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COLLECTION OF SCIENTIFIC PAPERS

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SCIENTIFIC DISCOVERIES: PROJECTS, STRATEGIES AND DEVELOPMENT

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MENTAL CONDITION OF FAMILIES OF PATIENTS WITH DEMENTIA

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Topicality: Dementia is a disease in which the patient's cognitive and mental abilities are disturbed. It causes impairment of mental capacity, memory, ability to navigate time and space, as well as the ability to recognize people and objects. In this regard, the ability to carry out daily activities and contact with others is also gradually reduced. Among other things, the patient suffers from confused consciousness, anger, suspicion and even outbreaks of aggression. Subsequently, in addition to the cognitive impairment, physical capabilities are also affected [1].

Dementia is one of the main factors leading to the limitations of elderly people, and it is considered one of the most serious illnesses for the patient, his family and society [2].

Objective: To determine the mental state of the families of patients with dementia

Materials and Methods: We surveyed 59 families: 59 dementia patients and their families took part in the study. Patients were treated at KNP CHOR "Regional Clinical Psychiatric Hospital # 3". The following psycho-diagnostic techniques were used in the study: "Structured Interview Scale for Determining Relation of Family Members to Sickness (Psychiatric Diagnosis) in a Relative" (VA Abramov et al., 2009), Questionnaire "Type of Attitude of Family to Psychotropic Drug Therapy" (NB Lutova, OV Makarevich, 2011).

Results: According to the results of "Scale of a structured interview for determining the relation of family members to illness (psychiatric diagnosis) in a relative" we obtained 29 (49,15%) families with adequate attitude to the illness of a beloved one, 11 (18,64%) with a dramatizing attitude to the disease and 19 (32,21%) with a negative (destructive) attitude to the disease. According to the questionnaire "Type of family attitude to therapy with psychotropic drugs": the hostile type was in 9 (15,25%) families, the distracted type - 21 (35,6%) families, manipulative type - 17 (28,81%), supportive type - 12 (20,34%).

Conclusions: The obtained results indicate that not all of the families are able to correctly perceive the illness of an elderly relative, so in the future we will develop a system of psychological support and correction of unwanted forms of attitude to the disease and attitude to treatment with psychotropic drugs.

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MODERN APPROACHES TO THE PSYCHOTHERAPEUTIC CORRECTION OF ORGANIC AFFECTIVE DISORDERS: CLINICAL VIEW, PSYCHOTHERAPY AND REHABILITATION

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In order to achieve this aim, in compliance with the principles of bioethics and deontology, 89 persons of both sexes, aged 22 - 49 years old, with organic affective disorders belonging to category F 06 ICD 10., were examined. The survey was conducted for clinical and psychopathological characteristics of organic affective disorders and the development of the principles of prevention and rehabilitation.

The results obtained that several number of factors are provoke the development of affective disorders in the examined patients. These factors related to residual-organic pathology combined genesis, stressors, information exposure, heavy loads, reducing social security and life standards of the most of Ukrainian people, the social tension in society, the need for quick response and decision-making capability, conflict in society, intrapersonal conflicts.

Target organs are the thymus, stomach, spleen and pancreas. They give a response to the occurrence of the above disease. This contributes to the launch of the complex pathogenesis of organic affective disorders. We studied and discussed the main types and clinical manifestations of organic affective disorders in detail.

The study showed that the clinical features of the structure of organic affective disorders determined the cause. Depending on etiopathogenetic factors there are following options of organic affective disorders: nosogenic, psychogenic, pharmacogenic and combined.

Was established that in the examined patients the depressive disorders, affective reaction, dysphoria, and obsessive-phobic disorders, rarely - hypomania