ČETVRTI HRVATSKO - RUSKI PSIHIJATRIJSKI KONGRES

s međunarodnim sudjelovanjem

Depresija, shizofrenija, ovisnosti, psihoonkologija, duhovna psihijatrija...

Farmakološki izazovi, etičke dileme i sociološki pristup, psihijatrijski i teološki aspekti

"lijek i riječ..."

Hrvatski institut za duhovnu psihijatriju - HIDP
Croatian Institute of Spiritual Psychiatry - CISP

Institute of Mental Health and Addictology - Moscow

Zbornik sažetaka
ABSTRACTS COLLECTION

OPATIJA, HOTEL "4 OPATIJSKA CVIJETA-ROYAL" 13. - 15. travnja 2018.

Escital

10 mg raspadljiva tableta za usta
escitalopram

Na Osnovnoj listi lijekova HZZO-a.

Terapijske indikacije: liječenje velikih depresivnih epizoda, paničnog poremećaja s ili bez agorafobije, socijalnog anksioznog poremećaja, generaliziranog anksioznog poremećaja i opsesivno-kompulzivnog poremećaja. Escitalopram nije namijenjen liječenju velikog depresivnog poremećaja u djece i adolescenata mlađih od 18 godina. | **Doziranje i način primjene:** *Velike depresivne epizode:* uobičajena je doza 10 mg jednom dnevno. Doza se može povećati do maksimalne dnevne doze od 20 mg. Za postizanje antidepresivnog odgovora obično su potrebna 2-4 tjedna. • *Panični poremećaj s ili bez agorafobije:* preporučuje se početna doza od 5 mg tijekom prvog tjedna, a zatim povećanje doze na 10 mg dnevno. Doza se može dodatno povećati, sve do maksimalne dnevne doze od 20 mg. Maksimalna se učinkovitost postiže nakon približno 3 mjeseca. • *Socijalni anksiozni poremećaj:* uobičajena je doza 10 mg jednom dnevno. Obično su potrebna 2-4 tjedna kako bi se ublažili simptomi. Nakon toga, doza se može smanjiti na 5 mg ili povećati do maksimalne dnevne doze od 20 mg. • *Generalizirani anksiozni poremećaj:* početna je doza 10 mg jednom dnevno i može se povisiti do maksimalne dnevne doze od 20 mg. • *Opsesivno-kompulzivni poremećaj (OCD):* početna je doza 10 mg jednom dnevno i može se povisiti do maksimalne dnevne doze od 20 mg. • Stariji bolesnici (u dobi >65 godina): potrebno je razmotriti inicijalno liječenje s polovinom uobičajeno preporučene doze te nižu maksimalnu dozu. • Djeca i adolescenti (< 18 godina): escitalopram se ne smije primjenjivati u liječenju djece i adolescenata u dobi ispod 18 godina. • Smanjena funkcija bubrega: u bolesnika s blagim ili umjerenim oštećenjem bubrega prilagodba doze nije neophodna. Oprez se savjetuje bolesnicima s teškim smanjenjem funkcije bubrega. • Smanjena funkcija jetre: početna doza od 5 mg dnevno tijekom prva dva tjedna liječenja preporučuje se bolesnicima s blagim ili umjerenim oštećenjem jetre. Doza se može povisiti do 10 mg dnevno. Oprez i posebno pažljivo titriranje doze savjetuju se bolesnicima s teškim oštećenjem funkcije jetre. • *Način primjene:* Escital tablete koriste se u obliku pojedinačne dnevne doze, a mogu se uzeti sa ili bez hrane.Tabletu treba staviti na jezik, gdje se brzo raspadne i može se progutati bez vode. Tableta nema razdjelnu crtu i ne može se podijeliti na jednake doze. Doza se mora uzeti odmah nakon otvaranja blistera. | **Kontraindikacije:** preosjetljivost na escitalopram ili na bilo koju od pomoćnih tvari. Istodobno liječenje s neselektivnim, ireverzibilnim MAO inhibitorima, reverzibilnim MAO-A inhibitorima (npr. moklobemid) ili reverzibilnim neselektivnim MAO inhibitorom (linezolid) kontraindicirano je radi rizika od serotoninskog sindroma. Escitalopram je kontraindiciran u bolesnika s poznatim produljenjem QT-intervala ili kongenitalnim sindromom produljenog QT intervala. Escitalopram je kontraindiciran s drugim lijekovima za koje je poznato da produljuju QT interval. | **Posebna upozorenja i mjere opreza pri uporabi:** *Paradoksalna anksioznost:* pojedini bolesnici s paničnim poremećajem mogu osjetiti pojačane simptome anksioznosti na početku liječenja antidepresivima. Ova paradoksalna reakcija obično se povlači unutar dva tjedna, tijekom neprekinutog liječenja. Savjetuje se niža početna doza, kako bi se smanjila vjerojatnost anksiogenog učinka. • *Suicid/suicidalne misli ili klinička pogoršanja:* Klinično iskustvo ukazuje da se rizik od suicida može povećati u ranim fazama oporavka. Bolesnici koji u anamnezi imaju događaje povezane sa suicidom, ili oni koji pokazuju značajan stupanj suicidalnih ideja prije samog početka liječenja, izloženi su većem riziku od suicidalnih misli ili pokušaja suicida i moraju biti pod pažljivim nadzorom za vrijeme liječenja. Bolesnike (i osobe koje skrbe o bolesnicima) treba upozoriti na potrebu praćenja znakova kliničkog pogoršanja, suicidalnog ponašanja ili misli, kao i neobičnih promjena ponašanja te ih uputiti da odmah zatraže savjet liječnika u slučaju pojave tih simptoma. • *Konvulzije:* escitalopram treba obustaviti ako bolesnik razvije konvulzije po prvi puta, ili ako se poveća frekvencija konvulzija u bolesnika s dijagnozom epilepsije. SSRI treba izbjegavati kod bolesnika s nestabilnom epilepsijom, a bolesnike s kontroliranom epilepsijom treba pažljivo nadzirati. • *Manija:* U bolesnika s manijom/hipomanijom u anamnezi, SSRI treba primjenjivati s oprezom te obustaviti primjenu u svakog bolesnika koji se nalazi u maničnoj fazi • *Dijabetes:* SSRI mogu izmijenti kontrolu glikemije (hipoglikemija ili hiperglikemija). Možda će biti potrebno prilagoditi dozu inzulina i/ili oralnog hipoglikemika. • *Akutizija/psihomotorni nemir:* Primjena SSRI/SNRI povezana je s razvojem akutizije, karakterizirane subjektivnim neugodnim ili zabrinjavajućim nemirom nogu i potrebom za kretanjem, koju često prati nemogućnost mirnog sjedenja ili stajanja. Najveća je vjerojatnost za njenu pojavu unutar prvih nekoliko tjedana liječenja. U bolesnika koji razvija te simptome, povećanje doze može biti štetno. • *Hiponatremija:* Kod primjene SSRI rijetko je prijavljena hiponatremija. Oprez je neophodan u starijih, bolesnika s cirozom ili bolesnika koji se istodobno liječe lijekovima za koje je poznato da uzrokuju hiponatremiju. • *Krvarenje:* Postoje izvještaji o poremećajima u vezi krvarenja u kožu, kao što su ekhimoze i purpura, uz primjenu SSRI. Savjetuje se oprez kod istodobne primjene s oralnim antikoagulansima, s lijekovima koji utječu na funkciju trombocita te u bolesnika s poznatom sklonošću krvarenju. • *Serotoninski sindrom:* u rijetkim slučajevima, u bolesnika koji su uzimali SSRI istodobno sa serotoninergičkim lijekovima, prijavljen je serotoninski sindrom. Kombinacija simptoma kao što su agitacija, tremor, mioklonus i hipertermija mogu ukazivati na njegov razvoj. U tom slučaju, odmah treba prekinuti liječenje escitalopramom te započeti sa simptomatskim liječenjem. • *Simptomi uobičajenog koji se javljaju prilikom prekida liječenja:* apstinencijski su simptomi kod obustave liječenja česti, osobito kod naglog prekida. Zbog toga se kod prekida liječenja savjetuje dozu escitalopramа postupno smanjivati tijekom razdoblja od nekoliko tjedana ili mjeseci. • *Produljenje QT intervala:* Utvrđilo se da escitalopram uzrokuje o dozi ovisno produljenje QT intervala. Oprez se savjetuje bolesnicima sa značajnom bradikardijom ili onima s nedavnim akutnim infarktom miokarda ili nekompenziranim zatajenjem srca. Poremećaje elektrolita potrebno je korigirati prije početka liječenjeja. Ako se tijekom liječenja escitalopramom pojave znakovi aritmije srca, potrebno je obustaviti liječenje te napraviti EKG. • *Dodatne informacije o lijeku:* ovaj lijek sadržava laktozu. Bolesnici s rijetkim nasljednim poremećajima intolerancije galaktoze, Lapp laktaza deficijencijom ili glukoza-galaktoza malapsorpcijom ne smiju uzimati ovaj lijek. | **Interakcije s drugim lijekovima i ostali oblici interakcija:** *Kontraindicirane kombinacije:* ireverzibilni, neselektivni MAO-inhibitori, reverzibilni, selektivni MAO-A inhibitor (moklobemid), reverzibilni, neselektivni MAO inhibitor (linezolid), ireverzibilni, selektivni MAO-B inhibitor (selegilin), lijekovi koji produljuju QT interval • *Kombinacije koje zahtijevaju mjere opreza kod primjene:* serotoninergični lijekovi, lijekovi koji snižavaju prag za nastanak konvulzija, litij, triptofan, gospina trava, oralni antikoagulansi, NSAR, alkohol. • *Farmakokinetičke interakcije* • Utjecaj drugih lijekova na farmakokinetiku escitalopramа: Neophodan je oprez prilikom istodobne primjene s inhibitorima CYP2C19 (npr. omeprazol, esomeprazol, fluvoksamin, lansoprazol, tiklopidin) ili cimetidinom. Može biti potrebno smanjiti dozu escitalopramа. • Učinak escitalopramа na farmakokinetiku drugih lijekova: Savjetuje se oprez kod istodobne primjene s lijekovima koji se uglavnom metaboliziraju putem CYP2D6, npr. flekainid, propafenon, metoprolol, antidepresivi kao što su deziprамin, klomipramin i nortriptilin, ili antipsihotici kao što su risperidon, tioridazin i haloperidol. Prilagodba doze može biti neophodna. | **Trudnoća i dojenje:** escitalopram se ne smije koristiti za vrijeme trudnoće, osim u slučaju evidentne potrebe i jedino nakon pažljive procjene odnosa rizik/dobrobit za bolesnika. Ne preporučuje se dojenje za vrijeme liječenja. | **Utjecaj na sposobnost upravljanja vozilima i rada na strojevima:** bolesnici moraju biti upozoreni na potencijalni rizik od utjecaja na njihovu sposobnost upravljanja vozilom i rukovanja strojem. | **Najčešće nuspojave:** smanjeni/povećani apetit, povećanje težine/smanjenje težine, anksioznost, nemir, abnormalni snovi, smanjeni libido, anorgazmija, bruksizam, agitacija, razdražljivost, panični napad, konfuzno stanje, nesanica, somnolencija, omaglica, parestezija, tremor, poremećaj okusa, poremećaj spavanja, sinkopa, midrijaza, poremećaji vida, tinitus, tahikardija, sinusitis, zijevanje, epistaksa, mučnina, proljev, konstipacija, povraćanje, suha usta, gastrointestinalna krvarenja (uključujući rektalno krvarenje), pojačano znojenje, urtikarija, alopecija, osip, pruritus, artralgija, mialgija, poremećaj ejakulacije, impotencija, metroragija, menoragija, umor, pireksija. | **Način izdavanja:** lijek se izdaje na recept. | **Nositelj odobrenja za stavljanje lijeka u promet:** JADRAN-GALENSKI LABORATORIJ d.d., Svilno 20, 51 000 Rijeka, Hrvatska | **Broj odobrenja za stavljanje lijeka u promet:** UP/I-530-09/12-01/232 | **Datum prvog odobrenja/datum obnove:** 26. kolovoza 2013./- • Za potpuni uvid u informacije o lijeku, pogledajte odobreni Sažetak opisa svojstava lijeka i Uputu o lijeku koji su dostupni na internetskoj stranici Agencije za lijekove i medicinske proizvode (www.halmed.hr/Lijekovi/Baza-lijekova/).

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ČETVRTI HRVATSKO - RUSKI

PSIHIJARTIJSKI KONGRES

ZBORNIK SAŽETAKA

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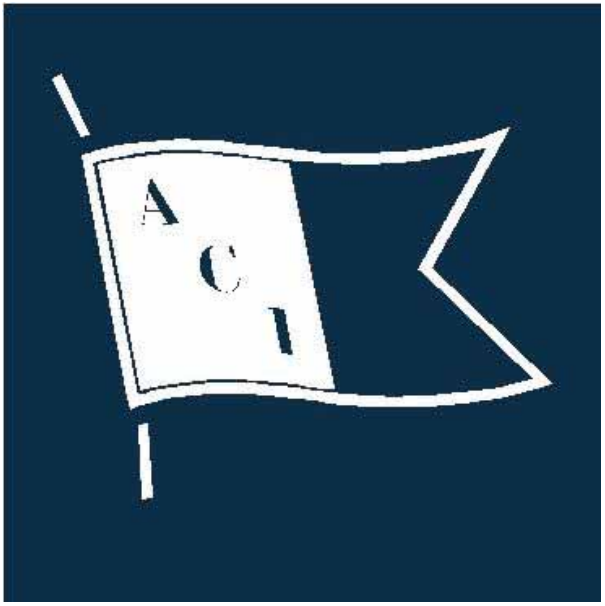
SADRŽAJ



Croatian Institute of Spiritual Psychiatry - CISP

ORALNE PREZENTACIJE

HRVATSKI INSTITUT ZA DUHOVNU PSIHIJATRIJU - HIDP

KAKO POVEĆATI UČINKOVITOST TRETMANA U PSIHIJATRIJI: TEORIJA I PRAKSA KREATIVNE PSIHOFARMAKOTERAPIJE

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Unatoč dolasku značajnog broja novih lijekova u kliničku praksu na području mentalnog zdravlja od "desetljeća mozga", u ovom "stoljeću uma" i dalje zaostaju skromni rezultati kako u kratkoročnom tako i u dugoročnom tijeku liječenja mentalnih poremećaja. Čini se da je neadekvatno liječenje u psihijatriji češće pravilo nego izuzetak; velik broj pacijenata ne reagira na zadovoljavajući način ako se uzme u obzir jačina terapijskog odgovora i / ili postojanost remisije. Postoji sve veća zabrinutost da je klinička psihofarmakologija izgubila svoj pravi put, a biologijska psihijatrija svoju dušu te je zbog toga često kritizirana kao "mindless psihijatrija". Promjena pristupa liječenju može biti ključni korak ka prevladavanju "terapijske stagnacije u psihijatriji" povezane s visokom stopom neuspjeha liječenja. Potrebna je promjena sa mehanicističkog, formističnog i fragmentarnog načina razmišljanja koji su u osnovi tehničkog, nomotetičkog, dogmatskog i nepersonaliziranog pristupa u psihofarmakologiji na kontekstualno, sistemsko i kreativno razmišljanje koji su u osnovi personalizirane i na osobu usmjerene psihofarmakoterapije. Najbolji tretmani su oni koji pravovremeno koriste i integriraju više terapijskih modaliteta. Pojam kreativne, narativne, na osobu usmjerene psihofarmakoterapije daje nadu za povećanje učinkovitosti liječenja u psihijatriji i tako nadjačava terapijske neuspjehe i rezistenciju.

HOW TO INCREASE TREATMENT EFFICIENCY IN PSYCHIATRY: THEORY AND PRACTICE OF CREATIVE PSYCHOPHARMACOTHERAPY

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Despite the coming of significant number of new mental health medicines into clinical practice since “the decade of the brain”, outcomes of mental disorders in our “century of mind” remain poor in both short term and long term course of the treatment. Inadequate treatment in psychiatry seems to be more commonly the rule than the exception and huge number of patients does not respond in satisfactory way, in terms of the mag-

nitude of therapeutic response and/or the persistence of the remission. There has been an increasing concern that clinical psychopharmacology has lost its right way and biological psychiatry its soul, and because of that commonly criticized as "mindless psychiatry". Changing treatment philosophy may be a critical step towards overcoming what some sign as „therapeutic stagnation in psychiatry" associated with a high rate of treatment failures. A "paradigm shift" is needed from the mechanistic, formistic and reductionistic ways of thinking of technical, nomothetic, dogmatic and impersonal psychopharmacology to contextual, systemic and creative thinking with a new treatment holodigmof individualized and person-centered psychopharmacology. The best treatments are those that timely utilize and integrate multiple therapeutic modalities. The concept of creative, person-centered narrative psychopharmacotherapy gives a hope for increasing treatment effectiveness and efficiency in psychiatry and thus overcome treatment failures and resistance.

PATNJE MENTALNIH BOLESNIKA I MILOST VJERE - KRŠĆANSKA DUHOVNOST PUT KOJI POMAŽE

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Izlaganje ove naslovljene teme biti će predstavljeno sa stajališta teologa koji želi promišljati o patnji duševnih bolesnika, kako bi slušateljima ponudio jasno definiranje kršćanske duhovnosti kao puta koji pomaže osobi koja je - na neki način - različita. Moramo konstatirati da je bolje ništa ne znati o Bogu nego krivo poznavati Boga. Poznajući Boga, kršćanin «upoznaj» Boga koji je pun ljubavi, ne samo da sva ljubav dolazi od Boga, nego je apostol Ivan rekao da je Bog Ljubav. Upravo je to ono što čini patnju ovog sadašnjih života tako neobično zbunjujućom, čak i naizgled kontradiktornom. Ako je Bog Svemoguć i zaista traži naše dobro, zašto onda dopušta sve patnje koje doživljavamo u ovom životu? Dok ateist misli da je njegova patnja u konačnici besmislena, kršćanin smatra da nikakva patnja nije besmislena.

SUFFERING OF MENTAL PATIENTSAND THE MERCY OF FAITH - CHRISTIAN SPIRITUALITY A PATH THAT HELPS

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A presentation on this specified topic will be made from the standpoint of the theologian who wishes to reflect on the suffering of mental patients in order to offer the audience a clear definition of Christian spirituality as a path that helps the individual who is – somewhat – different. We must note that it is better to know nothing about God than to know God in the wrong way. Knowing God, the Christian "gets to know" God who is full of love; not only does all the love come from God, but Apostle John said that God is Love. This is what makes the suffering of this current life so strangely confusing, even seemingly contradictory. If God is Omnipotent and really wants our good, why does he then allow all the suffering that we experience in this life? While the atheist believes that his suffering is ultimately pointless, the Christian believes that no suffering is pointless.

PSIHOONKOLOGIJA I DUHOVNOST

Ljubičić Bistrović Ivana, Ljubičić Rudolf
KBC Rijeka, Klinika za psihijatriju

Psihoonkologija je grana medicine koja povezujući psihijatriju i onkologiju proučava biološke i psihološke faktore povezane s pojavom i liječenjem karcinoma. Borba s životno-ugrožavajućom bolesti zahtijeva adaptaciju na novu životnu situaciju mijenjajući rutinu svakodnevnog života i dinamiku odnosa. Pristup psihoonkologije je multidisciplinaran, a moderna medicina sve više prepoznaje razumijevanje uloge duhovnosti u liječenju i oporavku. Duhovnost je sposobnost prilagodbe razumnog bića, da unatoč životnim nedaćama i osviještenosti da je smrt neizbježna održi volju za životom. Pozitivne emocije (ljubav, zadovoljstvo, zahvalnost, unutarnji mir) sastavnice su psihološkog blagostanja i povoljno utječu i na tjelesne funkcije (M. Jakovljević „Duševno zdravlje, kultura i društvo" 2014 Pro mente). Religioznost kao bitan čimbenik duhovnosti može značajno utjecati na suočavanje s malignom bolesti i na pozitivne ishode liječenja. Emocije, duhovni i religijski osjećaji mogu utjecati na imunoendokrinološku funkciju nastnaka

i liječenja karcinoma (Lissoni, 2001). Kliničke studije potvrđuju da duhovnost i religioznost mogu smanjiti pojavu anksioznosti i depresije kod bolesnika oboljelih od maligne bolesti (Chaar EA i sur., 2018). Visoko izražena religioznost mjerena kao snaga religijskog vjerovanja pokazala se važnom uz nižu pojavnost depresije u bolesnica sa karcinomom dojke (A. Margetić i sur., 2005). Pitanje moderne psihoonkologije je uviđaju li liječnici u svojoj kliničkoj praksi duhovnost kao snagu u procesu liječenja. Možemo li pacijenta duhovno potaknuti ?

PSYCHO-ONCOLOGY AND SPIRITUALITY

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Psycho-oncology is a branch of medicine that connects psychiatry and oncology to studying the biological and psychological factors associated with the occurrence and treatment of cancer. Fighting with the life-threatening illness requires adaptation to a new life situation by changing the routine of everyday life and the dynamics of relationships. The multidisciplinary psycho-oncology and modern medicine increasingly recognizes the understanding of the role of spirituality in treatment and recovery. Spirituality has the ability to adapt a person in spite of life disadvantages and the awareness that death is inevitable, maintains a will for life. The positive emotions such as love, pleasure, gratitude, inner peace are components of psychological well-being and have a beneficial effect on physical functions (M. Proleta, "Health, Culture and Society", M. Jakovljević). Religion as an essential factor of spirituality can have a significant impact on dealing with malignant diseases and on positive outcomes of treatment. Emotions, spiritual and religious feelings can affect the immunoendocrinological function of the origin and treatment of cancer (Lissoni, 2001). Clinical studies confirm that spirituality and religion can reduce the occurrence of anxiety and depression in patients with malignant disease (Chaar EA et al., 2018). Highly expressed religion measured as the power of religious beliefs was associated with a lower incidence of depression in breast cancer patients (A. Margetić et al., 2005). The question of modern psycho-oncology is whether doctors in their clinical practice see spirituality as the force that could be offered to the patient during the treatment process. Can we encourage the patient spiritually?

NADA I BEZNAĐE U PSIHOTERAPIJI: ULOGA NADE U SMANJENJU OSJEĆAJA BEZNAĐA

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"Braćo ne bih htio da ignorirate one koji su usnuli, da bi tugovali kao drugi koji nemaju nade". I Solunjani 4:13
"Neka vas Bog nade ispuni radošću i mirom u vjeri, a snagom Duha Svetoga, vaša će se nada umnožiti." Rimljani 15:13
"Slavite boga u svojim srcima: i uvijek budite spremni da odgovorite svakom tko pita za razlog vaše nade koja je u vama sa blagošću i strahom" I Petar 3:15

Ljudi različito reagiraju na stresore u životu, dok jedni suočeni sa nedaćama namjerno sebi oduzimaju živote, drugi se trude nastaviti. Koncept da pružanje pomoći i nade može smanjiti suicidalne ideje među pojedincima temelji se na empirijskim nalazima u literaturi koji ukazuju da nada i pomoć smanjuju utjecaj psihopatologije u pojedinaca i doprinose poboljšanju ishoda različitih vrsta negativnih životnih situacija. Da bi se smanjile suicidalne ideje, još nije jasno treba li psihoterapiju usmjeriti potrebi pojedinaca za nadu i pomoć, ili njihovom osjećaju beznađa i nemoći. U osnovi ovog problema leži temeljno pitanje o tome je su li nada i pomoć jednostavna inverzija beznađa i bespomoćnosti, koja je zapravo kontroverzna tema za mnoge istraživače, psihologe i psihijatre u ovoj oblasti.
Gledajući na izvor bespomoćnosti i beznađa, bespomoćnost je odraz gubitka autonomije ega s osjećajem deprivacije koja dolazi iz gubitka užitka očekivanog od bilo kog drugog objekta. S druge strane, beznađe predstavlja gubitak autonomije s osjećajem očaja koji proizlazi iz svijesti pojedinca za svoju nesposobnosti da sebi osigura zadovoljstvo. Zapravo, bespomoćnost i beznađe povezani su s gubitkom ego autonomije i nedostatkom pomoći od drugih. Dijada beznađe/bespomoćnost i njihova suprotnost nada/pomoć uključuje i druge pojmove koji se koriste u psihoterapiji kao: svjesno, nesvjesno, deprivacija, depresija, očaj, gratifikacija, sebstvo, drugi, relacijske heme, samostalnost ...
Ovaj rad se bavi izravnom povezanošću između nade, pomoći i suicidalne ideje ispitujući nadu i pomoć kao faktora otpornosti koji ublažava snagu povezanosti bespomoćnosti, beznađa i suicidalne ideje.

HOPE AND HOPELESSNESS IN PSYCHOTHERAPY: THE ROLE OF HOPE IN BUFFERING THE IMPACT OF HOPELESSNESS

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"But I would not have you to be ignorant, brethren, concerning them which are asleep, that ye sorrow not, even as others which have no hope." I Thessalonians 4:13
"Now the God of hope fill you with all joy and peace in believing, that ye may abound in hope, through the power of the Holy Ghost." Romans 15:13
"But sanctify the Lord God in your hearts: and be ready always to give an answer to every man that asketh you a reason of the hope that is in you with meekness and fear:" I Peter 3:15

People react differently to stressors in life, with some individuals deliberately putting an end to their lives in the face of adversity and others endeavouring to proceed. The notion that hope and help may buffer individuals against suicidal ideation is built on empirical findings in the literature suggesting that hope and help buffers individuals against psychopathology and that hope and help contributes to better outcomes in a variety of negative situations. It is not clear whether it is the hope and help construct or hopelessness and helplessness construct that should be targeted in psychotherapy, in reducing suicidal ideation. Underlying this problem is a more fundamental question concerning whether hope and help are simply the inverse of hopelessness/helplessness, which is a controversial topic to a number of researchers, psychologists and psychiatrists in the field.
If we see the genesis of helplessness and hopelessness, helplessness reflects a loss of ego autonomy with a feeling of deprivation resulting from the loss of gratification which is desired from an other-than-self object, while hopelessness, on the other hand, is a loss of autonomy with a feeling of despair coming from the individual's awareness of his own inability to provide himself with gratification. Both hopelessness and helplessness are connected to the loss of ego autonomy and lack of help from another person. Hopelessness/helplessness dyad (and the opposites hope/help) encompasses other concepts used in psychotherapy: conscious, uncon-

scious, deprivation, depression, despair, gratification, self, other, relational patterns, autonomy...
This study goes beyond the examination of a direct association between hope, help and suicidal ideation to investigate hope and help as a resilience factor which buffers the strength of the association between hopelessness, helplessness and suicidal ideation.

KAKO DUHOVNOST MIJENJA FUNKCIJE MOZGA: EUROZNANSTVENI ASPEKT

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Duhovnost definiramo kao svijest o neprolaznom i uzvišenom aspektu života i prirode,Boga. Bog se percipira kao nadljudsko biće koje nadnaravno intervenira temeljem svoje ljubavi prema čovjeku umanjujući patnju i ispunjavajući potrebe. Bog postoji u subjektivitetu pojedinca na različite načine. Za neke je On simbolizacija idealnog roditelja dok je za druge Bog fizikalni fenomen npr. kvantno polje. Recentna neuroznanost ukazuje da je duhovnost blagotvorna za naše mentalno i fizičko zdravlje.
Navedena tvrdnja proizašla je temeljem dokaza iz neuroznanosti i novih metoda istraživanja moždanog metabolizma. Duhovna praksa umanjuje stres, pojačava kognitivne sposobnosti, potiče suosjećanje, smanjuje tjeskobu depresiju i razvija selektivnu pažnju a samo 12 minuta meditacije na dan usporava proces starenja. Fundamentalizam ukoliko potiče ljutnju prema drugima i drugačijima može trajno oštetiti mozak a intenzivna molitva može promijeniti brojne moždane strukture mijenjajući naše vrijednosti i percepciju realiteta.
Stoga medicina može unaprijediti zdravlje bolesnika upučujući ih na proučavanje duhovnosti i duhovne prakse.

SPIRITUAL PRACTICE CHANGES BRAIN- NEUROSCIENTIFIC APPROACH

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Spirituality can be defined as awareness of permanent and higher aspect of life and nature. God is perceived as supreme being which supernaturally intervenes relieving suffering and fulfilling needs. God is totally subjective experience of an individual. For some He is a symbol of ideal parent and for others God is a physical phenomenon of quantum field.
Recent neuroscience evidence shows that spiritual practice is beneficial for physical and mental health.
It relieves stress, enhances cognitive abilities, incepts compassion, reduces anxiety and depression and is developing selective attention. Only 12 minutes of meditation or contemplation per day can slow down aging process. Fundamentalism combined with hostility towards people of different worldview can damage the brain and on the contrary, intensive prayer can change numerous brain structures, correcting our values and perception of reality. Therefore medicine can improve human health suggesting patients to study spirituality and implement spiritual practice.

SAMOSVIJEST, SELF, DUŠA: ILUZIJA ILI KRAJNJA REALNOST

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Tijekom povijesti pitanje odnosa duše i tijela, te pitanje naravi duše, bilo je predmet interesa religije i filozofije, dok se s pojavom psiholoških teorija izraz duša često zamjenjuje sa sebstvom- pojmom koji u smislu potpunosti obuhvaća svjesno ja. Sebstvo je kao dio kolektivno nesvjesnog najviše opisivao C.G.Jung, dok su ga drugi koristili s reduciranim značenjem. Postoje dva suprotna gledišta o pitanju naravi duše-sebstva: budističko shvaćanje, kao i stav nekih znanstvenika koji se bave neuropsihoanalizom, te nekih psihoanalitičara-da je sebstvo iluzorno, i suprotno, židovsko-kršćansko, hinduističko i shvaćanje C.G.Junga-da je sebstvo realno, da je ono fenomen koji posjeduje osim psiholoških, i neke karakteristike krajnje realnosti koja na sadašnjem stupnju razvoja znanosti još nije pojmljiva, ali koja pos-

taje nešto razumljivija ako se uzmu u obzir neka gledišta na odnos dubinske psihologije i kvantne fizike, uz odmak od redukcionističko-materijalističkog pogleda na svijet.

SELF-AWARNESSS, SELF, THE SOUL: ILLUSION OR ULTIMATE REALITY

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Throughout history, question of the relationship between body and the soul, and the question of the nature of the soul, was the subject of interest of religion and philosophy, while with the emergence of psychological theories term soul is replaced with the self – term that includes conscious I. Self as part of the collective unconscious is described by C.G. Jung, while others used term self with reduced significance. There are two opposing views on the question of the nature of the soul-self: the Buddhist perspective, as well as the attitude of some scientists from neuropsychoanalysis, and some psychoanalysts-that the selfisanillusion, and the opposite, Judeo -Christian, Hindu perspective and understanding of CG Jung-that the selfis-real, that it is a phenomenon that has other than psychological, some characteristics of the ultimate reality that at the current stage of development of science is not yet comprehended, but which becomes somewhat more understandable if we take into account a point of view on the relationship of depth psychology and quantumphysics, with a shift away from reductive-materialistic view of the world.

IZAZOV I PRISTUP LIJEČENJU PRVE EPIZODE SHIZOFRENIJE U ADOLESCENATA

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Danas je liječenje prvih epizoda shizofrenije u adolescenata jedan od vodećih terapijskih izazova u psihijatriji. Bolest nastupa kod sve mlađih osoba i sve se ranije dijagnosticira, što donosi specifičnu problematiku.

Razvojni procesi kod adolescenata često prikrivaju simptome bolesti, a oni i zbog posebnosti ovog razvojnog doba moraju riješiti specifične konflikte odrastanja. Prepoznavanje i postavljanje dijagnoze nije jedina poteškoća, već i odabir odgovarajuće terapije koja je u ovoj populaciji limitirana. Važno je pristupiti adolescentu individualno i odrediti terapiju koja prati životni stil mlade osobe te reagirate na poteškoće na vrijeme kako bi se postigla remisija i spriječili relapsi.

APPROACH AND CHALLENGE OF FIRST EPISODE SCHIZOPHRENIA TREATMENT IN ADOLESCENTS

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Treating first episode schizophrenia in adolescents is one the leading therapeutical challenges in psychiatry. The symptoms appear earlier and it is diagnosed earlier than ever before, which brings unique issues with treatment.
Developmental processes in adolescents often hide the symptoms of the illness, while they are also dealing with specific conflicts of growing up that are specific for this developmental period. Diagnosing the illness is not the only difficulty, as choosing an appropriate treatment is difficult due to the limited choices in this age group. It is important to approach every adolescent individually and administer treatment that follows their lifestyle, while also reacting to difficulties appropriately to achieve remission and prevent relapses.

RELIGIJA I DUHOVNOST U KONTEKSTU BIPOLARNOG POREMEĆAJA

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Religija i duhovnost - bilo formalna ili neformalna, i bez obzira na doktrine - mogu biti ogromni izvor snage i utjehe kada se radi o bipolarnom poremećaju. Vjera i religija pružaju nadu koja može donijeti osjećaj kontrole i spokoja kada su vremena teška. Postoje istraživanja o prednostima mentalnog zdravlja povezana s vjerovanjem u višu silu, bolje vještine suočava-

nja, manje anksioznosti i depresije, manje zlouporabe droga i sretnijeg života.
Neka istraživanja pokazuju da duhovnost može pridonijeti poboljšanju bolesti. Vjerujući u oprost koji daje Bog može pomoći ublažavanju krivnje zbog štetnih postupaka maničnog ponašanja. Molitva, pjevanje i zajednički susreti tijekom vjerskih službi mogu pružiti osjećaj zajedništva. Jedna studija o sudjelovanju u religioznim obredima i bipolarnom poremećaju, objavljenom u časopisu Bipolar Disorders, sugerira da molitva ili meditacija mogu biti važan mehanizam suočavanja. Istraživanja su pokazala da ljudi s jakim osjećajem vjerskog identiteta i koji sudjeluju u vjerskim aktivnostima mogu u prosjeku bolje napredovati, od ljudi bez aktivnog duhovnog života. Vjerovanje u Boga i štovanje u zajednici može biti povezano s jakim elementima u oporavku, bez obzira na stil i vjerničku tradiciju.
Vjerski obredi često ispunjavaju potrebu za prihvaćanjem, želju za redom te učenjem o spasenju i oproštenju i svrsi života. Religija može biti potpora pružanjem socijalne podrške i resursa te korištenjem unutarnje snage osobe da se može nositi s utjecajem bolesti na svoj život. Ljudi koji imaju bipolarni poremećaj često koriste vjerske aktivnosti, osobito molitvu i meditaciju, kao načine suočavanja s poteškoćama. Ako shvatimo da religija može biti izvor snage i pozitivnog samopoštovanja, tada možemo pomoći potrebitima u njihovim najtamnijim trenucima. U ovom radu osvrnut ću se na pozitivan utjecaj duhovnosti u radu s bipolarnim poremećajem.

RELIGION AND SPIRITUALITY IN THE CONTEXT OF BIPOLAR DISORDER

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Religion and spirituality—whether formal or informal, and regardless of doctrine— can be an immense source of strength and comfort when dealing with the highs and lows of bipolar. Faith and religion provide hope, which can bring a sense of control and serenity when times are tough. There are researches on the mental health benefits associated with belief in a higher power, including better coping skills, less anxiety and depression, less substance abuse and a happier, longer life span.
Some researches indicate that spirituality can contribute to managing the illness. Believing in divine forgiveness may help ease guilt over the hurtful

actions of manic behavior. For example, singing and praying as a group during religious services can provide a sense of community. One study on religious involvement and bipolar, published in the journal Bipolar Disorders, suggests that prayer or meditation may be an important coping mechanism for those in a mixed state (co-existing symptoms of mania and depression). Research has shown that people with a strong sense of religious identity and who participate in their faith seem to do better, on average, than people without an active spiritual life. Belief in a higher power and worshipping in community can be linked to strong elements in recovery, no matter what your faith tradition.
Religious rituals fulfill the desire for order and teachings about salvation and forgiveness tap into the need for acceptance. Religion can be supportive by providing social support and resources and the internal means of being able to cope with the impact of the illness on their lives. People who are bipolar often use religious activities, especially prayer and meditation, as ways to cope with distress. If we can understand that religion can be a source of strength and positive self-esteem, then we will be able to help foster the knowledge that the divine is going to be there even in the darkest moments. Here I will show the positive influence of spirituality in work with bipolar disorder.

BLAGOTVORNI UČINAK DUHOVNOSTI KOD OSOBA S PSIHOZAMA U REMISIJI

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Rad je usmjeren na prikaz uloge duhovnosti kao blagotvornom učinku kod osoba oboljelih od psihoze u remisiji. Stoga se u radu uvodno žele predstaviti neke dosadašnje teorijske i empirijske spoznaje o povezanosti duhovnosti i mentalnog zdravlja. Naime, u suvremenom društvu posljednjih dvadesetak godina duhovni i religiozni aspekt je sve više prisutan u znanstvenim istraživanjima različitih profesija pa tako i psihijatrije. Duhovno vjerska uvjerenja i prakse dugo su se smatrale poveze s neuroznim, psihotičnim deluzijama. No suvremena istraživanja pokazuju blagotvorni učinak duhovnog i ili vjerskog aspekta kao psihološkog i nerijetko socijalnog resursa u suočavanju s teškim životnim situacijama, u nošenju sa stresom kao i u razvoju otpornosti na krizne situacije, kroz poticanje pozitivnog svjetona-

zora - optimističnog pogleda na život. Duhovni aspekt ima blagotvorni učinak kod osoba oboljelih od psihoze jer utječe na smanjenu potrebu nad osobnom kontrolom i nadzorom, smanjuje izolaciju i usamljenost. Rezultati studija suvremenih istraživanja koje uključuju područje duhovnosti i mentalnog zdravlja i to u području depresije, anksioznosti, suicidalnosti, psihotičnih poremećaja i ovisnosti o opijatima, bilježe statistički značajne pozitivne asocijacije između duhovnosti i mentalnog zdravlja (Koenig, 2009.). Mnogi suvremeni autori na temelju znanstvenih istraživanja (Fallot, 1998; Phillips & Stein, 2007., te Kehoe, 1998; Phillips, Lakin i Pargament, 2002.) govore kako duhovnost i religija služe kao resurs za pojedince koji pate od psihoze. Oni vjeruju kako duhovnost klijenata može pomoći u rastu i u suočavanju s vlastitom mentalnom bolešću i poteškoćama (Phillips, Lukoff i Stone, 2009.). Osobe koje pate od psihotičnih poteškoća, a koje imaju iskustvo življenja osobne duhovnosti i vjerskih praksi pokazuju višu razinu održavanja oporavka i višu razinu borbe s osobnim poteškoćama (Tepper, Rogers, Coleman i Malony, 2001). Takve osobe stavljaju pogled na Boga i božansku intervenciju kroz osjećaj slobode, ljubavi i povjerenja kako će se njihove situacije pozitivno riješiti. Takav stav prema Bogu pomaže im u prihvaćanju i nošenju osobnog „križa“.
Cilj ovog rada je potaknuti promišljanje o multidisciplinarnoj uključenosti u pružanju cjelovite pomoći osobama koje pate od psihoza kroz veću integraciju duhovnosti u profesionalni pristup liječenju psihoza u RH.

SPIRITUALITY AND PERSONS WHO ARE SUFFERING FROM PSYCHOSIS IN REMISSION

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The paper focuses on role of spirituality as a beneficial effect on persons suffering from psychosis in remission. Therefore, the paper introduces some of the theoretical and empirical notions of the relationship between spirituality and mental health. Namely, in the contemporary society for the last twenty years the spiritual and religious aspect is increasingly present in the scientific research of various professions and psychiatry. Spiritual beliefs and practices have long been associated with neurotic, psychotic delusions. However contemporary research has shown a beneficial effect on the spiritual and / or religious aspects of psychological and often

social resources in dealing with severe life situations, stress-bearing as well as developing resistance to crisis situations by encouraging a positive worldview-an optimistic view of life. The spiritual aspect has a beneficial effect on people suffering from psychosis because it affects the reduced need for personal control and control, reduces isolation and loneliness. The results of recent research studies involving the area of spirituality and mental health in the area of depression, anxiety, suicidal ideation, psychotic disorders and opiate addiction record statistically significant positive associations between spirituality and mental health (Koenig, 2009). Many contemporary authors based on scientific research (Fallot, 1998, Phillips & Stein, 2007, and Kehoe, 1998; Phillips, Lakin and Pargament, 2002) say that spirituality and religion serve as a resource for individuals suffering from psychosis. They believe that the spirituality of the clients can help to grow and face their own mental illness and discomfort (Phillips, Lukoff and Stone, 2009). Persons suffering from psychotic difficulties who have experience of personal spirituality and religious practice show a higher level of recovery and a higher level of struggle with personal difficulties (Tepper, Rogers, Coleman and Malony, 2001). Such people look at God and divine intervention through a sense of freedom, love, and confidence that their situations will be resolved positively. Such attitude toward God helps them to accept and carry the personal "cross".
The aim of this paper is to inspire reflection on multidisciplinary involvement in providing full assistance to psychosocial sufferers through greater integration of spirituality into a professional approach to treating psychosis in the Republic of Croatia.

AGREGACIJA PROTEINA I NJIHOVA NETOPLJIVOST KAO BIOLOŠKA OSNOVA KRONIČNIH MENTALNIH BOLESTI

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Dobro je poznato da duševni (mentalni) poremećaji poput shizofrenije i depresije imaju biološku osnovu, međutim intenzivna istraživanja pokazala su da je njihova genetska osnova izrazito složena s tek nekoliko jasnih me-

ta buduće terapije. Većina neurodegenerativnih stanja kao što su Alzheimerova bolest, Parkinsonova bolest ili amiotrofična lateralna skleroza, također imaju složenu genetsku podlogu, ali ih također karakterizira i prisutnost netopljivih agregata nekoliko specifičnih proteina u mozgu. Ti netopljivi proteini su uglavnom toksični i pridonose pogoršanju bolesnikovih simptoma kako sama bolest napreduje. Potaknuti tim podacima odlučili smo se kao i neki drugi autori započeti istraživanja prisutnosti sličnih proteinskih agregata u mozgu bolesnika s kroničnim mentalnim poremećajima.

Biokemijskim postupcima temeljenim na izolaciji netopljivih proteinskih frakcija iz uzoraka mozga bolesnika, do sada je identificirano pet proteina s mogućnošću stvaranja agregata kod glavnih mentalnih poremećaja. Proteini DISC1, dysbindin-1 i NPAS3 istraživani su jer su prepoznati kao genetski kodirani čimbenizi rizika. Preostala dva proteina,CRMP1 i TRIOBP-1 identificirani su proteomskim metodama probira proteina i predstavljaju proteine koji nisu ranije bili povezani s mentalnim poremećajima. Svih pet proteina imaju potencijal k stvaranju agregata u mozgu oboljelih od shizofrenije a pojedini od njih su također bili povezani sa bipolarnim poremećajem i depresijom.

Cilj je projekta okarakterizirati tih pet proteina i definirati ulogu njihove agregacije u glavnim mentalnim poremećajima. Istraživanja će se prvenstveno odvijati na nivou stanice: određivanjem mehanizama kojima nastaju agregati i njihovog utjecaja na razvoj i funkciju neurona. Poseban naglasak biti će stavljen na interakciju proteina i u kojoj mjeri agregacija jednog proteina utječe na sklonost agregaciji drugih proteina. Istovremeno, svih pet proteina proučavati će se u krvi pacijenata oboljelih od shizofrenije, kako bi se utvrdila mogućnost njihove primjene kao dijagnostičkog markera.

Glavna zapreka u razvoju biološke dijagnoze i terapueutika za glavne mentalne bolesti temeljenih na racionalnom pristupu nedostatak je dobro okarakteriziranih molekularnih meta,što je posljedica genetske složenosti. Zaobilaženjem analize gena i fokusiranjem na proteinske produkte gena nadamo se da ćemo ubrzati razvoj dijagnostičkih markera.

PROTEIN AGGREGATION AND INSOLUBILITY AS A BIOLOGICAL COMPONENT OF CHRONIC MENTAL ILLNESS

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Major mental illnesses such as schizophrenia and chronic depression are acknowledged to have biological underpinnings, however intense analysis has demonstrated their genetic background to be extremely complex, with very few obvious targets for future therapeutic approaches. Major neurodegenerative conditions, such as Alzheimer's disease, Parkinson's disease or amyotrophic lateral sclerosis, also have complex genetic backgrounds, but can nevertheless be characterised by the presence of insoluble aggregates of a very few specific proteins in the brain. These proteins are often toxic, and contribute to the worsening of patients' symptoms with time. Taking inspiration from this, we and others have begun investigating the existence of similar protein aggregates in the brains of patients with chronic mental illnesses.

Through biochemical approaches based on isolating the insoluble protein fractions of patient brain samples, five proteins have now been identified with the potential to form aggregates in major mental illness. Three of these (DISC1, dysbindin-1 and NPAS3) were investigated as they are encoded for by previously described genetic risk factors. The remaining two (CRMP1 and TRIOBP-1) were identified through hypothesis-free proteomics approaches, and represent proteins which had not been previously associated with mental illness. All five have the potential to form aggregates in the brain of schizophrenia patients, with some also been implicated in this way in bipolar disorder and major depression.

We are now embarking on a comprehensive program to characterise these five proteins and the role in which their aggregation plays in major mental illness. This will occur principally at the cell biology level: determining the mechanisms through which aggregates form and their consequences on neuronal development and function. A particular focus will be on interactions between the proteins, and the extent to which aggregation of one protein can affect the aggregation propensity of the others. In par-

allel, the five proteins will be studied in the blood of patients with schizophrenia, in order to determine their viability as diagnostic markers.
A major hurdle in the development of biological diagnoses and rational therapeutics for major mental illness is the lack of well-characterised molecular targets, a direct effect of their genetic complexity. By bypassing genes and instead focussing on downstream proteins, it is hoped that the development of such new techniques can be greatly accelerated.

(NE)UČINKOVITOST VJERSKOG ODGOJA U SPRJEČAVANJU SREDNJOŠKOLACA U IGRAMA NA SREĆU

Reljac Veronika

Jedan od težih problema s kojima se danas susrećemo kako u društvu tako i u vjerskim zajednicama, jeste problem ovisnosti. Nije rijetkost naići na čovjeka koji je postao žrtva uzimanja droge, neumjerenog trošenja alkohola, mehaničkog posezanja za cigaretama, prekomjernog uzimanja lijekova za smirenje, a u novije vrijeme imam sve veći broj onih koji su postali ovisni o igrama na sreći. Djeca i mladi nisu izuzeti iz tih i takvih problema. Problem maloljetničkog kockanja je problem maloljetnika, srednjoškolaca, ali i problem obitelji, problem škole, lokalne zajednice i vjerskih zajednica.
U susretu s takvim osobama neminovno nam se nameče pitanje, kakav stav zauzeti prema tim ljudima? Pustiti ih da i dalje «tonu» u tim i takvim slabostima, a sebe pokušavati uvjeriti kako se tu ne može više ništa učiniti? Što se može i mora poduzeti da ih se nekako «osvijesti» te im se pomogne da izađu iz tog labirinta? Kako moralno – etički vrednovati te njihove postupke? Može li ih se jednostavno proglasiti uobičajenim ljudskim slabostima i manama o kojima nema smisla voditi računa ili je potrebno te i takve postupke vrednovati sukladno s etičko – moralnim normama po kojima bi njihov počinitelj trebao za njih odgovarati i snositi određenu krivicu? Da li i koliko vjerski odgoj u osnovnim i srednjim školama pridonosi prevenciji i suzbijanju igara na sreću među maloljetnicima?
Provedeno istraživanje nad 300 učenika (polaznika rimokatoličkoga vjeronauka) u jednoj strukovnoj – četverogodišnjoj srednjoj školi na području Primorsko – goranske županije dalo je sljedeće rezultate. Njih 84% živi u obitelji sa oba roditelja, braćom i sestrama. Dok 16 % živi u jednoroditeljskim obiteljima. Od ukupnog broja 55% ih živu u gradu, a 38% u manjemu mjestu. Na selu ih živi svega 7%. Od svih ispitanih 52% redovito igra neku

od igara na sreću. Većina njih, 52% započelo je sa tom praksom još u osnovnoj školi, dok je 48% sa time počelo dolaskom u srednju školu. Svoj kockarski staž njih 73% započelo je u kladionicama, 14% na poker aparatima , a 13% počelo je kroz lutrijske igre. Kao povod za početak igranja igara na sreću 58% navodi radoznalost i dosadu, a 42% to opravdava željom za brzom zaradom. Zabrinjavajući je podatak da je samo njih 33% imalo iskustvo kako ih je netko od starijih pokušao spriječiti u namjeri da igraju neku od igara na sreću. Dok njih 64% nikada nitko nije u tome pokušao spriječiti, makar se radi o maloljetnim osobama kojima je po zakonu u Republici Hrvatskoj zabranjen pristup igrama na sreću. Roditelji su upoznati sa činjenicom da im djeca prakticiraju neku od igara na sreću u 47%, dok njih 53% ističe kako roditelji za to ne znaju. 82% ispitanih ne misli da ima problema sa igrama na sreću, odnosno sebe ne doživljavaju kao ovisnici, dok njih 18% uviđa da imaju problema, ali samo 31% pokušalo je prestati sa time. Tjedni ulog kreće se od 20 do 300 kuna, a najčešće se radi o iznosu od 50 ili 100 kuna.
Dobiveni rezultati ukazuju na potrebu traženja novih modela u vjerskom odgoju srednjoškolaca koji pohađaju rimokatolički vjeronauk, sa ciljem povećanja učinkovitosti prevencije mladih kada je riječ o igrama na sreću.

(NON)EFFECTIVENESS OF RELIGIOUS EDUCATION IN PREVENTING HIGH SCHOOL STUDENTS IN GAMES OF CHANCE

Reljac Veronika

One of the most serious problems we face today in society and in religious communities is the problem of addiction. It is not uncommon to come across a person who has become a victim of drug abuse, excessive alcohol consumption, smoking, excessive use of tranquillizers, and lately there is an increasing number of those who have become addicted to games of chance. Children and young people are not excluded from these problems. The problem of juvenile gambling is not only the problem of juveniles and high school students, but also the problem that concerns families, schools, local community and religious communities.
In the encounter with such people the inevitable question is - what kind of attitude is appropriate for these people? Let them to continue to "drown" in these and such weaknesses and, at the same time, to try to convince ourselves that nothing can be done for them anymore? What can and

should be done to help them become aware of the problem and help them get out of the maze? How to morally and ethically evaluate their actions? Can they be simply proclaimed as common human weaknesses that do not require any intervention? Or is it necessary to evaluate such practices in accordance with the ethical-moral norms by which their perpetrator should be accountable and bear some responsibility? Can the religious education in elementary and secondary schools contribute to the prevention and suppression of games of chance among juveniles?

A survey of over 300 students of Roman-Catholic religious studies was conducted in one four - year high school in Primorje-Gorski Kotar County and gave the following results. 84% of survey participants live in families with both parents, brothers and sisters, while 16% live in single-parent families. Of the total number, 55% live in the city, 38% in small towns, and 7% in villages. Out of all participants, 52% regularly play one of the games of chance. Most of them (52%) started this practice in elementary school, while 48% started in high school. The majority of participants (73%) started their gambling practice started in gambling shops, 14% on poker machines, and 13% started through lottery games. As a starting point for playing games of chance, 58% states curiosity and boredom, and 42% justifies this with the desire for quick earning. It is a worrying fact that only 33% of survey participants had experienced that older persons tried to stop them in their intention of playing some of the games of chance. At the same time, 64% have never been stopped although they are minors who are legally prohibited from accessing games of chance in the Republic of Croatia. Parents are familiar with the fact that their children practice some of the games of chance in 47% of cases, while 53% of them stated that parents did not know about this. 82% of respondents do not think they have problems with games of chance and they do not perceive themselves as addicts, while 18% are aware that they have a problem, but only 31% have tried to stop with this practice. The weekly bet ranges from 20 to 300 kuna, most often the amount is 50 or 100 kuna.

The obtained results point at the need to look for new models in religious education of high school students attending Roman Catholic religious studies, with the aim of increasing the effectiveness of youth prevention when it comes to games of chance.

GENERALIZIRANI ANKSIOZNI POREMEĆAJ I OVISNOST O ALKOHOLU

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U ovom radu prikazati ćemo 48-godišnjeg bolesnika koji je unatrag niz godina u kontinuiranom psihijatrijskom tretmanu radi smetnji iz anksioznog kruga uz posljedični razvoj ovisnosti o alkoholu.
Kliničkom slikom dominira kombinirani anksiozni sindrom, uz panične napade, pojačanu tjeskobu generaliziranog tipa, anticipirajuću anksioznost te obilje somatizacija. Radi pretjerane brige i napetosti socijalno i radno funkcioniranje uspijeva održavati uz izbjegavanje određenih situacija, a što mu iziskuje pojačani napor. Preplavljujuću anksioznost bolesnik kupira prekomjernim pijenjem alkoholnih pića i razvojem alkoholnog ovisničkog poremećaja, radi čega potom osjeća izrazitu krivnju i sram.
Bolesnik je u više navrata bio bolnički liječen uz različite kombinacije psihofarmakoterapije, te je bio uključen u Dnevno-bolnički program za liječenje bolesti ovisnosti. Aktualno apstinira od alkohola unatrag dva mjeseca, redovit je medikaciji, u socioterapijskoj grupi te u KLA.
Generalizirani anksiozni poremećaj ima visoku stopu psihijatrijskih komorbiditeta, najčešće ovisničke poremećaje, što predstavlja dodatni terapijski i dijagnostički izazov.

GENERALIZED ANXIETY DISORDER AND ALCOHOL DEPENDANCY

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University Hospital Center Rijeka, Psychiatric Clinic

The case study presents a 48 year old patient that has been in continuous psychiatric treatment due to anxiety related symptoms and subsequent alcohol addiction for several years.
Clinical presentation is dominated by a combined anxiety syndrome: panic attacks, elevated generalized anxiety, anticipatory anxiety, and abundance of somatizations. Due to excessive worrying and tension, social and work functioning is preserved only through avoidance of specific situations

which in turn requires intensified effort. The patient controls the overwhelming anxiety with overuse of alcohol and has developed an alcohol dependence syndrome hence feeling significant guilt and shame.
The patient has been hospitalized several times and treated with different combinations of psycho-pharmacotherapy and was included in outpatient hospital treatment for addiction disorders. At the moment, the patient is abstinent of alcohol for two months and is regular in his medication, sociotherapy and alcoholics' meetings.
Generalized anxiety disorder has high rate of psychiatric comorbidity, mostly psychoactive substance use, and is therefore diagnostically and therapeutically challenging.

ZAŠTITA MENTALNOG ZDRAVLJA MLADIH – UČINKOVITA PREVENCIJA OVISNOSTI

Jureško Karmen
Odjel za zaštitu mentalnog zdravlja, prevenciju i izvanbolničko liječenje bolesti ovisnosti, Nastavni zavod za javno zdravstvo
Primorsko-goranske županije

Mentalno zdravlje dio je općeg zdravlja – nema zdravlja bez mentalnog zdravlja.
Obzirom da se podloga za dobro mentalno zdravlje u najvećoj mjeri oblikuje u prvim godinama života, unapređenje mentalnog zdravlja djece i mladih ulaganje je u budućnost.
Odgoj počinje u obitelji stvaranjem sigurne i poticajne okoline. Djecu treba odgajati za samosvjesno i odgovorno ponašanje kojim čuvaju i unapređuju vlastito tjelesno ali i mentalno zdravlje. Treba ih voljeti, postaviti jasne granice i disciplinirati ih s ljubavlju. Ako nešto (ili sve) od ovoga nedostaje imamo disfunkcionalne obitelji koje redovito prepoznajemo u pozadini svakog ovisnika. Uzimanje sredstava ovisnosti (legalnih ili ilegalnih) danas se smatra najčešćim i najutjecajnijim uzročnikom oštećivanja tjelesnog i mentalnog zdravlja i poremećaja ponašanja ljudi.
Brojni preventivni programi za mlade usmjereni su na promicanje zdravlja i osobnog razvoja, razvoj životnih vještina i prihvatljivih modela ponašanja te rano otkrivanje i pomoć u suzbijanju rizičnih čimbenika za mentalno zdravlje.

U NZJZ-PGŽ u Odjelu za zaštitu mentalnog zdravlja i prevenciju ovisnosti, osmu godinu za redom provodi se screening za mentalno zdravlje kojim se izluči 10-15 % djece iz ciljane skupine koja pokazuju moguće poremećaje u ponašanju i mentalnom zdravlju. Djeci i roditeljima preporuča se susret sa psihologom ili dječjim psihijatrom koji će im psihoterapijskim tretmanom pomoći u rješavanju trenutnih ili sprječavanju budućih teškoća.
Nužno je da postoje mjesta, savjetovališta, gdje će mladi, njihovi roditelji i svi oni koji rade sa mladima moći razgovarati sa stručnim osobama otvoreno i povjerljivo.
Naš zajednički cilj je ojačati zdravlje djece, mladih i njihovih roditelja prije nego se razvije neki od poremećaja.

MENTAL HEALTH PROTECTION OF YOUNG PEOPLE - EFFECTIVE PREVENTION OF ADDICTION

Jureško Karmen
Department for mental health protection, prevention and outpatient treatment of addiction diseases, Public health institute of the Primorje-Gorski Kotar County

Mental health is part of general health - there is no health without mental health.
Since the basis for good mental health is largely formed in the first years of life, mental health promotion for children and young people is an investment in the future.
Education begins in the family by creating a safe and stimulating environment. Children should be raised for the confident and responsible behavior through which they preserve and improve their own physical but also mental health. We must love them, set clear boundaries and discipline them with love. If something (or all) of this lack we have dysfunctional families that are regularly recognized in the background of each addict. Taking addictive substances (legal or illegal) is now considered to be the most common and the most influential cause of both physical and mental health impairment and people's behavior disorders.
Numerous preventing programs for young people are directed towards promoting health and personal development, the development of life skills and acceptable models of behavior as well as to early detection and help in the prevention of risk factors for mental health.

In Teaching Institute of Public Health in Primorje-Gorski Kotar County (NZJZ-PGŽ), in the Department of Mental Health and Addiction Prevention, the Mental Health Screening has been performed for eight years , whereby 10-15% of children, from the target group, who show possible behavioral and mental health disorders are excluded . Children and parents are advised to meet with a psychologist or child psychiatrist who will use their psychotherapeutic treatment to help solve current or prevent future difficulties.
It is essential that there are places, counseling centers, where young people, their parents and all those who work with young people can talk to professionals in an open and confidential manner. Our common goal is to strengthen the health of children, young people and their parents before some of the disorders develop.

IGRE NA (NE)SREĆU MALOLJETNIKA NA PODRUČJU GRADA RIJEKE I PGŽ

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Primorsko-goranske županije

U proteklom šestogodišnjem razdoblju na području grada Rijeke i PGŽ sustavno se provode radionice o igrama na sreću u trajanju od 45 minuta za 2. razred srednje škole. Primijećeno je da jedna radionica u trajanju od 45 minuta za 2.SŠ nije dovoljna, a da se aktualni i mogući problemi potaknuti igrama na NEsreću stave pod kontrolu.
Šest godina rada na prevenciji maloljetničkog kockanja pokazalo je da kontinuirano raste broj učenika i učenica koji igraju neke od igara na sreću.
Učenici redovito navode da im je dostupnost igara velika, te da im kockarske kuće uglavnom omogućuju da oni, kao maloljetne osobe, mogu igrati najrazličitije postojeće igre na sreću. Ne smijemo zaboraviti da je ulazak u prostore u kojima se mogu „igrati“ igre na sreću zabranjen maloljetnim osobama, te da je zakonom predviđeno registriranje svih osoba koje se uopće i nalaze u prostorima sa igrama na sreću, a navedena mjera bi upravo trebala onemogućiti maloljetnicima pristup igrama na sreću. Grubo nepoštivanje „Zakona o igrama na sreću“ upravo pogoduje maloljetničkom kockanju - ne provjerava se dob maloljetnika. Pojedini učenici i učenice

navode da je kockanje i klađenje jedan od prihvatljivih načina zabave i provođenja slobodnog vremena, iako dio njih smatraju da u igrama na sreću nema ništa dobro.
Iskustvo neposrednog rada sa srednjoškolcima ukazuje na potrebu povećanja preventivnih programa vezanih upravo za igre na sreću. Neophodna je edukacija školskih profesora, ali i roditelja, koji bi mogli prepoznati probleme sa kockanjem i klađenjem.
Rad sa učenicima 2.SŠ na području grada Rijeke i PGŽ ukazuje na zabrinjavajući porast maloljetničkog kockanja na području srednjeg školstva, te potrebu i mogućnost dodatnih preventivnih aktivnosti igara na sreću. Istraživanja maloljetničkog kockanja u Hrvatskoj potvrđuju problematičnost i manjkavost koncepta „odgovornog priređivanja igara na sreću".

GAMES OF (NON)LUCK FOR MINORS IN THE AREA OF RIJEKA AND PRIMORSKO-GORANSKA COUNTY (PGŽ)

Tuftan Pino
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In the past six-year period, the 45-minute workshops for the 2nd grade high school students have been systematically implemented in the area of Rijeka and Primorje-Gorski Kotar County. It has been noticed that one 45 minute workshop for 2nd graders is not enough, in order to control actual and potential problems resulting from adolescents playing NONluck games/gambling/betting.
Six years of work on the prevention of juvenile gambling has shown that the number of students playing some of the games of chance is continuously growing.
Students regularly state that games of chance and gambling is very available to them, and that gambling places mainly allow them, as juveniles, to play the most diverse games of chance. We must keep in mind that by law juveniles are not allowed to enter the places where games of chance are played. The law allows the registration of all persons who enter such places, which is the measure designed to stop minors from accessing games of chance. The gross violation of the "Law of games of chance" is just in favour for juvenile gambling – since the age of the juveniles is not

being checked. Some students state that gambling or betting is one of the acceptable ways to have fun and spend some free time, although some of them believe that there is nothing good in games of luck.
The experience of direct work with high school students points to the need to increase preventive programs related to games of chance. It is necessary to educate school teachers, but also parents, who could identify gambling and betting problems in adolescents.
Working with 2nd grade high school students in the area of Rijeka and PGC points to the worrying increase of juvenile gambling in secondary education and emphasizes the need and the responsibility for additional preventive activities. The research of juvenile gambling in Croatia confirms that the concept of "responsible organization of games of chance" is both problematic and lacking.

DUHOVNOST U PSIHOTERAPIJI OVISNOSTI

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Primorsko-goranske županije

Nakon godina koje smo proveli učeći ne bismo li postali terapeuti, moramo postati ova ili ona vrsta terapeuta umjesto da postanemo ljudskim terapeutima! Terapeuti koji besprijekorno ulaze u interakcije sa svakim pacijentom koji nam uđe kroz vrata (G. Barnes).
Prikazan je terapijski rad s tridesetogodišnjim pacijentom koji se liječi radi ovisnosti o opijatima, paničnog poremećaja, te sekundarne epilepsije. Terapija obuhvaća psihofarmakoterapiju, te individualnu psihoterapiju baziranu na premisama kibernetike i sistemske terapije. Pacijent u svojim refleksijama kao ključni čimbenik koji je doveo do poboljšanja navodi zadovoljenje svojih duhovnih potreba uključivanjem u Međunarodnu zajednicu za hinduizam, te sposobnost terapeuta da „prihvati i uključi duhovnost“ u terapiju.

SPIRITUALITY IN ADDICTION PSYCHOTHERAPY

Butković-Anđelić Lidija
Department for mental health protection, prevention and outpatient treatment of addiction diseases, Public health institute of the Primorje-Gorski Kotar County

After studying for years to become therapists, we have to become this or that kind of therapist instead of becoming a human therapist! A therapist who interacts impeccably with each patient who walks through our door (G. Barnes).
Therapeutic treatment with a 30-year-old male patient treated for opioid dependence, panic disorder, and secondary epilepsy is presented. Therapy includes psychopharmacotherapy, and individual psychotherapy based on cybernetic and systemic therapy. Patient in his reflections as a key factor that has led to improvement suggests the fulfillment of his spiritual needs by incorporating into the International Community for Hinduism and the ability of a therapist to "accept and incorporate spirituality" into therapy.

ALKOHOLIZAM,USPJEŠNOST LIJEČENJA TIMSKIM RADOM: PRIKAZ SLUČAJA

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U ovom radu dat je prikaz 35-godišnje pacijentice, koja je unazad godinu dana u psihijatrijskom tretmanu zbog problema u ponašanju i razvoja ovisnosti o alkoholu.
Također je u tretmanu socijalne skrbi, dodijeljena joj je mjera za zaštitu osobnih prava i dobrobiti djeteta, i to mjera intenzivne stručne pomoći i nadzora nad ostvarivanjem skrbi o djetetu, a uz to i podrška i pomoć u adekvatnom rješavanju dnevnih problema. Od drugih bolesti prisutna je dugogodišnja hipotireoza, trenutno pod terapijom.
Pacijentica je završila školovanje po programu djece sa poteškoćama u razvoju. Zaposlena, neudata, majka jednog mladog djeteta. Kliničkom slikom dominiraju tjeskoba, emocionalna preosjetljivost, te blaža kognitivna reduciranost. Zbog pretjerane reaktivne tjeskobe na partnersku, egzistencijalnu i radnu problematiku dolazi do nefunkcioniranja na svim razinama

koju kupira prekomjernom svakodnevnom konzumacijom alkohola. Bolesnica od ranije nije liječena psihijatrijski . Kod nas je bila uključena u jedno -mjesečni program liječenja kroz Dnevnu bolnicu za alkoholizam i druge ovisnosti, redovita u uzimanju propisane farmakoterapije, u tretmanu socijalne službe, redovito pohađa KLA.
Apstinira od završetka liječenja unazad 7 mjeseci, dolazi do vidnog poboljšanja funkcioniranja kod kuće i na poslu. Timski rad „Simbioza“ djelomično bolničkog psihijatrijskog liječenja, socijalnog rada i KLA ostvaruju dobre rezultate u liječenju alkoholizma.

ALCOHOLISM, GROUP THERAPY TREATMENT EFFICIENCY: CASE REPORT

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Day Hospital for Alcoholism and other addictions, Department of Psychiatry OB Pula

In this case, we can see the case report of a 35-year-old patient who has been admitted to psychiatric treatment over a year ago, due to behavioural issues, and the development of alcohol dependence. She is also part of a social care treatment, alongside a measure for protection of the personal rights and safety of her child, with intensive expert care and supervision for the caretaking of the child, and adequate help with resolving everyday issues. Among other illnesses present, there is a long-term hyperthyreosis (hyperthyroidism) present that is currently under therapy.
The patient finished an education for children with development issues. She is currently employed, unmarried, and a mother to a young child.
In the clinical picture the dominant traits are anxiety, emotional oversensitivity, and mild cognitive reduction. Due to the exaggerated reactive anxiety towards partner, existential and work issues, we can see a generalized dysfunctionality with which she copes with alcohol abuse. The patient hasn't been treated psychiatrically in the past. In our clinic, she was involved in a monthly treatment in the day hospital for alcoholism and other addictions. She regularly attended the "KLA", or Alcoholism Treatment Club, and has been regular in taking her prescribed pharmacotherapy.
She has been abstaining from substance abuse for 7 months, since the end of her treatment, and we have noticed improvements both at home and at her workplace. The team effort "Simbioza" (Symbiosis), which includes

partial hospital psychiatric treatment, social work and group therapy (KLA) have shown good results in treating alcoholism.

UTJECAJ RELIGIOZNOSTI NA KVALITETU ŽIVOTA KOD ONKOLOŠKIH BOLESNIKA I BOLESNIKA OBOLJELIH OD ŠEĆERNE BOLESTI

Vučić Peitl Marija, Sotošek Iva, Prološčić Joško
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Medicinski fakultet Rijeka
Dom zdravlja Rijeka

Svjetska zdravstvena organizacija kvalitetu života definira kao percepciju čovjeka, pojedinca u specifičnom okolišnom i društvenom aspektu, te u specifičnom kulturološkom kontekstu. Robert Cummins navodi da se kvaliteta života definira multidimenzionalno, podrazumijevajući time i objektivnu i subjektivnu komponentu kvalitete života. Subjektivna komponenta uključuje: emocionalno blagostanje, produktivnost, sigurnost, materijalno bogatsvo, zdravlje i zajednicu.
Religioznost se oduvijek ubraja u sustav vrijednosti u ljudskom životu. Religija je vanjska, javna, objektivna, ustanovljena i racionalna, dok se religioznost smatra unutrašnjom, privatnom, subjektivnom i emocionalnom.
Cilj ovog rada bio je istražiti utjecaj religioznosti na kvalitetu života kod onkoloških bolesnika i bolesnika oboljelih od šećerne bolesti.
U istraživanju je sudjelovalo 68 ispitanika, a 60 (88%) ih je ispravno ispunilo upitnik. Ispitanici su podijeljeni u dvije grupe: oboljeli od šećerne bolesti i onkološki bolesnici. U istraživanju je korišten upitnik koji se sastojao od demografskog upitnika i upitnika o kvaliteti života, te pojavnosti depresije prema modificiranom i standardiziranom upitniku Svjetske zdravstvene organizacije (SZO) WHPQOL-100 BREF.
Rezultati ukazuju da nema razlike u kvaliteti života između oboljelih od šećerne bolesti i onkoloških bolesnika. Nadalje, ne postoje razlike simptoma i pojavnosti depresije u te dvije skupine bolesnika. Postoje statistički značajne razlike između oboljelih od karcinoma kršćanske vjeroispovijesti i oboljelih od šećerne bolesti iste vjeroispovijesti. A postoje i razlike unutar skupine oboljelih od karcinoma i to između kršćanske i drugih vjeroispovijesti.
Iz navedenog možemo zaključiti da religioznost bitno utječe na kvalitetu života i to kod onkoloških bolesnika više nego kod oboljelih od šećerne

bolesti, te bi bilo zanimljivo istražiti koji faktori iz raznih vjerovanja ili religija utječu na stavove oboljelih.

THE IMPACT OF RELIGIOSITY ON QUALITY OF LIFE OF ONCOLOGICAL PATIENTS AND OF PATIENTS SUFFERING FROM DIABETES MELLITUS

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The World Health Organization defines quality of life as a perception of a human being, taking into consideration specific environmental and societal aspects of an individual, together with the specific cultural context. Robert Cummins states that quality of life is defined in a multidimensional way, thus implying the objective and subjective components of quality of life. The subjective component includes: emotional well-being, productivity, safety, material wealth, health and the community.
Religion has always been a system of values in human life. Religion is considered to be external, public, objective, established and rational, while religiosity is internal, private, subjective and emotional.
The aim of this paper was to investigate the influence of religiosity on the quality of life of oncologic patients and patients with diabetes.
68 respondents participated in the research, and 60 of them (88%) fully completed the questionnaires. Subjects were divided into two groups: diabetic and oncological patients. The patients were asked to complete a demographic questionnaire and a questionnaire on quality of life and the appearance of depression according to the modified and standardized World Health Organization WHO WHOQ-100 BREF questionnaire.
The results indicated that there was no difference in the quality of life between diabetic and oncological patients. Furthermore, there were no differences in the symptoms and occurrence of depression in these two groups of patients. Statistically significant differences existed between those suffering from cancer who were Catholics and those with a diabetes disorder of the same religion. Also, differences were shown to exist in a group of cancer patients between Catholics and members of another religion.

From this, we can conclude that religiosity has more significant effect on the quality of life in oncological patients than in diabetic patients, and it would be interesting to investigate which factors arising from beliefs or religiousness affect the attitudes of the diseased.

UTJECAJ PSIHOSOCIJALNIH ČIMBENIKA NA ODGOĐENO TRAŽENJE POMOĆI KOD OBOLJELIH OD MALIGNIH BOLESTI

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Postavljanje dijagnoze i početak tretmana u najranijem stadiju maligne bolesti od značaja je za uspjeh u liječenju i preživljenju od ovih bolesti. Unatoč intenzivnim preventivnim mjerama i zdravstvenom prosvjećivanju populacije velik broj bolesnika i dalje prekasno traži pomoć. Napore u borbi protiv malignih bolesti valja usmjeriti na one čimbenike koji utječu na odgađanje traženja pomoći. To su čimbenici vezani za zdravstveni sustav i čimbenici sa strane samog bolesnika. Činjenica je da se danas kroz zdravstveno prosvjećivanje, nacionalne preventivne akcije, medije i slične aktivnosti puno učinilo na destigmatizaciji zloćudnih bolesti. U fokusu ovoga rada, stoga su, čimbenici vezani za samog bolesnika. Neke studije pokazale su da je odgovornost za prekasno javljanje upravo na bolesniku tj. nekim obilježjima njegove ličnosti. Da li će pojedinac reagirati na aktivan način (tražiti pomoć) ili pasivan način (odgađati traženje pomoći) u situaciji kad je suočen sa suspektnom promjenom važnu ulogu imaju njegove kognitivne funkcije (kognitivna diskriminacija) i emocije. Kognitivna diskriminacija uključuje znanje i iskustvo vezano za rak i način suočavanja s bolešću i liječnicima općenito. Kad govorimo o emocijama od značaja je kako se bolesnik osjeća vezano za novonastalo stanje te kakav je odgovor socijalnog okruženja. Emocionalne reakcije u suočavanju s malignom bolešću ovise o specifičnim obilježjima ličnosti pojedinca (obrambeni mehanizmi, mehanizmi suočavanja, tip osobnosti) te o njegovim obrascima u odnosu prema drugima (specifičnosti privrženosti i kateksa vezana za važne figure u obiteljskom i širem društvenom okruženju).
Kao ilustracija ovom problemu biti će prikazana 51- godišnja bolesnica s rakom dojke koja je 3 godine odgađala odlazak liječniku. Javila se u stadiju "proširene maligne bolesti" zbog čega su terapijske mogućnosti i duljina preživljenja bile limitirane.

IMPACT OF PSYCHOSOCIAL FACTORS ON DELAYED HELP SEEKING AT PATIENTS WITH MALIGNANT DESEASE

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Setting a diagnosis and starting a treatment in the earliest stage of a malignant disease is of great significance for successful treatment and surviving these diseases. Despite intensive preventive measures and educational efforts, a large number of patients is still seeking help too late. Efforts in fight against malignant diseases should be pointed at those factors which impact a delay in help seeking. Those are factors related to health system and those related to the patients themselves. It is a fact that through hospital visits, national preventive actions, media and similar activities, it has been done a lot for destigmatization of malignant diseases. Therefore, the focus of this paper are factors related to the patient himself. Some studies showed that the responsibility for late reports is on the patients, respectively, some features of their personality. Whether a patient will react in an active way (seeking help) or passive way (delayed seeking help) in situation when he is confronted with suspected change, his cognitive functions (cognitive discrimination) and emotions play an important role. Cognitive discrimination includes knowledge and experience related to cancer and ways of confronting disease and doctors in general. When talking about emotions, the way patient feels related to the new situation is significant, as well as the response from the social surroundings. Emotional reactions when confronting a malignant disease depend on specific characters of personality of an individual (defence mechanisms, coping mechanisms, personality type) as well as his interpersonal styles (characteristic of his cachectic attachments toward important objects, during life). To illustrate this problem, a case of a 51 year old patient with breast cancer who delayed doctor visitation for 3 years will be presented. She reported in stage of „metastatic malignant disease", because of which therapeutic possibilities and survival length were limited.

IZAZOV ŽIVOTA NAKON GUBITKA – ŠTO NAS NE UBIJE, TO NAS OJAČA?!

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Drevna je ideja da iz velike patnje proizlazi veće dobro. Posttraumatski rast (PTR) je predstavljen psihičkim promjenama koje se mogu pojaviti nakon suočavanja s kriznim životnim događajem ili traumatskim iskustvom. Polazište ovog koncepta je u ideji da se ljudi mijenjaju suočavajući se sa životnim izazovima i da promjene mogu rezultirati pozitivnim ishodima za psihološko zdravlje pojedinca. Ovi načini nadilaze tradicionalnu samoučinkovitost i unutarnji lokus kontrole i mogu se opisati kao tri dimenzije traume. Prva dimenzija je podizanje i razvijanja novih sposobnosti koje mijenjaju samo percepciju osobe i imaju zaštitnu ulogu u budućim potencijalnim stresovima. Druga dimenzija je osnaživanje važnih socijalnih odnosa. Treća dimenzija rezultira promjenama u prioritetima i duhovnom razumijevanju i doživljavanju sebe i bližnjih. Restrukturiranje vrijednosti se očituje na različitim manifesnim razinama: u većem cijenjenju života, percipiranju osnaživanja vlastitih snaga, u promjeni prioriteta i otvaranju novih mogućnosti, osobe se osjećaju bližim i razvijaju intenzivne odnose s prijateljima i obitelji, bolje razumiju sebe i uvažavaju osobni identitet, dobivaju novi smisao i svrhu života te su sposobniji usredotočiti se na vlastite ciljeve i snove. Izlaganje će biti popraćeno primjerima iz kliničke prakse.

THE CHALLENGES OF LIFE AFTER LOSS – WHAT DOESN'T KILL US, MAKES US STRONGER?!

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The idea that great good can come from great suffering is ancient. Posttraumatic growth (PTG) is defined as a positive psychological change that can emerge following a traumatic life event. The starting point of this concept is the idea that people are changing faced with life challenges and traumas and some changes may result in positive outcomes for their psychological health. The positive aspects may appear within three dimen-

sions of trauma. The first dimension is to raise and develop new abilities that change self-perception of the person and may have a protective role in future potential stresses. The second dimension is the empowerment of important social relationships. The third dimension is that the trauma changes the priorities and spiritual philosophies towards the present and others. It is manifested in a variety of ways including an increased appreciation of life, an increased sense of personal strength, more meaningful interpersonal relationships and richer existential and spiritual life. The examples from clinical practice will be included in the presentation.

SIMBIOZA, PSIHOZA I PSIHOSOMATSKA BOLEST

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Simbioza je prirodno razvojno stanje u ranim stadijima života i koja bebi omogućava pravilan razvoj. S daljnjom diferencijacijom simbiotske tendencije se smanjuju i proces razvoja napreduje prema zrelijim fazama.
U ovom radu biti će ponuđeno psihoanalitičko razumijevanje simbiotske situacije u obitelji između tri generacije žena kao i razumijevanje psihosomatske bolesti i psihoze koje su se pojavile u procesu diferencijacije i individuacije prema separaciji.

SYMBIOSIS, PSYCHOSIS AND PSYCHOSOMATIC DISEASE

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Symbiosis is a phase early in development of the baby necessary for its survival. In further process of development symbiotic tendencies diminish and development progresses towards mature phases. This work considers psychoanalytic perspective in understanding symbiosis in one family with three generation of women for incidence of psychosomatic disease and psychosis as a attempt in differentiation and individuation towards separation.

STRATEGIJE PREVENTIVNE PSIHOONKOLOGIJE

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Bez obzira na postignuća u ranoj dijagnostici i terapiji onkoloških bolesti, permanentni ciljevi ostaju prevencija malignih bolesti. Za ostvarenje tih ciljeva stalno se razvijaju novi programi, koji dijelom dovode do epidemiološki pozitivnih pomaka: preventivne kampanje, senzibilizacija javnosti, medijske prezentacije s javnim osobama, programi zdravstvenog odgoja... Dakle informacije o zdravom načinu života koje obećavaju zdraviji život široko su dostupne javnosti, kako u stručnom tako i u općem medijskom smislu.
Ipak unatoč golemom znanju i dalje smo svjedoci rizičnog ponašanja i navika koje dokazano povećavaju rizik obolijevanja od malignih bolesti. U ovoj prezentaciji nastojimo prodiskutirati psihosocijalnu pozadinu rizičnog ponašanja prema zdravlju, što je rjeđe u stručnoj i široj javnosti. Još točnije rečeno; za odgovorno ponašanje i napuštanje rizičnih navika i ponašanja, osim upoznavanja s medicinskim činjenicama, važni su, pa čak i presudni psihološki i socijalni faktori, kao preduvjeti za pozitivniji odnos prema zdravlju.

PREVENTIVE PSYCHOLOGY STRATEGIES

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Besides all achievements in diagnostic and therapy in oncology, our permanent goal is prevention of malignant diseases. To reach these tasks we develop permanently new programs with positive epidemiologic results; campaigns, sensitizations, presentations examples of famous people with oncologic diseases, education, etc. In this presentation we discuss psychosocial backgrounds of the risk behaviours against our own health. Psychosocial factors are important as well as medical knowledge for positive relationship toward protection of the health.

PSIHOTERAPIJA BOLI KOD ONKOLOŠKIH PACIJENATA

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Bol je jedan od najčešćih simptoma koje pacijenti osjećaju. Većina pacijenata ima višestruku etiologiju boli koja je posebno izražena kod oboljelih od karcinoma. Za uspješnu terapiju boli potrebno je povezati multidisciplinaran i individualni pristup. Individualan pristup neophodan je zbog izražene emocionalno-psihološke komponente. Bol ne trebamo promatrati samo kao senzorni podražaj već kao doživljaj cijelog organizma. Kao takva izaziva patnju. Svaka osoba je osjeća i doživljava na drugačiji način.
Dugotrajna i jaka bol utječe na pacijenta. Javlja se osjećaj manjka kontrole, bespomoćnosti i straha od smrti. Mogu se javiti i razni psihički poremećaji, poput depresije. Činjenica je da su anksiozni i depresivni poremećaji dva do tri puta češći kod bolesnika sa kroničnom boli nego u općoj populaciji. Uz to, bol kod onkoloških pacijenata je učestalija i intenzivnija ako postoji i psihijatrijski komorbiditet. Nakon što razviju anksioznost ili depresiju oboljeli od karcinoma često ulaze u začarani krug psihijatrijskog poremećaja i boli gdje bol povećava psihijatrijske simptome, a psihijatrijski simptomi povećavaju doživljaj boli. Doživljaj boli je subjektivno iskustvo. Razni psihološki elementi poput osobine ličnosti, ranih životnih iskustava i trenutnih emocionalna stanja imaju velik utjecaj na pacijentov odnos prema boli.
Maligna bol je uzrokovana zloćudnim bolestima. Prisutna je kod 30-40% pacijenata prilikom postavljanja dijagnoze. U uznapredovaloj fazi bolesti maligna bol je sastavni dio života 75-90% oboljelih. Promjenjiva priroda karcinomske boli zahtijeva stalnu evaluaciju stanja pacijenta, često mijenjanje terapijskih strategija i multimodalni pristup terapiji boli. Takav pristup uključuje medikamentozne (analgetici, antidepresivi) i psihoterapijske metode liječenja (suportivna terapija, KBT, relaksacijske metode, hipnoza, meditacija…). Primaran cilj psihoterapije je izliječiti različite emocionalne poteškoće nastale kao posljedica saznanja za maligno oboljenje. Zadatak psihoterapeuta je kroz emocionalnu toplinu, empatijsko razumijevanje i odanost prema pacijentu kreirati atmosferu u kojoj pacijent slobodno izražava svoj doživljaj boli, emocije, misli, želje i strahove.

PAIN PSYCHOTHERAPY WITH ONCOLOGY PATIENTS

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Pain is one of the most common symptoms patients feel. In most patients there is a multiple pain aetiology. It is especially expressed in cancer patients. For successful pain therapy it is necessary to connect both multidisciplinary and individual approach. Multidisciplinary approach includes multiple medical disciplines while the individual approach deals with an expressed emotional-psychological component. Pain should not be seen only as sensor stimulus but also as an entire body experience. It causes suffering. Each person feels and experiences pain in a different way.
Extended and strong pain affects the patient. A feeling of low control appears, patients experience helplessness and are afraid of dying. In some cases different physical disorders can appear, such as depression. It is a fact that anxiety and depressive disorders are two to three times more frequent in patients with chronic pain than in general population. In addition, pain that oncological patients experience is more frequent and intense if there is also a psychiatric comorbidity. After developing anxiety or depression cancer patients often enter a circle consisting of psychiatric disorders and pain. Pain increases psychiatric symptoms and psychiatric symptoms increase pain. Pain is a subjective experience. Various psychological elements such as personality traits, early life experiences, and current emotional state have great effect on patient pain experience.
Malign pain is caused by malignant diseases. It is present in 30-40% of patients during diagnosis. In advanced stage, malign pain is a part of life for 75-90% patients. Unpredictable nature of cancer pain needs constant evaluation of patient's state, frequent changes of therapy strategies and multimodal approach to pain therapy. Multimodal approach includes medicaments (analgesics, antidepressant) and psychotherapeutic methods of treatment (supportive therapy, CBT, relaxation methods, hypnosis, meditation...). Primary goal of psychotherapy is to treat different emotional problems originated from knowing about the malignant condition. The task of psychotherapist is to use emotional warmth, empathic understanding and loyalty towards patient to create an atmosphere in which the patient can freely express his experience of pain, emotions, thoughts, wishes and fears.

POSTTRAUMATSKI STRES I/ILI POSTTRAUMATSKI USPJEH

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Rezultati nekoliko studija ukazuju da psihotrauma ne mora nužno onesposobiti. Većina ljudi posejduje otpornost te se je čak moguć i osobni razvitak kroz traumu. Razumijevanje i pojačavanje izvora otpornosti i posttraumatskog rasta, kao i usredotočivanje na nadu i optimizam, pomaže stručnjacima u buđenju tih snaga kod svojih pacijenata. Namjera ove radionice je poticaj razvoju osjetljivosti za kontinuum koji se proteže od posttraumatskog stresa do posttraumatskog uspjeha - kao i stvaranje novog jezika i novog shvaćanja traume s kojima preživjeli i cijelo društvo mogu pronaći novu snagu i konstruktivnije obrasce podrške.

POSTTRAUMATIC STRESS OR/AND POSTTRAUMATIC SUCCESS

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Results of several studies suggest that psychotrauma is not necessarily disabling. Most people are resistant and they can even develop as a person through trauma. Understanding and amplifying the sources of resilience and posttraumatic growth, as well as focusing on the hope and optimism, helps the professionals to awake those strengths in their patients. The intention of this workshop is to develop and to contribute to the sensitivity for the continuum which extends from the posttraumatic stress to the posttraumatic success - as well as to create a new language and a new understanding of trauma with which the survivors and the whole society can find new strength and more constructive patterns of support.

FEATURES OF THE RELATIONSHIP BETWEEN PERSONALITY DISORDERS AND SUBSTANCE ABUSE

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Patients who are suffering from different type of drugs have special individual and psychological problems. These changes are impotent for regulation and control their behaviour.
Purpose: to study the psychological characteristics and personal resources of the patients who are suffering from drug addiction.
Methods: 30 patients were studied, 19 (63,3%) men and и 11 (36,7%) women and in the ages of 18-21 years. Following psychodiagnostic methods are used: Kettel'ssixteen personality factor test, Leonhard-Shmishek's personality test, scale of reactive and personal anxiety Spielberger-Hanin.
Results: Amount those patients were suffering from different type of drugs: synthetic cannabinoids - 66.7%, 20% were dependent on synthetic cathinone and 13.3% were dependent on opiates (heroin). According to Leonhard-Shmishek'sscales the most often of personality disorders were dysthymic type, hyperthymic type and explosive type. Individually-psychological features of patients with addiction is the development of abstract thinking, free thinking, impulsiveness, lack of confidence to the authorities, the high emotional tension, emotional instability and lack of responsibility, extraversion. According to Kettel's scale were indicated the leading individual psychological properties in more than half of the subjects is the development of abstract thinking, free thinking, impulsiveness, lack of confidence to the authorities, the high emotional tension, emotional instability and irresponsibility. An analysis of global factors indicative of the severity indices of extraversion. According to Spielberger-Hanin'sscale 80% of patients with substance abuse had mild level of situational and personal anxiety, which can be identified as an important psychotherapeutic resource.
Conclusions: According to scales the most often of personality disorders were dysthymic type, hyperthymic type and explosive type. 80% of patients with substance abuse had mild level of situational and personal

anxiety. This feature is main of predictor as an important psychotherapeutic resource.

ADDICTIVE BEHAVIOR OF MINORS IN FORENSIC PSYCHIATRIC PRACTICE

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Along with the changes taking place across the country including economic, social, political and spiritual life of society, the character and degree of deviant behaviour inevitably changes and new patterns of deviant behaviour of minors appear. Undoubtedly, pathomorphosis has affected manifestations of chemical addictions in adolescents.

The study of the combined effects of specific family, intra- or interpersonal, cohort, environmental, constitutional and genetic factors contributing to the formation of addictive behaviour, the features of its manifestation, as well as the impact of behavioural disorders due to the use of surfactants on the formation of aggressive criminal behaviour, is still one of the most clinically and socially significant areas of focus. Studies conducted over the past several decades show that the early appearance of addictive behaviour rarely appears in an isolated form; most often addiction is combined with mental development disorders and mental pathology.

The use of volatile solvents is a form of addictive behaviour, specific for children and adolescents. The urgency of its study is determined by a number of circumstances including early age of onset of use, widespread prevalence in the adolescent population, association with deviant forms of behaviour, and severe medical and social consequences of abuse. Among the reasons for the formation of dependence on alcohol, as well as other forms of deviant behaviour, pre-comorbid features play a large role. Alcohol addiction often occurs in juveniles with features of mental immaturity, against the background of disharmonious infantilism, in teenagers who have no expressed intellectual interests, and against the background of a pronounced residual organic pathology.

Alcohol dependence in minors is formed several times faster than in adults, which is explained by immaturity of the body and its nervous system, rapid growth during puberty, increased suggestibility in relation to aggressive advertising of alcoholic products. The regular use of alcoholic beverages increases the dynamics of mental disorders. The use of synthetic drugs can quickly lead to addiction and the development of irreversible destructive processes in the central nervous system. Negative outcomes from synthetic drug use can range from cognitive disorders to severe organic disorders of the personality, which further creates diagnostic difficulties.

An episode of clinical psychosis can arise from a myriad of factors, and is commonly associated with depersonalization-derealisation syndrome, paranoid symptoms with ideas of persecution, anxiety that may lead to agitation, and visual and auditory hallucinations, which are often accompanied by excessive excitation and aggressive behaviour A number of authors noted that people suffering from drug addiction often commit unlawful acts related to narcotic substances (storage, distribution), the theft of personal property, and a low proportion of especially serious offenses such as murder or serious bodily harm. However, with the advent of synthetic drugs, the types of illegal actions committed have changed significantly. Illegal acts committed by adolescents in a state of intoxication with synthetic drugs are distinguished by aggressiveness, and are directed mainly against the person.

To understand the illegal behaviour of minors with addictive behaviours, a systematic approach is needed taking into account the current psychopathological syndrome, personal characteristics, the type of drug used and the situation immediately preceding the commission of unlawful actions.

CLINICAL AND FORENSIC ASPECTS OF ILLEGAL BEHAVIOR OF ADOLESCENTS

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Introduction. Every year, tens of thousands of children and teenagers in Russia commit wrongful acts falling within the scope of criminal proceedings, thus acquiring the status of the accused. Among teenage offenses, more than half (52%) committed aggressive or violent misdemeanors. Moreover, among the features of juvenile delinquency, it is necessary to note the nature of continued illegal acts. Among the major trends as observed are growth of social deviations, criminal activity of girls, and high juvenile recidivism. Among the main social characteristics of juvenile offenders: 1) more than 70% of them were brought up in dysfunctional families; 2) 65% of parents of teens abusing alcohol; 3) almost half (48% were brought up in single-parent families; 4) 48% - were subjected to brute force; and 5) 38% of them previously committed crimes. Also, there is a steady increase in the number of minors addicted to psychoactive substances, while one in five teenage convicts committed the crime in a state of intoxication (narcotic or alcoholic).

Results. According to our Centre (The Serbsky National Medical Research Centre of Psychiatry and Addiction) in 2017, among nosological forms of mental and behavioral disorders in adolescents with unlawful conduct, it has traditionally been a significant prevalence of organic mental disorders (57%), emerging personality disorders (9.8%), and schizophrenia spectrum disorders (17.6%). Addiction of different psychoactive substances was set at 8% of cases. As part of comorbid disease, "Addiction of different psychoactive substances" was established in 6% cases, and "Harmful substance use" in 2%. It should be noted that as a comorbid disease, harmful use and even the addiction of several psychoactive substance are observed much more frequently, but these disorders are not submitted by the expert commission in a separate "second" diagnosis and treated in the structure of the underlying disease, as an additional stronger exogenous hazard for leading to mental disorder. Only 11.8% of juveniles were identified as not suffering from any mental disorder in last year. The structure of

expert solutions for juveniles according to our Center for 2017 is as follows: 1) 41.4% of minors have been recognized as "unable to realize the actual character and social danger of his actions and control them" ("irresponsible"); 2) 17.4% of minors are categorized as "is not fully able to understand the actual nature and social danger of his actions and control his actions "; 3) 41.2% of minors are identified as ("diminished responsibility"), are fully able to realize ... and control his actions ("responsibility").
The conclusion. The nature of mental disorders plays an important role in behavioral abnormalities in minors. The presence of mental disorders in adolescents increases the impact of negative environmental effects and contributes to common illegal behavior. The investigation of criminally relevant mental disorders in juvenile offending behavior continues to be a very important issue.

SUICIDES IN PATIENTS OF PSYCHIATRIC HOSPITAL

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The questions of prevention of suicides remain relevant for psychiatrists. The discharge from a psychiatric hospital of such patient is always serious and crucial decision of the attending physician. Especially it concerns those cases when patients are hospitalized for the first time in life or, as in our research, with suicide behaviour.
Publications on a subject of hospital suicides are not enough; it is even less researches of suicides in early period after discharge from a psychiatric hospital. According to the data from various sources, about a half of the contingent of suicides asked for mental health services shortly before death. According to the expert opinion, the suicide risk was estimated only at 2% of cases as high that indicates lack of criteria of his assessment and insufficient training of specialists.
The research has been conducted on the psychiatric hospitals. Cases of the suicide committed within two weeks after discharge from a psychiatric hospital were analysed.

45 episodes of suicide behaviour from which - 7 suicides were studied. Middle age of patients was 35,3 ± 13,2 years. 46% of cases of suicide behaviour were registered directly in a hospital, 4% - during the medical holiday, 30% - on treatment in a day hospital and 20% - within 7 days after discharge. The analysis of a temporary factor, two critical moments for realization of suicide intentions: the first week of hospitalization (23%) and hospitalization period in hospital more than 60 days (62%). The analysis of the pharmacotherapy appointed to suicidents showed the following negative tendencies: absence or rare correction of drug treatment in 80% of cases; sharp cancellation of medicines of sedative action on the eve of suicide activity - 50% of cases; prescription of antidepressants of the stimulating action in the doses exceeding traditional therapeutic doses in 47% of cases from which, in 75% of cases was followed by simultaneous cancellation of sedative antipsychotic therapy without any justification in the history of a disease.

A third part of patients had suicide attempts in the anamnesis, half of the lost were on stationary psychiatric treatment earlier and a third part from them in a week was discharged a week ago.

Before the discharge of the patient it is necessary to tack a decision of a possibility of treatment in out-patient conditions, or such intermediate option as a "day" hospital is chosen.

During the preparation of the patient for discharge much attention must be paid to carrying out psychosocial work with involvement of the medical psychologist and the psychotherapist.

The attending physician together with the patient makes a detailed plan of further treatment and observation, resolves an issue of psychotherapeutic and, as necessary, of social support. These actions will provide continuity of curation and continuity of psychopharmacotherapy. The best option of curation after the discharge from a hospital is transference of the patient to suicidal care.

Conclusions. Special attention should be paid to the characteristics of patients before the discharge a psychiatric hospital: lonely or widowed persons; disharmonious or disintegrated families (conflicts and the abuse of alcohol in the family, subordinated situation); preservation of depressive symptomatology or instability of mood; insoluble of social problems, lack of adequate out-patient mental health services. Suicides in a psychiatric hospital are the indicator of quality of mental health services. An impor-

tant role in prevention of suicide acts in a psychiatric hospital is played by supervision of patients, observance of measures for prevention of self-damages, control of reception and tolerance of medicines, intensity of the polyprofessional help (the psychiatrist, the psychotherapist, the psychologist, the social worker).

CLINICAL AND PSYCHOLOGICAL PREDICTORS OF THERAPEUTIC REMISSION IN PATIENTS WITH ALCOHOL DEPENDENCE

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The willingness of patients with alcoholism to visit the local narcologistis conditioned by the need to withdraw from the dispensary records after three-year period of confirmed sobriety, obtaining admission for employment, possession of arms, transport management.
There is a paradigm shift in the treatment of alcoholism from total abstinence to the concept of "controlled drinking" that contradicts the modern Russian system of dispensary registration which assumes the formation of long-term sobriety. The abolition of necessary abstinence from alcohol as a must increases the risk of relapses.
The purpose of the study was to determine the predictors of therapeutic remission (TP) in 185 patients with alcoholism who were on dispensary supervision in the drug dispensary №2 of Moscow in 2010 - 2017. The average age of patients was 46.3 years. The second stage of alcohol dependence was registered in 83.3% of cases, the third stage - in 16.7% of cases. The average duration of the disease was 16.6 years. The social status of the patients varied from unemployment (20%), handicapped with 2nd and 3rd disability group (6%) to downgraded qualification (74%). Patients were allocated to groups according to the terms of therapeutic remission. The first group of 65 patients was characterized by abstinence from alcohol within 11 months. The second group included patients with remission from 12 months to 1.5 years (63 patients). Third group consisted of patients with remission from 19 months up to 3 years (57 patients). Patients in the first and second groups relapsed during the observation period,

whereas the patients in the third group were withdrawn from observation after three-year period of complete abstinence.

The following diagnostic methods has been used: Spielberger-Hanin's scale for situational and personal anxiety; suggestiveness assessment; tendency to psychological provocation testing; Beck depression inventory; Zeigarnik test battery; Schmieschek-Leonhard tests for personality accentuation and temperament diagnostics; Penn Alcohol Craving Scale (PACS). The statistical data processing was made with the use of IBM SPSS Statistics 22 program package.

As a result of comparing the groups of patients with different remission periods there have been set the major predictors influencing on alcoholic addict TR forming.

A. Social and psychological factors (high level of suggestiveness, internal locus of control, adaptive coping-strategies, excluding from the social groups with drinking habits, family with children and friendly partner relationship in the family, stable employment, absence of torts in the patient history, high communication potential and responsible behavior skills);

B. Therapeutic strategy (forbidding therapeutical model, few medical treatment endeavors in the patient history);

C. Clinic and biological factors (late onset age of a disease, low progression of alcoholism, few committals in the patient history);

D. Factors characterizing the outpatient care (participation of the patient in the individual and group therapy);

E. Absence of sexual dysfunctions.

Such factors as premorbid personality traits, encephalopathy status, somatic diseases and comorbid neurotic disorders did not have a significant effect on the duration of remission in patients with a long course of the disease.

PSYCHOSOMATIC PARAMETERS IN PATIENTS WITH LONG-LASTING EATING DISORDERS

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Eating disorders (ED) is a group of specific conditions involving not only mental, but also somatic, neurological, and endocrine disorders, often leading to cachexia with multiple organ failure and even death.

Using psychopathological, experimentally-psychological and follow-up, methods, more than 500 patients with ED who underwent treatment at the clinical bases of the Department of psychiatry and medical psychology of RUDN University at the period of 1989 to 2015 were examined. The duration of follow-up underwent up to 20 years. The method of high performance liquid chromatography was used to assess the functional state of catecholamine system.

Parameters of patients were studied considering the duration and severity of ED; long-term effects of extended fasting were studied and revealed the specific parameters of the mental processes at different stages of ED; the most frequent somatic consequences of ED. The research-based principles of therapy, avoiding complications of withdrawal from prolonged fasting were developed.

All patients were divided into four groups: 1) with frequent psychogenic vomiting, F50.5; 2) with severe depletion due to prolonged persistent refusal of food with the episodes of induced vomiting to lose weight, F50.0; 3) with bulimia nervosa, F50.2; 4) restriction of food intake without vomiting and normal BMI range, state of remission.

Patients of groups 1 and 2 were severely depleted. There were revealed degenerative changes in the skin, nails, hair; infarction; bradycardia, hypotension, acrocyanosis, disorders of the gastrointestinal tract, amenorrhea, anemia, low body temperature.

Asthenic disorders dominated in the mental status. The presence of euphoria testified to the severity of the condition. The examined group 1 could not eat because of fear of emergence vomiting (vomitophobia) and

the smallest portion of food or liquid could trigger vomiting. This group was the most somatically unfavorable in its prognoses as vomiting occurred against the will of the patient, like entrenched, often in childhood, form of stress response.

Patients of the 2nd group continued to adhere the carefully designed diet because of the fear of weight gain. They often could not eat normally due to prolonged fasting that caused pathology of the gastrointestinal tract and obsessive fear of eating, hypochondriacal fixation on pathological sensations from the gastrointestinal tract.

Laboratory studies have identified a marked reduction in the number of free catecholamines in patient's groups 1 and 2 (noradrenaline 0.8=0.1 ng/min, adrenaline 0.5=0.1 ng/min, dopamine 10.1=0.26 ng/min), that coincided with the indicators of severe asthenic depression.

We observed a significant increase in dopamine excretion in group 3 (1147.8=189 ng/min) in the period equivalent to the withdrawal in various addictions, which came to normal values by the 20th day of therapy (169.5=7.5 ng/min). Normalization of these indicators confirmed compliance with the diet, which is diagnostically important in case of dissimulation and persistent attempts to violate the ban on overeating and vomiting.

The study revealed that primary consequences of starvation at initial stage mainly affect the cardiovascular, genitourinary system and the gastrointestinal tract, with the subsequent injury of central nervous system, immune and endocrine systems, locomotor apparatus and organs of hematopoiesis. The obtained data also indicates the active participation of catecholaminergic systems of the brain and its midline structures in the formation of the ED.

PSYCHOLOGICAL STRUCTURE OF PERSONALITY OF SEXUAL DEFENDANTS AGAINST MINORS

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Current Russian and foreign concepts of sexual defendant's personality have predominantly clinical bias that doesn't allow to answer question why adult men and adolescents, less often women, commit crime, such molestation, indecent exposure, rape, and similar offenses.

The study consists of materials of 21 expert opinions of complex forensic sexological, psychological, and psychiatric assessment of the defendants under articles 131-135 of Criminal Code of Russian Federation (sex crime). This study doesn't include materials of expert opinions where defendants were diagnosed with Pedophilia (F 65.4 in ICD 10) and committed for inpatient psychiatric treatment.

The mean age of defendants was 38 + 11 years old, with min age – 21 years old and max – 67 years old. In one case, defendant was 27 years old female. Only in 3 cases defendants and victims were the same gender. In 17 cases (81%), defendants were relatives of victims or were residing with them, and usually were mother's partners. In the rest of the cases, defendants were well-known to the minors.

According to clinical psychology and psychology of corporeality, personality structure of defendants is based on deficit in emotional sphere, followed by underdevelopment of communicative sphere, and the apex consistent with distortions in value-semantic formations of psychopathic and borderline spectrum.

There are suggestions that in further studies will be discovered abnormalities of brain activity (similar to schizophrenia, bipolar disorder, and autism) that can be modified by childhood experience and environment, such as physical and sexual abuse, and will lead to pathological deviation in behavior including sexual deviation.

This study shows that this personality structure often forms with upbringing in incomplete and/or dysfunctional family (16 defendants), when one or both parents were absent. Impaired development happens due to psychological, physical, and sexual abuse that is often chronic in nature. The deformity of personal development appears as pseudo compensated and

defiant behavior, including sexual behavior. For example, this probably leads to impaired gender role identification of defendants that more then quarter of them has prominent femininity. Only 6 examined male defendants (28%) were able accurately differentiate female gender by "the pose," "the figure," and "clothes", that shows that the rest of defendants have unformed representations about gender role stereotypes and their mismatch to cultural representations.
The deficit of emotional acceptance causes frustration in intimate relationships with adult partners who cause anger, negative and hostile feelings. In 15 examined defendants (71%) was detected deficit of emotional meaning of male gender that reflected inner conflict between socially conditioned attribution of oneself to male gender and unformed relevant gender role behavior. Results of this study bring closer the development of clinical-psychological conception of personality structure of defendants of sexual crime against minors.

FAMILIAL CASES OF SCHIZOPHRENIA

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The clinical features of familial cases of schizophrenia in comparison with sporadic cases of schizophrenia were studied. The patients with paranoid schizophrenia with a family history of schizophrenia (n = 30) and patients with paranoid schizophrenia without family history of schizophrenia (n = 140) were examined. The SADS-L "Schizophrenia and Affective Disorders Scale" and "The evaluation list of symptoms and a glossary for mental disorders, ICD-10" was used to assess the psychopathological state and psychopathology symptoms. Associations of family schizophrenia with clinical symptoms ($p < 0.05$) were found in the form of a symptom of depersonalization and delusional ideas of persecution. Suicidal intentions and attempts were significantly more common in patients with familial schizophrenia.

THE SOCIAL ADAPTATION FACTORS IN PATIENTS WITH SCHIZOPHRENIA

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The examining of social adaptation factors in patients with schizophrenia indicates that there is a lack of skills in social and problem-solving behavior, which significantly reduces their ability to cope with stressful life situations effectively. It is also known that family support plays an important role for a better social adaptation of patients with schizophrenia.
The goal of the conducted research was to examine the social adaptation factors in patients with schizophrenia.
Methods: 36 male patients aged 18 to 60 years with a diagnosis of continuous paranoid schizophrenia, paranoid syndrome and 36 relatives of these patients were examined. All patients were divided equally into two age groups according to the World Health Organization classification. The group I consisted of young patients (18-44 years), the group II included middle-aged patients (45-59 years). The patients' relatives were also divided into two groups, respectively. The examination was performed before discharge from the hospital, in the absence of an acute psychotic state. The psychodiagnostic apparatus included the «Coping - behavior in stressful situations» (adapted by T.A. Kryukova); «Lazarus Copying Test»; «Assessment card of the knowledge about mental illness and the effectiveness of the psycho-educational program level» (for patients and relatives); a «Questionnaire of relatives' relationship to the therapy of patients with schizophrenia», developed by the author. The statistical processing of the results was carried out with the Microsoft Office Excel 2016.
The results: according to the results of the «Coping behavior in stressful situations» the «Problem-oriented copying» and «Copying oriented to avoidance» were highest in both groups. At the same time the level of these parameters in group I was significantly higher than in group II. The average value of «Problem-oriented coping» in group I was 46,3%, «Coping oriented to avoidance» - 54,6%. In group II these indicators were 45,3% and 51,7%, respectively. The inverse correlation between the indicators «Avoidance-oriented» and patients' age was also found – the value

decreased with growing up, while the value of «Copy-oriented avoidance» practically did not change. The results of the «Lazarus Copying Test» showed the highest scores of «Escape-avoidance», «Distance» and «Confrontational coping» in both groups. The values of these parameters in group I patients were significantly higher than in middle-aged patients. The average value of the «Flight-avoidance» in group I patients was 63,5%, «Distance» - 55,8%, «Confrontational copying» - 55,7%. In group II these indicators were 61,3%; 52,2% and 43,2% respectively. The maximum statistical significance was observed in the «Confrontational coping» ($p = 0,01$). The «Assessment card of the knowledge about mental illness and the effectiveness of the psychoeducational program level» showed that the majority of patients in both study groups (50% each) demonstrated an average level of knowledge. At the same time the knowledge about mental illness level was higher in group II relatives and amounted to 38,8%, whereas in group I this level was not demonstrated among family members (0%) at all. According to the «Questionnaire of relatives' relationship to the therapy of patients with schizophrenia» the majority of group I relatives (44,4%) were worried about the patient's condition, but not interested in receiving additional information about the disease. While 50% of the relatives in group II demonstrated insufficient awareness of the mental disorder and an interest to obtaining additional information about the disease.

Conclusions: the results vary according to the patients' age. The level for coping scales is significantly higher in young patients. Relatives of different age groups patients react differently to the disease presence. At the same time the knowledge level about mental illness was higher among relatives of middle-aged patients. The obtained results can be used for the development of treatment algorithms.

EPIDEMIOLOGICAL STUDY OF MENTAL HEALTH IN THE CHILDREN AND ADOLESCENT POPULATION IN THE SARATOV REGION IN 2000-2016

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Introduction. In recent decades, the highest incidence rates in the Russian Federation have been observed in the child and adolescent population, ranging from 3.0 to 5.5% of the population of these age groups, which deserve special attention to the organization and development of mental health services for children and adolescents as at the federal and regional levels.

Objectives. The epidemiological study of total and primary incidence of mental disorders in the child and adolescent population of the Saratov Region in comparison with similar indicators for Russian Federation and the Volga Federal District for period from 2000 to 2016.

Methods. The analysis of statistical data of reporting forms № 30 «Information on the health care system» and № 36 «Information on the contingent of mentally ill patients» in the Saratov region for 2000 - 2016 was carried out. The main methods used were: epidemiological, demographic and mathematical-statistical.

Results. In the Saratov region in 2000-2016 the indicators of both general and primary morbidity in children and adolescents significantly exceed those of the adult population, which is consistent with statistical data for Russian Federation in general and for the Volga Federal District in particular. In the children's population of the region, during the study period, there was a slight decrease in the overall morbidity rate (growth rate - 2.29%), which is slightly less than in Russia as a whole. However, among adolescents, an increase in the indicators of the general incidence of mental disorders by 2016 in comparison with 2000 (an increase rate of 18.06%) is registered.

The indicator of primary childhood morbidity in the Saratov region by 2016 decreased by 25.95%, as well as in the Volga Federal District. Trends in the dynamics of primary morbidity in the adolescent population are

similar to those in children. During the study period, the primary incidence of mental disorders among adolescents in the region also decreased, and more significantly than in the Volga Federal District and the Russian Federation as a whole (growth rate -31.07%).
Conclusion. The epidemiological data obtained as a result of the analysis indicate the need to improve the system of prevention and active detection of mental disorders at the earliest stages of the disease both in Russian Federation in general and in the Saratov region in particular. In addition to improving the outpatient psychiatric service, this can be facilitated by combating the stigmatization of a psychiatric diagnosis by informing the public about the problems and achievements of psychiatry and conducting psychoeducational conversations with both patients and their relatives.

FEATURES OF EATING DISORDERS IN CHILDHOOD AND ADOLESCENCE

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Eating disorders (ED) described in patients of different ages, as determined by the multifactor effect on the satisfaction of nutritional needs of man. The main manifestations of the ED include anorexia nervosa (AN) and bulimia nervosa (BN). In the second half of the 20th century there has been a steady increase in the incidence and sometimes talked about the "epidemic". By the beginning of the 21st century the incidence has stabilized, however, in children and adolescents has continued to increase for 15 years, there has been a more than twofold increase. The pattern of ED prevailed AN typical, now greatly increased the number of patients NB and atypical forms.
AN-a conscious restriction of food intake, up to complete refusal from food is that the vast majority of cases due to the presence of body dysmorphic disorder, a pathological dissatisfaction with their appearance and in particular completeness, which may be Intrusive, overvalued or delusional in nature. Most often, the disease manifests at the age of 12-16 years, among the patients is dominated by girls and young women. How-

ever, in recent decades there has been a significantly earlier onset of the disease-the first symptoms of the initial period in the form of severe fixation on their appearance and completeness appear at the age of 5-10 years. This applies primarily to students sports clubs and ballet classes. Much more was celebrated cases for boys, largely due to the "cult" a good figure and "healthy diet" in the modern period.

When revealed high levels of comorbidity. Most often it is the affective pathology: up to 80% of children and adolescents suffer depression with prevalence of anxious and depressive symptoms with a tendency to prolonged duration. Combination with obsessive-compulsive disorders, 35-40%, in most cases, the preceding demonstrations.

Predictors of unfavorable prognosis: persistent dismorphophobia (dysmorphomania) symptoms; the severity of obsessive-compulsive symptoms; perfectionism and autistic accentuation of the personality; violation of child-parent relationship; duration of disease more than 3 years.

BN is manifested by repeated episodes of overeating, feeling nonsaturation, compensatory behavior (food restriction, self-vomiting, abuse of diuretics, laxatives, anorectics) aimed at preventing increase of body weight. The disease is also the symptoms of body dysmorphic disorder and severe addiction self-assessment of body weight. Lately there is a decrease in age of onset of the disease: 25 years at the end of the 20th century up to 14-18 years at the beginning of the 21st century. Early

BN is typically the simultaneous occurrence of periods of severe restrictions in food and episodes of overeating. For BN, more often than the characteristic comorbid mental pathology, which is revealed almost 90% of patients, with the risk of developing depressive disorders more than 10 times, dysthymia in 6 times in comparison with the risk in the General population. In 40% of cases of BN combined with obsessive-compulsive disorder, 20% with social phobia. Often found personality disorder with a tendency to self-harm, suicide, addictive diseases.

BN with the demonstration in early adolescence has a poor prognosis and a tendency to chronicity. Remission lasting more than the year marked less than 60% of cases, with most patients maintained dysmorphophobia symptoms. Factors of unfavorable prognosis for BN: personality disorder; impulsivity; the severity and duration of affective pathology; the presence of overweight in children and adolescence.

Features clinics, dynamics ED in childhood and adolescence determine the need for appropriate treatment and rehabilitation approaches to the treatment of these diseases.

MODERN PSYCHOTHERAPEUTIC APPROACHES IN THE COMPLEX TREATMENT OF IRRITABLE BOWEL SYNDROME

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According to modern ideas, irritable bowel syndrome (IBS) is an example of the biopsychosocial model of functional disorder, which is based on the interaction of two major pathogenetic mechanisms: psychosocial effects and sensorimotor dysfunction. Today the most diverse aspects of diagnostics and clinics are being discussed. According to the data of a different scientific researches, the evaluation of personal accentuations and psychological profile of patients with IBS, using psychodiagnostic methods, shows the high occurrence of the emotive type of personality and the presence of different psychoemotional disorders in more than 80% cases. In recent years, most researchers have hardly questioned the idea of the essential role of psychotherapy in IBS treatment, especially in those cases when the psychogenic component in the development of this disease is obvious. Patients with IBS tend to have also symptoms of anxious depression, hypochondriacal fixation on well-being, carcinophobia. Prolongednature of the disease leads to persistent pathocharacterological changes, manifested in various variants of psychosomatic development of the individual. Due to multiple fears, a lot of patients demonstrate a tendency to social isolation, which may lead to a refusal to seek help from the psychotherapeutic consultation during periods of escalation of symptoms, as well as during remission, which determines the necessity of psychotherapeutic intervention in both outpatient and inpatient format.
At the stage of treatment in the hospital, the preference is given to techniques of short-term psychotherapy, focused on the rapid resolution of problems and the change in patient status. These could include first of all relaxation techniques, as well as short-term positive therapy, NLP, some

Gestalt therapies, Erikson therapy with resource trances. At the stage of maintenance treatment after discharge, or when patients were asked for deeper work, psychodynamic techniques were used.

In addition to a significant number of researches on the use of suggestive techniques, a positive therapeutic effect has been described from the inclusion of methods of behavioral psychotherapy in the treatment of IBS, focused on correcting misconduct and inability to respond correctly to stressful situations. In the treatment of functional disorders of the gastrointestinal tract, one of the most common methods of PT is used - the method of progressive muscle relaxation.

A number of studies on the formation of psychosomatic symptoms of the gastrointestinal tract in patient cases with various types of family relationships, convincingly shows that a systematic approach may be useful for conducting family psychotherapy with patients suffering from IBS (3,7,9). It is noted that in the conditions of disharmonious family relations, with a violation of hierarchy, structuredness, problematic relations with the mother since childhood, there has been an increased tendency toward the formation of gastroenterological disorders in combination with increased anxiety. When studying the psychological characteristics of families with children-psychosomatics it was noted that the emerging abdominal pains performed a morphostatic function.

The targets of psychotherapy treatingdifferent variants of IBS are specific symptoms that characterize the disease: pathological anxiety, depressive disorders, hypochondriacal orientation of experiences, various phobias (primarily carcinophobia). An important aspectof therapy for this category of patients was also its focus on the resocialization of patients, since the chronic character of IBS led to the development of certain social restrictions, avoiding behavior and the formation of a socio-psychological position of self-isolation.

The tactics of psychotherapy are built taking into account the stage of the disease. At the initial stages of the IBS, when the psychotraumatic situation clearly sounds in the experience, first of all, cognitive-behavioral psychotherapy is used, aimed at restructuring the patient's relations and attitudes, optimizing the mechanisms of psychological defense. Efforts are directed primarily to psychological awareness and the search for adaptive coping strategies aimed at resolving the underlying conflict that supports the disease.

At the latest stages of the disease, with the emergency of persistent psychoemotional disorders, as well as the formation of different variants of pathocharacterological (psychosomatic) development of the personality, the effectiveness of psychotherapy is reducing. An active drug correction of existing mental disorders is required. At this stage of the disease, psychotherapy is aimed at supporting patients, preserving the emotional connections of the patient, and social adaptation.

ANALYSIS OF THE ASSOCIATION OF THE POLYMORPHIC LOCUS RS6280 OF THE DRD3 GENE WITH THE DEVELOPMENT OF PARANOID SCHIZOPHRENIA

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Schizophrenia is a common mental disorder caused by synergic effects of multiple genetic and environmental factors. Heritability of up to 80% has been reported for schizophrenia; however, the precise etiology of this disease remains inconclusive. Several investigators have suggested that dysregulated dopaminergic neurotransmission has a role in the pathogenesis of schizophrenia.
Dopamine receptor D3 (DRD3) is a candidate gene for evaluating an association between dopaminergic neurotransmission and schizophrenia risk. Ser9Gly is a functional SNP that yields a protein with altered dopamine-binding affinity. The substitution of serine with glycine is thought to yield D3 autoreceptors with a higher affinity for dopamine and more robust intracellular signaling.
We studied functional polymorphic locus in 1 exon - rs6280 (c.25G> A, p.Gly9Ser) of the DRD3 in 258 paranoid schizophrenia (PSz) patients and in 350 controls from Bashkortostan region (belonged to Russian and Tatars ethnic groups), using PCR-RFLP.

In the sample of Tatars with paranoid schizophrenia, the rs6280*G allele was significantly more frequent, at 45.83%, compared to the controls at 36.86% (p = 0.024, OR = 1.45 CI95% 1.06-1, 99). In Tatars with a continuous type of PSz, the frequency of the rs6280*S/G genotype was significantly higher (p = 0.033, OR = 1.8 CI 95% 1.06-3.07) than in the controls. The frequency distribution of genotypes and alleles in Tatars with episodic type of paranoid schizophrenia and in the control group of individuals was similar.

The results obtained by us agree with the data of studies of this polymorphic locus in other populations. The association of SNP rs6280 of the DRD3 gene was detected in Europeans (allele rs6280*G) (Vehof et al., 2012). The absence of association of SNP rs6280 of the DRD3 gene with the development of PSz in Russians confirms the interethnic differences in the susceptibility to the development of multifactorial diseases and is consistent with the results of a number of studies that also do not establish the role of this SNP in the development of schizophrenia in European (Paweł et al., 2010) and in Asian populations (Tee et al., 2011).

ASSOCIATION ANALYSIS OF POLYMORPHIC LOCI RS4713902 AND RS7757037 OF THE FKBP5 GENE WITH SUICIDAL BEHAVIOR

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FKBP5 is a critical component of the Hypothalamic-Pituitary-Adrenal (HPA) axis, a system that regulates our response to stress. It forms part of a complex of chaperones, which inhibits binding of cortisol and glucocorticoid receptor translocation to the nucleus. Variations in both the HPA axis and FKBP5 have been associated with suicidal behavior.

Change in FKBP5 gene expression leads to an increase in anxious personality traits. FKBP5 gene polymorphic loci rs4713902 and rs7757037 are func-

tional and affect the expression of the gene. Association of these polymorphic loci with bipolar disorders (Willour et al., 2009), depression (Binder et al., 2009, Tatro et al., 2010) and suicidal behavior (Willour et al., 2009; Brent et al., 2010; Roi, 2012) was determined.

The study involved 241 individuals (131 - Russian ethnicity and 110 - Tatar ethnicity) who committed suicide attempts (mean age 31.84 ± 14.79) and are at the time of blood collection in the intensive care unit of the city hospital No. 21 in Ufa . The control group consisted of 359 healthy donors corresponding to their age (mean age 30.0 ± 10.0), sex (136 men and 223 women) and ethnicity (134 Russian and 225 Tatars) to samples of patients who were not registered with a psychiatrist and they denied the existence of a hereditary burden of mental illness.

We studied functional polymorphic loci rs4713902 and rs7757037 of the FKBP5 using PCR-RFLP.

We found no significant differences in the distribution of alleles, genotypes and haplotypes frequencies of SNPs rs4713902 and rs7757037 of FKBP5 gene (P> 0.05) in Russians and Tatars.

In summary, our study denies the major role of these SNPs of FKBP5 gene for suicidal behavior in Russians and Tatars from the Volgs-Ural region of Russia.

PSYCHOTHERAPY OF NEUROTIC DISORDERS IN PATIENTS WITH NEUROLOGICAL DISORDERS

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Modern research suggests that residual organic pathology of the central nervous system, resulting from various pathological effects can increase the severity of neurotic disorders. Such patients are particularly vulnerable to pathological environmental influences. The combination of anxiety-depressive disorders and neurological diseases greatly complicates the interaction between the doctor and the patient, and reduces the effectiveness of the therapeutic process. Clinical and social adaptation of patients worsens and sensitization to psychotraumas increases. This makes pa-

tients extremely sensitive to subjectively relevant conflict situations. Patients are characterized by excessive anxiety ("catastrophic") reactions, caused by relatively insignificant stimuli.

The features of the clinic and the dynamics of the development of anxiety-depressive disorders with an organic component require a special approach in the selection of pharmacotherapy and methods of psychotherapy with the aim of influencing all links in the pathogenesis of the disease.

The aim of this research is to study factors of increase in efficiency of psychotherapeutic treatment of patients suffering from anxiety depressive disorder and residual cerebral organic failure.

In order to achieve our aim we developed a specialized approach to psychotherapeutic correction. The psychotherapeutic program was based on methods of cognitive-behavioral therapy, relaxation techniques and was conducted in a group format.

The program aims include increasing patients' independence, teaching them to take responsibility for their behavior and help, creating adequate and optimistic view of life, emotional and physical abilities. The program consists of teaching self-regulation (vegetative discomfort correction with help of autogenous training), self-correction of disadaptive cognitive constructions (working with automatic thoughts), sanogenic lifestyle (optimization of everyday schedule, labor, physical and mental activity, meal). The patients were motivated towards deeper socialization. Attempts were taken to make patients form a skill of turning for support and keeping negative emotions from those around one. The training also included normalization one's opinion about regular appointments at a neurologist, taking special medicine in order to correct and prevent relapse of general and organic pathology.

A clinical-psychopathological analysis of 114 patients with anxious and depressive disorders occurring in the background of the residual-organic insufficiency of the central nervous system was carried out. Anamnestic, psychopathological, psychometric, statistical methods; Symptomatic Checklist-90 - SCL-90-R (L.R. Derogatis et al., 1973); Beck Anxiety Inventory, BAI (Beck et al, 1988); A questionnaire of vegetative changes (A.M. Vein, 1998) were used.

As a result, we observed that the program produced significant improvement of anxiety and some other psycho-clinical indicators compared with control group. There was evident decrease in anxiety level (Beck Anxiety

Scale) in experimental group (from 22,16±5,44 to 11,61±3,56, p<0,001) instead of control group (from 23,29±7,81 to 15,83±5,62, p<0,001). In addition, we observed improvement of other psycho-clinical indicators among patients who had taken part in the psychotherapeutic groups' activity (Somatisation, Depression, Anxiety, Hostility and GSI scales of Symptom Checklist-90 Revised).
The results of comparison of the effectiveness of the two approaches to therapy testify to the possibility of increasing the effectiveness of the therapeutic process through the addition of complex psychotherapy focused on the clinical and psychopathological features of patients with residual-organic insufficiency.

CHARACTERISTIC FEATURES OF AGGRESSIVENESS IN YOUNG PEOPLE

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Subject relevance. Aggressive behavior by young people is increasingly drawing attention of the academic community. This is not only due to the fact that currently there is no single approach to this issue but also because of acts of violence among youth of both genders widely covered by mass media in recent years.
The goal: discovery of the aggression development factors and creation of a package of measures for preventing the aggressive behavior in youth, which package takes it all into consideration.
The investigation methods: survey, BDHI questionnaire (G.V. Rezapkina version), STAXI questionnaire, and the K. Leonhard method of studying a person's accentuations (S. Schmieschek version).
The results.721 people were involved in the investigation. Their age varied between 18 and 21 years. Among the participants under study the increased aggressiveness – as a character trait – was discovered in 26.9% of cases (in 194 individuals), (over 25 points on the STAXI questionnaire's "aggression – character" scale).

The statistical aggregate in terms of gender looked as follows: 65% for girls (an average value of the "aggression-character" parameter was 28.8); and 45% for boys (27.08).

A preliminary diagnostic study showed a high level of the "aggression-condition" parameter in 32% of young men. In young females it was encountered 2.5 times more often than in males. An exceeded norm on the "auto-aggression" scale was found in 23% of cases, and in 10% on the "hetero-aggression" scale. An ability to control aggression was demonstrated by 88% of young males and 74% of females. The pronounced type of accentuation was discovered in all individuals with a high level of aggressiveness. The most often encountered type was a mixed one. The pronounced features of an exalted and cyclothymic accentuation were discovered equally often (in 37% of cases) and those of hyperthymic in 33%. The accentuated features in girls were encountered twice as often as in boys.

The average value on the scales: the exalted accentuation in participants under study was equal to 18.9; that of the cyclothymic type 16.8; of hyperthymic 16; of emotive 15.7; of lingering 15.5; of excitable and defiant 13.9; of restive 11.9; of pedantic 11; and dysthymic 8. Neither experimental nor reference group showed significant differences in the above-mentioned parameters.

Conclusions. Highly aggressive girls are in a state of aggression far more often than boys from the same group and less capable of controlling the outbreaks of aggression. The aggressiveness, as a character trait, often combines with such accentuations as exaltation, cyclothymia, hyperthymia, emotivism, and lingering. We believe that in case of cyclothymic accentuation the high level of aggressiveness manifests itself only at the hyperthymic stage. Thus it is possible to single out 4 most frequently encountered types of individuals with high aggressiveness: exaltedly aggressive, hyperthymically aggressive, emotively aggressive, and lingeringly aggressive. Considering this classification, in our work on psychological corrections we used different approaches to improve the level of controlling the aggressiveness. For example, the emotively aggressive individuals needed to bring down their level of sensitivity and raise their level of tolerance for environmental impacts, while hyperthymically aggressive ones needed to channel their activity into a publicly accepted area.

Thus, the package of measures to prevent the aggressive behavior must take into account gender differences of young people and a large number of accentuated individuals in a given group.

PREVENTION OF HIGH LEVEL AGGRESSIVENESS AMONG YOUNG PEOPLE

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Subject relevance. Aggressive behavior is a socially sensitive issue that has at present no clear-cut procedure for addressing it.
Goal: detection of the factors contributing to aggressiveness and creation of a package of measures to prevent an aggressive behavior among young people and duly consider such factors.
Investigation methods: psychiatric and psychological examination, survey, BDHI questionnaire (G.V. Rezapkina version), STAXI questionnaire, SF-36 questionnaire (Russian language version created and recommended by the International Center for Quality Life Studies), K. Leonhard personal accentuation study (S. Schieschek version).
The investigation was carried out in 3 stages:
1. At the selection stage the assessments were made in compliance with the principle of respondents' including into/excluding from the investigation, and by filling the questionnaires.
2. The experimental stage. The experimental impact was aimed at reducing the level of aggressiveness. This included: psycho-corrective training sessions, individual psychotherapy, and collective psychotherapy. The investigation considered therapeutic courses of no less than 8 weeks.
3. The final stage was a statistic processing of the investigation results, detection of correlative relationships, medico-psychological definition of the aggressive behavior, and development of the system of preventing the aggressive behavior, which included a screening program, psycho-correction program, and recommendations for psycho-therapeutic treatment of aggressive individuals.
The results.721 people aged from 18 to 21 years were involved in the investigation. Their age groups varied as follows: 16 – 17 years (2.3%); 18 –

19 years (69.4%); 20 – 21 years (28.3%). The aggressiveness as a character trait (exceeding 25 on the aggression-character scale of the STAXI questionnaire) was discovered in 194 people (26.9%). The combination of this parameter with a low level of controlling the aggression was discovered in 51 respondents (7.1%), while that with the current aggressive condition in 64 (9%). In 3.7% of respondents the aggression was detected as a condition and a character trait with inability to control it, which can be regarded as an extremely high risk of development of aggressive behavior.

Fifty (50) people were selected at random for the experimental group. The preliminary examination showed low characteristics of their psychological health (SF-36). The accentuation was discovered in all members of this group (the K. Leonhard personal accentuations study method).

Thus, the tasks of psycho-correction and psychotherapy became:

1. The improvement of knowledge about aggression and aggressiveness as well as emotions and their manifestations in general.
2. Creation of conditions for development of reflection and motivation for self-learning.
3. Recognition of one's own psychological peculiarities contributing to aggressiveness.
4. The teaching of tactics and strategies of effective behavior in conflicts, depending on one's characteristic peculiarities.
5. The teaching of self-regulation, the choice of the most effective ones for a specific person.
6. The development of an ability to heed and understand other people's viewpoints and motives and their psychological peculiarities.

At the final stage the reduced aggressiveness was registered both by specialists (psychiatrist, psychotherapist, medical psychologist) and respondents themselves. The aggression control parameters have also considerably improved.

The conclusions. The psychotherapeutic impact on the psychological component of health and psycho-correction of accentuated features are efficient methods of reducing young people's aggressiveness. Accordingly, a system of preventing the aggressive behavior among young people must include the impact on such factors as the low level of psychological health and accentuated character traits.

FACTORS OF EFFECTIVE CARE FOR SELF-HARM AND SUICIDE

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Chronically suicidal and self-harm patients are still complicated for psychiatrists. Multiple suicide attempts are trademark of a borderline personality disorder (BPD). Nowadays the National Institute for Clinical Excellence (NICE) mainly recommends special psychotherapy of BPD patients instead of medicine and hospitalization.

Dialectical behavior therapy (DBT) is evidence-based effective. It is characterized not only by common desire of medical professionals to change the patient's behavior, but also by true acceptance. Dialectical balance of the opposite strategies makes the process of psychotherapy more flexible and resilient. Such a synthesis trains mental and behavioral flexibility of BPD patients as well as the ability to accept themselves, other people and Reality.

DBT main points:

DBT sees the deviant behavior of a person as a failed way to satisfy innermost needs.

The diagnosis BPD is not a verdict, since biological causes of BPD areperceived only as a part of an interaction system of patient and of an environment.

Also the problems of BPD patients are analyzed in the dynamics of their formation. The styles of cooperation with people and of realization innermost needs can be considered as some special life-time composed skills. In contrast with sports or training education, the skills are laid down in early childhood spontaneously.

The rejection or inability of parents in taking into account the child's right to his/her own feelings and personal opinions can be considered as the factor that hampers the skills formation of self-regulation by emotions, behavior and even by thinking mind.

Whilst BPD the skills are not effective and interfere with perceiving, recognizing, regulating the emotions and correlating their own actions with the others' ones. That is why the focus of DBT is on the training the skills of the self-adjustment, first of all – the emotional one. DBT offers a clear unique simulation system for this necessary psychological process. This

coincides with the latest trends of putting a premium on the emotional intelligence (IE), which deeply affects all the social interactions.
The present day, DBT is an evidence-based effective in the treatment of eating disorders and substance use disorders, of suicidal behavior of adolescents and recurrent depression in the elderly, whilst bipolar affective disorders and antisocial behavior.
BPD psychotherapy requires the inclusion into the system of care of some elements that before have existed singly in the other psychotherapy approaches. The following things turned up to be vitally important for the changes in chronically deviant behavior: a long, phased and repetitive principles of psychotherapy; a verified educative system and personal psychotherapy for psychotherapists themselves; a coalition of specialists of different profiles in permanent teams; some supervisions and intervisions for the prevention of burnout; a permanent work to prevent dropping out early a withdrawal of psychotherapy; a need for patients of individual, group, psycho-educational format and 24-hourround-the-clock phone telephone coaching.

ASSESSMENT THE PROBABILITY OF FORMATION OCCUPATIONAL STRESS AMONG HEALTH CARE WORKERS

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In current time, there is a wide discussion of occupational stress influencing on workers mental health. In 1974 H. Frendenberger, American psychiatrist suggested new terminology for psychological situation among health care workers in psychiatry clinics – «burnout», now well known as burnout syndrome. Mostly it is typical for profession “human-human system”. First, we should take into consideration health workers.
In 2010 mental health and behavioral problem were included in the list of Occupational disorders of ILO (international labor organization).
Aim. Study of psychosocial risk factors in the formation of occupational stress. Material and method. Based on a questionnaire developed by WHO experts for the European model of "health management, environment and

security in the workplace", conducted surveys of health care workers (HCW): medical doctors and nurses. Surveys were done among 68 health care workers of city hospital and 164 HCW of countryside hospital. The questionnaire presented questions that reflect social status, lifestyle, character and security of employment, the presence of stress factors both production and non-production nature. Individual attention was paid to health, physical activity, and nutrition. Statistic methods as criteria of 2were used.

Results and discussions. Analyzing the study we find: 19,1% of HCW were fully satisfied, 57,3% - more a less satisfied, 20,3% - less satisfied and 2,7% - were not totally satisfied by occupation job. Among city HCW less satisfied and not satisfied workers had a higher level than among countryside's HCW (□2= 2,6, p=0,036). Sleeping problems more than once in week, met 37,4% of HCW, once per week or less – 28,0%, never – 34,6%.

Painkillers drags have taken 67,8% of HCW, sedation pills – 33,3% of HCW.

Analysis of survey presented higher level of psychophysiological symptoms (two and more) among city HCW (= 7,8, p=0,005), and higher level of behavioral symptoms (= 3,9, p=0,048), among city HCW with complaints of fatigue at the end of working hours.

Survey conducted of the medical personnel showed high prevalence among them psychophysical, social and psychological, behavioral symptoms that allows to think of high probability of formation of a syndrome of professional stress.

CATEGORY "SPIRITUAL HEALTH"

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The future of mankind directly depends on the spiritual health of society. But, at present, the category "spiritual health" is the least developed category in comparison with such categories as health, mental health, psychological health. The analysis of the works devoted to spiritual health made it possible to conditionally single out several points of view. First, spiritual health is considered in valeology as a system of thinking and a person's relationship to the world around him. Secondly, spiritual health is often

reflected in popular television programs. From this point of view, spiritual health is the existence of a special culture of life, special personal qualities (willpower, courage, perseverance, courage). We find the Christian understanding of "spiritual health" in the pages of Holy Scripture. Thus, Theophan the Recluse considers spiritual health as a certain hierarchy of body, soul and spiritual - "... the body must obey the soul, the spirit soul, the spirit must be immersed in God according to its nature."

Christianity refers spiritual health to the highest property of man, the achievement of which is more valuable than the achievement of physical and mental health. And spiritual health is not necessarily connected with bodily health, i.e. refutes the famous formulation of D. Locke "in a healthy body - a healthy mind." You can be physically strong, healthy and at the same time a spiritually sick person, as somatic, mental and psychological health can be preserved until old age in adventurers, swindlers, murderers. Moreover, bodily health can even be disastrous for spiritual health, since the commandments of the Law of God are easier to violate, being bodily healthy than sick. A bodily disease, on the contrary, can serve to acquire spiritual health, as a person develops in himself the virtues of patience, humility, obedience, and also compassion and mercy.

A special place in the consideration of spiritual health is given to medicine, because the main task of any doctor is to help the patient heal, restore the primordial integrity. Only medicine can cope with this task, based on the principle of integrity: the hierarchy of the spiritual, mental and physical (D.E. Melekhov). In case of a disease of the body, the category "health" is used and the doctor deals with the treatment. The categories "mental health", "psychological health" become actual with illnesses of the soul; a psychiatrist, psychotherapist or psychologist become a healer of a person with mental problems, and the goal of healing is the achievement of a person's integrity - the harmony of desires, mind and feelings. In spiritual diseases, the priest is the healer, and the goal of such healing is the acquisition of the Holy Spirit.

Thus, reflections on the spiritual health of a person allow us to consider it as an integrative concept, the study of which deals with medicine, psychology, pedagogy and other sciences.

AGGRESSIVE AND AUTOAGGRESSIVE MANIFESTATIONS IN EATING DISORDERS

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Eating disorders (ED), especially anorexia nervosa (AN) and bulimia nervosa (BN), continue to attract the attention of psychiatrists in many countries due to the ever increasing number of patients. Pathomorphosis in the form of an extension of the age boundaries of the manifestation of the disease, the frequency of development of difficult bulimic symptoms and atypical forms of AN and BN, the tendency to increase in self-harm, persisting at a rather high level of suicidal risk, necessitate further study of all aspects of the ED and, in particular, aggressive and autoaggressive tendencies, weighting the course, treatment and rehabilitation of these patients.

In the process of long-term observation of patients with eating disorders, it was found that for the dynamics of both AN and BN, the formation of aggressive behavior is typical. Conditions for the development of aggressive trends were both biological and social factors. An important role belonged to the premorbid state, the appearance or sharpening of previously existing psychopathic traits of character with the increase in the process of disease of explosiveness and hysterical forms of response. Aggression in the form of rudeness, incontinence, infliction of bodily harm, was manifested most often when relatives tried to feed the patient, to follow her eating behavior, and was directed primarily at parents, less often - brothers, sisters, husbands. The fear of gaining weight (and / or fear of eating) characteristic for the clinic of anorexia nervosa was often accompanied by a desire to force-feed, feed mothers, younger brothers and sisters, and their own children.

In patients with BN aggression occur when trying family discourage overeating, and inducing vomiting. When it was impossible to obtain the necessary products, patients tried to resort to theft, which could lead to serious social consequences, in particular, several patients were brought to criminal liability.

In both groups, but more often in patients with bulimic disorders, there were auto-aggressive tendencies in the form of self-harm, suicidal thoughts, and even attempts. It should be noted that campbridge action

(cuts on the wrists, forearms, hips, abdomen, scratching of the skin, moxibustion, head banging against the wall) in recent years are much more common (20% now vs. 0.2% 15 years ago).
In conclusion, it should be noted that aggressive and autoaggressive disorders in anorexia nervosa and bulimia nervosa are a special type of aggression and are largely related to the specificity of these diseases.

STUDY OF THE GENETIC SUSCEPTIBILITY TO AUTISM SPECTRUM DISORDERS IN THE VOLGA-URAL REGION OF RUSSIA

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Autism is a socially significant neurological disorder, which has three main signs of behavioral lesions: in social interaction, speech and range of interests. Autism spectrum disorders (ASD) have a significant connection with the genetic component, which was confirmed in families and twin studies in particular. A bunch of genetic alterations presumably involved in the ASD pathogenesis is known to date including chromosomal rearrangements, CNVs and SNVs as well as hundreds of candidate genes and this complicates the analysis of their biological basis. Study of genetic susceptibility to ASD in Russia is carried out by several groups but it was not implemented in the Volga-Ural region before.
Blood samples were collected in Volga-Ural region from 107 individuals with the established diagnosis “autism” with subsequent DNA extraction. MLPA analysis in 35 individuals using SALSA MLPA probemix (MRC-Holland) designed to analyze the chromosomal regions 15q11-¬q13 (including UBE3A, GABRB3 and the 15q13 microdeletion region with CHRNA7), the 16p11 microdeletion region and the SHANK3 gene at 22 q13 allowed us to detect a deletion in the 6 exon of the GABRB3 gene (15q12) in two probands and a deletion in the 6 exon of the MAZ gene (16p11) in

one proband. We also found the lack of significant difference comparing 107 children with autism with the control group (94 healthy children) in the allele frequency of the polymorphic variant rs9616915 in the 6 exon of the SHANK3 gene (p.Ile245Thr) as well as rs2196826 in the PLD5 intron. We also found an absence of the changes in five exons of the NLGN3 gene in the studied individuals.

Thus, we found rare deletions in three individuals from Volga-Ural region in the chromosomal regions that showed involvement in autism earlier.

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STUDY OF THE GENETIC SUSCEPTIBILITY TO AUTISM SPECTRUM DISORDERS IN THE REPUBLIC OF BASHKORTOSTAN, RUSSIA

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Autism is a socially significant neurological disorder, which has three main signs of behavioral lesions: in social interaction, speech and range of interests. Autism spectrum disorders (ASD) have a significant connection with the genetic component, which was confirmed in families and twin studies in particular. A bunch of genetic alterations presumably involved in the ASD pathogenesis is known to date including chromosomal rearrangements, CNVs and SNVs as well as hundreds of candidate genes and this complicates the analysis of their biological basis. Study of genetic susceptibility to ASD in Russia is carried out by several groups but it was not implemented in Republic of Bashkortostan before.

Blood samples were collected from 42 individuals in Republic of Bashkortostan with the established diagnosis “autism” with subsequent DNA extraction. The lack of significant difference with the control group in the allele frequency of the polymorphic variant rs9616915 in the 6 exon of the SHANK3 gene which leads to the substitution of isoleucine with threonine

(p.Ile245Thr) as well as rs2196826 in the PLD5 intron was revealed. We also found an absence of the changes in three exons of the NLGN3 gene in the studied individuals. However, a MLPA analysis allowed us to detect a deletion in the 6 exon of the GABRB3 gene in two probands and a deletion in the 6 exon of the MAZ gene in one proband.

PSYCHOLOGICAL-PSYCHIATRIC SUPPORT TO CHILDREN WITH SEVERE SPINAL INJURY

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Introduction: Joint psychological and psychiatric support of children after severe spinal cord injury (sSI) at an early stage of rehabilitation allows to have a timely differentiated assessment of emotional and motivational disorders. It helps to develop a correct curative tactics for patients because changes in their emotional and personal background may impede the adequate course of rehabilitation process.
Severe spinal injury with its medical and psychological consequences entails a psychological shock. This trauma is a real stress for the child and, it takes long time to physically and psychologically adapt to life after such trauma.
Depression is one of the frequent consequences of spinal trauma in adults. One can find different information on the incidence of depression in sSI patients, but all these studies are related to adults. Practically, there is no any clinical trials on the pediatric group of patients, especially related to pharmacotherapy as well as there is no any findings on pediatric sSi psychopharmacology either.
Objective: To determine the degree of severity of depressive conditions in children after sSIat an early stage of rehabilitation and to develop an algorithm for psycho-psychiatric care.
Materials and methods: 35 children aged 8-18with sSI. All patients were examined by a psychiatrist and a psychologist in dynamics. The following diagnostic scales and questionnaires were used: Spielberger scale of anxiety for children from 14 years of age scale of obvious anxiety (for children

from 8 years of age); hospital scale of depression and anxiety (HADS);depression scale developed in Bekhterev's Institute of Psychoneurology.

Psychological support of patients was provided using Gestalt correction techniques.

Psychotropic medication: antidepressants from the group of serotonin reuptake inhibitors.

Results: Patients were divided into three groups:

1. 17.1% of children with depression
2. 31.4% of children with emotional peculiarities manifested by high anxiety and reduced motivation
3. 51.4% of children with no depressive tendencies

Using findings obtained in the discussed trial, we could define basicemotional features in children with sSI at an early stage of rehabilitation and could developed an algorithm for joint psycho-psychiatric treatment:

Children from the first group with obvious signs of depression had to havepsychiatric correction first, while psychological support was secondary to them.

Children from the second group with high anxiety and low motivation but not pronounced depressive tendencies needed psychological support first, while psychiatrist's help was recommended in the form of consultations.

Children from the third group were recommended only psychological support.

Conclusion: Joint psycho-psychiatric support of patients will allow:

1) to timely identify children with severe depressive tendencies, high degree of anxiety combined with low motivation;
2) to provide a qualified psychological help ;
3) to adequately provide specific psychiatric care with neuropsychopharmacological support.

COMPARATIVE ASSESSMENT OF OVEREATING EPISODE PHENOMENOLOGY AMONG PATIENTS WITH EATING DISORDERS AND HEALTHY ADULTS

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Overeating episode can be assessed as a transdiagnostical symptom, which is considered to be specific for eating disorders but can also be observed in other mental states such as depression, anxiety disorders, addictions, etc.

The objective of the trial is to evaluate and compare dynamics of overeating episodes among patients with eating disorders, patients with depression and healthy adults.

Methods. A randomized sample of subjects (N=134, male and female, age 26-65), who reported at least one overeating episode in a last week, were examined with questionnaire, specially developed for assessment of phenomenological dynamics of overeating episode. The sample was composed out of three comparative groups. Patients of the first group (n=45, male and female) had diagnosis of depression (ICD-10), patients of the second group (n=37, male and female) were diagnosed with an eating disorder of bulimic type. Data was controlled by a sample of healthy adults (n=52, male and female). Assessment was performed once and included only one previous overeating episode.

Results. The overall dynamics of all overeating episodes included common phases: triggers, overeating itself and consequences. Episode itself could be characterized by impulsiveness, compulsiveness or both. All three phases were described in terms of thoughts, emotions, physical sensations and behavior for each patient.

Some significantly different characteristics of overeating episodes were established in the investigated groups. Compulsiveness was significantly more frequent in patients with eating disorders compared to other groups ($p<0,05$). Impulsiveness was equally present in all individuals from every group (even in healthy adults) in the beginning of the episode. Healthy adults experienced positive emotions more frequently ($p<0,05$) in the process of eating, while patients with depression and eating disorders usually reported feeling “nothing”, which they nevertheless interpreted as a

positive feeling compared to negative emotions they experienced before the episode. Patients with eating disorders and depression more frequently tend to plan overeating episode while healthy adults don't ($p<0,05$).
Conclusion. The dynamics of overeating episodes included common phases in all investigated groups. Some clinically significant differences of the phases were established.

TREATMENT SATISFACTION AND ITS FACTORS AMONG PATIENTS WITH AFFECTIVE AND DEPRESSIVE DISORDERS: METHODOLOGY OF STUDYING

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Our previous studies have revealed that both structure and weight of factors of patient satisfaction vary on 1) moment of conducting the study (when comparing factors of satisfaction of recurrent patients with previous treatment at hospitalization versus current treatment at discharge) and 2) patients` treatment experience (when comparing factors of satisfaction of patients at first hospitalization versus recurrent patients at discharge). Particularly it has been shown that medical sisters' work is a key factor of satisfaction of recurrent patients with current hospitalization. While a key factor of satisfaction of the same group of recurrent patients with their previous hospitalization is presented with psychiatrists work.
In connection with the variability of factors of satisfaction on moment of conducting the study the important question is "When should we study factors of treatment satisfaction?" There are 3 main variants of study of revealing factors of treatment satisfaction depending on period of time after discharge - each of them is characterized with advantages, disadvantages and specifics of methodology:
1. Both inpatients after first hospitalization and recurrent inpatients can be studied at discharge. Such instruments as paper and pen (PaPI) and

Internet survey can be used to collect data. Conducting field works by hospital staff using PaPI results high risk of social desirability. This variant is characterized with high responders` accessibility and answers` accuracy and details. The results of the study predict patients` behavior right after discharge such as choice of outpatient medical provider and recommending of hospital.

2. Another variant of studying of these target groups is in 1-2 months after discharge. Internet survey and telephone interview are the instruments of collecting data. There are limitations for telephone interviews: questions must be easy for listening comprehension; duration of an interview is limited to 10 minutes. This variant is characterized with moderate responders` accessibility and answers` accuracy and details. The results of the study predict hospital recommendations and possible choice of hospital in case of recurrence.

1. Recurrent inpatients can be studied at hospitalization. The important advantage is inpatients` state of sickliness because it is natural at the moment of making decision such as choice of hospital in case of recurrence. Another advantage is possibility of studying of inpatients who previously visited other hospitals. PaPI and Internet survey should be used to collect data. This variant is characterized with low responders` accessibility and answers` accuracy and details. It is important because less answers accuracy results less number of factors included into questionnaire, less answers details results less informational value of open-ended answers.

Other important methodological aspects should be mentioned:

1. Multiple liner regression or factor analysis is recommended to reveal factors of satisfaction

2. As far as questionnaire includes questions to what extent the responder is satisfied with image characteristics, evaluation of satisfaction with it is possible. To evaluate this characteristic the share of top-2 (out of 5-point Likert scale) is recommended as far as 1) the share of top-2 predicts patients` behavior 2) the share of top-2 can be easily compared to data from previous studies or in other hospitals

3. Bench-marking is important to compare Top-2 share

4. Not only importance of factor but also its` adjustability should be considered when planning changes

5. Nonadjustable factors of satisfaction should be still included into questionnaire since in case of their exclusion the weight of left factors is characterized with upward bias
6. Inclusion of open-ended questions into questionnaire gives additional information, e.g. other characteristics effecting treatment satisfaction
7. It should be decided if fieldworks should be performed by hospital personnel or independent team
8. Regularity of studies in case of adjustment is important.

DYSMORPHOPHOBIC DISORDERS IN PATIENTS WITH EATING DISORDERS

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Introduction: Anorexia nervosa (AN) and bulimia nervosa (BN) is one of the first places in the risk of fatal outcome among eating disorders have a tendency to chronicity and high suicidal risk. Psychopathological basis is a pathological dissatisfaction with one's own body or dysmorphic disorder, which is characterized by obsessive, overvalued or delusional ideas of physical disability. Dysmorphic disorder influence the formation of affective pathology, reduces the quality of life and level of social functioning.
Objective. To assess the degree of satisfaction/dissatisfaction with own body and its individual parts (abdomen, thighs, buttocks) in patients with AN and BN and the correlation of dissatisfaction with own body and affective disorders and quality of life.
Material and Methods. 120 female patients with AN and BN at the age of 13 to 44 years, average age 18 years (± of 5.81). The disease duration from 6 months to 24 years. Questionnaire image of own's own body (QIOB); Scale of satisfaction with one's body (SSOB); hospital scale of anxiety and depression (HADS); Questionnaire assessment of quality of life (SF-36); the statistical package of Microsoft Excel.
Results. AtQIOB - expressed dissatisfaction with their body 83,33%, moderate at 16,67% of the patients. AtSSOB - characteristics related to the head (eyes, nose, ears) is not satisfied of 29.17% of the patients, belonging to the torso (stomach, chest, back) 42,50%, lower body (buttocks, pelvis,

thigh) of 54.17%. The number of dissatisfied all of these body parts equals 35%, which is clinically defined as polydismorfofobia.
According to the test SF-36 - PH (a physical component): a low value 26,67%, average of 65%, an increased value of 8.33% of the patients; MH (mental component): a low value at 23.33%, the lower value of 55%, the average of 21% of the patients. Test HADS: subclinical anxiety - 23,33%, a clinical - 43,33% of patients; subclinical depression - 15,83%, clinical - of 29.17% of the patients.
Dissatisfaction with one's own body has a noticeable correlation with anxiety and depression. Dissatisfaction with one's own body is significantly correlated with the mental component of quality of life, exerting a weak influence on the physical component.
Conclusions. Pathological dissatisfaction with one's own body or dysmorphic disorder in patients with AN and BN significantly affects their affective state, level of anxiety and depression, reduces the quality of life and leads to social maladjustment.

DEPERSONALIZATION AS THE MANIFESTATION OF SCHIZOPHRENIA, DEPRESSION AND DESIRE OF IMMORTALITY

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Depersonalization is described since 19th century. L. Dugas and L. Dugas, F. Moutier, and means loss, change in the perception of one's self-identity introduced this term. B.D. Friedman believed that the word "depersonalization" reflects the alienation of one's self-identity. This paper states relative nosological neutrality of the above mentioned phenomenon: manifestations of depersonalization are likely in case of schizophrenia, depression and as a conscious / subconscious alienation from death (in absence of signs of mental pathology). 127 people were investigated: 58 patients with paranoid schizophrenia, 43 - with psychogenic depressions and 26 healthy individuals whose words worried their relatives. During the clinical interview, the following methods were used: anamnes-

tic, MMPI, modified Rorschach test, the PSP and SADS scales. Auto-, somato-, allopsychic clinical variants of delusional depersonalization (as well as its neurotic imitation) are identified.

32 patients with paranoid schizophrenia phenomenologically demonstrated depersonalization in the initial period of the disorder as a feeling of an uncertain or definite change of their "self", accompanied by an affect of fear or anxiety and in most cases with phenomena of mental automatism; or as an opinion that his/her personality became unrelated to his/her body, moved into another body and so now he/she is partly another person. In such cases the patients felt that they now were inseparably connected with this person (alive or dead) and are obliged to help him/her. Some observations showed that patients had a feeling of being completely outside of one's body, a belief in the death of one's physical self, a sense of schism. Other patients had a feeling of change in their body on the whole. It seemed to them that less and less of the world around them stayed the same. Therefore, many were scared to live, to wake up in the morning.

The psychopathological mechanisms of the described problems are based on delusional autopsychic depersonalization with elements of derealization. During the period of frank psychotic episodes depersonalization manifested itself in 10 schizophrenia patients and appeared for the first time during this period along other symptoms: in 8 of them it was in many respects similar to the initial period and in 2 other patients it was characterized by a deeper level of disorder (identification with an animal and with an inanimate object). In 11 cases, depersonalization was manifested by ideas of greatness including seeing oneself as completely different personality. Some of the patients had a feeling of violation of the integrity of the body. 5 patients showed depersonalization during the period of remission start, but the phenomenon was less intense than at the initial and manifest stages. Depersonalization was reduced to the experience of certain changes in one’s “self”: indifference to the environment, to one's own destiny. A number of patients demonstrated auto- or heterodestructive behavior. The syndrome of depersonalization in schizophrenia has always been supplemented by other syndromes.

In depressive disorders, depersonalization basically remained on a neurosis-like level (only in few cases it led to delusion). Depersonalization while seeking to remove internal conflict and reduce psychological discomfort

caused by obsessive fear of death (in anxious or hysterical personalities), appropriated beliefs and values of representatives of another culture (Eastern ethncity), which denies death or religious concepts of reincarnation. In individual observations it was possible to state a sensual fusion with a beloved animal or plant, whose dying is «conditional» (almost identical being will appear later). At the same time their habitual acceptable socialization stayed intact.

R. Krishaber, student of C. Bernard, A.A. Mehrabyan noted that in case of the phenomena of depersonalization, sensory perception in general is deeply distorted, and ordinary impressions from the outside world are not enough. The data obtained can have a dimensionally-informative and differential-diagnostic significance.

COGNITIVE STYLES AND IRRATIONAL BELIEFS IN PATIENTS WITH NEUROSIS

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Significance of this research. Studying of the structural organization of mental experience, regulation and management of cognitive activity is relevant to pathopsychology, since perception, evaluation, and subsequent interpretation of what is happening has a direct impact on the behavior formation.

Nonproductive cognitive styles and irrational beliefs influence the distorted perception of a reality, thereby defining qualitative characteristics and a level of realization. Thus, the important characteristics of cognitive styles and irrational beliefs, in terms of their pathological characteristics, is the adaptive potential.

The aim of the study was to examine irrational beliefs and cognitive styles, their structure and connection with neurotic disorders, in patients with neuroses

The following methods were chosen for the study: The Matching Familiar Figures Test, MFFT - impulsivity/reflectivity; Embedded Figures Test (EFT) -

Field dependence/independence; Stroop J.R. Studies of interference in serial verbal reactions - Rigidity-flexibility cognitive control; R. Gardner «The test of a free sorting objects» - narrow/wide range of equivalence; Irrational Belief Scale, A. Ellice.

The study involved 59 people, an experimental group of 30, a control group of 29 people. Age tested from 25 to 60 years.

The results of the empirical study made it possible to establish cognitive-style specificities for patients with neuroses according to the following cognitive styles.

Impulsivity/reflectivity: "fast and inaccurate" style was revealed in 46% of the experimental sample, and "slow and inaccurate style was detected in 38% of groups of patients with neuroses. Thus, it is more difficult for neurotic patients to isolate essential elements from the field, which may underlie the formation of erroneous cognitions, and reveal the difficulties of involuntary control of the speed of intellectual activity.

"Field dependence/independence": patients with neuroses characterized by a division into "fixed field-dependent" style, which was detected in 46% of subjects, and "fixed-dependent", found in 30% of the experimental sample, indicating a reduced level of intellectual control in patients with neuroses.

"Rigidity-flexibility cognitive control": for patients with neuroses is characterized by the presence of rigid cognitive control, the style is revealed in 56% of subjects, which is displayed in difficulty of changing the ways of processing information in a situation of cognitive conflict.

«Narrow/wide range of equivalence»: for patients with neuroses, a wider range of equivalence is found, which is found in 53% of the experimental sample, thus indicating a tendency to use "soft" evaluation criteria or poorly differentiated scales, which can make it difficult to create a realistic picture of the world.

Among the group of patients with neuroses, all subjects has shown the presence of irrational beliefs. The most pronounced irrational attitude: "obliging yourself" - the conviction that the patient is “obliged” to others, leading to psychoemotional stress, in 41% of the experimental group. "Compliance with others" - the conviction that the other people are "obliged" to patient is found in 31% of patients with neuroses. A relationship was revealed between the cognitive style "fast and inaccurate", "fixed

field-dependent", "fixed field-independent" and the presence of pronounced irrational settings ($p \leq 0.05$).
Conclusion. Patients with neuroses tend to be characterized with nonproductive cognitive styles, the presence of irrational beliefs. The relationship was revealed between nonproductive cognitive styles and irrational beliefs in patients with neuroses. Thus, we found the presence of unproductive cognitive styles and irrational settings in the structure of neurotic disorders that adversely affect the quality characteristics and the level of adaptation.

THE RELATIONSHIP BETWEEN LABORATORY AND CLINICAL INDICATORS IN DIAGNOSING AND TREATING OF BIPOLAR DISORDER

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Abstract: A staging model of bipolar disorder is considered as an important tool intended to indicate where a patient lies on a continuum from 'at risk'asymptomatic state to 'end-stage' illness.T ransitions from at risk to subsyndromal and then syndromal illness and between later stages should be studied and validated with not only relevant clinical indicators but also biomarkers. It has been shown recently that patients in a late stage are characterized by an increasing of tumor necrosis factor (TNF), glutathione S-transferase and relevant decreasing in brain derived neurotrophic factor (BDNF) compared with people with early stage of bipolar disorder. On the other hand, some well-known medicines are influencing pro-oxidant pathology directly. For instance, lithium has a neurotrophic and neuroprotective action leading to an increase in serum BDNF whereas excellent lithium responders have normal serum BDNF. The ultimate goal of implementing the staging model in clinical practice should be linking laboratory and clinical indicators with optimally tailored therapy, including possible using antioxidant drugs.

NEW INSTRUMENTS FOR ASSESSING POSITIVE AND NEGATIVESYMPTOMS OF SCHIZOPHRENIA: VALIDATION OF THE RUSSIAN VERSIONS OFTHE DIAGNOSTIC INTERVIEW FOR PSYCHOSES AND THE CLINICAL ASSESSMENT INTERVIEW FOR NEGATIVE SYMPTOMS

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Introduction. Positive and negative symptoms have been considered as the core features of schizophrenia since the beginning of the last century. On the other hand, there is still no consensus among psychiatrists from the different countries regarding assessing of these symptoms both in clinical practice and research. Recently, some new tools were developed to measure clinical manifestations and current level of severity of positive and negative symptoms. One of the comprehensive interview schedule for psychotic disorders is the Diagnostic Interview for Psychoses (DIP) is aimed at assessment of symptoms, signs and past history ratings as well social functioning and disability. The Clinical Assessment Interview for Negative Symptoms (CAINS) encompasses Motivation and Pleasure scales (experience-related deficits) and the Expression scale (expression deficits). The aim of the study was the adaptation of the Russian language versions of the DIP and CAINS and evaluation of its validity and reliability. t has been completed the DIP validation in Russian and it is about to finish the CAINS validation.

Material and methods. Ninety-eight patients with psychotic disorders (89 video recordings) were assessed by 7 interviewers using the Russian version of DIP at 7 clinical sites (in 6 cities of the Russian Federation). DIP ratings on 32 cases of a randomized case sample were made by 9 interviewers and the inter-rater reliability was compared with the researchers' DIP ratings. Overall pairwise agreement and Cohen's kappa were calculated. Diagnostic validity was evaluated on the basis of comparing the researchers' ratings using the Russian version of DIP with the 'gold standard' ratings of the same 62 clinical cases from the Western Australia Family Study Schizophrenia (WAFSS).

Results. The mean duration of the interview was 47±21 minutes. The Kappa statistic demonstrated a significant or almost perfect level of agreement on the majority of DIP items (84.54%) and a significant agreement for the ICD-10 diagnoses generated by the DIP computer diagnostic algorithm (κ=0.68; 95% CI 0.53,0.93). The level of agreement on the researchers' diagnoses was considerably lower (κ=0.31; 95% CI 0.06,0.56). The agreement on affective and positive psychotic symptoms was significantly higher than agreement on negative symptoms ($F(2,44)=20.72$, $p<0.001$, $\eta 2=0.485$). The diagnostic validity of the Russian language version of DIP was confirmed by 73% (45/62) of the Russian DIP diagnoses matching the original WAFSS diagnoses. Among the mismatched diagnoses were 80 cases with a diagnosis of F20 Schizophrenia in the medical documentation compared to the researchers' F20 diagnoses in only 68 patients and in 62 of the DIP computerized diagnostic outputs. The reported level of subjective difficulties experienced when using the DIP was low to moderate.

Conclusions. The results of the study confirm the validity and reliability of the Russian version of the DIP for evaluating psychotic disorders. DIP can be recommended for use in education and training, clinical practice and research as an important diagnostic tool.

BIBLIOTHERAPY AS A METHOD OF SPIRITUAL VALUES ACTUALIZATION IN THE PROCESS TRAINING OF MEDICAL UNIVERSITY STUDENTS

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Relevance. Modern medical education cannot be imaged without psychology. Ethical-deontological aspects of doctor's activity are especially important in the course of psychology for medical students and require actualization of these issues on each lesson.
The aim of this work was a synthesis of experience in using bibliotherapy during the process of educating students with psychology.
Material and methods of research. We have analyzed our methods of conducting practical exercises where bibliotherapy was used. In our pedagogical work, we include exceptional techniques of bibliotherapy adapted for the purpose of spiritually-moral education of the next generation doctors. On the lessons we introduce students to short stories or fragments from literary, philosophical and religious texts that describe typical life situations or characters; read and discuss the statements of distinguished doctors about medicine; we select synonyms for scientific psychological terms; we use fragments of texts as a learning task, and also for the control of knowledge.
Results and discussion. The classes were more productive when the group-analysis of the proposed literary text, a fragment of the text or a separate expression and words ended with a training, with a solution to a practical or problematic tasks, psychodiagnostic testing. At the same time, we selected such works that could serve not only as psychological material for independent study by students, for solving problems, for controlling knowledge, for psychodiagnostics, but also as a moral guide in professional activity. For example, during the discussion with students, we are looking for a significant semantic and etymological difference in the pairs of concepts - the psyche and the soul, empathy and reverence, work and service, abortion and "murder in the womb" and so on. Active independent search encourages students to look into the dictionaries of other disciplines, to discover the historical, semantic and moral aspects of the con-

cepts under study. The search leads students to a deeper level of understanding of the phenomena studied, prompts them to think about their attitude towards them. The discussion ends with practical psychodiagnostic work.
In addition to these goals (deepening the understanding of psychological concepts, the moral comprehension of medical terms, self-knowledge, training in self-observation), the text is used as a learning task, which can only be overcome if you become acquainted with psychological theory.
Conclusions. Our experience has shown that bibliotherapy as a set of pedagogical methods based on literary reading intensifies the teaching of psychology, saturates it with moral content, motivates students to actively study psychology and self-knowledge.

INTERACTIVE MODEL OF PSYCHODIAGNOSTICS AS A BASIC COMPONENT OF PSYCHOCORRECTION IN THE CLINIC OF CRISIS STATES

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The purpose of the study was to expand the arsenal of ways to reflect and represent, completely and adequately, the motivations and actual conceptualizations of individuals who need and are looking for psychotherapeutic assistance. And with all due respect to these people, who, no matter how we relate to the subject, already have their own established concept of the nature of the existing problems and kinds of help which, probably, should be useful and preferable to them.
Now we do not discuss the "quality" of conceptualization and adequacy of patients' motives and their ideas of useful help. Moreover, we are talking about a person in a crisis situation, accompanied by complicated features of some special psychological status.
The question under discussion is the necessity to unite the therapist's and the patient's views on the character and content of existing problems and the forthcoming psycho-corrective measures in a big single information field. And this task is not so simple nowadays as, for example, half a century ago. The modern patient, as a rule, is highly loaded, and even over-

loaded with information of any kind of humanities, and knowledge of a purely medical type as well. And the whole set of amateurish knowledge can assemble into complexly organized pictures with far-reaching consequences, not only not helping psychotherapy, but also creating real obstacles to its implementation. To our condolences or not, but a patient is an expert, and another big task is to find short ways to collaborate with patients, is becoming co-experts in our existential problems. And having this approach, we must think about getting the availability of all possible relevant information to start our co-working in a very quick time. The practice need some means to clarify multi-meanings and putting them into some orders.

Our research (2015-2017) was to investigate the ambivalence of the client' request and motivation for psychotherapy. At the first stage spontaneous replies of the patients in treatment were collected. Then, on the basis of the most frequent little narratives of "Psychotherapy: Pros and Cons.", a questionnaire was created and tested in the Clinic of Crisis States, and in 2 control-groups: graduate students and practicing psychologists-psychotherapists.

Approbation of the questionnaire "quick and easy", "12 pro-12 contra" showed its informativeness and effectiveness as a way of rapid anamnesis data collection; as a means of statistical study of the features of the request and motivation for psychotherapy; as a way to self-disclosure in the first phase of therapeutic contact.

In the conditions of the Clinic, the "co-expert" approach at the start of the therapeutic contact provides a free and protected position for the patient. They estimate it as a creative task, which disposes to conversation. (The amount of refusals to participate only 5%).

Approbation showed that the questionnaire has some future life. It is quite good for collecting data

Especially important was numerous episodes of patients' disclosure of those traumatic experiences that they "never say at the start of a contact", but they can easily write about it in conditions of relative anonymity of written answers. Co-expert approach at the start of a therapeutic contact provides a sufficiently protected position. Self-disclosure now is not a confession, but goes through evaluation of experience, not necessarily deeply personal. Discussing the advantages and disadvantages of psychotherapy in humanitarian context, the patient spontaneously chooses the

most significant details from the general context, easily accepts the ambiguity paradigm of choice - not as a painful personal problem, but as a peculiar form of discourse.
It was disclosed and phenomenologically described 4 main strategies of answers: "for", "against", "reasoning dialogue", "indifference", behaviorally correlated with the personality characteristics of patients, the severity of the crisis situation and the available past experience of psychotherapy. The questionnaire has the potential for further standardization and application in therapeutic practice.

CLINICAL APPLICATION OF XENON THERAPY IN PATIENTS DUE OPIOID WITHDRAWAL SYNDROME

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People with the disorder opioid use, a growing number of emergency conditions, such as hemodynamic instability, disorders of external respiration, aspiration syndrome, seizures, sepsis, multiple organ failure and suicidal behaviour. This tendency might be associated with different factors, including appearance of some new toxic synthetic opioids; combination of taking opioids, alcohol, cocaine, benzodiazepines and other psychoactive drugs together; premorbid disorders (HIV, hepatitis B and C, chronic sepsis, encephalopathy, etc.); high tolerance and atypical reaction of some patients on drug therapy.
The main problem is usually the treatment of withdrawal syndrome. In the International Standards for the Treatment of Drug Use contain specific recommendations. Pharmacological treatment for opioid withdrawal includes short term treatment with methadone and buprenorphine, alpha-2 adrenergic agonists (clonidine or lofexidine). In the Russian Federation, the use of opioid receptor agonists is illegal.
Unfortunately, traditional approaches to the treatment of opioid withdrawal syndrome are not effective enough. In the doses necessary to suppress severe withdrawal symptoms, Clonidine causes persistent hypotension, bradycardia, reduced stroke volume, conduction in the atrio-

ventricular node, atrial fibrillation. Clonidine has little effect on the affective component of withdrawal syndrome, and completely devoid of hypnotic effect. In view of this, there are unmet needs in searching for effective and safe strategies for the treatment of urgent conditions due to the opioid withdrawal syndrome.

The goal of this study was to define the feasibility and clinical utility of using the xenon therapy for prevention and treatment of urgent conditions due to the opioid withdrawal syndrome. Xenon is a natural inert gas providing the strong analgesic effect. It is also non-toxic and quite safe as for the environment as for the main organs of the human body. Moreover, it does not have any mutagenic or teratogenic properties and might be regarded as a natural adaptogen.

During the ten years (2001-2010) 30 patients with the different severity of opioid withdrawal syndrome was treated by xenon (group 1). In contrast, another 30 patients with opioid withdrawal syndrome took traditional treatment (group 2). The two groups did not differ from each other in clinical and demographic variables. In the first group patients we have not found out any urgent conditions leading them to bring to the intensive care unit due to severe hemodynamic and respiratory disturbances.

Pain and anxiety-depressive syndromes were more likely to stop just after the first session of xenon therapy and it had been lasting for the next 4-6 hours. As a result, there is no need to use xenon more than 4 times per a day. During the second and the third day of treatment the number of sessions had decreased to 1 or 2 per a day. Moreover, in the first group of patients all signs of opioid withdrawal syndrome had stopped during the five days. On the other hand, among the second group patients we were more likely to expect the reducing of withdrawal syndrome between 10 and 12 days. In addition to that, 2 patients of this group were characterized by the development of delirium and 4 patients had severe hemodynamic and respiratory disturbances leading them to the intensive care unit.

In conclusion, our data confirmed the clinical utility of using xenon therapy in patients due to the opioid withdrawal syndrome. In addition, we haven't found out any adverse events while using xenon with other drugs. Xenon therapy is effective even in patients at high risk of acute conditions due to opioid withdrawal syndrome.

AUTODESTRUCTIVE ACTIONS OF JUVENILE SUICIDES

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Introduction. "Suicide is a unique case in which the subject and the object of the crime coincide in one person" (Paperno, 1999). Suicide is one of the most tragic and harsh events that can hit people's destinies. This especially applies to suicides in adolescence. Suicide is a topic at the junction of many different disciplines: psychiatry with its narrow suicidology, psychology, neurology, thanatology, anthropology in its various forms, jurisprudence, etc. But their essence is, in the end, only one, to allow foreseeing in advance signs and conducting preventive measures to prevent tragedy.
Methods. In our Center in the period 2011-2017were conducted on 167 post-mortemexaminations. The age scale in the retrospective analysis at the time of committing suicide of minors was between 9 and 18 years (the average age was 13.5 years).
Results. For gender differences, 63% of suicides were males, 37% were female. The number of completed suicides in males is 1.8 times higher than the number of suicides in girls (by comparison, in Russia, male juveniles commit suicide 5.9 times more often), however, according to statistical data, the latter have a 3.4-fold increase in the number incomplete suicide attempts. Among the mechanisms of suicide (taking into account urbanization, as well as opportunities in childhood and adolescence), the first place for minors falls from a height of 61%, followed by self-promotion - 29%, injuries from railway accidents – 8%; poisoning - 1% and gunshot wounds - 1%. When investigating the motivation for committing suicide, juveniles receive conflictual relationships within the family - 64%, in the second place - unseparated feelings - 24%, in the third place are intra- and interpersonal problems (including problems of gender identity), as well as the presence of various mental disorders in minors - 12%. When analyzing the documents submitted to the disposal of experts (criminal case, medical records, diary entries, correspondence in social networks, messengers, drawings, photographs, video), it was revealed that in 78% of all cases examined, juvenile suicides, thoughts, tendencies and some even repeated incomplete (for various reasons) actions. Juveniles mentioned

the possibility of suicide in an educational institution (information from the testimony of classmates, teachers) - 33%; reported suicide to parents - 6%; revealed this in verses, personal records and drawings - 13%, shared experiences through correspondence in social networks and videos on video sharing "YouTube" (48%); not only with friends, loved ones (32%), but even with unfamiliar people (17%). At the same time, autodestruction in the form of self-harm was recorded in 29% of cases, extreme activities (roofing, base jumping) - in 10%, reception of psychoactive substances (9%). With a careful study of the information provided (suicide notes, maintenance of diary entries, drawings and sketches, correspondence in social networks and through various messengers), only 40% of suicides were identified with the transformation of suicidal intent from simple thinking (lasting from several days to several weeks and even years) before its immediate implementation.
The conclusion. The need to study the main risk factors for the development of suicidal behavior of minors is extremely important. In this situation, only the development of close cooperation between various services, structures and scientific directions will contribute to the implementation of preventive measures: social, pedagogical, clinico-psychological and directly medical (psychiatric) in the mental health of minors, to provide timely cover for psychological maladjustment of the adolescent.

DISORDERS OF EMOTIONS WITH THE TUMOR LESION OF THE DIENCEPHALIC REGION

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Among tumors of the diencephalic region there are: Pituitary adenomas, Craniopharyngiomas, Gliomas, Meningiomas and others. They differ in location, histology, clinic with corresponding hormonal disorders.
Emotional disorders in the clinic of tumors of the diencephalic region are revealed in 2-67% by the literature. So, with Hormone-active pituitary adenomas there is 30-60%, with Non-functioningpituitary adenomas ones less than 6%. Emotional disturbances are revealed in 67% of patients with Cra-

niopharyngiomas on the background of a decrease in hormonal secretion. Psychopathology can be caused by the localization of lesions/irritation of the brain, histology and, possibly, changes in the level of neurohormones.
Pituitary adenomas has the leading place among tumors of the diencephalonlocalizations. This is 15% of all brain tumors, the 1st and 2nd places are detectable at the age of 15 to 54 years.Hormone- active pituitary adenomas differ by Prolactinoma (PRL-secreting pituitary adenomas -35%), Acromegaly (GH-secreting pituitary adenomas - 15%), Cushing's syndrome (ACTH-secreting pituitary adenomas -10%), Thyrotropinoma (TSH-secreting adenomas-1%) and Non-functioningpituitary adenomas (40%).
1. Pituitary adenomas with excessive secretion of growth hormone (GH) - in 60% of patients, nonspecific symptoms, mostly asthenic. It is often stable dysphoria - the predominance of "gloomy-spiteful" mood.
2. Pituitary adenomas gland with excessive secretion of adrenocorticotropic hormone (ACTH):
1) Cushing's disease - lability of mood, depression, apathy, sleep disturbance, with visceral manifestations (tachycardia, fluctuations in blood pressure) in 50%.
2) Nelson's syndrome - a decrease in emotional reactions and motor activity. Patients are apathetic, monotonous, poor in mimic manifestations.
3. Pituitary adenomas with excessive secretion of prolactin (PRL) - emotional disorders, sleep disturbance in 30%. Nonspecific symptoms of the asthenic plan in almost a quarter of patients.
4. Pituitary adenomas with excessive secretion of thyroid-stimulating hormone (TSH) - increased emotionality, excitability, mood lability, with frequent "panic attacks" in 40%.
5. Non-functioningpituitary adenomas:
a) With hormone-inactive tumors of the pituitary psychopathology is present in 6%. There are violations of sleep, mood lability, weakness, decreased memory.
b) In craniopharyngiomas emotional and personality disorders was in 67%. This is combined with cognitive, motivational and other impairments.
So, violations of emotions in the defeat of the diencephalic region are caused by the localization of the tumor with the involvement of the corresponding brain structures in the pathological process.

NOSOLOGICAL SPECIFICATION OF MOTIVATION FOR TREATMENT IN PATIENT WITH MENTAL DISORDERS

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Aims. To study the motivational mechanisms of involving patients with various mental disorders in the treatment process.
Material. 340 patients voluntarily hospitalized for pharmaco-psychotherapy in National Medical Research Center n.a. V.M. Bekhterev. Average patient age 34.5 ± 11.6 years, average disease duration 9.4 ± 8.99 years, average number of hospitalizations 4 ± 3.6. Patients with schizophrenia, schizotypic and delusional disorders (F2 ICD-10) – 74%, mood disorders (F3) – 17%, neurotic, stress-related and somatoform disorders (F4) – 6%, personality disorder and behavior in the mature age (F6) – 3%. Male – 42%.
Methods. Original questionnaire was used for quantitative and qualitative assessment of treatment motivation. It contains 20 reasons for applying the psychiatric treatment, and the Likert scale to assess their relevance for patients (Cronbach's α=0,842). Factor analysis with Varimax rotation, Pearson's x2 were used.
Results. Four factors of the questionnaire were revealed. The usage frequency of identified motivational factors varies significantly in patients of different nosological groups (x2=19.35; sig.=0.02). The structure of motivation for treatment in patients with schizophrenia is most diverse. They are characterized by motivation options based on: knowledge and skills related to the opposition against the disease (factor 1, 28% of patients in group F2), awareness of the psychological mechanisms of disease-caused disadaptation (factor 3, 24%) and willingness to cooperate actively with the physician (factor 4; 30%). Patients with schizophrenia are less focused on awareness of the need for treatment (factor 2, 18%), but this motivation mechanism is significantly more prevalent in patients with affective disorders (45% of patients in group F3). Patients with neurotic and personality disorders mostly are not inclined to rely on the motivational mechanisms of the 1st factor (6% of patients in groups F4 and F6), their leading

factors of treatment motivation are the 2nd (44% of patients) and the 4th (33% of patients).
Conclusions. Differences in the motivational mechanisms in patients of different nosologies, determine the need for a nosologically-specific approach in the formation of motivation for treatment during rehabilitation of mentally ill patients.

ALCOHOLISM AND EATING DISORDERS

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The study included data from a 10-year follow-up of 119 patients with AN and BN. The aim of the study was to investigate the prevalence of alcoholism among parents and patients with anorexia nervosa and bulimia, as well as its role in the formation of eating disorders. Hereditary alcoholism of one or both parents (based on statistically confirmed data on hospitalization for alcoholic illness) was noted in 35 (29%) patients. Regular alcohol abuse was rather normative than reflecting individual psychopathology in 84 (71%) of patients' fathers, while being raised with an insufficient father's role, a lack of communication with him or his actual absence occurred in 73 (61%) patients with AN and BN. The etiological role of parental alcohol abuse in the development of anorexia nervosa has also been confirmed by the analysis of the terms of conception and duration of pregnancy in mothers of the examined patients: there was found a statistically significant ($p <= 0.01$) prevalence of conception periods attributable to culture-mediated periods of mass alcoholism in Russia: January (a decade of New Year celebrations), March (the celebration of February 23 - March 8), as well as the period of summer holidays. The prevalence of alcoholism among patients in the study group was 13% (16 cases) with a catamnestic follow-up duration of more than 5 years, while the prevalence of alcoholism in patients with bulimia nervosa was 3.2 times greater than that of anorexia nervosa. In this connection, the patients' subjectively marked change in the attitude towards alcohol intake is noteworthy: with prolonged restriction in food and low body weight, more than half of patients noted the appearance of cravings for alcohol, while before the onset of

the disease, anorexia nervosa and bulimia 92 (77%) patients experienced a neutral or negative attitude towards alcohol, felt unpleasant consequences when taking even small doses of low-alcohol drinks, noted "body intolerance to alcohol". The existence of a relationship between the onset of alcoholism, prolonged eating restrictions and other ways to reduce body weight with anorexia nervosa and bulimia requires further study.

SIGNIFICANCE OF SOCIAL STRATUM IN THE FORMATION OF MENTAL DISORDERS WITH SEXUAL VIOLENCE VICTIMS

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The data of studies showed distinct interrelation between the cultural notions on what is acceptable in sexual behaviour and the frequency of registered rapes. The social strata with liberal views on gender relations are freer from rapes. The social strata with an "increased antagonism" between persons of different gender the tendency is identified to committing violent sexual acts.

By official data the Ministry of Internal Affairs of Russia, in 2015 there had been registered 3,900 instances of crimes characterized as rape or an attempt of rape. However, the staffers women's' organizations of Moscow and the regions [beyond it] believe that these figures are understated. Modern Russia is characterized by rather conservative views on gender relations, which often manifests in blaming the victim in wrong behaviour and provocation of violence.

Over 2 ½ years there had been conducted a study of sexual violence victims in which participated 104 women from various social groups, with different education level, marital status, lifestyle, occupation. The average age of female participants of study was 27.7 +/-1.5. The duration of the period assessed from the moment of an act of violence to consulting a psychiatrist varied from 1 month to 30 years (on average 9.3+/-1.3 years).

The objective of this study was the studying of psychopathological structure, dynamics of formation and course of post-traumatic stress disorders with the persons who had been subjected to violence, on the example of

women who suffered rape, as well as the identification of the factors leading to the formation of chronic mental disorders.

The method applied was one of random selection, the only selection criterion being the availability in the anamnesis of female patients of an episode of sexual violence. To assess the dynamics of observed conditions we applied the clinical anamnesis method, as well as the dynamic observation of the condition of those under observation. To determine the overall level of subjective distress we used the scale of effect of the traumatic.

The sampling did not include the women who developed psychogenic disorders on the backdrop of psychopathy, psychopathy-like conditions of various genesis, the person with signs of gross organic lesion of brain and the patients with psychotic symptomatology (delirium, hallucinations, etc.) at the time of examination, and those who suffered such psychotic states in the past.

When analyzing the data obtained, two groups had been distinctly defined: the first included the women, who, after getting mental trauma from violence found themselves in a microsocial environment favourable to them (19-18.3%). In this group mental disorders were limited to acute reaction on stress and a short disorder of adaptation.

In the second group which made the majority (85-81.7%), such support from microsocial environment was lacking. By the time of counselling the patient of the second group had persistent neurotic disorders, such as neuroses, post-traumatic stress disorder (PTSD) or pathological characterological changes. The vast majority of female participants of study from the second group could tell about the suffered rape and about the significance that it had for them after five and more years after the psychogeny suffered (on average 9.3+/-1.3). It was defined by a number of reasons: psychologically overwhelming influence of one and (or) both parents; fear of blaming on part of relatives (88.4%); "criticising and rejecting" mother (87.5%). The women from this group had such characteristic traits of character as lack of confidence in themselves, need for approval of their acts and decisions from outside (23-32,6%); unstable (9-8.7%) or decreased self -assessment (95-91.3%); not sufficiently flexible cognitive system of values. The suffered rape was perceived as a "catastrophe" and the personality did not see any choice and positive outcome for itself.

Thus, lack of support of a victim of violence in microsocial environment and macrosocial environment, in combination with specific traits of the

personality leads to the formation of mental disorders that are more complex by structure.

XENON THERAPY IN THE TREATMENT OF ANXIETY DISORDERS

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Background and aims. Anxiety disorders, accompanied by somatic discomfort due to autonomic instability, are most vividly represented by panic disorder. For this disease are characteristic frequent attacks of severe anxiety (panic) in combination with a set of vegetative disorders (palpitation, choking, nausea, chest pain, sweating, tremor, heat). Based on the pharmacokinetic effects of xenon, such as anti-stress, neuroprotective, adaptation and vegetative stabilization, its action on the glutamatergic system and its impact on lowering levels of "stress hormones" (adrenaline and cortisol).
A method for the therapy of anxiety disorders, including the use of xenon inhalations for the purpose of arresting vegetative disorders, has been developed. Xenon therapy quickly acts on the autonomic link of panic attacks, thereby severing subjectively unpleasant or intolerable sensations, which are the basis of the "vicious circle" of panic attacks. Psychotherapy is represented by a cognitive-behavioral therapy (CBT). It is aimed at the treatment of agoraphobia, correction of cognitive representations that trigger a chain of negative perception and catastrophization of "bodily rattlers", as well as secondary behavioral disorders.
The aim of the study is to examine the efficacy and feasibility of using xenon inhalations in the complex treatment of panic disorder.
Materials and methods. The application of the method was investigated on the example of 200 patients of the clinic of the Institute's of Mental Health and Addiction Clinic (according to ICD-10 criteria). Two groups of patients were compared. Analyzed groups of patients were statistically reliably comparable in terms of socio-demographic, clinical and psychopathological characteristics and psychometric indicators, by the nature of the disease.
In the first group, patients received standard psychopharmacotherapy in combination with CBT. Patients of the second group received a course of

inhalation with xenon in addiction to psychopharmacotherapy and CBT.To assess the severity of anxiety disorders, the frequency and intensity of panic attacks, and the significance of their reduction, psychometric scales were used. Efficiency was assessed using Sheehan Patient-Rated Anxiety Scale, SPRAS, brief Neuropsychiatric scales Inventory (MINI), Hospital Anxiety and Depression Scale (HADS), Patient Health Questionnaire Panic Screening Questions (Wayne J. Katon). Assessment of mental state was carried out before the initiation of therapy, during therapy, and also 60 days after treatment.
Results.In patients of the second group, in comparison with the results of the first group, the intensity of autonomic disorders decreased more markedly, a significant reduction in the duration of panic attacks was observed, and the intensity of fear during a panic attack decrease, anxious anticipation of panic attacks decreased.
Conclusions. The system of complex therapy of anxiety disorders proposed by the authors, including xenon therapy, psychopharmacotherapy and psychotherapy, is an effective method of treatment of panic disorder.

SHORT-TERM GROUP COGNITIVE-ORIENTED THERAPY OF PATIENTS WITH ANXIETY DISORDERS IN THE MODERN THERAPEUTIC STANDARD AT THE STATIONARY PHASE

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In the conditions of modern therapy standards the inpatient stage, the duration of patients' stay in hospital with borderline mental disorders is significantly reduced. However, the clinical reality testifies to the presence of a wide range of States of mental maladjustment (Tsygankov B. D., 2008) and the growth of neurotic pathologies is steadily increasing worldwide. It is important to maintain an effective integrated approach in the treatment of borderline mental disorders, combining psychopharmacotherapy and psychotherapeutic treatment aimed at increasing patients' adaptive resources.
It is proved that such methods as personality-oriented, group intrapersonal psychotherapy have a positive effect on the dynamics of coping strategies for patients with borderline mental disorders.

As part of the complex therapy at the inpatient stage of anxiety disorders patients, we conducted a combination of individual and group psychotherapy. Developed psychological and psychoeducational program focused on psychotherapy for patients with anxiety disorders and correction of desadaptive coping strategies, effective both in stationary and in post-hospital periods, calculated on the 4-d group sessions for 2 hours. The aim of the investigation was to study the effectiveness of psychocorrection and psychoeducation programs aimed at psychotherapy of anxiety disorders patients and correction of desadaptive coping strategies at the inpatient stage of treatment.

The tasks of the program included:

1. Raising patients' awareness about anxiety disorders, causes of the disease, General principles of the anxiety mechanism, treatment methods.
2. Identifying your emotional state and external factors influencing it.
3. Teaching techniques of self-coping with anxiety and psychotraumatic thoughts.
4. Identification and correction desadaptive coping strategies of patients. Development of adaptive coping strategies contributing to the adaptive coping behavior formation in complex life situations.

Material: the Main sample was 66 patients in the inpatient 4th female NPC Department of Psychoneurology of Moscow with diagnosis F41.0 - Panic disorder (14); F41.2 - Mixed anxiety and depressive disorder (47); F45.0 - somatized distress (2); F45.2 - Hypochondriacal disorder (3).

Patients' age varied from 19 to 48 years. Participation was voluntary. Individual diagnostic psychotherapeutic consultation was held with the participants, after which 31 patients were included. Those who did not participate in group psychotherapy made control group.

Research methods: analysis of the effectiveness of the program was carried out by psychometric method: Hamilton's anxiety and depression scale, coping strategies were evaluated by Lazarus test.

The results and analysis of the effectiveness of therapy were evaluated according to the psychometric survey carried out at patients' admission to hospitalization, as well as after the completion of group psychotherapy using psychocorrection, psychoeducation programs for anxiety disorders patients.

Upon admission, the mean value of the alarm level of patients on the Hamilton scale did not differ significantly and was -29±1,7. The average value of the alarm level on the Hamilton scale for patients who underwent the program was 3.7±1.3 p=0.001 (Mann-Whitney test). For the control

group patients, the average alarm level was 7.1±1.7 p=0.26 (Mann-Whitney test).
The results' analysis for the Lazarus test showed that the use of disadaptive or conditionally adaptive coping strategies for the disease was typical for patients with a General sample. The use of emotionally-oriented coping strategies was noted with almost all patients. Most often used "Active avoidance"; "self-Control", "Submission". Among conditionally adaptive coping strategy the most frequently met –"Making sense", "religion".
According to the results of patients that have passed a short-term group psychotherapy statistically significant differences compared with the data of the patients in the control group. The main emotionally-focused coping strategies were "Optimism" and" Confusion". Conditional-adaptive coping strategies were presented –coping "Confrontation" and "Aggression". Cognitive-oriented coping strategies include" Planning"," Finding a solution"," problem Acceptance "," taking responsibility". Only 3 patients did not have significant changes according to the results.
Conclusion: the use of group short-term cognitive-oriented psychotherapy with the use of psychocorrective, psychoeducative programs in the complex treatment of anxiety disorders, helps to reduce the level of patients' anxiety, correcting maladaptive coping strategies for the disease and contributes to the formation of adaptive coping behavior.

STRUCTURAL AND SCENAR ANALYSIS OF AGGRESSIVE AND HOSTILE TRENDS AND ADOLESCENTS OF SOCIAL PROTECTIVE INSTITUTIONS

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Relevance. It seems relevant to study the specific features of the formation of aggressive and hostile tendencies as variants of destructive socialization among pupils of socially-protective institutions, depending on the nature of the traumatic experience that was transferred earlier.
Methods. A semi-structured interview was used to identify signs of post-traumatic stress in children (PIVPS), developed by AI Shchepina and AV Makarchuk; method of coping strategies of school age Nikolskaya and R.M. Granovskaya; a questionnaire on the aggressiveness of Bassa Darka;

improved Toronto alexithymia scale TAS-20-R; method for assessing the types of parental education (ADOR). The study of cases of deviant behavior based on the analysis of individual cards of pupils of the socio-protective institution with the identification of three types of deviations: mercenary, aggressive and socially-passive.

The adolescents of 11-18 years of age who were admitted to the social protection institution for the first time were examined.

Results. The conducted study using the Bassa-Darka questionnaire in the second group of adolescents revealed the prevalence of physical, verbal and indirect aggressiveness, significantly more frequent irritability. In adolescents of orphans (group I), on the contrary, the predominance of negativism was detected, the suspicion more often encountered, the tendency to prevail of hostility.

The data obtained allow us to speak of two different reaction profiles in a collision with a new stressful situation in pupils of socio-protective institutions, depending on their belonging to the group. In one case, we are talking about the prevalence of the "aggressiveness index" (adolescents from families), and in the case of orphanhood, on the contrary, the prevalence of hostile tendencies attracts attention.

In the context of what has been said, the results of studying the types of parental upbringing in the surveyed contingent, taking into account belonging to the group, are interesting. Teenagers of the second group are more likely to characterize parental upbringing in terms of positive interest, directivity, autonomy and, at the same time, prevailing inconsistency. Teenagers of the I group, the parent type of education, characterize in most cases as "hostile", which is reflected in the results of the Bassa-Darka questionnaire.

In this regard, we must take into account two factors that have a causal relationship.

On the one hand, the transferred mental traumas in the conditions of deprivational experience led to the fact that the teenagers surveyed had a psychological readiness to respond to aggression in difficult life situations due to negative reactions of projection and transfer to the people around them, which in the end allowed them to justify their aggression. According to the received data, these manifestations were more pronounced in adolescents of group II.

On the other hand, it is appropriate to mention the concept of the "life scenario", which is an unconscious life plan borrowed from the parents, creating the illusion of control over the situation and life. In this case, especially important is the statement of Stan Wollams that "the more stress, the greater the likelihood of a person entering the script." Given the high levels of response to stress with a marked prevalence of scores on the clinical manifestations of traumatic experiences, the issues of prognostic evaluation of disadaptive manifestations in pupils of socio-protective institutions are becoming topical. In this case, adolescents of the I group may be more prone to "entering the antisocial life scenario" with the prevalence of hostile forms of behavior.
Conclusion. The obtained results formed the basis for the development of practical recommendations and a differentiated program of socio-psychological training for pupils of socio-protective institutions aimed at reducing aggressive behavior and the formation of tolerant attitudes toward the world around them.

CLINICAL, SOCIAL AND PSYCHOLOGICAL CONSEQUENCES OF TRAUMATIC EXPERIENCE IN THE SOCIAL PROTECTIVE ESTABLISHMENTS

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Objective. To study the clinical and socio-psychological consequences of traumatic experiences among pupils of the socio-protective institution for the formation of a differentiated approach to the medical and psychological support of this contingent.
Methods. Semi-structured interview (PIVPSD), developed by AI Shchepina and AV Makarchuk (2004) to identify signs of post-traumatic stress in children; the improved Toronto Alexithymia Scale or TAS-20 Toronto scale for determining the quantitative assessment of alexithymia and private alexithymic manifestations; method of coping strategies of school age Nikolskaya and R.M. Granovskaya (2000); a technique for assessing nonspecific adaptive reactions of the body according to the indices of the mor-

phological composition of white blood cells (GarkaviL.Kh., Kvakina EB et al., 1996).

The adolescents of 11-18 years of age who were admitted to the social protection institution for the first time were examined. For a more accurate differentiated analysis of the markers of disadaptive manifestations, two groups are distinguished: group I - true and social orphans, group II - adolescents raised in blood families.

Results. Data from the comparative analysis of clinical and socio-psychological criteria of traumatic experiences made it possible to identify different stress response profiles in the A, B, C, D, F (DSM-IV) questionnaires of the PIDPSD questionnaire that determine the clinical picture of PTSD. A special adaptation profile in adolescents raised in families was revealed in comparison with the group of orphans. This is a repetitive picture of the presence of a negative correlation dependence: between the external type of thinking and the total score of alexithymia, between the general score of the TAS-20-R scale and nonspecific adaptive stress reactions (according to the leukocyte formula) in the adolescents of group II.

It can be assumed that the adolescents of group I have a more traumatic response for the body to nonspecific adaptive reactions of the organism when they collide with a new stressful situation (in this case, admission to a socioprotective establishment). However, the following scenarios of physiological and socio-psychological disadaptation are possible in adolescents of group II: 1) the greater the psychological trauma for a person, the higher the general level of alexithymia as a variant of psychological protection, but at the same time there are less frequent "stress" reactions on the part of nonspecific adaptation reactions of the body and vice versa; 2) the higher the overall level of alexithymia, the lower the level of expression of the external type of thinking, but the difficulties of identifying feelings are more pronounced. In other words, as the "traumatic experiences" fade, the difficulties in assessing the external situation begin to increase, and the ability to predict and solve problem situations decreases. Apparently, these circumstances can explain different styles of social functioning and different variants of coping strategies of behavior - "care" for orphans and predominantly affective-aggressive coping strategies in adolescents who are brought up in families in response to a new stressful The overall population makes the second group of teenagers more vulnerable.

The presence of stressful blood reactions, in the absence of severe psychopathological symptoms at the time of examination, can serve as a marker for a latent general syndrome of disability in conditions of chronic trauma, including pre-clinical forms of psychosomatic disorders. According to the obtained data, somatoform autonomic dysfunction F 45.31, characterized by disturbances from the upper part of the gastrointestinal tract, is significantly more frequent in adolescents of the I group.
Conclusion. It was concluded that there is a need for a differentiated approach in providing medical and psychological assistance to pupils of socio -protective institutions, taking into account belonging to the group.

ASSESSMENT OF RELATIONSHIPS IN FAMILIES OF PATIENTS SUFFERING FROM A CONTINUOUSLY PROGRESSIVE TYPE OF SCHIZOPHRENIA OVER 15 YEARS

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It became apparent that great attention should be paid to working with relatives of patients suffering from chronic mental disorders, and family therapy. Family therapy involves the simultaneous reconstruction of personal and social functioning of the patient and the persons of his family environment that act as social stressors. In all cases, should involve the family of the patient to cooperate in the treatment process (A. V. Solonenko, V. G. Kosenko, B. D. Tsygankov 2009) So Hogarty and Anderson in 1986. conducted a study which revealed that patients whose relatives attended the courses of schizophrenia, frequency of readmissions decreased from 35% to 19%. In this article, we would like to reflect the relationship between the type of interpersonal relations and the course of the disease in families of patients with schizophrenia are more In this study, the Test was used 'leary, (Diagnostics of interpersonal relations (DIR)) two groups of relatives of patients suffering from schizophrenia : the first group is relatives of patients with severe, chronic course of the disease, are in hospital for a long time (more than six months) or re-hospitalization this year (20 people); second group – relatives of patients, also suffering continu-

ously progressive form of schizophrenia, but received in a given year for the first time (20). Test is actively used for the diagnosis of relationships in small groups, for example, in family counselling. With the help of this technique revealed the predominant type of attitude towards people in self-assessment and mutual evaluation. In evaluating the results of this test revealed that in the first group is dominated by the type of relationship of relative dominance over the patient: you have 14 out of 20, or 70 %, of the subject. Whereas in the second group, the dominant type detected in 9 patients, accounting for 45%. Also need to consider the values, the type of relationships to others, the data given in the table below. If more detail consider the results of the study, we can conclude that the patients of the 1st group, the relatives often have high rates of type of relationship is authoritarian, selfish and suspicious than in patients of the 2nd group. This, of course, affects the attitude to the patient, the General family climate, comfort of stay of the patient in the environment, that is in his family. Increased emotional expressivity, emotional isolation, negative affective style of communication, overprotection are stress level factors for these patients, which causes acceleration of disease recurrence, the phenomenon of "hospitalism" - the reluctance to be discharged from hospital in a unfavorable environment by simulation pathopsychological symptoms, causes negative thoughts, often suicidal orientation. Therefore, in modern psychiatry should be considered very closely the problems of medical and rehabilitation profile and it work with the relatives of the patients. You need to create special courses in the diseases of schizophrenic spectrum on the basis of day hospitals, outpatient services with a connection to the work of psychologists and specialists in social work. You also need the use of adapted psychotherapeutic techniques, and active educational activities with a personal touch directly with each patient and his family during the stay of the patient in the hospital.

FOCAL AND DIFFUSE PSYCHO-ORGANIC SYNDROME: CLINICAL SIGNS AND PHARMACOTHERAPY

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The goal of the study was to determine the peculiarities of psychopathological picture, its dynamics and effective pharmacotherapy in patients with posttraumatic psychoorganic syndrome.
230 patients were examined: 57 with diffuse brain injuries, 173 with focal ones. The frequency and average duration of mental disorders were identified in each group. Factors affecting psychopathological symptoms were studied.
It was find that in contrast to diffuse, in focal psychoorganic syndrome it is necessary to take into account: 1) localization of brain damage: level, laterality, intrahemispheric topography; 2) individual functional asymmetry: dextrality or sinistrality of patients; 3) high probability of focal paroxysmal (epileptic) psychopathological manifestations; 4) lack of universality in approaches to assessing the severity, stage of development and reduction of psychopathological symptoms; 5) differences of predominant influence of some neurometabolic drugs on the functions dependent on different brain structures. Severe and prolonged syndromes of impaired consciousness, aspontaneity and field behavior were more frequent in diffuse brain damage group compared to focal one. Some symptoms were more often in patients with right hemisphere damage in comparison with damage of left hemisphere. Among this kind of disturbances were amnestic confusion, typical Korsakoff syndrome with confabulations, left-sided spatial agnosia, disorders of sensory thinking and memory, impairments of the sense of time and space, severe emotional and personal disorders and mental hyperesthesia. Other symptoms such as motor confusion, cognitive disordersof verbal processes, prolonged neurotic disorders were more often in patients with predominant damage of left hemisphere. Euphoria, anosognosia, neglect of one's own body, multi-modal memory impairment were more often revealed in patients with damage of the frontal lobes. Paroxysmal (including psychopathological) symptoms were found in diffuse brain lesions in 14% of patients, in focal – in 28%. Typical regression of psycho-

organic syndrome (from apathetic to asthenic variants, with sequence of emotional states in series of apathy - euphoria - dysphoria - melancholy – anxiety) was less often observed in group with focal damages as compared with diffuse ones. As a tendency there were revealed relationships between predominant brain damage localization and probability of occurrence of different variants of emotional disorders with apathy being more frequent in the cases of left frontal lobe lesions, euphoria in the cases of the right one, depression in cases of lesions located in the posterior part of the right hemisphere, and anxiety in posterior part of the left one. Cholinomimetics (Ipidacrin, Choline alphoscerat) were effective in cases with symptoms depended of brainstem structures, antiglutamatergic drugs (amantadine) and dopaminomimetics (levodopa) were successful in cases with predominant subcortical disorders. GABA-mimetics (such as Aminophenylbutiric acid and D-,L-hopantotenic acid) and polypeptides (Semax, Cortexin) were more effective in the cases with predominant deficit of the right hemisphere functions, cholinomimetics (Ipidacrin, Donepezil) and antiglutamatergic drugs (Memantine) were successful in cases with predominant left hemisphere disorders.

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EFFECTS OF CYP2D6 GENETIC POLYMORPHISMS ON THE EFFICACY AND SAFETY OF FLUVOXAMINE IN PATIENTS WITH DEPRESSIVE DISORDER AND COMORBID ALCOHOL USE DISORDER

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Background: Alcohol addiction is often comorbid with the affective disorders, in particular – with the depressive disorder, worsening the prognosis of both diseases and their outcome. Selective serotonin reuptake inhibitors (SSRIs) are a widely used type of antidepressant medication and fluvoxamine is a typical representative of this group. Fluvoxamine therapy is often ineffective and some patients suffer from dose-dependent undesir-

able side effects: vertigo, headache, indigestion, xerostomia, increased anxiety, etc., reducing the efficacy of the therapy of depressive disorder comorbid with alcohol use disorder. CYP2D6 and CYP2C19 are involved in the biotransformation of fluvoxamine. Meanwhile the genes encoding these isoenzymes have a high level of polymorphism, which may affect the protein synthesis. The presence of some polymorphic markers increases the amount of isoenzyme to be expressed or enhances its activity resulting in the accelerated biotransformation and the reduced efficacy of medication. In contrast, some polymorphisms reduce the isoenzyme activity resulting in the decreased biotransformation and elimination rates of medication. It increases the risk of dose-dependent undesirable side effects.
Objective: The primary objective of our study was to investigate the effects of CYP2D6 genetic polymorphisms on the efficacy and safety of fluvoxamine in patients with depressive disorder and comorbid alcohol use disorder, in order to develop the algorithms of optimization of fluvoxamine therapy for reducing the risk of dose-dependent undesirable side effects and pharmacoresistance.
Methods: The study involved 45 male patients (average age: 36.44±9.96 years) with depressive disorder and comorbid alcohol use disorder. A series of psychometric scales were used in the research. Genotyping of CYP2D6 (1846G>A) was performed using real-time polymerase chain reaction.
Results: According to results of U-test Mann-Whitney, statistically significant differences between the efficacy and safety of fluvoxamine were obtained on 9th and 16th days of therapy in patients with GG and GA genotypes (The Hamilton Rating Scale for Depression: 10.0 [10.0; 23.0] vs 25.0 [24.0; 16.0] (P<0.001) on 9th day and 4.0 [2.0; 5.0] vs 6.0 [6.0; 7.0] on 16th day; Udvald for KliniskeUndersogelser Side Effect Rating Scale: 6.0 [4.0; 6.0] vs 9.0 [9.0; 10.0] (P<0.001) on 9th day and 5.0 [1.0; 9.0] vs 19.0 [18.0; 22.0] on 16th day.
Conclusion: This study demonstrated the lower efficacy and safety of fluvoxamine in patients with depressive disorder and comorbid alcohol use disorders with GA genotype in CYP2D6 1846G>A polymorphic marker.

PSYCHOLOGICAL PECULIARITIES OF THE PERSONALITY OF PARASUICIDENTS

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Two groups of young people were examined. The first group includes 115 people hospitalized in the Department of Crisis Conditions and Psychosomatic Disorders of the Research Institute of Emergency Care named N.V.Sklifosovsky with self-inflicted stab-cut wounds of various localization of mild severity. The control group included 150 mentally healthy persons without suicidal manifestations.

To test the respondents, Russian versions of six psychological tests were used: "Beck Hopelessness Scale" A.T. Beck et al.; "The Psychache Scale" R.R. Holden et al.; "Reasons for Living Inventory" M.M. Linehan et al.; "Death Attitude Profile-Revised" P.Wong et al.; "Fear of Personal Death Scale" V. Florian, S. Kravetz; "Reasons for Attempting Suicide Questionaire" D. Johns, R.R. Holden (Chistopolskaya K.A., Zhuravleva T.V. et al., 2017).

In the group of people with self-harm there were 74 men and 41 women. The mean age for the group was 31.1 ± 0.1 years. Each of the patients had a history of 1 to 28 autoaggressive attempts, in the vast majority of cases they were committed impulsively and in someone's presence. Taking into account this fact and taking into account the average score on the scale "Manipulative / Extrapunitive" increased 1.3 times ($p < 0.001$) compared to the control, it can be asserted that acts of autoaggression of parasuicendents have a demonstrative-blackmailing orientation. They are more afraid of suicide and death, as evidenced by an average of 1.2 times ($p < 0.001$) average scores on the scales "Fear of Suicide", "Fear of Death" and "Death Avoidance". Parasuicidents are more sensitive than others in the control group, they have higher moral and moral restrictions on committing suicide, which can be judged by an average of 1.5 times ($p < 0.001$) average scores on the scales "Fear of Social Disapproval" and "Moral Objections".

Thus, autodestructive actions of persons deliberately causing physical harm to their health are demonstratively blackmailed and represent a positional form of protest reactions. The risk of repeated acts of autoaggression in them is determined by the personal significance of the microsocial conflict and is limited by the fear of death and the moral prohibitions on suicide.

AUGMENTATION IMPLEMENTATION BY IMMUNOTROPIC MEDICATION IN COMPLEX TREATMENT OF ASTHENIC SYNDROME IN PATIENTS WITH SCHIZOPHRENIA

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Our preliminary results related to immune involvement in development of asthenic syndrome in schizophrenia suggest novel therapeutic avenues based on immunotropic augmentation.
The purpose of the study: to assess the dynamics of clinical and inflammatory parameters in schizophrenia patients with asthenic symptom complex in immunotropic medication Bestim for augmentation of psychotrophic therapy.
Materials and methods. 59 male patients aged 20 -55 with shift-like schizophrenia (F20) in remission with asthenic symptom complex were examined. During clinical examination, psychometric scales of PANSS and MFI-20 were used. In patients' blood serum the enzyme activity of the leukocyte elastase (LE) reflecting degranulation activity of neutrophils (effector immune system cells) and functional activity of acute-phase protein a1-proteinase inhibitor (a1-PI) reflecting activity of a mediator immune system cells were defined.
All patients were on traditional antipsychotic therapy according to clinical indications. 2/3 of patients (blind randomization) received in addition intramuscular injections of the immunotropic medicine Bestim (Russia, Sankt-Peterburg) 100 mkg once a day daily, treatment course - 5 days. As placebo 1/3 of patients received injections of physiological solution.
Results. All patients were divided in two groups according to immunological and clinical indicators: 1- affective-asthenic patients and 2 - negative-

asthenic ones. Negative-asthenic patients were characterized by low LE activity compare to affective -asthenic patients ($p<0.001$). High a1-PI activity was found in both groups patients ($p<0.001$).
Immunotropic augmentation with Bestim facilitated to reduce asthenic syndrom in both groups of patients compare to placebo ($p<0.05$), but the most significant effect was observed in negative-asthenic patients ($p<0.03$). The reduction of asthenia in this patients was associated with significant increase in degranulation activity of neutrophils (LE activity in plasma), ($p<0.001$).
Conclusion: The obtained data allow to propose that low LE activity in plasma of patients with asthenic syndrome in schizophrenia may be a predictor of efficiency of immunotropic medication Bestim for augmentation of psychotropic therapy.

THE WAYS AND METHODS OF MAINTAINING SPIRITUAL AND MORAL VALUES AMONG YOUNG PEOPLE AS THE MAIN ANTISUICIDAL FACTOR

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Suicide is one of the current problems of modern society and especially among young people. The problem of suicidal behavior is not limited only to psychiatric science, but affecting the sphere of education, law and order, social and spiritual life. The main thing to preventsuicide is the strengthening of the life position in the mind of a teenager, that is directly connected with the formation of spiritual values. Plans for interdepartmental cooperation were drawn up and implemented. In 2015-2017 in the municipality of Novorossiysk to implement effective prevention of suicide among teenagers. Plans of cooperation were agreed between the health and education services, the Ministry of Internal Affairs, the media and the Novorossiysk diocese. As a part of this program, the psychiatric service conducts joint suicide prevention activities and actively interacts with the Novorossiysk diocese in several ways. 1) Giving lectures on the territory of the temple, for all comers (about the risks of crisis and suicidal behavior,

the prevention of mental disorders, the problems of upbringing children, conflictology.

2. Participation in the events "Lesson of legal knowledge", where law enforcement officers, education, social service employees provide information on the prevention of crime and alternative leisure activities, employees of the psychiatric service inform about the availability of psychiatric care, about the service "helpline", andthe clergy representatives tell about the spiritual foundations of life.

3. Project "Spiritual and moral problems of modern society». These are conferences in whichyoung people take part aimed at addressing current spiritual and moral problems of society (different specialists talk about problems of passions, dependent behavior).

4. Psychiatrist annually takes part in the Spiritual-educational Sergeyev readings–giving lectures for clergy on symptoms of mental disorders and their prevention.

5. Counseling parishioners (in accordance with the Law of the Russian Federation "On psychiatric care to the citizens and their rights of its provision") and guiding psychoneurological dispensary patients to the temple in order to heal their souls. 6. Employees of the psycho-neurological dispensary conduct "round tables", trainings for teenagers and their parents to strengthen antisocial factors, to search for resources at overcomingdifficult life situations. As a result of the work the ways and methods to maintain spiritual and moral values among young people as the main antisuicidal factor, the possibility of wide coverage and involvement of specialists from neighboring services in the suicide prevention system were found, ways of interaction between psychiatry service and the Russian Orthodox Church were shown.

LINICALLY-INTEGRATIVE APPROACH IN PSYCHO-SOCIAL REHABILITATION OF MENTAL ILLNESS PATIENTS WITH COMORBID PATHOLOGY

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Relevance: The problem of comorbidity in psychiatry is especially relevant in cases of schizophrenia and addiction conjunction. Since treatment guidelines are focused on an isolated disease and have usage limitations for these type of patientsthen the acute problem of lacking of the special approaches, which take into account the mutual influences of coexisting (comorbid) disorders, arises.The observed "rejuvenation", growth, severe course and the situation in which these patients are practically deprived of narcological care and receive only formal psychiatric assistance (Ross S., Peselow E., 2012; A. Sofronov, 2013;D. Alekseeva, N. Bakuleva, 2017.), require theimmediate action towards new aid strategies development.
Aim: To improve the quality of therapy and rehabilitation of psychiatric "mixed" patients by introducing and evaluating the effectiveness of a specially developed Clinically-Integrative Model of Psychosocial Rehabilitation (C-I-PSR) based on the Principles of Clinicism, Interdisciplinary Interaction and the Bio-Psycho-Socio-Spiritual Paradigm.
Materials and methods: 120 patients with aschizophreniawith comorbid addiction syndrome diagnosis, roughly equal to the sex distribution at the age of 21 to 59 years old, mostly disabled people of the second group with repeated hospitalizations, were observed. They participatedin the C-I-PSR Program for two years. The Program included Psychoeducation, Clinical Psychotherapy, TMCSE by M. Burno, clinically refracted Transactional Analysis and individual psychological support. The used methods were not chosen casually, but taking into account their effectiveness and approval by specialists. A narcologist was involved and there was made the application for the allocation of this rate in the staff list of the hospital. In parallel a group psychotherapy for relatives and the Balint groups for the hospital stuff were provided.
Results. The organized stable functioning model contributed to better adaptation of patients after discharge, prolonged remission, retention in the framework of behavioral norms, sobriety and treatment programs. Working with relatives and staff strengthened the supportive environment and the human resource for interacting with such complex patients. More than

65% of the observed people have improved their lifestyle, family relationship and compliance. Only 10 of them (8.9%) were re-hospitalized. In the group of patients included in the program (n = 19), the average hospitalization rate fell from 1.2 to 0.5 per year.
Conclusions: Comorbid pathology creates a new clinical situation, which requires taking into account the mutual influence of mental disorders. The narcologist should be included into a clinical work with the comorbid addiction syndrome, since the result is determined by the level of professional qualification and the multipurpose nature of the treatment. The C-I-PSRensures the resocialization of patients, minimizes the "revolving door system", improves the treatment quality.

THE CLINICAL CHARACTERISTIC OF ACUTE BRIEF PSYCHOTIC DISORDERS WITH SYMPTOMS OF SCHIZOPHRENIA

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Introduction: acute brief psychoses often appear as manifestation of schizophrenia. Acute and transient psychotic disorders are combined into the ICD-10 category of the same name (F23) regardless of their nosological affiliation by reason of acute onset of psychosis (within 2 weeks) and it's short term (less than 1 month for ones with symptoms of schizophrenia). The importance of early recognition of schizophrenic aetiology of acute brief psychoses is determined by the need for adequate therapy.
Objective: to study the clinical-psychopathological and clinical-dynamic characteristics of acute brief psychotic disorders with symptoms of schizophrenia.
Materials and methods: 18 psychiatric inpatients (9 men, 9 women) aged 20 – 46 years (mean age 30,6 ± 9,6 years) diagnosed with «Acute polymorphic psychotic disorder with symptoms of schizophrenia» (F23.1 in ICD-10) were examined. Clinical-psychopathological, clinical-dynamic, statistical methods were used.
Results: among the examined group the mean age was lower in men (26,0 ± 5,6 years) than in women (35,3 ± 10,6 years). The duration of psychotic symptomatology ranged from 13 to 83 days (within 30 days in 66,7% of

patients); the mean duration of psychosis was 31,6 ± 18,8 days. 27,8% of patients developed psychotic disorder within 48 hours. Manifestation of psychosis was preceded by symptomatology of neurotic and/or affective registers lasted from a few days to six months in 72,2% of cases. Social, occupational and/or family impairment prior to psychosis was registered in 44,4% of cases.

The clinical picture of psychosis was presented by hallucinatory-paranoid (61,1%), paranoid (33,3%), catatonic (5,6%) syndromes. Perceptual deceptions were detected in 77,8% of patients and were presented by verbal (55,6%) and visual (5,6%) pseudohallucinations, as well as true auditory (22,2%) and visual (11,1%) hallucinations. The pseudohallucinations had an imperative character in 22,2% of the examined subjects and led to autoaggressive actions in 5,6% of cases. Delusions of persecution (61,1%), influence (38,9%), self-deprecation (11,1%), grandeur (11,1%) were detected in 83,3% of the examined subjects. Catatonic symptoms (substupor, negativism, echolalia, passive compliance) were registered in 16,7% of cases. Negative symptoms, such as isolation, emotional inexpressiveness, lack of initiative, expressed in varying degrees, were revealed in all examined subjects after reduction of psychosis. Disturbances of thinking presented by the elements of derailment, multilevel thinking, actualization of latent attributes of meanings were detected in 61,1% of patients.

Conclusions: presence of negative symptomatology after reduction of psychosis allows to relate these conditions to schizophrenia spectrum disorders. Psychotic symptomatology persisted for more than 1 month in 33,3% of cases.

PROBLEM OF AFFECTIVE PATHOLOGY IN SERVICE OF MEDICO-SOCIAL EXAMINATION ON THE EXAMPLE OF ACTIVITY OF PSYCHIATRIC EXPERT STRUCTUREOF FEDERAL STATE INSTITUTION "MAIN BUREAU OF MEDICO-SOCIAL EXAMINATIONIN ROSTOV REGION" OF THE MINISTRY OF LABOUR AND SOCIAL DEVELOPMENT RUSSIAN FEDERATION

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Due to the accurate orientation of a course of the Russian medicine to foreign standards, the service of medico-social examination and its legislative base have also not stood aside. The work with the international classification of functioning, restrictions of activity and health (ICF) has allowed "to update" the legislative base which resulted in the Order of the Ministry of Labour and social development of the Russian Federation No. 1024n from 12/17/2015 "About the classifications and criteria used at implementation of medico-social examination of citizens by federal state institutions of medico-social examination".

All affective pathology is presented in this Order by the code of F30 – F39 with the short characteristic of quantitative assessment of severity of affective disorders (maniacal, depressive, mixed) of a human body which is based on the analysis of structure and expressiveness of symptomatology, intensity of her manifestations; frequency and duration of episodes; efficiency of pharmacotherapy; completeness of firmness and duration of remissions; type, character, firmness and degree of expressiveness of violations of mental functions; properties of the personality and reaction of the personality to a disease; critics to the state and surrounding reality; clinical and social compensation of disease state; level of social adaptation in the main spheres of life (production, family, household, social and environmental).

Despite multiple publications about augmentation of quantity of effective pathology, we decided to track its quantity from the moment of "updating" of the legislation. Work was carried out by selection in diagnosis parameters in cipher of F30-F39 of people from the uniform U UU information and analytical systems (UUUIAS).

During the period from adoption of the Order No. 1024n till December, 2017 in expert structure only 22 persons that has made 1,01% of total surveyed people (18 people – 2016, 6 people – 2017) have been examined for the purpose of carrying out special (particularly complex) types of inspection and for the purpose of control) from which 19 people belonged to the category repeatedly surveyed citizens and only 3 – for the first time presented on MSE. Extent of permanent disorders of mental functions of an organism was following: insignificant (10%-30%) - 1 citizen, moderated (40%-60%) disability – 7 citizens, expressed (70%-80%) – 14 citizens.

Despite a statement that affective pathology is most extended from all types of mental disorders and by 2020 for the reasons of disability will take the 2nd place after cardiovascular diseases, disability status is stated infrequently since type, character, firmness and degree of expressiveness of this group of diseases seldom conform to requirements of the legislative base. However you shouldn't lay hopes for decrease in this type of pathology as very often at the citizens, presented for the solution of a question of disability, affective pathology is described in associated diseases or complications of the main disease (organic frustration of the personality, schizo-affective disorder, etc.).

Having summed up the aforesaid, it is possible to consider with confidence that affective pathology in activity of service of medico-social examination takes the insignificant place and it is caused generally by a pharmacoresistent factor.

POSTERI

POZNATIJA MARIJANSKA SVETIŠTA U HRVATSKOJ: ČAŠĆENJA GLAVNIH SLIKA / IKONA I KIPOVA

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Pozadina: Djevici Mariji se hrvatski narod utječe od davnina - Njoj u čast i slavu posvećeno je 1162 vjerska objekta i 8 katedrala.
ilj: vidjeti čašćenja glavnih slika / ikona odnosno kipova u poznatijim marijanskim svetištima u Hrvatskoj.
Objekti i metode: registracija poznatijih marijanskih svetišta u Hrvatskoj i analiza u njima najčešćih mjesta čašćenja.
Rezultati: registrira se 17 poznatijih marijanskih svetišta u Hrvatskoj; slike se uglavnom najčešće časte u 59 % poznatijih marijanskih svetišta u Hrvatskoj (najčešće u Dalmaciji -5 i u Slavoniji - 3 tj. 47 % od svih glavnih čašćenja) za razliku od kipova koji se uglavnom najčešće časte u 41 % poznatijih marijanskih svetišta u Hrvatskoj (nešto češće u Dalmaciji i u Hrvatskom zagorju - po 2 tj. 24 % od svih glavnih čašćenja).
Rasprava / Umjesto zaključka: predmnijevati je da se hrvatski vjernički puk rado utječe pomoći i zaštiti Majke Božje i to nešto više moleći se pred njezinim slikama / ikonama nego pred kipovima Njoj posvećenim u poznatijim marijanskim svetištima u Hrvatskoj.

SOME OF WELL KNOWN MARIAN SANCTUARIES IN CROATIA: THE HONORING OF THE PRINCIPAL PICTURES/ICONS AND STATUES

Pavlović Eduard

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Background: Croatian people are devoted to Virgin Mary since olden times -there are 1162 religious objects/buildings and 8 cathedrals dedicated to honoured Holy Mary.
The aim is to see how the principal pictures/icons and statues were honoured.
Objects and Methods: Registration of Famous Marian Shrines in Croatia and analysis of the most common places of honouring.

Results: There are 17 popular Marian shrines in Croatia that are observed. The pictures/icons are mostly honoured in 59% of the popular Marian shrines in Croatia (mostly in Dalmatia -5 and in Slavonia - 3, it is about 47% of all major places of honouring) as opposed to the statues which are mostly honoured in 41% of the popular Marian shrines in Croatia (somewhat more often in Dalmatia and in Zagorje - by 2, or 24% of all major places).
Discussion / Instead of a conclusion: It is to be expected that Croatian believers are committed to the Mother of God yearning for help and protection by praying more in front of her icons than in front of her statues.

USE OF ADJUVANT DOSES OF OLANZAPINE IN ANXIETY CALMING IN SOME NEUROTIC DISEASES (OBSESSIVE, CONVERSIVE, AND SOMATOFORM DISORDERS)

Mitic Zora, Spasovska Trajanovska Aneta
PHI „Dr Zora Mitic"

According to certain studies, olanzapine as an atypical antipsychotic from the second generation, in addition to reducing the positive and negative symptoms of schizophrenia as well as the manic episodes in bipolar disorders, used in adjuvant doses, gives positive results in the treatment of anxiety in certain neurotic diseases.
The aim of this paper is to accurately reflect the efficacy of olanzapine in alleviating, i.e. overcoming anxiety symptomatology in some neurotic disorders (obsessive, conversive and somatoform).
Materials and methods: The study was of a prospective type, i.e. it was done for a period of 1 month in the PHI "Dr. Zora Mitic". The study involved 30 patients (13 men and 17 women) with Dg: F42, F44, and F45. Patients were at the average age of 30 ± 3.7 years. They did not suffer from another illness. During treatment, they were placed on medium and large dose antidepressant therapy. The dose of olanzapine administered was at a mean dose of 6.8 mg daily. The efficacy of olanzapine was evaluated using the Hamilton scale to determine the degree of anxiety, prior to the onset of olanzapine administration, after two weeks of treatment and after a month of treatment. Descriptive methods and t-test for testing the significance of differences were used in the prospective study on the statistical processing of the obtained data.

Results: The results obtained from the study indicated that after two weeks of treatment, the anxiety was reduced in patients with no statistically significance p = 0.34, and after a month of treatment, the reduction of the anxiety symptoms was statistically significant p = 0.003.
Conclusion: With the use of olanzapine in adjuvant doses, for a short period of time, these patients did not require anxiolytic and sedative therapy anymore. In those patients, due to a reduction in anxiety score after initiation into olanzapine, benzodiazepines that were previously given in high doses, after the reduction of anxiety, were given in small doses, only incidentally, or not given at all.

ANXIETY AND ACUTE MYOCARDIAL INFARCTION IN PEOPLE WITH STRESS WORK

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Using data from the Epidemiological Catchment Area study, found that a history of anxiety disorders increased the risk of acute myocardial infarction (AMI), so they also found a graded relationship between anxiety (stress work)s and the risk of AMI.
The AIM of this study was to determinate the risk of AMI in people with stress work.
Materials and methods: the patients of this cross section study were examined in the University Clinic Skopje. We evaluated prevalence of anxiety disorders during hospitalization for Acute Myocardial Infarction in 80 patients (60 men and 20 women). Acute myocardial infarction was diagnosed according to the European Society of cardiology consensus guidelines. Criteria for AMI included specific clinical symptoms according to case history information (typical pains), changes in blood levels of cardiac enzymes and specified ECG changes. Anxiety symptoms were measured by Zung scale for self measuring anxiety (SAS). We excluded participants with cancer, asthma, diabetes mellitus, other endocrine disorders and autoimmune diseases. The results of this study were determined by descriptive methods and Pearson coefficient of linear correlation.
Results: Between score of Zung scale for self measuring anxiety and diagnosed AMI we got statistical significances correlation (r=-0,42; p=,003).The

results also show that in 80 patients with AMI in higher percentage (85%) nave higher score of SAS (anxiety) and also they have stress work only in 25% patients have small score of SCA and they don't have stress work.
Conclusion: Our findings indicate that self-reported core psychological symptoms of anxiety and also stress work are moderately associated with AMI risk. So, early diagnosis of anxiety disorders in AMI is so import there is clear advantages for those patients who are discharged from the hospital mast go to a rehabilitation facility. In this facility with nurses, physical therapist, and social workers have time for diagnoses and treated anxiety in AMI patients.

CONTINUOUS TREATMENT OF PSYCHIATRIC PATIENT WITH DEPRESSION-SUCCESS FOR LONGER REMISSION

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Objective: To show that the lengthy and time taking the therapy in psychiatric patient in geriatrics conditions leads to a long phase of remission. Show case: patient building due to lethargy, indifference to the environment and themselves refusing to take food and disturbed sleep. This patient came in our hospital because of worsened psychiatric condition: lethargy, depressions ideas, suspicions, hearing voices, insomnia, neglect of personal hygiene.
Many years on many occasions treated in hospital with mental stages and remission and actuals, especially living alone and no one to take account and whether receiving regular therapy.
Methods: pharmacotherapy, surveillance, calls behavioral cognitive therapy, family therapy and social clubs.
The patient was treated primary by a multidisciplinary team of psychiatrist, psychologist, social worker and specialist of internal medicine.
During the ten years under the influence of antidepressants and therapy neuroleptics, the patient does not appear on the new attack of the depression disorder. Under the regular supervision of a team of nurses and doctors who closely observed every psychological change and regular treatment of therapy, the patient was ten years of proper psychological plan.

Purpose: With frequent calls by the psychologist and participation in therapeutic sessions of social worker, family, active participation of its part of the department with helping low-skilled staff, affective are well kept. Physical health was monitored by team of specialists of internal medicine and in our institution spent more than ten years.

OPRAŠTANJE SEBI U TRETMANU POREMEĆAJA UZIMANJA ALKOHOLA

Babić Nikola, Šendula-Jengić Vesna
Psihijatrijska bolnica Rab

Opraštanje sebi definira se kao strategija koja uključuje pomak ka pozitivnijem samopoimanju osobe kako bi se razriješio emocionalni stres (npr. u vidu krivnje, srama, ljutnje, žaljenja i razočaranja) koji dolazi iz percipiranog nesklada između vrijednosti do kojih osoba drži i njezinog ponašanja. Proces iskrenog opraštanja sebi uključuje suočavanje usmjereno na emocije (npr. regulacija osjećaja srama), kao i suočavanje usmjereno na problem u vidu promjene ponašanja koje je dovelo do nesklada s vrijednostima osobe.
Sram je specifični emocionalni odgovor koji se često javlja kod osoba koje zloupotrebljavaju alkohol vezano za štetna ponašanja počinjena pod utjecajem sredstava ovisnosti ili zloupotrebe same po sebi te se generalno fokusira na samu osobu (npr. „Ja sam loša osoba“). Osjećaj srama posebno je štetan za samopoštovanje osobe, dovode do povećane razine negativnog afekta i alkoholne žudnje te može povećati sklonost osobe da konzumira sredstva ovisnosti u pokušaju suočavanja s tim osjećajem.
U Psihijatrijskoj bolnici Rab provedeno je istraživanje (N=60) na uzorku pacijenata na liječenju od poremećaja uzimanja alkohola kako bismo ispitali povezanost crte opraštanja sebi s razinom osjećaja srama, ruminacijama o pijenju alkohola, negativnim afektom i alkoholnom žudnjom tijekom tretmana. Također, ispitali smo razlike u negativnom afektu i alkoholnoj žudnji između grupa pacijenata podijeljenih po stupnju opraštanja sebi. Ovom poster prezentacijom izvještavamo o rezultatima našeg istraživanja.
Cilj nam je istaknuti važnost opraštanja sebi u tretmanu poremećaja uzimanja alkohola i terapijskih postupaka koji podržavaju ovaj proces radi poboljšavanja ishoda liječenja.

SELF-FORGIVENESS IN ALCOHOL USE DISORDER TREATMENT

Babić Nikola, Šendula-Jengić Vesna
Psychiatric hospital Rab

Self-forgiveness is a strategy which leads to positive self esteem and resolves emotional distress (egg. feelings of guilt, shame, anger, regret and disappointment) caused by perceived discrepancy between ones values and behavior. Process of genuine self-forgiveness involves emotional coping (egg. regulation of shame) and problem coping – behavioral change.
Shame is a specific emotional response often found in alcohol abusing individuals related to harmful behaviors during influence of alcohol or alcohol abuse itself and it generally focuses on the self (egg. „I am a bad person"). It is deleterious for someone's self-respect, leads to negative affect and alcohol craving and it can enhance proneness to use alcohol as an emotional coping strategy.
In Psychiatric hospital Rab we conducted a research (N=60) to investigate relationship between self-forgiveness trait and feeling of shame, rumination about alcohol use, negative affect and alcohol craving. Also, we investigated differences in negative affect and alcohol craving between groups of inpatients divided by level of self-forgiveness. Our poster presentation reports our results.
Our goal is to emphasize the importance of self-forgiveness in AUD treatment and therapeutic techniques which support this process as a mean of treatment outcomes improvement.

DUHOVNOST KAO RESURS U OČUVANJU MENTALNOG ZDRAVLJA

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Uvodnom dijelu rada kroz teorijski koncept želi se istači kako za pojedince i obitelji koji intenzivno žive svoju duhovnost kroz duhovne prakse te aktivnim sudjelovanjem u životu svojih vjerskih zajednica, dolazi do promijene percepcije stresnih okolnosti što utječe na razvoj sposobnosti za nošenje sa stresom, čime se smanjuje potencijalni štetni utjecaj stresa na mentalno i fizičko zdravlje pojedinca kao i na funkcioniranje obitelji i šire zajednice. Stoga je cilj ovog rada dobiti detaljniji uvid u to kako duhovnost i duhovna iskustva kod osoba u karizmatskim zajednicama smanjuju potencijalni štetni utjecaj stresa na zdravlje pojedinca i obitelji te na taj način potiču održavanje mentalnog zdravlja. Rad se temelji na kvalitativnom istraživanju- metodom polustrukturiranog intervjua. U istraživanju je sudjelovalo 12 pripadnika karizmatskih zajednica „Dobri Pastir i Maranatha". Pri odabiru sudionika istraživanja koristilo se namjerno uzorkovanje. Veličina uzorka definirana je prema principu postizanja teorijskog zasićenja. Sadržaji intervjua su transkriptirani i obrađeni postupkom kvalitativne analize. Analizom iskustava sudionika istraživanja rezultati pokazuju kako duhovnost
predstavlja resurs osnaživanja i izvor snage za promjene ali i izvor mentalnog zdravlja. Prema iskustvima sudionika istraživanja duhovnost je vrlo važan resurs u sprečavanju depresije, emocionalnih strahova te u očuvanju i održavanju mentalnog zdravlja. Osobni subjektivni vjerski identitet je povezan s očuvanjem zdravlja i s blagostanjem. Pozitivne emocije koje proizlaze iz subjektivnog duhovnog iskustva mogu pomoći u prevladavanju svakodnevnih stresnih situacija i mogu utjecati na fiziološko funkcioniranje tijela. Zaključno se želi naglasiti kako subjektivna religioznost predstavlja izvor za mentalno zdravlje. Bez obzira je li Bog kao duhovna dimenzija objektivno stvarna ili ne, bez obzira na vjersku pripadnost, pohađanje vjerske zajednice i održavanje rituala, samo razmišljanje o Bogu i povjerenje u Boga, mogu imati korisnost za zdravlje i dobrobit (Hodge, 2008.). Stoga za ispitanike, duhovnost ima važnu ulogu, jer može proizvesti vjeru i nadu odnosno pozitivna očekivanja koja predstavljaju potencijalni zaštitni faktor od fizičkih i emocionalnih bolesti. Iako su vjera i nada subjektivne naravi, očito su dovoljne da uzrokuju iskorjenjivanje simptoma bolesti i patogenih procesa (Levin, 2001.). Iz dosada navedenog se može iščitati da je prema

iskustvima sudionika istraživanja duhovnost vrlo važna za sprečavanje depresije, emocionalnih strahova i održavanje mentalne i opće dobrobiti.

SPIRITUALITY AS EMPOWERMENT RESOURCE IN MENTAL HEALTH

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The introductory part of the work through the theoretical concept seeks to emphasize that for individuals and families who intensely live their spirituality through spiritual practice and active participation in the life of their religious communities, changes in the perception of stressful circumstances affect the development of stress-carrying capacity, thereby reducing the potential adverse impact of stress on the mental and physical health of the individual as well as the functioning of the family and the wider community. Therefore, the aim of this paper is to gain a more detailed insight into how spirituality and spiritual experiences in charismatic communities reduce the potential adverse impact of stress on the health of an individual and family and thereby promote the maintenance of mental health. The work is based on qualitative research - a semi-structured interview method. The study included 12 members of charismatic communities "Good Shepherd and Maranatha". Intentional sampling was used in the selection of the research participants. The sample size is defined according to the principle of achieving theoretical saturation. The contents of the interviews were transcribed and processed by the qualitative analysis process. By analysing the experiences of the research participants, the results show that spirituality is a source of empowerment and a source of strength for change, but also the source of mental health. According to experience of research participants, spirituality is a very important resource in preventing depression, emotional fears, and preserving and maintaining mental health. Personal subjective religious identity is associated with the preservation of health and well-being. Positive emotions that arise from subjective spiritual experience can help overcome everyday stress situations and may affect the physiological functioning of the body. Concluding, he wants to emphasize that subjective religiosity is a source of mental health. Whether God as a spiritual dimension is objectively real or not, regardless of religious affiliation, attendance of a reli-

gious community, and the maintenance of rituals, just thinking about God and trusting in God, can have a beneficial effect on health and well-being (Hodge, 2008). Therefore, for the respondents, spirituality has an important role as it can produce faith and hope, or positive expectations, which represent a potential protective factor from physical and emotional illness. Although faith and hope are of subjective nature, they are obviously sufficient to cause the eradication of disease symptoms and pathogenic processes (Levin, 2001). From the aforementioned point of view, it can be seen that, according to experience of research participants, spirituality is very important for preventing depression, emotional fears and maintaining mental and general well-being.

NEKI ASPEKTI ODNOSA DUHOVNOSTI I PSIHIJATRIJE

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U radu autori raščlanjuju, raspravljaju i komentiraju o duhovnoj medicini, koja se odnosi na dušu ili duh; tiče se religijskih ili svetih stvari u referentnom okviru psihijatrije i medicine općenito. Duhovnost znači također imati odnos baziran na simpatiji ili mislima, osjećaju.

SOME ASPECTS REGARDING SPIRIT AND PSYCHYATRY

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In this paper the authors analyse, discuss and comment spiritual medicine which is relating to or concern with the soul or spirit - relating to religious or sacred matters in the referral frame of psychiatry and general medicine. Spiritual means also having a relationship based on sympathy or thought, or feeling.

PRIMJER DOBRE KLINIČKE PRAKSE KOD LIJEČENJA (PSEUDO) REZISTENTNOG BIPOLARNOG POREMEĆAJA

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Posljednjih godina, kod liječenja bipolarnog poremećaja međunarodno su prihvaćene s dokazima poduprte jasne smjernice, kod kojih su precizni algoritmi za medikamentoznu terapiju i druge biološke metode u prvom planu. Za ostale metode liječenja, koje se pretežno tretiraju kao paralelna terapeutska podrška (psihoedukacija, liječenje komorbidne ovisnosti ili somatske bolesti, specifične psihološke intervencije itd.), smjernice su labavije. Na nekim područjima, npr. upotrebi psihoterapije kod popratnih poremećaja ličnosti ili kod druge patologije, nema jasnih smjernica, jer se takve intervencije ne provode konsistentno, dovoljno često, a nije provedeno ni dovoljno relevantnih istraživanja. Tek u poslijednje vrijeme izvodi se više istraživanja na tom području.

Putem postera prikazan je primjer bolničkog liječenja 53-godišnjeg pacijenta s dugotrajnom, na standardnu terapiju nereaktivnom dubokom depresivnom epizodom u sklopu bipolarnog poremećaja II, komorbidne sekundarne ovisnosti od alkohola i oslabljenih kognitivnih funkcija. S obzirom na višestruke hospitalizacije s intenzivnom psihoedukacijom, uspostavljenim dobrim terapeutskim kontaktom, dugogodišnje, dosta redovito ambulantno liječenje, uspješno liječenje ovisnosti po programu i apstinenciju od alkohola već nekoliko godina, mnogobrojne promjene raspoloženja pacijenta i dugotrajne depresivne epizode mogle bi se opredijeliti kao rezistentni bipolarni poremećaj. Dublja eksploracija ponavljajućih se obrazaca ponašanja i dinamike u pacijentovoj obitelji, uvođenje sistemskog pogleda na probleme pacijenta i dekonstrukcija terapeutskog pristupa otkrila je sasvim drugačiju sliku. Primjer iz kliničke prakse prikazuje uspješnu integraciju više istovremenih terapeutskih pristupa.

AN EXAMPLE OF GOOD CLINICAL PRACTICE IN THE TREATMENT OF (PSEUDO) RESISTANT BIPOLAR DISORDER

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In recent years, the treatment of bipolar disorder consists of internationally accepted and acknowledged therapeutic methods with evidence based clear guidelines, where precise algorithms for the use of drug therapy and other biological methods are in the forefront. For other treatment methods, which are predominantly seen as concomitant treatment support (psychoeducation, treatment of co-morbid substance abuse or somatic illness, specific psychological interventions, etc.), the guidelines are more loose. In some areas, for example, the use of psychotherapy in bipolar patients with comorbid personality disorders, or other pathology, clear guidelines have not been established yet, since such interventions are not carried out consistently enough. Only lately more and more relevant research in this field is being carried out.
Objective of the poster is to show an example of hospital treatment of a 53-year-old male patient with the bipolar disorder II, currently major depressive episode, with comorbid secondary alcohol dependence and a cognitive decline, who was unresponsive to long-term standard therapy. Due to multiple previous hospitalizations with intensive psychoeducation, establishment of good therapeutic contact, long-term regular outpatient management, previous successful treatment of dependence and alcohol abstinence for several years, the patient's many mood swings and long-lasting depressive episodes could have been defined as resistant bipolar disorder. With a deeper exploration of the repetitive patterns of behavior and family dynamics, the introduction of a systemic view of the patient's problems and the deconstruction of the therapeutic approach, a completely different picture was revealed to us. The case demonstrates the successful integration of several simultaneous therapeutic approaches.

MEDICAL TREATMENT OF ALCOHOL DEPENDENCE IN PATIENTS WITH CO-MORBID ANXIETY- DEPRESSIVE DISORDER

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Background: Alcohol dependence comorbid with anxiety-depressive disorder poses a major challenge in the clinical settings. Clinical studies show that certain number of people with alcoholism who are recently abstinent characteristically report increased feelings of anxiety and panic intertwined with depressive symptoms. Although the quality and severity of the presented symptoms do not satisfy the criteria of anxiety and depression, respectively, pharmacological treatment of this specific entity require comprehensive clinical assessment and thoughtful planning.
Methods: In the period 2015-2017 in specialized department for treating alcohol abuse and dependence in Menthal Hospital "Skopje"-Skopje 609 patients were hospitalized. 61 patients were abstinents and at the same time were with mixed anxiety and depressive symptoms. We analised the personal files of medical treatment in the hospital, individual pharmacological therapy list and prescribed therapy in the discharge summary. The included criteria were patients with the co-morbid state of alcohol dependence and anxiety-depressive disorder, while the excluded criteria were previously dual diagnosed conditions, alcoholism with personality or psychotic disorder.
Results: Medication-based treatments included an assortment of agents from several classes of medication, including benzodiazepines, selective serotonin reuptake inhibitors [SSRIs], the serotonin dopamine antagonist-[SDA] agent Olanzapine and Sulpirid, atypical antipsychotic drug of the benzamide class used in low dosage to treat anxiety and mild depression. Beside prescribed benzodiazepines, the most used drugs in reducing anxiety-depressive symptoms were SSRI- agents 54,09 %, followed by SDA 42,62 %. Escitalopram was prescribed in 17 cases or 27,86 %, mostly in the dosage of 10 mg. The second agent prescribed for such conditions was Sertraline, in 16 cases or 26,22 % while dose ranges varied from 50 mg mostly at 68,75 %, 25% of them took 100 mg, and the least prescribed dose was 150 mg (6,25%). The next mostly used medications were SDA agents, on the first place Sulpirid in 14 cases of 61 or in 22,95 % mostly in the dosage of 50 mg twice a day. The second SDA agent was

Olanzapine prescribed in 12 cases of 61, or 19.67 % and in all cases in the anxiolytic dosage of 5 mg.
Conclusions: Our analyse indicate that both SSRI and SDA agents in certain doses are medications for the treatment of alcohol dependence comorbid with anxiety-depressive symptoms. Escitalopram was the most prescribed SSRI, and on the second place Sertraline. On the third place was SDA agent-sulpiride succeeded with olanzapine, both in anxiolytic doses.

DUHOVNOST I HAGIOMEDICINA NA DVA KOTILEDONA

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Vjerska je medicina bazirana i na spiritualnosti, tj. sugestivnosti. Kod ateista ona nema efekta, niti se nevjernici njoj obraćaju.
Hagiomedicina je grana nekonvencionalne, neoficijelne, komplementarne paramedicine. Njom se bave alternativci-svećenici u okrilju Crkve i drugih religija, te se ona propagira i implementira. Učinkovita je kod disocijativnog poremećaja(konverzivne neuroze) ufanatiziranih vjernika opterećenih grijehom, koji doživljavaju katarzu – ispunjenje kao emocionalno snažno pročišćenje. Tako se riješava histerična pareza, amauroza, grafospazam, i slične bolljetice. Bez duhovnosti nema hagiomedicine. Sugestija je glavni instrument i argument gotovo svih oblika alternativne medicine. Herbo (fito) – terapija sama za sebe ima tek blage efekte. Hagiomedicina barata spiritualnošću, ali se ne može riješiti svojih magijsko-mističnih korijena, mistifikacije, indokrinacije i instrumentalizacije.
U radu autori opisuje, određuju,komentiraju mjesto i ulogu duhovnosti u hagiomedicini bez koje ona niti ne može opstojati.
Pretekstualni, kontekstualni, intertekstualni i metatekstualni značaj duhovnosti u hagiomedicini je neizostavan. Spiritualnost se tek periferno negdje dodiruje sa znanošću, i to u domeni humanističke psihologije kao njene nadogradnje i sociologije koja ju ne može zaobići kao postejeći i društveni fenomen. Tek je pokušaj znanosti da pronikne u duhovnost i hagiomedicinu, ali se duhovnost prepušta filozofiji, teologiji i umjetnosti. Duhovnost se zaokuplja sa sadržajima o duhu, koji je koncept blisko povezan

s religioznom vjerom, transedentalnom „realnošću i Bogovima, tercijalna je ljudska potreba.

SPIRTUALITY AND HAGIOMEDICINE –IN TWO HOLDERS

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Religious medicine is based on spirituality, that is sugestiveness. It has no effect with atheists, nor do the disbelievers address it. Hagiomedicine is a branch of unconventional, non-functional, complementary paramedicin. They are dealing with alternatives - priests in the Church and other religions, and they propagate and implement it. It is effective in dissociative disorder (conversion neurosis) in fanatized faithful who are burdened with a sin, who experience catharsis - fulfillment as emotionally powerful cleansing. This eliminates hysterical paresis, amaurosis, graphosparam, and similar bollvices. There is no hagiomedicine without spirituality. Suggestion is the main instrument and argument of almost all forms of alternative medicine. Herb (phyto) therapy alone has only mild effects. Hagiomedicine is handled with spirituality, but it is not possible to solve its magio-mystical roots, mystification, indoctrination and instrumentalization. In poster presentation, the authors describe, determine, comment on the place and role of spirituality in hagiomedicine without which she can not survive.The technical, contextual, intertextual and metathetical significance of spirituality in hagiomedicine is unavoidable. Spirituality is only peripherally touched with knowledge, in the domain of humanistic psychology as its upgrades and sociology, which can not bypass it as a post-social and social phenomenon. It is only an attempt of science to perceive spirituality and hagiomedicine, but spirituality is left to philosophy, theology and art. Spirituality is concerned with the contents of the spirit, which is closely related to religious beliefs, transgendered "realities" and gods, is a tertiary human need.

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