

Choosing a theme for a thesis on 3.lékařské UK faculty facilitated by that individual clinics, institutes and departments already offer students the topics more or less established research programs. In addition, of course, there is still a possibility for the student himself devised a problem that will be paid. I was determined to choose topic that will be in the field of psychiatry, because this subject I find interesting and serious I am thinking that my focus after school might be based in this direction. Teaching psychiatry, which I attended in Prague Psychiatric Center, left me very positive impression of this device, both in terms of clinics and research work, and mainly from physicians access to patients as well as science. I was therefore glad that I had the opportunity to working on his thesis on the grounds of the institution.

The association of two serious illnesses, schizophrenia and diabetes mellitus, was for me, up until I started to this thesis, virtually unknown. During internship in a psychiatric clinic, but I was surprised observed that many patients with schizophrenia are obese and they themselves admitted that the therapy of certain drugs feel increased appetite. I expected, therefore, that the pathogenesis of this problem will about moving in this direction, which is partly shown.

I welcomed that the diploma work included a survey of existing knowledge. The problem of diabetes in schizophrenia is relatively new, and when studying psychiatry textbooks available to me, I knew nothing about him.

Basic information provided me leading my work, prof. Höschl, which had in the past In a lecture on the subject in Cairo. Next I gained mostly from surveys which were published in international journals. I tried to compile because Overview knowledge about this issue, which is a separate chapter of this work.

For the retrospective study, I decided on the recommendation of Prof. Höschl, and it in particular because a short time, I had to work available. From enter a topic in the defense expected to be about one year. It was necessary to choose desired information which may be indicative of diabetes. As a best practice, we selected

glucose values that were easily accessible in most histories. Other possible

indicators, such as the diagnosis of diabetes or use of antidiabetic drugs have proved to be unsuitable, 8

because the records did not indicate the time of determination (dg. diabetes is almost always set by another device and field) or length of therapy, and these data could not be put into associated with antipsychotic medications or psychiatric illness. The aim of this

work was to evaluate the prevalence of hyperglycemia and other metabolic complications in patients who have been treated for the disease of schizophrenia at the Department of PCP.

Since it is assumed that diabetes is induced by antipsychotic therapies second generation

I have divided the patients into groups according to antipsychotics used to put Compare effect of individual drugs.

I expected that the results of this work will contribute to the knowledge of the problem to be emerged to the forefront with the advent of new drugs in the treatment of schizophrenia. I did not work,

which examined this issue in patients in the Czech Republic. I was hoping

My results will help clarify some metabolic effects of treatment with antipsychotics second generation in our patients and contribute to the debate about which medication represent in this regard or greater. less risk. The purpose of this retrospective study is also possible to generate hypotheses to be subsequently tested in conditions double-blind controlled trials.