

iSIC  
2018

Kharkiv  
Ukraine

ABSTRACT  
BOOK





Rynchak P., Leschuk I., Mezhens'ka K. ....	126
Saara Imbili .....	127
Shaparenko O., Mayorova M. ....	128
Skoryi D.....	129
Sukhodolska O. ....	130
Sukhonos N., Diasamidze M. ....	131
Sypalo A., Kadykova O. ....	132
Tabachenko O., Sayenko M. ....	133
Tereshchenko N.....	135
Titova Y., Misyura K. ....	136
Viun T.....	137
Yakusheva A, Lola N., Zatoloka D. ....	138
Yermak O., Dunayeva I., Lamis Khalil .....	140
Yermak O., Ebenezer Aheto .....	141
Zaikina T., Shivaranjini Ramaswamy, Dey Indranil, Sirobhusanam Alekhya Jayakumar .....	142
Zhuravlova M., Vorontsova L., Kovalenko V.....	142
NEUROSCIENCES.....	144
Ali Fadel Al Mahafzah .....	145
Damilola Oluwatosin Abdul-Azeez, Joan Oluwadamilola Ajayi .....	145
Denisenko D., Savelyev V. ....	146
Dombrovskaya I.....	147
Drokin A., Kravchenko M.....	148
Elakkumanan Kavitha .....	149
Glushchenko S. ....	150
Gritsenko A. ....	151
Gorbatovskaya D.S. ....	153
Holovko A., Fokina D. ....	154
Knyhin M., Artsylenko K. ....	154
Korovina L., Kondratenko A.....	156
Leshchyna I. ....	157
Likha V. ....	158
Likha V. ....	159
Magapu Veera Venkata Akhil.....	160
Martin Medhat Mousa Istanese.....	161
Matowe C.C.V.....	162
Mynka N.A. ....	163
Nagornyi I. ....	164



these individuals. As we illustrated, individuals with ASD may require additional or modified interventions to treat their SUDs. These interventions may be required as a prerequisite or in a parallel. Concomitant fashions to facilitate a successful outcome. We hypothesize that persons with ASD may benefit more from individuals rather than traditional group therapies given their social deficits, need a highly structured program with routines individualized to their needs and possibly additional modalities such as a computer based interventions given their intense interest in technology. These and other interventions may be a useful addition to a traditional treatment plan thus increasing motivation and interest and resulting in increased responsiveness to intervention. Further research is needed to explore these and additional interventions.

*Martin Medhat Mousa Istanese*

## **PERSONAL IDEALS AND ADAPTATION OF ENGLISH MEDIUM STUDENTS**

Kharkiv national medical university  
Department of Psychiatry, Narcology and Medical Psychology  
Kharkiv, Ukraine

*Research advisor: Korovina L.*

**Introduction.** Personality is one of the basic characteristics in psychology. This is an integral indicator of the biological and social in man. At the present stage of development of psychologists, there are many theories of personality, one of them is psychoanalysis. From the classical works of Z. Freud, we understand the structure of personality as the interaction of It (It), Ego (I) and Super-ego (super-I). As a dynamic structure, the personality develops in a system of conflicts, prohibitions, compromises and motivations. If It is instincts (unconscious inclinations), the Ego is what we are (realized), then the Super-Ego is a moral and ethical attitude, a religion, a conscience and a system of ideals. Super-Ego is formed in the process of development and education of a particular person, helps him to adapt in a civilized world. One of the main functions of the Super-Ego is the formation of Ideals. The concept of the ideal is understood as perfection, the highest goal, determining the mode of thinking, activity, something that affects society and reduces to a combination of norms of behavior and requirements. Also this concept is inseparable from the cultural evolution, the crisis periods of the development of society, self-esteem. The purpose of our study is to determine the characteristics of personal characteristics, their formation and adequacy of maintaining adaptation in changing social conditions.

**Materials and methods.** The contingent of our study was presented by 38 students, KhNMU, 4th courses, English language training. Most of them were residents of the Middle East, Central Africa, India, at the age of  $23 \pm 2,1$ . We used the method of clinically directed conversation, the psych diagnostic method (personality questionnaire, Cattell 16 SF-16).



**Results.** The results of the research showed that in most cases the students detected a disharmonious personal profile. In some cases, sensitivity prevailed, the desire to obey the rules, a sense of privacy. In other situations, expressiveness, suspicion, and low self-control prevailed. At the same time, the absolute majority of the subjects had enough anxiety and tension.

**Conclusion.** Thus, it can be said that, despite the different predominant personal traits, the presence of anxiety and tension shows the weakness of adaptation. It can be assumed that the ideals that were present before are not sufficient for the adaptation of the individual in the objectively changed conditions. These factors can become a basis for the formation of further programs to improve the adaptation of foreign students.

*Matowe C.C.V*

## **THE CLINICS OF COMA AFTER A HAEMORRHAGIC STROKE**

Kharkiv national medical university

Department of Neurology №2

Kharkiv, Ukraine

*Research advisor: Nekrasova N.*

**Introduction.** Many physicians believe that when a patient is in a coma, we can learn nothing from the neurological examination. In reality, by practicing a few simple techniques, we are able to interrogate essentially all the nervous system even when a patient is in a coma.

Coma accounts for a substantial portion of admissions to the emergency wards and occurs on all hospital services. Conditions that cause sudden coma include: cardiac arrest, cerebral haemorrhage, drug ingestion, epilepsy, trauma and basilar artery occlusion from an embolism.

**Materials and methods.** We chose to define coma as Glasgow Coma Scale (GCS)  $\leq 8$  given the widespread clinical use of this score and our ability to track quantitative progression using daily GCS scores documented on nursing flow charts. We identified 11 patients with Intracranial haemorrhage (ICH) admitted in the Emergency Department of the Kharkov Regional Hospital. The initial GCS of  $\leq 8$  was recorded in the first 24h of hospital admission to account for 45% of patients with ICH who decompensate in the first 24h.

**Results.** We did a routine neurological examination on the patients for 7 days consecutively. The signs we found were remarkable. We had assumed all were in coma. But to our surprise, about 21% patients' level of consciousness was obtundation. Hyperventilation was the common respiratory pattern among the majority with a 10% displaying Cheyne-Stokes pattern. On eye examination all the patients demonstrated small (pinpoint) unreactive pupils. As for brainstem reflexes we identified equal unresponsive pupillary reflex in both eyes for 91% patients except one showed sluggish response. None of the patients showed irritation upon nose tickling. All patients exhibited loss of corneal responses, and impaired ocular bobbing (movements in the vertical direction). None at all