

PSIHOTERAPIJA I PSIHOSOCIJALNA INTERVENCIJA

Psihoterapija i psihosocijalne intervencije mogu pomoći u pronalasku novih načina snalaženja ili prilagodbe u društvenom životu.⁹



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Takve terapije mogu vam pomoći u promišljanju o sebi, drugima i vašoj okolini. To može smanjiti utjecaj bolesti na vaše svakodnevne društvene aktivnosti poput odlaska u kupnju ili druženja s ljudima.

Postoji nekoliko vrsta psihosocijalne terapije, a neke od njih su kognitivne (povezane s razmišljanjem) ili bihevioralne terapije.⁹

To znači da je cilj terapije pomoći bolesniku tako da normalizira misli i ponašanje bolesnika te da poboljša sposobnost bolesnika da primjereno funkcionira kod kuće, na poslu, u zajednici ili u bolnici tijekom društvenih interakcija.

Specijalisti za mentalne bolesti provode psihoterapiju individualno ili u grupama koje uključuju obitelj bolesnika.⁹ Timovi koji se bave mentalnom higijenom sve češće koriste psihoterapiju i psihosocijalne intervencije u svom svakodnevnom radu.

Literatura

1. APA Clinical Guidelines. American Psychiatric Association. Practice guidelines for the treatment of patients with schizophrenia. 2004
2. Falkai P et al. World J Biol Psychiatry 2005; 6: 132-191.
3. Kendler KS et al. Arch Gen Psychiatry 1996; 53: 1022-1031.
4. World Health Organization. The World Health Report: 2001: Mental health: new understanding, new hope.
5. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th Edition Text Revision (DSM-IV-TR). Arlington: American Psychiatric Publishing Inc. 2000.
6. Lieberman JA et al. J Clin Psychiatry 1996; 57(suppl 9): 5-9.
7. Breier A et al. Am J Psychiatry 1994; 151: 20-26.
8. Robinson DG et al. Am J Psychiatry 1999; 156: 544-549.
9. National Institute for Clinical Excellence. National Clinical Practice Guidelines Number 82.
10. Howard R et al. Am J Psychiatry 2000; 157: 172-178.
11. Angermeyer MC et al. Schizophr Bull 1990; 16: 293-307.
12. Murray RM and Fearon P. J Psychiatr Res 1999; 33: 497-499.
13. Lang UE et al. Cell Physiol Biochem 2007; 20: 687-702.
14. Harrigan SM et al. Psychol Med 2003; 33: 97-110.
15. Bottlender R et al. Schizophr Res 2003; 62: 37-44.
16. Lynn Starr h. et al: Comparison of long-acting and oral

- antipsychotic treatment effects in patients with schizophrenia, comorbid substance abuse, and a history of recent incarceration: An exploratory analysis of the PRIDE study; Schizophr Res. 2018 Apr;194:39-46. doi: 10.1016/j.schres.2017.05.005. Epub 2017 Jun 7
17. Awad AG et al. Pharmacoeconomics 2008; 26: 149-162.
 18. Keith SJ et al. Psychiatr Serv 2004; 55: 997-1005.
 19. Lieberman JA et al. Pharmacol Rev 2008; 60: 358-403.
 20. Tandon R et al. Psychoneuroendocrinology 2003; 28(suppl 1): 9-26.
 21. Wyatt RJ. Schizophr Bull 1991; 17: 325-351
 22. Robinson DG et al. Arch Gen Psychiatry 1999; 56: 241-247.
 23. Weiden PJ et al. Psychiatr Serv 2004; 55: 886-891.
 24. Koen L et al. Psychosomatics 2007; 48: 128-134.
 25. Novick D et al. Psychiatry Res 2010; 176: 109-113.
 26. Kozma CM et al. Changes in schizophrenia-related hospitalization and ER use among patients receiving paliperidone palmitate. Current Medical Research and Opinion. 2011.27;1603-1611
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