



ABSTRACT BOOK



KHARKIV, UKRAINE
MAY 24th-26th, 2017

Conclusions. Non-psychotic disorder emotional sphere (neurotic, depressive, hypochondria, anxiety syndromes) are often found in patients with hypertension. These daily dynamics of blood pressure have a great influence to the mental disorders in patients. There were found that blood pressure variability indices, such as the daily index substantially affect the presence of psychopathological symptoms. Features of patterns «nondipper» and «night-peaker» were associated with a high incidence of somatisation disorders with symptoms of fatigue, anxiety, depression, hypochondria. Mean values, absolute numbers of blood pressure, increasing the individual does not affect significantly to the development of emotional disorders.

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SOMATOGENIC DEPRESSION AND ASSOCIATED DISORDERS AMONG PATIENTS WITH CARDIOVASCULAR DISEASES

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Introduction. Background. The problem of cardiovascular diseases takes a special place in the range of psychosomatic pathologies. It is connected with their significant incidence, also in productive age, high mortality and disability rates. Every year cardiovascular diseases caused 4300000 deaths in Europe, in particular, there are more than 2 million fatal cases in the European Union.

Materials and methods. The study included 60 patients, examination of the patients was carried out in four stages: Stage 1 - within 28 days after MI (acute phase), Stage 2 - 3 months after the event (subacute phase), Stage 3 - 6 months after the event (the recovery period), Stage 4 - 1 year after the event (consequences period). Throughout the period of the survey on the background of basic therapy patients have received psychotherapeutic correction and psychological support. The methods that were selected for the study are: clinical methods, psycho-diagnostical methods (Hamilton scale of depression (HDRS), Beck scale of depression (BDS), Spylberger scale of personal and reactive anxiety, Mini-Mental State Examination (MMSE), quality of life test (Mezzich I., Cohen N., Ruiperez M., Lin I., and Yoon G., 1999), statistical methods.

Results of research. The obtained results demonstrated that the most frequent syndromes in MI patients in the acute phase were: pain (86,7 %), phobic (83,3 %), asthenic-anxious (43,3 %) syndromes. Asthenic symptoms in this group of patients were part of the asthenic-anxiety, asthenia, depression (16,7 %), asthenic-hypochondriac (10,0 %) syndromes. Hysteria syndrome and cognitive deficits were observed in 6,7 % of cases. In 13,3 % of MI patients anosognostical attitude to the disease manifested as appropriate response impairment, denying hospital admission and treatment, decrease in critical assessments of their own state, complete disregard as to the severity of their condition. Disorders of consciousness in their superficial form, obnubilation, were observed in 6,7 % of patients.

During the second stage of our research the MI patients demonstrated a decrease in pain (50,0 %), phobic (40,0 %) and asthenic - anxiety (33,3 %) syndromes. On the contrary, incidence and

severity of asthenic-depressive (26,7 %), hysterophorm (10,0 %) and asthenic-hypochondriac (10,0 %) syndromes increased. The number of patients with cognitive impairments (10,0 %) and anosognostical attitude to the disease (16,7 %) increased as well.

During the third stage the most frequent syndromes were asthenic-depressive (33,3 %), pain (30,0 %) syndromes, anosognostical attitude to the disease (23,3 %). Asthenic-anxiety (23,3 %) and phobic (13,3 %) syndromes were also frequently diagnosed in MI patients but their intensity decreased. The incidence of cognitive impairments (13,3 %) increased, especially in depressed patients.

During the fourth stage of our research the incidence and severity of psychopathological syndromes decreased after psychotherapeutic support. Thus, pain syndrome was observed in 23,3 % of cases, asthenic-depressive syndrome in 21,7 % of cases, asthenic-anxiety syndrome in 13,3 % of cases, phobic syndrome in 10,0 % of cases and attitude to the disease in 16,7 % of cases. The incidence of cognitive impairment (10,0 %), hysteroform (10,0 %) and asthenic-hypochondriac (6,7 %) syndromes remained on the same level.

Conclusions.

1. The main conclusion of our research is that among MI patients in acute period the pain syndrome is the main one, leads to severe psycho-emotional disorders. Against the background of cognitive function preservation phobic, anxiety and depressive symptoms prevail, their intensity depends on the severity of pain.

2. The proposed system demonstrated a significant improvement in 80 % of MI patients and 77 % of CS patients, a partial improvement in 10 % of MI patients and in 13 % of CS patients.

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PECULIARITIES OF PTSD IN THE PRESENCE AND ABSENCE OF ALCOHOL ADDICTION

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Introduction. World statistics show that one of five veterans has mental disorders, more than half of them - adaptation disorders. Every day grows the number of Ukrainian soldiers that return from the area of anti-terrorist operation in the east with post-traumatic stress disorder. The clinical picture of this disease can vary under the influence of various factors that will affect the future treatment plan. Objective: To investigate features of PTSD with alcohol addiction.

Materials and methods. We explore patients of psychiatric department of the Military Medical Center of the North Region. 26 people with post traumatic stress disorder F43.1. Sixteen of them suffered from alcohol addiction, so we formed two groups: group A with alcohol addiction syndrome, group B without alcohol addiction syndrome. For this study we used the following methods: clinic-psychopathology, which included interviews and observations, clinical- anamnestic, psycho-diagnostic that included diagnostic method of socio-psychological adaptation of Rogers and Diamond, Mississippi scale of post-traumatic stress disorder, quality of life assessment