

Conclusions: The prevalence of CBS (17.9%) we've found is compatible with the medical literature. CBS may also be accompanied by "relatively milder" ophthalmologic problems (myopia, astigmatism, etc.). The hallucinations which CBS patients experience could be quite distressing, and the individuals might have hard times to reveal their complaints because of the apprehension of stigmatization. To inquire this symptom during clinical examination may be the first step to help these individuals.

Key words: signs and symptoms - perceptual disturbances - hallucinations - Charles Bonnet Syndrome

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MENTAL DISORDERS AS INFLUENCING FACTORS FOR DISCORDANCES IN THE SIGNS AND SYMPTOMS OF DRY EYE DISEASE

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Dry eye disease (DED) is a multifactorial disease of the tear film and ocular surface representing one of the most common problems in ophthalmological practice. Characteristic symptoms of DED include gritty, sandy foreign body sensation as well as visual disturbances that have a negative impact on the patient's daily activities and social life. It is often assumed that the symptoms of dry eye are the main features of this disease, however, the symptoms do not always coincide with the signs and the results of diagnostic tests and the cause of this discordance in perception is still unclear. Numerous studies have been conducted in order to determine the cause of these discrepancies. Mental health disorders may be one of considerable contributing factors for dry eye symptoms and undiagnosed mental health conditions can be an influencing element for unexplained levels of DED symptoms. Depression, anxiety, stress, hypochondriasis, neuroticism, sleep and mood disorders may be associated with the exacerbation of symptoms to degrees that are not consistent with the objective signs related to tear dysfunction as well as changes in the anterior surface of the eye. Thus, a detailed medical history, thorough ophthalmological examination and referral to a psychologist or psychiatrist may be essential in the treatment of patients whose symptoms do not correlate with objective evidence of DED

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FEAR OF BLINDNESS IN PATIENTS UNDERGOING CATARACT SURGERY

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Background: Fear is a negative emotion induced by the threat of danger, pain and harm. Cataract surgery is one of the most performed surgeries in the world. The aim of this study was to investigate and analyze the predominant fears in patients undergoing cataract surgery.

Subjects and methods: In this cross-sectional study 152 patients were examined. Self-designed questionnaires to examine emotions of the fear, anxiety, nervousness frequency gratitude was used and insecurity immediately before cataract surgery. We also examined what the greatest fear during the cataract surgery was. The fear of blindness was compared with other life fears such as cancer, memory loss, AIDS, stroke and heart attack. The presence of fear was compared in patients having had previous cataract surgery with those undergoing their first cataract surgery. Including criteria were adults with senile cataract. Excluding criteria was ocular co-morbidity, psychiatric disorders, inability to read, deafness and surgery under general anesthesia. Completed questionnaires were analyzed. Pearson's chi-squared test was used.

Results: Fear was the most frequent emotion before cataract surgery, present in 60.5% patients. Fear of blindness was the greatest fear during cataract surgery in 55.3% of patients. There was no statistically significant difference in fear in patients having undergone their first cataract surgery and patients before their second cataract surgery ($p < 0.05$).

Conclusion: Fear is the predominant emotion before cataract surgery which is in correlation to the leading life fear - fear of blindness. Good preoperative preparation and a trusting doctor-patient relationship are important for reducing the fear of the procedure.

Key words: fear - blindness - cataract

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LEVEL OF DEPRESSION, ANXIETY AND IMPAIRMENT OF SOCIAL RELATIONS WITH REGARD TO PAIN INTENSITY IN A NATURALISTIC SAMPLE OF PATIENTS AT THE OUTPATIENT CHRONIC PAIN CLINIC

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Background: A high rate of concurrent depression and anxiety has been identified among the patients of pain clinics. Evaluation of own pain can appear as a perception of being negatively impacted by pain-related suffering in social relations.

Subjects and methods: A questionnaire with 228 variables was applied to 109 randomly chosen patients at outpatient pain clinic of the Ljubljana University Clinical Centre. Following summative scores were treated as a set of dependent variables in MANOVA, as a set of predictors in discriminant analysis: level of depression (Zung), level of anxiety (Zung), evaluation of the nature of pain and perceptions of negatively impacted social relations. Actual pain has been self-evaluated on a visual-analogue pain scale from 0 to 10 and recorded in subgroups with a low, middle and high intensity of actual pain (criterion variable).

Results: The average age of the participants was $M=52.7$ years ($SD 13.9$), 70.9 % of them female. Participants with a high intensity of pain were found to have the highest level of depression, the highest level of anxiety and were negatively impacted in their social relations to the greatest extent. Only the first discriminant function was found to be significant ($p < 0.05$). The structure matrix showed a high correlation between anxiety level (0.88) and depression level (0.86), and a low correlation with the perception of negatively impacted social relations (0.57).

Conclusions: The results emphasize the connection between pain intensity, anxiety, depression and interpersonal relational issues in the context of patients with chronic pain at an outpatient pain clinic. Anxiety and mood were found to be the best predictors for the perception of pain intensity. The results are preliminary, but significantly support the multidisciplinary collaboration of treatment at a pain clinic with mental health professionals.

Key words: chronic pain - anxiety - depression - impact on social relations

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