

**Conclusions:** If we can find positive answers by our study it could help us in detecting expectant mothers with high risk of postpartum depression – with special focus on the vulnerable group of women with bipolar affective disorder – by evaluating the anxiety status in pregnancy and so help to avoid severe consequences for mother and child.

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### **The phenomenology of the behavioral disturbances in the Alzheimer's dementia**

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**Introduction/Objectives:** The aim of this research work is to analyze the Behavioral and Psychological Symptoms of dementia-BPSD respectively the neuropsychiatric symptoms of Alzheimer's disease.

**Participants, Materials/Methods:** This study aimed to establish the standard pattern of a clinical-psychological estimate of the Behavioral and Psychological Symptoms of dementia-BPSD and to describe the phenomenology of BPSD. The study was a prospective one, and it included a groups of 30 patients diagnosed as Alzheimer's disease (by ICD 10), treated in the Clinic for neurology Skopje. The following instruments for investigation were used: Standardized clinical interview, the Behavioral Pathology in Alzheimer's disease Rating Scale (BEHAVE-AD), the Cohen-Mansfield Agitation Inventory (CMAI), and NONE standardized sociological-demographic questionnaire.

**Results:** The obtained results have shown that the average age is higher in patients with Alzheimer's disease and more rapid cognitive decline and more severe cognitive impairment are present in these patients. Paranoid and Delusional Ideation are more common in patients with Alzheimer's and the activity disturbances are increased by the severity of the disease. From the beginning of the disease the average time is 3 years. The patients who came on examination are in the high percentage in the moderate and severe stage.

**Conclusions:** The Behavioral and Psychological Symptoms of dementia are present in all patients. This is in accordance with data from the literature where it is said that in epidemiologic examples the frequency of the Behavioral and Psychological Symptoms of dementia is lower than in clinical samples because care is sought when neuropsychiatric symptoms emerge, but unfortunately in our examination more than it, when they exceed the tolerance of the family.

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### **Influence of personality on sexual satisfaction in patients suffering from schizophrenia and depression**

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**Introduction/Objectives:** Although there is no consensus regarding the definition of personality, personality psychology is getting near to understanding that personality traits can be summed up into five basic dimensions. Five factor personality model consists of these five basic dimensions: neuroticism, extraversion/introversion, openness to experience, agreeableness and conscientiousness. Aim of this research was to establish in what manner certain personality traits of patients suffering from schizophrenia and depression and healthy individuals, influence their sexual satisfaction.

**Participants, Materials/Methods:** This research was conducted on 100 patients suffering from schizophrenia, 100 patients suffering from depression and 100 healthy individuals. Instruments used in this research were: five factor personality questionnaire and sexual experience scale (Arizona).

**Results:** Among patients suffering from schizophrenia, sexual drive and easier sexual arousal were linked to higher extraversion, openness to experience, agreeableness and conscientiousness and to lower neuroticism. Among patients suffering from depression, smaller number and less pronounced sexual dysfunctions were linked to higher extraversion, openness to experience and conscientiousness, and also to lower neuroticism. Among healthy individuals, higher extraversion is linked to easier sexual arousal and higher neuroticism to lower orgasm satisfaction.

**Conclusions:** Personality traits have a significant influence on sexual satisfaction of patients suffering from depression and patients suffering from schizophrenia, but also of healthy individuals.

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### **Connection between physical punishment of children and their depression and anxiety**

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**Introduction/Objectives:** Physical punishment is part of raising children and it is at the centre of interest for psychologists, pedagogues, jurists etc. The motive for this work was my own experience in everyday life, and my impression that many parents often use physical punishment as a way to keep discipline up and to attain desired behavior by their children. The use of physical punishment on children creates a number of physical, psychological and sexual problems. The aim of this paper is to show the connection between physical punishment and children's depression and anxiety.

**Participants, Materials/Methods:** Methodology Data for this research was collected from a sample of 284 primary school pupils from Canton Sarajevo. The pupils came from 5th until 8th grade; age from 11 to 14. A written was obtained from both the ministry of education and the parents. The children completed "Youth Self-Report" YSR 6-18 which is one component of the Achenbach system of empirically based analysis (ASEBA).

**Results:** Results showed a statistical difference between punished and unpunished children on the anxious-depression scale (YSR- $P = 0.009$ ) and on the scale internal problems (YSR- $P = 0.046$ ).

**Conclusions:** Punished children expressed a more degree of depression, anxiety and internal problems compared to unpunished children. These findings are in accordance with previous international studies.

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### **Alcoholism and somatic comorbidity**

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**Introduction/Objectives:** The lifetime prevalence of alcohol dependence as well as co-morbidity with somatic disorders is high. To assess the prevalence of alcoholism and somatic disorders.

**Participants, Materials/Methods:** The sample was 60 patients [4 females, mean ( $\pm$  SD) age:  $43.7 \pm 10.3$  years, and 56 males; mean age:  $42.4 \pm 10.5$  years, range: 20-75] who were consecutive