



ISIC-2022 International Scientific Interdisciplinary Conference



СМІЛИВІСТЬ 

Neurosciences



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ATTITUDE OF FAMILY MEMBERS OF PATIENTS WITH DEMENTIA TO DISEASE AND TREATMENT

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Introduction. Dementia is the most common disease among the elderly and senile. It is a mental disorder in which the patient's mental and cognitive abilities are impaired. Dementia is a disorder that causes an irreversible decline in memory, mental abilities, the ability to recognize objects and people, as well as the ability to navigate in space and time. As disease progresses, decreases ability to perform routine tasks, communicate and spend time with loved ones. Among other things, patient suffers from disorders of consciousness, suspiciousness, rage, outbursts of aggression may occur from time to time. All of the above symptoms lead to limitations in the capabilities of the elderly. All over the world, dementia is considered one of the most difficult mental health diseases not only for the patient, but also for his family and society as a whole. Aim: to determine the attitude of family members of dementia patients to diagnosis and treatment in a psychiatric hospital.

Materials and methods: during this study was examined 63 families: 63 patients with dementia and 61 members of their families. Clinical psychopathological, clinical anamnestic and psychodiagnostic methods were used. Like, "Structured interview scale to determine the attitude of family members to the illness (psychiatric diagnosis) of a relative", questionnaire "Type of family attitude to therapy with psychotropic drugs".

Results: during the study, the following results were obtained using the "Structured interview scale for determining the attitude of family members to the illness (psychiatric diagnosis) of a relative" method: 13.13% of families with an adequate attitude to the illness of a loved one, 52.45% with a destructive attitude towards the disease and 34.42% with a dramatizing attitude towards the illness. Results of the research according to the method "Type of attitude of the family to therapy with psychotropic drugs" were as follows: the hostile type was in 31.14% of families, the supportive type - 13.13%, the manipulative type - 37.70% of families, the withdrawn type - 18.03% families.



Conclusions. Obtained results reflect a rather difficult situation in families with dementia patients, further our work is aimed at establishing a balance in the families of patients with dementia. We believe that this, in turn, will become a component for improving existence of this population cohort.

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THE CONCEPT OF COMPLEX POST-TRAUMATIC STRESS DISORDER IN ICD-11

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Introduction: On 1st of January the World Health Organization has presented the new International Classification of Diseases - 11 (ICD-11). There has been many improvements and new diseases added, as well as many of them were excluded. One of the news is new nosology in psychiatry, such as complex post-traumatic stress disorder. Needless to say, that after the beginning of full scale invasion of Russia in the territory of Ukraine, doctors of all specialties face the problem of post-traumatic stress disorder. And it is crucial nowadays to understand the difference between the post-traumatic stress disorder and simple post-traumatic stress disorder.

The aim: to form the complex understanding of the new nosology, to study the difference between simple post-traumatic stress disorder and complex post-traumatic disorder, to emphasize the importance of training specialists which are knowledgeable in this field.

Materials and methods: collection and analysis of scientific works, processing of documents of the World Health Organization, comparison of scientific concepts, formation of tables and results of the work performed

Results and discussion: Both complex and simple PTSD usually develops after severe, extremely threatening conditions, which may or may not repeat and are most commonly prolonged from which escape is either difficult or impossible. Patients with PTSD usually present re-experience of the traumatic events in the form of flashbacks, nightmares or even vivid intrusive memories, avoidance of events, people, sounds etc.,



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