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DIE KUNST DES WISSENSCHAFTLICHE DENKEN

DER SAMMLUNG WISSENSCHAFTLICHER ARBEITEN

ZU DEN MATERIALIEN DER INTERNATIONALEN WISSENSCHAFTLICH-PRAKTISCHEN KONFERENZ

DIE WICHTIGSTEN VEKTOREN FÜR DIE ENTWICKLUNG DER WISSENSCHAFT IM JAHR 2020

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**«DIE WICHTIGSTEN VEKTOREN
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Luxembourg • Grand Duchy of Luxembourg

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modification. 1999), Montreal Cognitive Assessment Scale (MoCa) (Nasreddine Z. et al. 2005).

Results. Very low scores on the subscales were obtained on the Scale of Quality of Life: "self-care and independence of actions" - 3.3 points; "Interpersonal interaction" - 3.6 points; "Overall perception of life" - 3.8 points, which may indicate that patients with dementia have problems in these areas of life. According to the Montreal Cognitive Scale (MoCa), patients had scores ranging from mild dementia (19-23 points) - 54.23% (32 patients) to moderate dementia (11-18 points) - 45.76% (27 patients). The data obtained were correlated with most patients. The worse quality of life scores were found in most patients with moderate-grade dementia, but 18.52% of patients with moderate-grade dementia had fairly high quality-of-life indicators, which may indicate good compliance and good support from relatives.

Conclusions. Patients with moderate dementia have decreased quality of life, which is confirmed by the study. For patients, the most essential are the aspects of life: general perception of life, interpersonal interaction, self-care, and independence of action. Next, we will investigate the impact of family interaction in the families of patients in the study group and conduct psychoeducational activities together with standard psychopharmacotherapy for patients.

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1. Shevchenko-Bitenskyi, K. V. (2019). Sotsialne funktsionuvannya patsientiv z haliutsynatorno-paranoidnymy rozladamy pry zmishanykh dementsiakh tiazhkoho stupenia vyrazhenosti [Social functioning of patients with hallucinatory-paranoid disorders in mixed dementia of severe severity]. *Ukrainskyi visnyk psykhonevrolohiï*, (27, 3 / 100), 61-64.

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CLINICAL-PSYCHOPATHOLOGICAL PECULIARITIES OF POST-STRESS DISORDERS IN PERSONS WHO HAVE BEEN SURVIVED THE WAR

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UKRAINE

Topicality. According to WHO, 16.2% of the world's population suffer from the war consequences and another 12.5% have war-affected relatives. Combat mental trauma is a direct cause of disorders of social and psychological adaptation in 80% of the victims of the fighting, and in its distant period (1 month or more) are often observed: stress-related disorders. Mental health problems and the psychosocial consequences of traumatic events are closely connected, which necessitates the prevention of post-stress disorders and the rehabilitation of victims of combat [1].

Goal. To determine the clinical and psychopathological features of post-stress disorders in survivors.

Materials and methods. A comprehensive survey of 87 patients with post-stress disorder, both sexes, aged 20 - 55 years, was conducted at the Military Medical Center of the northern region. The following psycho-diagnostic techniques were used in the study: the self-esteem scales of Ch.D. Spielberger - Yu.L. Hanina (State – Trait Anxiety Inventory - STAI, 1985), Mississippi Post-Traumatic Stress Disorder Scale (Keane T.M., Caddell J.M., Taylor K.L., 1988).

Results. On the scale of self-esteem anxiety Spielberger - Yu.L. Hanina: low anxiety was observed in 18 (20.69%) patients; moderate anxiety in 27 (31.03%); significant anxiety – 42 (48,28%). These results indicate that the majority surveyed persons have high anxiety. On the Mississippi scale of post-traumatic stress disorder, 57 (65.51%) patients scored more than 100 points, which indicates a pronounced effect of the traumatic injury in person and 30 (34.49%) patients scored below 100 – the impact of the traumatic event is negligible. In this case, 4 patients with severe traumatic event experience had low anxiety on the self-esteem scale, and 2 patients with low traumatic event severity experienced high anxiety.

Conclusions. The survey revealed the not direct dependence of the obtained data, so the next step will be exploring additional parameters to find out the reasons for such results. In addition, we will carry out standard therapy according to the protocols of the Ministry of Health and psychotherapeutic and psycho-educational measures.

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1. Wray, N. R. & James, M. R. & Mah, S. P. & Nelson, M. & Andrews, G. & Sullivan, P. F. & Montgomery, G. W. & Birley, A. J. & Braun, A. & Martin, N. G. (2007). Anxiety and comorbid measures associated with PLXNA2. *Arch. Gen. Psychiatry*, (64, 3), 318 - 326.