UDK 616.895.8:572.0-053.6 **Case Study**
Doi 10.7251/SANUS2503181A

TREATMENT APPROACH TO PSYCHOTIC DISORDERS IN YOUNG ADULTS – A CASE REPORT

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Abstract. *Psychiatric disorders caused by intracranial lesions are common in general practice. They overlap with mental health disorders. The most frequent symptoms among young people include school phobia, anxiety, mood swings and psychomotor retardation. Children and young adults (aged 15–24 years) represent a particularly vulnerable group for mental disorders. In Serbia, 11.3 % of children are diagnosed with a mental disorder. To report the case of a young woman without a family history of psychiatric disorders, who had a behavioural and emotional disorder during adolescence that later progressed into a psychotic disorder with hallucinations and a suicide attempt. The patient was ultimately found to have a pineal cyst as the anatomical substrate. The objective is to emphasize the central role of the general practitioner in the follow-up and monitoring of this complex condition. The source of data was the patient's medical record used with informed consent in accordance with the laws of the Republic of Serbia. Observation, medical history, heteroanamnesis and clinical examinations were performed. A keyword-based search was conducted in electronic databases and other relevant medical literature. A 23-year-old female patient presented with psychiatric symptoms that began in adolescence, initially in the form of behavioural and emotional disturbances. The complexity of her condition was reflected in multiple hospitalizations, poor therapeutic response and inadequate treatment adherence. Self-injurious behaviour and a suicide attempt by medication overdose were observed. Numerous treatment-related adverse effects of the administered drugs were noted, including weight gain, involuntary movements of the head and face, epileptic seizures and galactorrhea, which further complicated management. A pineal cyst was diagnosed as the anatomical substrate. The implemented measures improved the patient's functional status and the quality of life of both the patient and her family. This experience is consistent with the findings of numerous studies that were reviewed. The approach to such conditions should be individualised in accordance with the patient's condition, health perception and needs. At the same time, it should be holistic and multidisciplinary in order to address all aspects of treatment and care and to improve the patient's functional status and quality of life. The general practitioner has a central role in monitoring the course of the disease, treatment adherence and adverse drug effects. The health of young people and the health services they receive should remain a constant challenge and priority for the healthcare system and the wider community.*

Key words: *mental disorders, intracranial lesions, emotionally unstable (borderline) personality disorder*

Introduction

Psychatric disorders caused by intracranial lesions are not uncommon in general practice. In clinical practice, these are referred to as neuropsychiatric symptoms, which overlap with mental health disorders.

Data from the Statistical Office of the Republic of Serbia indicate that 2.1% to 4.3% of the Serbian population show symptoms of a mental disorder. According to the World Health Organization (WHO), a similar prevalence has been observed among the European population [1].

Young people (aged 15–24 years) represent a particularly vulnerable group to mental disorders. In Serbia, 11.3 % of children are diagnosed with an emotional, behavioural or developmental disorder [2]. As many as 50% of mental disorders have their onset before the age of 18. Figure 1 shows the distribution of mental disorders in young people by age.

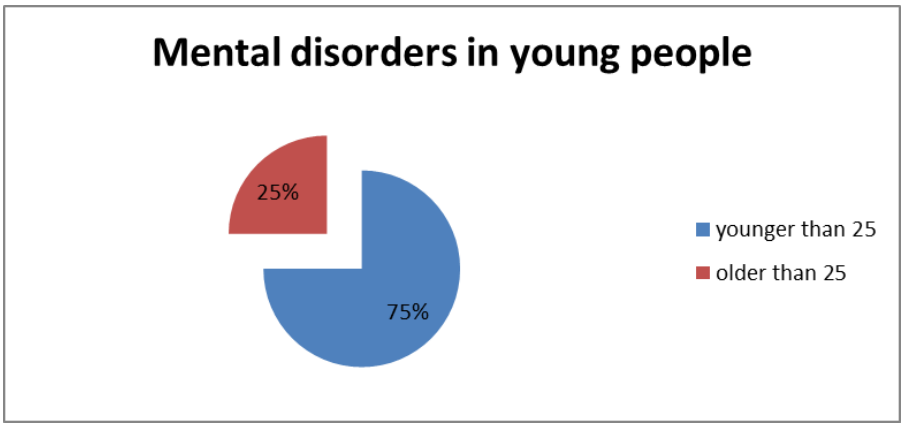

Figure 1. Distribution of mental disorders in young people by age

Schizophrenia spectrum disorders are a group of psychotic brain disorders affecting 0.4-2.0% of the global population. They are genetically determined in 80% of cases, while 20% are attributable to environmental factors. Studies have demonstrated that genetic polymorphism, involved in the inheritance of these disorders, also contribute to brain development and maturation. Abnormal neuronal communication subsequently leads to neurotransmitter imbalance, neuronal and synaptic damage and the manifestation of psychotic disorders. [3]

The prevalence of psychiatric symptoms associated with brain tumours ranges between 50 and 75% [4]. Approximately 80% of these tumours are located in the frontal and limbic system. [5] The most common primary brain tumours are gliomas. The most common psychiatric symptoms induced by such tumours are presented in Table 1. [6,7]

Table 1. Symptoms of intracranial lesions by age

The most common symptoms of intracranial lesions in adults	The most common symptoms of intracranial lesions in young people
Depression	School phobia
Anxiety	Anxiety
Psychotic disorders	Mood swings
Cognitive dysfunctions	Psychomotor retardation

Symptomatology in younger people shows certain differences compared to adults. [8]

Objective

The objective of this paper is to report the case of a young female patient without a family history of psychiatric disorders, whose condition began with behavioural and emotional disturbances during adolescence and eventually progressed into a psychotic disorder with hallucinations and epileptic seizures. A pineal cyst was ultimately identified as the underlying cause. After years of psychiatric and neurological symptomatology, including self-injurious behaviour and a suicide attempt, with multiple hospitalizations, poor therapeutic response, inadequate treatment adherence and numerous adverse drug effects, the patient finally received the diagnosis of a pineal cyst. Following appropriate conservative therapy, the patient's condition and functional status have improved, leading to a better quality of life for both her and her family. This paper also aims to emphasize the role of the general practitioner in the follow-up and monitoring of this complex condition.

Methods

The source of data was the patient's medical documentation (medical record, discharge summaries, specialist reports and photographs of medical imaging) obtained with informed consent in accordance with the laws of the Republic of Serbia. Data were collected through observation, interviews and clinical examinations, including the measurement of vital parameters. A keyword-based search was conducted in electronic databases (PubMed, KoBSON, Google Scholar), supplemented with other relevant medical literature.

A Case Report

According to heteroanamnestic data obtained from the patient's sister, our patient, born in 2002, began to exhibit gradual personality and behavioural changes at the age of 15. These changes included avoidance of school responsibilities, neglect of physical appearance and personal hygiene, persistent low mood, social withdrawal, fears, sleep disturbances and reduced appetite. Her personal medical history had a history of penicillin allergy, while her family history did not reveal psychiatric disorders.

The patient's first episode of self-harm occurred on January 25, 2018, when she inflicted multiple razor cuts to her left arm at home. Clinical examination revealed approximately 10 superficial lacerations, each up to 3mm in length, located on the lateral surface of the left forearm. Somatic status was unremarkable. Her weight was

64.7 kg and height 164 cm, resulting in a BMI of 24.1 kg/m^2. Laboratory findings were within normal limits.

She was managed by a child psychiatrist who established the following diagnoses: F 60.3 (emotionally unstable personality disorder), F 92.9 (mixed conduct and emotional disorder with onset in childhood and adolescence) and F43.2 (adjustment disorder). Treatment included an anxiolytic, an antidepressant and psychotherapy. According to the patient's own report, she did not adhere to the prescribed pharmacotherapy on a regular basis, stating that she "did not feel well from the medication". Nevertheless, she consistently attended psychiatric follow-up appointments.

An escalation of psychopathological symptoms occurred after the death of a family member and was characterised by fears, increasing suspiciousness, social withdrawal and the onset of visual and auditory hallucinations. This deterioration culminated in a suicide attempt by intentional drug overdose. This was the patient's first admission to the Psychiatric Department at the General Hospital in Ćuprija. During a ten-day inpatient stay (2-12 August, 2021), the diagnoses F92.9 and F23.9 (acute, transient, unspecified psychotic disorder) were established. The prescribed therapy included an anxiolytic, an antidepressant and the antipsychotic olanzapine. The patient adhered to the prescribed therapy regularly under the supervision of a nurse.

After several months of clinical stability, the patient began to experience disturbances in the form of irregular menstrual cycles, amenorrhea, heat intolerance, excessive sweating and weight gain (weight 74kg, BMI 27.5 kg/ m^2). Hormonal evaluation of thyroid function and sex hormones was within normal limits. Treatment also involved an endocrinologist and a gynecologist. The established diagnoses were E28.2 (polycystic ovary syndrome) and E88.8 (obesity). The treatment regimen was adjusted to include Glucophage XR 1000 mg, once daily in the evening and Isofolic, 1 tablet twice daily. The pronounced obesity in this young woman contributed to reduced motivation for treatment adherence, leading the patient to discontinue therapy.

A comprehensive diagnostic evaluation, including a craniogram, MSCT of the endocranium and examination by a neurosurgeon, maxillofacial surgeon, neurologist and psychiatrist, was performed in the emergency setting after an episode of loss of consciousness accompanied by head and facial trauma on December 18, 2024. It was concluded that the loss of consciousness was secondary to acute psychomotor agitation and convulsive seizures.

An EEG performed on December 19, 2024, confirmed the presence of absence seizures. Therapy was initiated with the antiepileptic carbamazepine (Karbapin 200 mg, once daily), the benzodiazepine clonazepam (Rivotril 2 mg, once daily) and the antipsychotic haloperidol (2 mg, once daily).

On December 21, 2024, a brain MRI with focus on the sellar region was performed at the University Clinical Centre in Kragujevac, following the epilepsy protocol. The examination revealed a unilocular, well-circumscribed, ovoid cystic lesion in the pineal region, measuring 11 x 9 x 8 mm. The lesion was most consistent with a pineal cyst. However, a cystic pineocytoma could not be definitely excluded. The established

diagnoses were: D33.9 (benign neoplasm of the brain, unspecified) and Q04.6 (congenital cerebral cyst). A follow-up brain MRI was recommended in 6-12 months.

The neurosurgeon did not recommend surgical intervention but advised neurological and psychiatric treatment with a regular follow-up brain MRI. The patient tolerated the therapy poorly and was non-adherent, experiencing involuntary jerking movements of the face and head as well as nipple discharge (galactorrhea). The patient described these symptoms as highly distressing, particularly in social situations.

At the examination by her general practitioner on January 25, 2025, a drop-like discharge of pale white fluid was observed from both nipples, which increased with manual compression. A diagnosis of N64.3 (Galactorrhoea nonpuerperalis) was established. Microbiological cultures of the discharge from both breasts were positive for *Staphilococcus aureus* and *Klebsiella spp.* Antibiotic therapy was initiated according to the antibiogram, including topical fusidic acid and oral ciprofloxacin. Breast ultrasonography performed on February 7, 2025, showed normal findings. Hormonal evaluation revealed elevated prolactin levels, with all other parameters within normal limits. Prolactin values peaked at 2021 mIU/L in February 2025, prompting repeat psychiatric consultation, at which point haloperidol was replaced with risperidone.

However, the patient also reported intolerance to risperidone, refused to continue the medication and was hospitalized at the Clinic of Psychiatry, University Clinical Centre Kragujevac. During hospitalization, the patient's therapy was modified to include an antidepressant, the antipsychotic cariprazine and an antiepileptic.

The patient demonstrated a favourable response to the adjusted therapy with regular and consistent adherence. Galactorrhea was minimal, occurring only upon compression. Bacteriological cultures of the nipple discharge obtained on July 30, 2025, were negative. A prolactin profile assessed on July 15, 2025, showed values ranging from 19.5 to 20.2 ng/mL. The patient reported feeling significantly better following treatment at the Clinic of Psychiatry, particularly due to the opportunity to participate in various forms of psychotherapy, which the patient described as especially beneficial. Overall, clinical improvement was marked, accompanied by a substantial enhancement in her subjective sense of well-being.

Discussion

According to data from the Institute of Public Health of Serbia „Dr. Milan Jovanović Batut", young people (aged 15-24 years) represent a particularly vulnerable group to mental health disorders. In Serbia, one in five adolescents is affected by a mental health disorder, yet only one-third receive adequate care. [2]

Emotionally unstable personality disorder (F60.3) was the first diagnosis under which the patient was treated. A characteristic feature of this disorder is the presence of non-suicidal self-injury, which was observed in the patient during adolescence. According to Norwegian authors, individuals with this disorder are at increased risk of self-harm, particularly in the period following hospital discharge. [9]

According to the Statistical Office of the Republic of Serbia, the specific suicide rate in young people aged 15-29 years was 9.0 per 100,000 inhabitants in 2007.

Atypical and diffuse neuropsychiatric symptomatology, spontaneous onset of symptoms and poor response to initial therapy should prompt the clinician to broaden the diagnostic work-up to include neurological and neurosurgical conditions. [10] All younger patients presenting with headache or epileptic seizures should undergo an EEG and a brain MRI with particular attention to the pituitary region. [11] The pineal gland (epiphysis) also synthesizes melatonin, which is involved in the mechanisms of epileptogenesis and sleep regulation. In our patient, sleep disturbances and unrecognised absence seizures were present from the beginning. [11].

Table 2 summarizes the patient's diagnoses and the corresponding therapeutic approaches.

Table 2. Diagnoses and therapy

ICD-10 diagnosis	Therapy
F 60.3	Benzodiazepine
F 92.9	Antidepressant
F 43.2	Psychotherapy
E 28.2 / E 88.8	Metformin
	Folic acid
F 23.9	Antipsychotic
G 40.9	Antiepileptic
D 33.9 / Q 04.6	Brain MRI follow-up
	Antiepileptic

Schizophrenia is a mental illness characterized by positive, negative, affective and cognitive symptoms. Significant comorbidities are also present and the cornerstone of treatment is the use of antipsychotics. [12]

Olanzapine was the first drug introduced into treatment. It is a dopamine antagonist and is frequently associated with adverse effects in the form of metabolic syndrome, i.e., disturbances in glucose, lipid and insulin regulation as well as weight gain (in more than 10% of patients). At the beginning of treatment, the patient's anthropometric measures were: BMI 24.1 kg/ m^2, height 164 cm and weight 64,7 kg. Within several months of treatment with this drug, the patient gained more than 10 kg, reaching a BMI of 27.5 kg/ m^2 and as a result became obese, which diminished her motivation to continue treatment.

According to Marić and colleagues, an average weight gain of 6-7 kg is expected during several months of treatment with this drug, accompanied by an increased cardiometabolic risk, which reduces treatment compliance. [13] This drug also increases the seizure threshold, which manifested as the occurrence of absence seizures in our patient.

Breast discharge was another, highly unpleasant and discouraging symptom for the patient, reducing her motivation for proper and consistent adherence to therapy.

Hyperprolactinemia occurs in about 23% of patients treated with antipsychotics, most commonly with risperidone and olanzapine, which was also the case in our patient. According to Japanese researchers, routine monitoring of prolactin levels should be performed during such therapy. [14]

Drug-induced hyperprolactinemia is usually reversible after dose reduction. It is important to increase awareness of the potential adverse effects of hyperprolactinemia and to ensure regular assessment of comorbidities in psychiatric patients. [15]

The patient reported improvement in subjective well-being and symptoms after the introduction of cariprazine. Cariprazine is an atypical antipsychotic with a broad spectrum of efficacy and a multidimensional profile that addresses both positive and negative symptoms of schizophrenia. This drug is characterized by a favorable safety profile, with fewer adverse effects, and it also exerts a positive impact on cognitive impairments commonly observed in psychosis. [16]

Figure 1 illustrates the most significant adverse effects of the antipsychotics administered to our patient and the discontinuation of these drugs due to adverse effects.

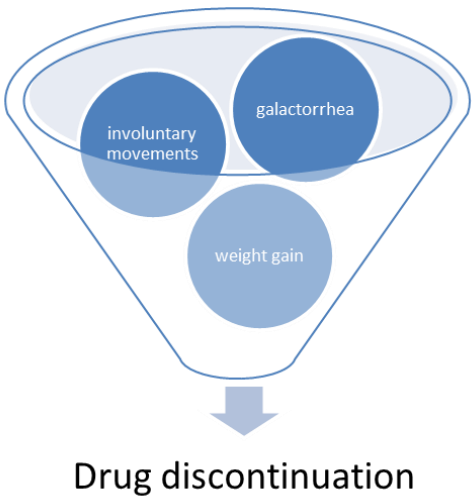

Figure 1. Adverse effects of antipsychotics and the patient's response to them

Pineal cysts are benign glial lesions, most commonly observed in young adults between 20 and 30 years of age and are somewhat more frequent in women. A threefold higher prevalence in women suggests that hormonal changes may contribute to their development [17]. As incidental findings on MRI, they are detected in about 23% of patients [18]. The natural course of the condition shows that, on follow-up, the cyst size remains unchanged over time in 87% of patients [19].

There is no consensus on the most appropriate treatment for these benign lesions [20].

Patients with cysts larger than 2 cm, as well as those with severe headaches and signs of intracranial hypertension due to hydrocephalus, are candidates for endoscopic surgical treatment [20, 21].

Our patient has a cyst smaller than 2 cm (11 x 9 x 8 mm) and is not a candidate for neurosurgical intervention.

Table 3 presents the treatment approach based on cyst size and symptomatology [22].

Table 3. Treatment approach based on cyst size and symptomatology

Cyst size	Symptoms	Treatment
Up to 2 cm	Asymptomatic	Brain MRI follow-up (every 6-12 months)
Larger than 2 cm	Compressive effects	Endoscopic surgery

The young woman reported feeling well after her hospitalizations at the Clinic of Psychiatry where she also had the opportunity to receive psychotherapy. Such options are not available in smaller towns. Psychotherapeutic procedures are important in all psychiatric disorders as they improve both clinical status and quality of life in patients [23].

According to Batut, important issues concerning the health of young people include the infrastructural organisation of the healthcare system, which remain inadequate and the fact that health professionals are not fully trained in the field of young people's health promotion.This case confirms these issues [2].

According to the Ottawa Charter for Health Promotion, strategies for improving the mental health of the population should focus on the development of personal skills and resilience, the creation of a supportive environment and the empowerment of individuals and communities. Health services should be open and easily accessible to all persons in need of assistance. All stakeholders in the prevention and treatment of mental disorders including users, families and the general public, should be well-informed. Prejudices and stigma (labeling, exclusion, discrimination) should be reduced through public campaigns [24].

Compliance (adherence) is defined as the degree to which a patient follows the recommended treatment regimen. According to the WHO, the factors influencing adherence are presented in Figure 2 [25].

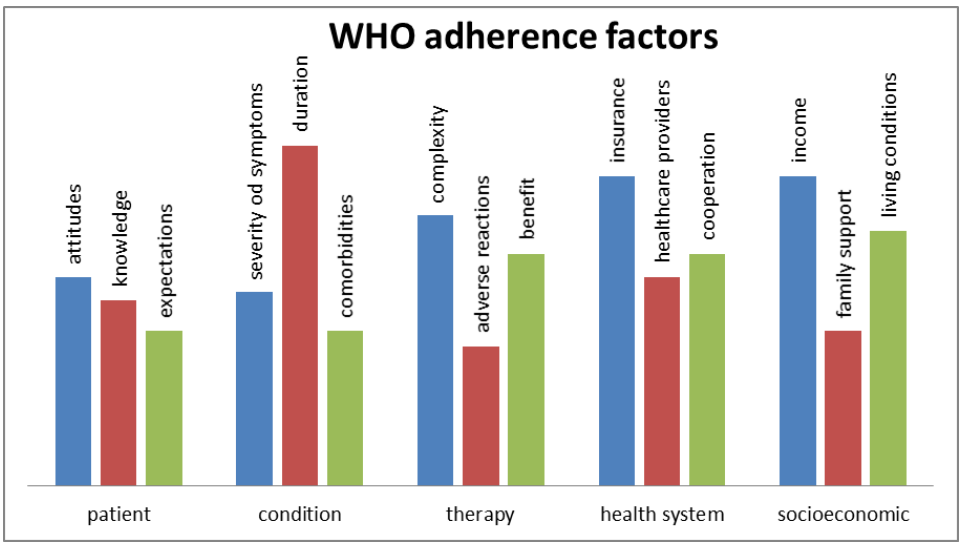

Figure 2. WHO adherence factors

Good adherence maximizes treatment effectiveness whereas poor adherence is the main reason for unfavourable treatment outcomes. In this case, adherence was very poor. The patient repeatedly discontinued her medication due to adverse effects, which reduced her motivation for treatment. According to the WHO, the key factors in improving adherence are patient education and effective communication with the patient. [25] At each consultation with the general practitioner, efforts were made to follow these recommendations by providing the patient and her family with precise information regarding medications, the illness and therapeutic modalities in order to increase the likelihood of a more favourable treatment outcome.

Conclusion

Every neuropsychiatric manifestation in patients requires a multidisciplinary diagnostic and therapeutic approach that is both comprehensive and tailored to each individual, taking into account the patient's condition, perception of health and needs. The role of the general practitioner is to integrate anamnestic and heteroanamnestic data, clinical examination, additional diagnostic procedures and specialist consultations in order to ensure a comprehensive treatment and care plan aimed at improving functional status and quality of life of the patient and their family. At follow-up visits, it is necessary to monitor disease progression, therapy adherence and adverse drug effects and to provide the patient with information on all available treatment options. Safeguarding the health of young people and improving the quality of the health services they receive should remain a constant challenge and a priority for the healthcare system. The task of the entire healthcare system and society should be to increase the availability of psychotherapeutic interventions, which significantly enhance the effects of pharmacotherapy as mental health represents a form of national capital and must be strengthened through the efforts of the wider community.

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PRISTUP U LEČENJU PSIHOTIČNIH POREMEĆAJA KOD MLADIH - PRIKAZ SLUČAJA

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Sažetak. *Psihijatrijski poremećaji uzrokovani intrakranijalnim lezijama, česti su ordinaciji izabranog lekara. Oni se preklapaju sa mentalnim poremećajima zdravlja. Najčešći simptomi kod mladih su školska fobija, anksioznost, promene raspoloženja i psihomotorna retardacija. Posebno vulnerabilna grupa stanovništva za mentalne poremećaje su deca i maldi (od 15 do 24 godina). Pod dijagnozom nekog mentalnog poremećaja je 11,3% dece u našoj zemlji. Prikaz slučaja mlade žene, bez porodične anamneze psihijatrijskih bolesti, koji je počeo kao poremećaj ponašanja i emocija u adolescenciji i razvio se u psihotični poremećaj sa halucinacijama i pokušajem suicida, a za koji će se utvdriti da kao anatomsku osnovu ima pinealnu cistu. Cilj nam je centralizovati ulogu izabranog lekara u praćenju i kontroli ovog*

kompleksnog stanja. Izvor podataka je medicinska dokumentacija pacijentkinje korišćena uz informisani pristanak u skladu sa zakonima Republike Srbije. Upotrebili smo metod posmatranja, anamneze, heteroanamneze, kliničke preglede. Na osnovu ključnih reči pretražili smo elektronske baze podataka i ostalu relevantnu medicinsku literaturu. Pacijentkinja stara 23 godine, od perioda adolescencije počinje da ispoljava psihijatrijsku simptomatologiju, u vidu poremećaja ponašanja i emocija. Složenost stanja praćena je višestrukim hospitalizacijama, lošim terapijskim odgovorom i komlijansom lečenja. Prisutno je samopovređivanje i pokušaj suicida predoziranjem lekovima. Tokom lečenja javljaju se brojni neželjeni efekati primenjenih lekova u vidu: povećanja telesne mase, nevoljnih pokreta glave i lica, epileptičkih napada, galaktoreje, koji dodatno otežavaju lečenje. Kao anatomski supstrat dijagnostikovana je pinealna cista. Mere koje smo preduzeli, uticale su da se popravi funkcionalni status i poboljšale kvalitet života pacijentkinje i njene porodice. Naše iskustvo se poklapa sa rezultatima brojnih radova koje smo pregledali. Pristup ovakvim stanjima treba da bude individualan u skladu sa pacijentovim stanjem, doživljajem zdravlja i potrebama. Ujedno treba da je i holistički, multidisciplinaran, kako bi se sproveli svi aspekti lečenja i nege i popravio funkcionalni status i kvalitet života pacijenta. Izabrani lekar ima centralnu ulogu u praćenju toka bolesti, adherence terapije, neželjenih efekata lekova. Briga o zdravlju mladih i zdravstvenim uslugama koje dobijaju, treba da je stalni izazov i interes sistema zdravstvene zaštite i cele društvene zajednice.

Ključne reči: *mentalni poremećaji, intrakranijalne lezije, emocionalno nestabilni poremećaj ličnosti*