MINISTERUL SĂNĂTĂȚII AL REPUBLICII MOLDOVA

UNIVERSITATEA DE STAT DE MEDICINĂ ȘI FARMACIE „NICOLAE TESTEMIȚANU" DIN REPUBLICA MOLDOVA

SPNPPC

MENTAL HEALTH 360°

From neurodevelopment to neurodegeneration and addictions: integrating care across the lifespan

under the aegis of the Annual Conference of "Nicolae Testemițanu" State University of Medicine and Pharmacy, dedicated to the University Days "Sustainable Health through Academic Excellence, Research and Innovation"



ABSTRACT BOOK

22-24 October 2026

Chisinau, Republic of Moldova

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SPEAKERS

MENTAL HEALTH 360°

From neurodevelopment to neurodegeneration and addictions: integrating care across the lifespan

EMIL CEBAN (Moldova)



Rector of Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova and the President of the Rectors' Council from the Republic of Moldova. He is Habilitated Doctor of Medical Sciences, Corresponding Member of the Academy of Sciences of Moldova and holds the honorary title of Doctor Honoris Causa of George Emil Palade University of Medicine, Pharmacy, Science, and Technology from Targu Mures, and Carol Davila University of Medicine and Pharmacy from Bucharest, Romania. Prof. Emil Ceban is a member of the Moldova-North Carolina Bilateral Committee.

JANA CHIHAI (Moldova)



Psychiatrist and psychotherapist; Vice-Rector for Research and Innovation and Head of the Department of Mental Health, Medical Psychology and Psychotherapy at the Nicolae Testemițanu State University of Medicine and Pharmacy (USMF), Chișinău; Associate Professor of Psychiatry; and Senior Mental Health Advisor for the Trimbos Institute Moldova, MENSANA project. She is also President of the National Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists (SPNPPC). Dr. Chihai studied medicine and psychiatry and completed psychotherapeutic specializations at the European School of Psychotherapy, Socio- and Somatoanalysis (Strasbourg, France) and the Association of Integrative Psychotherapy and Clinical Psychology (Iași, Romania). Since 2000, she has championed community-based mental health services and has been deeply involved in the mental health reform in the Republic of Moldova.

LARISA BORONIN (Moldova)

MD, PhD, Associate Professor in the Department of Mental Health, Medical Psychology and Psychotherapy at the Nicolae Testemițanu State University of Medicine and Pharmacy (USMF), Chișinău, and Senior Researcher at the Mental Health Laboratory. Dr. Boronin is the author of 68 publications, including clinical guidelines on autism spectrum disorder (ASD) and addiction, and co-author of two mental health manuals. Her clinical and research expertise covers severe mental disorders, perinatal mental health (pregnancy and postpartum disorders), child and adolescent psychiatry, ASD, and addictive behaviors. She is involved in developing evidence-based protocols and training programs for clinicians and community services.



CORNELIA ADEOLA (Moldova)

Psychologist, psychotherapist, national trainer in mental health, within the MENSANA project; Master in Psychology, fellow of the Re-master program at the Nicholas C. Petris Center, University of California, Berkeley (USA), currently doing PhD at Medical University from Moldova. Author and co-author of diverse guidelines, manuals, and other publications. Clinical experience of over 20 years in the field of mental health (anxiety, depression, personality disorders, PTSD, complex traumas, addictions), outpatient and inpatient services, including with NATO military, in the Republic of Moldova and Netherlands. Professional skills: mentalization-based therapy, schema-based therapy, narrative therapy, and narrative exposure therapy for trauma (NET), positive psychology, CBT, and positive CBT.



CIPRIAN BACILA (Romania)



MD, PhD, is currently working as an Associate Professor at the Faculty of Medicine, Lucian Blaga University of Sibiu, and as the Medical Director at the Dr. Ghe. Preda Clinical Psychiatric Hospital in Sibiu. He is a graduate of the Iuliu Hatieganu University of Medicine and Pharmacy in Cluj-Napoca, with a master's degree in Healthcare Management. He has completed several training courses, specializing as a psychotherapist in positive psychotherapy and autogenic training. He also has basic training in good practices for clinical trial monitoring and competence in emergency medicine and Transcranial Magnetic Stimulation. As a mental health professional, he has been involved in various volunteer projects both in the community and in the medical field. He is also the President-elect of the Romanian Society of Psychiatry and Psychotherapy, Vice President of the Romanian Society of Social Psychiatry and a member of the Romanian Suicide Prevention Alliance. In addition to his clinical work, he has participated in numerous national and international scientific events and has been involved in research, publishing articles in his areas of expertise: depression, schizophrenia, suicidal behavior, mental health services, healthcare management, and neuroscience. He also coordinates the Scientific Research Collective in Neurosciences at the Dr. Ghe. Preda Clinical Psychiatric Hospital in Sibiu.

ALINA BOLOGAN (Moldova)



MD, PhD(c), assistant professor at the Department of Mental Health, Medical Psychology, and Psychotherapy, State University of Medicine and Pharmacy N. Testemitanu, Chisinau, Moldova. Certified Cognitive Behavioral Psychotherapist, after completing her training at the Romanian League for Mental Health. National trainer for the Trimbos Institute Moldova, MENSANA project - Support for the reform of mental health services in Moldova. Throughout her career, she has been involved in numerous national and international conferences, giving lectures on topics such as depressive disorders, anxiety disorders, autism spectrum disorders.

ION COȘCIUG (Moldova)



MD, PhD, Associate professor at the Department of Mental Health, Clinical Psychology and Psychotherapy of the State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova. Member of committees of Ministry of Health and Labor Social Protection of the Republic of Moldova. Trainer in projects related with mental health promotion and disease prevention in Republic of Moldova. Author of over 200 scientific papers published in Moldova and aboard, involved in the development of 6 national clinical protocols. Member of European Psychiatric Association. Member of Editorial Board of the Romanian journal Bulletin of Integrative Psychiatry.

INGA DELIV (Moldova)



MD, PhD, Associate Professor at the Department of Mental Health, Medical Psychology and Psychotherapy of the "Nicolae Testemitanu" State Medical University of Medicine and Pharmacy. National Trainer and Consultant in the project „Mental Health Services Reform in Moldova". Senior scientific researcher in the Narcology laboratory of the State Medical University of Medicine and Pharmacy "Nicolae Testemitanu" from 2007 – 2019. Author and co-author of multiple scientific works, of which 6 are National Clinical Protocols. Multiple participations in various Congresses, National and International Scientific Conferences.

PETRU ROMEO DOBRIN (Romania)



MD, PhD, Professor of Psychiatry, Vice Dean of the Faculty of Medicine at Grigore T. Popa University of Medicine and Pharmacy Iasi, and member of the University Senate. Head of Section IX at Socola Institute of Psychiatry. Specialist in forensic medicine. Member of the Society of Doctors and Naturalists. Member of the Romanian Association of Psychiatry and Psychotherapy. Master's degree in Health Management and in Psychosocial Intervention and Psychotherapy University Al. I. Cuza Iasi. Editor of the Bulletin of Integrative Psychiatry.

BERNARD JACOB (Belgium)

Project manager and national coordinator of the mental health care reform based on the application of article 107 of the law on hospitals. Project manager and national coordinator of the mental health care new policy for children and adolescents. Bernard Jacob is active in the field of Mental Health and Social Welfare for 40 years. He is a project manager and national coordinator of the mental health care and psychiatry reform for adults and of the new mental health policy for children and adolescents. He ensures the coordination of the global elaboration plan in connection with the various levels of decision and organization, the competencies of the Regions, Communities and the National Insurance Institute of Disease and Disability. He graduated from the third edition of the International Masters on Mental Health Policy and Services. He has also important experience in the management and monitoring of European issues.



ANDREI ESANU (Moldova)

Assistant Professor at the Department of Mental Health, Medical Psychology and Psychotherapy, Nicolae Testemițanu State University of Medicine and Pharmacy, Chișinău, Moldova. Doctor of Medical Sciences (PhD). Acting Director of the Clinical Psychiatric Hospital (IMSP Spitalul Clinic de Psihiatrie), Chișinău, Republic of Moldova. Master's degree in Health Education from the University of Porto, Portugal. Psychotherapist with training at the School of Cognitive Behavioral Psychotherapy in Bucharest. President of the Family Federation for World Peace and Unification in Moldova.



GRIGORE GARAZ (Moldova)

Assistant professor at the Department of mental health, medical psychology and psychotherapy, “Nicolae Testemitanu” State University of Medicine and Pharmacy; trained as a psychiatrist-psychotherapist. Participated in multicenter clinical trials as principal investigator. Member of the Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists from the Republic of Moldova. Member of the authors of some national clinical protocols in the field of mental health. Interested in research, processing of medical statistical data and interpersonal relations.



ANATOLIE NACU (MOLDOVA)



Psychiatrist, psychoanalyst, Doctor Habilitated in Medicine, and professor within the Department of Mental Health, Medical Psychology, and Psychotherapy at the Nicolae Testemitanu State University of Medicine and Pharmacy if which head was from 2000 to 2020. Between 1981-1983, he completed his clinical residency at the Union Institute of General and Legal Psychiatry V. Serbskii, Moscow, Russia. Between 1996-2000, he pursued psychoanalytic training within the Paris Psychoanalytic Society and worked as a psychiatrist-psychotherapist in the medico-psychological centers of Rouen, France. Since 2004, he has been a certified psychoanalyst by the International PsychoanalyticalAssociation. Since 2013, he has been a full member of the Romanian Society of Psychoanalysis.

VLADIMIR NAKOV (Bulgaria)



MD, PhD, Psychiatrist, Associated professor, Head of Department Mental Health, National Center of Public Health and Analyses, Sofia, Republic of Bulgaria. Author of over 60 scientific publications, co-author of 2 books. He wrote a monograph on suicide in Bulgaria. State expert on dementia. Former National Consultant in Psychiatry for Bulgaria. Member of the Section of Suicidology and Suicide Prevention of European Psychiatric Association, National representative for Bulgaria.

IGOR NASTAS (Moldova)



Associate Professor, MD, PhD, Habilitated Doctor of Medical Sciences, Department of Mental Health, Medical Psychology, and Psychotherapy at Nicolae Testemițanu State University of Medicine and Pharmacy, Chișinău, Republic of Moldova. Coordinator of the Mental Health Laboratory at Nicolae Testemițanu State University of Medicine and Pharmacy. Dr. Igor Nastas is the author of 86 scientific publications. He has expertise in severe mental disorders and community psychiatry, with a complementary specialization in cognitive-behavioral psychotherapy. Additionally, he is a trainer in aggression management and a Problem Management Plus (PM+) trainer.

FLORINA RAD (Romania)

MD, PhD, Associate Professor at Carol Davila University of Medicine and Pharmacy, Bucharest, Head of Child and Adolescent Psychiatry Clinic at the Prof. Dr. Alexandru Obregia Clinical Psychiatry Hospital. President of the Romanian Association of Child and Adolescent Psychiatry and Allied Professions (ARPCAPA). Dr. Florina Rad's research activity has resulted in articles, papers, and lectures presented at national and international conferences. She is the author or co-author of various chapters in specialty treatises and the coordinator of the volume "Incursion into the world of the child with ASD – a guide for parents". Dr. Florina Rad coordinated the pilot research program INCLEN Epidemiological Research on Autism in Romania-Pilot (IN-ERAR) project carried out in partnership with the University of Texas Health Science Center at Houston. She is also involved as an expert in national child and adolescent mental health programs and represents the national network in the COST Advancing Social inclusion through Technology and EmPowerment action.



RALUCA NICA (Romania)

She is active in the mental health field since 1995. She is a clinical psychologist and a cognitive behavioral psychotherapist. She has a PhD in medical sciences from University of Medicine and Pharmacy from Bucharest. As an Executive Director of the Romanian League for Mental Health she has elaborated, developed and implemented over 30 projects in the mental health area. She has actively participated to the elaboration of legislation and policy in Romania. She is actively involved in mental health European initiatives and a Board member of GAMIAN Europe



VALENTIN OPREA (Moldova)

Psychiatrist, narcologist, doctor of medical sciences, university lecturer at the Department of Mental Health, Medical Psychology and Psychotherapy, State University of Medicine and Pharmacy Nicolae Testemitanu. Deputy medical director in the Clinical Psychiatric Hospital, Rouen, France (2001-2002); Deputy medical director in the Clinical Psychiatric Hospital, Chisinau (2010-2015). He participated in 3 clinical trials and 2 international projects. Member of the Society of psychiatrists, narcologists, psychotherapists and clinical psychologists of the Republic of Moldova and of the European Psychiatric Association. Author of 150 scientific papers, 3 methodical indications, 1 specialized dictionary. Author / co-author of chapters in 5 textbooks of psychiatry and medical psychology, as well as of 4 national clinical protocols (Schizophrenia, Bipolar Affective Disorder, Alcoholism and psychoactive substance use). Member of the Advisory Board of the Buletin de Psihiatrie Integrativa journal.



DUMA NATALIA (MOLDOVA)

Psychiatry resident and psychotherapist, graduate of the "Nicolae Testemițanu" State University of Medicine and Pharmacy in Chișinău, Republic of Moldova. She combines clinical practice with psychotherapy training and active involvement in scientific research. She contributes to the implementation of the World Health Organization's Mental Health Gap Action Programme (mhGAP) in Moldova, supporting professional training and the integration of mental health care into primary care services. She is also involved in a bilateral Romanian–Moldovan research project investigating traumatic stress and moral injury among emergency and critical care professionals. Her academic activities include participation in national and international scientific conferences. She is an active member of the Society of Psychiatrists, Narcologists, Psychotherapists, and Clinical Psychologists of the Republic of Moldova, contributing to initiatives aimed at advancing evidence-based mental health care.



EDMONDS LYNAE (SUA)

Lynae Edmonds, DNP, RN, PMHNP-BC, is a board-certified psychiatric–mental health nurse practitioner based in Oregon, USA. She earned her Doctor of Nursing Practice degree at Oregon Health & Science University, where her doctoral project examined the implementation of measurement-based care in outpatient psychiatry and its role in quality improvement and organizational accreditation. She has contributed to international educational activities at Nicolae Testemițanu State University of Medicine and Pharmacy in the Republic of Moldova, including training on palliative care for neurological and mental health conditions.



DORIN JELAGA (MOLDOVA)

Assistant professor at the Department of mental health, medical psychology and psychotherapy, "Nicolae Testemițanu" State University of Medicine and Pharmacy. A psychiatrist with secondary clinical training in pediatric psychiatry, he is a doctoral candidate and researcher in the mental health Laboratory. He engages in continuous professional development and conducts clinical, teaching, and research activity. He is co-author of a monograph and a specialty guideline, as well as papers published in conference proceedings. His scientific interests focus on translating evidence into practical interventions, fostering interdisciplinary collaboration, optimizing quality and access to services, and promoting ethical standards.



MIHAELA BELOUS (MOLDOVA)

MD, Psychiatrist, Assistant Professor at the Department of Mental Health, Medical Psychology and Psychotherapy, Nicolae Testemițanu State University of Medicine and Pharmacy, and researcher at the Mental Health Laboratory. She is a PhD candidate at Maastricht University, the Netherlands, and Moldova's liaison to the European Federation of Psychiatric Trainees (EFPT). She received the European Psychiatric Association (EPA) Early Career Psychiatrists Scholarship Award and the EPA e-Poster Prize at the 34th European Congress of Psychiatry in 2026. She is a trainer in the Moldovan–Swiss MENSANA project and a trainer of trainers (ToT) in clinical de-escalation, PM+, mhGAP and IPS. She has co-authored scientific publications, including the monograph "Telemedicine in Mental Health" and the award-winning practical guide "Integrated Psychological Intervention".



NEAG FLORIN (Romania)

Florin Neag is a legal professional and Manager of the "Dr. Gheorghe Preda" Clinical Psychiatric Hospital in Sibiu, Romania. His work focuses on hospital management, institutional development, and the modernization of mental health services. He has overseen initiatives to improve hospital infrastructure, treatment conditions, and resources for healthcare professionals, emphasizing patient dignity and quality of care. He also contributes to professional discussions on strategic leadership and management challenges in psychiatry, including presentations at national scientific conferences.



RADISLAV COȘULEAN (Moldova)

Clinical psychologist, psychotherapist, and junior scientific researcher at the Mental Health Laboratory, as well as a PhD candidate at the Department of Mental Health, Medical Psychology, and Psychotherapy of Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova. He is currently pursuing a Master's degree in Public Mental Health. As the co-author of the guidebook "Strategies and Tools in Psychological Assessment" and a national trainer for the Moldovan-Swiss MENSANA project, he has contributed to numerous national and international scientific events. Additionally, he is a practicing psychotherapist with expertise in Cognitive Behavioral Therapy (CBT) and integrative psychotherapy.



MADALINA BIVOL (MOLDOVA)

Madalina Bivol is a psychiatry resident at "Nicolae Testemițanu" State University of Medicine and Pharmacy of the Republic of Moldova, a junior research fellow at the Laboratory of Mental Health, and a specialist within the Department of Health Technology Development and Innovation. Her professional activity combines medical practice with scientific research and active involvement in innovative projects that promote digitalization in medicine. She has contributed to major initiatives such as the Health Tech Hub and the Health Tech Forum, building bridges between healthcare, technology, and academia. She is the co-author of several scientific papers and monographs, including the volume "Telemedicine in Mental Health", contributing to the development of a modern perspective on the use of digital technologies in psychiatry and public health. Her professional interests include community mental health, telemedicine, digitalization of medical services, and the development of innovative technological solutions to improve patient care.



ANDRIAN TIBIRNA (ROMANIA)

Manager of the "Prof. Dr. Al. Obregia" Clinical Psychiatric Hospital in Bucharest and a Specialist in General Surgery. Throughout his career, he has been actively engaged in healthcare management, promoting the development of integrated medical services and the modernization of hospital infrastructure. He is an Honorary Member of the Academy of Medical Sciences of the Republic of Moldova, recognized for his contributions to strengthening collaboration between the medical community in Romania and the international field.



GAVRILOVICI OVIDIU (ROMANIA)

Ovidiu Gavrilovici, PhD, is a Professor at the Faculty of Psychology and Educational Sciences and Director of the Doctoral School of Psychology and Educational Sciences at Alexandru Ioan Cuza University of Iași, Romania. He earned his doctorate at Case Western Reserve University in Cleveland, USA, and completed postdoctoral studies in ethics and health policy at Grigore T. Popa University of Medicine and Pharmacy in Iași. A psychotherapist trained in Ericksonian, systemic, and narrative approaches, he founded Psiterra Association in 2005 to promote narrative practices in psychology, education, leadership, and medicine. His teaching encompasses psychological counselling, transgenerational and narrative therapies, qualitative research methods, and research ethics.



MADALINA MICLEUȘANU (MOLDOVA)



Psychiatry resident at Nicolae Testemițanu State University of Medicine and Pharmacy and a specialist within the Department of Research, Division of Research Project Management and Infrastructure. Her work combines medical practice with the development and coordination of national and international research projects, with experience in the fields of mental health, public health, and digital innovations. She has contributed to numerous international initiatives. Her professional interests include mental health, psycho-emotional development, research project management and writing, as well as the promotion of medical innovation ecosystems.

HERMOSILLA SABRINA (SUA)



Sabrina Hermosilla, PhD, MPH, is a social epidemiologist and Assistant Professor in the Heilbrunn Department of Population and Family Health at Columbia University's Mailman School of Public Health, USA. She earned her PhD in Epidemiology at Columbia University. Her research examines the social determinants of mental health and psychosocial well-being, particularly among populations affected by humanitarian crises and forced displacement. She applies epidemiological methods and implementation science to evaluate mental health and psychosocial interventions. Her teaching focuses on global and adolescent mental health, psychometrics, and research methods. She has collaborated with international organizations, including WHO, UNHCR, UNICEF, and the Olympic Refuge Foundation.

MIHNEA MANEA (ROMANIA)



Dr. Mihnea Manea is a Senior Psychiatrist at the "Prof. Dr. Alexandru Obregia" Clinical Psychiatric Hospital in Bucharest and Associate Professor at the "Carol Davila" University of Medicine and Pharmacy. He holds a PhD in Medical Sciences with research on schizophrenia and cognition, and a degree in Psychology from the University of Bucharest. Dr. Manea is the author of four textbooks, over 25 peer-reviewed articles, and more than 30 conference presentations at national and international levels.

VITALIE LISNIC (MOLDOVA)



Vitalie Lisnic is a neurologist, Doctor Habil habilitated in Medical Sciences, Professor, and Head of the Department of Neurology No. 1 at Nicolae Testemițanu State University of Medicine and Pharmacy of the Republic of Moldova. His work combines clinical practice, medical education, and neurological research, with a particular focus on clinical neurophysiology, electromyography, and demyelinating disorders. He has coordinated national and international research projects, including serving as clinical lead for the e-Brain project. From 2010 to 2021, he served as President of the Society of Neurologists of the Republic of Moldova, contributing to international collaboration and continuing medical education in neurology.

LILY EVANGELIA PEPPOU (GRECIA)



Lily Evangelia Peppou is a clinical psychologist and public mental health researcher based in Greece. She coordinates the Unit of Social Psychiatry and Psychosocial Care at the University Mental Health Research Institute "Costas Stefanis" and serves as Scientific Advisor to Breathe Hellas. Her work combines clinical practice, research, and teaching, with interests in community mental health, psychosocial rehabilitation, mental health promotion, social prescribing, and stigma reduction. She has contributed to international and multicentre research projects, including studies on the mental health impact of the financial crisis in Greece. Her scientific work includes publications in peer-reviewed journals such as World Psychiatry, The Lancet, and BMJ Open.

DOBRE ELENA CRISTINA (ROMANIA)



Cristina Elena Dobre, MD, is a physician and Manager of the "Socola" Institute of Psychiatry in Iași, Romania. She graduated from Grigore T. Popa University of Medicine and Pharmacy in Iași and completed additional training in hospital management, project management, and palliative care. Her professional experience includes leadership positions at the Clinical Rehabilitation Hospital and the "Elena Doamna" Clinical Hospital of Obstetrics and Gynaecology in Iași, as well as work within Romania's Ministry of Health on regional hospital projects. Her career combines medical training with healthcare administration, institutional management, and public service.

HOLMAN ANDREI CORNELIU (ROMANIA)



Andrei Corneliu Holman, PhD, is a Professor and Head of the Department of Psychology at the Faculty of Psychology and Educational Sciences, Alexandru Ioan Cuza University of Iași, Romania. He holds doctorates in Psychology and in Social Representations and Communication. His research explores the interaction between cognitive processes and emotions, social representations, moral judgement, and research ethics. His teaching includes cognitive psychology, research methodology, and data analysis. He has also contributed to research on driving behaviour and the development of psychological assessment instruments.

IFTENI PETRU (ROMANIA)



Petru Ifteni, MD, PhD, is a Professor of Psychiatry and Vice-Dean for Research at the Faculty of Medicine, Transilvania University of Brașov, Romania. He also heads the Third Clinical Psychiatry Department at the Clinical Hospital of Psychiatry and Neurology in Brașov. His research focuses on schizophrenia, mood disorders, dementia, and psychopharmacology. He has served as principal investigator in international clinical trials and published in journals including Schizophrenia Research, Acta Psychiatrica Scandinavica, CNS Drugs, and the Journal of Affective Disorders. His work combines clinical practice, medical education, and research into treatments for severe mental disorders.

MĂIREAN CORNELIA (ROMANIA)



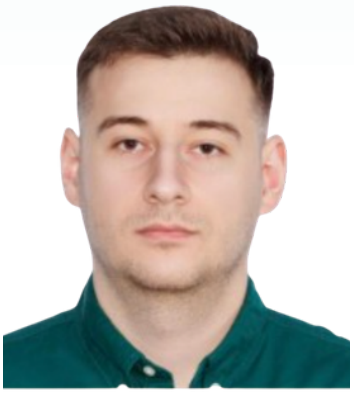
Cornelia Măirean, PhD, is a Professor of Psychology and Vice-Dean for Research and Intervention Programmes at the Faculty of Psychology and Educational Sciences, Alexandru Ioan Cuza University of Iași, Romania. Her research focuses on traumatic stress, recovery and posttraumatic growth, and the mental health consequences of exposure to adverse events. She has authored and co-authored books, book chapters, and articles in internationally indexed journals, including works on trauma psychology, moral psychology, and quantitative research methods. Her research projects have also examined posttraumatic stress among road traffic accident survivors and the clinical and legal implications of false memories.

BULACHII MIHAELA (MOLDOVA)



Mihaela Bulachii is a psychiatry resident and graduate of Nicolae Testemițanu State University of Medicine and Pharmacy, Republic of Moldova. She is pursuing postgraduate training in psychiatry and psychotherapy, combining clinical practice with professional development and scientific research. Her interests include clinical psychiatry, psychotherapeutic approaches, and psychosocial interventions. She participates in scientific conferences and is an active member of the Society of Psychiatrists, Narcologists, Psychotherapists, and Clinical Psychologists of the Republic of Moldova, supporting evidence-based mental health care.

CHIRIAC DIONISIE (MOLDOVA)



Dionisie Chiriac is a psychiatry resident, integrative psychotherapist in training, and graduate of Nicolae Testemițanu State University of Medicine and Pharmacy, Republic of Moldova. He combines clinical practice at the Clinical Psychiatric Hospital in Chișinău with research as a junior researcher at the university's Laboratory of Mental Health. His research interests include substance-related catatonia, inflammatory markers in depression, antipsychotic treatment burden, cognitive behavioural therapy, and virtual-reality-based interventions. He participates in national and international scientific meetings and is an active member of the Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists of the Republic of Moldova.

IACHIMOV IULIA (MOLDOVA)



Iulia Iachimov is a resident physician at the Clinical Psychiatric Hospital of the Republic of Moldova and at the Department of Mental Health at Nicolae Testemitanu State University of Medicine and Pharmacy. She regularly participates in annual scientific conferences and is a member of the Society of Psychiatrists, Narcologists, Psychotherapists, and Clinical Psychologists of the Republic of Moldova.She is currently undergoing psychotherapy training and pursuing the first year of a Master's degree in Social and Health Services Management at the University of European Studies of Moldova (ULIM). Her professional interests include mental health, psychiatry, psychotherapy, and the management of healthcare services.

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ABSTRACTS

MENTAL HEALTH 360°

From neurodevelopment to neurodegeneration and addictions: integrating care across the lifespan

ASESSMENT OF MENTAL HEALTH ISSUES IN STROKE PATIENTS

Tatiana MOREI, Valentin OPREA
Department of Mental Health, Medical Psychology and Psychotherapy of the State University of Medicine and Pharmacy Nicolae Testemitanu, Republic of Moldova

Objective: To evaluate the prevalence, clinical manifestations, and factors associated with mental health issues—specifically depression, anxiety, and cognitive impairment-among stroke patients undergoing inpatient neurological rehabilitation in the Republic of Moldova.
Methods: This cross-sectional observational study included 90 stroke patients undergoing inpatient neurological rehabilitation. The mean age was 63.37 ± 10.64 years; 54.8% of participants were female, 72.6% lived in rural areas, and 82.1% had experienced an ischemic stroke. Participants were assessed using the Hamilton Depression Rating Scale (HAM-D), the Generalized Anxiety Disorder-7 (GAD-7) questionnaire, the Mini-Mental State Examination (MMSE), the EQ-5D, and the Barthel Index. Descriptive statistics, non-parametric tests, and Spearman correlation analysis were applied.
Data Synthesis: The mean HAM-D score was 30.24 ± 5.27, with 80.0% of participants scoring ≥14, indicating clinically relevant depressive symptoms. Significant anxiety symptoms (GAD-7 ≥10) were identified in 89.3% of patients. Cognitive impairment (MMSE <24) was present in 83.3% of cases, with a mean MMSE score of 18.39 ± 4.68. The mean EQ-5D score was 64.90 ± 16.66, and the mean Barthel Index score was 74.08 ± 13.71. Cognitive functioning correlated positively with quality of life (r_s = 0.418, $p < 0.001$). No statistically significant differences were identified regarding key psychological indicators based on gender or stroke type.
Conclusions: Post-stroke patients experience a significant burden of depressive and anxiety symptoms, cognitive impairment, and reduced quality of life. Systematic psychological screening and the integration of medical psychologists into multidisciplinary rehabilitation teams are essential for early identification, appropriate referral, and individualized mental health interventions.

MANAGEMENT OF THE PATIENT WITH DEMENTIA IN FAMILY MEDICINE PRACTICE ACCORDING TO CURRENT LEGISLATION

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Introduction: Early detection of dementia in primary health care (PHC) is crucial for optimal therapeutic management.
Aim: This study evaluates the alignment between national family medicine regulations and international guidelines on dementia management.
Methods: We conducted a comparative analysis of national regulations (standardized and national protocols, 2021) and international guidelines (NICE 2023, WHO 2026, AAN 2018). The analysis focused on the family doctor's responsibilities and recommended tools for dementia management in PHC.
Results and Discussion: National regulations outline the family physician's role in identifying suspected dementia, using cognitive screening tools like the Mini-Mental State Examination and Mini-Cog, and referring patients to specialists. International guidelines suggest using quicker tests at the PHC level, such as the General Practitioner Assessment of Cognition and the Six-Item Cognitive Impairment Test. For mild cognitive impairment, family physicians are recommended to manage cases through non-pharmacological interventions, medication adjustments (e.g., acetylcholinesterase inhibitors), and caregiver education and support.
Conclusions: National regulations restrict the family physician's role primarily to opportunistic screening and specialist referral. Conversely, international guidelines highlight broader responsibilities, including caregiver support and initiating integrated therapy.

CENTRING ADOLESCENTS' EXPERIENCES IN CHILD-FRIENDLY JUSTICE IN MOLDOVA

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Introduction. Child-friendly justice seeks to protect children from secondary victimisation while enabling meaningful participation. This study examined how adolescents in Moldova experienced safety, control, respect and support during forensic interviewing and Barnahus-related procedures, and whether being listened to and taken seriously contributed to their sense of agency and wellbeing.

Methods. Three trauma-informed participatory focus groups were conducted in December 2025 and May 2026 with 19 adolescents aged 12–18 years who had undergone forensic interviews in child-friendly settings in central and northern Moldova. Participation was voluntary and based on informed consent and risk assessment. Discussions focused on service experiences and excluded details of abuse or alleged offences. An anonymised thematic analysis examined information, safety, professional relationships, interviewing and post-interview support.

Results and discussion. Adolescents associated wellbeing with calm communication, clear information, predictable procedures, choice, language accessibility, emotional support and being taken seriously. These conditions strengthened perceived control and willingness to engage. Visible recording equipment, repeated retelling, inconsistent information, intimidating transport and some professional interactions were associated with distress or difficulty concentrating. Being heard during consultation was experienced as meaningful and empowering. The findings suggest that relational safety, predictability and participation support wellbeing and may create conditions conducive to clearer communication during forensic interviewing. Systematic child feedback should therefore inform service improvement and recovery-oriented practice.

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BEYOND GENDER DYSPHORIA: MINORITY STRESS AND VULNERABILITY TO ADDICTION

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Introduction: Individuals experiencing gender dysphoria or diverse gender identities show significant mental health disparities, including higher rates of depression, anxiety and post-traumatic stress symptoms. Recent literature indicates increased vulnerability to addictive behaviours and substance use. The minority stress model links chronic stress and stigma with emotional dysregulation and maladaptive coping.

Materials and Methods: We conducted a literature review of 17 articles published between 2015 and 2025, focusing on the prevalence of addictive behaviours and the role of maladaptive coping mechanisms among individuals experiencing gender dysphoria and/or diverse gender identities and examined the relationships between minority stress, psychiatric comorbidities and substance use. Results indicate an increased risk of substance use among transgender individuals, with high rates of smoking and alcohol consumption compared with the cisgender population. Substance use is frequently described as a coping mechanism aimed at reducing gender dysphoria, social anxiety, feelings of shame and inadequacy, depressive symptoms. Protective factors include family and social support, access to gender-specific healthcare services and social integration.

Conclusions: Addictive behaviours and problematic substance use are clinically relevant in individuals experiencing gender dysphoria, particularly alongside psychiatric comorbidity and minority stress. Substance use may represent a maladaptive coping strategy aimed at alleviating dysphoria, anxiety, depressive symptoms, the effects of stigma and social rejection. However, methodological and population heterogeneity limits conclusions regarding causality and the precise magnitude of risk. Comprehensive screening, personalised multidisciplinary care, social support, stigma reduction, and community integration may improve psychiatric outcomes and quality of life.

SOMATIZATION AT THE INTERFACE OF MIND AND BODY: PSYCHOANALYTIC PERSPECTIVES AND CLINICAL IMPLICATIONS IN CONTEMPORARY MEDICINE

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Introduction. Somatic symptoms represent a clinically relevant phenomenon at the intersection of medicine, psychiatry, and clinical psychology. Contemporary approaches emphasize the complex interaction between biological, psychological, and social factors, while psychodynamic perspectives may contribute to understanding the subjective and affective dimensions of bodily experience.

Methods. This narrative interdisciplinary review integrates classical psychoanalytic concepts with contemporary medical and psychological literature addressing somatization, affective processing, alexithymia, mentalization, emotion regulation, and the biopsychosocial model.

Results and Discussion. From Freud's concept of conversion to Winnicott's psyche–soma integration and Bion's conceptualization of emotional processing, psychoanalytic theories provide conceptual frameworks for exploring the relationship between psychic functioning and bodily experience. Contemporary evidence indicates associations between somatic symptomatology and difficulties in identifying, representing, and regulating emotional states. These associations should not be interpreted as evidence of direct psychological causation. Integrating psychodynamic understanding with evidence-based medical and psychological perspectives may contribute to overcoming a rigid organic–psychological dichotomy while preserving the essential role of medical assessment and differential diagnosis.

Conclusions. An interdisciplinary biopsychosocial approach may provide a more comprehensive understanding of somatic symptoms and support person-centered collaboration among physicians, psychiatrists, and clinical psychologists.

MENTAL HEALTH OF CAREGIVERS OF PEOPLE WITH DEMENTIA: DEPRESSIVE SYMPTOMS, ANXIETY, AND PERCEIVED STRESS

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Background: Dementia is a progressive neurocognitive condition associated with cognitive decline, increasing dependency, and complex long-term care needs. Its consequences extend beyond the affected person and may place considerable psychological demands on caregivers. Depressive and anxiety symptoms, together with perceived stress, therefore represent relevant dimensions of caregivers' mental health within community-based dementia care.

Aim: This study aims to assess depressive and anxiety symptoms and perceived stress among caregivers of people with dementia within community mental health services and to explore their associations with relevant sociodemographic and caregiving characteristics.

Methods: A cross-sectional observational study is planned among adult caregivers of people diagnosed with dementia within community mental health services. Depressive symptoms will be assessed using the Patient Health Questionnaire-9 (PHQ-9), anxiety symptoms using the Generalized Anxiety Disorder-7 (GAD-7), and perceived stress using the Perceived Stress Scale-10 (PSS-10). Relevant sociodemographic and caregiving characteristics will also be collected. Associations between psychological outcomes and caregiving characteristics will be explored.

Conclusions: The study is expected to provide a multidimensional perspective on caregivers psychological well-being and to explore patterns of psychological vulnerability within the caregiving context. A better understanding of caregivers' mental health may inform future person-centred and caregiver-inclusive support strategies and contribute to a more comprehensive approach to community-based dementia care.

COGNITIVE SYMPTOMS IN MAJOR DEPRESSIVE DISORDER: BEYOND SYMPTOMATIC REMISSION

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Introduction: Cognitive impairment is an important part of major depressive disorder (MDD), although it often receives less attention than emotional symptoms. Patients with MDD may experience difficulties with memory, processing speed, concentration, and executive functions. These problems can affect everyday activities, social relationships, and work performance. Cognitive symptoms may persist even when depressive symptoms improve. Therefore, achieving symptomatic remission does not always mean complete cognitive and functional recovery.
Methods: Systematic reviews and meta-analyses published between 2019 and 2026 on cognitive functioning in MDD were analyzed, including studies of patients in the acute phase and after remission.
Results: A meta-analysis of 33 studies including 2,596 participants found moderate cognitive impairment in patients with MDD compared with healthy controls (SMD −0.39). The most pronounced impairments were found in attention (SMD −0.49), memory (−0.43), and executive functions (−0.35). Another meta-analysis of 69 studies including 4,639 patients showed that improvement in cognitive functions after reduction of depressive symptoms was small or absent for most of the assessed measures. These findings suggest that cognitive symptoms may follow a different course from emotional symptoms and may remain clinically relevant after symptomatic improvement.
Conclusion: Cognitive symptoms may persist beyond the improvement of depressed mood and remain relevant to recovery. Their assessment may help to identify incomplete recovery and support more individualized treatment and follow-up of patients with MDD.

GENDER DETRANSITION – RECONSIDERING IDENTITY?

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Introduction. Growing medical, psychological, social and media interest in gender-diverse individuals has increased visibility, access to information and the development of specialized healthcare services. Alongside these changes, less understood clinical phenomena, including gender detransition, have become increasingly recognized. Detransition refers to the partial or complete, temporary or permanent cessation or reversal of aspects of gender transition, including social, administrative and medical components. It is heterogeneous: some individuals no longer identify as transgender, whereas others retain a transgender identity but discontinue gender-affirming interventions. However, detransition does not necessarily indicate transition regret.
Material and methods: We have conducted a literature review on research published between 2017 – 2026 in English regarding gender detransition, evaluating individuals who discontinued transition, partially or completely, temporarily or permanently. Our analysis examined specific traits of detransitioners, reasons, personal experiences, medical and psycho-social consequences.
Results. The analysis revealed terminological inconsistency, as gender detransition was often mistaken for transition regret. There have been identified more terms used to refer to detransition, such as desistance, therapy discontinuation, retransition. Among the contributing factors for detransition were psychological, medical, treatment complications, discrimination, results not according to expectations.
Conclusions: Gender detransition is a heterogeneous and insufficiently studied phenomenon, resulting in limited and inconsistent literature. Reported prevalence varies according to definitions and methodologies, while underreporting may lead to inaccurate estimates. Detransition involves specific psychological, medical, and social needs. The insufficient professional guidelines on these situations point out the need for further research, that is both systematical and methodologically rigorous and standarised, in order to be able to develop adequate, specific care services.

NEUROPSYCHIATRIC SPECTRUM AND BEHAVIORAL ALTERATIONS IN HEPATIC ENCEPHALOPATHY FOLLOWING HEPATOBILIARY SURGERY

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Background: Hepatic encephalopathy (HE) is a severe neuropsychiatric complication secondary to liver dysfunction and portosystemic shunting. This review evaluates the incidence, behavioral manifestations, and clinical outcomes of HE in hepatobiliary surgery.

Methods: A systematic literature review was conducted across PubMed, Web of Science for publications between 2016 and 2026. Inclusion criteria comprised clinical trials, cohort studies, and meta-analyses examining adult patients undergoing hepatic resection, portosystemic shunting, or presenting with advanced liver disease evaluated for neuropsychiatric parameters. Exclusion criteria included pediatric cohorts, animal models, non-hepatic encephalopathies.

Results: According to psychometric evaluation using the Psychometric Hepatic Encephalopathy Score (PHES), minimal hepatic encephalopathy (MHE) is present in 30-50% of patients with underlying liver disease. Dominant neuropsychiatric features include sleep-wake cycle inversion (55%), anxiety and depressive disorders (45%), and psychomotor agitation or disinhibition (35%). Hyperammonemia and systemic neuroinflammation impair GABAergic and glutamatergic neurotransmission, driving astrocyte swelling. According to prospective cohort data from N. T. Pyrsopoulos et al. (2026), HE accounts for 35% of liver-related hospitalizations and drives a 30-day readmission rate of 27.3-45%. Severe forms of post-operative overt hepatic encephalopathy are associated with a 1-year mortality rate ranging between 42% and 64%.

Conclusion: Behavioral changes serve as early clinical indicators for post-surgical HE. Systematic perioperative neuropsychiatric screening is essential to lower readmission and mortality rates.

Conflict of Interest: The authors declare no conflict of interest.

PSYCHIATRIC HOSPITALIZATION AS A POTENTIAL TRAUMATIC EXPERIENCE: POST-TRAUMATIC STRESS SYMPTOMS AND ASSOCIATED FACTORS

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Introduction: Psychiatric hospitalization can be necessary for acute stabilization but may be experienced as traumatic by some patients. Coercive and restrictive practices, including involuntary admission, seclusion, physical restraint, and forced treatment, may contribute to fear, loss of control, and post-traumatic stress symptoms.

Methods: Systematic reviews, meta-syntheses, and clinical studies published between 2019 and 2026 were reviewed, focusing on post-traumatic stress symptoms following psychiatric hospitalization and factors associated with psychological distress.

Results: Evidence suggests that post-traumatic stress symptoms may occur following coercive and restrictive inpatient experiences. A systematic review of 35 studies reported PTSD prevalence estimates of 25–47% in individual studies following seclusion or physical restraint. Perceived coercion was also reported among some formally voluntary patients and was associated with communication with staff and involvement in treatment decisions. Exposure to violence during hospitalization was associated with more severe post-traumatic symptoms. Findings varied between studies, suggesting that the patient's subjective experience may be an important factor.

Conclusion: Psychiatric hospitalization is not inherently traumatic, but coercive practices, perceived loss of control, poor communication, and exposure to violence may increase the risk of post-traumatic symptoms. Trauma-informed care, meaningful patient involvement, and minimization of unnecessary coercion may help reduce psychological harm during inpatient treatment.

STUDYING THE SCIENTIFIC POTENTIAL OF RESIDENTS IN THE FIELD OF MENTAL HEALTH

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The development of the scientific potential of medical residents is an essential component of modern medical education and evidence-based medicine. Participation in research activities contributes to the development of critical thinking, methodological skills, and the consolidation of medical professionalism. The study focused on investigating the scientific potential of mental health residents and assessing their level of involvement in scientific research activities.

Material and Methods. The research included a review of the specialized literature on scientific potential and research competence in medical education, the application of a structured questionnaire to residents, and the use of descriptive and comparative statistical methods for data interpretation. Key concepts identified: scientific potential, residents, scientific research, medical education, evidence-based medicine. The literature review highlighted that scientific potential is a multidimensional construct influenced by cognitive, motivational, and organizational factors. The findings of the study demonstrated a favorable level of residents' involvement in academic and scientific activities, as well as a tendency toward increased participation in research during residency training. At the same time, institutional and organizational barriers that may limit the full realization of scientific potential were identified.

Conclusion. The development of residents' scientific potential requires the systematic integration of research activities into professional training, the strengthening of academic mentorship, and the creation of an educational environment that supports research and evidence-based medical practice.

BURNOUT AMONG NURSES IN HOSPITAL-BASED HEALTHCARE INSTITUTIONS

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Introduction: Burnout syndrome is a state of physical and emotional exhaustion resulting from chronic occupational stress. Among nursing staff, this phenomenon significantly compromises personal health, professional performance, and the quality of patient care.

Objective: This study aimed to evaluate the prevalence of burnout syndrome among nurses working in hospital settings in the municipality of Chisinau.

Methods: A descriptive cross-sectional study was conducted among 529 nurses employed across eight hospital-type medical institutions in Chisinau. Data were collected via survey between July and August 2026. The level of burnout was assessed using the Maslach Burnout Inventory.

Results: The study cohort comprised 529 participants (4.7% men, 95.3% women), with a mean age of 44.0 ± 13.5 years and an average professional experience of 20.1 ± 13.9 years. Regarding overall burnout, 244 (46.1%) respondents were identified as experiencing the syndrome: 210 (39.7%) at a moderate level and 34 (6.4%) at a high level. When analyzed by dimension, depersonalization was present in 332 (62.8%) nurses (30.8% moderate; 31.9% high). Regarding personal accomplishment, 139 (26.3%) reported moderate levels and 190 (35.9%) reported high levels of reduced professional efficacy, while 200 (37.8%) showed low levels.

Conclusion: The findings indicate that 244 (46.1%) of the surveyed nurses reported experiencing symptoms of burnout across the evaluated dimensions. These results underscore the urgent need for increased institutional focus on the occupational health of nursing staff and the implementation of targeted, effective strategies for burnout prevention to ensure sustainable healthcare quality.

PRENATAL ALCOHOL EXPOSURE IN THE REPUBLIC OF MOLDOVA: ASSOCIATED RISKS AND IMPACT OF A MULTIDISCIPLINARY PREVENTION INTERVENTION

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Project: "Opportunities for the Prevention of Fetal Alcohol Disorders in the Municipality of Chisinau" (STAF Project).

Introduction. Prenatal alcohol exposure is a preventable risk factor for adverse fetal and neurodevelopmental outcomes, including miscarriage, preterm birth, low birth weight, cognitive and behavioral impairment, and fetal alcohol spectrum disorders (FASD). In the Republic of Moldova, national FASD prevalence remains unknown.
Methods. A knowledge-attitudes-practices study included 304 women who delivered in municipal maternity hospitals in Chisinau. A pre-post intervention component evaluated 146 pregnant women (52 before and 94 after training) following multidisciplinary education of 200 healthcare professionals, psychologists, and social workers. Alcohol use, pregnancy planning, risk awareness, prenatal counselling, behavioral screening, and AUDIT use were assessed. Fisher's exact test and odds ratios (OR) with 95% confidence intervals (CI) were calculated.
Results. Alcohol use during pregnancy was reported by 28.6% (n=87) of participants and was more frequent in unplanned than planned pregnancies (36.8% vs 24.9%; OR=1.76, 95% CI 1.05-2.97; p=0.040). After professional training, counselling about alcohol at the first prenatal visit increased from 44.2% to 84.0% (OR=6.64, 95% CI 3.05-14.45; p<0.001), direct screening for alcohol use from 28.8% to 70.2% (OR=5.81, 95% CI 2.76-12.25; p<0.001), and AUDIT use from 26.9% to 67.0% (OR=5.52, 95% CI 2.61-11.66; p<0.001). Reported alcohol use after pregnancy confirmation decreased from 11.5% to 0% (p=0.002).
Conclusions. Prenatal alcohol exposure remains a relevant public health concern in Moldova. Multidisciplinary training was associated with substantial improvements in screening and counselling and with elimination of reported alcohol use after pregnancy confirmation in the post-intervention group.
Keywords: pregnancy; alcohol use; prenatal alcohol exposure; fetal alcohol syndrome; fetal alcohol spectrum disorders; AUDIT; screening; prevention.
Conflict of interest: Research supported by the project "Opportunities for the Prevention of Fetal Alcohol Spectrum Disorders in Chișinău Municipality" (the STAF pilot project) was implemented by the NGO "Progress through Alternative," with support from the UNICEF Country Office in the Republic of Moldova, from August 2025 to May 2026.

REGRESSIVE MANIFESTATIONS IN THE CONTEXT OF ILLNESS: CLINICAL INDICATORS OF DISTRESS AND ADAPTATION DIFFICULTIES

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Psychological regression refers to the transient reactivation of coping mechanisms characteristic of earlier developmental stages in response to intense stress, trauma, or illness. Clinically, it may manifest as increased dependency on others, diminished autonomy, avoidance, difficulties with emotional self-regulation, and impaired daily functioning.

Regression does not constitute a distinct psychiatric diagnosis and it should not be regarded as a specific indicator of any particular disorder. It may signal psychological vulnerability and difficulties in adapting to illness.

Keywords used: psychological regression, psychological vulnerability, coping, mental health, social support, psychological interventions.

Current literature indicates that adaptation to chronic physical conditions is influenced by the interplay between disease severity and progression, cognitive appraisals, coping behaviours, personal resources, social support, and life context (Carroll et al., 2022).

In childhood, developmental regression is described in association with psychological trauma and post-traumatic stress disorder; however, its definition, classification, and therapeutic management remain insufficiently standardized (A. Alameddine, 2025).

Clinical assessment must specify the onset, duration, and triggers, as well as the prior level of functioning, affective symptoms, traumatic experiences, suicide risk, and support network. It is also necessary to rule out neurological, neurodevelopmental, toxic, and somatic causes. According to the WHO/mhGAP guideline (2023), intervention is based on individualized assessment, structured psychological interventions, stress management, and the strengthening of social support.

POSTPARTUM DEPRESSION AND EARLY MOTHER–INFANT RELATIONSHIPS: INTEGRATING PARENTAL MENTALIZATION INTO DYADIC PSYCHOLOGICAL CARE

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Background: Postpartum depression (PPD) may affect maternal emotional availability, sensitivity to infant cues, and the quality of early mother–infant interactions. Parental mentalization, defined as the capacity to understand one's own and the infant's behavior in terms of underlying mental states, represents an important psychological process in the development of secure attachment and emotional regulation.

Objective: To explore the relationship between postpartum depression, parental mentalization, and mother–infant bonding, highlighting the potential contribution of dyadic psychological interventions to early maternal mental healthcare.

Discussion: Depressive symptoms may interfere with a mother's capacity to recognize and respond sensitively to her infant's emotional and developmental needs. Difficulties in parental mentalization may contribute to disruptions in mother–infant communication and emotional attunement. Dyadic psychological interventions, including parent–infant psychotherapy, mentalization-based approaches, and video-feedback techniques, aim to strengthen maternal reflective functioning, improve emotional responsiveness, and support the development of positive mother–infant interactions. Integrating these approaches into early postpartum care may facilitate the identification of relational difficulties and provide additional support alongside interventions targeting maternal depressive symptoms.

Conclusions: Addressing postpartum depression requires attention not only to maternal symptom reduction but also to the quality of early mother–infant relationships. Incorporating parental mentalization and dyadic psychological interventions into postpartum mental healthcare in the Republic of Moldova may contribute to more comprehensive, family-centered care and support maternal psychological well-being and infant socio-emotional development.

TARGETED NUTRITIONAL INTERVENTIONS AND STANDARDIZED PHYTOTHERAPY IN ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AND AUTISM SPECTRUM DISORDER (ASD)

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Introduction: Autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) are associated with distinct but partially overlapping alterations in inflammatory, oxidative, metabolic, and neurotransmitter-related pathways. Given the variability in treatment response and tolerability of conventional pharmacotherapy, nutritional and standardized phytotherapeutic interventions have emerged as potential complementary and adjunctive strategies.

Methods: A comprehensive search of relevant studies was conducted using databases PubMed, Elsevier, and NCBI from the last 7 years. Keywords employed in the search included "ASD", "ADHD" and "phytotherapy."

Results: The literature suggests predominantly domain-specific complementary benefits, with improvements observed in selected clinical domains. In ADHD, randomized controlled evidence shows that standardized *Withania somnifera* root extract significantly improves core symptom severity and global executive functioning relative to placebo. Furthermore, adjunctive *Crocus sativus* combined with methylphenidate accelerates treatment response compared to stimulant monotherapy. In ASD, meta-analytic findings indicate modest, domain-specific improvements, where omega-3 fatty acids attenuate hyperactivity and lethargy, and vitamin D3 primarily reduces stereotypical behaviors. Conversely, evidence for zinc is strongest for an observational association with lower circulating status in ADHD rather than consistent therapeutic efficacy from supplementation, while clinical data for *Bacopa monnieri* remain preliminary and limited by open-label trial designs.

Conclusions: Targeted nutritional and phytotherapeutic interventions demonstrate promising but heterogeneous adjunctive benefits across selected behavioral and executive domains. Current evidence supports their potential utility as complementary and adjunctive interventions alongside established pharmacological and behavioral therapies. Future adequately powered, biomarker-stratified randomized trials incorporating standardized preparations and long-term follow-up are warranted.

DIGITAL PHENOTYPING IN PSYCHIATRY: CAN EVERYDAY DIGITAL BEHAVIOR BECOME A BIOMARKER OF MENTAL ILLNESS?

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Introduction: Psychiatric assessment provides only brief snapshots of a patient's mental state, while clinically relevant changes often emerge between consultations. Digital phenotyping offers a complementary approach by continuously capturing behavioral and physiological signals through smartphones and wearable devices in real-world settings.

Aim: To examine whether everyday digital behavior can provide clinically meaningful biomarkers of mental illness and to assess the challenges that currently limit its clinical translation.

Methods: Recent peer-reviewed studies and systematic reviews published between 2024 and 2026 were reviewed, focusing on smartphone- and wearable-derived digital phenotypes in mood and schizophrenia-spectrum disorders.

Results and Discussion: Emerging evidence suggests that passive digital measures, including sleep, mobility, physical activity, heart rate and patterns of device interaction, can capture clinically relevant changes and may contribute to symptom monitoring and prediction of clinical outcomes. However, substantial heterogeneity persists in sensors, sampling procedures, analytical methods and clinical endpoints. Moreover, a measurable digital signal associated with a psychiatric symptom cannot automatically be considered a biomarker. Reproducibility, biological plausibility, clinical validity, generalizability and data privacy remain essential challenges.

Conclusion: Digital phenotyping could move psychiatric assessment from episodic observation toward continuous, ecologically valid monitoring. Its clinical value will ultimately depend not on the quantity of data collected, but on whether these signals can be reliably validated and translated into clinically actionable information.

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POSTNATAL DEPRESSION ACROSS THE CONTINUUM OF CARE: FROM EARLY SCREENING TO PERSONALIZED PSYCHOLOGICAL INTERVENTION

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Background: Postnatal depression (PND) remains a major public health concern, yet detection and treatment gaps persist despite the availability of validated screening tools and effective psychological therapies. Current evidence increasingly supports integrated pathways that link early identification with timely, severity-matched and context-sensitive care.

Objective: To synthesize recent evidence on screening, clinical assessment and personalized psychological intervention for PND across the continuum of perinatal care.

Methods: A focused narrative review of clinical guidelines, systematic reviews and meta-analyses published between 2022 and 2026 was conducted, prioritizing evidence on validated screening, psychological treatments, digital delivery and stepped-care models.

Results: Current guidelines recommend repeated screening for depression and anxiety during pregnancy and the postpartum period using validated instruments, provided that positive screens are followed by diagnostic assessment, risk evaluation and access to treatment. The Edinburgh Postnatal Depression Scale remains the most established postpartum screening measure. Meta-analytic evidence supports cognitive-behavioural therapy and interpersonal psychotherapy for reducing perinatal depressive symptoms, while digitally delivered interventions may improve accessibility and show small-to-moderate benefits. Emerging stepped-care approaches emphasize matching intervention intensity to symptom severity, comorbidity, suicide risk, patient preference, psychosocial context and treatment response; however, rigorous evidence for fully personalized care pathways remains limited.

Conclusions: Effective PND care requires moving beyond screening as an isolated procedure toward an integrated continuum linking detection, clinical formulation, individualized psychological intervention and systematic follow-up. Such models may improve access, continuity and responsiveness of perinatal mental health services.

AI-ASSISTED DELIBERATE PRACTICE FOR TRAINING COGNITIVE BEHAVIORAL THERAPY SKILLS: AN EXPLORATORY QUALITATIVE STUDY

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Background: Psychotherapy training often provides limited opportunities for repeated rehearsal of clinical skills. AI-simulated clients may extend practice beyond the classroom while retaining educator-defined objectives and oversight.

Objective: To explore how experienced educators and supervisors evaluate the pedagogical relevance, feasibility, and implementation requirements of AI-assisted deliberate practice for cognitive behavioral therapy skills.

Methods: Rolelit uses competency-linked missions and a cycle of briefing, simulated-client interaction, self-reflection, criterion-referenced feedback, correction, and retry. Five psychotherapy educators and supervisors, each with more than 10 years of clinical practice, teaching, and supervision experience, participated in semi-structured interviews and prototype walkthroughs. Cross-case thematic analysis examined perceived value, implementation conditions, psychological safety, and assessment boundaries.

Results: Participants converged on a need for brief, course-linked rehearsal of defined skills. Structured case information, explicit criteria, repeated attempts, and feedback linked to observable behaviour were valued when aligned with the curriculum. Educator control over scenarios, criteria, and feedback emerged as a central adoption condition. Participants also emphasised reliable voice interaction, safe correction and retry, and separation of task completion from demonstrated competence. AI was positioned as supporting practice and evidence review, not independently determining competence.

Conclusions: Findings support the perceived relevance and acceptability of AI-assisted deliberate practice as an extension of educator-led psychotherapy training. They define requirements for pilot implementation but do not establish feedback accuracy or educational effectiveness. The next validation step is comparison of AI-generated criterion ratings with blinded educator ratings.

Conflict of interest: The author is the founder of Rolelit, the platform evaluated.

MENTAL HEALTH AND PSYCHOSOCIAL

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Introduction. Violence may disrupt a child's sense of safety, affect regulation, relational trust and continuity of self. When caregiving becomes a source of danger, emotional experience may remain insufficiently represented and difficult to communicate. In child protection practice, a gap may persist between crisis response and access to specialised psychotherapy. This paper examines the structured mental health and psychosocial support model applied within the Amicul Psychosocial Assistance and Rehabilitation Service as a minimum framework of care for child survivors of violence.

Methods. The paper draws on sustained clinical practice, international MHPSS guidance and psychoanalytic thinking. The model includes safety planning, psychoeducation, grounding and affect regulation, coping and problem-solving, involvement of a non-offending caregiver or trusted adult, planned endings and preparation for recurrent distress. Interventions are adapted to the child's age, developmental level, relational context and capacity to engage.

Results and discussion. Clinical application suggests that a structured and predictable framework can support safety, affect regulation and continuity of care. Winnicott's concept of holding and Bion's concept of containment provide a clinical framework for understanding how a reliable therapeutic relationship may support the gradual transformation of emotional experience into something more tolerable, representable and thinkable. Emotional calming and symptom reduction may contribute to recovery by restoring conditions for psychological elaboration. Structured MHPSS may bridge crisis response and specialised treatment, reduce fragmented practice and facilitate timely referral when longer-term trauma-focused psychotherapy is indicated.

Funding support – declaration of potential conflict of interest. The author declares no conflict of interest.

EARLY MALADAPTIVE SCHEMAS AND EMOTION REGULATION AS TRANSDIAGNOSTIC MECHANISMS IN DEPRESSIVE AND ANXIETY SYMPTOMS

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Background: Early maladaptive schemas (EMSs), which develop primarily in response to unmet emotional needs and adverse experiences during childhood and adolescence, may represent enduring vulnerabilities for later psychopathology. Difficulties in emotion regulation are also implicated across depressive and anxiety presentations and may constitute a mechanism linking early developmental vulnerabilities to adult symptoms.

Objective: To examine associations between EMSs and depressive and anxiety symptom severity and to test whether difficulties in emotion regulation mediate these relationships among adults accessing mental health services in the Republic of Moldova.

Methods: This observational, analytical, cross-sectional study will include approximately 200 adults aged 18–60 years recruited from psychological and mental health services. Participants will complete standardized measures of EMSs, emotion regulation difficulties, depressive symptoms, and anxiety symptoms. Analyses will include descriptive statistics, correlations, multiple regression, and mediation models using bootstrap estimation of indirect effects, controlling for relevant sociodemographic and clinical variables.

Expected Results: Higher EMS levels are expected to be associated with greater emotion regulation difficulties and more severe depressive and anxiety symptoms. Emotion regulation difficulties are hypothesized to significantly mediate these associations. Distinct schema profiles with differential clinical relevance for depressive and anxiety symptoms may also emerge.

Conclusions: Examining how early developmental vulnerabilities are linked to adult affective symptoms through emotion regulation may strengthen a lifespan-informed, transdiagnostic approach to mental health care. Findings may support individualized case formulation and psychotherapeutic interventions targeting clinically relevant schemas and modifiable emotion regulation processes.

CLINICAL AND PSYCHOPATHOLOGICAL FEATURES OF OBSESSIVE-COMPULSIVE MANIFESTATIONS IN AUTISM SPECTRUM DISORDER

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Introduction: Obsessive-compulsive manifestations in autism spectrum disorder (ASD) are clinically challenging, as autistic repetitive behaviors may resemble obsessive-compulsive disorder (OCD) symptoms, although their underlying functions and subjective experience may differ. This study aimed to characterize the clinical and psychopathological features of obsessive-compulsive manifestations in ASD and to identify features that differentiate autistic repetitive behaviors from OCD symptoms.

Methods: A narrative review of PubMed/MEDLINE (2020–2026) used combinations of the terms "autism spectrum disorder," "obsessive-compulsive disorder," "obsessive-compulsive symptoms," "repetitive behaviors," and "comorbidity." Eight publications, including systematic reviews, meta-analyses, and clinical studies, were selected for the final narrative synthesis.

Results and Discussion: Repetitive behaviors in ASD are more often linked to restricted interests, self-regulation, enjoyment, and a preference for predictability and sameness, whereas OCD compulsions are more often performed in response to intrusive, unwanted thoughts or urges and are aimed at reducing anxiety or preventing feared outcomes; these distinctions are not absolute. Pooled prevalence estimates are 11.6% for OCD among children and adolescents with ASD, and 8.0% for ASD among those with OCD, with overlapping yet distinct cognitive and neurobiological features. Differentiating ASD-related repetitive behaviors from OCD symptoms is therefore essential for accurate diagnosis and treatment: assessing subjective experience, triggers, distress, functional purpose, and the link to intrusive thoughts may aid recognition of comorbidity and guide individualized intervention.

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THE THERAPEUTIC POTENTIAL OF PSYCHEDELICS IN ALCOHOL USE DISORDER

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Introduction: Alcohol use disorder (AUD) is one of the most prevalent mental and behavioral health conditions globally. It is estimated that approximately 400 million people—about 7% of the global population aged 15 years and older—are affected by alcohol use disorders. Among them, around 209 million individuals (3.7% of adults) meet the diagnostic criteria for alcohol dependence.

Aim of study: To evaluate the therapeutic potential of psychedelic-assisted psychotherapy in treating alcohol use disorder.

Methods and materials: A structured literature search was conducted in PubMed,MEDLINE,NCBI, covering publications from the last five years.

Results: Psychedelics have reemerged as candidate therapeutics for substance use disorders (SUDs), a field marked by high relapse rates and limited pharmacological options. Contemporary investigations of psilocybin, LSD, ketamine, and MDMA have shown that their mechanisms of action may help reduce cravings, improve mood, and enhance psychological flexibility, potentially addressing core aspects of addiction. (S. Meshkat, 2025).AUD is associated with dysfunction in the prefrontal cortex, impairing executive control and decision-making. Psychedelic therapies may help restore cognitive flexibility and improve behavioral regulation.

Conclusion : Nevertheless, the current evidence base remains preliminary. Existing trials are small, heterogeneous, and often lack adequate blinding, and recent reviews conclude that psychedelic treatment of SUDs remains experimental and insufficient to justify routine clinical use. Large, rigorously controlled trials are needed before psychedelic-assisted therapy can be integrated into standard addiction psychiatry.

Keywords: psychedelics; alcohol use disorder; mental health;

SUICIDE RISK IN BORDERLINE PERSONALITY DISORDER AND MANAGEMENT STRATEGIES

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Introduction. Borderline personality disorder (BPD) is a psychiatric condition associated with emotional instability, impulsivity, self-harming behaviors, and an increased risk of suicide. A recent meta-analysis estimated the lifetime prevalence of suicidal ideation at 80%, suicide attempts at 52%, and suicide at 6% among patients with BPD, highlighting the importance of systematic suicide risk assessment. Aim of the study. To evaluate current evidence regarding suicide risk in BPD and to analyze therapeutic strategies used to reduce suicidal and self-harming behaviors.
Materials and methods. A narrative review of the specialized literature was conducted using clinical studies, meta-analyses, and international recommendations regarding the management of BPD and suicidal behavior. Particular attention was paid to data concerning psychotherapy, dialectical behavior therapy (DBT), risk assessment, and crisis interventions.
Results. Available evidence supports the effectiveness of psychotherapeutic interventions in reducing self-harming behaviors and suicidal outcomes. Meta-analyses indicate benefits of DBT in reducing self-destructive behavior, although its effects on suicidal ideation are less consistent.
Conclusions. Suicide risk represents a major component of BPD management. Repeated risk assessment, evidence-based psychotherapeutic intervention, safety planning, and continuity of care are essential components of an individualized clinical approach.
Keywords: borderline personality disorder, suicide, suicidal ideation, self-harm, dialectical behavior therapy, risk assessment, suicide prevention.

BEHAVIOURAL ADDICTIONS IN ADOLESCENTS AND YOUNG ADULTS: PREVENTION, SCREENING AND EARLY INTERVENTION

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Introduction. Adolescence and the transition to adulthood are important periods for preventing addictive behaviours associated with digital environments. Risk identification requires distinguishing intensive use from patterns involving impaired control and functional impairment.
Objective. To present an integrated framework for prevention, screening, and early intervention in behavioural addictions, focusing on gaming, online gambling, and problematic social media use.
Results and discussion. The guide emphasizes assessment of usage patterns, persuasive mechanisms, and effects on sleep, learning, relationships, and daily activities. Prevention combines digital literacy, emotional self-regulation, offline activities, and family involvement. Screening begins with a digital history and warning signs, supplemented by age-appropriate instruments and assessment of anxiety and depressive symptoms. Positive findings require clinical assessment; problematic use does not automatically constitute an addictive disorder. Early intervention includes psychoeducation, motivational techniques, cognitive behavioural strategies, negotiated goals, and monitoring. Significant functional impairment, comorbidities, and safety concerns guide referral to specialist services. Adaptation for young adults requires respect for autonomy and consideration of academic, occupational, and financial functioning.
Conclusions. A stepped-care model coordinated across primary care, education, and mental health services provides a framework for early identification and intervention proportionate to risk. The applicability and effectiveness of adaptations for young adults require evaluation.

MORAL INJURY AMONG HEALTHCARE PROFESSIONALS IN THE DIGITAL ERA: NEW CHALLENGES FOR MENTAL HEALTH

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Introduction. This study examined potentially morally injurious experiences and posttraumatic stress symptoms among healthcare professionals, with implications for mental health support in the digital era.

Methods. A cross-sectional analysis included 155 consenting healthcare professionals from the Republic of Moldova: 113 physicians and 42 nurses. Mean age was 35.9 years (SD 9.6); 63.9% were women. Questionnaire items corresponded to a healthcare-adapted Moral Injury Events Scale (MIES) and the PTSD Checklist for DSM-5 (PCL-5). Descriptive statistics and Spearman's correlation were calculated using complete responses and the numerical coding in the dataset. Digital exposures were not measured.

Results. Mean summed MIES and PCL-5 scores were 30.29 (SD 9.50) and 32.63 (SD 15.52), respectively. MIES scores were positively correlated with PCL-5 scores ($\rho = 0.594$; $p < 0.001$). Responses of 4–6 on the six-point MIES items occurred in 56.8% for witnessing morally wrong actions, 56.1% for perceived betrayal by colleagues, and 52.9% for perceived betrayal by healthcare leaders. These descriptive categories are not clinical thresholds.

Discussion and conclusions. Moral-event responses were associated with posttraumatic stress symptom scores. Findings support further evaluation of confidential psychological support and organizational responses to ethical concerns. Digital screening, online peer support, and remote ethical consultation warrant investigation as delivery approaches. The cross-sectional design precludes causal inference, and these data cannot establish effects of digitalization or the effectiveness of digital interventions.

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ALEXITHYMIA IN DENTAL PHOBIA: A PERSPECTIVE ON PSYCHOAFFECTIVE VULNERABILITY

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Dental fear is a complex emotional response whose severe forms may interfere with the use of dental services and patients' adaptation to treatment. From a mental health perspective, difficulties in identifying and describing emotions may represent a vulnerability dimension relevant to dental phobia. This study examined the association between alexithymia and dental fear severity in adults and tested whether this relationship remained significant after controlling for age and gender. A quantitative, cross-sectional, correlational design was used with 250 adults aged 18-65 years. Dental fear was assessed using the Dental Fear Survey (DFS), and alexithymia using the 20-item Toronto Alexithymia Scale (TAS-20). Pearson correlation analysis showed a moderate positive association between alexithymia and dental fear severity ($r = .416$, $p < .001$). In hierarchical linear regression, alexithymia remained significantly associated with dental fear after adjustment for age and gender ($\beta = .411$, $p < .001$) and accounted for an additional 16.9% of the variance in DFS scores ($\Delta R^2 = .169$). The final model explained 19.5% of the variance in dental fear. These findings support the relevance of alexithymia as a psychoaffective vulnerability associated with dental fear and highlight the value of assessing emotional processing in patients presenting with severe dental fear or dental phobia. Integrating psychological screening into dental care may help identify patients who could benefit from interventions focused on emotional awareness and regulation.

HOLISTIC APPROACH TO NEURODEVELOPMENTAL DISORDERS: INTEGRATING PHARMACOLOGICAL, PSYCHOSOCIAL AND ADJUNCTIVE INTERVENTIONS FROM A PERINATAL PERSPECTIVE

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Introduction. Autism spectrum disorder (ASD) affects about 1 in 31 children and is clinically heterogeneous. Maternal mental disorders complicate 10–13% of pregnancies, linking perinatal psychiatry to both ASD risk and phenotype.

Methods. Narrative synthesis of guidelines, umbrella reviews and sibling-controlled cohorts, plus preliminary data from our ongoing systematic review (PubMed/CENTRAL, 537 records; Springer, 423; PRISMA 2020).

Results and discussion. Valproate showed the most robust, dose-dependent signal (adjusted HR 2.4–2.9); paternal exposure also warrants caution. Associations with antidepressants, antipsychotics, benzodiazepines and paracetamol disappeared in sibling comparisons, indicating confounding by maternal illness. In our review, 29 studies linked prematurity, preeclampsia, hypoxia, maternal stress and immune activation with greater severity and distinct language and sensory profiles. Early and parent-mediated interventions are foundational; no drug treats core symptoms, while risperidone and aripiprazole reduce severe irritability. Comorbid ADHD, anxiety and sleep disorders require targeted, monitored treatment.

Conclusions. Holistic care begins before birth: avoiding valproate, treating maternal mental disorders, recording perinatal history for phenotypic stratification and integrating evidence-based, multidisciplinary, family-centred interventions across the lifespan.

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ADJUVANT INTERVENTIONS IN NEURODEVELOPMENTAL DISORDERS: MECHANISMS, EVIDENCE AND CLINICAL PERSPECTIVES

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Introduction. No medication is approved for the core symptoms of autism spectrum disorder (ASD), and stimulants for attention-deficit/hyperactivity disorder (ADHD) are not always effective. About half of young people with ASD use complementary treatments. We reviewed mechanisms and evidence for adjuvant interventions.

Methods. Narrative review of systematic reviews, meta-analyses and randomized controlled trials indexed in PubMed/MEDLINE up to October 2026.

Results and Discussion. Proposed mechanisms include circadian disruption (melatonin), omega-3 deficiency (supplementation), oxidative stress and glutamatergic dysregulation (N-acetylcysteine), gut dysbiosis (probiotics) and altered GABAergic inhibition (bumetanide). In children with neurodevelopmental disorders, melatonin increased total sleep time by 48 minutes versus placebo and reduced sleep onset latency by 29 minutes, without serious adverse events. Structured exercise improved executive functions in ADHD and ASD (low-certainty evidence). Polyunsaturated fatty acids, mainly omega-3, had no effect on parent-rated ADHD symptoms (high-certainty evidence). In ASD, probiotics and N-acetylcysteine showed small effects in small trials, large randomized trials of oxytocin and bumetanide found no benefit. Neurofeedback did not reduce ADHD symptoms on blinded ratings. No complementary intervention for autism is supported by high-quality evidence. Adjuvant interventions may address insomnia or executive dysfunction but do not replace established treatment. Larger trials with blinded outcomes and biological stratification are needed.

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SCREENING FOR AUTISM SPECTRUM DISORDER IN PRIMARY CARE: RESULTS AND ASSOCIATED FACTORS

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Introduction: Early identification of children at risk of autism spectrum disorder (ASD) is a priority in primary healthcare, facilitating access to specialized diagnostic assessment and early intervention.

Objective: To evaluate the results of ASD screening in young children, assess the agreement between the M-CHAT-R/F and CoSoS (ESAT) screening instruments, and explore factors associated with ASD risk.

Materials and Methods: An analytical observational study was conducted involving 104 children aged 16–30 months who were assessed at the University Primary Health Care Clinic of Nicolae Testemițanu State University of Medicine and Pharmacy between January and December 2024. ASD screening was performed using the M-CHAT-R/F and CoSoS (ESAT) instruments. Sociodemographic characteristics, child sex, parental age, family history of ASD, and perinatal factors were analyzed.

Results: Initial screening with the M-CHAT-R identified 71 children (68.3%) at low risk, 15 (14.4%) at moderate risk, and 18 (17.3%) at high risk. Following the administration of the follow-up interview to children in the moderate-risk group, four additional children screened positive, bringing the total to 22 children (21.2%) with positive screening results. All 22 children also screened positive on the CoSoS (ESAT). Boys predominated among children with positive screening results (15 boys and 7 girls; male-to-female ratio of 2.1:1). A family history of ASD was reported in five of the 22 screen-positive children (22.7%), compared with six of the 104 participants overall (5.8%). Descriptive analysis revealed differences in the distribution of positive screening results according to parental age and perinatal history. Children with positive screening results were referred for specialized psychiatric assessment.

Conclusions: ASD screening in primary care enabled the identification of a substantial group of children requiring further diagnostic evaluation. The agreement between positive M-CHAT-R/F and CoSoS (ESAT) results, the predominance of male sex, and the higher frequency of family history of ASD among screen-positive children highlight the relevance of systematic screening and family history assessment. Integrating ASD screening into routine pediatric visits may contribute to the early identification of children with suspected ASD and facilitate timely access to specialized services.

NEW FRONTIERS OF ADDICTION: GAMBLING, GAMING AND EMERGING DIGITAL BEHAVIOURS

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Introduction. ICD-11 recognised gambling disorder (6C50) and gaming disorder (6C51) as disorders due to addictive behaviours, leaving category 6C5Y open for other behaviours. Digitalisation blurs the boundaries between play, betting, investment and media consumption.

Objective of the study. To synthesise evidence on the epidemiology, mechanisms, emerging forms and treatment of behavioural addictions across the lifespan.

Material and methods. Narrative review of the literature indexed in PubMed/MEDLINE (2018–2026), prioritising meta-analyses and registry studies.

Results. Globally, 46.2% of adults gambled in the past year and 1.41% show problem gambling (15.8% among online casino and slot gamblers). Gaming disorder prevalence is about 3% (1.96% in rigorous samples), with a male-to-female ratio of 2.5:1. Loot box purchasing among 16–24-year-olds is associated with problem gambling (adjusted OR = 4.5). Speculative crypto-asset trading, short-form video use (associated with poorer attention, r = −0.38) and dependence on conversational chatbots remain insufficiently validated candidates. Shared mechanisms involve the fronto-striatal imbalance described by the I-PACE model. ADHD symptoms correlate with gaming disorder (r ≈ 0.30), and in Parkinson's disease the risk of impulse control disorders is doubled (OR = 2.07), modulated by antiparkinsonian treatment. Gambling disorder carries a fivefold suicide mortality compared with the general population (SMR = 5.12). Group cognitive behavioural therapy (SMD = −1.09) and opioid antagonists have the most consistent support, although the quality of evidence remains low. No indexed studies of these behaviours in the Republic of Moldova were identified.

Conclusions. Digital addictions form a continuum of variable-reward products relevant from adolescence to late life. Systematic assessment in mental health services, national epidemiological studies based on ICD-11 and regulation of digital products are needed.

HOLISTIC APPROACH AND ADJUNCTIVE INTERVENTIONS IN NEURODEVELOPMENTAL DISORDERS

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Background: Neurodevelopmental disorders (NDDs), including attention-deficit/hyperactivity disorder (ADHD, global prevalence of around 7.6% in children) and autism spectrum disorder (ASD, around 0.77% in children), represent a major public health challenge due to their early onset and long-term impact on socio-educational functioning. High clinical and biological heterogeneity and frequent multimorbidity limit the efficacy of single-treatment paradigms, underscoring the need for evidence-based, individualised adjunctive interventions integrated into standard care.

Objectives: This monograph aims to integrate neurobiological mechanisms, clinical phenotypes, and adjunctive therapeutic strategies into a unified, multidisciplinary framework for the major NDDs.

Methodology: The methodology involved the analysis and synthesis of relevant international scientific literature published over the past seven years (2019–2026), identified through searches of the PubMed/MEDLINE and Web of Science databases.

Results: Structured across six chapters, the monograph provides a multidimensional overview of the major NDDs, integrating conceptual and epidemiological aspects with biological mechanisms, clinical characteristics, and adjunctive therapeutic strategies. It examines genetic architecture and epigenetic mechanisms, neuroinflammation, mitochondrial function, and the gut–brain axis, as well as the clinical manifestations of ADHD, ASD, intellectual disability, communication disorders, learning disorders, and motor disorders (including tic disorders). Particular attention is given to the ESSENCE (Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations) framework and to the specific clinical presentation in girls and women, including the risk of underdiagnosis. The therapeutic component critically evaluates the evidence concerning nutritional interventions, dietary supplements, and phytotherapeutic agents, including vitamin D3, omega-3 fatty acids, zinc, and melatonin, as well as standardised extracts of Ashwagandha (Withania somnifera), Crocus sativus, and Bacopa monnieri. The monograph also explores the applications of telemedicine, digital interventions, neurofeedback, mobile health (mHealth) technologies, and artificial intelligence. Finally, it examines approaches to the assessment and management of self-injurious behaviour and aggressive behaviour towards others, focusing on functional behavioural assessment, positive behaviour support, and the optimisation of pharmacotherapy.

Conclusions: The scientific and practical value of the monograph lies in its integration, within a coherent framework, of neurobiological mechanisms, clinical characteristics, and adjunctive therapeutic strategies relevant to the major NDDs, as well as in its rigorous analysis of the available evidence, clearly distinguishing established mechanisms from hypotheses that remain to be validated. Adjunctive interventions are presented as complementary options within an individualised management approach, without replacing evidence-based therapies. The monograph is intended for psychiatrists, neurologists, paediatricians, psychologists, medical residents, and researchers, and may serve as a resource for clinical practice, academic teaching, and the development of future research directions.

BORDERLINE PERSONALITY DISORDER AND ADDICTIVE BEHAVIORS: EVIDENCE-BASED PSYCHOTHERAPEUTIC APPROACHES

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Background: Borderline personality disorder (BPD) frequently co-occurs with substance use disorders (SUDs). Impulsivity, affective instability, and elevated self-harm risk complicate treatment. Evidence concerning behavioral addictions is less developed.

Objective: To critically synthesize recent evidence on psychotherapy for BPD with addictive behaviors and identify implications for integrated clinical care.

Methods: A narrative review of systematic reviews, clinical studies, and practice guidelines published between 2022 and 2026, with emphasis on co-occurring BPD and SUDs.

Results and Discussion: Dialectical behavior therapy adapted for substance use (DBT-SUD) is the most extensively investigated integrated psychotherapy. Recent reviews report improvements in emotion regulation, whereas effects on substance use are inconsistent. Schema therapy has yielded promising improvements in BPD and alcohol-use symptoms, maintained at one-year follow-up in a small uncontrolled study. Mentalization-based treatment and other structured BPD psychotherapies have demonstrated benefits for borderline symptoms, but evidence for addiction-related outcomes in dual-diagnosis populations remains limited. Treatment planning should address both disorders concurrently, incorporating addiction-focused interventions, relapse prevention, motivational strategies, and systematic assessment of self-harm and suicide risk. Clinical outcomes should include substance use, borderline symptom severity, functioning, and treatment retention.

Conclusions: Psychotherapy for BPD with addictive behaviors should be coordinated, individualized, and measurement-informed. Larger comparative trials are needed to establish which integrated approaches achieve sustained improvements, particularly for behavioral addictions.

BEYOND DIAGNOSTIC THRESHOLDS: CLINICIAN-CAREGIVER DISCORDANCE AS AN OVERLOOKED DIMENSION OF AUTISM ASSESSMENT

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Background: Autism spectrum disorder (ASD) is characterized by considerable phenotypic heterogeneity, yet diagnostic interpretation frequently relies on standardized observational measures. Increasing evidence suggests that discrepancies between clinician observations and caregiver reports may reflect meaningful differences in autistic presentation across contexts. Whether such discordance should be considered measurement error or clinically relevant information remains insufficiently resolved.

Objective: To critically examine the psychometric and clinical significance of clinician–caregiver discrepancies in autism assessment, with particular attention to sex-related differences, diagnostic recognition and implications for precision diagnostics.

Methods: A focused narrative synthesis of published empirical studies addressing ADOS-2 measurement properties, informant discrepancies, sex-related diagnostic differences and clinical outcomes was undertaken. Evidence was critically examined with respect to measurement validity, clinical relevance and methodological limitations.

Results: A multicentre study involving 280 autistic children aged 6–11 years demonstrated systematic sex-related differences in clinician–caregiver ratings. Clinicians rated autistic characteristics lower than caregivers among girls, whereas the opposite pattern was observed among boys. Lower clinician ratings relative to caregiver reports were associated with later diagnosis and fewer hours of intervention. A separate psychometric investigation involving 813 children identified significant sex-related differential item functioning in six ADOS Module 3 items. However, the estimated impact on the overall ADOS score was approximately 0.41 points, suggesting limited effects on diagnostic classification. Together, these findings indicate that clinically relevant discrepancies may arise from contextual variation and informant perspectives rather than scoring bias alone. Importantly, their independent diagnostic and prognostic value remains uncertain.

Conclusions: Clinician–caregiver discordance represents a potentially informative, but insufficiently characterized, dimension of autism assessment. Integrating observational findings with developmental history, caregiver perspectives and real-world functioning may improve diagnostic formulation without undermining standardized instruments. Future longitudinal research should establish whether discordance contributes independently to diagnostic delay, support needs and clinical outcomes.

THE DIAGNOSTIC THRESHOLD PARADOX: GAMBLING-RELATED HARM BEYOND PROBLEM GAMBLING CLASSIFICATION IN THE DIGITAL ERA

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Background: Gambling disorder is commonly investigated through symptom-based screening and diagnostic classification. However, emerging evidence challenges the assumption that clinically meaningful gambling-related harm is confined to individuals meeting conventional thresholds for problematic gambling. This distinction is particularly relevant in the context of rapid digitalization and changing patterns of adolescent gambling.

Objective: To critically examine the discrepancy between symptom-based gambling classification and the broader distribution of gambling-related harm, highlighting implications for youth prevention and public health surveillance.

Methods: A critical narrative review was undertaken using published epidemiological surveys, population-based analyses and international evidence syntheses addressing gambling participation, screening thresholds, psychological wellbeing and digital gambling exposure.

Results: The ESPAD 2024 report identified indicators of problem gambling in 16% of Moldovan adolescents who had gambled during the preceding 12 months, compared with an ESPAD cross-country average of 8.9%. Across participating countries, the prevalence of online gambling increased from 7.9% in 2019 to 14% in 2024, with participation among girls increasing from 2.7% to 8.7%. Importantly, a 2025 secondary analysis of Health Survey for England and Scottish Health Survey data, covering 24,898 individuals aged 16 years and older, demonstrated associations between subthreshold Problem Gambling Severity Index (PGSI) scores and poorer emotional wellbeing. The steepest deterioration in wellbeing indicators was observed at lower PGSI scores, particularly between 1 and 3, even after adjustment for gambling participation and demographic characteristics. These findings challenge dichotomous interpretations of gambling-related risk, although cross-sectional associations cannot establish temporal or causal relationships.

Conclusions: Gambling-related harm should not be conceptualized exclusively through diagnostic thresholds. Evidence supports a broader public health perspective incorporating financial, psychological and functional consequences across the gambling-risk spectrum. The increasing digitalization of gambling further highlights the need for age-sensitive, harm-oriented surveillance, especially in settings where youth-specific longitudinal evidence remains limited.

THE TEMPORAL BLIND SPOT IN SUICIDE RESEARCH: SELF-DISGUST, INTEROCEPTIVE DISTURBANCES AND THE LIMITS OF STATIC RISK ASSESSMENT

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Background: Despite extensive research on suicidal thoughts and behaviours, predicting clinically meaningful changes in suicide risk remains challenging. Traditional risk assessment predominantly emphasizes relatively stable clinical characteristics, while emerging evidence implicates disturbances in bodily self-experience, including self-disgust and impaired interoceptive processing. However, the temporal and clinical significance of these phenomena remains unclear.

Objective: To critically synthesize evidence linking self-disgust and interoceptive disturbances to self-injurious and suicidal outcomes, identifying limitations in temporal inference, measurement validity and differentiation between suicidal and nonsuicidal outcomes.

Methods: A focused critical narrative synthesis integrated published longitudinal studies, systematic reviews and meta-analytic evidence concerning self-disgust, interoception, self-injury, suicidal ideation and ecological momentary assessment.

Results: A 2026 scoping review and meta-analysis included 66 studies involving 36,934 participants. Among 63 observational studies, 59 were cross-sectional and only four employed longitudinal or prospective designs, revealing a substantial limitation in the available temporal evidence. Greater trust in bodily signals and improved interoceptive self-regulation were generally associated with lower levels of suicidal outcomes, whereas findings for interoceptive accuracy were weak and nonsignificant. Separately, a longitudinal investigation involving 832 adolescents found that self-disgust predicted nonsuicidal self-injury six months later; however, this finding cannot be generalized directly to suicide attempts. A 2026 systematic review of 89 smartphone-based ecological momentary assessment studies further identified substantial variability in suicidal ideation measurement, with only 15 studies reporting any psychometric evidence. Collectively, these findings suggest that bodily self-experience is relevant to self-injurious processes, while its independent capacity to predict short-term suicidal deterioration remains unestablished.

Conclusions: Existing evidence supports further investigation of self-disgust and interoceptive disturbances as potentially relevant dimensions of suicidal vulnerability, rather than validated standalone risk markers. The predominance of cross-sectional studies, heterogeneous measurement approaches and inconsistent differentiation between nonsuicidal self-injury and suicidal behaviour limit clinical translation. Longitudinal, within-person research is required to determine whether changes in bodily self-experience precede suicidal crises and provide clinically meaningful information beyond established risk indicators.

DESCRIEREA CIP A CAMEREI NAȚIONALE A CĂRȚII DIN REPUBLICA MOLDOVA

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