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PSYCHOEDUCATION AS ONE OF THE COMPONENTS OF RESOCIALIZATION IN PATIENTS WITH DEPRESSION

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Actuality: Depression is a mental affective disorder, which is manifested by the triad: slowing of thought and speech, low mood and loss of ability to rejoice, retardation of motor skills. International epidemiological research has shown that the frequency of depression in society varies from 4.8 to 7.4 %. 25 % of patients of General practitioners had depression. Depression is one of the main motives of suicide in all countries. Every year depressed patients commit suicide 850 thousand times. WHO reports that half of the patients with depression are not receiving the necessary support due to incorrect diagnosis of the disease or due to the fact that do not seek the help of doctors.

The aim of our research was to study the complex system of psychopathology in patients with depression as a part of psychosocial rehabilitation and the development of optimal methods of application of psychoeducational programs in complex rehabilitation of patients with depression.

Materials: we examined 20 patients of both sexes aged 18-45 years with depression according to the ICD-10 criteria, complex therapy

included pharmacotherapy and psychoeducational classes in groups of 6-7 patients. The cycle consisted of 10-12 classes: 1.5-2 hours 1-2 times a week.

Methods: clinical-psychopathological: the study of complaints, mental and somato-neurological status, the allocation of the main psychopathological syndromes; psychodiagnostic using scales of anxiety and depression of Hamilton (M. Hamilton, 1967), hospital scale of anxiety and depression (HADS), (Zigmond A. S., Snaith R. P., 1983); statistical.

Results: In patients received proposed therapy rapid reduction of psychopathological symptoms, normalization of emotional state, stabilization of behavior, improvement of cognitive functions, increasing of psycho-physical activity of patients, expansion of contacts with others, the resumption of the usual mode were noted. By the fourth week of the therapy the indicators on a scale of anxiety and depression Hamilton from 26 points decreased to 10.5 points; on hospital scale of anxiety and depression from 11 points to 6.

Conclusions: an integrated approach in the treatment of



depression including pharmacotherapy using inhibitors of reverse capture of serotonin and norepinephrine in combination with

psychoeducational training leads to restoration of social activity and successful resocialization of the patients.

EFFECTS OF PLASMAPHERESIS AND PHYSICAL EXERCISE ON A PATIENT WITH MULTIPLE SCLEROSIS.

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Actuality: Multiple sclerosis is characterized by disseminated patches of demyelination in the brain and spinal cord. Common symptoms include visual and oculomotor abnormalities, paresthesias, weakness, spasticity, urinary dysfunction and mild cognitive impairment. Typically, neurologic deficit are multiple, with remissions and exacerbations gradually producing disability. Diagnosis, requires clinical or MRI evidence of ≥ 2 characteristic neurologic lesions that are separated in both time and space (location in the CNS).

The aim: prove the effect of plasmapheresis and physical exercise in relieving of Multiple sclerosis.

Materials and methods: 8 participants (5 females, 3 males) was done and exercising not less than 30 minutes daily and plasmapheresis once a month, plasmapheresis is by plasma

exchange to manage sudden, severe attacks, sometimes called relapses or flare-ups. Their plasma could have certain proteins that are attacking their own body. When you take out the plasma, you get rid of those proteins, and symptoms may get better.

Results: The process isn't painful, and does not need anesthesia. You'll lay in bed or sit in a reclining chair a needle attached to a thin tube, called a catheter, into a vein in each arm, you may have to have a needle in the patient's shoulder; blood comes out through one of the tubes and goes into a machine that separates your plasma from your blood cells. Then your blood cells get mixed with fresh plasma, and the new blood mixture goes back into your body through the other tube. Patient were advised to workout 30 minutes daily.

The 8 patients were administered with daily exercises and they declared that their symptoms had