the lattes may be recommended as the addition to the basic antihypertensive treatment of AH patients with metabolic disorders.

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PSYCHOLOGICAL PROBLEMS OF CAREGIVERS OF PATIENTS WHO ARE DIAGNOSED WITH BRAIN TUMOUR

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A brain tumour is a growth process of abnormal cells which takes place in the human brain (Litin, 2016). There are several qualifications which can be used to differentiate types of brain cancer:

- Based on characteristic of abnormal cells (noncancerous, or benign, and cancerous, or malignant)
- Based on the *order of occurrence* (primary and secondary, or metastatic, brain tumor)

Primary brain tumours occur in the brain itself or in the tissues which surround it (e.g. brain-covering membranes, cranial nerves, pineal and pituitary glands). It starts from the occurrence of some mutations in the DNA of some cells, which continue to grow and divide. Simultaneously there is a significant decrease in the
amount of normal cells. As a result, abnormal cells form a tumour. There are several types of primary brain tumour:

- Gliomas. This type of primary brain tumour starts from the brain or spinal cord, and it includes astrocytomas, ependymomas, glioblastomas, oligoastrocytomas and oligodendrogliomas;
- Meningiomas. This type of primary brain tumour occurs in the membranes (meninges) that cover the brain and spinal cord;
- Schwannomas (or acoustic neuromas). This type of primary brain tumour develops on the nerves which control balance and hearing leading from the inner ear to the brain;
- Pituitary adenomas. This type of primary brain tumour develops in the pituitary gland and can influence the excretion of pituitary hormones;
- Medulloblastoma. This type of primary brain tumour develops in the lower back part of the brain and spreads through the spinal fluid. Usually, medulloblastoma is diagnosed in children more often in comparison to adults;
- Germ cell tumours. Despite the fact that this type of primary brain tumour usually develop during childhood when the tecticles or ovaries form, brain can also be a target for developing this kind of cancer;
- Craniopharyngiomas. This is a rare type of primary brain tumour which develops around the pituitary gland and other structures near the brain.

After the brain tumor is diagnosed the biggest part of the challenges and responsibility is on caregivers. It is reported that mostly caregivers experience high levels of stress and problems with emotional and physical health. In addition, due to some neurocognitive and neurobehavioral changes in patients (Sherwood at al., 2006), especially if the onset of symptoms such as a seizure is very rapid and sudden, there are more additional difficulties for caregivers which have significant impact on their quality of life. As it was shown (Fox & Lantz, 1998), if some problems with cognitive and physical functions are present, there are more coping challenges which can negatively influence the quality of life.

Mostly all caregivers believe that they are not very prepared and overwhelmed with this task (Hudson, Aranda & McMurray, 2002). However, the role of being a caregiver varies from minimal assistance with everyday activities to the total care and supervision of a patient with severe form, and usually includes different activities, such as (Edvardsson & Ahlstom, 2008; Strenberg, Ruland & Miaskowski, 2010):

- Helping with basic daily activities;
- Monitoring patient’s health status;
- Administration of medications;
- Organizing and attending doctor’s appointments;
- Providing social and emotional support, etc.

Unfortunately, but there are some chances that such a significant increase in responsibility can lead to problems in relationships, or even breakdown (Schubart, Kinzie & Farace, 2008)

One of the most essential needs which is not fulfilled is related to the information which is delivered after the diagnosis is established and during an office visit (DiMatteo & DiNicola, 1982). This dissatisfaction usually occurs due to the fact that oncologists cannot be ready to provide full information to patients and their
caregivers concerning the quality health care which emphasises various aspects such as palliative care, pain management, quality-of-life assistance, family and psychological issues, home care and its management, evidence-based and alternative ways of treatment.

On the other hand, according to different studies (Rolland, 1994) it was shown that if patients and their caregivers have a better understanding of the diagnosis and issues linked to the treatment, their coping strategies with the illness are significantly better and the level of psychological distress is lower. However, it is very important to mention that after receiving appropriate information from a doctor, patients and caregivers should look for more information related to their case, think about it and use it effectively.

In addition, (Janda et al., 2006; Janda et al., 2008) caregivers usually experience a great variety of economic and social issues (e.g. social burden), health problems associated with both psychological and physical aspects (e.g. physical exhausting, insomnia, headaches) (Sherwood et al., 2004). Approximately, 20-30 % of caregivers are diagnosed with increased level of depression (Finocchiaro et al., 2012; Pawl et al., 2013), 40-60% of caregivers have anxiety, and 35% of caregivers have higher levels of stress in comparison to other people (Petruzzi et al., 2013).

According to a study done by Wideheim et al. (2002), caregivers of patients with malignant brain tumour tend to experience fear concerning the prognosis and treatment consequences, and as a result, they have a low sense of security linked to everyday life and problems with planning ahead.

Changes in everyday routines can also influence the social life of either patients or caregivers. It was demonstrated (Edvardsson & Ahlstrom, 2008) that caregivers can describe themselves as invisible and neglected by other people (e.g. friends, family members, medical staff). And it was identified (Janda et al., 2006) that social support from other people can prevent developing different types of functional impairments. In addition, it is very important to mention that social support is very essential during the early phases of diagnosis and treatment (Owsnsworth, Henderson & Chambers, 2010; Cavers et al., 2013).

Despite the fact that being a caregiver of a patient with a brain tumour is linked to many negative issues, there are several positive psychological consequences, such as increased strength and resilience, greater appreciation of life, and better and closer relashipships (Edvardsson & Ahlstrom, 2008; Schmer et al., 2008; Lipsman et al., 2007; Wasner, Paal & Borasio, 2013).

In conclusion it can be said that both patients with brain tumor and their caregivers experience lots of psychological difficulties linked to the diagnosis, and during that time it is very important to provide essential psychological support for them (for instance, psychoeducation of caregivers, group meeting).

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THE RELEVANCE OF PSYCHODIAGNOSTIC METHODS IN A CONTINUING PANDEMIA

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Introduction. It is not an exaggeration to say that at present, when the World Health Organization announced the coronavirus pandemic, most people are in constant stress because of worries about the risk of getting sick, disruption of their usual lifestyle, and fear of the future. Despite the fact that in all countries unprecedented security measures are being taken, the media do not stop warning about the threat of the disease’s further spread, and the number of sick and dead around the world is increasing every day. In this situation, it is important not to panic, to remain calm and at the same time not to go to the other extreme - carelessness and ignoring the existing risk of infection.

Aim. Developing psychodiagnostic measures aimed at identifying potential mental health risks, with further psycho-hygienic correction of the state of excessive anxiety.