

FROM EDITORS

Dear Readers,

As the year draws to a close and the winter light grows shorter, this December issue arrives at a moment that naturally invites us to find a comfortable armchair, sip some tea and read...

In our practices, both clinical and research alike, the end of the year commonly comes as a checkpoint between what has been done and what still requires attention. The contributions gathered in this issue of Archives of Psychiatry and Psychotherapy echo this seasonal mood reminding us that psychiatry and psychotherapy rarely allow for simple answers and need a deeper insights into both general patterns and more individual or exceptional determinants.

Several papers in this issue focus on integration: of treatment methods, perspectives, and combination of factors that together influence general wellbeing. Maślankowski and colleagues present an empirical evaluation of integrated psychiatric–psychotherapeutic treatment for depressive and anxiety disorders. Their findings suggest that structured collaboration between psychiatrist and psychotherapist may enhance life satisfaction and basic hope—outcomes that we should investigate at least as much often as severity of symptoms. In the end of the year context, it is reassuring to see hope emerging as a measurable clinical construct.

Spytska's narrative review on borderline personality disorder brings the issue back to enduring debates in contemporary psychiatry: dimensional versus categorical diagnosis, psychotherapy versus pharmacotherapy, and the necessity of individualized treatment pathways. The review synthesizes current evidence while acknowledging the persistent complexity of BPD, a condition that continues to challenge clinicians, researchers, and classification systems alike. In another article, Strzebonska and Strzebonski address a deceptively practical question: how age and gender influence adherence to SSRI and SNRI prescriptions in depressive disorders. Their findings emphasize age as a key factor in treatment compliance, drawing attention to younger patients who may require additional engagement and motivation. In an era of personalized medicine, this paper reminds us that personalization sometimes begins with simply asking how, and whether, patients actually take what we prescribe.

Another, yet equally integrative, perspective is offered by Bokowy's study on temperamental traits, defense mechanisms, and professional burnout among psychotherapists. It calls us to a self-reflection on us-professionals. While psychotherapists may hope that mature defenses are part of the professional job description, the data suggest a more human picture. Perhaps this is an appropriate message for the end of the year: even those trained to help others regulate emotions may benefit from occasionally checking their own psychological wellbeing.

Giezek and colleagues examined personality traits, values, and sense of coherence among kinship foster carers aged 60 and above. Their findings highlight health and living conditions as crucial determinants of coherence and wellbeing. In a season often centered on family gatherings, this paper reminds us that care within families may be deeply meaningful, yet also demanding, and that medical and social aspects are both equally relevant.

While group analyses allow us to understand common mechanisms and determinants of health-related outcomes, case reports bring us back to bedside and clinical scenarios that often doesn't reflect statistical means or textbook examples. A perspective of highly individualized, non-standard treatment regimen in a case of young adult with type 1 diabetes and multiple autoimmune diseases was

described by Mrozińska et al. In this mind-opening case report, the authors demonstrate how standard treatment algorithms may need to bend — carefully but decisively — when confronted with clinical reality. It also reminds us that in the clinical reality we are not treating a single disease but a patient that often presents with one or more comorbidities that have to be taken into account in more holistic and tailored therapeutic approach.

The diagnostic borderlands between psychiatry and neurology are explored in the comprehensive case analysis by Katir et al., focusing on anti-NMDAR encephalitis with complex neuropsychiatric manifestation. In this, very didactic case, Authors emphasize how neuroinflammation may imitate primary psychiatric disorder. This case reminds us that diagnostic vigilance remains one of the most valuable clinical skills, even when symptoms appear familiar at a first glance.

Taken together, the articles in this issue form a coherent mosaic of contemporary mental health concerns: integration of treatments, tailored patient care, diagnostic precision, professional wellbeing, intergenerational responsibility, and treatment adherence. On behalf of the editorial team, we wish our Readers a reflective end of the year, regenerative holidays, and renewed energy for new professional and everyday challenges!

On behalf of Editorial Team
Prof Michał Lew Starowicz