



# SCIENTIFIC BULLETIN

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MENTAL HEALTH

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## ● EDITORIAL

### ABOUT THE FIRST SYMPOSIUM OF THE ADULT CLINIC OF THE INSTITUTE FOR MENTAL HEALTH

In an atmosphere marked by the university's rebellion, demanding respect for universal virtues and academic values—from truth to existential questions—while classrooms grapple with betting shops and the uncertainty of that struggle endures, the Institute of Mental Health celebrates its 62nd anniversary with the First Symposium of the Adult Clinic. The symposium will be held on April 15, 2025, at the Yugoslav Film Archive (Jugoslovenska kinoteka) in Belgrade. Its focus will be Psychotic disorders. The Chair of the Scientific Committee is Prof. Nadja Marić, MD, PhD, and the Chair of the Organizing Committee is Prim. Vesna Stefanović, MD, PhD. This international gathering will bring together experts from Serbia, Croatia, the United Kingdom, the Netherlands, and Italy to exchange experiences and the latest insights on diagnosing and treating psychotic disorders.

The first part of the program covers contemporary research on the onset, diagnosis, and pharmacological treatment of psychoses, highlighting risk factors as well as the role of genetics and the environment. Particular attention is devoted to innovative therapeutic methods. After a short break, a satellite symposium will present research findings and practical experiences, emphasizing early intervention in the first psychotic episode and the use of clozapine. Following another break, there will be a further sponsored segment of presentations focusing on various treatment modalities.

The final session places psychotic disorders in a broader context, addressing topics such as apophenia (the perception of patterns that may not exist), connections between psychotic states and autism spectrum disorders, treatment challenges during the peripartum period, and forensic aspects of psychoses. The program concludes with a joint discussion and formally closing the symposium.

Our vision is for the symposium of the Adult Clinic at the Institute to become a regular forum for experts across all areas of mental health addressed by the clinic. We begin this series with the topic of psychoses. In the future, we will also focus on mood disorders, anxiety disorders, trauma-related disorders, psychotherapy, and other scientific and clinical areas crucial to psychiatry and related disciplines.

Prof. dr Nadja Marić

### ABOUT THE SEVENTH CONGRESS OF THE SOCIETY FOR CHILD AND ADOLESCENT PSYCHIATRY AND RELATED PROFESSIONS

The Association for Child and Adolescent Psychiatry and Allied Professions of Serbia DEAPS is organizing its VII Congress with international participation from May 29-June 1, 2025. in Šabac, Hotel Sloboda. The theme of the congress is **Mental health of children and young people - trauma in us and around us**. After two years since the mass shooting happened in Serbia, at school and in the community, we considered it very important to talk about the events through our perspective, our activities and our traumas. The program is aimed at health workers, psychologists, social workers, pedagogues, special pedagogues, defectologists and other experts from related professions.

In the past years, we have dealt day and night with the most desperate, the saddest, the most frightened, the most injured, and we are aware that support will be needed for a long time. The way in which children and young people will cope with trauma, on an emotional, cognitive and physical level, depends very much on how the people from their environment, and above all adults whom they should trust and rely on, will be with them to provide them understanding, encouragement, support and ultimately love. We have tried to learn new

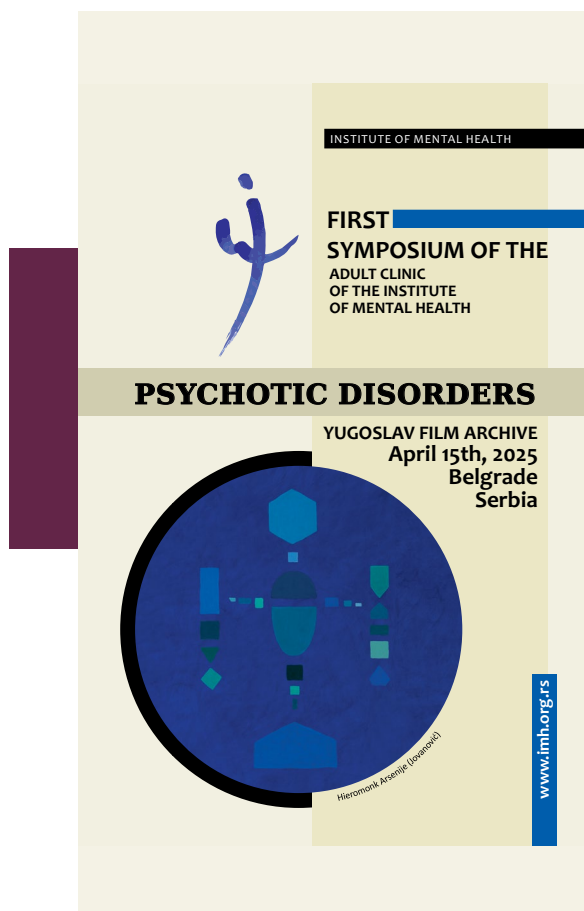
things in the past time, to offer as much as we can of what we already knew, to turn to our colleagues and develop and strengthen intersectoral cooperation when it comes to trauma response. Because the key word is the well-being of children, young people and their loved ones. That's why at the congress we want to make even better insights, which will contribute to a better understanding, and then perhaps lead to a greater chance for prevention. You can find the program at this link. <https://www.deaps.org/>

The Congress will gather many experts from our country, and we have also invited colleagues from abroad. Joining us will be professors Dr. Andrea Danese, United Kingdom, King's College London; Dr. Lise Eilin Stene, Norway, The Norwegian Center for Violence and Traumatic Stress Studies (NKVTS); Berit Kieselbach, Switzerland, WHO; Prof. Dr. Dennis Ougrin, United Kingdom; and colleagues from North Macedonia, Slovenia, Croatia, Montenegro, and others.

The workshop with Berit Kieselbach, who is Technical Officer, Prevention of Violence Department of Social Determinants of Health (SDH) of the World Health Organization (WHO) and who will hold a workshop, together with local experts, on the topic of **Recognizing and responding to domestic violence: strategies for health workers based on evidence**. This workshop is intended for all young experts in the health system who encounter child abuse in their work (the number of participants is limited to 40). The workshop will be organized at the Institute for Mental Health on May 29, 2025.

Plan May 29-June 1, 2025 with us, to think together about trauma, in us and around us.

Prof. dr Milica Pejović Milovančević



## OUR RESEARCH

Sanja Andrić Petrović et al.

### Exploring real-world prescribing patterns for maintenance treatment in bipolar disorders: a focus on antidepressants and benzodiazepines

A research team from the Institute of Mental Health, including clin. assist. MD Sanja Andrić Petrović (first author), MD Dušan Janković, MD Nina Kaurin, clin. assist. MD Vanja Mandić-Maravić, clin. assist. MD Danilo Pešić, clin. assist. MD Ivan Ristić, and Prof. MD Nađa Marić Bojović (lead researcher), published a study in the *International Journal of Psychiatry in Clinical Practice* (September 2024). The paper titled “Exploring real-world prescribing patterns for maintenance treatment in bipolar disorders: a focus on antidepressants and benzodiazepines” is part of a broader investigation into psychopharmacological prescribing practices at the Institute of Mental Health conducted by the team over recent years.

Current guidelines recommend maintenance therapy for most patients with bipolar disorder (BD). When monotherapy proves insufficient, combined psychopharmacological treatments may be required. The use of antidepressants (AD) and benzodiazepines (BDZ) in long-term BD management remains controversial due to potential risks of inducing (hypo)manic episodes and misuse. Although frequently prescribed in clinical practice, guidelines advise against using ADs and BDZs as first-line treatments. This study aimed to explore psychotropic drug prescribing patterns in BD maintenance therapy, with a specific focus on ADs and BDZs.

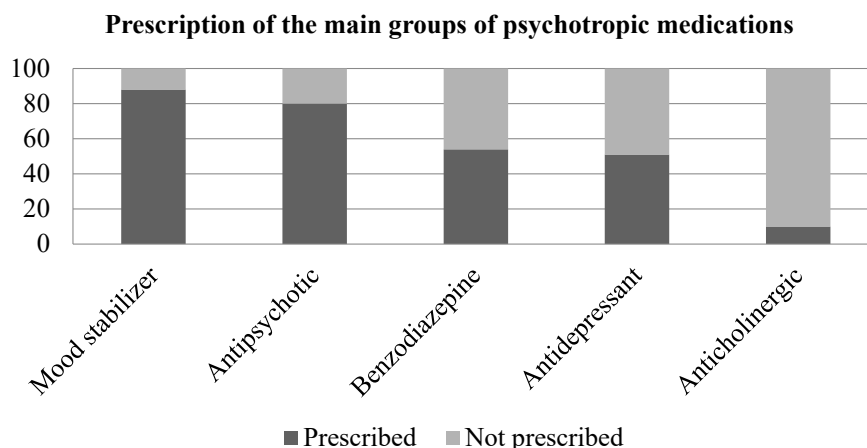
A cross-sectional study included 107 clinically stable BD patients (75.7% female, average age  $44.8 \pm 11.7$  years) treated outpatient at the Institute during a one-month study period. In addition to a BD diagnosis, inclusion criteria in-

cluded adults in stable remission (at least three months since the last psychiatric hospitalization) with stable prescribing patterns for at least one month. Retrospective medical record review collected data on prescribed psychotropic medications. Prescription patterns of five major drug groups (antipsychotics, mood stabilizers, ADs, BDZs, and anticholinergics) were analyzed in relation to socio-demographic and clinical characteristics.

On average, patients were prescribed 3 psychotropic medications daily (ranging from 1 to 7), and 92.5% of patients were on polypharmacy. The most commonly prescribed medications were mood stabilizers (87.9%) and antipsychotics (80.4%, mostly second-generation). Half of the patients (50.5%) were prescribed ADs, primarily SSRIs (sertraline), and no patients were on TCA or MAOI therapy. All patients on AD therapy also received a mood stabilizer and/or antipsychotic. Over half of the patients (54.2%) used BDZs (most commonly clonazepam), with an average daily dose of about 3.4 mg lorazepam equivalents ( $SD = 2.53$ ). More than half of them had high daily doses of BDZ according to the ATC/DDD system ( $>2.5$  mg lorazepam equivalents daily). Patients prescribed with BDZs were significantly older, had a longer history of psychiatric treatment, and less frequently had comorbid personality disorders.

This research provides valuable insights into prescribing practices at the university psychiatric clinic in the Western Balkans, a region with limited research on this topic. The prevalent use of polypharmacy and high rates of AD and BDZ prescriptions indicate a mismatch between guidelines and actual clinical practice. Additionally, it should be noted that no national guidelines for the treatment of bipolar disorder have been published in Serbia, which represents a significant gap in national mental health protection policies.

**Distribution of main psychotropic medication classes in maintenance treatment for patients with bipolar disorders**



**OUR RESEARCH**

Milica Vezmar et al.

**The Effectiveness of Group Art Therapy in a Clinically Heterogeneous Sample: Randomized Controlled Trial**

A research team from the Institute of Mental Health in Belgrade, led by Milica Vezmar, MD, in collaboration with external researchers (Nikola Ćirović, MD, Branka Sudar, MD, Jelena Buzejić, MD, Teodora Jovanović, Ana Radanović, MD, and Milena Vezmar, MD), conducted a study to examine the effects of group art therapy on key aspects of the therapeutic process and treatment outcomes in patients with diverse diagnostic profiles. The study was funded by the Ministry of Science of the Republic of Serbia and the Science Fund of the Republic of Serbia as part of the Identity Crisis in Women project.

The results were published in 2024 in an article titled “The Effectiveness of Group Art Therapy in a Clinically Heterogeneous Sample: Randomized Controlled Trial,” in the journal *The Arts in Psychotherapy*. The study employed a randomized controlled trial (RCT) with a pretest-posttest design. A total of 160 patients (68.75% women), aged 14 to 73 years ( $M = 43.19, SD = 14.06$ ), were randomly assigned to two groups: an experimental group ( $n = 87$ ), which participated in



group art therapy, and a control group ( $n = 73$ ), which continued with treatment-as-usual (TAU). The art therapy program lasted six weeks, with one weekly 90-minute session.

Therapeutic outcomes were assessed using the Depression, Anxiety, and Stress Scale (DASS-21), Rosenberg Self-Esteem Scale (RSE), Group Cohesion Questionnaire (GCQ), and the Self-Expression and Emotion Regulation in Art Therapy Scale (SERATS).

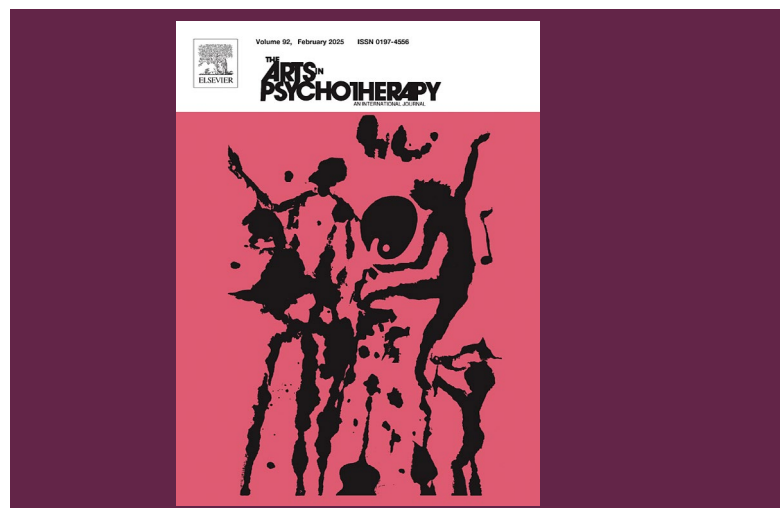
The findings showed that group art therapy significantly improved group cohesion, as well as both global and social self-esteem, while also reducing anxiety compared to standard treatment. Participants in the art therapy group exhibited a statistically significant increase in

their sense of connectedness to the group over time relative to the control group ( $p = 0.002$ ), indicating that the effect of art therapy on strengthening group bonds became more pronounced as sessions progressed. Global ( $p < 0.001$ ) and social self-esteem ( $p = 0.035$ ) increased significantly in the experimental group compared to the control group over time, while anxiety levels were significantly lower ( $p = 0.035$ ). Changes in depression and stress were not statistically significant. In addition, patients who participated in art therapy demonstrated a marked improvement in their ability to express emotions through art, as measured by the SERATS ( $p < 0.001$ ).

Participant feedback indicated that art therapy was perceived as relaxing, calming, and conducive to emotional expression. The most frequently reported positive effects included a sense of calm and emotional regulation, improved social interaction and a feeling of belonging, and a better understanding of personal emotions. Some patients noted that the artistic process helped with introspection and understanding of emotional states.

The results of this study provide further evidence of the usefulness of group art therapy in the treatment of patients with diverse psychiatric diagnoses. The authors recommend additional research focusing on specific diagnostic groups, as well as investigations into the long-term effects of art therapy in clinical practice.

The paper is available in *The Arts in Psychotherapy* and can be downloaded via the following DOI link: <https://doi.org/10.1016/j.aip.2024.102150>.



## ● OUR RESEARCH

Ivan Ristić et al.

### Personality traits and attitude towards euthanasia among medical students in Serbia

A research team consisting of Ivan Ristić, MD, Prof. Dragana Ignjatović-Ristić, MD, and Assist. Prof. Tatjana Gazibara, investigated the relationship between personality traits and attitudes towards euthanasia among medical students in Serbia. The findings of this study were published in 2024 under the title “Personality traits and attitude towards euthanasia among medical students in Serbia” in *The International Journal of Psychiatry in Medicine*.

The main aim of the study was to investigate the attitudes of second- and fifth-year medical students towards euthanasia and to explore the relationship between these attitudes and the student’s personality traits. The research

sample comprised 551 medical students (134 from the University of Kragujevac and 417 from the University of Belgrade). Each participant completed a questionnaire that asked about views on the legalisation of euthanasia, its social and ethical implications, and personality traits as measured by the HEXACO-60 instrument. Of the respondents, 36.7% were enrolled in their second year, while 63.3% were in their fifth year of medical school.

The analysis showed that fifth-year students were 2.5 times more likely to believe that euthanasia should be regulated by law. In addition, lower scores on the Honesty-Humility and Emotionality dimensions of the HEXACO model were associated with stronger support for the legalisation of euthanasia. In other words, students who showed a less pronounced emotional response to discussions about death and end-of-life care, as well as those who scored

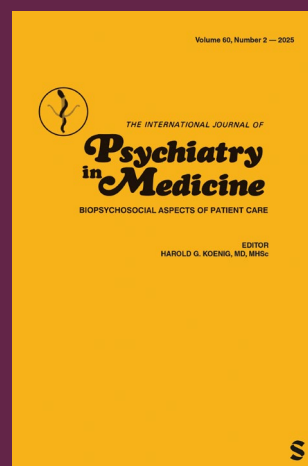
lower on measures of moral conservatism, were more likely to be in favour of euthanasia. Other personality dimensions—Extraversion, Agreeableness, Conscientiousness, and Openness to Experience — showed no significant correlation with attitudes towards euthanasia.

In addition, the findings indicated that students with more clinical experience, including working with terminal patients, did not differ significantly in their attitudes from those who had less exposure to such scenarios. This suggests that personal characteristics may have a stronger influence on students' attitudes towards euthanasia than the clinical experience they have gained from caring for patients in the last phase of life.

The implications of these results for medical education in Serbia are significant. The authors emphasise the importance of expanding the teaching of ethics, palliative care and end-of-life issues in medical schools to improve students' understanding of the legal and moral considerations of euthanasia. Future research

could benefit from examining how these attitudes evolve after graduation and during professional practice.

The full article has been published in The International Journal of Psychiatry in Medicine link: <https://doi.org/10.1177/00912174231191963>.



## ● GUEST OF THE BULLETIN

Silvana Galderisi, MD, PhD

**Silvana Galderisi, MD, PhD**, is a full professor of Psychiatry at the University of Campania Luigi Vanvitelli. She is a founding member and Chairperson of the European Group for Research in Schizophrenia (EGRIS). Prof. Galderisi was President of the European Psychiatric Association and the Italian Society for Psychopathology and she has been Director of the Department of Mental and Physical Health and Preventive Medicine at the University of Campania, designated as a „Department of Excellence“ by the Italian Ministry of University and Research in 2023. She also leads key clinical and research programs in mental health.

Her research focuses on schizophrenia, particularly negative symptoms and cognitive impairments, with over 400 publications. She has received multiple awards, including the 2018

GAMIAN-Europe Personality Award and the 2023 EPA Constance Pascal – Helen Boyle Prize.

In this interview, Professor Galderisi shares insights from her distinguished career and research in schizophrenia.

**Your research on schizophrenia spans several decades. Has our understanding of the disorder evolved significantly?**

In my opinion YES, in many respects, I will focus on a few of them: a) We know that the disorder is highly heterogeneous from a clinical point of view, and probably also from an etio-pathogenetic point of view; as a consequence, an in depth clinical characterization of each and every person with this diagnosis is needed to formulate and implement highly personalized and carefully integrated treatment programs; b)

we know that early detection and early intervention are important to improve outcome; c) we also know that the outcome can be improved and in many cases persons with schizophrenia can recover; we have now better knowledge of the factors that influence real-life functioning of persons with schizophrenia and contribute to recovery; in particular, we are fully aware of the importance of assessing negative symptoms and cognition, in the light of the significant impact of these dimensions of patients' functioning in important domains of real life, i.e., taking care of everyday life demands (e.g., paying a bill or using a credit card), coping with the demands of a job, and being able to establish and maintain interpersonal relationships.

**The concept of deficit schizophrenia has been influential in understanding primary negative symptoms, while avolition is increasingly recognized as a key factor in functional outcomes. How do these constructs shape our understanding of schizophrenia, and what challenges remain in distinguishing and treating them effectively?**

The concept has been highly influential and has contributed to drawing attention to a neglected psychopathological dimension, i.e., negative symptoms, and to the importance of distinguishing primary from secondary negative symptoms. Notwithstanding the large consensus on the validity of this construct, it has been almost abandoned due to difficulties in its practical use; for instance, the need to assess the presence of negative symptoms in the previous 12 months is a limitation in many clinical contexts, especially in first-episode patients. In addition, the instrument for the diagnosis of Deficit Schizophrenia, i.e., the Schedule for the Deficit Syndrome, requires extensive training and this might be a further limitation. Currently, there is a quite large consensus on the construct of persistent negative symptoms, that is, negative symptoms that persist over time, including periods of clinical stability, despite an adequate antipsychotic drug treatment. The persistent negative symptom construct identifies a patient population larger than the one with Deficit Schizophrenia and allows the control of potential sources of indirect changes of negative symptoms during clinical trials. The assumption underlying the construct is that negative symptoms that persist for six months are likely to be primary and require treatment.

**Do negative symptoms pose the greatest challenge in treatment today, and what are the key obstacles to advancing research in this area?**

Negative symptoms pose challenges for several reasons, among them: 1) they are not routinely assessed, 2) not all clinicians are fully aware of the importance of measuring and treating secondary negative symptoms, and 3) interventions for primary negative symptoms are not often implemented.

For each of these aspects, I will provide an example:

- I coordinated the group of experts who produced the Guidance of the European Psychiatric Association (EPA) on the need to assess properly schizophrenia negative symptoms; unfortunately, up to now, I have not seen dissemination of this paper as large as I would hope, and I haven't seen much improvement in the clinical practice;
- Many clinicians are convinced that nowadays negative symptoms cannot be treated and therefore even secondary negative symptoms due for instance to extrapyramidal side effects or depressive mood are not addressed;
- Psychosocial interventions, including psychotherapy, are rarely implemented, despite some evidence on their usefulness. An excellent EPA guidance on the treatment of negative symptoms is also available.

**With your extensive experience in schizophrenia research, what advice would you give to young researchers entering the field? Are there key lessons you wish you had known earlier in your career?**

Gaining clinical expertise, training themselves in clinical observations and assessments, studying the literature, identifying main gaps in the different topics of interest, participating in CME courses, working groups and international congresses, involving themselves in networking activities, submitting their mentors/supervisors research projects to be discussed with peers and experts on the topic, learning basic statistics, gaining experience in data processing/analyses and remaining curious and in need of more knowledge throughout life are, in my opinion and experience the main ingredients to become a good clinical researcher.



For those interested in exploring this topic further, be sure to attend the symposium “Recent Advances – From Phenomenology to Pharmacological and Non-Pharmacological Interventions in Psychoses”, as part of the First Symposium of the Adult Clinic of the Institute of Mental Health with International Participation “Psychotic Disorders”.



## NEWS FROM THE WORLD

### FDA approves drug with a new mechanism of action for schizophrenia – Cobenfy® (xanomeline and trospium chloride)

On September 26, 2024, the U.S. Food and Drug Administration (FDA) approved Cobenfy® (xanomeline and trospium chloride) capsules for oral use in the treatment of schizophrenia in adults. This drug is the first antipsychotic that acts through cholinergic receptors rather than dopaminergic receptors, which have been the standard in schizophrenia treatment. This makes Cobenfy® the first atypical antipsychotic of its kind.

*Mechanism of Action and Drug Development.* Cobenfy® combines two active ingredients - xanomeline and trospium chloride. Xanomeline activates muscarinic receptors in specific brain regions associated with schizophrenia symptoms, while trospium chloride prevents its effects outside the brain, reducing the risk of peripheral side effects. Although the precise mechanism of action is not fully understood, it is believed that xanomeline indirectly influences dopaminergic transmission, which may contribute to the reduction of psychotic symptoms.

Xanomeline was initially investigated in the late 1990s for treating cognitive decline patients with Alzheimer’s disease. However, it unexpectedly demonstrated benefits in reducing psychotic symptoms. Due to side effects such as nausea and vomiting, its development for Alzheimer’s disease was discontinued. However, the addition of trospium chloride improved its tolerability, leading to the creation of Cobenfy®.

*Clinical Trial Results.* The efficacy of Cobenfy® in treating schizophrenia in adults was evaluated in two five-week, randomized, double-blind, placebo-controlled, multicenter studies of identical design, involving 252 participants. The results were published in The Lancet in January 2024. The primary efficacy measure was the change in total score on the Positive and Negative Syndrome Scale (PANSS) from baseline to week five. Results showed a significant reduction in schizophrenia symptoms in the Cobenfy® groups compared to the placebo group. The mean PANSS score change at week five was -21.2 points (SE 1.7) in the Cobenfy® group

and -11.6 points (SE 1.6) in the placebo group. The least squares mean difference was -9.6 (95% CI -13.9 to -5.2;  $p < 0.0001$ ), with a Cohen's  $d$  effect size of 0.61.

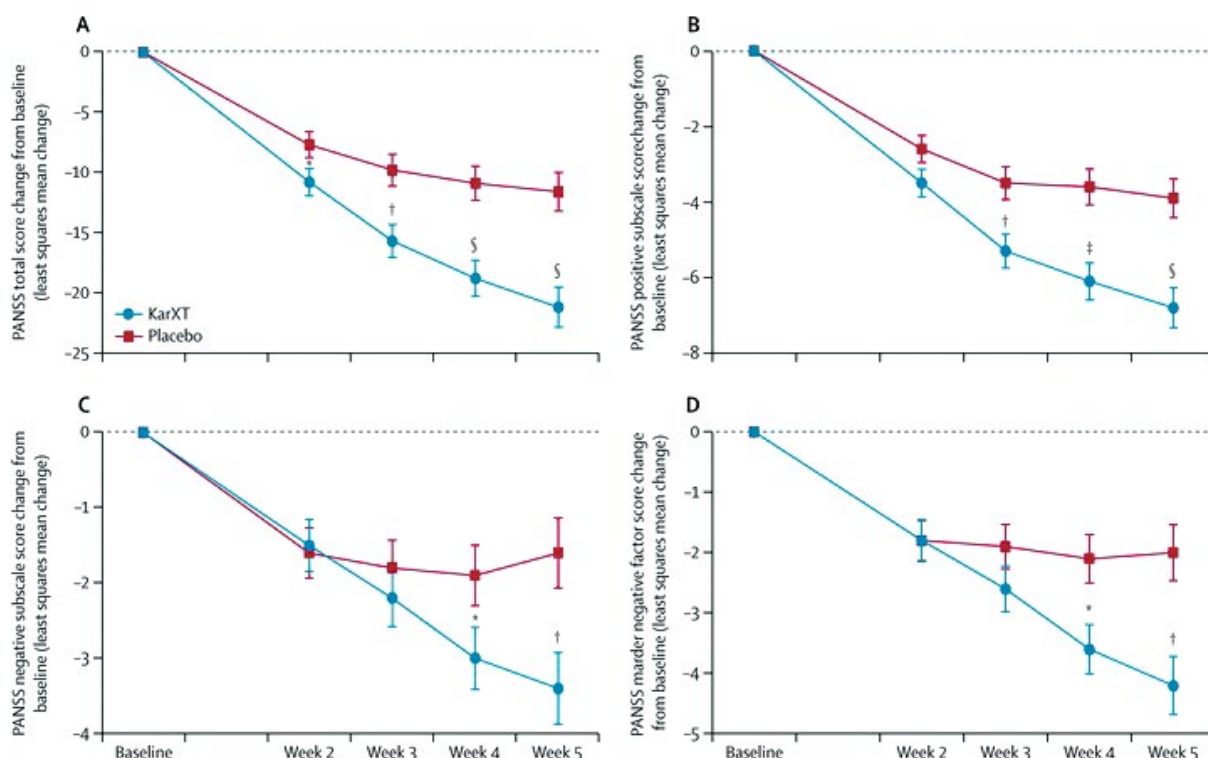
**Caution and Further Research.** While experts see *Cobenfy*® as a promising new treatment, some remain cautious due to the short duration of the studies and the small sample size. The FDA approval was based on these studies, but experts emphasize the need for further research to establish the long-term efficacy and safety of the drug. In November 2024, *Bristol Myers Squibb* presented additional data from a 52-week extension study, supporting previous findings on the drug's safety and efficacy.

It is important to note the limitations of the current FDA approval process, which requires a drug to show superiority over a placebo but does not mandate direct comparisons with existing treatments or long-term monitoring of rare side effects. These aspects are left to post-marketing studies.

**Safety and Side Effects.** *Cobenfy*® is generally well tolerated, but like all medications, it can cause side effects. The most common side effects, occurring in more than 10% of patients, include nausea, constipation, vomiting, abdominal

pain, tachycardia, and dizziness. There is also a risk of liver damage, so *Cobenfy*® is not recommended for patients with mild liver impairment and is contraindicated in those with confirmed liver disease. Treatment should be discontinued if symptoms of severe liver disease (e.g., jaundice, dark urine, or unexplained itching) occur. Since *Cobenfy*® is excreted via the kidneys, it is not recommended for patients with moderate to severe renal impairment. Additionally, it should not be prescribed to patients with untreated narrow-angle glaucoma or a history of hypersensitivity to any of its components.

Unlike many other antipsychotics, *Cobenfy*® does not carry a "black box" warning, which highlights severe risks associated with a drug. While this is encouraging, experts emphasize that further studies and post-marketing research will provide a clearer picture of its real-world safety profile.



### Comparative Effectiveness of Antipsychotics in Patients With Schizophrenia Spectrum Disorders

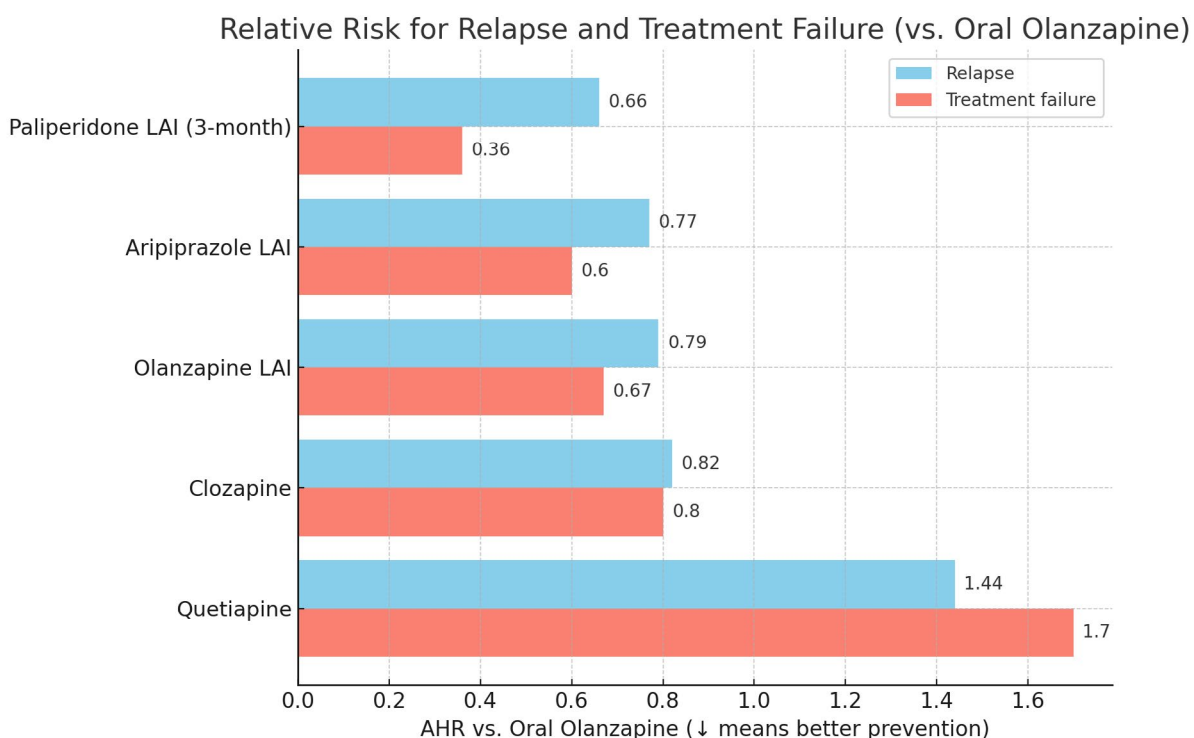
Although antipsychotics are the mainstay of maintenance treatment for psychosis, there is still ongoing debate regarding their relative effectiveness in preventing hospitalizations, as well as the optimal timing for discontinuation. A new comprehensive observational study by Hamina and colleagues (2024), published in *JAMA Network Open*, addressed these issues by analyzing data from Swedish health registries. The study offers significant insights into the comparative effectiveness of various antipsychotics, with particular emphasis on the advantages of long-acting injectable (LAI) formulations over oral formulations. It was funded by a grant from the Sigrid Jusélius Foundation and the Swedish Research Council.

A total of 131,476 individuals diagnosed with schizophrenia spectrum disorder between 2006 and 2021 were included in the investigation, with a median follow-up of 12 years. The analysis utilized data from national registries encompassing inpatient and outpatient med-

ical records, prescription information, sick leave documentation, and disability pensions. The primary outcomes were relapse, defined as hospitalization due to psychosis, and treatment failure, which included psychiatric hospitalization, death, or any change in prescribed antipsychotic. Oral olanzapine, being the most frequently used antipsychotic, served as the reference in all comparisons.

**Relapse Prevention.** Among the examined drugs, three-month LAI paliperidone demonstrated the lowest risk of relapse (adjusted hazard ratio [AHR]: 0.66; 95% CI, 0.51–0.86) compared to oral olanzapine. Other highly effective treatments included LAI aripiprazole (AHR: 0.77; 95% CI, 0.70–0.84), LAI olanzapine (AHR: 0.79; 95% CI, 0.73–0.86), and clozapine (AHR: 0.82; 95% CI, 0.79–0.86). By contrast, quetiapine had the highest risk of relapse (AHR: 1.44; 95% CI, 1.38–1.51), suggesting it may not be an optimal choice for long-term maintenance in patients with schizophrenia spectrum disorders.

**Treatment Failure.** Three-month LAI paliperidone showed the lowest risk (AHR: 0.36; 95% CI, 0.31–0.42), followed by LAI aripiprazole (AHR: 0.60; 95% CI, 0.57–0.63), LAI olanzapine (AHR: 0.67; 95% CI, 0.63–0.72), and one-month LAI



paliperidone (AHR: 0.71; 95% CI, 0.68–0.74). The findings confirm the superiority of LAI formulations over oral antipsychotics in preventing both relapse and treatment discontinuation. When all LAI preparations were analyzed collectively, they demonstrated significantly greater efficacy in preventing relapse compared to oral formulations (meta-analyzed AHR: 0.81).

An important aspect of this study concerns differences in treatment efficacy between incident and prevalent cohorts. The incident cohort, comprising patients with newly diagnosed schizophrenia spectrum disorders, showed a particularly marked benefit from the early use of LAI antipsychotics, suggesting that early administration may lead to more favorable long-term outcomes. Moreover, the study confirmed the effectiveness of clozapine in preventing relapse, especially among newly diagnosed patients, which challenges the conventional approach of delaying its use until multiple treatment failures.

Overall, the findings indicate that antipsychotics differ significantly in their effectiveness at preventing relapse and treatment failure, with LAI formulations and clozapine exhibiting superior clinical outcomes compared to oral formulations. These results underscore the importance of using large-scale “real-world” data to evaluate drug effectiveness, complementing evidence from randomized controlled trials (RCTs), which often exclude patients with comorbidities or substance use disorders. The results suggest that incorporating LAI antipsychotics earlier in the course of treatment, as well as re-evaluating the current approach to clozapine initiation, may contribute to better long-term outcomes for patients.

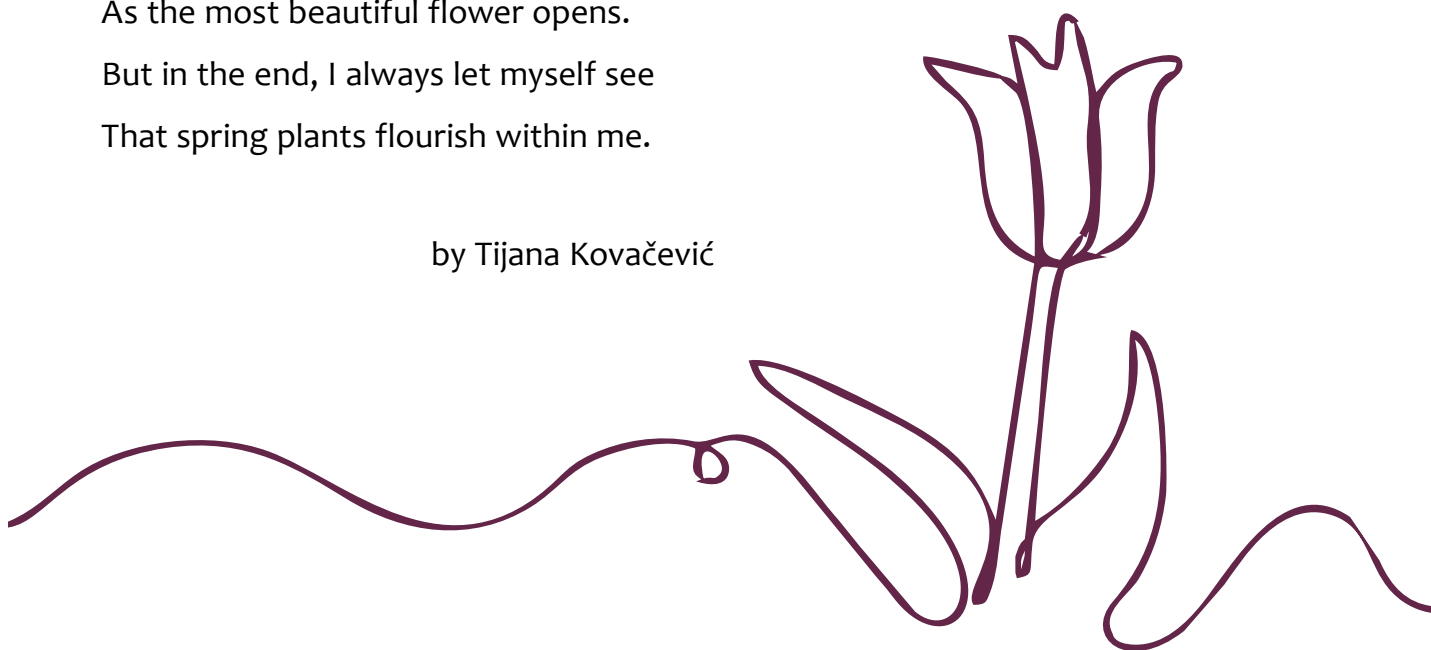
For more details, the original study is available at: DOI:10.1001/jamanetworkopen.2024.38358.

## ● SCIENCE AND ART

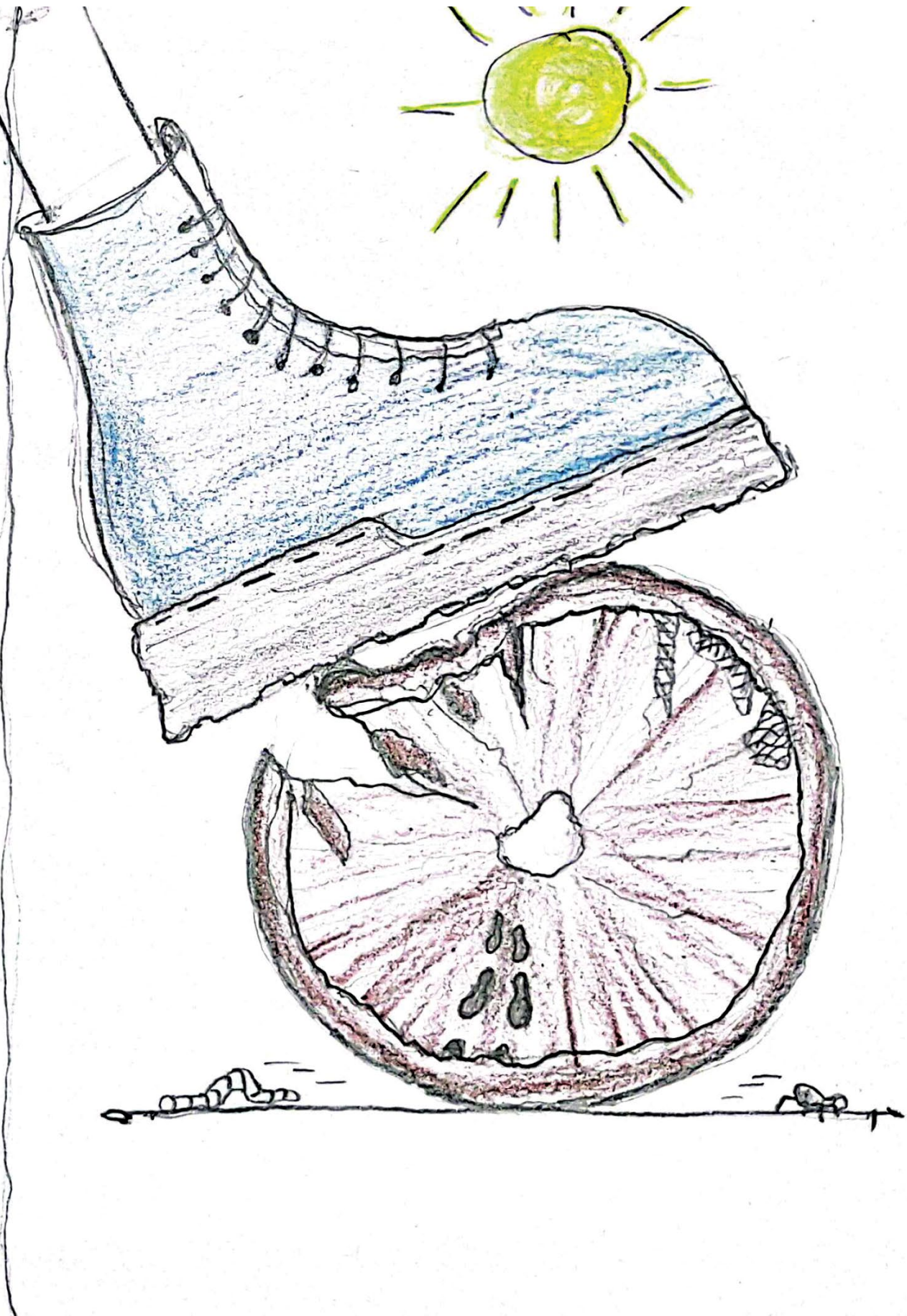
### Spring in Me

A waterfall whose droplets  
Reflect the sun's rays,  
Trees in bloom,  
Some in bud  
Some with fruit  
Follow me every step as I ripen.  
Animals inside me  
Safely play across the meadow  
I blossom,  
I blossom,  
I blossom,  
Then sprinkle myself with winter stones.  
For I forget  
To spread my soul  
As the most beautiful flower opens.  
But in the end, I always let myself see  
That spring plants flourish within me.

by Tijana Kovačević







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### Annexes

Front cover – Hieromonk Arsenije (Jovanović): Homage to Paul Klee

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