

From the Editor

Dear Readers,

psychiatry is one of those medical fields where boundaries are constantly shifting. It intersects with neurology, genetics, somatic medicine, psychology, and law – and, increasingly, with new technologies and artificial intelligence. And perhaps it is a good thing – after all, the individuals we treat cannot be confined within the limits of a single medical specialty. The current issue of *Psychiatria Polska* highlights this diversity, encouraging readers to look at familiar issues from several different perspectives.

Forensic psychiatry is a prominent theme in this issue. Marlena Banasik et al. analyze the consistency of violence risk assessments conducted using the HCR-20 V3 and SAPROF tools, while Przemysław Cynkier addresses the challenging issue of forensic-psychiatric assessment of testamentary capacity in individuals suffering from cancer. Furthermore, Przemysław Cynkier, Filip Tomczuk, and Janusz Heitzman explore the neurobiological underpinnings of impulsivity in the context of aggressive behavior in schizophrenia. These three papers serve as a reminder that forensic evaluation remains a highly responsible area of psychiatry – one that demands clinical expertise, proficiency with assessment tools, an understanding of the biological mechanisms of behavior, and an awareness of the consequences of one's conclusions. For readers interested in this intersection of medicine and law, we also recommend revisiting a 2024 paper by Przemysław Cynkier, which discusses insanity following an epileptic seizure and the application of security measures [1].

Trauma remains a highly relevant issue. Valentina Fedorovich discusses the treatment of PTSD within a cognitive-behavioral framework. It is worth reading this paper alongside with a review by Joachim Kowalski, Adam Elżanowski, and Andrzej Śliwerski – published in our journal in 2024 – on the efficacy of various psychotherapeutic methods for PTSD and therapeutic recommendations [2]. In recent years, there has been increased discussion about trauma – not only due to the war unfolding beyond our eastern border, but also because we are gaining a deeper understanding of its long-term consequences. It is therefore a good thing that, alongside the diagnosis, we are devoting increasing attention to the question that matters most to the patient: what can actually help them.

A third major theme in this issue is technology. Two papers by Marlena Sokół-Szawłowska and Małgorzata Sochacka present MoodMon – a Polish system that utilizes artificial intelligence algorithms for patients with bipolar disorder and recurrent depressive disorder. One of these works explores the patients' own perspective, while the other focuses on the system's efficacy. Not long ago, in *Psychiatria Polska*, Agnieszka Kałwa et al. asked whether AI-assisted therapy – in this case, using the robot PARO – could play a role in the treatment of children in psychiatric hospital care [3]. Today, the question is probably no longer whether artificial intelligence will find a place in psychiatry, but rather **how** we will choose to utilize it. Will it become a tool that supports both the clinician and the patient, helping to detect changes in mental state at an earlier stage – or will it, if misused, create the illusion that an algorithm can replace the human relationship and clinical reasoning? We are still learning the answers.

For clinical practitioners, we also recommend the report by Patryk Rodek et al. on a rare case of aortitis with eosinophilia occurring during clozapine treatment. Clozapine remains a unique medication – highly valuable, yet one that requires constant vigilance regarding adverse effects, including those that occur very rarely. In this context, it is worth recalling a case report published in 2025 concerning persistent neutropenia in a patient who had

been successfully treated with clozapine for many years [4]. Case reports are sometimes regarded as a “lesser” form of scientific publication, but it is precisely these reports that can make a physician more aware of situations they have not encountered before and that are not covered by their routine management protocols.

Also noteworthy are two papers demonstrating that, in psychiatric care, our focus cannot be limited solely to the individual with a diagnosis. Jan Domaradzki et al. analyze the use of psychological and psychiatric support by family caregivers of individuals with Angelman syndrome. This serves as an important reminder that a chronic condition affects the entire family system, and that the resources and mental well-being of a caregiver are also important for the person they care for. Similar issues were addressed in recent work by Anna Sołtys on the burden and life satisfaction of caregivers of individuals with dementia [5], as well as in a study by Amanda Krzywdzińska-Rogowska et al. on the anxiety, stress, and burden experienced by parents of children with classic galactosemia [6].

In this issue, you will also find an intriguing perspective on the links between psychiatry and somatic medicine – specifically, the use of continuous glucose monitoring as a tool to support not only metabolic control but also the psychological well-being of individuals with type 1 diabetes. For those interested in more fundamental questions regarding schizophrenia, we recommend the paper by Przemysław Żakowicz et al., which explores what GWAS (genome-wide association studies) reveal about language in the context of this disorder. The issue is rounded out by a review of sensory processing disorders across various psychiatric diagnoses – a topic that is increasingly appearing both in research and in everyday clinical conversations with patients.

It is impossible to cover every paper in this brief “From the Editor” section. We hope, however, that this diversity will encourage you to also check out the articles we have not mentioned here. In psychiatry, we need a combination of modern technology and genetic research, alongside attentiveness to rare adverse effects, the patient’s family, their personal experience, and the social consequences of their illness. Only when taken together do these perspectives form the kind of psychiatry we strive to practice.

We wish you an engaging and inspiring read.

**Dominika Dudek – Editor-in-Chief,
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Katarzyna Klasa**

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