

Subjects and methods: The study included worksheets data of three radiology specialists in their first three years as specialists. Data were collected and analyzed retrospectively for the period frame January 1st to September 21st 2018. The total data of imaging procedures by one radiologist had been collected and then separated by different imaging procedures as followed.

Results: Average total number of imaging procedures per radiologist was 2785. Separately, there were: 850 bone X ray images, 550 chest X rays, 250 ultrasound examinations, 860 CTs and 256 MRIs. Daily average of analyzed imaging procedures per radiologist was as followed: 7.4 bone X ray images, 4.8 chest X rays, 2.2 ultrasounds, 7.5 CTs and 2.2 MRIs. Total working time per radiologist in the analyzed time period was 684 hours. Average time spent for analyzing per one imaging procedure was 14 minutes and 45 seconds spread in total 114 working days.

Conclusions: The conclusion is that current workload for a radiology specialist obviously represents a necessity to be thoroughly explored. This case study and previous literature results indicate that a well constructed large scale study represents a potential in resolving the previous studies limitations and providing relevant data, so correct measures and guidelines could be developed.

Key words: radiology - workload - relative value units

* * * * *

SEXUAL DYSFUNCTION IN PATIENTS WITH EPILEPSY

Katarina Ivana Tudor¹, Željka Petelin Gadže¹, Andreja Bujan Kovač¹, Ervina Bilić²,
Sandra Nađ Škegro³, Mirko Bakula³, Dinko Hauptman³, Monika Mudrovčić⁴,
Barbara Sitaš², Slavko Orešković⁵ & Sanja Hajnšek¹

¹Department of Neurology, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Referral Centre of the Ministry of Health of the Republic of Croatia for Epilepsy, Affiliated Partner of the ERN EpiCARE, Zagreb, Croatia

²Department of Neurology, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Referral Center of the Ministry of Health of the Republic of Croatia for Neuromuscular Diseases and Clinical Electromyoneurography, Zagreb, Croatia

³Department of Urology, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Zagreb, Croatia

⁴University Hospital for Infectious Diseases "Dr Fran Mihaljevic", Zagreb, Croatia

⁵Department of Gynecology and Obstetrics, Zagreb University School of Medicine, Zagreb, Croatia

Background: Patients with epilepsy commonly report sexual dysfunction (SD) and reproductive difficulties. This study aimed to evaluate the relationship between epilepsy, antiepileptic drugs (AEDs) and SD, and its association with the quality of life and depressive symptoms.

Subjects and methods: This was a prospective study carried out in a tertiary healthcare centre. SD was evaluated using the internationally acclaimed questionnaire Arizona Sexual Experiences Scale (ASEX) that was successfully translated into Croatian and validated for this purpose. Depressive symptoms and quality of life were evaluated using the Hamilton Rating Scale for Depression (HAM-D17) and Quality of life in epilepsy-31 inventory (QOLIE-31).

Results: Of 108 patients (68 (63 %) women, 40 (37 %) men, mean age 39.54±15.91 (range 18-80) years) with epilepsy, 16 (14.8%) had focal, 38 (35.2%) generalized and 44 (40.7%) both types of epilepsy. Mean overall total score on the ASEX questionnaire was 11.94±5.61 (mean total score women 12.85±6.00, mean total score men 10.4±4.55), with 48 reporting that they had sexual activity in the past week. Nine (8.33%) patients (7 (6.48%) women, 2 (1.85%) men, mean age 47.66±19.33 (range 25-80) years) had a score 19 and above, 38 (35.18%) patients (27 (25%) women, 9 (8.33%) men, mean age 46.82±17.78 (range 19-80) years) individual score 5 and above on any one item, and 33 (30.55%) patients (26 (24.07%) women, 7 (6.48%) men, mean age 48.87±17.8 (range 19-80) years) had an individual score 4 and above on any three items. Significant correlations were found between SD and older age (p=0.001) and between more pronounced symptoms regarding SD on ASEX and female gender (p=0.000). There were no significant correlations between the type of epilepsy and SD, nor between the AEDs (old generation vs. modern) and SD. Significant correlations were found between the SD and more pronounced depressive symptoms (p=0.003) and between the SD and a lower quality of life (p=0.001).

Conclusions: Results of our study suggest SD is experienced by around one-third of patients in our group, which is similar to the previous percentage of SD reported in the community sample. Women were found to experience more pronounced symptoms of SD on ASEX. Symptoms of SD were found to be significantly correlated with older age, female gender, lower quality of life and depressive symptoms, while no significant correlations were found with the type of epilepsy and the AEDs.

Key words: epilepsy - sexual dysfunction (SD) - Arizona Sexual Experiences Scale (ASEX) - depression - quality of life (QoL)

* * * * *

DEPRESSION AND QUALITY OF LIFE IN PATIENTS WITH EPILEPSY - SINGLE CENTRE EXPERIENCE

Željka Petelin Gadže¹, Katarina Ivana Tudor¹, Maja Živković², Andreja Bujan Kovač¹, Biljana Đapić Ivančić¹, Sibila Nanković¹, Vlatko Šulentić¹, Ira Brezak³, Petra Nimac Kozina¹, Barbara Sitaš¹, Borislav Radić¹, Monika Mudrovčić⁴, Zdravka Poljaković¹, Saša Jevtović², Ana Vuksanović⁵ & Sanja Hajnšek⁶

¹*Department of Neurology, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Referral Centre of the Ministry of Health of the Republic of Croatia for Epilepsy, Affiliated Partner of the ERN EpiCARE, Zagreb, Croatia*

²*Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Zagreb, Croatia*

³*Croatian Association for Behavioral - Cognitive Therapies, Zagreb, Croatia*

⁴*University Hospital for Infectious Diseases "Dr. Fran Mihaljević", Zagreb, Croatia*

⁵*School of Medicine, University of Zagreb, Zagreb, Croatia - student*

⁶*School of Medicine, University of Zagreb, Zagreb, Croatia - retired*

Background: Patients with epilepsy commonly report depressive symptoms. The main aim of this study was to evaluate the relationship between epilepsy, antiepileptic drugs (AEDs) and depression. We also wanted to evaluate possible association between depressive symptoms in patients with epilepsy with the quality of life (QoL).

Material and methods: This was a prospective cross-sectional study carried out at the tertiary teaching hospital (University Hospital Centre Zagreb, Croatia) with Ethics committee approval. Questionnaires evaluating depressive symptoms and QoL were administered to consecutive patients treated in the Referral Centre of the Ministry of Health of the Republic of Croatia for Epilepsy. Depressive symptoms were evaluated using Hamilton Rating Scale for Depression (HAM-D17). Quality of life was assessed using Quality of life in epilepsy-31 inventory (QOLIE-31)

Results: 108 patients (63% women, 37% men; mean age 39.54±15.91 years, range 18-80 years) with epilepsy were included. 14.8% of patients had focal, 35.2% generalised and 40.7% both types of epilepsy. Majority of patients (65.74%) were on two and more AEDs and quarter was on monotherapy (25%); 42% were on newer, 19% on older and 39% on both AEDs. Mean total score on HAM-D17 was 9.94±8.18 (men - mean total score 10.16±8.85, women - mean total score 9.81±7.84). There were no significant differences on HAM-D17 regarding gender and age. We didn't find statistically significant differences regarding AEDs (older vs. newer AEDs, or both types AEDs) and results on HAM-D17, nor between the type of epilepsy and results on HAM-D17. We found strong negative correlation between the higher QoL and HAM-D17 (p=0.000).

Conclusions: Results of this study evaluating depressive symptoms in patients with epilepsy demonstrate that our patients mainly experience mild depressive symptoms, with no significant differences on HAM-D17 regarding gender and age. Patients with epilepsy with less pronounced depressive symptoms were found to have higher QoL. We did not find statistically significant differences regarding the type of epilepsy and results on HAM-D17, nor between the AEDs (older vs. newer AEDs, or both types AEDs) and results on HAM-D17.

Key words: epilepsy - antiepileptic drugs - depression - quality of life

* * * * *