

of methods for prevention, treatment and rehabilitation of representatives of the specified contingent.

It was carried out two-phase comparative research of FS and civil patients (CP) with AD. It was established during complex clinical, psychopathological and psychodiagnostic research that FS distinguishes from CP by: the raised frequency comorbid somatic pathology, inclination to relapses of AD and to alcoholic psychoses, and also rather high resistance to therapy of present psychopathological symptoms.

Offers concerning optimization of standards of treatment FS with AD are developed and most important of which are: the maximum reduction of the period between the alcohol intake termination (at exit from hard drinking) and hospitalization; increase of standard period of detoxication (after hard drinking) up to 3 weeks; accent in psychosocial support in post-hospital period: on regularity of therapeutic contacts, on cognitive-behavioral psychotherapy, on the family-focused actions; and also on the help in search of a new, civil workplace.

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Aim: Evaluating the effectiveness of art therapy in treatment of patients with depressive recurrent disorder (RDD).

Objectives: The study involved 150 patients of both genders with RDD. Patients were randomized into 2 groups: group study №1 and study group 2. Research Group №1 received standard therapy, while the study group №2 received art therapy in a complex standard treatment. We have used several types of drawing techniques.

Results: The study revealed a positive effectiveness of art-therapy for patients with RDD.

**Kasianova, Anastasiia**

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**Surgery-related posttraumatic stress disorder in parents of children with congenital heart defects**

Prenatal diagnosis of congenital heart defect (CHD) can lead to maternal and paternal stress during pregnancy. We aimed at evaluating post-traumatic stress disorder (PTSD), depression and anxiety after prenatal diagnosis of CHD and surgery-related PTSD in parents of children undergoing heart surgery. Parents' PTSD forms gradually. The manifestations of psychological maladjustment with time can be transformed into PTSD. The risk of parental PTSD remains at all stages of hospitalization, including prenatal ultrasound CHD diagnostics, heart surgery, stage of intensive care unit and further psychomotor child's follow up. Clinicians need to identify parents at risk of the PTSD at all therapy stages. Psychologists could provide parents with systematic psychological assistance: psychoeducational and family therapy sessions as well as psychopharmacological support.

**Korovina, Liliia**

**Kharkov National Medical University**

**The dynamics of body weight gain and secondary negative symptoms in patients with paranoid schizophrenia treated by various antipsychotic drugs**

The use of second generation antipsychotic drugs in patients with paranoid schizophrenia has highlighted neuroendocrine side effects, such as abdominal obesity, and allowed to differentiate the secondary negative symptoms.

We have explored the dynamics of changes in body weight and secondary negative symptoms in patients with paranoid schizophrenia who were treated with risperidone, amisulpride, quetiapine, clozapine over three years and have increased body weight.

The results obtained allow using a differentiated approach to the subsequent psycho-social rehabilitation of patients and improving the quality of remission.

**Kosenko, Kornelia**

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**Clinical case of PTSD in woman**

In connection with the situation in Ukraine, the actual problem is a mental disorder caused by traumatic stressful events from individual mosaic prior-nosological psychopathological manifestations to clinically outlined PTSD. Reproduced clinical case illustrates this trend.

Patient 37 years old, appealed with complaints of constant anxiety, fear, depressed mood, sleep disturbance. First condition deteriorated 5 months ago when, amid prolonged quarrels with her husband on the ground of differences in political views and assessment of the political situation, the husband threatened to divorce. Since then began to bother fears about a deteriorating situation in the city and a possible divorce, indication that further destruction of family relationships progression of anxiety-depressive symptoms, which eventually joined nightmares, increased irritability, isolation and the desire to limit contact with the outside world, irritability, a sense of alienation. Anhedonia symptoms become a source of additional trauma patient. There were also attacks paroxysmal anxiety "trigger hook" which became even slight noise of wheels (appeared to fear that her husband left the family and joined the separatist movement). There was a reduction of emotional and social intelligence.

As a result, complex psychopharmacotherapy, and family, problem-oriented and cognitive-behavioral therapy - improved sleep, mood, anxiety and anhedonia symptoms disappeared. Mastered the skills and self-constructive family interaction. Found an understanding with her husband, is planning a successful family and social life.

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Based on the theory of Multiple Intelligences (G. Gardner, 1983), Emotional Intelligence (Mayer and Salovey, 1990), Social Intelligence (Guilford, 60-ies) there is conducted a study of emotional and cognitive deficiency and social functioning in men under such conditions as F 20.00 F 06.3, in the clinical picture of which paranoid hallucinatory syndrome dominates. When selecting patients the age (18-25, 26-32, 33-40, 41-47) and disease duration (up to 3 years, 3-5 years, 5-7 years) were taken into account. To conduct the study, there were used the following techniques: Wechsler intelligence quotient test, Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), Personal and Social Performance Scale PSP, Brief Psychiatric Rating Scale BPRS. The aim of this work is to identify the loop of various aspects of intelligence and the development of recommendations aimed at their correction.