

RELIGIOUSNESS, ANXIETY AND DEPRESSION IN PATIENTS WITH GLAUCOMA, AGE-RELATED MACULAR DEGENERATION AND DIABETIC RETINOPATHY

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Background: Many chronic medical conditions such as glaucoma, senile macular degeneration and diabetic retinopathy are further complicated by emotional and psychological disorders. Religiousness represents a part of a social culture and has a significant role in the prevention of mental difficulties of the patients, especially those belonging to older population. The aim of this study was to investigate the connection between religiousness, anxiety, and depression in patients with glaucoma, age-related macular degeneration and diabetic retinopathy and to test their connection related to different diagnosis.

Subjects and methods: This cross-sectional study included 163 patients divided into three groups (glaucoma group, senile macular degeneration group and diabetic retinopathy group). Respondents voluntarily agreed to participate in the study and with assistance they fully completed the Scale of Religiousness, Hospital Anxiety and Depression Scale, General Health Questionnaire and demographic information (age, gender, education, employment and marital status).

Results: The results showed noticeable religiosity of the respondents ($M=18.31$, $SD=5.28$), but also the presence of anxiety ($M=7.55$, $SD=3.73$), especially in patients with glaucoma, as well as impaired mental health in AMD patients ($M=19.56$, $SD=4.14$). No differences were found in the severity of anxiety, depression, general health and religiosity between groups, but the presence of depression in subjects with age-related macular degeneration significantly affects the level of religiosity ($p=0.032$).

Conclusion: These results unequivocally point to the need for further research and raising awareness of all health professionals about the importance of a holistic approach to the patient regardless of his diagnosis in order to identify the possible effective ways to deal with chronic disease considering all levels of patient's needs.

Key words: glaucoma - age-related macular degeneration - diabetic retinopathy - religion, anxiety - depression

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EXEMPLARISM AND SPIRITUALITY

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In the age of pluralism and efficiency, it is less and less common in everyday life, even in wider social circles, to talk about the right upbringing, about values, and then about examples of good practice - that is, about role models. While a person presents himself to us as a role model, we recognize in him a call to inherit a certain value that he ideally-typically lives. In this sense, concrete role models, primarily people who have lived from deep spirituality (for example, saints!), contribute to the healthy development of personality and understanding of ethics.

Key words: ethics, spirituality - role model - ideal - values - exemplarism - upbringing

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COMORBIDITY, RESILIENCE, AND EPIGENETICS IN PSYCHIATRY FROM THE PERSPECTIVE OF PREDICTIVE, PREVENTIVE AND PERSON-CENTERED MEDICINE

COMORBIDITIES AND SYNDEMICS IN THE COVID-19 AGE: CHALLENGES AND OPPORTUNITIES FOR BRINGING SEPARATED BRANCHES OF MEDICINE CLOSER TO EACH OTHER

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The Corona Virus Disease 2019 (COVID-19) as a unique disaster has stressed the extreme importance of the three challenging issues for medicine, society and humanity in general: comorbidity, pandemic and syndemic. There are many reasons why the study of comorbidities and syndemics of COVID-19 is of great importance for researchers, clinicians and health policy makers who are responsible for health care organization and funding in a bid to develop more effective and efficient prevention and treatment. Thinking about COVID-19 through a syndemics concept and taking biological, psychological, social and spiritual dimensions into account, physicians could be more effective in clinical practice and community-based interventions. The outcome of SARS-CoV-2 infection is determined by the virus-host interaction, with pathogenicity of SARS-CoV-2 being related to the presence of comorbid diseases. The risk for severe COVID-19 clinical manifestations and death increases with age of patients and comorbidity. General mechanisms of multi-system dysfunction and multi-organ damage reported in COVID-19 are probably related to ubiquitous expression of angiotensin-converting-enzyme-2 (ACE2) in many tissues and its important role in the renin-angiotensin-aldosterone system (RAAS) functioning. Physicians all over the world should be aware of COVID-19 related comorbidities, multisystem disorders and syndemics, as well as treatment and preventive strategies. COVID-19 age is a right time to reconsider the state of science and practice in comorbidity medicine field from the both epistemological and treatment perspective. Comorbidities and multimorbidities are indifferent to medical specializations, so the integrative and complementary medicine is an imperative in the both education and practice. Shifting the paradigm from vertical and mono-morbid interventions to comorbidity, multimorbidity and multi-system disease approaches enhances effectiveness and efficiency of human resources utilization. The aim of this review is to summarize the theoretical concepts and clinical experience and research regarding comorbidity in general, and specifically related to the COVID-19 pandemic, syndemics and infodemic.

Key words: comorbidity - multimorbidity - epigenetics - SARS-CoV-2 - COVID-19 - multi-system disorders - diseases interactions - syndemics

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COMORBIDITY FROM A NEUROPSYCHIATRIC PERSPECTIVE

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Comorbidity in neurology and psychiatry involves the onset of a mental illness with the simultaneous presence of a neurological disorder or other illness. The degree of comorbidity of mental and neurological disorders is unexpectedly high. In addition to the direct connection and simultaneous occurrence of mental and neurological illness, the indirect impact of mental illness on the occurrence of neurological problems is even more significant. This link is realized through the influence of mental illness on risk factors for the development of cerebrovascular and cardiovascular diseases. Their incidence is higher in the psychiatric population than in the general population. Numerous studies have confirmed that risk factors for cerebrovascular disease (hypertension, hyperlipidemia, diabetes mellitus, etc.) are more common among patients with mental disorders than in the general population. Also, research shows that patients with mental disorders are less frequently controlled, have less control over risk factors, and that numerous comorbidities are detected later or remain undetected. Given that cerebrovascular and cardiovascular diseases represent one of the most important public health and socioeconomic problems of today, both in the world and in Croatia, this problem should not remain in the shadow.

Key words: comorbidity - neurological diseases - mental disorders - epidemiology - somatic disorders

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