

SPECIFIČNOSTI ZDRAVSTVENE NEGE PACIJENATA SA AFEKTIVNIM POREMEĆAJEM RASPOLOŽENJA

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SAŽETAK

Uvod/cilj: Afektivni poremećaji raspoloženja (APR) spadaju u najčešća psihijatrijska oboljenja savremenog doba, sa rastućom prevalencijom među mlađom populacijom. Unipolarna depresija, kao najčešći oblik, predstavlja jedan od vodećih globalnih uzroka opterećenja bolestima i mortaliteta usled suicida. Cilj ovog rada je analiza specifičnosti zdravstvene nege i uloge medicinske sestre u terapijskom tretmanu pacijenata sa APR.

Metode: U radu je primenjena metoda analize stručne i naučne literature dostupne u elektronskim bazama (PubMed, NCBI, SCIndex, Google Scholar). Korišćene su ključne reči: „afektivni poremećaji raspoloženja“, „zdravstvena nega“, „sestrinske intervencije“, „medicinska sestra“. Pretražena je literatura objavljena u periodu od 2014. do 2024. godine.

Rezultati: Najzastupljeniji oblici APR su depresivni i bipolarni poremećaj. Etiologija je kompleksna, a značajnu ulogu igraju psihosocijalni stresori i trauma. Medicinske sestre, kroz terapijsku komunikaciju i kontinuirano praćenje, ključno doprinose stabilizaciji pacijenta i sprovođenju terapijskog plana.

Zaključak: APR karakteriše visoka učestalost i predominacija ženskog pola. Unapređenje procesa nege kroz holistički pristup i standardizaciju intervencija značajno doprinosi kvalitetu lečenja i smanjenju rizika od komplikacija.

Ključne reči: Afektivni poremećaj raspoloženja, medicinske sestre, zdravstvena nega

Uvod

Afektivni poremećaj raspoloženja (APR) se ubraja u jedno od najčešćih psihijatrijskih oboljenja sa sve većom prevalencijom kod mlađe populacije. Prema podacima Svetske zdravstvene organizacije (SZO) ovi poremećaji se nalaze među prvih deset uzroka smrtnosti u svetu (1). APR karakterišu nagle varijacije raspoloženja uz odsustvo eutimije – stanja koje podrazumeva umerena osećanja sreće i tuge u skladu sa životnim okolnostima.

Pacijenti sa APR često imaju i udružene bolesti (anksiozni poremećaj, alkoholizam, oboljenja kardiovaskularnog sistema i metaboličke poremećaje). U APR ubrajamo: depresivni poremećaj, bipolarni afektivni poremećaj (BAP), distimija i ciklotimija. Navedeni poremećaji značajno mogu smanjiti kvalitet života i svakodnevno funkcionisanje u porodičnom,

društvenom i poslovnom životu (2-4). Unipolarna depresija predstavlja najčešći oblik APR i pogađa 15 do 20% celokupne populacije obolelih i može se javiti u bilo kom periodu života (najčešće je prisutan u periodu adolescencije pa do 45. godine života). Žene su dva do tri puta češće izložene oboljevaju od ovog poremećaja i to bipolarnog poremećaja tip II.

Uzroci koji mogu doprineti razvoju ovog poremećaja i uticati na emotivnu komponentu pacijenata su mnogobrojni. Smatra se da najveći učinak imaju sociodemografski faktori (pol, starost, mesto stanovanja, obrazovanje, bračni status i drugi), velike životne promene (promena posla, promena mesta stanovanja) i životne tragedije - smrt bližnje osobe, bolest, razvod braka i sl. (5-7).

Zdravstvena nega i aktivnosti medicinskih sestara u radu sa pacijentima koji boluju od APR obuhvataju kontinuirani nadzor pacijenata, mere prevenci-

SPECIFICS OF NURSING CARE FOR PATIENTS WITH AFFECTIVE MOOD DISORDERS

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SUMMARY

Introduction/Aim: Affective mood disorders (AMD) are among the most common psychiatric illnesses of the modern era, with a growing prevalence among the younger population. Unipolar depression, as the most frequent form, represents one of the leading global causes of disease burden and suicide mortality. The aim of this paper is to analyze the specific aspects of nursing care and the role of the nurse in the therapeutic treatment of patients with AMD.

Methods: The study applied the method of analyzing professional and scientific literature available in electronic databases (PubMed, NCBI, SCIndex, Google Scholar). The following keywords were used: "affective mood disorders", "nursing care", "nursing interventions", "nurse". The literature that was published in the period 2014-2024 was searched.

Results: The most prevalent forms of AMD are depressive and bipolar disorders. The etiology is complex, with psychosocial stressors and trauma playing a significant role. Nurses, through therapeutic communication and continuous monitoring, contribute crucially to patient stabilization and the implementation of the therapeutic plan.

Conclusion: AMD is characterized by high prevalence and predominance of female gender. Improving the care process through a holistic approach and the standardization of interventions significantly contributes to the quality of treatment and the reduction of the risk of complications.

Keywords: affective mood disorder, nurses, nursing care

Introduction

An affective mood disorder (AMD) is one of the most common psychiatric diseases with an increasing prevalence in the younger population. According to the data of the World Health Organization (WHO), these disorders are among the top ten causes of death at the global level (1). AMD is characterized by sudden mood swings with the absence of euthymia – a mood state that implies moderate feelings of happiness and sadness in accordance with life circumstances.

Patients with AMD often have associated diseases (anxiety disorder, alcoholism, cardiovascular diseases and metabolic disorders). AMD includes: depressive disorder, bipolar affective disorder (BAD), dysthymia and cyclothymia. The above mentioned disorders can significantly reduce the quality

of life and daily functioning in family, social and business life (2-4). Unipolar depression is the most common form of AMD, which affects 15 to 20% of the entire population of patients and can occur at any point of life (it is most often present in the period of adolescence up to the age of 45). Women are two to three times more likely to develop this disorder, namely bipolar disorder type II.

There are many causes that can contribute to the development of this disorder and affect the emotional component of patients. It is considered that socio-demographic factors (gender, age, place of residence, education, marital status, etc.), major life changes (change of job, change of place of residence) and life tragedies – death of a loved one, disease, divorce, have the greatest influence.

Health care and activities of nurses that work with patients affected by AMD include the contin-

je samopovređivanja i pokušaja samoubistva, kao i aktivno učestvovanje u psihoterapiji i socioterapiji. S obzirom da medicinske sestre najviše vremena provode u radu sa ovim pacijentima, primena holističkog pristupa uz poštovanje individualnosti i privatnosti zauzima značajno mesto u prevenciji komplikacija i prevazilaženju problema. Imajući u vidu kompleksnost zdravstvene nege i psihoterapijskog tretmana ovih pacijenata, primena Procesu zdravstvene nege omogućava individualan pristup i praćenje svakog pacijenta ponaosob, uz dokumentovanje svih aktivnosti i sestrinskih procedura. Time se značajno postiže kvalitetniji rad, preveniraju komplikacije a nega je prilagođena potrebama pacijenta. Značajnu ulogu u ostvarivanju dobre komunikacije i saradnje između medicinske sestre i pacijenta ima odnos zasnovan na međusobnom poverenju, iskrenosti, empatiji, bez postojanja stigmatizacije i osuđivanja (8).

Cilj ovog istraživanja je sagledavanje specifičnosti zdravstvene nege pacijenata sa afektivnim poremećajem raspoloženja i uloga medicinske sestre u terapijskom tretmanu pacijenata.

Metode

Ovaj pregledni rad ima za cilj da rezimira relevantnu literaturu i istraživanja koja su se odnosila na specifičnosti i značaj zdravstvene nege pacijenata sa afektivnim poremećajem raspoloženja (APR) kao i na pojedine aktivnosti, pristup i intervencije medicinskih sestara u radu sa ovim pacijentima. Takođe, sumirani su i rezultati istraživanja vezanih za pojavu različitih oblika ovog poremećaja, njihovoj rasprostranjenosti, posledicama i perspektivi za njihovo prevazilaženje. Pregled i analiza radova sprovedeni su u elektronskim bazama podataka (*PubMed, NCBI, SCIndex, Google Scholar*). Ključne reči za pretraživanje na srpskom i engleskom jeziku bile su: „afektivni poremećaji raspoloženja”, „zdravstvena nega”, „sestrinske intervencije”, „medicinska sestra”. Pretražena je literatura objavljena u periodu od 2014. do 2024. godine.

Faktori rizika za nastanak afektivnog poremećaja raspoloženja

Prema istraživanju najčešćih poremećaja mentalnog zdravlja u Srbiji sprovedenom 2022. godine na uzorku od 1000 građana (uzrasta 18–65 godina), kao značajni prediktori za nastanak APR izdvojili su se: ženski pol, mlađi uzrast, život u gradskoj sredini i nizak socioekonomski status (9). Rowland i Marwaha (2017) faktore rizika za APR klasifikuju u tri grupe:

biološke, individualno-psihološke i faktore sredine (10).

Biološki faktori

Kao najčešći biološki faktori navode se genetska predispozicija (40% do 70% veći rizik ukoliko je krvni srodnik oboleo od APR-a) i poremećaj neurotransmitera. Isto istraživanje dovodi u korelaciju parazitarnu infekciju toksoplazmozom sa poremećajima mentalnog zdravlja; navodi se da uzročnik *Toxoplasma gondii* može poremetiti produkciju dopamina, što se povezuje sa nastankom manije i depresije (10). Takođe, istraživanje u Bosni i Hercegovini (2008) ukazuje na ulogu endokrinoloških poremećaja, konkretno pojačanog lučenja kortizola kao odgovora na stresne situacije (13).

Individualno-psihološki faktori

Istraživanje koje su sproveli Di Giacomo i saradnici (2023) u Švajcarskoj ističe ličnost i temperament kao ključne faktore. Utvrđeno je da način na koji osobe reaguju na životne situacije značajno doprinosi razvoju APR-a. Poremećaj se češće javlja kod pasivnih, povučenih i introvertnih osoba sa niskim samopoštovanjem koje izbegavaju konflikte (14). Gostiljac i saradnici (2022) takođe potvrđuju da afektivni temperamenti čine osnovu ličnosti koja, u interakciji sa drugim faktorima, može dovesti do nastanka poremećaja (16).

Faktori sredine i savremeni izazovi

Traume iz detinjstva (emocionalno, fizičko ili seksualno zlostavljanje) značajno doprinose nastanku APR-a i visokoj stopi suicida u odrasloj dobi. Stres na poslu, gubitak voljene osobe ili somatske bolesti predstavljaju jake stresore, često praćene komorbiditetima poput alkoholizma i zavisnosti od psihoaktivnih supstanci ili lekova (10).

U Srbiji je vršnjačko nasilje posebno izražen faktor; istraživanje Stanimirovića (2019) pokazuje da je 65% dece doživelo neki vid zlostavljanja, a kod 50% žrtava se kasnije razvija APR, najčešće depresija (15). Na radnom mestu, faktori poput “burnout” sindroma (sindroma sagorevanja) i hroničnog umora takođe narušavaju mentalno zdravlje (17).

Naposletku, pandemija COVID-19 globalno je pogoršala statistiku. Seyed Alinaghi i saradnici (2021) navode da su izolacija, strah od smrti i prekomerno korišćenje društvenih mreža doveli do porasta anksioznosti i depresije, naročito kod populacije uzrasta 21–40 godina, dok su zdravstveni radnici bili u najvišem stepenu rizika (18).

uous monitoring of patients, measures to prevent self-harm and suicide attempts, as well as active participation in psychotherapy and sociotherapy. Given that nurses spend most of their time working with these patients, the implementation of a holistic approach, while respecting individuality and privacy plays a significant role in preventing complications and overcoming problems. Having in mind the complexity of health care and psychotherapy of these patients, the application of the health care process enables an individual approach and follow-up of each patient individually, while documenting all activities and nursing procedures. This significantly improves the quality of work, prevents complications, while patient-centered care focuses on the patient's needs. The relationship, which is based on mutual trust, honesty, empathy, without stigmatization and judgment, has a significant role in achieving good communication and between nurses and patients.

The aim of this study is to analyze specific aspects of health care in patients with affective mood disorder and the role of nurses in the therapeutic treatment of patients.

Methods

The aim of this review article was to summarize the relevant literature and studies that dealt with the specifics and significance of health care in patients with affective mood disorder (AMD), as well as with certain activities, approaches and interventions of nurses in working with these patients. Also, the results of studies that dealt with the development of different forms of this disorder, their prevalence, consequences and perspectives for overcoming them were summarized. The review and analysis of studies were conducted using the electronic databases (PubMed, NCBI, SCIndex, Google Scholar). The following key words in English and Serbian were used for literature search: "affective mood disorders", "health care", "nursing interventions", "nurse". The literature published between 2014 and 2024 was searched.

Risk factors for the development of affective mood disorder

According to the study of the most common mental health disorders in Serbia that was conducted in 2022 on the sample of 1,000 citizens (aged 18-65 years), the following predictors were significant for the development of AMD: female gender, younger age, living in the urban environment and

low socioeconomic status (9). Rowland and Marwaha (2017) classified risk factors into three groups: biological, individual-psychological and environmental factors (10).

Biological factors

The most common biological factors include genetic predisposition (40% to 70% higher risk if a blood-relative has AMD) and a neurotransmitter disorder. The same study correlates the parasitic infection toxoplasmosis with mental health disorders; it is stated that the causative agent *Toxoplasma gondii* can disrupt the production of dopamine, which is associated with the onset of mania and depression (10). Also, one study, which was conducted in Bosnia and Herzegovina in 2008, pointed to the role of endocrinological disorders, specifically to the increased secretion of cortisol as a response to stressful situations (13).

Individual-psychological factors

It is emphasized in the study that was conducted by Di Giacomo et al. (2023) in Switzerland that personality and temperament are key factors. It is observed that the way people react to life situations significantly contributes to the development of AMD. The disorder occurs more often in passive, withdrawn and introverted persons with low self-esteem who avoid conflicts (14). Gostiljac and associates (2022) also confirm that affective temperament types form the basis of personality which, in interaction with other factors, can lead to the occurrence of disorders (16).

Environmental factors and contemporary challenges

Childhood traumas (emotional, physical or sexual abuse) significantly contribute to the development of AMD and the high rate of suicide in adult age. Stress at work, loss of a loved one or somatic diseases are strong stressors, often accompanied by comorbidities such as alcoholism and addiction to psychoactive substances or drugs (10).

In Serbia, peer violence is a particularly prominent factor. The study by Stanimirović (2019) shows that 65% of children experienced some form of abuse, and 50% of victims later experienced AMD, most often depression (15). In the workplace, factors such as burnout and chronic fatigue also impair mental health (17).

Finally, the COVID-19 pandemic has worsened the statistics globally. Seyed Alinaghi et al. (2021)

Specifičnost intervencija iz oblasti zdravstvene nege u nezi i lečenju pacijenata sa afektivnim poremećajima raspoloženja

Prema istraživanju koje su sproveli Papathanasiou i saradnici (2013) u Grčkoj, u cilju izučavanja načela holizma i empatskog pristupa medicinskih sestara na odeljenjima psihijatrije, odnos prema pacijentu ne podrazumeva samo učestvovanje u negovanju i lečenju bolesti, već uspostavljanje harmonije svih aspekata zdravlja i njihovog unapređenja. Pacijent je aktivan učesnik u zdravstvenoj nezi, koji snosi odgovornost za svoje zdravlje. Uloga sestre je ključna za sprovođenje edukacije i zdravstveno-vaspitnog rada sa ovim pacijentima kroz podsticanje individualnih promena i eliminisanje loših navika. Takođe, primena Procesu zdravstvene nege omogućava individualizaciju nege, čime se daje značajan doprinos njenom kvalitetu, a medicinska sestra kontinuirano motiviše pacijente za obavljanje svakodnevnih aktivnosti (19).

Prema istraživanju koje su sproveli Ventura i saradnici (2020) u Brazilu, u cilju ispitivanja poštovanja ljudskih prava i etičkih normi pri pružanju zdravstvene nege na odeljenjima psihijatrije, navodi se neophodnost poštovanja prava pacijenta na dostojanstvo i autonomiju. Medicinska sestra u svom radu poštuje načelo privatnosti i informisanog pristanka, čime se ističe pacijentova sloboda u odlučivanju o terapijskim i dijagnostičkim procedurama (20).

U istraživanju koje su sproveli Happell i saradnici (2013) u Engleskoj, sa ciljem da se sagledaju uloge medicinske sestre na psihijatrijskom odeljenju i terapijska komunikacija sa pacijentima, ističu se učestale aktivnosti medicinskih sestara u komunikaciji sa pacijentom od momenta prijema na odeljenje, tokom hospitalizacije i po otpustu (21). Ključne komponente terapijske komunikacije kod pacijenata sa poremećajima mentalnog zdravlja su sticanje međusobnog poverenja, prihvatanje pacijenta i njegovih problema, poštovanje i razumevanje.

Uspešnost terapijske komunikacije umnogome zavisi od znanja i komunikacionih veština medicinske sestre, ali i od kolaboracije sa pacijentom i njegove angažovanosti u procesu lečenja. Zdravstvena nega pacijenata sa afektivnim poremećajem raspoloženja zahteva pristup sa empatskim stavom, odnosno razumevanjem njihovih osećanja i potreba. Medicinska sestra treba da bude dostupna za razgovor u cilju oslobađanja pacijenta od negativnih misli, edukovanja o njegovom stanju i pružanja podrške (21).

Prema istraživanju koje je sprovela Ferguson (2023) u Njujorku, sa aspekta izučavanja bezbedne zdravstvene nege na odeljenjima psihijatrije, pacijentima je potrebno omogućiti bezbednu hospitalizaciju. To obuhvata eliminisanje mogućnosti za nastanak opasnosti koje mogu dovesti do samopovređivanja ili povređivanja drugih. Intervencije podrazumevaju uklanjanje predmeta kojima pacijent može nauditi sebi ili okolini, obezbeđivanje sigurnog prostora, kontinuirano i intenzivno praćenje pacijenata sa suicidalnim idejama i namerama, kao i strogu kontrolu prilikom aplikacije medikamentozne terapije (22).

Prema istraživanju koje su sproveli Cusack i saradnici (2016) u Irskoj, na uzorku od 1249 medicinskih sestara, kao najvažnija komunikaciona veština na odeljenjima psihijatrije izdvojilo se aktivno slušanje pacijenta, njegovih misli i osećanja. Hospitalizovani pacijenti se uključuju u aktivnosti na odeljenju, socijalizuju sa drugima i aktivno učestvuju u programu zdravstvene nege. Takođe, medicinska sestra ostvaruje kontakt sa članovima porodice pacijenta, obaveštava ih o njegovom stanju i pruža savete o daljem postupanju i podršci nakon hospitalizacije (23).

Predlog mera i aktivnosti medicinskih sestara

APR ubrajaju se u najčešća psihijatrijska oboljenja i predstavljaju jedan od deset vodećih uzroka smrti u svetu, sa trendom rasta prevalencije kod mlađe populacije (1). Poremećaj je često udružen sa drugim mentalnim i somatskim oboljenjima koja značajno narušavaju kvalitet života, kao i svakodnevno funkcionisanje pacijenta u porodičnom, društvenom i poslovnom okruženju (2-4). Navedene činjenice ukazuju na veliki javnozdravstveni značaj i kompleksnost problema koji ovi poremećaji predstavljaju na globalnom nivou.

Medicinske sestre, kao ravnopravni članovi psihijatrijskog tima, značajno doprinose svim aspektima nege i lečenja pacijenata. Njihove aktivnosti zasnovane su na primeni holističkog pristupa koji se implementira kroz vođenje dokumentacije Procesu zdravstvene nege kao standardne metode u sestrinskom radu (8, 19). Pored neposredne nege, sestrinske aktivnosti obuhvataju sprovođenje istraživanja u ovoj oblasti, podizanje nivoa informisanosti pacijenata i šire javnosti, kao i isticanje ključne uloge medicinske sestre u destigmatizaciji obolelih (20, 23). Kontinuirana promocija mentalnog zdravlja i razvoj interdisciplinarnog pristupa u negovanju

stated that isolation, fear of death and excessive use of social networks led to an increase in anxiety and depression, especially among persons aged 21 to 40 years, while health workers were at the highest risk (18).

The specifics of interventions in the field of health care related to the treatment of patients with affective mood disorders

According to the study which was conducted by Papathanasiou and associates in Greece in 2013, whose aim was to study the principles of holism and emphatic approach of nurses in psychiatry departments, the relationship towards patients does not imply participating in the care and treatment of the disease, but establishing harmony of all aspects of health and their improvement. The patient is an active participant in health care, who bears responsibility for his own health. The nurse's role is crucial for patient health education and their interventions improve patient health education competence by encouraging individual changes and eliminating bad habits. Also, the application of health care process enables the individualization of care, thus contributing to its quality, while the nurse continuously motivates patients to perform daily activities (19).

According to the study that was conducted by Ventura and associates in Brazil in 2020, whose aim was to examine the respect of human rights and ethical norms when providing health care in psychiatry departments, the necessity of respecting patients' rights to dignity and autonomy was stated. The nurse in her work respects the principle of privacy and informed consent, thus emphasizing the patient's freedom to decide about therapeutic and diagnostic procedures (20).

In the study conducted by Happell and associates in England in 2013, whose aim was to analyze the nurse's roles in the psychiatric department and therapeutic communication with patients, the frequent nursing activities while communicating with the patient from the moment of admission to the department, during hospitalization and after discharge were emphasized (21). The key components of therapeutic communication in patients with mental health disorders are mutual trust, acceptance of the patient and his problems, respect and understanding. The success of therapeutic communication, to a large extent, depends on the knowledge and communication skills of the nurse, but also on the patient's collaboration and his involvement in the treatment process. Health care of

patients with affective mood disorders requires an approach with an emphatic attitude, which implies understanding their feelings and needs. The nurse should be available for conversation in order to free the patient from negative thoughts, to educate him about his condition and to provide support (21).

According to the study conducted by Ferguson in New York in 2023, which included the aspect of studying safe health care in psychiatry departments, safe hospitalization should be provided to patients. This includes eliminating the possibility of hazards that could lead to self-injury or hurting others. The interventions include removing the objects which the patient can use to harm himself or persons in his surroundings, providing safe space, monitoring continuously and intensively patients with suicidal ideas and intentions, as well as strict control during the application of drug therapy (22).

According to the study conducted by Cusack et al. in Ireland in 2016, on the sample of 1249 nurses, active listening to the patient, his thoughts and feelings was the most important communication skill in psychiatry departments. Hospitalized patients are involved in the activities in the ward, they socialize with others and actively participate in the health care program. Also, the nurse contacts the patient's family members, she informs them about the patient's condition and provides advice on further treatment and support after hospitalization (23).

Proposal of measures and nursing activities

Affective mood disorder is one of the most common psychiatric diseases and one of ten leading causes of death globally, with an increasing trend of prevalence in the younger population (1). This disorder is often associated with other mental and somatic diseases that significantly impair the quality of life, as well as the patient's daily functioning in the family, social and business environment (2-4). The above mentioned facts point to the great public health importance and complexity of these disorders at the global level.

Nurses, as equal members of the psychiatric team, contribute significantly to all aspects of patient care and treatment. Their activities are based on the holistic approach that is implemented by keeping records of the health care process as a standard method in nursing work (8,19). In addition to immediate care, nursing activities include conducting research in this field, raising the level of awareness among patients and wider public, as well

i tretmanu predstavljaju imperativ za unapređenje kvaliteta života pacijenata sa afektivnim poremećajima raspoloženja (21, 22).

Prednosti i nedostaci istraživanja

Ovaj pregledni rad se temelji na relevantnim i savremenim izvorima, obuhvatajući period od poslednjih deset godina, što osigurava aktuelnost podataka. Jasno su definisani faktori rizika kroz biološku, psihološku i socijalnu sferu, čime se dobija celovita slika o kompleksnosti APR. Posebna vrednost rada ogleda se u povezivanju globalnih statistika sa specifičnim istraživanjima sprovedenim u Srbiji i regionu, što rad čini primenljivim u lokalnom kontekstu. Takođe, rad detaljno analizira ulogu medicinske sestre kroz prizmu holističkog pristupa i procesa zdravstvene nege, naglašavajući važnost komunikacije i bezbednosti pacijenta.

Kao glavni nedostatak ovog preglednog rada može se izdvojiti fokus na teorijski pregled literature bez uključivanja sopstvenog primarnog istraživanja ili analize studija slučaja iz kliničke prakse. Iako su navedeni opšti faktori rizika, u radu nedostaje dublja analiza specifičnih farmakoloških intervencija i načina na koji sestre upravljaju neželjenim efektima savremene terapije. Takođe, veći broj istraživanja koja se bave isključivo muškom populacijom doprineo bi objektivnijem poređenju polnih razlika u oboljevanju.

Zaključak

APR predstavljaju jedan od najznačajnijih izazova za savremene sisteme mentalnog zdravlja, s obzirom na visok rizik od suicida i narušavanje kvaliteta života obolelih. Rezultati ovog preglednog rada ukazuju na to da je etiologija ovih poremećaja uslovljena kompleksnim međudejstvom genetike, individualnih psiholoških karakteristika i faktora sredine, među kojima se posebno izdvajaju stresori na radnom mestu, traume i društvene krize poput pandemija.

Uloga medicinske sestre u lečenju ovih pacijenata je nezamenljiva i prevazilazi okvire tehničke pomoći. Kroz primenu Procesu zdravstvene nege, sestra obezbeđuje individualizovan pristup, dok holistička perspektiva omogućava sagledavanje pacijenta kao ljudskog bića sa specifičnim emocionalnim i etičkim potrebama. Terapijska komunikacija, aktivno slušanje i empatija ključni su alati za izgradnju poverenja i motivaciju pacijenta za oporavak.

Unapređenje nege pacijenata sa afektivnim po-

remećajima zahteva stalnu edukaciju sestričkog kadra, razvoj komunikacionih veština i aktivno učešće u programima destigmatizacije. Standardizacija sestričkih intervencija i jačanje bezbednosnih protokola u psihijatrijskim ustanovama predstavljaju neophodne korake ka smanjenju komplikacija i uspešnijoj reintegraciji pacijenata u društvenu zajednicu.

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as emphasizing the crucial role of nurses in destigmatizing patients (20,23). The continuous promotion of mental health and the development of an interdisciplinary approach to care and treatment are key to improving the quality of life of patients with affective mood disorders (21,22).

Advantages and disadvantages of the study

This review article is based on relevant and contemporary literature sources, encompassing the period of the last ten years, which ensures that the data are up-to-date. Risk factors are clearly defined through biological, psychological and social spheres, thus providing a complete picture of the complexity of AMD. The special value of this study is reflected in the fact that it connects global statistics with specific studies conducted in Serbia and the region, which makes the study applicable in the local context. Also, the study analyzes in detail the role of the nurse through the prism of a holistic approach and health care process, emphasizing the importance of communication and patient safety.

The main shortcoming of this review may be the focus on the theoretical review of literature without including primary research and case studies from clinical practice. Although general risk factors are listed, a deeper analysis of specific pharmacological interventions and nurses' management of side effects of modern therapy lacks. Also, a larger number of studies dealing solely with the male population would contribute to a more objective comparison of gender differences in the incidence of this disease.

Conclusion

AMD represents one of the most significant challenges for modern mental health systems, considering the high risk of suicide and impairment of the patients' quality of life. The results of this review indicate that the etiology of these disorders is conditioned by the complex interaction between genetics, individual psychological characteristics and environmental factors, among which stressors at the workplace, trauma and social crises such as pandemics are highlighted.

The nurse's role in the treatment of these patients is irreplaceable and goes beyond mere technical assistance. Through the implementation of the health care process, the nurse provides an individualized approach, while a holistic perspective allows seeing the patient as a human being with specific emotional and ethical needs. The therapeutic com-

munication, active listening and empathy are key tools for building trust and motivating the patient recovery.

Improving the care of patients with affective disorders requires the continuous education of nursing staff, development of communication skills, and active participation in destigmatization programs. The standardization of nursing interventions and strengthening of safety protocols in psychiatric institutions represent necessary steps towards reducing complications and more successful reintegration of patients into the social community.

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