slučaj bolesnice mlađe životne dobi s komorbiditetom ovih stanja. Nakon dijagnoze tireoiditisa, bolesnica i obitelj inzistirali su na ukidanju litija iz terapije. Gotovo godinu dana od ukidanja tog lijeka, anti-TPO protutijela (specifična za AI bolesti štitnjače) i dalje su izrazito povišena (čak dvostruko viših vrijednosti u odnosu na mjerene uz terapiju litijem), uz, za sada, uredne hormone štitnjače. U ovom se slučaju nameće pitanje utjecaja litija na nastanak AI tireoiditisa ili je pak presudno postojeće hereditarno opterećenje za bolesti štitnjače.

function), frequently with a consequent adverse impact on mental health as well. In patients with BAD, Hashimoto's thyroiditis can destabilize the mental state and also complicate the treatment of BAD, especially because many mood stabilizers, including lithium, are associated with thyroid disorders. Therefore, in treating individuals with comorbid BAD and Hashimoto's thyroiditis, an interdisciplinary approach is important, namely cooperation between the psychiatrist and endocrinologist, in order to achieve stability of both mental and physical health. We present the case of a younger female patient with comorbidity of these conditions. After the diagnosis of thyroiditis, the patient and her family insisted on discontinuing lithium from the treatment regimen. Almost a year after discontinuation of this drug, anti-TPO antibodies (specific for AI thyroid diseases) remain markedly elevated (even twice as high as values measured during lithium therapy), while thyroid hormones are, for now, within normal limits. In this case, the question arises as to whether lithium influenced the development of AI thyroiditis, or whether the decisive factor is the pre-existing hereditary burden for thyroid disease.

Neprorađeno žalovanje, kumulativna trauma i razvoj PTSP-a u adolescentnoj dobi: prikaz slučaja

/ Unresolved Grief, Cumulative Trauma, and the Development of PTSD in Adolescence: A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

žalovanje / grief

trauma / trauma

PTSP / PTSD

adolescent / adolescent

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.314>

Posttraumatski stresni poremećaj (PTSP) u djece i adolescenata može se očitovati razvojno specifično i često atipičnom kliničkom slikom u odnosu na odraslu dob. Metaanalitički podatci pokazuju da se PTSP razvije u približno jedne petine traumatizirane djece i adolescenata, osobito nakon interpersonalne i ponavljane izloženosti traumatskim događajima. Cilj je rada prikazati razvojno različite manifestacije psihotraume u adolescentice kod koje se puna klinička slika PTSP-a razvila na podlozi kumulativne traumatizacije te višestrukih neprorađenih žalovanja nakon uzastopnih gubitaka u obitelji. Prikazuje se slučaj sedamnaestogodišnje pacijentice urednih perinatalnih podataka i psihomotoričkog razvoja, koja odrasta u cje-

Posttraumatic stress disorder (PTSD) in children and adolescents can present in a developmentally specific way, often with a clinical picture that is atypical compared with adulthood. Meta-analytic data show that PTSD develops in approximately one-fifth of traumatized children and adolescents, especially after interpersonal and repeated exposure to traumatic events. The aim of this paper is to present developmentally different manifestations of psychotrauma in a female adolescent in whom the full clinical picture of PTSD developed on the basis of cumulative traumatization and multiple unresolved grief reactions after successive losses in the family. We present the case of a seventeen-year-old patient with unremarkable perinatal history and psychomotor development, growing up in an intact seven-member family bur-

lovitoj sedmeročlanoj obitelji opterećenoj dugogodišnjim očevim alkoholizmom. U dobi od deset godina svjedočila je iznenadnoj smrti bliskog člana obitelji, nakon čega razvija somatske simptome u obliku bolova u trbuhu, mučnine i povraćanja, uz izražen osjećaj krivnje, bespomoćnosti i djelomičnu amneziju vezanu uz traumatični događaj. Nekoliko godina kasnije, nakon novoga tragičnog gubitka u bližoj obitelji, dolazi do intenziviranja tegoba u obliku migrenoznih glavobolja, anksioznosti, smetnji usnivanja i paničnih napadaja. Četiri mjeseca potom pacijentica doživljava još jedan tragičan gubitak unutar šire obitelji, nakon čega dolazi do retraumatizacije i razvoja pune kliničke slike PTSP-a s intruzivnim sjećanjima, noćnim morama, psihofiziološkom pobuđenošću, autonomnim simptomima pri podsjetnicima na traumu, psihomotoričkim nemirom, smetnjama koncentracije, zaboravljivošću i perzistentnim osjećajem krivnje. Pacijentica je upućena na psihijatrijski pregled tek nekoliko mjeseci nakon posljednjega tragičnog događaja zbog učestalih paničnih napadaja i nesanice. Prikazani slučaj ilustrira kako se posljedice traume tijekom razvoja mogu manifestirati od somatizacijskih smetnji u djetinjstvu do pune simptomatologije PTSP-a u adolescenciji. Kumulativni učinak višestrukih gubitaka, retraumatizacija i neprorađeno žalovanje vjerojatno su pridonijeli progresiji simptomatologije, što naglašava važnost ranog prepoznavanja razvojno specifičnih manifestacija traume i pravodobnog liječenja.

dened by her father's long-standing alcoholism. At the age of ten, she witnessed the sudden death of a close family member, after which she developed somatic symptoms in the form of abdominal pain, nausea, and vomiting, accompanied by a pronounced sense of guilt and helplessness and partial amnesia related to the traumatic event. Several years later, after another tragic loss in the immediate family, her difficulties intensified in the form of migraine headaches, anxiety, difficulty falling asleep, and panic attacks. Four months thereafter, the patient experienced yet another tragic loss within the extended family, leading to retraumatization and the development of the full clinical picture of PTSD with intrusive memories, nightmares, psychophysiological arousal, autonomic symptoms when reminded of the trauma, psychomotor agitation, concentration difficulties, forgetfulness, and a persistent sense of guilt. The patient was referred for psychiatric evaluation only several months after the last tragic event, due to frequent panic attacks and insomnia. The presented case illustrates how the consequences of trauma during development can manifest from somatization symptoms in childhood to the full symptomatology of PTSD in adolescence. The cumulative effect of multiple losses, retraumatization, and unresolved grief likely contributed to the progression of symptoms, underscoring the importance of early recognition of developmentally specific manifestations of trauma and timely treatment.

500 km udaljenosti – izazov, a ne prepreka: važnost dijaloga u uspješnom liječenju psihoze

/ A Distance of 500 km – A Challenge, Not a Barrier: The Importance of Dialogue in the Successful Treatment of Psychosis

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KLJUČNE RIJEČI / KEYWORDS:

psihoza / *psychosis*

dijalog / *dialogue*

antipsihotici / *antipsychotics*

nuspojave lijekova / *drug side effects*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.316>

Uvod: Dijalog između liječnika i pacijenta jedan je od temeljnih preduvjeta uspješnog liječenja u psihijatriji. Kvalitetna komunikacija i terapijski savez omogućuju pravodobno prepoznavanje poteškoća, povećavaju suradljivost te pridonose boljim ishodima liječenja. Cilj: Cilj prikaza slučaja jest naglasiti važnost kvalitetne komunikacije između liječnika i pacijenta u postizanju povoljnih ishoda liječenja, neovisno o geografskoj udaljenosti. Prikaz slučaja: Prikazuje se 39-godišnja pacijentica iz mjesta udaljenog 500 km od naše ustanove, primljena kao

Introduction: Dialogue between physician and patient is one of the fundamental prerequisites for successful treatment in psychiatry. High-quality communication and a therapeutic alliance enable timely recognition of difficulties, increase adherence, and contribute to better treatment outcomes. Aim: The aim of this case report is to highlight the importance of good-quality communication between physician and patient in achieving favorable treatment outcomes, regardless of geographical distance. Case report: We present a 39-year-old female patient from a town 500 km away from

premještaj iz nadležne županijske opće bolnice zbog prve psihotične epizode. U kliničkoj slici dominirale su religijske sumanutosti, sumanute ideje odnosa i slušne halucinacije. Nakon liječenja otpuštena je u remitiranom stanju uz terapiju antipsihoticima. Godinu i pol kasnije ponovno je hospitalizirana zbog relapsa bolesti. Zbog nuspojava olanzapina modificirana je farmakoterapija, uz uvođenje paliperidonpalmitata. Na kontrolnom ambulantnom pregledu pacijentica je navela izostanak menstruacije tijekom dva mjeseca, zbog čega je upućena na ginekološki pregled. Budući da je zbog psihičkih teškoća ranije zanemarivala preventivne preglede, učinjena je ginekološka obrada. Nakon prilagodbe antipsihotičke terapije i prelaska na aripiprazol depo menstrualni ciklus se normalizirao, a u sklopu obrade utvrđene su premaligne promjene vrata maternice te je pravodobnim liječenjem spriječen daljnji razvoj bolesti. Zaključak: Ovaj prikaz slučaja ističe važnost kontinuiranog dijaloga i povjerenja između psihijatra i pacijentice, koji su omogućili uspješno liječenje unatoč više od 500 km udaljenosti. Kvalitetna komunikacija pridonijela je održavanju remisije i sigurnoj promjeni depo terapije, dok je pažljivo praćenje nuspojava dovelo do pravodobne dijagnostičke obrade i prevencije razvoja zloćudne bolesti. Slučaj potvrđuje da je terapijski savez ključan čimbenik uspješnog liječenja i očuvanja cjelokupnog zdravlja pacijenta.

our institution, admitted as a transfer from the competent county general hospital due to a first psychotic episode. The clinical picture was dominated by religious delusions, delusional ideas of reference, and auditory hallucinations. After treatment, she was discharged in a remitted state on antipsychotic therapy. A year and a half later, she was hospitalized again because of a relapse of the illness. Due to olanzapine side effects, pharmacotherapy was modified, and paliperidone palmitate was introduced. At a follow-up outpatient visit, the patient reported absence of menstruation for two months and was therefore referred for gynecological evaluation. Since, due to her mental difficulties, she had previously neglected preventive examinations, a full gynecological workup was performed. After adjustment of antipsychotic therapy and switching to depot aripiprazole, her menstrual cycle normalized, and as part of the workup, premalignant changes of the cervix were detected, with timely treatment preventing further disease progression. Conclusion: This case report underscores the importance of continuous dialogue and trust between psychiatrist and patient, which made successful treatment possible despite a distance of more than 500 km. Good-quality communication contributed to maintaining remission and safely changing depot therapy, while careful monitoring of side effects led to timely diagnostic evaluation and prevention of the development of malignant disease. The case confirms that the therapeutic alliance is a key factor in successful treatment and in preserving the patient's overall health.

Intermitentno liječenje predmenstrualnog disforičnog poremećaja venlafaksinom

/ Intermittent Venlafaxine Treatment for Premenstrual Dysphoric Disorder

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KLJUČNE RIJEČI / KEYWORDS:

venlafaksin / venlafaxine

PMDD / PMDD

predmenstrualni disforični poremećaj / *premenstrual dysphoric disorder*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.318>

Uvod: Predmenstrualni disforični poremećaj (PMDD) naziv je za skup psihofizičkih simptoma koji se pojavljuju u oko 5 – 8 % žena prije početka ili tijekom prvih dana menstrualnog ciklusa. Simptomi uključuju depresivno raspoloženje, anksioznost, iritabilnost, promjene apetita, manjak energije, poremećaje cirkadijanog ritma i tjelesne simptome. Patofiziološki, u PMDD-u dolazi do pretjerane osjetljivosti obojelih na intenzivne hormonske promjene koje kaskadno utječu na serotoninški sustav. Prva linija farmakološkog liječenja jesu selektivni inhibitori ponovne pohrane serotonina (SIPPS). Antidepresivna terapija uvodi se intermitentno (u drugoj polovici ciklusa) ili kontinuirano. S obzirom na to da je u prosjeku antidepresivima

Introduction: Premenstrual dysphoric disorder (PMDD) is the term for a set of psychophysical symptoms that occur in about 5–8% of women before the onset or during the first days of the menstrual cycle. Symptoms include depressed mood, anxiety, irritability, changes in appetite, lack of energy, circadian rhythm disturbances, and physical symptoms. Pathophysiologically, in PMDD there is excessive sensitivity of affected individuals to intense hormonal changes, which in cascade fashion affect the serotonin system. The first-line pharmacological treatment consists of selective serotonin reuptake inhibitors (SSRIs). Antidepressant therapy is introduced intermittently (in the second half of the cycle) or continuously. Given that antidepressants generally require at least one

potrebno barem jedan do dva tjedna za učinak na poboljšanje psihičkog stanja, teorijski bi se intermitentno liječenje PMDD-a moglo provoditi i samo u prvoj polovici ciklusa. Pretragom literature nisu pronađena istraživanja u kojima se antidepresiv propisivao u prvoj fazi ciklusa za simptome PMDD-a. Prikaz slučaja: 33-godišnja pacijentica, neudana, bez djece, boluje od nespecificirane neorganske psihoze. Psihijatrijski se liječi od 2016. godine. Tijekom redovitih pregleda u više se navrata žalila na pogoršanje psihičkog stanja isključivo u predmenstrualnom razdoblju. Uz redovnu terapiju uvedena je povećana doza venlafaksina po shemi: 1,5 tableta od 37,5 mg (ukupno 56,25 mg) od prvog do 15. dana ciklusa, a 1 tableta (37,5 mg) od 16. do 30. dana ciklusa. Pacijentica je na dodatak antidepresiva reagirala povoljno, nije imala nuspojave te je nastavila uzimati venlafaksin prema preporučenoj shemi. Stanje simptoma PMDD-a objektiviziralo se upotrebom ljestvice DSRP (*Daily Record of Severity of Problems*). Zaključak: Antidepresivna terapija za PMDD prema aktualnim se smjernicama uvodi u drugoj polovici menstrualnog ciklusa, a u ovom je prikazu antidepresiv (venlafaksin) uveden u prvoj polovici menstrualnog ciklusa. U pacijentice je postignut povoljan rezultat ovakvog intermitentnog doziranja na simptome PMDD-a.

to two weeks to achieve an effect on improving mental state, in theory, intermittent treatment of PMDD could also be carried out only in the first half of the cycle. A literature search did not identify any studies in which an antidepressant was prescribed in the first phase of the cycle for PMDD symptoms. Case report: A 33-year-old patient, unmarried, without children, has an unspecified non-organic psychosis and has been in psychiatric treatment since 2016. During regular check-ups, she repeatedly complained of a worsening of her mental state exclusively in the premenstrual period. In addition to her regular therapy, an increased dose of venlafaxine was introduced according to the following schedule: 1.5 tablets of 37.5 mg (a total of 56.25 mg) from day 1 to day 15 of the cycle, and 1 tablet (37.5 mg) from day 16 to day 30 of the cycle. The patient responded favorably to the addition of the antidepressant, experienced no side effects, and continued to take venlafaxine according to the recommended regimen. The status of PMDD symptoms was objectified using the DSRP (*Daily Record of Severity of Problems*) scale. Conclusion: According to current guidelines, antidepressant therapy for PMDD is introduced in the second half of the menstrual cycle, whereas in this report the antidepressant (venlafaxine) was introduced in the first half of the menstrual cycle. In this patient, a favorable outcome of this intermittent dosing on PMDD symptoms was achieved.

Mogućnosti i ograničenja primjene ChatGPT-a u forenzičko-psihijatrijskoj procjeni ubroјivosti: usporedba s kliničkom procjenom psihijatra

/ Possibilities and Limitations of ChatGPT in Forensic Psychiatric Assessment of Criminal Responsibility: A Comparison With a Psychiatrist's Clinical Assessment

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KLJUČNE RIJEČI / KEYWORDS:

forenzička psihijatrija / forensic psychiatry

ubrojivost / criminal responsibility

ChatGPT / ChatGPT

umjetna inteligencija / artificial intelligence

etička ograničenja / ethical limitations

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.320>

Primjena umjetne inteligencije u forenzičkoj psihijatriji otvara važna pitanja o njezinoj mogućoj ulozi u analizi psihijatrijskih podataka, strukturiranju nalaza i donošenju zaključaka o ubrojivosti. Cilj ovog rada jest ispitati mogućnosti i ograničenja primjene ChatGPT-a u forenzičko-psihijatrijskoj procjeni ubrojivosti usporedbom njegovih procjena s već izrađenim ekspertizama psihijatara kliničara. Istraživanje će biti provedeno na uzorku od 50 prethodno izrađenih i anonimiziranih forenzičko-psihijatrijskih ekspertiza u kojima je donesen zaključak o ubrojivosti, bitno smanjenoj ubrojivosti ili neubroјivosti. Na temelju dostupnih podataka

Application of artificial intelligence in forensic psychiatry raises important questions about its potential role in analyzing psychiatric data, structuring reports, and drawing conclusions about criminal responsibility. The aim of this paper is to examine the possibilities and limitations of using ChatGPT in forensic-psychiatric assessment of criminal responsibility by comparing its evaluations with already completed expert opinions of clinical psychiatrists. The study will be conducted on a sample of 50 previously prepared and anonymized forensic-psychiatric expert reports in which a conclusion was reached on full responsibility, substantially diminished responsibility,

iz svake ekspertize ChatGPT će izraditi vlastiti nalaz i mišljenje o ubrojivosti, pri čemu će se koristiti unaprijed definirani i standardizirani upit. Dobiveni nalazi usporedit će se s izvornim stručnim mišljenjima psihijatara s obzirom na konačni zaključak, prepoznavanje psihopatskih simptoma, dijagnostičko obrazloženje, povezivanje duševnog stanja s kaznenim djelom te jasnoću i strukturu argumentacije. Posebna pozornost bit će usmjerena na slučajeve nepodudarnosti između ChatGPT procjene i kliničke ekspertize. Očekuje se da ChatGPT može pokazati korisnost u sistematizaciji podataka i strukturiranju mišljenja, ali i ograničenja u kliničkom zaključivanju, kontekstualnoj interpretaciji i forenzičko-pravnoj odgovornosti. Rad naglašava potrebu za opreznom, etički kontroliranom i nadziranom primjenom umjetne inteligencije u forenzičko-psihijatrijskoj praksi.

or lack of responsibility. Based on the available data from each report, ChatGPT will generate its own findings and opinion on criminal responsibility using a predefined and standardized prompt. The obtained assessments will be compared with the original expert opinions of psychiatrists with regard to the final conclusion, recognition of psychopathological symptoms, diagnostic reasoning, linking the mental state to the criminal act, and the clarity and structure of the argumentation. Special attention will be given to cases of discrepancy between the ChatGPT assessment and the clinical expert report. It is expected that ChatGPT may demonstrate usefulness in systematizing data and structuring opinions, but also limitations in clinical reasoning, contextual interpretation, and forensic-legal accountability. The paper emphasizes the need for careful, ethically controlled, and supervised use of artificial intelligence in forensic-psychiatric practice.

Psihoedukacijske radionice u programu RIPEPP Klinike za psihijatriju Sveti Ivan

/ Psychoeducational Workshops Within the RIPEPP Program at the University Psychiatric Hospital Sveti Ivan

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KLJUČNE RIJEČI / KEYWORDS:

kognitivno-bihevioralna terapija / *cognitive-behavioral therapy*

kvaliteta života / *quality of life*

oporavak / *recovery*

psihoedukacija / *psychoeducation*

psihotični poremećaji / *psychotic disorders*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.322>

Program rane intervencije kod prvih epizoda psihotičnih poremećaja (RIPEPP) provodi se u Klinici za psihijatriju „Sveti Ivan“ posljednju 21 godinu s ciljem ranog prepoznavanja, liječenja i rehabilitacije osoba koje su doživjele prve epizode psihotičnog poremećaja. Smatra se jednim od pionirskih programa rane intervencije za psihotične poremećaje u Hrvatskoj. Program se temelji na suvremenom pristupu koji naglašava važnost pravodobne intervencije kako bi se smanjile posljedice poremećaja i povećale mogućnosti oporavka, poboljšala

The Early Intervention Program for First-Episode Psychotic Disorders (In Croatian: Program rane intervencije kod prvih epizoda psihotičnih poremećaja, RIPEPP) has been implemented at the “Sveti Ivan” Psychiatric Hospital for the past 21 years with the aim of early detection, treatment, and rehabilitation of individuals who have experienced a first episode of a psychotic disorder. It is considered one of the pioneering early intervention programs for psychotic disorders in Croatia. The program is based on a contemporary approach that emphasizes the importance of timely

kvaliteta života te socijalna uključenost i dugoročan oporavak pacijenata. Psihoedukacijske radionice dio su sveobuhvatnog pristupa liječenju u okviru RIPEPP-a, koji uz psihoedukaciju uključuje grupnu psihoterapiju za pacijente, grupnu psihoterapiju za članove obitelji, psihosocijalne intervencije te rehabilitacijske aktivnosti. Jedna od najvažnijih sastavnica RIPEPP-a jesu psihoedukacijske radionice namijenjene pacijentima i članovima njihovih obitelji. Radionice su strukturirane tijekom akademske godine u ciklusu sastavljenom od 15 susreta tijekom kojih sudionici stječu znanja o prirodi psihotičnih poremećaja, mogućim uzrocima nastanka, simptomima, metodama liječenja, putevima oporavka te važnosti redovitog uzimanja terapije. Poseban naglasak stavlja se na rano prepoznavanje znakova pogoršanja i prevenciju relapsa. Radionice vode educirani stručnjaci, ponajprije psihijatri s edukacijom iz kognitivno-bihevioralne terapije, a provode se interaktivno kroz predavanja, rasprave i razmjenu iskustava među sudionicima. Uključivanje članova obitelji smatra se iznimno važnim jer informirana i podržavajuća okolina znatno pridonosi uspješnijem liječenju i oporavku osobe sa psihotičnim poremećajem. Rad uključuje prikaz radionica i shemu izvođenja.

intervention in order to reduce the consequences of the disorder and increase the possibilities of recovery, improve quality of life, as well as patients' social inclusion and long-term recovery. Psychoeducation workshops are part of the comprehensive treatment approach within RIPEPP, which, in addition to psychoeducation, includes group psychotherapy for patients, group psychotherapy for family members, psychosocial interventions, and rehabilitation activities. One of the most important components of RIPEPP are psychoeducation workshops intended for patients and their family members. The workshops are structured across the academic year in a cycle of 15 sessions during which participants gain knowledge about the nature of psychotic disorders, possible causes, symptoms, treatment methods, pathways to recovery, and the importance of regular medication adherence. Particular emphasis is placed on early recognition of warning signs of deterioration and relapse prevention. The workshops are led by trained professionals, primarily psychiatrists with training in cognitive-behavioral therapy, and are conducted in an interactive format through lectures, discussions, and the exchange of experiences among participants. Involving family members is considered extremely important, as an informed and supportive environment significantly contributes to more successful treatment and recovery of a person with a psychotic disorder. The paper includes a description of the workshops and their implementation scheme.

Stavovi psihijatrijskih zdravstvenih djelatnika prema osobama s poremećajima ličnosti

/ Attitudes of Psychiatric Health Care Professionals Toward People With Personality Disorders

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KLJUČNE RIJEČI / KEYWORDS:

poremećaji ličnosti / *personality disorders*

stavovi / *attitudes*

ADPQ / *APDQ*

psihijatrijski zdravstveni djelatnici / *psychiatric healthcare professionals*

Balint / *Balint*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.324>

Rad s osobama s poremećajima ličnosti može biti zahtjevan zbog dinamičnih odnosa, intenzivnih emocija i propitkivanja jasnih granica. Cilj nam je bio ispitati stavove psihijatrijskih djelatnika prema osobama s poremećajima ličnosti. Uključili smo 172 psihijatrijska djelatnika. Primijenjen je *Upitnik stavova prema poremećajima ličnosti* (ADPQ). Sastoji se od 35 tvrdnji na koje se izjašnjava Likertovom ljestvicom od 6 točaka, od „nikad“ do „uvijek“. Viši rezultat upućuje na pozitivnije stavove. Provedena je opisna statistika i ANOVA. Žene čine 75 % ispitanika, a prosječna je dob 42 godine. Medicinske sestre

Working with individuals with personality disorders can be demanding due to dynamic relationships, intense emotions, and constant testing of clear boundaries. Our aim was to examine the attitudes of psychiatric staff toward people with personality disorders. We included 172 psychiatric professionals. The Attitudes to Personality Disorder Questionnaire (APDQ) was used. It consists of 35 statements rated on a 6-point Likert scale from “never” to “always.” Higher scores indicate more positive attitudes. Descriptive statistics and ANOVA were conducted. Women make up 75% of respondents, and the average age is

čine 39 % ispitanika, 26,2 % su specijalisti psihijatrije, a specijalizanata i psihologa je 17,4 %. 67,4 % ispitanika ima visoku stručnu spremu ili višu razinu obrazovanja, 17,4 % višu stručnu spremu, a 15,1 % ispitanika ima srednju stručnu spremu. Njih 43 % radi u psihijatrijskoj bolnici, 27,9 % u kliničkim bolničkim centrima, 10,5 % u ostalim ustanovama, 9,9 % u kliničkim bolnicama, 7,6 % u općim bolnicama i 1,2 % u domovima zdravlja. Osobe sa SSS-om imaju značajno manji rezultat na ADPQ-u u odnosu na osobe s VŠS-om i VSS-om ili višom razinom obrazovanja ($p < 0,05$). Medicinske sestre/tehničari imaju značajno manji rezultat na ADPQ-u u odnosu na psihologe, specijalizante psihijatrije i specijaliste psihijatrije ($p < 0,05$). Značajno niže rezultate imaju djelatnici psihijatrijskih bolnica u odnosu na djelatnike općih bolnica ($p < 0,05$). Može se zaključiti da značajno negativnije stavove prema osobama s poremećajima ličnosti imaju medicinske sestre u odnosu na druge psihijatrijske djelatnike, i to osobito one koje su srednje stručne spreme i rade u psihijatrijskim bolnicama. Pretpostavlja se da je razlog tomu manje cjelovit pristup poremećajima osobnosti tijekom edukacijskog procesa, ali i veća interakcija s tim pacijentima. Zna se da odnos s osobama s poremećajima osobnosti može biti izazovan, odnosno transfer intenzivan. Medicinske sestre sa srednjom stručnom spremom najčešće imaju interakciju s pacijentima u svakodnevnom funkcioniranju odjela, a manje u ambulantnom ili terapijskom *settingu*, u užem smislu, kada su uvjeti donekle kontrolirani, kao što je to sa sestrama višom stručnom spremom, psiholozima ili liječnicima. Dodatna edukacija ili rad u Balintovim grupama mogli bi pomoći promijeniti takve stavove i olakšati svakodnevni rad. Potrebna su opsežnija istraživanja na većem uzorku.

42 years. Nurses account for 39% of the sample, 26.2% are psychiatry specialists, and 17.4% are residents in psychiatry and psychologists. A total of 67.4% of respondents have a university degree or higher, 17.4% have a higher professional degree, and 15.1% have completed secondary education. Of the respondents, 43% work in psychiatric hospitals, 27.9% in clinical hospital centers, 10.5% in other institutions, 9.9% in clinical hospitals, 7.6% in general hospitals, and 1.2% in primary health care centers. Participants with secondary education have significantly lower APDQ scores compared to those with higher professional or university-level education or more ($p < 0.05$). Nurses have significantly lower APDQ scores compared to psychologists, psychiatry residents, and psychiatry specialists ($p < 0.05$). Staff in psychiatric hospitals have significantly lower scores than staff in general hospitals ($p < 0.05$). It can be concluded that nurses have significantly more negative attitudes toward people with personality disorders compared to other psychiatric professionals, particularly those with secondary education working in psychiatric hospitals. It is assumed that this is due to a less comprehensive approach to personality disorders during their training, as well as greater interaction with these patients. It is known that relationships with people with personality disorders can be challenging, with intense transference. Nurses with secondary education most often interact with patients in the context of the ward's everyday functioning and less in outpatient or therapeutic settings in the narrower sense, where conditions are somewhat more controlled, as is the case for nurses with higher professional degrees, psychologists, or physicians. Additional training or participation in Balint groups could help change such attitudes and facilitate everyday work. More extensive research on a larger sample is needed.

Trendovi uporabe droga u izvanbolničkom tretmanu ovisnosti: iskustvo Službe za mentalno zdravlje i prevenciju ovisnosti

/ Trends in Drug Use Among Patients Receiving Outpatient Addiction Treatment: Experience From the Mental Health and Addiction Prevention Service

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KLJUČNE RIJEČI / KEYWORDS:

droge / drugs

trendovi / trends

prevencija / prevention

suradnja / cooperation

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.326>

Uvod: Odjel za prevenciju i izvanbolničko liječenje NZJZ-a „Dr. Andrija Štampar“ provodi dijagnostiku, liječenje i rehabilitaciju supstancijskih i ponašajnih ovisnosti. Obuhvaća ovisnosti, epidemiološki prati, koordinira i provodi programe smanjenja potražnje droga, provodi preventivne aktivnosti u skladu sa strateškim dokumentima. Tretman je indiciran, uz multidisciplinarni, multimodalni i individualni pristup. Odjel provodi multisektorsku suradnju s institucijama u vezi s problemima ovisnosti te analizu trendova u Zagrebu i Hrvatskoj. Cilj i metode: Prikazati trend uporabe droga kod pacijenata Službe za mentalno zdravlje i prevenci-

Introduction: The Department for Prevention and Outpatient Treatment of the Teaching Institute of Public Health „Dr. Andrija Štampar“ carries out diagnostics, treatment, and rehabilitation of substance-related and behavioral addictions. It covers addictions epidemiologically, coordinates and implements programs to reduce the demand for drugs, and conducts preventive activities in line with strategic documents. Treatment is indicated with a multidisciplinary, multimodal, and individualized approach. The Department engages in multisectoral collaboration with institutions regarding addiction-related problems and in the analysis of trends in Zagreb and Croatia. Aim and

ju ovisnosti (SMZPO) Nastavnog zavoda za javno zdravstvo „Dr. A. Štampar“ (NZJZ). Podatci su dobiveni TDI protokolom 3.0 kojim se u EU prikupljaju informacije o osobama u liječenju ovisnosti o drogama te prate trendovi. Rezultati: Zbog upotrebe droga u tretmanu je bilo ukupno 517 osoba, čime je zaustavljen trend pada. Od ukupnog broja većina su muškarci (81,8 %) i prethodno liječeni (79,7 %). Prvi se put na liječenje javilo 105 osoba (20,3 %), uz uzlazni trend novih neopijatskih pacijenata. Prema vrsti droge najzastupljeniji su bili opijati (59,8 %), potom kanabinoidi (24,2 %), kokain (10,3 %) i psihostimulansi (5 %). Među osobama u tretmanu zbog opijatske ovisnosti zadržan je trend starenja, što upućuje na potrebu zahtjevnije zdravstvene skrbi zbog više somatskih i psihičkih komorbiditeta. Među osobama u tretmanu zbog neopijatske ovisnosti najzastupljenija je dobna skupina od 15 do 19 godina (31,5 %), najčešće zbog upotrebe kanabinoida, pa dobna skupina od 40 do 44 godine (12,5 %), najčešće zbog upotrebe kokaina, što je promjena u odnosu na prethodno razdoblje. Niska je incidencija HCV-a, a povećana zaposlenost – indikatori oporavka. Zaključak: Blagi je porast broja osoba u tretmanu, no stabilan udio sve starijih opijatskih ovisnika, i više je osoba u liječenju zbog kokaina i psihostimulansa. Trend sa psihostimulansima i kokainom značajan je i zahtijeva nova rješenja. Učinkovit odgovor na nove izazove uključuje pojačanu prevenciju na svim razinama, suradnju institucija, uz osnaživanje mladih, edukaciju javnosti o rizicima, te razvijanje novih programa liječenja prilagođenim potrebama.

methods: To present trends in drug use among patients of the Mental Health and Addiction Prevention Service of the Teaching Institute of Public Health „Dr. Andrija Štampar“. Data were obtained using the TDI 3.0 protocol, which is used in the EU to collect information on people in treatment for drug addiction and to monitor trends. Results: A total of 517 individuals were in treatment due to drug use, marking an end to the previous downward trend. Of the total number, the majority were men (81.8%) and previously treated (79.7%). First-time treatment was sought by 105 people (20.3%), with an upward trend in new non-opioid patients. By type of drug, opioids were the most represented (59.8%), followed by cannabinoids (24.2%), cocaine (10.3%), and psychostimulants (5%). Among people in treatment for opioid dependence, the trend of aging persisted, indicating the need for more demanding health care due to higher rates of somatic and psychiatric comorbidity. Among people in treatment for non-opioid dependence, the most represented age group was 15 to 19 years (31.5%), most often due to cannabinoid use, followed by the 40 to 44 age group (12.5%), most often due to cocaine use, which is a change compared to the previous period. The incidence of HCV is low, and employment rates are higher – indicators of recovery. Conclusion: There is a slight increase in the number of people in treatment, a stable share of increasingly older opioid users, and more people in treatment due to cocaine and psychostimulants. The trend involving psychostimulants and cocaine is significant and calls for new solutions. An effective response to new challenges includes strengthened prevention at all levels, intersectoral cooperation, empowerment of young people, public education on risks, and the development of new treatment programs tailored to emerging needs.

Kad identiteti govore: dijagnostička dilema između disocijacije i psihoze

/ When Identities Speak: The Diagnostic Dilemma Between Dissociation and Psychosis

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KLJUČNE RIJEČI / KEYWORDS:

disocijacija / dissociation

psihotični poremećaj / psychotic disorder

halucinacije / hallucinations

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.328>

Disocijativni poremećaj identiteta i psihotični poremećaji mogu imati preklapajuće kliničke manifestacije, što može otežati diferencijalnu dijagnostiku. Prikazuje se slučaj mlade pacijentice hospitalizirane zbog epizoda u kojima opisuje prisutnost različitih identitetskih stanja s odvojenim imenima, karakteristikama i autobiografskim sadržajem, uz izraženu tjeskobu i pad funkcionalnosti. U početnoj kliničkoj procjeni dominirala je disocijativna simptomatologija, uz izražene amnestičke epizode i subjektivan doživljaj izmjene *selfa*. Tijekom hospitalizacije dolazi do promjene kliničke slike s izraženijom negativnom simptomatologijom u obliku afektivne zaravnjenosti, avolucije, alogije, anhedonije i socijalnog povlačenja uz

Dissociative identity disorder and psychotic disorders can have overlapping clinical manifestations, which may complicate differential diagnosis. We present the case of a young female patient hospitalized because of episodes in which she described the presence of different identity states with separate names, characteristics, and autobiographical content, accompanied by pronounced anxiety and a decline in functioning. In the initial clinical assessment, dissociative symptomatology predominated, with marked amnesic episodes and a subjective experience of self-switching. During hospitalization, the clinical picture changed, with more prominent negative symptoms in the form of affective flattening, avolition, alogia, anhedonia, and social withdraw-

prisutnost halucinatornih doživljaja. Disocijativni elementi ostaju prisutni, no u daljnjem tijeku postaju manje dominantni u odnosu na psihotičnu simptomatologiju. Anamnestički podatci uputili su na traumatska iskustva u djetinjstvu te ranije prisutne slušne halucinacije. U obradi su razmatrani disocijativni poremećaj identiteta, shizofrenija, shizoafektivni poremećaj te granični poremećaj ličnosti s disocijativno-psihotičnim obilježjima. Nakon uvođenja antipsihotika (risperidon) dolazi do poboljšanja psihičkog stanja uz postupno blijedenje psihotične simptomatologije. U ovom trenutku postavljena je dijagnoza nespecificiranog psihotičnog poremećaja uz potrebu daljnjeg praćenja. Slučaj naglašava važnost dinamičke procjene psihopatologije, s obzirom na to da se početno disocijativno obilježena klinička slika može tijekom vremena razviti prema dominantno psihotičnom sindromu. Traumatska iskustva u anamnezi zahtijevaju pažljivu procjenu disocijativnih fenomena, no sama po sebi ne isključuju mogućnost psihotičnog poremećaja. Longitudinalno praćenje, uz procjenu kvalitete simptoma, razine uvida, funkcionalnog pada i odgovora na liječenje, ključno je za precizniju dijagnostiku i optimalan terapijski pristup.

al, along with the presence of hallucinatory experiences. Dissociative elements remained present but became less dominant over time compared with psychotic symptomatology. Anamnestic data pointed to traumatic experiences in childhood and previously present auditory hallucinations. In the diagnostic workup, dissociative identity disorder, schizophrenia, schizoaffective disorder, and borderline personality disorder with dissociative-psychotic features were considered. After the introduction of an antipsychotic (risperidone), there was an improvement in mental state with gradual fading of psychotic symptoms. At this point, a diagnosis of unspecified psychotic disorder was made, with a need for further follow-up. The case highlights the importance of dynamic assessment of psychopathology, given that a clinical picture initially marked by dissociative features may, over time, develop into a predominantly psychotic syndrome. Traumatic experiences in the history require careful assessment of dissociative phenomena, but in themselves do not rule out the possibility of a psychotic disorder. Longitudinal follow-up, including assessment of symptom quality, level of insight, degree of functional decline, and treatment response, is crucial for more precise diagnosis and an optimal therapeutic approach.

Manična epizoda nakon uvođenja escitaloprama kao prvi pokazatelj bipolarnog poremećaja – prikaz slučaja

/ Manic Episode Following the Initiation of Escitalopram as the First Manifestation of Bipolar Disorder – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

bipolarni afektivni poremećaj / *bipolar affective disorder*

escitalopram / *escitalopram*

manija inducirana antidepresivom /

antidepressant-induced mania

prikaz slučaja / *case report*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.330>

Cilj istraživanja: Prikazati bolesnika s inicijalnom prezentacijom unipolarne depresije kod kojega je nakon uvođenja escitaloprama došlo do farmakološki inducirano preokreta (*switcha*) u maničnu epizodu, te analizirati izazove u razlikovanju unipolarne depresije od prve epizode bipolarnog afektivnog poremećaja (BAP). Materijali i metode: Analizirana je medicinska dokumentacija bolesnika koji se prvi put javio na psihijatrijski pregled zbog depresivnih simptoma (sniženo raspoloženje, gubitak interesa, smanjena energija, poremećaj spavanja, poteškoće koncentracije), bez ranijih maničnih/hipomaničnih faza i bez prethodnog psihijatrijskog

Aim of the study: To present a patient with an initial presentation of unipolar depression who, after initiation of escitalopram, developed a pharmacologically induced switch into a manic episode, and to analyze the challenges in distinguishing unipolar depression from a first episode of bipolar affective disorder (BAD). Materials and methods: Medical records were analyzed for a patient who presented for the first time to psychiatric evaluation due to depressive symptoms (low mood, loss of interest, reduced energy, sleep disturbance, concentration difficulties), without previous manic/hypomanic phases and without prior psychiatric treatment. Escitalopram was ini-

liječenja. Inicijalno je uveden escitalopram u dozi od 10 mg/dan. Rezultati: Unutar nekoliko tjedana od uvođenja antidepresiva dolazi do dramatične promjene kliničke slike i razvoja klasične manične epizode (povišeno raspoloženje, smanjena potreba za snom, pojačana energija, ubrzan tijek misli, logoreja, povećano samopouzdanje, impulzivno ponašanje, narušena kritičnost). Zbog progresije simptoma indicirano je bolničko liječenje. Antidepresiv je ukinut, a u terapiju su uvedeni stabilizator raspoloženja i antipsihotik, nakon čega je uslijedilo postupno povlačenje simptoma i stabilizacija stanja. Zaključak: Prikaz slučaja naglašava važnost evaluacije skrivenih rizičnih čimbenika i blagih znakova (*soft signs*) bipolariteta prije uvođenja antidepresiva. Antidepresivom inducirana manija ima visoku dijagnostičku vrijednost u otkrivanju prethodno neprepoznatog bipolarnog poremećaja, a rutinska primjena kliničkih probirnih alata (poput MDQ-a) kod depresivnih bolesnika mogla bi optimizirati terapijski ishod.

tially introduced at a dose of 10 mg/day. Results: Within several weeks of antidepressant initiation, there was a dramatic change in the clinical picture with the development of a classic manic episode (elevated mood, decreased need for sleep, increased energy, accelerated flow of thoughts, logorrhea, increased self-confidence, impulsive behavior, impaired judgment). Due to symptom progression, inpatient treatment was indicated. The antidepressant was discontinued, and a mood stabilizer and an antipsychotic were introduced, followed by gradual symptom remission and stabilization of the condition. Conclusion: This case report highlights the importance of evaluating hidden risk factors and soft signs of bipolarity before introducing antidepressants. Antidepressant-induced mania has high diagnostic value for detecting previously unrecognized bipolar disorder, and routine use of clinical screening tools (such as the MDQ) in patients with depression could optimize therapeutic outcomes.

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Tikovi u odrasloj dobi kao psihodinamski mehanizam / *Adult-Onset Tics as a Psychodynamic Mechanism*

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KLJUČNE RIJEČI / KEYWORDS:

tikovi u odraslih / *tics in adults*

obrambeni mehanizmi / *defense mechanisms*

simbolizacija / *symbolization*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.332>

Uvod: Tikovi se konvencionalno razmatraju kao neurobiološki fenomeni pretežno vezani uz djetinjstvo, no klinička praksa redovito otkriva njihovu prisutnost i u odrasloj populaciji, nerijetko izvan formalnih dijagnostičkih kategorija. Ovaj rad istražuje mogućnost da tikovi u odraslih funkcioniraju kao psihodinamski obrambeni mehanizmi — organizirani odgovori psihičkog sustava na unutarnji konflikt, afektivnu preplavljenost i traumatske elemente koji nisu dostigli razinu verbalne simbolizacije. Rad je sustavni teorijski pregled psihoanalitičke i psihodinamske literature (Freud, Winnicott, Bion, Mahler, Kernberg), uz pregled neurobioloških teorija o kortiko-strijato-talamo-kortikalnim krugovima i dopaminergičnim mehanizmima. Integrirani model promatra tikove kao fenomen na spoju neurobiološke vulnerabilnosti i psihičke ekonomije. Rezultati i rasprava: Tikovi u odraslih mogu služiti funkciji motoričkog pražnjenja agresivnih i anksioznih naboja, disocijativnog prijenosa u tjelesno, kompromisnog zadovoljenja potisnutih impulsa te komu-

Introduction: Tics are conventionally regarded as neurobiological phenomena primarily associated with childhood, but clinical practice regularly reveals their presence in the adult population as well, often outside formal diagnostic categories. This paper explores the possibility that tics in adults function as psychodynamic defense mechanisms—organized responses of the psychic system to inner conflict, affective flooding, and traumatic elements that have not reached the level of verbal symbolization. The paper is a systematic theoretical review of psychoanalytic and psychodynamic literature (Freud, Winnicott, Bion, Mahler, Kernberg), along with an overview of neurobiological theories on cortico-striato-thalamo-cortical circuits and dopaminergic mechanisms. The integrated model views tics as a phenomenon at the intersection of neurobiological vulnerability and psychic economy. Results and discussion: In adults, tics may serve the function of motor discharge of aggressive and anxious drives, dissociative transfer into the body, compromise satisfaction of repressed impulses, and communication of nonverbalized distress. We dis-

nikacije neverbaliziranog distresa. Razlikujemo pet kliničkih tipova prema dominantnom psihodinamskom mehanizmu. Terapijski pristup koji integrira psihoanalitički rad sa simbolizacijom, EMDR te kognitivno-bihevioralne tehnike pokazuju se klinički superiornijim od isključivo farmakoterapijskog pristupa. Zaključak: Psihodinamsko razumijevanje tika kao mehanizma obrane mijenja terapijsku paradigmu: simptomu nije samo cilj eliminacija potisnutih sadržaja, nego ga možemo upotrijebiti za psihodinamsko razumijevanje i simbolizaciju.

tinguish five clinical types according to the dominant psychodynamic mechanism. A therapeutic approach that integrates psychoanalytic work on symbolization, EMDR, and cognitive-behavioral techniques appears to be clinically superior to a purely pharmacotherapeutic approach. Conclusion: A psychodynamic understanding of tics as a defense mechanism changes the therapeutic paradigm: the aim is not only elimination of the symptom and repressed content, but also the use of the symptom for psychodynamic understanding and symbolization.

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Kada psihofarmaci postanu glavni osumnjičenik: dijagnostička dilema akutnog oštećenja jetre

/ When Psychotropic Medications Become the Prime Suspect: The Diagnostic Dilemma of Acute Liver Injury

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KLJUČNE RIJEČI / KEYWORDS:

psihofarmaci / psychotropic medications

hepatotoksičnost / hepatotoxicity

multidisciplinarnost / multidisciplinary

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.334>

Hepatotoksičnost povezana s primjenom psihofarmaka rijetka je i klinički važna nuspojava koja je dijagnostički izazov i zahtijeva sustavnu diferencijalnu dijagnostiku i multidisciplinarni pristup. U radu se prikazuje slučaj 41-godišnje pacijentice liječene zbog anksiozno-depresivne simptomatologije u koje se tijekom primjene psihofarmaka razvilo akutno oštećenje jetre. Radi razjašnjenja etiologije, provedena dijagnostika uključivala je laboratorijsku obradu, serološku obradu na virusne hepatitise, imunološku i radiološku obradu te patohistološku analizu, uz psihijatrijsku konzilijarnu procjenu moguće hepatotoksičnosti psihofarmakoterapije. Provedene pretrage i patohistološka analiza upućivali su na

Hepatotoxicity associated with the use of psychotropic medications is a rare but clinically important adverse effect that poses a diagnostic challenge and requires systematic differential diagnosis and a multidisciplinary approach. This paper presents the case of a 41-year-old female patient treated for anxiety-depressive symptomatology who developed acute liver injury during psychopharmacological treatment. To clarify the etiology, the diagnostic workup included laboratory testing, serological testing for viral hepatitis, immunological and radiological assessment, and pathohistological analysis, along with a psychiatric consultative evaluation of possible psychopharmacotherapy-induced hepatotoxicity. The investigations and histopathological analysis indicated acute liver

akutno oštećenje jetre, no nisu razjasnile etiologiju oštećenja jetre i moguću medikamentnu etiologiju. Usprkos nerazjašnjenosti medikamentne etiologije, uz redukciju psihofarmakoterapije i suportivno liječenje došlo je do postupnog oporavka uz poboljšanje laboratorijskih pokazatelja. Prikazom ovog slučaja želimo uputiti na važnost multidisciplinarnog pristupa i sveobuhvatne dijagnostičke obrade pri utvrđivanju etiologije akutnog oštećenja jetre i donošenju dijagnostičkih i terapijskih odluka. Iako se psihofarmaci često dovode u vezu s akutnim oštećenjem jetre, njihova uzročna povezanost ne može se uvijek pouzdano potvrditi ni isključiti.

injury but did not clarify the etiology of the liver damage or confirm a possible drug-induced cause. Despite the unresolved drug-related etiology, gradual recovery with improvement of laboratory parameters occurred following reduction of psychopharmacotherapy and supportive treatment. By presenting this case, we aim to highlight the importance of a multidisciplinary approach and comprehensive diagnostic workup in determining the etiology of acute liver injury and in making diagnostic and therapeutic decisions. Although psychotropic medications are often implicated in acute liver injury, their causal role cannot always be reliably confirmed or excluded.

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Uvođenje psihofarmakoterapije kod pacijentice s epilepsijom – prikaz slučaja

/ Initiation of Psychopharmacotherapy in a Patient With Epilepsy – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

depresija / depression

epilepsija / epilepsy

epileptogeni prag / epileptogenic threshold

antiepileptici / antiepileptic drugs

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.336>

Uvod: Osobe oboljele od epilepsije imaju značajno višu prevalenciju psihičkih poremećaja u usporedbi s općom populacijom. Psihijatrijski komorbiditet prisutan je u više od trećine osoba s epilepsijom, znatno narušava kvalitetu života, povećava rizik od suicida te otežava adherenciju i optimalno doziranje antiepileptičke terapije. Dvosmjerni odnos epilepsije i psihičkih poremećaja, zajedno s potencijalnim psihotropnim nuspojavama antiepileptika, zahtijeva multidisciplinarni pristup liječenju. **Prikaz slučaja:** Prikazujemo pacijenticu u ranim tridesetim godinama koja se od epilepsije liječi 11 godina. Unatoč terapiji levetiracetamom u visokoj dozi, bilježi do šest epileptičkih napa-

Introduction: Individuals with epilepsy have a significantly higher prevalence of mental disorders compared to the general population. Psychiatric comorbidity is present in more than one-third of people with epilepsy, markedly impairs quality of life, increases suicide risk, and complicates adherence and optimal dosing of antiepileptic therapy. The bidirectional relationship between epilepsy and mental disorders, together with the potential psychotropic adverse effects of antiepileptic drugs, requires a multidisciplinary treatment approach. **Case report:** We present a female patient in her early thirties who has been treated for epilepsy for 11 years. Despite high-dose levetiracetam therapy, she still experiences up to six

daja godišnje. Upućena je na psihijatrijski pregled zbog anksiozno-depresivnih smetnji, pri čemu treba uzeti u obzir i poznati psihotropni potencijal levetiracetama koji u dijela pacijenta može inducirati ili pogoršati depresiju, anksioznost i afektivnu labilnost. U kliničkoj slici dominiraju sniženo raspoloženje, tjeskoba, afektivna labilnost, socijalno povlačenje te povremene kompulzije i nametnute misli. Inicijalno je preporučeno uvođenje vortiooksetina i kvetiapina, međutim, nadležni neurolog isključuje navedenu terapiju zbog zabrinutosti oko utjecaja na epileptogeni prag. Pacijentica je potom upućena kliničkom farmakologu. Rasprava: Ovaj slučaj otvara nekoliko ključnih pitanja koja će se detaljnije obraditi u radu: 1. koliko su SSRI antidepressivi doista sigurni kod osoba s epilepsijom i postoji li njihov mogući protektivni učinak putem serotoninergičnih mehanizama; 2. kakav je stvarni epileptogeni potencijal kvetiapina u usporedbi s drugim antipsihoticima; 3. u kojoj mjeri psihijatrijske nuspojave antiepileptika pridonose kliničkoj slici i treba li razmotriti zamjenu antiepileptika; 4. kako uspostaviti učinkovit model multidisciplinarne suradnje psihijatra, neurologa i kliničkog farmakologa u svakodnevnoj praksi. Zaključak: Visoka prevalencija psihijatrijskih komorbiditeta kod epilepsije i složenost farmakokinetičkih interakcija zahtijevaju sustavan, multidisciplinarni pristup. Razvoj jasnih interdisciplinarnih smjernica omogućio bi sigurnije i učinkovitije liječenje psihičkih poremećaja bez kompromitiranja kontrole epilepsije.

epileptic seizures per year. She was referred for psychiatric evaluation due to anxiety–depressive symptoms, with the need to take into account the known psychotropic potential of levetiracetam, which in some patients can induce or worsen depression, anxiety, and affective lability. The clinical picture is dominated by low mood, anxiety, affective lability, social withdrawal, and occasional compulsions and intrusive thoughts. The initial recommendation was to introduce vortioxetine and quetiapine; however, the treating neurologist rejected this therapy due to concern about its impact on the epileptogenic threshold. The patient was then referred to a clinical pharmacologist. Discussion: This case raises several key questions that will be addressed in more detail in the paper: How safe are SSRI antidepressants actually in people with epilepsy, and is there a possible protective effect via serotonergic mechanisms?

What is the true epileptogenic potential of quetiapine compared with other antipsychotics? To what extent do psychiatric side effects of antiepileptic drugs contribute to the clinical picture, and should a change of antiepileptic medication be considered? How can an effective model of multidisciplinary collaboration between psychiatrist, neurologist, and clinical pharmacologist be established in everyday practice? Conclusion: The high prevalence of psychiatric comorbidities in epilepsy and the complexity of pharmacokinetic interactions require a systematic, multidisciplinary approach. The development of clear interdisciplinary guidelines would allow for safer and more effective treatment of mental disorders without compromising seizure control.

Simptomi depresivnog poremećaja kao prva prezentacija malignog tumora mozga

/ Symptoms of Depressive Disorder as the Initial Presentation of a Malignant Brain Tumor

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KLJUČNE RIJEČI / KEYWORDS:

depresija / depression

smetenost / confusion

tumor mozga / brain tumor

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.338>

Prikaz slučaja 71-godišnje bolesnice koja je inicijalno obrađena na OHBP-u zbog smetenosti i inkontinencije unatrag dva dana, te otežanog hoda unatrag tri tjedna. Prema heteropodacima, mjesec dana prije pojave simptoma pacijentica je doživjela dva smrtna slučaja članova obitelji. Otada se postupno sve manje kretala, dane bi provodila u krevetu. Bila je sniženog raspoloženja, obitelji se doimala zbunjeno. Laboratorijski nalazi i druge dijagnostičke pretrage (uključujući i CT mozga) bile su uredne. Upućena je na pregled neurologa, a nakon toga na pregled psihijatra. Nakon obrade je hospitalizirana na Klinici za psihijatriju, s obzirom na to da jasnih neuroloških deficita nije imala. Nakon tri tjedna liječenja psihičko i fizičko stanje ostalo je nepromijenjeno, stoga je upućena na pro-

Case report of a 71-year-old female patient who was initially evaluated at the emergency department due to confusion and incontinence for the preceding two days, and gait disturbance over the previous three weeks. According to collateral history, one month before symptom onset, the patient had experienced two deaths of close family members. Since then, she had been gradually less mobile, spending her days in bed. She was in a low mood and appeared confused to her family. Laboratory findings and other diagnostic tests (including a brain CT scan) were unremarkable. She was referred for a neurological examination and subsequently for a psychiatric evaluation. After the workup, she was hospitalized at the Clinic of Psychiatry, as there were no clear neurological deficits. After three weeks of treatment, her mental and physical condition remained unchanged,

duljeno liječenje u drugu ustanovu. Nakon dva tjedna ponovno je dovezena vozilom ZZHM-a na obradu u OHBP, sad zbog desnostrane hemipareze i poremećaja stanja svijesti. Isključena je infekcija CNS-a, a na CT-u mozga opisan je edem bijele tvari frontalno. Zaprimljena je na Kliniku za neurologiju, gdje u sljedećih mjesec dana hospitalizacije dolazi do progresije poremećaja stanja svijesti, fizikalnog i neurološkog statusa. Učinjena je biopsija mozgovine, a patohistološkim nalazom dokazan je gijalni tumor. Zbog lošeg općeg stanja bolesnice, onkološko liječenje nije bilo indicirano, te je dodijeljena šifra palijativne skrbi. Naposljetku je bolesnica otpuštena s liječenja u hospicij, gdje je ubrzo i preminula.

so she was referred for prolonged treatment to another institution. Two weeks later, she was again brought by emergency medical services to the emergency department, this time because of right-sided hemiparesis and impaired consciousness. CNS infection was ruled out, and brain CT showed frontal white matter edema. She was admitted to the Clinic of Neurology, where over the next month of hospitalization there was progression of the disorder of consciousness and of her physical and neurological status. A brain biopsy was performed, and histopathological examination confirmed a glial tumor. Due to the patient's poor general condition, oncological treatment was not indicated, and she was assigned to palliative care. Ultimately, she was discharged to a hospice, where she soon passed away.

Važnost prepoznavanja premorbidnih znakova prve psihotične epizode u procjeni rizika od nasilnog ponašanja: prikaz slučaja

/ The Importance of Recognizing Premorbid Signs of a First Psychotic Episode in Assessing the Risk of Violent Behavior: A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

forenzička psihijatrija / forensic psychiatry

procjena rizika / risk assessment

prodromalni simptomi / prodromal symptoms

premorbidni simptomi / premorbid symptoms

psihotična epizoda / psychotic episode

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.340>

Uvod: Prvoj psihotičnoj epizodi često prethodi premorbidno i prodromalno razdoblje obilježeno postupnim promjenama u ponašanju, mišljenju i socijalnom funkcioniranju. Budući da su ti simptomi često nespecifični i prepoznaju se tek retrospektivno, rana identifikacija osoba s rizikom i pravodobna intervencija važan su klinički izazov. Ovim prikazom želi se istaknuti važnost prepoznavanja navedenoga. **Prikaz slučaja:** Osamnaestogodišnji bolesnik forenzički je psihijatrijski obrađen po nalogu Županijskog državnog odvjetništva u Splitu nakon počinjenja protupravnih djela tijekom prve psihotične epizode. Retrospektivno su

Introduction: The first psychotic episode is often preceded by a premorbid and prodromal period marked by gradual changes in behavior, thinking, and social functioning. Since these symptoms are often nonspecific and only recognized retrospectively, early identification of people at risk and timely intervention are important clinical challenges. This case report aims to highlight the importance of recognizing these features. **Case report:** An 18-year-old patient underwent a forensic psychiatric evaluation ordered by the County State Attorney's Office in Split after committing criminal offenses during his first psychotic episode. Retrospectively, long-standing premorbid

utvrđena dugogodišnja premorbidna obilježja: hipersenzitivnost, anksioznost s paničnim napadajima, perfekcionizam, socijalno povlačenje i poteškoće u vršnjačkim odnosima. Neposredno prije akutizacije psihotičnog poremećaja dolazi do pogoršanja funkcioniranja uz smetnje koncentracije, izolaciju, psihomotorički nemir, ideje proganjanja i religiozne sumanutosti. Na dan počinjenja djela prvi je put ambulantno psihijatrijski pregledan te mu je postavljena dijagnoza akutnog psihotičnog poremećaja i uvedena antipsihotična terapija. Nekoliko sati kasnije, tijekom psihotične dekompenzacije, nožem je pokušao usmrtiti policijskog službenika koji ga je pokušao legitimirati, zadavši mu više ubodnih rana opasnih za život. U neubrojivom stanju počinio je kaznena djela teškog ubojstva u pokušaju i neovlaštene uporabe tuđih motornih vozila. Nakon privođenja četverodnevno je hospitaliziran u Klinici za psihijatriju, gdje su potvrđene religiozne i grandiozne sumanutosti, ideje proganjanja i halucinatorni doživljaji, uz negativan nalaz urina na psihoaktivne tvari i uredan CT mozga. Sudskopsihijatrijskim vještačenjem utvrđeno je da je u vrijeme počinjenja djela bolovao od akutnog psihotičnog poremećaja nalik na shizofreniju (F23.2) te da je bio neuobrojav. Zaključak: Ovaj slučaj naglašava važnost prepoznavanja premorbidnih i prodromalnih znakova prve psihotične epizode. Veća osviještenost obitelji, škole i zdravstvenih djelatnika o ranim promjenama u ponašanju i funkcioniranju može omogućiti raniju dijagnostiku, pravodobno liječenje te smanjiti rizik od ozbiljnih posljedica neliječene psihoze, uključujući potencijalna agresivna ponašanja.

characteristics were established: hypersensitivity, anxiety with panic attacks, perfectionism, social withdrawal, and difficulties in peer relationships. Immediately before the acute exacerbation of the psychotic disorder, there was a deterioration in functioning with concentration problems, isolation, psychomotor agitation, ideas of persecution, and religious delusions. On the day of the offense, he underwent his first outpatient psychiatric examination, was diagnosed with an acute psychotic disorder, and started on antipsychotic therapy. Several hours later, during psychotic decompensation, he attempted to kill a police officer who was trying to identify him, stabbing him multiple times and causing life-threatening injuries. While in a state of legal insanity, he committed the criminal offenses of attempted aggravated murder and unauthorized use of another person's motor vehicles. After being taken into custody, he was hospitalized for four days at the Clinic of Psychiatry, where religious and grandiose delusions, persecutory ideas, and hallucinatory experiences were confirmed, with a negative urine test for psychoactive substances and a normal brain CT. Forensic psychiatric evaluation determined that at the time of the offenses he was suffering from an acute schizophrenia-like psychotic disorder (F23.2) and that he was not criminally responsible. Conclusion: This case underscores the importance of recognizing premorbid and prodromal signs of a first psychotic episode. Greater awareness among families, schools, and health-care professionals about early changes in behavior and functioning can enable earlier diagnosis, timely treatment, and a reduced risk of serious consequences of untreated psychosis, including potential aggressive behavior.

Od heteroanamneze do dijagnoze inducirane psihoze / *From Collateral History to a Diagnosis of Induced Psychosis*

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KLJUČNE RIJEČI / KEYWORDS:

inducirana psihoza / *induced psychosis*

heteroanamneza / *collateral history*

folie à deux / *folie à deux*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.342>

Cilj: Prikazati važnost heteroanamneze u dijagnostičkom procesu psihotičnih poremećaja prikazom bolesnika kod kojega je upravo razgovor s članom obitelji usmjerio kliničko promišljanje prema mogućoj induciranoj psihozi. **Materijali i metode:** Prikaz bolesnika prvi put hospitaliziranog zbog paranoidnih sumanutih ideja. Pri prijemu je navodio višegodišnje uvjerenje da je izložen kibernetičkim napadima, praćenju i kontroli putem umjetne inteligencije te da su mu nepoznate osobe provalile u mobilni uređaj s ciljem otuđenja podataka i imovine, a sve povezano s njegovim ratnim iskustvom. Dio somatskih tegoba pripisivao je djelovanju istih počinitelja. Tijekom hospitalizacije učinjena je psihijatrijska obrada, psihologijsko testiranje i heteroanamnestički razgovor sa suprugom. **Statistička obrada:** Nije primjenjiva.

Objective: To present the importance of collateral history in the diagnostic process of psychotic disorders by describing a patient in whom the interview with a family member directed clinical thinking toward a possible induced psychosis. **Materials and methods:** Case report of a patient hospitalized for the first time due to paranoid delusional ideas. At admission, he reported a years-long conviction that he was exposed to cyberattacks, surveillance, and control via artificial intelligence, and that unknown persons had hacked his mobile device with the aim of stealing data and property, all of which he linked to his war experience. He attributed part of his somatic complaints to the actions of the same perpetrators. During hospitalization, a psychiatric workup, psychological testing, and a collateral interview with his wife were performed. **Statistical analysis:** Not applicable. **Results:** At admission, a working diag-

Rezultati: Pri prijemu je postavljena radna dijagnoza perzistirajućeg sumanutog poremećaja. Psihičkim statusom dominirale su sustavno razrađene paranoidne sumanutosti, uz očuvanu orijentiranost, formom uredan tijek mišljenja i izostanak halucinacija. Psihologijskim testiranjem, unatoč disimulaciji, utvrđeni su izraženi paranoidni sadržaji, povišen indeks psihotičnosti i slab uvid. Heteroanamnezom od supruge ustanovi se da ona tvrdi da je i sama svjedočila opisanim događajima te da liječnici „ne mogu razumjeti“ situaciju jer to mogu razumjeti samo vojni liječnici. Takvi nalazi pobudili su sumnju na inducirani sumanuti poremećaj (*folie à deux*). Tijekom dvotjedne hospitalizacije, uz antipsihotičnu terapiju, došlo je do povlačenja spontane psihotične produkcije i urednog ponašanja, no uvid u bolest ostao je znatno snižen, a bolesnik i supruga nastavili su negirati postojanje psihičkog poremećaja. Nakon otpusta bolesnik se nije javljao na preporučene kontrole. Zaključak: Prikaz ističe ključnu ulogu heteroanamneze u psihijatrijskoj dijagnostici. Podatak da bliska osoba dijeli i održava bolesnikova sumanuta uvjerenja pobudio je sumnju na inducirani sumanuti poremećaj (*folie à deux*), što je znatno utjecalo na dijagnostičko promišljanje. Slučaj naglašava važnost sustavnog prikupljanja podataka od članova obitelji, ali i kritičke procjene njihove vjerodostojnosti, osobito kada dijele i podržavaju bolesnikova sumanuta uvjerenja.

nosis of persistent delusional disorder was made. His mental status was dominated by systematically elaborated paranoid delusions, with preserved orientation, formally coherent thought, and absence of hallucinations. Psychological testing, despite dissimulation, revealed pronounced paranoid content, an elevated psychoticism index, and poor insight. Collateral history from his wife revealed that she claimed to have herself witnessed the described events and stated that doctors “cannot understand” the situation because only military doctors can understand it. These findings raised suspicion of an induced delusional disorder (*folie à deux*). During two weeks of hospitalization, with antipsychotic treatment, there was a withdrawal of spontaneous psychotic production and normalization of behavior, but insight into illness remained markedly reduced, and the patient and his wife continued to deny the existence of a mental disorder. After discharge, the patient did not attend the recommended follow-up appointments. Conclusion: This report highlights the key role of collateral history in psychiatric diagnostics. The information that a close person shares and maintains the patient’s delusional beliefs raised suspicion of an induced delusional disorder (*folie à deux*), which significantly influenced the diagnostic reasoning. The case underscores the importance of systematically collecting information from family members, as well as critically assessing their credibility, especially when they share and support the patient’s delusional beliefs.

Obilježja govornih pauza u autobiografskom narativu i opisu slike kod osoba sa shizofrenijom: pilot-studija

/ Characteristics of Speech Pauses in Autobiographical Narratives and Picture Descriptions Among People With Schizophrenia: A Pilot Study

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KLJUČNE RIJEČI / KEYWORDS:

shizofrenija / schizophrenia

govorne pauze / speech pauses

produkcija govora / speech production

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.344>

Uvod: Govorne pauze odražavaju različite procese uključene u planiranje i organizaciju govorne produkcije te su kod osoba sa shizofrenijom povezane s formalnim poremećajem mišljenja i negativnim simptomima bolesti. Budući da različiti govorni zadaci aktiviraju različite kognitivne procese i mogu rezultirati različitim obrascima pauziranja, cilj je ove pilot-studije bio usporediti obilježja pauza tijekom autobiografskog narativa i opisa slike kod osoba sa shizofrenijom. Metode: Ukupno 11 pacijenata sa shizofrenijom intervjuirano je primjenom protokola DISCOURSE (autobiografski narativ i opis slika). Govorni uzorci ručno su ano-

Introduction: Speech pauses reflect various processes involved in planning and organizing speech production and, in people with schizophrenia, are associated with formal thought disorder and negative symptoms. Since different speech tasks activate different cognitive processes and may result in different pausing patterns, the aim of this pilot study was to compare pause characteristics during an autobiographical narrative and a picture description task in individuals with schizophrenia. Methods: A total of 11 patients with schizophrenia were interviewed using the DISCOURSE protocol (autobiographical narrative and picture description). Speech samples were manually annotated, and temporal characteristics

tirani, a vremenska obilježja bezvučnih pauza analizirana su u programu Praat. Bezvučnom pauzom definiran je interval tišine u trajanju od najmanje 250 ms i najviše 3 sekunde, s razinom zvuka ispod -25 dB. Izračunati su broj pauza, ukupno trajanje pauza, prosječno trajanje pauze i medijan trajanja pauze, trajanje najdulje pauze, broj pauza po minuti govora te udio vremena provedenog u pauzama. Razlike između autobiografskog narativa i opisa slike procijenjene su Wilcoxonovim testom za uparene uzorke. Rezultati: Tijekom autobiografskog narativa zabilježen je značajno veći broj pauza nego tijekom opisa slike ($p = 0,010$), međutim broj pauza po minuti govora nije se statistički značajno razlikovao između zadataka ($p = 0,450$). Nasuprot tome, tijekom opisa slike prosječno trajanje pauza ($p = 0,014$) i medijan trajanja pauza ($p = 0,011$) bili su značajno veći. Nisu utvrđene statistički značajne razlike u ukupnom trajanju pauza ($p = 0,120$), udjelu vremena provedenog u pauzama ($p = 0,689$) i trajanju najdulje pauze ($p = 0,221$). Zaključak: Različiti govorni zadaci kod osoba sa shizofrenijom rezultiraju različitim obrascima pauziranja. Prosječno trajanje bezvučnih pauza bilo je značajno dulje tijekom opisa slike nego tijekom autobiografskog narativa, što može upućivati na različite zahtjeve planiranja govora i organizacije diskursa između zadataka, iako su za potvrdu takvog tumačenja potrebna istraživanja koja uključuju neuropsihološke mjere. Iako je riječ o pilot-istraživanju s malim brojem ispitanika, nalazi upućuju na važnost uključivanja različitih govornih zadataka pri razvoju i standardizaciji govornih biomarkera u shizofreniji te njihovu potencijalnu kliničku primjenu.

of silent pauses were analyzed in Praat. A silent pause was defined as an interval of silence lasting at least 250 ms and at most 3 seconds, with a sound level below -25 dB. The following were calculated: number of pauses, total pause duration, mean pause duration and median pause duration, duration of the longest pause, number of pauses per minute of speech, and proportion of time spent in pauses. Differences between the autobiographical narrative and picture description were assessed using the Wilcoxon signed-rank test for paired samples. Results: A significantly higher number of pauses was recorded during the autobiographical narrative than during the picture description ($p = 0.010$); however, the number of pauses per minute of speech did not differ significantly between the tasks ($p = 0.450$). In contrast, during the picture description, the mean pause duration ($p = 0.014$) and the median pause duration ($p = 0.011$) were significantly longer. No statistically significant differences were found in total pause duration ($p = 0.120$), proportion of time spent in pauses ($p = 0.689$), or duration of the longest pause ($p = 0.221$). Conclusion: Different speech tasks in individuals with schizophrenia result in different pausing patterns. The mean duration of silent pauses was significantly longer during the picture description than during the autobiographical narrative, which may indicate different demands on speech planning and discourse organization between the tasks, although studies including neuropsychological measures are needed to confirm this interpretation. Although this is a pilot study with a small number of participants, the findings point to the importance of including different speech tasks in the development and standardization of speech biomarkers in schizophrenia and their potential clinical application.

Roditeljstvo uz pomoć grupe (trogodišnje iskustvo grupne psihoterapijske podrške za roditelje)

/ Parenting With the Support of a Group (Three Years of Experience With Group Psychotherapeutic Support for Parents)

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KLJUČNE RIJEČI / KEYWORDS:

grupna psihoterapija / group psychotherapy

adolescenti / adolescents

roditeljstvo / parenting

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.346>

Na Zavodu za dječju i adolescentnu psihijatriju u Rijeci tijekom posljednje tri godine kontinuirano rade dvije roditeljske grupe u kojima je sudjelovalo oko četrdeset roditelja. Pretežno su na grupe dolazile majke, a bilo je i nekoliko parova koji su se izmjenjivali u dolascima. Grupe su se odvijale jednom tjedno u popodnevним satima u trajanju od 90 minuta. Pet članica steklo je trogodišnji staž u grupi jer su iz godine u godinu izražavale želju za nastavkom rada. Doživjele su da im grupa pomaže u složenom i dinamičnom procesu roditeljstva. U grupama su otvarane razne teme, od osobnih emocionalnih potreba i stanja roditelja, do potrebe za boljim razumijevanjem emocionalnih potreba djece. Govorilo se o prepoznavanju poteškoća djeteta te suradnji s djetetom tijekom liječenja

Over the past three years, two parent groups have been running continuously at the Department of Child and Adolescent Psychiatry in Rijeka, involving around forty parents. The groups were attended predominantly by mothers, with a few couples who alternated in coming. The groups were held once a week in the afternoon for 90 minutes. Five female members acquired three years of group experience, as they repeatedly expressed the wish to continue. They experienced the group as helpful in the complex and dynamic process of parenting. A wide range of topics was opened in the groups, from the parents' own emotional needs and states to the need for a better understanding of the children's emotional needs. The discussions addressed recognizing the child's difficulties and cooperating with the child during treatment and recovery. A constant topic was how to distinguish problems

i oporavka. Uvijek prisutna tema bila je kako razlikovati smetnje i simptome od adolescentove manipulacije. U grupi se razgovaralo o vještinama dobre komunikacije, o kriznim situacijama te o jačanju i razvijanju roditeljskih vještina. Neki članovi grupe otvaraju teška osobna iskustva iz djetinjstva i odrastanja. Govorilo se o promjenama koje su bile potrebne, a počele su se događati tijekom trajanja grupe. Stvarali su novi, bolji odnos sa svojom djecom, sada adolescentima. Naglašena je važnost roditeljeva aktivnog slušanja, poticanja izražavanja emocija i modeliranja strategija rješavanja sukoba. Rad i podrška dobivena u grupi učinila je roditelje dostupnijima svojoj djeci. Roditeljstvo je zahtjevan proces koji uključuje njegovanje fizičkog, emocionalnog, kognitivnog i socijalnog potencijala djeteta, uz oblikovanje njegova ponašanja, sustava vrijednosti i uvjerenja. Važno je da roditelji iz fokusa ne izgube sebe, da nastoje upoznati sebe u novim životnim situacijama. Jedna članica grupe iznosi da ima osjećaj vlastitog rasta, i to tako da se osjeća zrelija, svjesnija sebe i svojih reakcija u odnosima unutar obitelji i spram svog adolescenta i njegovih problema. Ostali članovi grupe ističu kako je proces liječenja i oporavka njihovih adolescenata dug i zahtjevan. Tijekom trajanja grupe uočavamo da se većina kriznih situacija rješava „u hodu”, stoga je broj i trajanje hospitalizacija bitno smanjen. Smatramo da je kontinuiran rad u grupama roditelja pridonio tomu, uz ostale čimbenike.

and symptoms from adolescent manipulation. The group also discussed good communication skills, crisis situations, and strengthening and developing parenting skills. Some group members brought up difficult personal experiences from their own childhood and growing up. Participants spoke about the changes that were needed and that began to occur over the course of the group. They created a new, better relationship with their children, now adolescents. The importance of the parent's active listening, encouraging the expression of emotions, and modeling conflict-resolution strategies was emphasized. The work and support received in the group made parents more emotionally available to their children. Parenting is a demanding process that involves nurturing the child's physical, emotional, cognitive, and social potential, while shaping the child's behavior, value system, and beliefs. It is important that parents do not lose themselves from view, and that they strive to get to know themselves in new life situations. One group member states that she has a sense of her own growth, in that she feels more mature and more aware of herself and her reactions in relationships within the family and toward her adolescent and his problems. Other group members point out that the treatment and recovery process of their adolescents is long and demanding. During the course of the group, we observed that most crisis situations are resolved “on the move”, and therefore the number and duration of hospitalizations have been significantly reduced. We believe that continuous work in parent groups has contributed to this, alongside other factors.

U sjeni terapijske promjene: distonične reakcije tijekom križne titracije atipičnih antipsihotika u djeteta s poremećajem iz spektra autizma – prikaz slučaja

/ In the Shadow of a Therapeutic Switch: Dystonic Reactions During Cross-Titration of Atypical Antipsychotics in a Child With Autism Spectrum Disorder – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

poremećaj iz spektra autizma / autism spectrum disorder

križna titracija / cross-titration

atipični antipsihotici / atypical antipsychotics

distonične reakcije / dystonic reactions

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.348>

Poremećaj iz spektra autizma (PSA) obilježavaju teškoće u socijalnoj komunikaciji te prisutnost ograničenih i repetitivnih obrazaca ponašanja, interesa i aktivnosti. U kliničkoj praksi psihomotorički nemir, razdražljivost i agresivna ponašanja često zahtijevaju farmakološko liječenje. Prikazujemo devetogodišnjeg dječaka koji je u višegodišnjem ambulantnom praćenju dječjeg i adolescentnog psihijatra pod dijagnozama autizma u djetinjstvu i hiperkinetičkog poremećaja. Dominantne tegobe bile su

Autism spectrum disorder (ASD) is characterized by difficulties in social communication and the presence of restricted and repetitive patterns of behavior, interests, and activities. In clinical practice, psychomotor agitation, irritability, and aggressive behaviors often require pharmacological treatment. We present the case of a nine-year-old boy who had been followed for several years on an outpatient basis by a child and adolescent psychiatrist with diagnoses of childhood autism and hyperkinetic disorder. His predominant difficul-

psihomotorički nemir, impulzivnost i poteškoće emocionalne regulacije, uz narušeno svakodnevno funkcioniranje. Zbog opisanih poteškoća započeto je liječenje niskim dozama aripiprazola uz postupnu titraciju. Tijekom praćenja zabilježeno je pogoršanje psihomotoričkog nemira te je indicirana zamjena aripiprazola risperidonom metodom križne titracije. Nekoliko dana nakon uvođenja risperidona roditelji su zamijetili epizode nevoljnih pokreta u trajanju od nekoliko sekundi, obilježene lateralnim kretanjima vrata u oba smjera te generaliziranim grčenjem tijela uz ekstenziju laktova i koljena, fleksiju šaka i retrofleksiju vrata. Dječak je otprije pokazivao stereotipne pokrete, što je uz nemogućnost verbalnog opisivanja simptoma bilo izazov u razlikovanju distoničnih reakcija od pogoršanja stereotipija. Zbog sumnje na ekstrapiramidne nuspojave započeto je postupno ukidanje antipsihotične terapije te je učinjen pregled neuropedijatra uz elektroencefalografiju. Nalazi nisu upućivali na neurološku podlogu simptoma, a nekoliko tjedana nakon ukidanja terapije opisani fenomeni u potpunosti su se povukli. Iako vremenska povezanost pojave distoničnih reakcija s razdobljem križne titracije upućuje na moguću ulogu promjene dopaminergične neurotransmisije, ostaje nejasno bili se razvile i tijekom sekvencijske zamjene antipsihotika. U obzir treba uzeti i farmakogenetske čimbenike jer je pokazano da varijacije gena *CYP2D6* utječu na izloženost antipsihoticima, a novija istraživanja u djece s PSA-om pokazuju da i druge genetske varijante mogu utjecati na izloženost risperidonu. Prikazan slučaj naglašava važnost individualiziranog pristupa u liječenju djece s poremećajem iz spektra autizma.

ties were psychomotor agitation, impulsivity, and problems with emotional regulation, accompanied by impaired everyday functioning. Because of these problems, treatment with low-dose aripiprazole was initiated and gradually titrated. During follow-up, a worsening of psychomotor agitation was observed, and replacement of aripiprazole with risperidone using a cross-titration method was indicated. Several days after risperidone was introduced, the parents noticed episodes of involuntary movements lasting a few seconds, characterized by lateral neck movements in both directions and generalized body stiffening with elbow and knee extension, flexion of the hands, and retroflexion of the neck. The boy had previously exhibited stereotyped movements, which, together with his inability to verbally describe symptoms, made it challenging to distinguish dystonic reactions from an exacerbation of stereotypies. Due to suspicion of extrapyramidal side effects, gradual discontinuation of antipsychotic therapy was started, and the boy was examined by a child neurologist, including electroencephalography. The findings did not point to a neurological basis for the symptoms, and several weeks after discontinuation of therapy, the described phenomena completely resolved. Although the temporal association between the onset of dystonic reactions and the period of cross-titration suggests a possible role of changes in dopaminergic neurotransmission, it remains unclear whether they would also have developed during a sequential switch of antipsychotics. Pharmacogenetic factors should also be considered, as *CYP2D6* gene variants have been shown to affect antipsychotic exposure, and more recent studies in children with ASD indicate that other genetic variants may influence risperidone exposure as well. The presented case underscores the importance of an individualized approach in the treatment of children with autism spectrum disorder.

Apstinencija postignuta – što dalje? Izazovi nakon uspostave apstinencije

/ Abstinence Achieved – What Comes Next? Challenges Following the Establishment of Abstinence

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KLJUČNE RIJEČI / KEYWORDS:

apstinencija / *abstinence*

ovisnost / *addiction*

oporavak / *recovery*

smisao / *meaning*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.350>

Suvremeni pristup liječenju ovisnosti nadilazi poimanje apstinencije kao konačnog terapijskog cilja. U kliničkoj se praksi često najveći naglasak stavlja na motiviranje pacijenata za ulazak u tretman, prihvaćanje liječenja i postizanje apstinencije. Iako su navedeni ciljevi ključni, često se manje pozornosti posvećuje razdoblju koje slijedi nakon uspostave inicijalne apstinencije, kada se pojavljuje potreba za novom vrstom motivacije – odgovorom na pitanje: Zašto ostati apstinent? Iako je apstinencija nužan preduvjet oporavka, ona sama po sebi ne jamči dugoročnu stabilnost niti poboljšanje kvalitete života. Nakon uspostave apstinencije pacijenti se često suočavaju s osjećajem praznine, gubitkom identiteta, narušenim odnosima, nedostatkom smisla i pripadnosti te poteškoćama u pronalaženju novih izvora zadovoljstva. U

The contemporary approach to addiction treatment goes beyond viewing abstinence as the final therapeutic goal. In clinical practice, the greatest emphasis is often placed on motivating patients to enter treatment, accept therapy, and achieve abstinence. Although these goals are crucial, less attention is frequently paid to the period following the establishment of initial abstinence, when a new type of motivation is needed – an answer to the question: Why remain abstinent? Although abstinence is a necessary precondition for recovery, in itself it does not guarantee long-term stability or an improved quality of life. After abstinence is established, patients often face feelings of emptiness, loss of identity, damaged relationships, lack of meaning and belonging, and difficulties in finding new sources of satisfaction. At this stage, they may feel discouraged when

toj fazi mogu biti obeshrabreni kada se suoče sa životom bez sredstva ovisnosti, a upravo su ti izazovi važni čimbenici rizika za pogoršanje bolesti i povratak ovisničkom obrascu ponašanja. Može se reći da pravi proces oporavka počinje tek nakon uspostave apstinencije. U toj je fazi važno pomoći pacijentu da apstinenciju ne doživljava isključivo kao nametnuti zahtjev terapeuta ili okoline, nego kao priliku za izgradnju kvalitetnijeg života. Takav pristup otvara prostor za dodatnu motivaciju, osobni rast, jačanje otpornosti i prihvaćanje izazova koji su sastavni dio procesa promjene. Prikazat će se terapijski pristupi usmjereni na postizanje trajne apstinencije, odnosno postizanje oporavka koji osobama omogućuje izgradnju ispunjenog, smislenog i autentičnog života.

confronted with life without the addictive substance, and these very challenges are important risk factors for worsening of the disorder and a return to addictive patterns of behavior. It can be said that the real recovery process begins only after abstinence is achieved. In this phase, it is important to help the patient not experience abstinence solely as an externally imposed demand by the therapist or environment, but as an opportunity to build a higher-quality life. Such an approach creates space for additional motivation, personal growth, resilience, and acceptance of the challenges that are integral to the change process. Therapeutic approaches will be presented that focus on achieving sustained abstinence, that is, on attaining recovery that enables individuals to build a fulfilled, meaningful, and authentic life.

Izrada plana transformacije i prvi rezultati njegove implementacije u Klinici za psihijatriju Vrapče

/ Development of a Transformation Plan and Initial Results of Its Implementation at University Psychiatric Hospital Vrapče

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KLJUČNE RIJEČI / KEYWORDS:

psihijatrijska bolnica / psychiatric hospital

oporavak / recovery

ljudska prava / human rights

QualityRights / QualityRights

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.352>

Cilj: Procijeniti usklađenost terapijske kulture Klinike za psihijatriju Vrapče sa standardima skrbi usmjerene na oporavak i zaštite ljudskih prava te razviti i implementirati plan transformacije u skladu sa Strateškim okvirom razvoja mentalnog zdravlja Republike Hrvatske i WHO *QualityRights* smjernicama. **Metode:** Primijenjen je revidirani upitnik za procjenu terapijske kulture psihijatrijskih ustanova, kojim su obuhvaćena tri područja: (1) liječenje utemeljeno na informiranom pristanku, (2) individualizirano liječenje prema planu oporavka i (3) prostorni i organizacijski uvjeti liječenja. Procjenu je proveo multidisciplinarni tim klinike. Na temelju rezultata procjene izrađen je plan transformaci-

Objective: To assess the alignment of the therapeutic culture of Vrapče Psychiatric Hospital with recovery-oriented and human rights-based standards of care, and to develop and implement a transformation plan in accordance with the Strategic Framework for the Development of Mental Health of the Republic of Croatia and the WHO *QualityRights* guidelines. **Methods:** A revised questionnaire for assessing the therapeutic culture of psychiatric institutions was used, covering three domains: (1) treatment based on informed consent, (2) individualized treatment according to a recovery plan, and (3) spatial and organizational conditions of care. The assessment was conducted by the hospital's multidisciplinary team. Based on the assessment results, a trans-

je s aktivnostima usmjerenima na usklađivanje rada ustanove sa standardima skrbi usmjerene na oporavak i zaštite ljudskih prava prema WHO *QualityRights* smjernicama. Rezultati: Izrađen je akcijski plan transformacije te smjernice za primjenu informiranog pristanka, biopsihosocijalne povijesti bolesti, procjenu rizika i individualnog plana liječenja, smjernice za trijadnu suradnju, provedbu mobilnog rehabilitacijskog tima te je provedena edukacija iz primjene načela oporavka, informiranog pristanka, izrade individualnog plana liječenja i poštovanja ljudskih prava kao dio kontinuiranog programa za stručnjake, osobe s iskustvom i članove obitelji. Zaposlen je stručnjak s iskustvom oporavka (*peer* stručnjak) koji provodi edukaciju o izradi osobnog plana oporavka. Zaključak: Provedba strukturiranog plana transformacije pokazala je da je primjena WHO *QualityRights* standarda izvediva u velikoj psihijatrijskoj ustanovi te može biti temelj za razvoj skrbi usmjerene na oporavak, zaštitu ljudskih prava i aktivno partnerstvo s korisnicima i njihovim obiteljima

formation plan was developed with activities aimed at aligning the hospital's work with recovery-oriented and human rights-based care standards according to the WHO *QualityRights* guidelines. Results: An action plan for transformation was developed, along with guidelines for the use of informed consent, biopsychosocial history, risk assessment and individualized treatment plans, guidelines for triadic collaboration, implementation of a mobile rehabilitation team, and training in the application of recovery principles, informed consent, individualized treatment planning, and respect for human rights as part of a continuous program for professionals, people with lived experience, and family members. A specialist with lived experience of recovery (*peer* specialist) was employed to provide training on developing a personal recovery plan. Conclusion: Implementation of a structured transformation plan showed that the application of WHO *QualityRights* standards is feasible in a large psychiatric institution and can provide a basis for the development of recovery-oriented, human rights-based care and active partnership with service users and their families.

Kormilo oporavka u procjeni sveobuhvatnog oporavka

/ The Recovery Helm in the Assessment of Comprehensive Recovery

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KLJUČNE RIJEČI / KEYWORDS:

osobni oporavak / *personal recovery*

funkcionalni oporavak / *functional recovery*

klinički oporavak / *clinical recovery*

Kormilo oporavka / *Recovery Steering Wheel*

validacija / *validation*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.354>

Cilj ovog pilot-istraživanja bio je provesti preliminarnu validaciju Kormila oporavka kao integriranog instrumenta za procjenu osobnog, kliničkog i funkcionalnog oporavka osoba s težim mentalnim poremećajima. Metode: U istraživanju su sudjelovala 22 korisnika rehabilitacijskog mobilnog tima. *Kormilo oporavka*, instrument koji obuhvaća deset ključnih područja oporavka, primijenjeno je u okviru polustrukturiranog intervjua. Provedena je eksploratorna faktorska analiza radi ispitivanja strukture instrumenta, izračunata je unutarnja konzistentnost, a konvergentna valjanost ispitana je usporedbom rezultata *Kormila oporavka*

The aim of this pilot study was to conduct a preliminary validation of the Recovery Steering Wheel as an integrated instrument for assessing personal, clinical, and functional recovery in people with severe mental disorders. Methods: The study included 22 users of a mobile rehabilitation team. The Recovery Steering Wheel, an instrument encompassing ten key recovery domains, was administered within a semi-structured interview. An exploratory factor analysis was conducted to examine the instrument's structure, internal consistency was calculated, and convergent validity was tested by comparing Recovery Steering Wheel scores with selected standardized psychometric measures of related constructs. Re-

s odabranim standardiziranim psihometrijskim mjerama srodnih konstrukata. Rezultati: Eksploratorna faktorska analiza izdvojila je tri komponente koje sadržajno odgovaraju osobnim, kliničkim i funkcionalnim aspektima oporavka, uz ukupno objašnjenih 73,9 % varijancije. Kormilo oporavka pokazalo je dobru unutarnju konzistentnost (Cronbachov $\alpha = .813$). Većina područja instrumenta ostvarila je značajne i teorijski očekivane povezanosti s pripadajućim standardiziranim mjerama, dok je ukupni rezultat *Kormila oporavka* pokazao snažnu i konzistentnu povezanost s ključnim mjerama osobnog i funkcionalnog oporavka. Zaključak: Dobiveni rezultati pružaju preliminarnu empirijsku dokazu da je *Kormilo oporavka* pouzdan, konceptualno utemeljen i klinički relevantan instrument za sveobuhvatnu procjenu oporavka osoba s težim mentalnim poremećajima. Unatoč ograničenjima vezanima uz mali i prigodni uzorak, nalazi upućuju na njegov potencijal za samostalnu primjenu u kliničkoj i istraživačkoj praksi te opravdavaju provedbu daljnjih istraživanja na većim i raznolikijim uzorcima.

sults: Exploratory factor analysis extracted three components that conceptually correspond to personal, clinical, and functional aspects of recovery, explaining a total of 73.9% of the variance. The Recovery Steering Wheel showed good internal consistency (Cronbach's $\alpha = .813$). Most domains of the instrument demonstrated significant and theoretically expected associations with the corresponding standardized measures, while the total Recovery Steering Wheel score showed a strong and consistent association with key measures of personal and functional recovery. Conclusion: The findings provide preliminary empirical evidence that the Recovery Steering Wheel is a reliable, conceptually grounded, and clinically relevant instrument for the comprehensive assessment of recovery in people with severe mental disorders. Despite limitations related to the small and convenience sample, the results indicate its potential for independent use in clinical and research practice and justify further studies on larger and more diverse samples.

Fototerapija u liječenju depresije nakon traumatske ozljede mozga

/ Light Therapy in the Treatment of Depression Following Traumatic Brain Injury

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KLJUČNE RIJEČI / KEYWORDS:

traumatska ozljeda mozga / *traumatic brain injury*

depresija / *depression*

fototerapija / *phototherapy*

neuroinflamacija / *neuroinflammation*

IL-6 / *IL-6*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.356>

Uvod: Patofiziologija traumatske ozljede mozga dijeli se na primarnu ozljedu, kao posljedicu izravnog mehaničkog djelovanja sile na moždano tkivo, i na sekundarnu ozljedu, koja se razvija postupno nakon inicijalne traume te je dostupna terapijskim intervencijama. Mehanizmi uključuju ekscitotoksičnost, oksidacijski stres, oštećenje krvno-moždane barijere, edem, ishemiju i neuroinflamaciju, uz kroničnu aktivaciju mikroglije i astrocita te pojačano otpuštanje proupalnih citokina TNF- α i IL-6. Nakon traumatske ozljede mozga poremećaji spavanja razvijaju se u 40 – 50 % i depresija u 30 – 40 % pacijenata. Za dugotrajne poremećaje raspoloženja i spavanja važni su i psihosocijalni čimbenici. Fototerapija ostvaruje antidepresivni učinak preko fotoosjetljivih retinalnih ganglijskih

Introduction: The pathophysiology of traumatic brain injury is divided into primary injury, as a consequence of direct mechanical force acting on brain tissue, and secondary injury, which develops gradually after the initial trauma and is amenable to therapeutic intervention. The mechanisms include excitotoxicity, oxidative stress, blood-brain barrier disruption, edema, ischemia, and neuroinflammation, with chronic activation of microglia and astrocytes and increased release of the proinflammatory cytokines TNF- α and IL-6. After traumatic brain injury, sleep disorders develop in 40–50% and depression in 30–40% of patients. Psychosocial factors are also important for long-term mood and sleep disturbances. Phototherapy exerts an antidepressant effect via intrinsically photosensitive retinal ganglion cells (ipRGCs), which contain the photopigment mela-

stanica (ipRGC), koje sadržavaju fotopigment melanopsin. Impulsi se duž živčanih puteva prenose do suprahijazmatske jezgre hipotalamusa te do drugih moždanih struktura uključenih u regulaciju cirkadijalnog ritma i raspoloženja, perihabenularne jezgre talamusa i lateralne habenule epitalamusa. Prikaz: Pacijentica A.A. (56 g) psihijatrijski se liječi nakon što je 2002. stradala u prometnoj nesreći, u kojoj je zadobila politraumu s ozljedom glave, a u našoj ambulanti godinu dana pod dijagnozom organskog afektivnog poremećaja. MR mozga pokazuje posttraumatsku leziju desno temporalno i hipokampalno. Neuropsihologijskim testiranjem registriraju se kognitivna i biheviorna odstupanja organske etiologije smetnji, dok je na planu ličnosti i ponašanja naglašena depresivna simptomatologija i promjene osobnosti frontalnog tipa. Primjenom mirtazapina i klonazepama regulira se spavanje i reducira tjeskoba, no zaostaju sniženo raspoloženje, bezvoljnost, zaboravljivost i povremena iritabilnost. Bolesnica se uključi u fototerapiju u jutarnjem terminu tijekom četiri tjedna, a kliničko poboljšanje u obliku stabilnijeg raspoloženja i osnaženih voljnih dinamizama prati se i ocjenskim ljestvicama HAM-D-17 i MADRS. Zaključak: Sve veći broj dokaza pokazuje da poremećaji raspoloženja i spavanja mogu perzistirati i više od 20 godina nakon oštećenja moždanog parenhima. Jutarnja fototerapija niskorizičan je i dobro podnošljiv pristup u liječenju depresije kao neuropsihijatrijske posljedice traumatske ozljede mozga.

nopsin. Impulses are transmitted along neural pathways to the suprachiasmatic nucleus of the hypothalamus and to other brain structures involved in the regulation of circadian rhythm and mood, including the perihabenular nucleus of the thalamus and the lateral habenula of the epithalamus. Case report: Patient A.A. (56 years) has been in psychiatric treatment since being injured in a traffic accident in 2002, in which she sustained polytrauma with head injury, and has been followed in our outpatient clinic for one year with a diagnosis of organic affective disorder. Brain MRI shows a post-traumatic lesion in the right temporal and hippocampal regions. Neuropsychological testing reveals cognitive and behavioral deviations consistent with an organic etiology, while at the level of personality and behavior there is pronounced depressive symptomatology and frontal-type personality change. Treatment with mirtazapine and clonazepam regulated sleep and reduced anxiety, but low mood, lack of motivation, forgetfulness, and occasional irritability persisted. The patient was included in morning phototherapy sessions over four weeks, and clinical improvement in the form of more stable mood and strengthened volitional dynamics was monitored with the HAM-D-17 and MADRS rating scales. Conclusion: A growing body of evidence shows that mood and sleep disorders can persist for more than 20 years after damage to brain parenchyma. Morning phototherapy is a low-risk and well-tolerated approach in the treatment of depression as a neuropsychiatric consequence of traumatic brain injury.

Ljubomora ili nešto više? Otelov sindrom (sumanutost ljubomore) i počinjenje kaznenog djela – prikaz slučaja

/ Jealousy or Something More? Othello Syndrome (Delusional Jealousy) and the Commission of a Criminal Offense – A Case Report

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KLJUČNE RIJEČI / KEYWORDS:

Otelov sindrom / *Othello syndrome*

sumanutost ljubomore / *delusional jealousy*

kazneno djelo / *criminal offense*

psihijatrijsko vještačenje / *psychiatric forensic evaluation*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.358>

Uvod: Sumanutost ljubomore ili Otelov sindrom jedan je od kliničkih sindroma perzistirajućeg sumanutog poremećaja. Radi se o psihotičnom poremećaju obilježenom prisutnošću sumanutih ideja, u ovom slučaju uvjerenjem u partnerovu nevjeru, kao jedinom psihopatološkom manifestacijom u trajanju od najmanje tri mjeseca. Iako rijedak, bitan je entitet u forenzičkoj psihijatriji zbog povezanosti s raznim oblicima nasilja, najčešće nad partnerom. Stoga je cilj ukazati na važnost prepoznavanja sumanute ljubomore i točnog dijagnosticiranja kod počinitelja kaznenih djela na primjeru prikaza slučaja muškarca nad kojim je podignuta optužnica

Introduction: Delusional jealousy, or Othello syndrome, is one of the clinical syndromes of persistent delusional disorder. It is a psychotic disorder characterized by the presence of delusional ideas—in this case, the conviction that one's partner is unfaithful—as the sole psychopathological manifestation lasting at least three months. Although rare, it is an important entity in forensic psychiatry because of its association with various forms of violence, most often against the partner. The aim is therefore to highlight the importance of recognizing delusional jealousy and making an accurate diagnosis in perpetrators of criminal offenses, illustrated by a case report of a man

zbog nasilja prema supružnici. Prikaz slučaja: 50-godišnji muškarac, nikada ranije psihijatrijski liječen, počinio je kazneno djela nasilja u obitelji, nanio tjelesne ozljede, prijetio i neovlašteno snimao svoju supružnicu zbog čega se nalazio u Istražnom zatvoru u Splitu te je ubrzo trebao biti pušten da se brani sa slobode, kada je sutkinja ipak odlučila zatražiti psihijatrijsko vještačenje. Utvrđeno je da unatrag godinu dana razvija sumanutu ideju da ga bračna partnerica vara praćenu ponašanjem koje je usredotočeno na traženje dokaza za nevjeru i izraženom napetošću, razdražljivošću, niskim tolerancijskim pragom na frustraciju, što rezultira napadajima bijesa i nasilničkim ponašanjem. Zatražen je i MSCT mozga zbog smetnji koncentracije, tremora, povremene manjkave kronološke preciznosti te povijesti višezilne aterosklerotske bolesti, infarkta miokarda i seksualne disfunkcije, što potvrđuje sumnju na kortikalne atrofične promjene kao jedan od etioloških faktora ovog sindroma. Vještačenjem se utvrdi da je u vrijeme počinjenja djela bio neubrojiv te se odredi prisilni smještaj u forenzičko-psihijatrijsku instituciju. Zaključak: U sudsko-medicinskim postupcima sumanutu poremećaj može biti previđen zbog toga što sadržaj sumanutih ideja najčešće nije bizaran, poput ovoga o prevari supružnika. Neprepoznavanje sumanutih elemenata kod ljubomore kao motiva kod počinitelja kaznenih djela može dovesti do pogreške u sankcioniranju okrivljenika i ozbiljnih posljedica s obzirom na visok rizik od recidiva nasilnog ponašanja kod ove skupine počinitelja.

indicted for violence against his spouse. Case report: A 50-year-old man, with no prior psychiatric treatment, committed the criminal offenses of domestic violence, bodily injury, making threats, and unauthorized recording of his spouse. He was placed in investigative custody in Split and was soon to be released to defend himself at liberty, when the judge nevertheless decided to request a psychiatric evaluation. It was established that over the previous year he had developed a delusional belief that his wife was cheating on him, accompanied by behavior focused on seeking proof of infidelity and by marked tension, irritability, and low frustration tolerance, resulting in outbursts of anger and violent behavior. A brain MSCT was also requested due to concentration difficulties, tremor, occasional lack of chronological precision, and a history of multivessel atherosclerotic disease, myocardial infarction, and sexual dysfunction, which supported the suspicion of cortical atrophic changes as one of the etiological factors of this syndrome. The forensic evaluation determined that at the time of the offense he was not criminally responsible, and compulsory placement in a forensic psychiatric institution was ordered. Conclusion: In medicolegal proceedings, delusional disorder may be overlooked because the content of the delusions is often not bizarre, as in this case of suspected spousal infidelity. Failure to recognize delusional elements in jealousy as a motive in perpetrators of criminal offenses can lead to errors in sentencing the defendant and serious consequences, given the high risk of recurrent violent behavior in this group of offenders.

Postojanost neposrednog učinka relaksacije virtualnom stvarnošću tijekom ponovljenih seansi u bolničkom liječenju depresije

/ Stability of the Immediate Effect of Virtual Reality–Based Relaxation Across Repeated Sessions During Inpatient Treatment for Depression

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KLJUČNE RIJEČI / KEYWORDS:

virtualna stvarnost / virtual reality

relaksacija / relaxation

depresija / depression

bolničko liječenje / inpatient treatment

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.360>

Ciljevi istraživanja: Relaksacija primjenom virtualne stvarnosti (engl. *virtual reality*, VR) neposredno poboljšava afektivno stanje psihijatrijskih bolesnika, no nedovoljno je istraženo zadržava li se učinak intervencije ponovljenom primjenom ili slabi zbog navikavanja. Cilj je bio ispitati učinak tijekom uzastopnih seansi i podnošljivost intervencije. Metode: Deset hospitaliziranih bolesnika s povratnim depresivnim poremećajem, randomiziranih u intervencijsku skupinu pilot-studije, uz standardno liječenje primilo je 6 seansi VR-relaksacije aplikacijom VRelax tijekom dva tjedna. Prije i nakon svake primjene, 9 afektivnih stanja procijenjeno je vizualno-analognim ljestvicama, a nelagoda upitnikom *Virtual*

Objectives: Relaxation using virtual reality (VR) produces an immediate improvement in the affective state of psychiatric patients, but it is insufficiently investigated whether the effect of the intervention is maintained with repeated application or diminishes due to habituation. The aim was to examine the effect over consecutive sessions and the tolerability of the intervention. Methods: Ten hospitalized patients with recurrent depressive disorder, randomized to the intervention group of a pilot study, received 6 sessions of VR relaxation with the VRelax application over two weeks, in addition to standard treatment. Before and after each session, 9 affective states were assessed using visual analogue scales, and discomfort was

Reality Sickness Questionnaire (VRSQ). Kontrolna skupina liječena je standardnim bolničkim programom, a klinički pokazatelji mjereni su u objema skupinama na početku i nakon dva tjedna; rezultati se prikazuju zasebno. Statistička obrada: Promjene unutar seansi analizirane su Wilcoxonovim testom predznačenih rangova na vrijednostima uprosječenima kroz 6 primjena, a kretanje vrijednosti prije i nakon seansi Friedmanovim testom uz Kendallov koeficijent podudarnosti. Podnošljivost je prikazana opisno. Rezultati: Svih 9 afektivnih stanja značajno se promijenilo nakon VR-relaksacije. Vrijednosti nakon seanse nisu se značajno mijenjale tijekom dvotjednog razdoblja, dok su se vrijednosti prije seanse poboljšale na četiri stavke. Bolesnici su nakon svake primjene dosegali usporedivo afektivno stanje, a promjena unutar seanse smanjivala se jer je stanje prije seanse bilo sve povoljnije. Medijan VRSQ-a iznosio je 0,0 nakon prve i posljednje seanse. Zaključak: Neposredan učinak VR-relaksacije nije slabio tijekom cijelog razdoblja primjene, uz odličnu podnošljivost. Poboljšanje stanja prije seansi ne može se razlučiti od učinka standardnog liječenja tijekom hospitalizacije jer je mjereno samo u VR-skupini. Potreban je trokraki nacrt s aktivnom kontrolom.

measured with the *Virtual Reality Sickness Questionnaire* (VRSQ). The control group was treated with the standard inpatient program, and clinical indicators were measured in both groups at baseline and after two weeks; the results are presented separately. Statistical analysis: Within-session changes were analyzed using Wilcoxon's signed-rank test on values averaged across the 6 applications, and the trajectories of pre- and post-session values were analyzed using Friedman's test with Kendall's coefficient of concordance. Tolerability was presented descriptively. Results: All 9 affective states changed significantly after VR relaxation. Post-session values did not change significantly over the two-week period, whereas pre-session values improved on four items. After each application, patients reached a comparable affective state, while the within-session change decreased because the pre-session state became increasingly favorable. The median VRSQ score was 0.0 after both the first and the last session. Conclusion: The immediate effect of VR relaxation did not diminish over the entire period of application, and tolerability was excellent. The improvement in pre-session state cannot be disentangled from the effect of standard inpatient treatment, as it was measured only in the VR group. A three-arm design with an active control is needed.

Kognitivno funkcioniranje i pažnja u odraslih osoba sa sumnjom na ADHD

/ Cognitive Functioning and Attention in Adults With Suspected ADHD

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KLJUČNE RIJEČI / KEYWORDS:

ADHD u odrasloj dobi / *adult ADHD*

kognitivno funkcioniranje / *cognitive functioning*

radno pamćenje / *working memory*

brzina obrade informacija / *processing speed*

pažnja / *attention*

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2026.362>

Cilj istraživanja bio je opisati profil kognitivnog funkcioniranja i pažnje odraslih osoba obrađenih zbog sumnje na poremećaj pažnje i hiperaktivnosti (ADHD). U analizu je uključeno 11 odraslih osoba, 6 muškaraca i 5 žena, u dobi od 19 do 36 godina ($M = 29.91$; $SD = 5.87$). Kognitivno funkcioniranje procijenjeno je odabranim podtestovima WAIS-IV-HR, odnosno indeksima radnog pamćenja (IRP) i brzine obrade informacija (IBOI), a usmjerena pažnja testom d2-R kroz mjeru koncentracije (MK), obrađenih ciljnih objekata (OCO) i točnosti rada (P%). Klinička procjena ADHD-a temeljila se na intervjuu DIVA 2.0. Provedena je deskriptivna i eksplorativna obrada. Izračunate su mjere centralne tendencije i raspršenja

The aim of the study was to describe the profile of cognitive functioning and attention in adults assessed for suspected attention-deficit/hyperactivity disorder (ADHD). The analysis included 11 adults, 6 men and 5 women, aged 19 to 36 years ($M = 29.91$; $SD = 5.87$). Cognitive functioning was assessed using selected subtests of the WAIS-IV-HR, namely the Working Memory Index (WMI) and the Processing Speed Index (PSI), and focused attention was assessed with the d2-R test through the concentration performance score (CP), number of processed target items (TN), and work accuracy (E%). The clinical assessment of ADHD was based on the DIVA 2.0 interview. Descriptive and exploratory analyses were conducted. Measures of central tendency and dispersion were calculated, as well as fre-

te frekvencije i postotci. Povezanosti između dobi, WAIS-IV-HR indeksa i d2-R pokazatelja ispitane su Spearmanovim korelacijama. Prema DIVA 2.0, 9 sudionika zadovoljavalo je kriterije za ADHD u odrasloj dobi, kod jednog ADHD nije potvrđen, a kod jednoga je status ostao neodređen. Prosječni IRP iznosio je 97,27 (SD = 12,93), a IBOI 99,09 (SD = 16,19), što upućuje na prosječno funkcioniranje uz individualnu varijabilnost. Većina sudionika ostvarila je prosječne normativne vrijednosti na d2-R pokazateljima MK (90,9 %), OCO (81,8 %) i P% (81,8 %). Utvrđena je značajna pozitivna povezanost IBOI s OCO ($\rho = 0,762$; $p = ,006$) i MK ($\rho = 0,712$; $p = ,014$), kao i MK i OCO ($\rho = 0,740$; $p = ,009$). IRP nije bio značajno povezan s d2-R pokazateljima. Nalazi upućuju na heterogen profil odraslih osoba obrađenih zbog sumnje na ADHD. Iako je kod većine DIVA 2.0 utvrdila klinički značajne simptome, rezultati na strukturiranim mjerama radnog pamćenja, brzine obrade i pažnje često su bili prosječni. To sugerira da uredna testovna izvedba ne isključuje ADHD u odrasloj dobi, osobito kada se teškoće izraženije očituju u svakodnevnoj organizaciji, održavanju pažnje i samoregulaciji. Rezultate treba tumačiti oprezno zbog malog uzorka, retrospektivnog nacrtu i odsutnosti kontrolne skupine.

quencies and percentages. Associations between age, WAIS-IV-HR indices, and d2-R indicators were examined using Spearman correlations. According to DIVA 2.0, 9 participants met the criteria for ADHD in adulthood, in one participant ADHD was not confirmed, and in one the status remained undetermined. The mean WMI was 97.27 (SD = 12.93), and the mean PSI was 99.09 (SD = 16.19), indicating average functioning with individual variability. Most participants achieved average normative values on the d2-R indicators CP (90.9%), TN (81.8%), and E% (81.8%). A significant positive association was found between PSI and TN ($\rho = 0.762$; $p = .006$) and CP ($\rho = 0.712$; $p = .014$), as well as between CP and TN ($\rho = 0.740$; $p = .009$). WMI was not significantly associated with d2-R indicators. The findings indicate a heterogeneous profile among adults assessed for suspected ADHD. Although DIVA 2.0 identified clinically significant symptoms in most participants, results on structured measures of working memory, processing speed, and attention were often in the average range. This suggests that intact test performance does not rule out ADHD in adulthood, especially when difficulties are more prominently manifested in everyday organization, sustaining attention, and self-regulation. The results should be interpreted with caution due to the small sample, retrospective design, and absence of a control group.

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