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a good muscle relax effect and do not cause undesired muscle weakness in

contrast to tolperisone.

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ANALYSIS OF STRESSFUL SITUATIONS THAT LEAD TO DEVELOPMENT OF AUTO-AGGRESSIVE BEHAVIOR IN PATIENTS WITH DEPRESSIVE DISORDERS

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Actuality: Suicidal behavior is the most life-threatening form of auto-aggressive activity, since its aim and motive is action leading to a voluntary death. Suicide is an extreme form of suicidal behavior, implying conscious voluntary actions aimed intentional achieving of own death and leading to it. The constant increasing of the prevalence of autoaggressive behavior, particullary in suicide cases and suicide attempts among the population of Ukraine in recent decades poses suicidology in some of the most important areas of research for the Ukrainian psychiatrists.

The aim: To identify the major stress events entailing suicidal behavior in young persons.

Materials and Methods: 96 patients of both sexes aged 18 - 35 years with signs of suicidal behavior were surveyed. The methods were used: clinical, psychopathological, clinical-anamnestic, psychodiagnostic using the hospital anxiety and depression scale (HADS) (Zigmond A. S., Snaith R. P., 1983); Clinical Anxiety Scale and the

Hamilton Depression (M. Hamilton, 1967), adapted to the ICD-10 (GP Panteleyev 1988) (HDRS); Berg-scale Montgomery (Montgomery SA, Asberg M., 1979), adapted to the ICD-10 (Guelfi GD, 1993) (MADRS); method "of suicide risk determining" (Gavenko VL, Sinayko VM, Sokolov IM, 2001); "Self-rating test of auto-aggressive predictor severity" (Pilyagina GY, 2004), statistical.

Results: thus, the analysis of the data allowed us to determine the main stressful situations leading to the development of suicidal behavior in young adults with depressive disorders: the loneliness, the loss of a beloved one, divorce (39.2% women and 34.3% men), serious financial difficulties, unexpected collapse of property, loss of a job (49.2% women and 64.3% men), forced dramatic change of life stereotype (16.9% and 11.2%, respectively), family (58.3% and 64, 2%) and duty (5.9% and 5.6%) relation conflicts, cruel treatment with persons who committed suicide (52.8% and 46.1%, respectively), the situations with long-term mental stress (12.3% of



women and 7.9% men), poor physical health, the presence of disabling disease (11.3% of women and 6.3% of men).

Conclusions: The next stressful situations that lead to suicidal behavior were identified: the frustration of basic needs, narrowing

of the cognitive content and dominance of mental trauma in the mind, the loss of life meaning. Determining of a trigger mechanism of autoaggressive behavior is one of the main components in predicting the risk of suicide.

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THE COMPONENTS OF THE DYNAMICS OF BODY WEIGHT IN PATIENTS WITH PARANOID SCHIZOPHRENIA.

Schizophrenia - one of the most severe mental illnesses. Significant advances in the treatment of this disease appeared with the discovery of neuroleptics (antipsychotic drugs). Initially, the practice of first-generation drugs have been introduced. But they not only showed its activity towards the symptoms. Antipsychotics caused significant complications - neuroleptic syndrome.

Pre-emptive use of atypical antipsychotics based on their impact on the positive and negative symptoms of schizophrenia, it is extremely rare appearance of neuroleptic syndrome. At the same time, in recent years there are many works devoted to another type of side-effects - neuroendocrine effects.

In our research we followed the impact of various second generation antipsychotics on weight gain of women with paranoid schizophrenia with complex treatment.

The study showed that in the first year of therapy, the highest weight gain was while taking amisulpride. Risperidone caused an average increase in weight in the first year, but it progressively increased throughout the time of therapy and reached a level of obesity. Quetiapine drugs cause weight gain a few kilograms per year, with a mass of stabilization in the second year of therapy.

Change one antipsychotic drug to another is not always result in weight loss. When changing risperidone to quetiapine, weight loss noted only in patients treated with antipsychotic in combination with psychorehabilitation program.

Thus, we think that an increase in body weight in patients with paranoid schizophrenia is associated with prolonged use of second-generation antipsychotics. But the development of abdominal obesity depends on a complex of factors, including the level of physical and social activity, the