



ABSTRACT BOOK



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determined, the main aspect triggering headaches are tension and stress (pain often occurs during relaxation), second aspect with high scores is lack of nourishment. Another trigger is sleep disturbances (affecting lack of sleep or sleep more than 8 hours). The data system was designed specifically for students.

Conclusions. Conclusions: Migraine can be seen as a chronic brain disease leading to both significant loss of quality of life and economic losses. During the remainder of this study verified that migraine is quite common among students caused by: stress, sleep patterns and untimely diets. Most important factor being Intensity of stress. Prevention of Headache attacks is quite important, because treatment of Migraine is complex and multifaceted. That is why we developed a system for the prevention of migraines. For students it is important to avoid any stress and conflict in relation to learning, prepare materials in a timely fashion, eat correct, timely and enriched food 5 times a day, and maintain a healthy sleep pattern of 7-8 hours.

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POSTTRAUMATIC STRESS DISORDER: CLINICAL CASE

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Introduction. In the past 3 years there has been a sharp deterioration of the level of mental health of the population in Ukraine, which is connected with the psychotraumatic political situation and active military conflict in the south-east of the country. Long-term stress with a great number of extreme situations, fear of death and loss of relatives, manifestation of aggression and violence - all these are factors provoking the development of posttraumatic stress disorder (PTSD). PTSD occurs in 1 to 6 months after a traumatic event. During this time, the victim returns to normal life and can not adapt to it. The main clinical manifestation is an abnormal reaction to normal everyday situations. Such symptoms of intrusion are observed: repeated anxious memories accompanied by autonomic dysfunctions; sleep disorders, nightmares; «flashbacks». Avoiding similar situations and places, talking about the event, emotional stupor, detachment, irritability and alertness are characteristic. The emergence of such dissociative symptoms is possible: derealization, depersonalization, dissociative amnesia, alienation, emotional deafness.

Materials and methods. Thus, in the presence of a traumatic event in the history and certain symptoms in patients, it is advisable to carry out PTSD screening, for which a standardized questionnaire is used. A positive response to 4 or more questions indicates the possibility of this diagnosis. Also such means are used: a questionnaire form (questionnaire) of the patient about the health status of PHQ-9 and the hospital scale of anxiety and depression (HADS).

Results of research. Psychoeducation takes a major place in the social adaptation of patients with PTSD. A three-stage structure is preferred, which includes studying the information needs of patients and their relatives, collecting of evidential data and creating an informational module, approbation and evaluation of effectiveness. We give our own clinical observation. Patient V., 31 year old, a military man, was

having a treatment from 03.12.15 to 18.12.15. He complained of headache, whistling in his ears, insomnia, fear of loud noises and "the noise of an approaching car", a sense of danger, memory loss, hearing and vision impairment. Mental state: has clear consciousness, is correctly oriented, is accessible to verbal contact. Mimicry is inexpressive and tense; movements are bound, with motor tics. Periodically, during a conversation, he closes his ears with his hands and pauses, explaining this with a "strong whistle in his ears." He answers the questions laconically, hides the emotions. The mood is closer to steady. He is emotionally constrained, inexpressive. Thinking is consistent, the pace is lowered. Hallucinations and crazy ideas are absent. Attention is weakened. Criticism is reduced.

Conclusions. The patient performed such tests: a civilian version of the Mississippian scale of the post-traumatic stress event, DSM-V, SCL-90-R, the result - 116 points, which indicates a high level of influence of the traumatic event and confirms the PTSD diagnosis. The DSM-V scale allows estimating the frequency and intensity of revealing individual symptoms of the disorder, as well as the degree of their influence on the patient's social activity. According to the results, the patient has symptoms of intrusion - 4/5, symptoms of avoidance - 1/2, cognitive impairment - 4/7, hyperactivation - 3/6, an expressed distress is marked in the patient: a violation in social functioning and professional activity. According to the SCL-90-R scale, the dominant symptoms are somatization, depression and obsession.

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TREATMENT OF POSTALCOHOL CHANGES IN THE NERVOUS SYSTEM

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Introduction. Alcoholism is a chronic disease that is characterized by the combination of somatic and mental disorders caused by the frequent use of alcoholic beverages. Theme related to alcoholism, extremely relevant in our country, because according to WHO in Ukraine from chronic alcoholism suffers about 900 thousand man. Every year this indicator increased by 50-55 thousand patients.

Materials and methods. The experiment on animals was the action of ethanol on the frontal area of the cortex, in consequence of that revealed the oppression of cognitive functions.

Results

of research. The experiment on animals was the action of ethanol on the frontal area of the cortex, in consequence of that revealed the oppression of cognitive functions. Animals have ceased to perform advance memorized actions. After a 10-day break, previously identified defects are gone. This confirms that violation of cognitive function and short-term arises at the moment of withdrawal.

Currently, the proven versatility of mechanisms of damage of cells in various kinds of pathological processes, including the effects of ethanol. The final link is a violation of the redox processes, metabolism and energy cells. In this regard, one of the widely used today is a drug neuroprotectors Cerakson.

We investigated the effects of citikolin at 8 patients with alcoholic encephalopathy. All the