

Another service with a long standing tradition for intensive co-operation between somatic and psychiatric teams can be found in the outpatient clinic for psychosomatic medicine, where patients with a complex medical history can be diagnosed and offered individual treatment options as well as follow-up care.

Interdisciplinary outpatient clinics - so called integrated facilities - consisting of a clear structure for patients' management and interdisciplinary communication provide an ideal setting for achieving a high degree of satisfaction for patients as well as for doctors and nurses.

Increasing numbers of older patients with somatic multimorbidity who also suffer from psychiatric syndromes often require an intense psychiatric and somatic co-operation, which can be offered best by an unit run by specialists of internal medicine and psychiatrists together.

A concomitant quality assurance is vital for establishing successful psychiatric/psychosomatic CL-services. The results of this process can be used for an interdisciplinary training program offered to both psychiatrists and somatic specialists together. Furthermore, daily interdisciplinary clinical discussions and interdisciplinary research are important for achieving a high level of satisfaction for all co-operation partners involved.

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COGNITIVE SCHEMAS AND COPING MECHANISMS IN BREAST CANCER SURGICAL TREATMENT

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Surgical treatment in breast cancer, mastectomy and breast reconstruction following mastectomy, is associated with a series of defense mechanisms and particular cognitive schemas.

Objective: the purpose of our study is to identify differences in coping mechanisms and cognitive schemas, as well as the association between the two factors, both variables studied depending on the type of surgery performed.

Subjects and methods: 100 patients admitted to the Oncology and Plastic Surgery Departments were examined. The two lots consisted of 40 patients who underwent mastectomy and another group of 40 patients who underwent breast reconstruction, both of which were based on the diagnosis of breast cancer (according to ICD-10). The applied scales were: COPE -Coping Scale and YSQ-S3 Cognitive Schemas Questionnaire.

Results: the findings revealed the presence of four core schemas (defectiveness, dependency, vulnerability to disease and failure) and two defense mechanisms (splitting and rationalization) in the group of patients with mastectomy and three predominant cognitive schemas (subjugation, need for approval and unrealistic standards), as well as three defense mechanisms (acceptance, use of emotional support and focus on emotions) in the group of patients who have chosen breast reconstruction.

Conclusions: The identification of coping mechanisms as well as dysfunctional cognitive schemas in patients following breast cancer treatment is an important element in the development of techniques, therapeutic intervention and support tools to improve the quality of life, self-esteem, as well as family, social and professional reintegration.