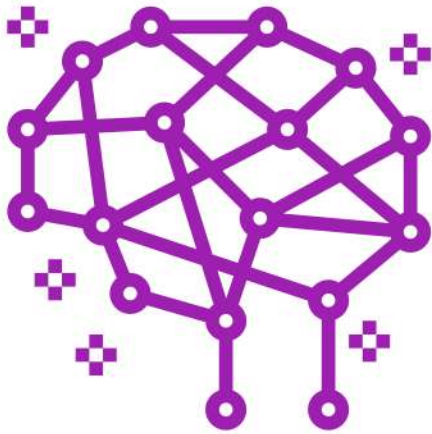


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Analysis of complex therapy combined with psychoeducation impact revealed positive dynamics of the social function level of patients with schizophrenia: general behavioral dysfunction decreased ($49,4 \pm 1,5\%$ in patients of basic and $46,2 \pm 1,4\%$ in patients of the control group); decrease in social roles dysfunction ($65,1 \pm 1,8\%$ and $61,3 \pm 1,6\%$ respectively), an improvement of patients function in hospital ($63,7 \pm 1,7\%$ and $59,5 \pm 1,6\%$ respectively), an increase of modified factors level ($69,5 \pm 1,9\%$ and $65,4 \pm 1,8\%$ respectively). This shows the positive impact of psychoeducation as a part of the Ukrainian rehabilitation programme of patients with schizophrenia. The research indicates that explanation of the most important questions for schizophrenia patients results in better adherence and further significant recovery.

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COGNITIVE TRAININGS FOR PATIENTS WITH TYPE 2 DIABETES AND MILD COGNITIVE IMPAIRMENT

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Introduction. Type 2 diabetes and mild cognitive impairment (MCI) are the two most common chronic conditions among people of 60 years and older. Diabetes is detected in about 18-20% of cases, cognitive impairment - about 25% of people, including 6-8% - dementia, and 16-19% - mild cognitive impairment in patients with such age. In recent years, the prevalence and, consequently, the social significance of both conditions has been growing due to the increasing share of older people in the population. Studying the link between cognitive impairment and diabetes can help find one of the ways to prevent the growth of dementia, which, according to some experts, has a chance to become the main "epidemic" of the XXI century. According to R. Petersen, within 6 years about 80% of patients diagnosed with "mild cognitive impairment" developing dementia later.



Aim of this study is detecting an interconnection of our invented cognitive trainings to cognitive sphere of patients with MCI.

Materials and methods. In this research we separated 40 female patients into 2 groups, each one contains 20 persons age 60-72 with type 2 diabetes and MCI. Patients of the first group (basic) took part in cognitive trainings. Second group – control group, was treated with medications from clinical protocol. Both groups had the same drug therapy. Clinical interview, Mini-Mental Scale Examination (24-27 points), Montreal Cognitive Assessment (20-26 points) were used for verification of MCI.

An open group was chosen as the form of training, which allows patients to join the training at any stage of the training. Each lesson was organized as an independent and complete. Classes were held twice a week, with each class lasting from 30 to 45 minutes, depending on the condition of the patients. The whole cycle of classes lasted for 3 months. There were several stages in the structure of classes: greeting and acquaintance; directly the working stage, consisting of two parts: the first - aimed at activating the processes of memory, attention, thinking, the second - a story about a topic (usually, the patients themselves expressed a desire to prepare an oral presentation); the final stage with elements of relaxation. In addition, the classes included elements of communication training - memories of past events, a story about yourself and your hobbies.

Results. In basic group all patients had an improvement of test results, it was pictured for increasing cognitive level on the average for 8-12% in comparison with control group (including activation of attention, mostly focus and concentration).

Conclusion. The study reflects not only the significant role of psychotherapeutic trainings in the provision of psychiatric care, but also indicates the need for further development of the potential of psychotherapeutic methods in the complex treatment of patients with comorbid pathology like type 2 diabetes and MCI.



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