



# **ABSTRACT BOOK**



**KHARKIV, UKRAINE**  
**MAY 24<sup>th</sup>-26<sup>th</sup>, 2017**

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**PSYCHOTHERAPUTICAL CORRECTION SYSTEM OF SOMATOGIC DEPRESSIVE SPECTRUM DISORDERS IN PATIENTS WITH CEREBRAL STROKE**

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**Introduction.** Today, there are no doubts for the fact, that "the era of neurotic disorders", the main mental group of disease in twentieth century, comes to the end, and the beginning of the XXI century is replaced by "Depression spectrum disorders era". Post-stroke depressive spectrum disorders usually develops within 3-24 months after the stroke are defined as a "mood disorders caused by cerebrovascular disease associated with the symptoms of depression, anxiety and hypochondria, with presence of episodes such as major depressive or mixed." The majority of cerebral stroke (CS) patients suffered from depressive spectrum disorder that complicated the course of treatment, the outcomes of the disease, the recovery and rehabilitation processes. Approximately 10-15 % of patients with depression prone to suicidal attempts That is why the aim of our research : in CS patients to create system of psychotherapeutically support and correction of such disorders.

**Materials and methods.** Clinical methods, psycho-diagnostical methods (The Modified Rankin, ScaleHamilton 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.** For the conducting of the research 60 patients with ischemic cerebral stroke were involved. In a group of examination 70% (42 persons) were male and 30% (18 persons) were female. Most of the patients belonged to the age group 56 - 65 years old - 43,3 % (26 persons), 41,7 % (25 persons) of the patients belonged to the age group 46-55 years, 15 % (9 persons) of the patients belonged to the age group of 36- 45 years. The average age of the patients was  $53,3 \pm 5,5$  years. Among them in 42 cases (70%), middle cerebral arteries were involved in the pathological process, in 18 cases (30%) - vertebra basilar basin. The number of patients with ischemic CS in the left or in the right middle cerebral artery was equal and counted 21 persons. In the implementation of system of psychotherapeutical correction, we have select five stages: Stage 1 - Diagnostical, 2 stage - Adaptational, Stage 3 – Medical, Stage 4 - the final, Stage 5 – psychoprophylaxis.

**Conclusions.**

The proposed system demonstrated a significant improvement in 77 % of CS patients, it allow to decrease frequency and severity of somatogenic depressive and anxiety disorders, improve quality of life and social functioning of our patients.