

**IS08****Psychotherapy as a stress modulator – resilience and integration**

Associate Professor Tihana Jendričko, M.D., PhD

*Department of Psychotherapy, University Psychiatric Hospital Vrapče**Study of Social work, Faculty of Law, University of Zagreb**School of Medicine, University of Zagreb*DOI: <https://doi.org/10.26800/LV-145-supl2-IS08>

Coping with stress can represent an adaptive factor of resilience. Some of the positive effects of stress are stimulation of the brain, short-term improvement of immunity, improvement of resilience and motivation of a person for success. The phenomenon of “stress inoculation” is a process during which a person develops an adaptive response to mild or moderate stressors and better resilience to the negative effects of future stressors. The ability to experience all emotions, including negative ones, is important for our psychological development. Negative experiences need to be integrated into the understanding of one’s own life, relationships, and the outside world. Our personality is constantly developing and enables us to understand the significance of various life events. Negative experiences and frustrations encourage our development, with them we do not stagnate except in the case of an excessive amount of frustrations that drain us and can lead to a breakdown. Although we do not prefer negative experiences, they can stimulate mental processes that promote a sense of meaning through a new perspective of their value in everyday life. One of the important roles of psychotherapy is to help develop a sense of continuity over time, the simultaneous integration of negative and positive experiences, in order to develop an integrated sense of self and more flexible, adapted functioning.

**IS09****Functional gastrointestinal disorders**

Agata Ladić, M.D., PhD

*Department of Gastroenterology and Hepatology, Department of Internal Medicine, University Hospital Centre Zagreb*DOI: <https://doi.org/10.26800/LV-145-supl2-IS09>

A vast number of patients visiting gastrointestinal offices suffer of functional gastrointestinal disorders. The main characteristic of these disorders is that patients have no organic explanation for their symptoms, which often leads to stigmatization of patients and labelling them as psychiatric cases. Functional disorders encompass a broad spectrum of entities, covering every section of GI tract - from the foregut to the hindgut. The most frequent diagnoses are irritable bowel syndrome, functional dyspepsia and functional constipation. Since there is still no valid biomarker which would define certain functional disorder, the diagnosis is verifiable on the basis of distinctive symptoms, signs and exclusion of an organic disease. This often leads to a high utilization of a health-care system. The pathophysiology involves dysregulation of gut-brain interaction, gut microbial dysbiosis, visceral hypersensitivity, abnormal GI motility and altered immune function. Next to that, very common is psychological comorbidity, which should be treated accordingly. The general principles of treatment are based on a biopsychosocial understanding and involve management of physical symptoms and psychological counselling when appropriate. In the future, treatment approaches to functional gastrointestinal disorders are likely to become targeted and personalised - based not only on symptoms but also on underlying pathophysiology and psychology.

