



INTERVENTION STRATEGIES IN ACUTE PSYCHOTIC DISORDERS: CLINICAL AND THERAPEUTIC PERSPECTIVES

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Acute psychotic disorder is a severe clinical condition with a sudden onset and potentially variable course, requiring early therapeutic intervention to prevent chronicity and optimise functional prognosis. Retrospective analysis of the clinical profile and therapeutic management applied to patients hospitalized with a diagnosis of acute psychotic disorder. Retrospective study on 35 patients with acute psychotic disorder (F23, ICD-10), hospitalized in 2025. Inclusion criteria: acute onset, age between 18 and 50 years. Clinical data were descriptively analysed from medical records. The patients (aged 18–50 years) presented with severe psychomotor agitation, aggressive behavior, auditory hallucinations, and various delusional ideas. Initial treatment consisted of classical injectable antipsychotics and benzodiazepines, used to control agitation and positive symptoms, followed by a switch to second-generation oral antipsychotics (quetiapine, aripiprazole, cariprazine). Hospitalization lasted 15–21 days, and treatment included psychoeducational interventions and psychotherapeutic support. The outcome was favorable. A structured management approach that combines pharmacological interventions with psycho-educational and psychotherapeutic support plays a key role in symptom improvement, recovery, and the prevention of long-term complications.

CLINICAL AND THERAPEUTIC ASPECTS OF GENDER INCONGRUENCE

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Gender incongruence is a condition marked by a persistent mismatch between assigned sex at birth and experienced gender identity. It involves rejection of sexual traits, a strong desire to change them, and the need to live as the identified gender, requiring support to ease distress and improve life quality. Analysis of the effectiveness of psychological, hormonal, and surgical interventions, highlighting the differences between monotherapy and combined approaches in treating gender incongruence. Analysis based on: Databases: PubMed, Cochrane Library; Journals: Transgender Health, Journal of Sexual Medicine, JAMA Surgery, The Lancet Psychiatry, International Journal of Transgender Health; Official resources: WPATH; LGBTQ+ surveys: NCTE, GLAAD. These sources provide a scientific foundation for clinical recommendations in transgender health. Feminizing or masculinizing surgeries are effective in 85–94% of cases, significantly reducing discrepancies in secondary sexual characteristics. Hormone therapy provides psychological improvement in 70–80% of individuals, helping reduce symptoms of depression and anxiety. Specialized psychological support increases treatment effectiveness in 60–75% of cases by facilitating emotional and social adaptation during transition. Social support has a positive impact in 70–80% of cases, offering stability and validation. A combined approach reduces depression by 70–85% and suicidal thoughts by 50–60%, with an overall satisfaction rate of up to 90%. Combined therapeutic methods yield optimal outcomes, achieving 90% satisfaction rates. Single method approaches are insufficient: Isolated social support lacks long-term satisfaction, Hormone therapy covers only partial needs, Surgery without psychological and hormonal support fails.