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ABSTRACT  
BOOK





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main types of anxiety: situational and personal. Situational anxiety is an adaptation reaction of the organism to a specific situation and is peculiar to all of the people without exception, personal anxiety is an individual feature of a person associated with a low threshold of excitability of the nervous system. There is a direct correlation between the types of anxiety, as well as their joint influence on the behavioral characteristics and health of the individual. It is proved that constant intense fears increase the risk of developing various neurotic states and neuroses.

**Materials and methods.** A selective study was conducted at the 4th year of the 2nd Faculty at KhNMU. The study involved 30 people. The sample was divided according to gender (men - 11, women - 19). The age of students varied from 20 to 23 years. During the study, scales of the assessment of reactive and personal anxiety of C. Spielberg-Yu. Khanin were used, which allows differentiating anxiety measurement as a condition and personality property. The level of anxiety was estimated in this way: up to 30 points - low; 31-45 - moderate; 46 and more - high anxiety.

**Results.** The indicators of anxiety are presented in the table.

|                          | Situational anxiety | Personal anxiety |
|--------------------------|---------------------|------------------|
| Male                     | 37,3±0,29           | 38,7±0,34        |
| Female                   | 40,3±0,17           | 45,2±0,21        |
| General level of anxiety | 40,4±0,23           |                  |

The data presented in the table indicate that in most of the examinees regardless of their gender, the reactive anxiety indicators are within a moderate level. Comparison of groups by sex showed an increase in the level of personal anxiety in girls ( $p < 0.01$ ).

**Conclusion.** An assessment of anxiety among 4 th year students of the Faculty of KhNMU revealed reliable sex differences in the level of anxiety. A higher level of anxiety in girls can be regarded as a high probability of neuroses.

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**PECULIARITIES OF POST-TRAUMATIC STRESS DISORDER IN SOLDIERS  
RETURNING FROM AREAS ATO**

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**Introduction.** It is impossible to overestimate the importance and relevance of the study of mental disorders of military personnel who protect nowadays the sovereignty of our country in the east. Each day they are exposed to threshold-exceeding stress, which sometimes leads to adaptation disorders, namely post-traumatic stress disorder. Some of the fighters, that cannot handle such stress, seek solace in alcohol subsequently becoming addicts, which only complicates the course of PTSD.



**Materials and methods.** We conducted our research in the Military Medical Clinical Center of the Northern Region. In our study, we interviewed 47 patients diagnosed with post-traumatic stress disorder F43.1, the manifestation of which we directly linked with a traumatic injury received in the ATO zone in the east. We deliberately excluded patients with other dependencies and craniocerebral trauma. Methodology: clinical-psychopathological (interviewing and observing), clinical-anamnestic and psychodiagnostic. Used techniques: Mississippi post-traumatic stress disorder scale, Impact of Event Scale-R, questionnaire for traumatic stress.

**Results.** All patients were divided into two groups: the first one with a high level of post-traumatic stress ( $119 \pm 11$ ) was 29 people (61.7%), the second with a middle level ( $87 \pm 8$ ) 18 people (38.3%). Results of IES-R: in group I -  $68,33 \pm 8,02$ : in the "invasion" subscale -  $24,33 \pm 9,07$ , which testifies to the frequent experiences of the traumatic situation: in the "avoidance" subscale -  $20,67 \pm 5,03$  - expressed fear of the experienced event; on subclass, "excitability" -  $23,33 \pm 2,89$ , expressed irritability; insomnia. In the 2nd group:  $42.39 \pm 24.94$ ;  $14.68 \pm 8.96$ ;  $14.38 \pm 9.30$ ;  $13.33 \pm 8.81$  - respectively (less pronounced effects). The Questionnaire for traumatic stress showed us: super-vigilance - in 70.2% of the examined; exaggerated response - 31.9%; blunted of emotions - 23.4%; aggressiveness - 53.1%; memory impairment and concentration of attention - 31.9%; depression - 48.9%; general anxiety - 85.1%; attacks of rage - 48.9%; abuse of narcotic and medicinal substances - 82.9%; uninvited memories - 34.0%; problems with sleeping - 91.4%; "Survivor guilt" - 57.4%; optimism is 19.1%.

**Conclusion.** A significant proportion of patients suffer from a high level of post-traumatic stress. This is primarily a sleep disorder and general anxiety. This illustrates the importance of the customization of treatment methods for such patients. Needless to say that in this case psychotherapy, such as gestalt and cognitive-behavioral techniques are of paramount importance.

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## **CLINICAL AND NEUROLOGICAL FEATURES OF HEMORRHAGIC STROKE WITH DIFFERENT LOCALIZATION IN ACUTE PERIOD**

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**Introduction.** Hemorrhagic stroke mortality in Ukraine is 86.7 per 100 thousand people, among them 65% of patients die in acute period [Samosiuk I.Z., Flomyn J., 2012]. The impact of comorbid conditions, early symptoms, preceding hemorrhage as well as the connection between the early treatment of stroke and the amount of disability, the degree of cognitive impairment and rehabilitation of patients with hemorrhagic stroke need more detailed study. The correlation between the results of