



SEVERE COMPLICATIONS OF PSYCHIATRIC DISORDERS: A CLINICAL PROFILE OF PATIENTS REQUIRING INTENSIVE CARE TRANSFER

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Mental disorders can evolve unpredictably, generating both psychological and somatic complications that require emergency intervention and transfer to intensive care (ICU). Although hospitalization of psychiatric patients in ICUs remains relatively rare, it indicates an extreme form of decompensation. Assessment of clinical characteristics and causes that resulted in patients with mental disorders being transferred to the ICU section after initially being hospitalized in psychiatric wards. A retrospective study was conducted throughout the year 2025 at the IMSP Clinical Psychiatric Hospital. The study included all patients transferred from psychiatric wards to the ICU during this period. Data were collected on psychiatric diagnoses, reasons for ICU transfer, administered pharmacological treatments, and somatic comorbidities. The cohort included patients aged 13 to 90 years, children (<18 years): 2- (2.0%), women: 57- (57.0%), men: 43- (43.0%); 47% being repeat admissions. The most common psychiatric diagnoses were paranoid schizophrenia (61.7%), dementia (17%) and organic delusional disorder (6.4%). Somatic comorbidities were identified in 72.3% of cases, including ischemic cardiomyopathy, MODS, infections, and metabolic disorders. In 27.7% of patients, transfer was prompted by severe psychiatric complications, such as life-threatening behavioral syndromes, catatonia, or critical refusal of food intake. The ICU mortality rate was 9.6%. Admission to the ICU reflects the severity of the decompensation of mental disorders and the complexity of associated somatic complications. Continuous evaluation and interdisciplinary collaboration are critical for early risk identification and individualized therapeutic management.

SCHIZOPHRENIA - CONTEMPORARY APPROACH

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Schizophrenia is a complex, chronic, heterogeneous psychiatric disorder that affects approximately 1% of the population. It's characterized by a triad of positive symptoms (delusions, hallucination), negative symptoms (anhedonia, blunted affect), and cognitive deficits (deficits in attention, working memory). This review aims to provide a comprehensive review of recent advances in understanding schizophrenia's etiology, pathogenesis, and integrated pharmacological and psychosocial strategies in management. A narrative review of literature published in English between 2015-2025 was performed using Google Scholar, PubMed, Medline, and Web of Science, which included meta-analyses, literature synthesis, controlled clinical trials, cross-sectional studies, and case reports, in addition bibliography of the respective primary studies were analyzed as well. Genome-wide association studies established schizophrenia to have a polygenic risk determined by common risk loci, rare copy-number and de novo variants, which interact with environmental factors (prenatal/perinatal stressors, substance abuse), disrupting neurodevelopmental processes, and leading to neurotransmitter and immune dysregulation. Pharmacotherapy has progressed to/second-/third- generation antipsychotics, and emerging drugs beyond dopamine antagonism. Recovery-focused approach combines medication with psychosocial interventions -CBT for psychosis, cognitive remediation, and family psychoeducation- to improve functional recovery. An integrated biopsychosocial model that deals with schizophrenia's multifactorial and multidimensional nature is necessary. Combining targeted pharmacotherapy and personalized psychosocial interventions offers the best possibilities for symptom improvement, functional recovery, and quality of life.