admissions to a ward of a university hospital specialized for the detoxification of alcoholics. The alcohol history was assessed through a structured questionnaire. Reliable data on the history of medical disorders (liver diseases, pancreatitis, gastritis, gastric or duodenal ulcer, pneumonia, diabetes, hypertension, heart disease or brain trauma) were available for 43 patients.

Results: Of the study 71.7% had current somatic problems or disorders. The most often are gastrointestinal disease pathology consisted of cardio-vascular diseases (stage II–III hypertension, ischemic heart disease, autonomic vascular dystonia), more cerebral degeneration, liver disease or alcoholic polyneuropathies. In our sample 36.7% are divorced; and 40% have heredity.

Conclusions: Alcoholism is a major contributor to the physical ill-health. Treatment or rehabilitation of addictive behavior should be of major concern for adequate service planning or provision.

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Hazardous lifestyles in patients with schizophrenia treated with antipsychotics: results of the Bosnian clinical study

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Introduction/Objectives: Individuals with schizophrenia are in greater risk of physical illnesses, and their life is shorter comparing with general population. Hazardous lifestyles as tobacco smoking, lack of physical activity, and obesity contributing to this negative trend. Role of antipsychotic therapy, particularly second generation is also possible. This study aimed to establish hazardous lifestyles in clinical sample of patients with schizophrenia treated with first or second generation antipsychotics.

Participants, Materials/Methods: Study included 60 patients with schizophrenia (38.3% women) treated with antipsychotics for period of 6 months or longer. Experimental group included 30 patients treated with second generation antipsychotics, and control group included 30 patients treated with first generation antipsychotics. Physical activity, tobacco smoking, and waist circumference as an increased body weight indicator were analysed. Overweight was defined as a waist circumference above 102 cm for males and 88 cm for females.

Results: Mean age was 44.5 ± 12.6. In this sample were 75% tobacco smokers, 30% of subjects taking typical, and 43% of subjects taking atypical antipsychotics declared physical inactivity during most of the day. Increased waist circumference was established in 51.6% of subjects. There wasn't any statistically significant difference between two group of subjects ($P = 0.538$).

Conclusions: Hazardous lifestyles including cigarette smoking, lack of physical activity and increased body weight are common in the individuals with schizophrenia. There wasn't any statistically significant difference between subjects taking first or second generation antipsychotics.

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Water poisoning with schizophrenic patients in conjunction with psychotic perceptions

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Introduction/Objectives: This research paper introduces a patient who, within the psychotic perceptions, a night before being hospitalized, in a short time interval (2 hours), drank an average of 10 liters of water in 2 hours. Hypotonic hyperhydration has developed and led to water poisoning with a developing polymorphic symptomatology at the somatic level.

Participants, Materials/Methods: The patient (A.B. born in 1988) had initial psychological problems 6 months prior to being hospitalized in August 2003, at the age of 15. During 2003 and 2004 he was treated four times with the following diagnosis: Dg.F23.0 and F20.1. As of 2004 and until March 2007 the patient reported regularly for control examinations and was taking his therapy. He was in a relatively stable remission until 7 days ago, before coming to our clinic. A night before being hospitalized, in a short time interval (2 hours), he drank some 10 liters of water. Consumed with his psychotic experiences, he drank larger quantities of water to destroy "a growing mushroom in his stomach that was killing him". Nausea, vomiting, uncontrolled movements and spasms of the entire body have occurred, followed by a series of epileptic seizures of Grand-mal type (according to data provided by parents), with mouth foam, micturition and loss of conscience. Several urgent exams have been done: lab tests, screening test on narcotics and other psychoactive substances, internist', infectologist's, neurologist's procedures, abdominal ultrasound, EEG, brain CT

Results: The patient spent 12 hours under observation at the Emergency Center. After administered therapy (Diazepam vials 20 mg – i.m./inf. Ringer-lactate + hypertonic solution of NaCl) he is of a clear conscience, properly orientates in every direction, communicative, without conscience crisis, corrected lab values (Na 141 mmol/l, blood sugar 3, 6 mmol/l). Checkup EEG normal. After conducted checkups with the internist, neurologist and infectologist, the patient was admitted to psychiatric clinic for continued treatment.

Conclusions: This case study was to point the attention of a doctor – psychiatrist to unpredictability of a clinical course of psychotic process. Despite the regular checkups and prescribed therapy, the patient had a worsening psychological status followed by intensive psychotic perceptions, where he consumed large quantities of water. It led to polymorphic-somatic problems, which ultimately might have led to patient's death.

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Services for telepsychiatry – indicator for mobbing

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Introduction/Objectives: Telepsychiatry, as a branch of telemedicine, may be defined as the delivery of psychiatric treatment remotely, using live two-way video-teleconferencing equipment. Telepsychiatry and e-mental health services primarily involve videoconferencing over high speed (broadband) networks to enable natural interactions between patients and providers. The term "telepsychiatry" refers to the use of telecommunication technologies with the aim of providing psychiatric services from a distance. Services for telepsychiatry provided include:

1) Mental health Consultation services
2) Medication Review
3) Follow-Up Visits to Monitor Patient Progress
4) Individual and Family Therapy
5) Emergency Consultation
6) Patient Care
7) Medication management without travel
8) Employee Assistance Program