

ŠESTI HRVATSKO–RUSKI PSIHIJATRIJSKI KONGRES

s međunarodnim sudjelovanjem

*Depresija, shizofrenija, ovisnosti, psihoonkologija, duhovna psihijatrija...
Primjena biopsihosocijalnog i duhovnog modela u dijagnostici i terapiji mentalnih
poremećaja*

“lijek i riječ...”

Hrvatski institut za duhovnu psihijatriju - HIDP
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OPATIJA, CENTAR GERVAIS, 9.-11. RUJNA 2021.

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Opatija, Centar Gervais, 9.-11. rujna 2021.

POKROVITELJ KONGRESA: Sveučilište u Rijeci

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Opća bolnica Karlovac

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Objavljeno u Rijeci, rujan 2021.



Poštovane kolegice i kolege!

Srdačno Vas pozdravljamo i zahvaljujemo se na Vašem interesu i sudjelovanju na Šestom hrvatsko–ruskom psihijatrijskom kongresu s međunarodnim sudjelovanjem pod nazivom “Lijek i riječ...” koji organizira Hrvatski Institut za duhovnu psihijatriju zajedno s Moscow Regional Society of Psychiatrists and Narcologists i A.I. Yevdokimov Moscow state university of medicine and dentistry.

Nakon što smo 2013. godine uspješno organizirali Prvi hrvatsko–ruski kongres duhovne psihijatrije, tijekom godina smo uvidjeli potrebu za obuhvaćanjem i ostalih područja psihijatrije te je 2018. godine organiziran 4. hrvatsko-ruski psihijatrijski kongres. Ponosni smo i što je u rujnu 2019. godine održan 5. hrvatsko-ruski kongres u Moskvi na najuglednijem i najvećem Ruskom državnom sveučilištu Lomonosov. Šestim Kongresom nastavljamo tradiciju suradnje, želeći ga pritom snažno afirmirati kao međunarodnu platformu okupljanja i edukacije. Ovaj skup bit će prigoda za prezentiranje stručnih znanja i kliničkih iskustava domaćem i međunarodnom psihijatrijskom auditoriju.

Izuzetno sam ponosan što je prijavljeno 96 radova, što svjedoči kako je Kongres prepoznat od strane struke te je izvrsna platforma za usvajanje novih spoznaja, koje ćemo moći integrirati u svoju kliničku praksu, u cilju što uspješnijeg i kvalitetnijeg pristupa u liječenju naših bolesnika.

Značajan dio Kongresa čine teme iz područja duhovne psihijatrije, a u ovim zahtjevnim vremenima pandemije COVID-19 i mi psihijatri suočavamo se s novim izazovima za naše pacijente te sam siguran kako će vam predavanja na tu temu biti korisna i zanimljiva.

Izazovi pred nama su brojni, budućnost dinamičnija nego ikad te sam sretan što ćete nam se pridružiti u zajedničkim nastojanjima za kvalitetnije mentalno zdravlje. Zato, oplemenjujemo jedni druge, kako bi sveobuhvatnim i personaliziranim pristupom pomicali granice u razvoju učinkovitih i inovativnih modela liječenja i oporavka naših pacijenata.

Želimo Vam ugodan boravak u Opatiji i radujemo se susretu s Vama!

Počasni predsjednik kongresa

Začetnik hrvatske duhovne psihijatrije

prof.dr.sc. Đulijano Ljubičić

Dear colleagues!

We cordially greet you and thank you for your interest and participation in the Sixth Croatian-Russian Psychiatric Congress with international participation entitled "Medicine and Word ..." organized by the Croatian Institute of Spiritual Psychiatry together with the Moscow Regional Society of Psychiatrists and Narcologists and A.I. Yevdokimov Moscow state university of medicine and dentistry.

After we successfully organized the First Croatian-Russian Congress of Spiritual Psychiatry in 2013, over the years we realized the need to include other areas of psychiatry, and in 2018 the 4th Croatian-Russian Psychiatric Congress was organized. We are also proud that in September 2019, the 5th Croatian-Russian Congress was held in Moscow at the most prestigious and largest Russian state university Lomonosov. With the Sixth Congress, we continue the tradition of cooperation, wanting to strongly affirm it as an international platform for gathering and education. This gathering will be an opportunity to present expertise and clinical experience to a domestic and international psychiatric audience.

I am extremely proud that 96 papers were submitted, which shows that the Congress is recognized by the profession and is an excellent platform for the adoption of new knowledge, which we will be able to integrate into our clinical practice, in order to more successful and quality approach in treating our patients.

A significant part of the Congress consists of topics in the field of spiritual psychiatry, and in these demanding times of the COVID-19 pandemic, we psychiatrists are facing new challenges for our patients and I am sure that lectures on this topic will be useful and interesting.

The challenges ahead are many, the future more dynamic than ever and I am happy that you will join us in our joint efforts for better mental health. Therefore, we refine each other, in order to push the boundaries in the development of effective and innovative models of treatment and recovery of our patients with a comprehensive and personalized approach.

We wish you a pleasant stay in Opatija and look forward to meeting you!

Honorary President of the Congress

The founder of Croatian spiritual psychiatry

prof.dr.sc. Đulijano Ljubičić



Dear colleagues!

For many years I have been doing fundamental biological research in medicine for various diseases. My interest in studying the etiopathogenesis of mental illness grew significantly when, in September 2019, on the territory of the Scientific and Educational Center of the Faculty of Fundamental Medicine, M.V. Lomonosov Moscow State University, in Moscow hosted the fifth Russian-Croatian congress with a broad theme "Multidisciplinary aspects of an individual approach to mental health problems in the framework of the biopsychosocial and spiritual model." In their reports, a number of psychiatrists and psychologists noted how a person's spiritual recovery in certain cases leads to mental and physical recovery, and that the diagnosis of a spiritual personality crisis is legitimate and complements the psychiatric diagnosis. These observations provide compelling evidence for the need for collaborative, multidisciplinary research on mental illness.

The Dean's office of the Faculty annually analyzes which medical specialties graduates choose. Psychiatry is one of the priority specialties every year. Perhaps this is due to the interest of young doctors in this specialty, and to the way, since the beginning of the work of the faculty, psychiatry has been taught by a member of the Russian Academy of Sciences, Professor B.D. Tsygankov and his students, famous psychiatrists-clinicians, among whom there are doctors of sciences, graduates of our University. The openness and benevolence of teachers - psychiatrists, their interest in attracting future doctors to their specialty is also manifested in the work of the permanent student scientific circle. In accordance with the requirements of the program of medical universities, some of the 5th and 6th year students carry out term papers and diplomas in this specialty.

Medical teaching at the Faculty of Fundamental Medicine in basic disciplines (biology, chemistry, physics, mathematics, etc.) is conducted at the corresponding faculties of M.V. Lomonosov Moscow State University. Students of the sixth, final, course defend their theses on the basis of participation in scientific research in various medical specialties and fundamental sciences. The level and quality of these works are in their essence close to the defense of a Ph.D. thesis, and their topics imply the development of clinical science in Russia and possible fruitful cooperation with colleagues abroad.

I gratefully accepted the invitation of the Rector of the University of Rijeka, Professor Snezana Priich-Samargia, and the director of the Croatian Institute of Spiritual Psychiatry (Rijeka), Rudolf Lubicic, PhD, to visit the university and take part in the congress. Acquaintance with the University of Rijeka, its nine faculties and departments, including the medical faculty and the biotechnology department, which are close to me, arouses undoubted interest. The history of the University of Rijeka dates back to the 17th century, and I am sure that the best traditions are preserved in it to this day. I hope during the period of our communication a mutually beneficial interest in inter-university and faculty contacts will be determined.

With gratitude for the invitation, I will take part in the Sixth Croatian-Russian Psychiatric Congress. Undoubtedly, the Congress participants will have the opportunity of “live” communication after almost two years of deprivation, new scientific contacts, exciting discussions on the most topical areas of psychiatric science.

The presented program of the Congress arouses great scientific interest and creates the prospect of expanding the fundamental research of our faculty and its laboratories in the field of studying the etiopathogenesis of mental diseases. It is gratifying that graduates of our University, both established clinicians and scientists, and clinical graduate students, are widely involved in the work of the Croatian-Russian Congress on Psychiatry.

I wish the participants of the Congress a successful holding, brilliant performances, fruitful face-to-face communication with colleagues, the establishment of good professional and creative contacts, and a good social program.

Honorary President of the Congress

Dean of the Faculty of Fundamental Medicine

M.V. Lomonosov Moscow State University,

Academician of the Russian Academy of Sciences,

Professor, Dr.Sci. Vsevolod Tkachuk

В течение многих лет занимаюсь фундаментальными биологическими исследованиями в медицине при различных заболеваниях. Интерес к изучению этиопатогенеза психических заболеваний значительно вырос у меня, когда в сентябре 2019 года на территории Научно-образовательного центра Факультета фундаментальной медицины МГУ им. М.В. Ломоносова в Москве прошел пятый Российско-хорватский конгресс с широкой тематикой «Мультидисциплинарные аспекты индивидуального подхода к проблемам психического здоровья в рамках биопсихосоциальной и духовной модели». В своих докладах ряд психиатров и психологов отмечали, как духовное выздоровление человека в определенных случаях приводит к психическому и физическому выздоровлению, и что диагноз духовного кризиса личности является правомерным и дополняет психиатрический диагноз. Данные наблюдения убедительно доказывают необходимость совместного изучения психических заболеваний на мультидисциплинарной основе.

Деканат Факультета ежегодно анализирует, какие медицинские специальности выбирают выпускники. Ежегодно в число приоритетных специальностей входит психиатрия. Возможно, это связано с интересом молодых врачей к этой специальности, и с тем, как с начала работы факультета психиатрия преподается членом Российской академии наук, профессором Б.Д. Цыганковым и его учениками, известными психиатрами-клиницистами, среди которых есть и доктора наук, выпускники нашего Университета. Открытость и доброжелательность преподавателей – психиатров, их заинтересованность в привлечении к своей специальности будущих врачей проявляется и в работе постоянного студенческого научного кружка. В соответствии с требованиями программы медицинских университетов, часть студентов 5 и 6 курсов выполняют курсовые и дипломные работы по данной специальности.

Медицинское преподавание на Факультете фундаментальной медицины по базовым дисциплинам (биология, химия, физика, математика и др.) ведется на соответствующих факультетах МГУ им. М.В. Ломоносова. Студенты шестого, выпускного, курса защищают дипломные работы на основании участия в научных исследованиях по различным медицинским специальностям и фундаментальным наукам. Уровень и качество этих работ близок по своей сути к защите кандидатской диссертации, а их темы предполагают развитие клинической науки в России и возможное плодотворное сотрудничество с коллегами за рубежом.

Я с благодарностью принял приглашение ректора Риекского университета, профессора Снежаны Приич-Самаржия, и директора Института духовной психиатрии (г. Риека), доктора Рудольфа Любичича, посетить университет и принять участие в конгрессе. Знакомство с Риекским университетом, его девятью факультетами и отделениями, в том числе, близкими мне медицинским факультетом и отделением биотехнологии, вызывает несомненный интерес. Риекский университет своей историей восходит к 17 веку, и я уверен, что лучшие традиции сохраняются в нем и в настоящее время. Надеюсь в период нашего общения будет определена взаимовыгодная заинтересованность в межуниверситетских и факультетских контактах.

С благодарностью за приглашение приму участие в Шестом Хорватско-Российском психиатрическом конгрессе. Несомненно, участников Конгресса ждет возможность «живого» общения после почти двухлетней депривации, новые научные контакты, увлекательные дискуссии по актуальнейшим направлениям психиатрической науки.

Представленная программа Конгресса вызывает большой научный интерес и создает перспективу расширения фундаментальных исследований нашего факультета и его лабораторий в области изучения этиопатогенеза психических заболеваний. Отрадно, что в работе Хорватско-Российского конгресса по психиатрии широко участвуют выпускники нашего Университета, как сложившиеся уже клиницисты и ученые, так и клинические аспиранты.

Желаю участникам конгресса успешного его проведения, блестящих выступлений, плодотворного очного общения с коллегами, установления добрых профессиональных и творческих контактов, хорошей социальной программы.

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VIATRIS



KONGRESNI RADOVI



MENTALNO ZDRAVLJE, DUHOVNOST I ZNANOST: KAKO BOG MIJENJA NAŠ MOZAK

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Današnje se vrijeme odlikuje značajnim znanstvenim postignućima na polju razumijevanja svijeta, života i ljudskog ponašanja, kao i praktičnim primjenama tih spoznaja i znanja u svakodnevnom životu, medicini i psihijatriji. Prema mnogim velikim znanstvenicima, duhovnost je jedno od najizazovnijih i najfascinantnijih ljudskih iskustava koja treba istražiti i objasniti. Sve su civilizacije svijeta vjerovala da uz fizičku stvarnost postoji i duhovna stvarnost te da je duhovna komponenta u nama, definirana kao duša. Ako svaki uzrok ima svoju posljedicu, a svaka posljedica ima svoj uzrok, važno znanstveno pitanje glasi: „Koja je svrha i kakav je izazov čovjeka koji može iskusiti i prakticirati duhovnost? Duhovnost se neprestano razvija nadodajući novu, transcendentalnu dimenziju ljudskom životu, dok se Bog prezentira kao ljubav, evocirajući sklad, samoispunjenje, sreća, napredak i mir, pri čemu nam pruža osjećaj smisla, svrhe, identiteta i zajedništva. Suvremena neuroznanost jasno pokazuje da su očigledne dobrobiti povezane s duhovnošću, a ona djeluje blagodatno na osjećaj blagostanja, kogniciju, komunikaciju i kreativnost. Univerzalna molitva čini nas spokojnima i pomaže nam da prihvatimo stvari koje ne možemo promijeniti, da imamo snage promijeniti stvari koje možemo promijeniti i mudrost da spoznamo razliku. Neuroznanost kao i na pacijenta fokusirana psihijatrija, mogu ponuditi utemeljene razloge za uključivanje duhovnosti u psihijatrijsku procjenu, dijagnozu, formulaciju slučaja i terapiju, kao i u psihijatrijsku izobrazbu i kontinuirano profesionalno obrazovanje. Kao što nema zdravlja bez mentalnog zdravlja, tako nema ni mentalnog zdravlja bez duhovnog zdravlja.

MENTAL HEALTH, SPIRITUALITY AND SCIENCE: HOW GOD CHANGES OUR BRAIN

Miro Jakovljević¹, Ivan Jakovljević²

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Our time is distinguished by wonderful achievements in the fields of scientific understanding of the world, life and human behavior as well as of technical applications of those insights and knowledge in everyday life, medicine and psychiatry. According to many great scientists spirituality is one of the most challenging and fascinating of human experiences to explore and explain. All human cultures have believed in the existence of spiritual reality in addition to physical reality and a spiritual component within us defined as a soul. If every cause has its effect, and every effect has its cause, an important scientific question is: “What is the purpose or advantage of human possessing spiritual abilities and experiences? Spirituality is constantly evolving and adding new transcendental dimension to human life while God feels like love and evokes harmony, self-fulfilling, happiness, progress and peace providing us with a sense of meaning, purpose, identity and community. Modern neuroscience shows clearly that the health benefits related to spiritual practice which enhances well-being, cognition, communication, and creativity are evident. A universal serenity prayer helps us to accept the things in life that we can’t change, to have strength to change the things that we can change, and the wisdom to know difference. Neuroscience and person-centered and value-based psychiatry offer a well-grounded reason for incorporating spirituality into psychiatrist evaluation, diagnosis, case formulation and therapy as well as into psychiatric training and continuous professional education. As there is no health without mental health so as well there is no mental health without spiritual health.

NEKI OD SVETACA KROZ POVIJEST KATOLIČKE CRKVE I DEPRESIJA

Mario Tomljanović

Katoličko bogoslovni fakultet Sveučilišta u Zagrebu, Teologija u Rijeci

Zasigurno ćemo se iznenaditi no, čak i sveci moralne veličine poput Majke Terezije iz Kalkute, kojoj su se divili i vjernici i nevjernici, svjedoče da su patili od nečega što zvuči iznenađujuće i možda šokantno onima koji misle da sveci žive «u oblaku savršenstva», daleko od svakodnevne brige koje na njih utječu. Najpoznatiji pristup temi vjerojatno je pristup španjolskog mistika svetog Ivana od Križa, crkvenog naučitelja, koji opisuje tu duboku vrstu duhovne i ljudske krize u svojoj poznatoj pjesmi pod naslovom *La noche oscura del alma* (Mračna noć duše). Bog često dopušta test; duhovne suhoće, sumnje u Njegovo postojanje, pobune pred nepravednim životnim događajima te očaja zbog tragedije koja postaje ponekad nepodnošljivom. Predstavljanje ove teme želi prikazati, postojanja kroz povijest crkve svetaca koji su se, zbog simptoma opisanih od njih samih ili njihovih biografa, najvjerojatnije suočili sa depresijom.

SOME OF THE SAINTS THROUGHOUT THE HISTORY OF THE CATHOLIC CHURCH AND DEPRESSION

Mario Tomljanović

Catholic Faculty of Theology- University of Zagreb, Theology of Rijeka

We will certainly be surprised, but even morally great saints like Mother Teresa of Calcutta, admired by both believers and unbelievers, testify that they suffered from something that sounds surprising and perhaps shocking to those who think saints live “in a cloud of perfection” far from the daily worries that affect them. The most famous approach to the topic is probably the approach of the Spanish mystic Saint John of the Cross, a Doctor of the Church, who describes this deep kind of spiritual and human crisis in his famous poem entitled *La noche oscura del alma* (Dark Night of the Soul). God often allows a test; spiritual dryness, doubts about His existence, rebellion in front of unfair life events and despair over a tragedy that sometimes becomes unbearable. The presentation of this topic seeks to show the existence throughout the history of the Church of saints who, because of the symptoms described by themselves or their biographers, most likely faced depression.

POREMEĆAJI LIČNOSTI I SRAM TIJEKOM COVID-19 PANDEMIJE

Darko Marčinko

Klinika za psihijatriju i psihološku medicinu Klinički bolnički centar Zagreb, Medicinski fakultet Sveučilište u Zagrebu, Zagreb, Hrvatska

Koncept granične organizacije ličnosti (prema Kernbergu) je temeljni psihodinamski koncept poremećaja ličnosti. Kernberg je ustanovio tri razine organizacije ličnosti: neurotičnu, psihotičnu i graničnu. Granična organizacija ličnosti je karakterizirana slijedećim faktorima: sindrom difuzije identiteta, nezreli psihološki mehanizmi obrane i oštećeno testiranje realnosti. Alternativni model DSM_5 sekcije 3 za poremećaje ličnosti s hibridnim pristupom patologiji ličnosti kombinira šest kategorija poremećaja ličnosti (antisocijalni, izbjegavajući, granični, narcistični, opsesivno-kompulzivni i shizotipni) te definira funkcioniranje selfa i interpersonalnih odnosa putem dimenzijskih pravila. Pregledni rad našeg tima publiciran nedavno u časopisu *Current Opinion in Psychiatry* (Marčinko i suradnici, 2021) opisuje novija istraživanja s ciljem evaluacije psiholoških teorija iz područja poremećaja ličnosti. Raniji radovi našeg tima naglašavaju različite dimenzije poremećaja ličnosti

(Marčinko, Jakšić, Jakovljević i suradnici, serija radova) uključujući utjecaj COVID-19 pandemije. Naše ranije istraživanje bavilo se odnosom između patološkog narcizma, iskustva srama i suicidalnih ideja na velikom uzorku psihijatrijskih bolesnika. Narcistična vulnerabilnost pokazala je jaču vezu s iskustvom srama i suicidalnim idejama nego narcistična grandioznost. Karakterološki i tjelesni sram pokazali su se kao medijatori ove veze dok nije dokazan medijatorski učinak ponašajnog srama. Rezultati mogu biti korisni tijekom COVID-19 pandemije zato jer narcistične obrane aktualno imaju važnu ulogu. Psihodinamsko razumijevanje učinka COVID-19 pandemije na osobe s poremećajima ličnosti je bitno za stvaranje učinkovitih terapijskih intervencija. Naše istraživanje naglašava ulogu srama kao negativnog faktora u procesu oporavka tijekom krize, a postoji i visoka razina disfunkcionalne anksioznosti i narcističnih obrana. Tijekom krize osjećaj sigurnosti je uzdrman te sram može postati dominantan te disfunkcionalan. Više psihoterapijskih pristupa su efikasni u liječenju poremećaja ličnosti. Optimalni tretman utječe na sve četiri dimenzije psihopatologije poremećaja ličnosti: emocionalnu regulaciju, kontrolu impulsa, ponašajne te interpersonalne faktore.

PERSONALITY DISORDERS AND SHAME DURING COVID-19

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The borderline personality organization model (introduced by Kernberg) is the basic psychodynamic model for personality disorders. Kernberg postulated three levels of personality organization: neurotic, psychotic and borderline. Borderline personality organization is characterized by the following: syndrome of identity diffusion, immature defense mechanisms and fragile reality testing. The Alternative Model of DSM-5 Section III (AMPD) with its hybrid approach to personality pathology combines six specific categories of personality disorder (antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, and schizotypal personality disorder) defined by self- and interpersonal functioning with dimensional ratings and traits. Our review article recently published in *Current Opinion in Psychiatry* (Marčinko et al., 2021) provides an update of the recent studies, which have attempted to evaluate psychological theories in the field of personality disorders. Earlier articles of our team emphasized different aspects of personality disorders (Marčinko, Jakšić, Jakovljević et al., series of papers) including impact of COVID-19. Our previous research regarding personality pathology investigated the relationships between pathological narcissism, the experience of shame, and suicidal ideation in a large sample of psychiatric outpatients. In accordance with our hypotheses, narcissistic vulnerability demonstrated stronger associations with the experience of shame and suicidal ideation than grandiosity. Characterological and bodily shame showed significant mediating roles in this relationship, whereas a mediating effect of behavioral shame was not observed. Results should be useful in the context of the pandemic because narcissistic defense mechanisms can be intensive during a time of COVID-19 pandemic. A psychodynamic understanding of the impact of the COVID-19 on individuals with personality disorders is necessary for creating useful treatment interventions. Our investigation emphasized that shame should be negative factor in the process of reparation during a crisis because of excessive amounts of dysfunctional anxiety and narcissistic defenses. During the crisis, the sense of security is disturbed and shame should be more prominent and dysfunctional. Several psychotherapeutic approaches are effective in the treatment of personality disorders. The optimal treatment should affect main four psychopathological domains of personality disorders: emotional regulation; impulse control; behavioural and interpersonal skills.

DUHOVNOST – SNAGA U PROCESU LIJEČENJA „ SNAGA DUŠE DOLAZI DO NAS KADA NAM SE SNOVI RUŠE, KADA U SRCU BURA PUŠE“

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Suvremena medicina mora težiti da bude personalizirana, na osobu usmjerena i participatorna uzimajući u obzir pacijentovo tjelesno, psihičko i duhovno zdravlje. Uspješno liječenje nije moguće postići bez angažmana pacijenta koji mora prihvatiti bolest, osnažiti se kako bi si olakšao proces liječenja, naučiti živjeti s bolesti i njezinim posljedicama. U procesu liječenja, potrebno je napraviti i korak više i potaknuti oboljele da aktivno participiraju u liječenju i iskoriste svoje „unutarnje potencijale“. Duhovno se može osnažiti na različitim razinama, a put duhovnog rasta je individualan, u skladu sa interesima i sklonostima osobe. Duhovni rast pomaže u spoznavanju vrijednosti i prioriteta koji su često zanemareni u rutini i brzini svakodnevnog življenja. Duhovno možemo rasti i u vjeri, kršćanin može u životno teškim situacijama kroz svoj vjerski život (molitvu, vjerske obrede, čitanje Svete knjige...) osnažiti svoju nutrinu. Aktivno (participatorno) uključenje pacijenta u proces liječenja pomaže u preuzimanju kontrole nad vlastitim reakcijama na bolest, doprinosi lakšem prevladavanju i nošenja sa teškoćama koje bolest nosi. Potrebna je senzibilizacija i edukacija liječnika kako bi se ovaj pristup integrirao u dobru kliničku praksu što može pridonijeti uspješnosti liječenja.

SPIRITUALITY - STRENGTH IN THE HEALING PROCESS “THE POWER OF THE SOUL COMES TO US WHEN DREAMS COLLAPSE US, WHEN THE STORM BURNS IN THE HEART”

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Modern medicine must strive to be personalized, person-centered and participatory, taking into account the patient's physical, mental and spiritual health. Successful treatment cannot be achieved without the engagement of a patient who must accept the disease, empower himself to facilitate the healing process, learn to live with the disease and its consequences. In the process of treatment, it is necessary to take a step further and encourage patients to actively participate in treatment and use their "internal potentials". It can be spiritually empowered on different levels, and the path of spiritual growth is individual, in accordance with the interests and inclinations of the person. Spiritual growth helps to realize values and priorities that are often neglected in the routine and speed of daily living. We can also grow spiritually in faith, a Christian can strengthen his inner self through life in difficult situations through his religious life (prayer, religious rites, reading the Holy Book ...). Active (participatory) involvement of the patient in the treatment process helps to take control of one's own reactions to the disease, contributes to easier overcoming and coping with the difficulties that the disease brings. Sensitization and education of doctors is needed to integrate this approach into good clinical practice which can contribute to the success of treatment.

KOMORBIDNI PSIHIJATRIJSKI POREMEĆAJI KOD ONKOLOŠKIH PACIJENATA I NJIHOVA PSIHOFARMAKOTERAPIJA

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Najčešći psihijatrijski komorbiditeti koji se javljaju u oboljelih od karcinoma su depresija, anksioznost i postraumatski stresni poremećaj (PTSP). Mogu se razviti u svim fazama malignog oboljenja, ali najveći rizik je u fazi postavljanja dijagnoze, neuspjehu u liječenju i relapsu. Ukoliko se dijagnosticiraju važno ih je pravovremeno liječiti uz dobar izbor psihofarmakoterapije. U odabiru adekvatnoga psihofarmaka moramo voditi računa o brojim interakcijama s ostalom onkološkom terapijom ali i sveukupnim tjelesnim stanjem pacijenta. Danas postoje brojna istraživanja koja nam mogu dati adekvatne informacije i usmjeriti nas pri odabiru lijeka. Jedan od primjera je tamoksifen koji je često u terapiji pacijentica oboljelih od karcinoma dojke. Paroksetin i fluoksetin treba izbjegavati kada je u terapiji propisan tamoksifen jer su oni jaki inhibitori CYP2D6. Bupropion, duloksetin i sertraline su samo srednji inhibitori citokroma i nisu kontraindicirani. Uz tamoksifen dobar izbor antidepresiva je escitalopram i venlafaksin jer oni ne utječu na njegov metabolizam i učinak (Irrázaval ME, 2016). Onkološki pacijenti zahtijevaju multidisciplinarni pristup i pažljiv odabir psihofarmakoterapije i cilju što bolje kvalitete liječenja.

COMORBID MENTAL DISORDERS IN ONCOLOGY PATIENTS AND THEIR PSYCHOPHARMACOTHERAPY

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The most common psychiatric comorbidities that occur in cancer patients are depression, anxiety, and post-traumatic stress disorder (PTSD). They can develop at all stages of a malignant disease, but the greatest risk is in the stage of diagnosis, treatment failure, and relapse. If they are diagnosed, it is important to treat them in a timely manner with a good choice of psychopharmacotherapy. In choosing an adequate psychopharmaceutical, we must take into account the number of interactions with other oncology therapy, but also the overall physical condition of the patient. Today, there are numerous studies that can give us adequate information and guide us in choosing a drug. One example is tamoxifen, which is often used to treat breast cancer patients. Paroxetine and fluoxetine should be avoided when tamoxifen is prescribed in therapy because they are potent inhibitors of CYP2D6. Bupropion, duloxetine and sertraline are only intermediate cytochrome inhibitors and are not contraindicated. Along with tamoxifen a good choice of antidepressants is escitalopram and venlafaxine because they do not affect its metabolism and effect (Irrázaval ME, 2016). Oncology patients require a multidisciplinary approach and careful selection of psychopharmacotherapy and the goal of the best possible quality of treatment.

KOVID PSIHOZA

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Bolesnica u dobi od 60 godina, inicijalno je liječena u općoj bolnici radi koronavirusne upale pluća, da bi zbog pogoršanja stanja (akutnu infarkt miokarda, virusna pneumonija, sepsa) premještena u Klinički bolnički centar Rijeka, prvo u jedinicu Kovid, potom u Respiracijski centar radi mehaničke ventilacije. Tijekom liječenja u Respiracijskom centru zbog depresivne slike stanja zatražen je i pregled psihijatra. Opisuje se da je pacijentica od boravka u bolnici slaba, malaksala, adinamična, bezvoljna te otežano terapijski suradljiva što je primjetno i obitelji pacijentice, preporučena je terapija tianeptinom i oksazepamom, no po navedenoj terapiji pacijentica je i dalje smetena, dezorijentirana, a počinju se javljati i vidne halucinacije te se uvede antipsihotik aripiprazol, a smetnje su opisane kao simptomatske psihičke smetnje. Obzirom na progresiju psihičkih smetnji i suicidalnost pacijentica se dogovorno premješta na Kliniku za psihijatriju. Za boravka na Klinici u početku je smetena, konfuzna, perseverira da je se pusti da umre, te iznosi priču da su je oteli radi projekta o ljubavi. Psihičko se stanje ubrzo stabilizira te uslijedi premještaj na pulmologiju radi liječenja komplikacija kovid-pneumonije, postepeno se prati poboljšanje respiratornog statusa, no uslijedi ponovno pogoršanje psihičkog statusa u smislu nemira, nesuradljivosti, smetenosti, a javljaju se i sumanute ideje, pacijentica je optužujuća spram osoblja za koje iznosi da joj potkrada stvari iz ormarića, a opisuje se i kvalitativni poremećaj svijesti. Radi se o pacijentici koja prethodno nije imala povijest mentalnih oboljenja, a nakon zaraze koronavirusom, pored fizičkih komplikacija javile su se i psihičke komplikacije bolesti, pacijentica je razvila sumanute konstrukte, halucinacije, dezorganizirano ponašanje... trudimo se shvatiti uzroke pojavnosti ovakvih simptoma, a i otvara se pitanje da li je infekcija s COVID-19 uzrok navedenih psihičkih smetnji.

COVID PSYCHOSIS

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The 60-year-old female patient was initially treated in a general hospital for coronavirus pneumonia, but due to worsening of the condition (acute myocardial infarction, viral pneumonia, sepsis) was transferred to the Clinical Hospital Center Rijeka, first to the Covid unit, then to the Respiratory Center for mechanical ventilation. During the treatment at the Respiratory Center, a psychiatrist's examination was requested due to the depressive symptoms. It is described that the patient is weak, lethargic, listless and difficult to cooperate which is noticeable in the patient's family. Therapy with tianeptine and oxazepam was recommended, but the patient was still confused, disoriented and visual hallucinations appeared and the antipsychotic aripiprazole was introduced, the disorder was described as symptomatic mental disorders, and antipsychotic drug was recommended. Due to the progression of mental disturbances and suicidality, the patient was transferred to the Psychiatric Clinic. During her stay at the Clinic, she was initially confused, repeating to let her die, and tells the story that she was abducted for a love project. The mental state soon stabilizes and there is a transfer to pulmonology to treat complications of covid-pneumonia, gradually improving the respiratory status, but there is a further deterioration of mental status in terms of restlessness, incoherence,

confusion, and crazy ideas, the patient was accusing the staff for stealing things from her locker, and a qualitative disturbance of consciousness is also described. This is a patient who has no previous history of mental illness, and after coronavirus infection, in addition to physical complications, there were psychological complications of the disease, the patient developed delusional constructs, hallucinations, disorganized behavior, we try to understand the causes of such symptoms, and we question of whether the infection with COVID-19 is the cause of the listed mental disorders.

SOCIOKULTURNI POGLED NA ALKOHOLIZAM U RUSIJI

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„Pijan kao letva“ i „Pije kao smuk“ su metafore kojima se u narodu slikovito i zorno prikazuje koliko je neka osoba pijana, odnosno u kojoj mjeri je ovisna o alkoholu. Pri tome može li letva biti toliko pijana i štoviše može li uopće biti pijana te što i koliko smuk pije uopće nije važno, jer se ti izrazi upotrebljavaju u simboličnom, slikovitom i prenesenom značenju. Ali kada se za nekoga kaže „Pije kao Rus“, onda to više ne mora biti samo metafora odnosno stilska figura kojom se pojam iz jednog područja svijeta i života po načelu sličnosti prenosi u drugo područje svijeta i života, nego može biti i etiketiranje i etiketa kao i stigmatizacija i stigma; te što je još gore ne samo individualna nego i kolektivna jer se može odnositi i na konkretan narod. No, kao što se u pravnoj znanosti zna da ne postoje kolektivna odgovornost i krivnja, tako se u medicini i psihijatriji zna i prihvaća kao činjenica da predrasude, legende i mitovi ne mogu biti ekvivalent za bilo koje patološko stanje ili nozološku jedinicu u populaciji. Istina, ima Rusa odnosno državljana Ruske Federacije koji „Piju kao Rusi“, kao što na primjer ima Finaca, Nijemaca ili Kineza koji također „Piju kao Rusi“; ali u svakoj od tih i drugih populacija nema toliko broj pojedinaca koji alkohol „Piju kao Rusi“, a da bi i za jednu od tih ili i drugih populacija ta metafora mogla biti i nozološka činjenica odnosno biti utemeljena na stvarnom statističko-epidemiološkom stanju odnosno valjanim i relevantnim pokazateljima ovisnosti o alkoholu u populaciji. Kao što bi velika zablude te još i veća pogreška bila alkoholizam u bilo kojoj populaciji etiološki dovoditi u vezu s bilo kojim i kakvim inherentnim specifičnim biološkim odnosno genetskim čimbenicima. U tom kontekstu možemo postaviti pitanje jesu li Amerikanci „Pili kao Rusi“ ili su pili kao Amerikanci, radi čega je u razdoblju od 1920. do 1933. godine morala biti uvedena prohibicija na proizvodnju, distribuciju i prodaju alkohola. Pa kad se već i na osnovi zdravog razuma i elementarne logike može percipirati da Rusi odnosno državljani Ruske Federacije kao populacija ne „Piju kao Rusi“ i da je to fantazmagorična metafora i (među)narodna predrasuda, legenda i mit; bilo bi stručno izazovno, motivirajuće i poticajno sa sociokulturnog metodološkog motrišta i na temelju valjanih statističko-epidemioloških podataka dobivenih alkohološkim epidemiološkim istraživanjima ustvrditi koliko to državljani Ruske Federacije stvarno konzumiraju alkohol, odnosno kolika je stopa ovisnosti o alkoholu u populaciji Ruske Federacije u različitim intervalima promatranog razdoblja i u kontekstu konkretnih sociokulturnih okolnosti i prilika.

SOCIOCULTURAL VIEW OF ALCOHOLISM IN RUSSIA

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„Drunk as a skunk“, and „drinks like a fish“, are metaphors used in common language for vivid and colorful description of one's level of intoxication, or alcohol addiction. Regardless whether a skunk can be that drunk, or can it be drunk at all, and also how a fish drinks is not important, because these expressions are used in a symbolic, pictorial and figurative sense. But when someone is said to be “Drinking like a Russian”, then it no longer has to be just a metaphor, a figure of speech by which a term from one area of the world and life is transferred to another area of the world and life, instead it can be both labeling and etiquette as well as stigmatization. What is worse is not only individual but also collective because it can also refer to specific people. But as it is known in legal science there is no collective responsibility and guilt, so in medicine and psychiatry it is known and accepted as a fact that prejudices, legends and myths cannot be equivalent to any pathological condition or nosological unit in population. True, there are Russians or citizens of the Russian Federation who “Drink like Russians”, as which, for example, has Finns, Germans or Chinese who also “Drink like Russians”; but in each of these and other populations do not have such a large number of individuals who “drink alcohol like Russians”, and in order for one of these or other populations, this metaphor could be a nosological fact, that is based on the actual statistical-epidemiological situation, i.e. valid and relevant indicators of alcohol dependence in the population. As it would be a great delusion and even a greater mistake that alcoholism in any population etiologically related to any inherent specific biological or genetic factors. In that context, we can ask whether Americans “drank like Russians” or drank like Americans, which is why prohibition on the production, distribution and sale of alcohol had to be introduced between 1920 and 1933. Even on the basis of common sense and elementary logic, it can be perceived that the Russians that is, the citizens of the Russian Federation as a population do not “Drink like Russians” and that it is phantasmagoric metaphor and (international) prejudice, legend and myth. It would be professionally challenging, motivating and stimulating from a sociocultural methodological point of view and based on valid statistical-epidemiological data obtained by alcoholic epidemiological research to determine how much alcohol is actually consumed by the citizens of the Russian Federation, that is, what is the rate of alcohol dependence in the population of the Russian Federation in different intervals of the observed period and in the context of specific socio-cultural circumstances and opportunities.

PSIHOSOCIJALNI TRETMAN OSOBA SA PROBLEMOM OVISNOSTI - IZ PERSPEKTIVE DUHOVNE PSIHIJATRIJE

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Psihosocijalni tretman usmjeren je na unaprijeđenje sveukupnog funkcioniranja osobe. Kod osoba sa problemom ovisnosti (o drogama ili nesupstancijalnoj ovisnosti) primjenjuje se niz stručnih i na praksi utemeljenih postupaka koji su usmjereni postizanju društveno prihvatljivog i prilagođenog funkcioniranja kao i potpori očuvanja zdravlja a mogu se provoditi samostalno ili u kombinaciji s farmakoterapijom. Intervencije su individualno prilagođene svakoj osobi uvažavajući njen integritet i dostojanstvo. Ovisnost je bolest mozga koja utječe na ponašanje osobe. Psihosocijalni tretman koji obuhvaća istodobno zanimanje za pojedinca i njegovo socijalno okruženje, treba trajati dovoljno dugo da stvori stabilne promjene u ponašanju osobe. Ovisnika je potrebno naučiti novim obrascima

mišljenja i djelovanja čijom internalizacijom dolazi do postupne promjene vrijednosnom sustavu. U radu je prikazan tretman mlađeg muškarca koji se liječi na Psihijatriji od svoje 14-te godine zbog emocionalnih smetnji u adolescenciji i zlorabe više vrsta psihoaktivnih supstanci. Iskrivljenu sliku vlastitog tijela bog adipoznosti nastojao je „popraviti“ uzimanjem raznih PAS što je dodatno pogoršavalo njegovo ponašanje i ometalo proces sazrijevanja (rast odgovornosti i samokontrole ponašanja). Aktualno ima 21 godinu. Nakon brojnih hospitalizacija i ambulantnih tretmana kod raznih psihijatar, odlučio se za psihosocijalni tretman u našoj službi. Humani pristup uz poštivanje visokih etičkih standarda u kontinuiranom radu multidisciplinarnog tima sa pacijentom, kod njega stvara osjećaj prihvaćenosti i omogućava (olakšava) razgovor o prisutnim konfliktima koje doživljava. Pacijent postupno uspijeva stabilizirati svoje psihičko stanje, stječe bolji uvid u vlastito ponašanje i uspijeva odoljevati žudnji za PAS (psihoaktivne supstance).

PSYCHOSOCIAL TREATMENT OF PEOPLE WITH ADDICTION PROBLEMS - FROM THE PERSPECTIVE OF SPIRITUAL PSYCHIATRY

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Psychosocial treatment is aimed at improving the overall functioning of a person. In people with addiction problems (drug or non-substantial addiction), a number of professional and practice-based procedures are applied to achieve socially acceptable and adapted functioning and health support and can be performed alone or in combination with pharmacotherapy. Interventions are individually tailored to each person respecting their integrity and dignity. Addiction is a brain disease that affects a person's behavior. Psychosocial treatment, which also includes an interest in the individual and their social environment, should last long enough to create stable changes in a person's behavior. The addict should be taught new patterns of thinking and acting, internalization of which leads to a gradual change in the value system. The paper presents the treatment of a younger man who has been treated in Psychiatry since he was 14 years old due to emotional disorders in adolescence and abuse of several types of psychoactive substances. He tried to "correct" the distorted image of his own body due to adiposity by taking various PAS, which further worsened his behavior and hindered the maturation process (growth of responsibility and behavioral self-control). He is currently 21 years old. After numerous hospitalizations and outpatient treatments with various psychiatrists, he decided on psychosocial treatment in our service. A humane approach with respect for high ethical standards in the continuous work of a multidisciplinary team with the patient creates a sense of acceptance and enables (facilitates) conversation about the present conflicts he experiences. The patient gradually manages to stabilize his mental state, gains a better insight into his own behavior, and manages to resist the craving for PAS (psychoactive substances).

STIGMATIZACIJA OSOBA LIJEČENIH OD OPIJATSKE OVISNOSTI

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Osnovni cilj istraživanja je bio utvrditi u kojoj mjeri osobe liječene od opijatske ovisnosti osjećaju stigmatizaciju od strane zdravstvenih djelatnika i ostalih ljudi (obitelj, prijatelji, mediji) te utvrditi u kojoj mjeri osjećaju samostigmatizaciju. Ispitanici su osobe liječene od opijatske ovisnosti u Centru za izvanbolničko liječenje bolesti ovisnosti pri Nastavnom Zavodu za javno zdravstvo PGŽ. Istraživanje je provedeno u razdoblju od 15. ožujka 2019. do 15. svibnja 2019. te je u njemu sudjelovalo 100 ispitanika. Oba spola su bila zastupljena u istraživanju, s time da je žena petina u sustavu liječenja, pa je na kraju upravo takav uzorak i među ispitanicima. Za istraživanje je kreiran upitnik s 15 pitanja čiji su odgovori podijeljeni u skali od 1 do 5, od „uopće se ne slažem“ do „slažem se u potpunosti“. Rezultati: Zdravstveni djelatnici u nedovoljnoj mjeri pokazuju suosjećanje. Nisu dobivene razlike između ostalih pacijenata u razini skrbi, zaštiti podataka i statusu u zdravstvenom sustavu. Rezultati pokazuju da osobe ovisne o opijatima u velikoj mjeri osjećaju stigmatizaciju u društvu s obzirom da im je često uskraćen posao, doživljavaju ih kao manje vrijedne članove društva, pričaju o njima s omalovažavanjem i uvredljivo, negativno su prezentirani u medijima, nazivaju ih pogrdnim imenima i ostali mijenjaju prema njima stavove kad saznaju da su ovisne osobe. Od prijatelja i obitelji u većini imaju podršku. Samostigmatizacija je izražena u manjoj mjeri i rezultati ukazuju da misle da je njihovo mišljenje važno, te u životu imaju očekivanja poput drugih ljudi. Zaključak: Prema dobivenim rezultatima najveći stupanj stigmatizacije ispitanici percipiraju od strane društva, zatim od strane zdravstvenih djelatnika te najmanju od samih sebe.

STIGMA IN INDIVIDUALS RECEIVING TREATMENT FOR OPIATE ADDICTION

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The main objective of the research was to determine the extent to which people are in treatment for opiate addiction stigmatized by health professionals and other people (family, friends, media) and to determine the extent to which they feel self-stigmatized. Participants are people treated with opiate addiction at the Outpatient Treatment Center for Addiction Diseases in Teaching Institute of Public Health PGC. The research was conducted in the period from March 15, 2019 to May 15, 2019, involving 100 participants. Both sexes were represented in the research, with the woman being the fifth in the treatment system, so in the end it was the same pattern among the participants. For the survey, a questionnaire was created with 15 questions answered with a scale of 1 to 5, from „I disagree with it completely“ to „I agree with it completely“. Results: Health professionals show low empathy. No differences were found between the other patients in the level of care, data protection and status in the healthcare system. The results show that opiate addicts are highly stigmatized in society given that they are often denied jobs, perceived as less valuable members of society, talked about with disparagement and insult, negatively portrayed in the media, called derogatory names and change in attitudes when other people find out they are addicted. Most of the friends and family are supporting them. Self-stigmatization is less pronounced and the results indicate that they think their opinion is important and that they have expectations in life like other people. Conclusion:

According to the results obtained, participants perceive the highest degree of stigmatization by society, then by health care professionals and the lowest by themselves.

KVETIAPIN MOŽE BITI KORISTAN U LIJEČENJU PERZISTENTNIH POREMEĆAJA SPAVANJA KOD BOLESNIKA S PTSP-OM I OPĆENITO DOBRIM ODGOVOROM NA KOMBINIRANU TERAPIJU SIPPS-IMA I BENZODIAZEPINIMA: PRETESTNO I POSTTESTNO ISTRAŽIVANJE JEDNE SKUPINE

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Cilj. Ispitati moguće koristi kvetiapina u liječenju perzistentnih smetnji spavanja kod bolesnika s PTSP-om na stabilnoj terapiji SIPPS-ima i benzodiazepinima, koji prethodno nisu reagirali na različito benzodiazepinsko i ne-benzodiazepinsko adjuvantno hipnotsko liječenje, kao niti na pridodavanje antipsihotika prve generacije. **Metode.** Istraživana su poboljšanja smetnji spavanja nakon propisivanja kvetiapina navečer u pedeset i dva ambulantno liječena muška bolesnika s PTSP-om na stabilnoj terapiji SIPPS-ima i benzodiazepinima s perzistentnim smetnjama snivanja unatoč ranijem propisivanju: zolpidema, flurazepama, nitrazepama, promazina i levopromazina. Svaki je bolesnik zadovoljavao ICD-10 i DSM-IV kriterije za PTSP. Psihijatrijski komorbiditet i premorbiditet bili su isključeni korištenjem Mini-međunarodnog neuropsihijatrijskog intervjua (engl. Mini-International Neuropsychiatric Interview, MINI). Kao mjere učinkovitosti bili su korišteni: poboljšanje na čestici ponavljajućih uznemiravajućih snova (traumatskog događaja) Ljestvice za PTSP koju primjenjuje kliničar (engl. Recurrent Distressing Dream Item of the Clinician Administered PTSD Scale, (CAPS-RDDI)), skraćivanje vremena potrebnog za usnivanje, produljenje trajanja spavanja i smanjenje prosječnog broja razbuđivanja po noći tijekom posljednjih sedam dana prije procjene. **Rezultati.** Na kraju 3-mjesečnog praćenja, svi analizirani parametri u vezi spavanja su pokazali značajno poboljšanje: trajanje spavanja se povećalo za jedan sat ($p < 0,001$), latencija spavanja se smanjila za 52.5 minute ($p < 0,001$), medijan prosječnog broja razbuđivanja po noći se smanjio sa dva na jedan ($p < 0,001$), a medijan CAPS-RDDI čestice se smanjio s pet na četiri ($p < 0,001$). **Zaključak.** Dodavanje kvetiapina navečer može predstavljati uspješno liječenje perzistentnih smetnji spavanja kod bolesnika s PTSP-om i općenito dobrim odgovorom na kombinaciju SIPPS-a i benzodiazepina, koji prethodno nisu reagirali na propisivanje uobičajenih hipnotika ili dodavanje antipsihotika prve generacije.

QUETIAPINE MAY BE BENEFICIAL FOR PTSD-RELATED PERSISTENT SLEEP DISTURBANCES IN PATIENTS WITH GENERALLY GOOD RESPONSE TO COMBINED SSRI AND BENZODIAZEPINE THERAPY: A ONE-GROUP PRETEST-POSTTEST STUDY

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Aim. To assess potential benefits of quetiapine for posttraumatic stress disorder (PTSD)-related persistent sleep disturbances, in patients with stable SSRI and benzodiazepine therapy, previously failed to respond to various benzodiazepine and non-benzodiazepine hypnotic adjuvant treatment as well as to the first generation antipsychotic add-on treatment. **Subjects and methods.** Fifty-two male PTSD outpatients on stable combination treatment with SSRI and benzodiazepines, with persistent sleep disturbances not responding to prescription of zolpidem, flurazepam, nitrazepam, promazine, and levopromazine, were assessed for sleep disturbances improvements after prescription of quetiapine in the evening. Each patient met both ICD-10 and DSM-IV criteria for PTSD. Psychiatric comorbidity and premorbidity were excluded using Mini-International Neuropsychiatric Interview (MINI). As efficacy measures we used the improvement on the recurrent distressing dream item of the Clinician Administered PTSD Scale (CAPS-RDDI), reduction of the amount of time needed to fall asleep, prolongation of sleep duration, and reduction in the average number of arousals per night during the last seven days before assessment. **Results.** All sleep-related parameters improved significantly at the end of a three-month follow-up: sleep duration increased for one hour ($p < 0.001$), sleep latency decreased for 52.5 minutes ($p < 0.001$), median number of arousals per night decreased from two to one ($p < 0.001$), CAPS-RDDI median decreased from five to four ($p < 0.001$). **Conclusion.** Add-on of quetiapine in the evening may be successful therapy for persistent sleep disturbances in patients with PTSD and generally good response to an SSRI and benzodiazepine combination that previously failed to respond to some of the usual hypnotics or addition of the first generation antipsychotics.

ŠTO HORMONI IMAJU S TIM?! - POSTPARTALNA PSIHOZA

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Pacijentica rođena 1979. godine, po zanimanju diplomirana ekonomistica, zaposlena kao menadžerica, udana, majka dvoje djece (sin star 4.5 godine i kći stara mjesec dana), zaprimljena je

18 dana poslije drugog poroda u Kliniku za psihijatriju Vrapče na svoje drugo psihijatrijsko liječenje zbog dekompenzacije psihičkog stanja obilježene idejama odnosa i persekucije, strahom, nesanicom i heteroagresivnim ponašanjem prema članovima obitelji. Dan pred prijem u bolnicu počela je vrištati i bježati od supruga jer se bojala da će ubiti nju i djecu. Četiri godine prije toga, nakon prvog poroda, liječena je pod kliničkom slikom postpartalne psihoze, gotovo s istim simptomima. Obje trudnoće su protekle uredno. U periodu između trudnoća, pacijentica je bila adekvatnog i neupadnog funkcioniranja. U 31.-oj godini života, 2010. godine, imala je prometnu nesreću i zadobila potres mozga i frakturu noge. Navela je da se namjerno zabila autom u ogradu jer je htjela počinuti suicid (tada učinjen CT mozga je bio uredan). Psihijatrijski hereditet je pozitivan (djed s majčine strane počinio je suicid). Bolesnica je negirala konzumaciju nedopuštenih psihoaktivnih supstanci. Nije bila teže tjelesno bolesna tijekom života. Učinjena je dijagnostička obrada – rutinske laboratorijske pretrage krvi, biokemijski nalaz hormona štitnjače, CT mozga te psihologijska obrada koja je ukazala na gornji prosjek kvocijenta inteligencije, tada aktualnu dominantnost intrapsihičke tenzije, hostilnosti, depresivnosti te sumanutosti paranoidnog tipa, smanjenu kritičnost uz dismulaciju te je stečen dojam da se premorbidno radilo o specifičnoj strukturi ličnosti kod koje je moguća dekompenzacija po psihotičnom tipu uslijed stresova. U ovom istraživanju ćemo se osvrnuti i na utjecaj hormonskog statusa kao mogućeg okidača manifestiranju psihoze. Postpartalna psihoza se javlja u 0,1% do 0,2 % roditelja, a simptomi obično počinju unutar četiri tjedna nakon porođaja. Rizik manifestiranja nove psihotične epizode u kasnijim trudnoćama iznosi oko 50%. Istraživanja pokazuju da se postpartalna psihoza javlja kao manifestacija dubljeg endogenog psihotičnog procesa kod oko 3,4% žena. Druga psihotična dekompenzacija s postpartalnim početkom naše pacijentice, kao uostalom i prethodna, svakako je zahtjevala njezino daljnje praćenje.

WHAT HORMONES HAVE TO DO WITH IT?! - POSTPARTUM PSYCHOSIS

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Patient was born in 1979, economist, employed as a manager, married, mother of two children (son of 4.5 years and daughter who is one month old). She was hospitalized at Vrapče University Psychiatric Hospital 18 days after she gave birth to her daughter. This was her second psychiatric treatment due to the decompensation of her mental state presented with: delusions of relations and persecutory delusions, fear, insomnia, and heteroaggressive behavior toward family members. Four years ago, after she gave birth to her first child, she was treated under a clinical presentation of postpartum psychosis, with almost the same symptoms. Both pregnancies were carried out without any problems or complications. In the period between two pregnancies, her functioning (related to working, family and social dimension) was completely normal and unobtrusive way. In 2010, she had a traffic accident and suffered from a brain concussion and leg fracture. She confirmed that she deliberately hit the car in the fence because she wanted to kill herself (brain CT showed no clinical deviations). Psychiatric heredity is positive (patient's grandfather committed suicide). She negated the consumption of psychoactive substances and did not suffer from any serious somatic

illness during her life. During patient's hospitalization, diagnostic treatment was done as following: routine laboratory blood tests, biochemical levels of thyroid hormones, brain CT and psychological assessment. Related to this case-study, we will also discuss the influence of hormonal status as a potential trigger for the development/manifestation of psychosis. Postpartum psychosis occurs in 0.1 % to 0.2 % of parturient women. Symptoms usually begin within four weeks after parturition. The risk of experiencing a new psychotic episode in later pregnancies is about 50%. Studies showed that postpartum psychosis appears as a manifestation of deeper endogenous psychotic process in 3.4% of women. Patient's second psychotic postpartum decompensation, along with previous one, necessarily required further monitoring and follow-up.

NEOVISNA POVEZANOST ALEKSITIMIJE I VELIKOG DEPRESIVNOG POREMEĆAJA SA SUICIDALNIM MISLIMA: PRESJEČNA STUDIJA

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Uvod. Temeljna karakteristika aleksitimije je nesposobnost prepoznavanja osjećaja (NPO) i posljedično prema van orijentirano, konkretno mišljenje koje dalje može dovesti do teškoća u razumijevanju nepovoljnih životnih događaja. Osobe s aleksitimijom i NPO-om imaju viši rizik od kroničnog psihosocijalnog stresa, smanjenu sposobnost suočavanja i viši rizik od suicidalnih misli, što su pokazala mnoga istraživanja. Unipolarni veliki depresivni poremećaj (VDP) povezan je s povišenim rizikom od suicida. Napokon, prevalencija aleksitimije u bolesnika s MDD-om može biti i do 40%, u usporedbi s približno 10%-tnom prevalencijom u općoj populaciji. Postavili smo hipotezu da je barem djelomično povezanost NPO-a sa suicidalnim mislima neovisna o težini depresije u bolesnika s VDP-om. Cilj. Testirati hipotezu o barem djelomično neovisnoj povezanosti NPO-a i težine simptoma MDD-a sa suicidalnim mislima. Metode. Proveli smo presječno istraživanje na susljednom uzorku od 72 bolesnika ambulantno liječena zbog MDD-a u Kliničkom bolničkom centru Sestre Milosrdnice, Zagreb, Hrvatska tijekom 2019. godine. Protokol je odobrilo Etičko povjerenstvo ustanove, a svi su bolesnici potpisali informirani pristanak. Ishod je bila Beckova ljestvica suicidalnih ideacija (BSSI). NPO smo izmjerili Toronto alexithymia ljestvicom-20, a težinu simptoma VDP-a Beck-ovim inventarom depresije-II (BDI-II). Podatke smo analizirali linearnom regresijom. Rezultati. NPO i BDI-II bili su neovisno i značajno korelirani s BSSI (semiparcijalna $r^2 = 0,05$, $p = 0,008$; $r^2 = 0,51$, $p < 0,001$). Obje korelacije ostale su značajne nakon prilagodbe za dob, spol, obrazovanje, bračno stanje, broj članova kućanstva, radni status, mjesečne prihode obitelji, kronična zdravstvena stanja, indeks tjelesne mase i trajanje MDD-a: $r^2 = 0,05$, $p = 0,001$; $r^2 = 0,44$, $p < 0,001$. Zaključak. Potvrdili smo hipotezu da je NPO u korelaciji s BSSI-om neovisno o BDI-II i ostalim mogućim zbunjujućim varijablama. Ovaj nalaz može imati značajan klinički utjecaj na terapijske odabire za kupiranje suicidalnosti kod bolesnika s VDP-om.

INDEPENDENT ASSOCIATION OF ALEXITHYMIA AND MAJOR DEPRESSIVE DISORDER WITH SUICIDAL IDEATION: A CROSS-SECTIONAL STUDY

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The core alexithymic characteristic is difficulty in identifying feelings (DIF) and consequent externally

oriented, concrete thinking which can further leads to the more concrete understanding of adverse life events. People with alexithymia and DIF have higher risk for chronic psychosocial stress, diminished ability to cope and higher risk for suicide ideation, as it was demonstrated by many studies. Unipolar major depressive disorder (MDD) is associated with elevated risk for suicide as well. Finally, the prevalence of alexithymia in patients with MDD may be as high as 40%, compared to approximately 10% prevalence in the general population. We hypothesized that at least partially the DIF association with suicide ideation is independent of severity of depression in patients with MDD. Objective: To test the hypothesis on at least partially independent association of DIF and severity of MDD symptoms with suicidal ideation. Methods: We performed cross-sectional study on consecutive sample of 72 outpatients treated for MDD at Sestre Milosrdnice University Hospital Centre, Zagreb, Croatia during 2019. The protocol was approved by the institution's Ethics Committee, and all patients signed the informed consent. Outcome was Beck Scale for Suicide Ideation (BSSI). We measured DIF by Toronto Alexithymia Scale-20, and severity of MDD symptoms by Beck Depression Inventory-II (BDI-II). We analyzed data using linear regression. Results: DIF and BDI-II were independently and significantly correlated with BSSI (semipartial $r^2=0.05$, $p=0.008$; $r^2=0.51$, $p<0.001$). Both correlations remained significant after the adjustment for age, gender, education, marital status, number of household members, work status, family monthly income, chronic medical conditions, body mass index and duration of MDD: $r^2=0.05$, $p=0.001$; $r^2=0.44$, $p<0.001$. Conclusion: We confirmed the hypothesis that DIF is correlated with BSSI independently of BDI-II and other possible confounders. This finding may have significant clinical impact on therapeutic interventions targeting suicidality in patients diagnosed with MDD.

AKUTNI PSIHOTIČNI POREMEĆAJ I/ILI OPSJEDNUĆE

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Znaci opsjednuća mogu biti različiti, od nekih fizičkih simptoma, do pojave noćnih mora, ružnih snova koji su tako jezivi da žrtva ne želi ići na počinak, također mogu čuti glasove, imati vizije, a katkada je nešto tjera na da izvrši ubojstvo ili samoubojstvo. U najtežim slučajevima osoba može bolovati od neke duševne bolesti i biti istodobno opsjednuta, a događa se da se zloduh služi bolesti prikrivajući na taj način svoju nazočnost. To osobito vrijedi u slučaju opsesija kada zloduh napada um žrtve. Prikazati ćemo pacijenta koji je liječen 2001. god. kao akutni psihotični poremećaj, a u kliničkoj slici su dominirali izraziti nemir, strah i sumanute ideje proganja od sotone, obmane je negirao, ali se nisu mogle sa sigurnošću isključiti. U anamnezi do tada tjelesno zdrav, bez potusa i konzumacije droga, bez pozitivnog herediteta. Učinjena je dijagnostička obrada, u psihologijskom testiranju MMPI bilježi izrazitu paranoidnost, a PIE govori za zavisnu i sugestibilnu osobu naglašenih dimenzija depresivnosti, anksioznosti i agresivnosti, oslabljene prilagodbe, te je preporučen retest za šest mjeseci koji nije učinio. EEG uredan. Po ordiniranoj antipsihotičnoj i anksiolitičkoj terapiji dolazi do djelomičnog poboljšanja psihičkog stanja u vidu smanjenja napetosti, a psihotični simptomi blijede. Nakon otpusta desetak dana uzimao terapiju, obratio se svećeniku koji je obavio molitve iscjeljenja u više navrata, te se navedeni simptomi nisu više nikada javili. Do tada nije bio praktični vjernik, ali nakon navedenih obreda postaje praktični vjernik. Aktualno dolazi psihijatriju zbog pogoršanja depresivnosti, koja se javlja nakon što je prije pet godina imao moždani udar, zbog čega je i umirovljen. Detaljno opisuje svoje doživljaje unatrag devetnaest godina, sam ponavlja „nisu mi vjerovali da sam opsjednut, pa ni ja ne bi vjerovao da mi je to neko ranije pričao, rekao bi da je lud.

ACUTE PSYCHOTIC DISORDER AND / OR OBSESSION

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The signs of obsession can be different, from some physical symptoms, to the appearance of nightmares, ugly dreams that are so creepy that the victim does not want to go to rest, they can also hear voices, have visions, and sometimes be forced to commit murder or suicide. In most severe cases, a person may be suffering from a mental illness and be obsessed at the same time, and the evil spirit happens to serve the illness, thus concealing its presence. This is especially valid in the case of obsessions when the evil spirit attacks the mind of the victim. We will present a patient who was treated in 2001. as an acute psychotic disorder, where expressive restlessness, fear and delusional ideas of persecution from Satan were dominated in the clinical picture, he denied deception, but it could not be ruled out with certainty. Previously physically healthy, without drinking and drug use, without positive heredity. Diagnostic processing was performed, MMPI psychological testing reported severe paranoia, and PIE spoke for the addicted and suggestive person with stressed dimensions of depression, anxiety and aggression, with impaired adjustment, and retest was recommended for six months which he did not do. EEG was normal. Per prescribed antipsychotic and anxiolytic therapy, there was a partial improvement in mental state in the form of tension reduction, and psychotic symptoms faded. After being discharged, he was taking treatment for ten days, he addressed to a priest who had performed the healing prayers on several occasions, and the symptoms had never recurred. He was not a practical believer until then, but after the above said rituals he became a practical believer. He is currently coming in Psychiatry for worsening of depression, which occurs after he had a stroke five years ago, which is why he retired. He details his experiences back nineteen years, repeating himself "they didn't believe i was obsessed, so i wouldn't believe anyone told me this before, they would say he was crazy.

IZBJEGLIŠTVO KAO MOGUĆA OBOSTRANA ŠANS: POZNATI IZBJEGLI (TAKOZVANI) RUSI KOJI SU SE OSTVARILI (I) U RIJECI

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Godine 1918. dva milijuna izbjeglica iz nekadašnje carske Rusije je zapljusnuo svijet. Cilj ovog osvrta je evidentirati izbjegle takozvane Ruse (jer neki nisu možda bili etnički Rusi) koji su ostavili neizbrisiv trag ne samo u samoj hrvatskoj znanosti i kulturi nego i u riječkoj umjetnosti i nauci. Metode: Za potrebe ovog rada izlistane su relevantne povijesne / arhivske baze podataka i iščitane monografije različitih ustanova. Rezultati: U probiru se izdvajaju tri ličnosti. Sergej Kučinskij (Ekaterinoslav, 1886. – Rijeka, 1969.), ruski, potom beogradski likovni umjetnik koji godine 1947. postaje glavnim scenografom HNK Ivana pl. u Rijeci i aktivnim hrvatskim i riječkim slikarom – godine 1965. autor izložbe „Moskva i Rijeka – dvije ljubavi“. Olga Orlova (Kijev, 1903. - Rijeka, 1991.), ruska plesna umjetnica, potom zagrebačka i osječka balerina, plesačica i pedagoginja koja od godine 1949. radi u Narodnom kazalištu "Ivan Zajc" u Rijeci kao baletni majstor, pedagoginja i koreografkinja; danas riječki HNK svake godine dodjeljuje priznanje za najbolju ženski ili mušku baletnu ulogu – „Nagrada

Olga Orlova“. Eugen Cerkovnikov (Kamenskaja, 1904 – Rijeka, 1985.), kemičar , studira u Zagrebu, potom radi u Parizu i Zagrebu (doktorirao kod nobelovca Vladimira Preloga) koji godine 1957. dolazi na novoutemeljeni Medicinski fakultet u Rijeci i utemeljuje Zavod za kemiju i biokemiju; osnivač Hrvatskog kemijskog društva i Društva kemičara i tehnologa, sekcije za Rijeku i Istru - bio njihov prvi predsjednik / bio i jedan od utemeljitelja i prvi predsjednik Društva za izučavanje zdravstvene kulture u Rijeci - prethodnice današnjeg Hrvatskoga znanstvenog društva za povijest zdravstvene kulture. Rasprava: Većina izbjeglih iz nekadašnje carske Rusije bila je obrazovana, prema domaćinima prava društvena elita: aristokrati, znanstvenici, inženjeri, arhitekti, slikari, pisci, glazbenici, časnici itd. Upitno je koliko su oni isključivo bili etnički Rusi. Zaključak / umjesto zaključka: Možda bi za dobru i brzu integraciju svojedobno izbjeglih takozvanih Rusa u našu hrvatsku sredinu (unatoč onoga u raspravi podastrtog) mogla utjecati ne samo naša stanovita (kulturna i jezična pa i donekle i vjerska) sličnost nego i znana takozvana ruska iskrenost i otvorenost

REFUGEES AS A POSSIBLE MUTUAL CHANCE: FAMOUS REFUGEES (SO-CALLED) RUSSIANS WHO HAVE EFFECTUATED (AND) IN RIJEKA

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Introduction: In 1918, two million refugees from the former imperial Russia had invaded the world. Aim: The aim of this review is to record the refugees of the so-called Russians (because some of them may not have been ethnic Russians) who left an indelible mark not only in Croatian science and culture, but also in Rijeka's art and science. Methods: For the purposes of this paper, relevant historical / archive databases and monographs of various institutions have been listed. Results: Three individuals are identified in the screening. Sergej Kučinskij (Ekaterinoslav, 1886. - Rijeka, 1969.), a Russian, then Belgrade visual artist who in 1947. became the main stage designer for the Croatian National Theater Ivan pl. in Rijeka and an active Croatian and Rijeka painter - in 1965. the author of the exhibition "Moscow and Rijeka - two loves". Olga Orlova (Kiev, 1903. - Rijeka, 1991.), a Russian dance artist, then Zagreb and Osijek ballerina dancer, a dancer and pedagogue who has worked at the National Theater "Ivan Zajc" in Rijeka as a ballet master, pedagogue and choreographer since 1949.; today, the CNT from Rijeka annually awards the best female or male ballet - the "Olga Orlova Award". Eugen Cerkovnikov (Kamenskaja, 1904. - Rijeka, 1985.), chemist, studied in Zagreb, then worked in Paris and Zagreb (PhD at Nobel Prize winner Vladimir Prelog), who came to the newly founded Faculty of Medicine in Rijeka in 1957. and founded the Department of Chemistry and Biochemistry ; founder of the Croatian Chemical Society and Society of Chemists and Technologists, sections for Rijeka and Istria - was their first president / and was one of the founders and first president of the Society for the Study of Health Culture in Rijeka - the forerunner of today's Croatian Scientific Society for the History of Health Culture. Discussion: Most refugees from the former imperial Russia were educated, according to the hosts, a true social elite: aristocrats, scientists, engineers, architects, painters, writers, musicians, officers, etc. It is questionable they were exclusively ethnic Russians. Conclusion / Instead of Conclusion: Maybe the good and fast integration of the so-called Russian refugees into our Croatian environment (despite the one discussed) could be affected not only by our particular (cultural and linguistic and also somewhat religious) similarity but by the well-known so-called Russian sincerity and extroversion.

PSIHODINAMSKI ASPEKTI ONLINE PSIHOTERAPIJE I EVALUACIJA ONLINE PSIHOTERAPIJSKIH PROGRAMA DNEVNE BOLNICE KLINIKE ZA PSIHIJATRIJU

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Cilj istraživanja bio je ispitati različite parametre u liječenju online psihoterapijom pri Dnevnoj bolnici Klinike za psihijatriju, KBC Rijeka. U istraživanju je sudjelovalo 55 pacijenata, 46 žena i 9 muškaraca. Svi ispitanici su prethodno bili uključeni u program koji se odvijao “u živo” u prostorima Klinike za psihijatriju, od rujna 2019. do ožujka 2020. Početkom donošenja protuepidemijskih mjera program je nastavljen putem online platformi, u početku Skype, kasnije putem aplikacije Zoom. Online program Dnevne bolnice Klinike za psihijatriju sastojao se od malih grupa (do 10 članova), velike grupe (terapijske zajednice, do 30 članova) i edukativne grupe (20 članova). Za potrebe istraživanja primijenio se Upitnik o procjeni učinkovitosti online programa Dnevne bolnice, koji su ispitanici ispunjavali online, u drugom tjednu provedbe programa (travanj 2020.) i tjednu nakon završetka programa (srpanj 2020.). Rezultati upućuju da većina pacijenata procjenjuje korisnim online program i zadovoljna je online liječenjem u Dnevnoj bolnici Klinike za psihijatriju. Procjenjuju da im je najkorisniji dio programa koji se odnosi na rad u malim grupama i edukativnim grupama. Ispitanici doživljavaju veću tjeskobu u velikim grupama, nego u malim grupama, kao i što osjećaju značajno veću povezanost, razumijevanje i empatiju prema članovima malih grupa, nego što je to slučaj prema članovima u velikoj grupi. Samoprocjena tjeskobnosti, depresivnosti i doživljaj izloženosti stresu, bili su značajno veći na početku programa, nego po njegovom završetku kod svih ispitanika. U usporedbi online programa i programa “u živo”, ispitanici procjenjuju da im je korisniji bio program koji se odvijao “u živo”. Ipak, procijenjeni stupanj korisnosti online programa značajno je veći je na njegovom završetku nego u početku provođenja online programa. Nisu utvrđene značajne razlike u samoprocjeni tjeskobe kod sudjelovanja u programu “u živo” i online.

PSYCHODYNAMIC ASPECTS OF ONLINE PSYCHOTHERAPY AND EVALUATION OF ONLINE PSYCHOTHERAPY PROGRAMS IN OUTPATIENT CENTER OF THE PSYCHIATRY CLINIC

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The goal of the study was to examine different parameters of online psychotherapy treatment at the Outpatient Center of the Clinic for Psychiatry, KBC Rijeka. The study involved 55 patients, 46 women, and 9 men. All respondents were previously involved in a program that took place “live” in the Clinic for Psychiatry, from September 2019 to March 2020. At the beginning of anti-epidemic measures, the program continued through the online platform, initially Skype, later the Zoom application. The online program of the Outpatient Center of the Clinic for Psychiatry consisted of small groups (up to 10 members), a large group (therapeutic communities, up to 30 members), and an educational group (20 members). For the research, the Questionnaire on the evaluation of the effectiveness of the online program of the Outpatient Center was applied, which the respondents filled out online, in the second week of the program implementation (April 2020) and the week after the end of the program (July 2020). The results indicate that most patients find the online program useful and are satisfied with the online psychotherapy treatment at the Outpatient Center of the Clinic for Psychiatry. They estimate that the program’s most useful part is working in small groups and educational groups.

Respondents experience greater anxiety in large groups than in small groups and feel a significantly greater connection, understanding, and empathy toward members of small groups than is the case toward members in a large group. Self-assessment of anxiety, depression, and the experience of stress exposure were significantly higher at the beginning of the program than at its completion in all subjects. In a comparison of online programs and “live” programs, respondents estimate that a “live” program was more useful to them. Nevertheless, the estimated degree of usefulness of an online program is significantly higher at its completion than at the beginning of the implementation of the online program. No significant differences were found in anxiety self-assessment when participating in the “live” program and online.

PSIHODINAMSKI ELEMENTI SASTANKA BRATSTVA ANONIMNIH ALKOHOLIČARA

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Anonimni alkoholičari (AA) su svjetski socijalni i izvaninstitucionalni javnozdravstveni pokret s originalnim programom koji sadrži teorijski koncept i praktični metodološki pristup u tretmanu ovisnika o alkoholu. Formativno ga čine grupe samopomoći koje su sadržajno šire od toga jer su sastavnica mnoštvenog pokreta apstinencije s programskom vizijom i ciljem pomoći u liječenju i oporavku ovisnika o alkoholu, te održavanju apstinencije i života bez alkohola. Program oporavka „12 koraka“ AA koji je objavljen u kolokvijalno nazvanoj „Velikoj knjizi“ društveni je, moralni i u kontekstu zdravlja vrijednosni sustav te i način života individualno otvoren i religijskom pristupu, pri čemu su duhovno sazrijevanje i preobrazba, moralno preispitivanje, oslobođanje od osjećaja krivnje i prihvaćanje odgovornosti, izlazak iz društvene izolacije i usamljenosti, radikalna iskrenost, nesebična solidarnost i pomoć drugim alkoholičarima te kroz to i samom sebi, i suradnja s mentorom/podupirateljem; motiv i čimbenik prevladavanja ovisnosti i održavanja apstinencije od alkohola. Osnovni, premda ne i jedini, oblik aktivnosti AA su sastanci grupa samopomoći odnosno skupina ovisnika koje se nazivaju bratstvo, a po nekim značajkama grupne dinamike one se mogu prispodobiti s grupom u grupnoj psihoterapiji. Interpersonalna komunikacija i interakcija članova bratstva/grupe odvija se na dvije razine. Formalno na sastancima bratstva/grupe, te neformalno spontanima kontaktima i komunikacijom članova koji mogu biti izravni ili posredni preko telefona/mobitela, elektronske pošte i društvenih mreža; pri čemu se manifestiraju i elementi nekih psiholoških mehanizama obrane i grupne dinamike. U edukacijskom procesu prorade tema iz Programa „12 koraka“ AA, u ovisnika se mogu manifestirati psihološki mehanizmi obrane kao što su negacija, poricanje, potiskivanje i kompenzacija. U odnosu pak na mentora/podupiratelja mogu se manifestirati psihološki mehanizmi obrane kao što su idealizacija, identifikacija i altruizam. U grupnoj dinamici mogu se na elementarnoj razini manifestirati otpor i uvid; te vjera u grupu, kohezija, koherencija, empatija, kolektivno emocionalno iskustvo te interpersonalno učenje i iskustvo.

PSYCHODYNAMIC ELEMENTS OF AN ALCOHOLICS ANONYMOUS BROTHERHOOD MEETING. ANONYMOUS

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Alcoholics (AA) is a global social and non-institutional public health movement with an original program containing of a theoretical concept and a practical methodological approach to treatment of alcohol addicts. Formatively, it consists of self-help groups that are broader than just a part of a mass abstinence movement with a programmatic vision that helps recover alcohol addicts, and maintain abstinence with a life without alcohol. There is a recovery program named "12 steps", published by colloquially name the "Big book" this is a value system in the context of moral and social being and way how life individually should open to religious approach, whereby spiritual maturation and transformation, moral re-examination, liberation from feelings of guilt, acceptance of responsibilities, coming out of social isolation and loneliness, radical honesty, selfless solidarity and help to other alcoholics and cooperation with mentor, are the main factor in overcoming addiction and maintaining abstinence of alcohol. The main, but not the only form of activity of AA, are self-help group meetings, also called fraternity, and by some features of group dynamics they can be compared to a group in group psychotherapy. Interpersonal communication and the interaction of fraternity / group, takes place on two levels. Formally in group meetings and informally by spontaneous contacts and communication which can be direct or indirect via telephone / mobile phone, e-mail and social networks, whereby elements of some psychological defense mechanisms and group dynamics also manifest. In the educational process of topics from the AA Program "12 steps", addicts can manifest psychological defense mechanisms such as negation, denial, repression and compensation. In relation to the mentor / supporter, they can manifest psychologically defense mechanisms such as idealization, identification, and altruism. In group dynamics there could be developed resistance and insight at the elementary level, but also could be manifested faith in the group, cohesion, coherence, empathy, collective emotional experience and interpersonal learning.

KOCKA U VRIJEME PANDEMIJE COVID-19

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Od početka ožujka 2020., glavna vijest u svijetu pandemija je Covid-19. Uz izravno ugrožene skupine - kronične bolesnike i starije te zaposlene u sustavu zdravstvene zaštite, neizravno su ugrožene i skupine podložnije stresu te izostanku strukture i urednog životnog ritma. Jedna od takvih skupina su ovisnici. Na ovom tragu postavljala su se brojna pitanja o ponašanju ovisnika o kocki. Hoće li se povećati vrijeme provedeno u kockanju, uloženi novčani iznosi, ili doći do promjene načina na koji pojedinci kockaju? Zabrinutost je dodatno pojačana jer su, kao odgovor na otkazivanje sportskih sadržaja, kockarske kuće "pojačale" marketing – televizijski, putem društvenih medija te naglasile klađenje u e-sportu te on-line kasino. Prva izvješća bilježila su pojačanu aktivnost online kockarnica usred krize i klađenja na konjske utrke uz većinom otkazane sportske događaje. Ovakav pomak nagovijestao je da izostanak sportskih oklada vodi kockare do rizičnijih izbora. Uz to, rad od kuće zasigurno je donio neke nove rizične čimbenike, prvenstveno u smislu uklanjanja sigurnosnih mreža kao što su nadzor i podrška kolega, internetski softver za blokiranje kockarskih stranica i reklama, ali i sam ritam svakodnevnih obveza i aktivnosti. Rad od kuće također može potaknuti veću upotrebu aplikacija za kockanje ili web stranica, dijelom zato što dosada potiče kockanje, ali i zato

što će socijalno distanciranje i izoliranje u domu dovesti do povećane izloženosti reklamama putem televizije, interneta i društvenih medija. Međutim, dosad provedena istraživanja ukazuju da se broj aktivnih kockara u online casinu s vremenom značajno povećao te da se prosječni iznos novca koji su svakodnevno kladili kockari na mreži znatno smanjio s vremenom. Zanimljivo, kod kockara s višim ulozima, "rizičnih igrača", ulazi su se s vremenom značajno smanjili, dok se prosječna dnevna oklada kockara s početno nižim ulozima značajno povećala. Pokazano je da se broj visoko rizičnih igrača značajno smanjio tijekom petomjesečnog razdoblja studije. Nadalje, pokazano je kako osobe koje se prvenstveno klade na sportske događaje, nisu u značajnoj mjeri prešle na rizičnije oblike kocke. Prostor za daljnje istraživanje otvara i sve izglednija velika financijska kriza koja bi mogla nastupiti kao posljedica zatvaranja granica, poslova, socijalne distance i opreza. Naime, iako se doima kontraintuitivnim, istraživanje nakon financijske krize 2008. pokazalo je da Amerikanci u nekim oblicima kockaju više u vrijeme financijskih problema. Zaključno, potrebno je daljnje istraživanje i praćenje ponašanja ovisnika o kocki u "novom normalnom".

GAMBLING DURING THE COVID-19 PANDEMIC

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Since the beginning of March 2020, the main news in the world is the Covid-19 pandemic. With directly endangered groups, chronic patients and the elderly, and employees in the health care system, groups that are more susceptible to stress and the lack of structure and orderly life rhythm are indirectly jeopardised. One such group is addicts. Numerous questions about the behaviour of gambling addicts have risen in this regard. Will the time spent in gambling, the amount of money invested, increase, or will there be a change in the way individuals gamble? Concerns have been further heightened because, in response to the cancellation of sporting events, gambling houses have "stepped up" marketing: by television, social media and emphasizing e-sports betting and online casinos. The first reports recorded increased activity of online casinos and horse-betting amid the crisis with mostly canceled sporting events. This shift had suggested that the absence of sports bets leads gamblers to riskier choices. In addition, working from home has certainly brought some new risk factors, primarily in terms of removing security networks such as peer supervision and support, online software to block gambling sites and advertisements, but also the rhythm of daily commitments and activities. However, research conducted so far indicates that the number of active gamblers in an online casino has increased significantly over time and that the average amount of money bet daily by online gamblers has decreased significantly over time. Interestingly, in the case of gamblers with higher stakes, high-risk players, the stakes decreased significantly over time, while the average daily bet of gamblers with initially lower stakes increased significantly. The number of high-risk players was shown to decrease significantly during the five-month study period. Furthermore, it has been shown that people who primarily bet on sporting events have not significantly switched to riskier forms of gambling. The space for further research is opened by the increasingly probable major financial crisis that could occur as a result of the closure of borders, jobs, social distance and caution. Although it seems counterintuitive, research after the financial crisis in 2008 showed that Americans gamble more in some forms at a time of financial problems. In conclusion, further research and monitoring of gambling addicts' behaviour in the "new normal" is needed.

DUHOVNOST KAO RESURS U OPORAVKU OD OVISNOSTI

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Rad je usmjeren na prikaz značaja duhovnosti u postizanju cjelovitog oporavka od ovisnosti. U uvodnom dijelu rada kroz teorijski koncept želi se istaknuti važnost i značaj duhovnosti u liječenju ovisnosti i rehabilitaciji bivših ovisnika iz terapijske zajednice Reto Centar. Duhovnost kao bitan čimbenik u liječenju ovisnosti pomaže pojedincu u stvaranju novog vrijednosnog sustava, obrasca ponašanja i cjelokupnog načina života. Omogućava suočavanje s krizama te razvoj otpornosti na buduće stresne situacije kao i autotranscendenciju- nadilaženje teških životnih situacija i kriza te stvaranja pozitivnog obrasca življenja. U radu su prikazani rezultati kvalitativnog istraživanja provedenog metodom polustrukturiranog intervjua s deset bivših ovisnika odnosno pripadnika zajednice Reto Centar iz Zagreba. Svi sudionici istraživanja u svojoj osobnoj povijesti imaju iskustvo ovisnosti o teškim drogama te su u cjelovitom oporavku više od 5 godina. Veličina uzorka definirana je prema principu postizanja teorijskog zasićenja. Sadržaji intervjua su transkriptirani i obrađeni postupkom kvalitativne analize. Rezultati istraživanja pokazuju da intenzivno življenje duhovnosti na osobnoj razini dovodi do korijenite promjene odnosno transformacije osobnosti, a življenje duhovnosti u okviru zajednice predstavlja značajan resurs za uspješno liječenje ovisnosti i rehabilitaciju pripadnika zajednice Reto Centar kao i način suočavanja i nošenja s budućim krizama. Iz perspektive sudionika istraživanja naglašena je važna uloga duhovnosti u pronalaženju životnog smisla i u poticanju cjelovite pozitivne promjene života (doživljaj „novog rođenja“). Rezultati istraživanja ukazuju na potrebu za većom integracijom duhovnosti u profesionalni holistički pristup liječenju ovisnosti unutar terapijskih zajednica.

SPIRITUALITY AS A RESOURCE IN RECOVERY FROM ADDICTION

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This paper focuses on showing the significance of spirituality in achieving a complete recovery from addiction. In the introductory part of the paper, through the theoretical concept, we want to emphasize the importance and significance of spirituality in the treatment of addiction and rehabilitation of former addicts from the therapeutic community Reto Center. Spirituality, as an essential factor in the treatment of addiction, helps the individual to create a new system of values, behavioral patterns, and overall lifestyle. It enables coping with crises and develops resilience to future stressful situations as well as self-transcendence - overcoming difficult life situations and crises and creating a positive lifestyle. The paper presents the results of qualitative research conducted by the method of a semi-structured interview with ten former addicts, i.e., members of the Reto Center community from Zagreb. All study participants have a history of being addicted to hard drugs and have been in full recovery for more than 5 years. The sample size is defined according to the principle of achieving theoretical saturation. The contents of the interviews were transcribed and processed by a qualitative analysis procedure. The results of the research show that intensive living of spirituality on a personal level leads to a radical change or transformation of personality, while living spirituality within the community presents a significant resource for successful addiction treatment and rehabilitation of Reto Center community members as well as coping with future crises. From the perspective of the research participants, the important role of spirituality in finding the meaning of life and in encouraging a complete positive change of life (the experience of “new birth”) was emphasized. The results of the research indicate the need for greater integration of spirituality into a professional holistic approach to addiction treatment within therapeutic communities.

ISKUSTVO CJELOVITOGA OPORAVKA OD OVISNOSTI BIVŠIH OVISNIKA U TERAPIJSKIM ZAJEDNICAMA

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U ovom radu predstavljani su rezultati kvalitativnog istraživanja čiji cilj je bio sagledati različite perspektive i doživljaj bivših ovisnika, roditelja bivših ovisnika i stručnjaka o iskustvu cjelovite promjene i oporavku od ovisnosti o drogama tijekom i nakon boravka u terapijskim zajednicama. U uvodnom dijelu biti će izložene tzv. „ključne točke“ koje doprinose postizanju cjelovite promjene kod ovisnika te definiranje različitih aspekata u kojima se očituje cjelovita promjena kod bivših ovisnika u razdoblju tijekom boravka i nakon izlaska iz terapijske zajednice. Istraživanje je provedeno intervjuiranjem 42 sudionika (15 bivših ovisnika, 12 roditelja i 15 stručnjaka) sa svrhom produbljivanja razumijevanja prirode i različitih aspekata oporavka od ovisnosti te konceptualizacije fenomena cjelovite promjene/transformacije bivših ovisnika o drogama. Istraživanje je provedeno polustrukturiranim intervjuom, a u analizi prikupljene građe koristila se metoda kvalitativne analize sadržaja. Unutar zadana tri istraživačka pitanja prikazane su dobivene kategorije, kodovi i pojmovi koji, uz navođenje primjera izjava sudionika istraživanja, čine okosnicu prikaza i interpretacije dobivenih rezultata ovog istraživanja. Rezultati su pokazali da oporavak za bivše ovisnike, roditelje i stručnjake podrazumijeva ne samo stanje trajne apstinencije, već da je to višedimenzionalni koncept koji u sebi uključuje postupni i dugotrajni proces cjelovite promjene u kojem dolazi do napuštanja destruktivnih obrazaca ponašanja te izgradnje obnovljenog, produktivnog života. Oporavak može biti potaknut dubokim duhovnim iskustvima i egzistencijalnim krizama koje radikalno redefinišu osobni identitet i međuljudske odnose, pomažu pojedincima u otkrivanju smislenosti života, donošenju proaktivnih odluka te postizanju trajne pozitivne promjene. U procesu postizanja cjelovitog oporavka kod ovisnika o drogama važnu ulogu ima duhovni aspekt, podrška obitelji i terapijske zajednice. Prikazani rezultati ovog istraživanja potkrepljuju tezu da oporavak treba promatrati kroz egzistencijalistički pristup životu i djelovanju pojedinca, te da su subjektivna iskustva bivših ovisnika u tom kontekstu vrlo važna i relevantna za praktičnu primjenu u terapijskom radu i procesu resocijalizacije.

EXPERIENCE OF COMPLETE RECOVERY FROM ADDICTION OF FORMER ADDICTS IN THERAPEUTIC COMMUNITIES

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This paper presents the results of a qualitative study aimed at looking at different perspectives and experiences of former addicts, parents of former addicts, and experts on the experience of complete change and recovery from drug addiction during and after their stay in therapeutic communities. In the introductory part, the so-called “key points” that contribute to achieving a complete change in addicts are being displayed. In addition, defining various aspects in which a complete change is manifested in former addicts during the stay and after leaving the therapeutic community is also included. The research was conducted by interviewing 42 participants (15 former addicts, 12 parents, and 15 professionals) in order to deepen the understanding of the nature and various aspects of recovery from addiction and conceptualization of the phenomenon of complete change / transformation of former drug addicts. The research was conducted in form of semi-structured interviews, and the method of qualitative content analysis was used in the analysis of the collected material. Within the given three research questions, the obtained categories, codes, and terms are presented, which, along with examples of statements of research participants, form the backbone of the presentation and interpretation of the obtained results of this research. Results showed

that recovery for former addicts, parents, and professionals implies not only a state of permanent abstinence, but that it is a multidimensional concept that includes a gradual and long process of a complete change in which destructive patterns of behavior are abandoned and a renewed, productive life is built. Recovery can be driven by deep spiritual experiences and existential crises that radically redefine personal identity and interpersonal relationships, help individuals discover the meaning of life, make proactive decisions, and achieve lasting positive change. The spiritual aspect, the support of the family, and the therapeutic community play an important role in the process of achieving complete recovery in drug addicts. The presented results of this research support the thesis that recovery should be viewed through an existentialist approach to life and actions of the individual, and that the subjective experiences of former addicts in this context are very important and relevant for practical application in therapeutic work and in process of resocialization.

BLISKO ISKUSTVO SA SMRĆU – RADIKALNA DEPERSONALIZACIJA I DISOCIJATIVNI BIJEG OD OPASNOSTI ILI MISTERIJ SVJESNOSTI

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Tijekom povijesti opisani su specifični doživljaji osoba koje su bile blizu smrti ili koje su u novije vrijeme metodama oživljavanja vraćene iz stanja kliničke smrti-osjećaj mira i ugođe, doživljaj odvajanja od tijela praćen ponekad vizijama svjetlosti, uz transformirajući učinak iskustva. Isti doživljaji su objašnjavani psihološkim (disocijacija, depersonalizacija u opasnosti uz moguću evolucijsku adaptaciju na egzistencijalnu tjeskobu u suočenju sa prolaznošću, krhkošću i strahom od smrti) i neurobiološkim uzrocima, ali neki su ukazivali i na povremenu misterioznost fenomena koja otvara mogućnost preispitivanja strukture svjesnosti i odnosa iste prema moždanim funkcijama.

CLOSE EXPERIENCE WITH DEATH - RADICAL DEPERSONALIZATION AND DISSOCIATIVE ESCAPE FROM DANGER OR MYSTERY OF AWARENESS

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Throughout history, specific experiences of people who have been close to death or who have recently been resuscitated from a state of clinical death have been described — a sense of peace and comfort, an experience of separation from the body sometimes accompanied by visions of light, with a transformative effect. The same experiences were explained by psychological (dissociation, depersonalization in danger with possible evolutionary adaptation to existential anxiety in the face of transience, fragility and fear of death) and neurobiological causes, but some also pointed to the occasional strangeness of the phenomenon that opens the possibility of questioning the nature of consciousness and its relation to brain functions.

DRUŠTVO NIJE ZDRAVO, ALI JE OZDRAVLJIVO (VIKTOR E. FRANKL) DUHOVNI RAST KROZ PRIZMU EGZISTENCIJALNE ANALIZE I LOGOTERAPIJE

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Jedna od najznamenitijih osoba 20. stoljeća Viktor Emanuel Frankl (1905 – 1997) učinio je revolucionarni preokret u psihoterapiji i medicini istaknuvši da je čovjek trodimenzionalno biće, koje pored tjelesne i psihološke dimenzije, koje posjeduju i životinje posjeduje i onu specifično ljudsku (po čemu se razlikuje od životinja), duhovnu dimenziju. Nju ne naslijeđujemo, niti nastaje pod utjecajem okoline nego u trenutku začeća dobivamo iskru duha od Apsolutnog duha. U njoj se nalazi naša savijest, slobodna volja i odgovornost, sposobnost doživjeti ljubav i ljepotu. Po duhovnoj dimenziji postaje čovjek osoba. Prema V. Franklu osoba je jedinstvena, autonomna, neponovljiva, sposobna autotranscendencije i autodistance. Radi duhovne dimenzije čovjek zadržava svoje potpuno dostojanstvo i tada kada je njegov psihofizički aparat potpuno oštećen (teške invalidnosti, teški mentalni poremećaji, demencija, koma i ostalo). Viktor E. Frankl otkrio je da veliki broj osoba koje dolaze u liječničku ordinaciju pate od egzistencijalnog vakuuma, odnosno stanja životne praznine, doživljava da život nema nikakvog smisla. Ustvrdio je da je osnovna ljudska potreba potreba za smislom, te da možemo podnijeti i najteže životne situacije, ako u njima otkrijemo smisao. Posvjedočio je to i svojim životom u četiri koncentracijska logora, među ostalim u Auschwitzu. Smisao ne stvaramo sami nego nam je zadan, kao neke vrste „domaća zadaća“ a mi ga otkrivamo slušajući glas savjesti, koji je povezan s transcendencom i realiziramo ga svojom slobodnom voljom preuzimajući za to punu odgovornost. Ispunjavanje smislene zadaće dovodi nas do osjećaja radosti. O tome je iznijela svoja mišljenja i grupa 10 ispitanika. Logoterapija ima svoj snažni preventivni značaj što će se ilustrirati prikazom programa duhovnog rasta u okviru Žičke kartuzije. Učesnici imaju prilike susreta sa samim sobom, drugima, prirodom i s Bogom. Mijenjajući sebe na bolje mijenjamo cijeli svijet na bolje.

SOCIETY IS NOT HEALED, BUT IS HEALABLE (VIKTOR E. FRANKL) SPIRITUAL GROWTH THROUGH PRISM OF EXISTENTIAL ANALYSIS AND LOGOTHERAPY

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One of the most famous people of the 20th century, Viktor E. Frankl (1905-1997), made a revolutionary turn in psychotherapy and medicine, emphasizing that man is a three dimensional being who in addition to physical and psychological dimension which also possess animals, possesses that specifically human - the spiritual dimension which is different from animals. We don't inherit the spiritual dimension, it doesn't arise under the influence of the environment, but at the moment of conception we receive the spark of the spirit from the Absolute Spirit. The spiritual dimension contains conscience, free will and responsibility, and ability to experience love and beauty. According to Victor Frankl a person is unique, autonomous, unrepeatable, capable of self-transcendence and self-distance. Because of a spiritual dimension, person keeps his full dignity even when his psychophysical apparatus is completely damaged (severe invalidity, serious mental disorders, dementia, coma etc.) Victor E. Frankl discovered that large number of people who come to the doctor's office suffer from existential vacuum. He said that the basic human need is need for meaning of life and that we can endure the most difficult life situations if we can find meaning in them. He witnessed this with life in four concentration camps including Auschwitz. We don't create meaning by ourselves, but it is given

to us as a kind of “homework”, and we discover it with the voice of conscience which is connected with transcendence and we realize it with our free will, taking full responsibility for it. Fulfilling the meaningful task brings us to sense of joy. A group of ten respondents expressed their opinion on this. Logotherapy has its strong preventive significance, which will be illustrated by the presentation of the spiritual growth program in the Žička Carthusian monastery. Participants have the opportunity to meet themselves, others, nature and God. By changing ourselves to the better, we change whole world to the better.

INFLUENCE OF PATHOGENETIC THERAPY FOR ALZHEIMER’S DISEASE ON THE COPING BEHAVIOR OF RELATIVES CARING FOR PATIENTS

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Relatives who are directly caring for a person with dementia are experiencing a stressful situation. The effectiveness of treatment and the quality of life of patients depend on the help of these people, the behavior of the caregivers directly affects the mental state of the patients themselves. Purpose: Based on the analysis of theoretical sources and the results of practical research, to identify and analyze strategies for coping with the stress of the disease behavior in relatives of patients with dementia. Materials and methods: Following psychodiagnostic methods are used: the coping test method (Lazarus R., Folkman S.) R. Lazarus and S. Folkman in 1988, adapted by T.L. Kryukova, E.V. Kuftyak, M.S. Zamyshlyayeva (Kryukova T.L., Kuftyak E.V., 2007); methods of psychological diagnostics of coping mechanisms (E. Heim); the method of research of psychological defenses “Index of lifestyle” (R. Plutchik, G. Kellerman, H.R. Conte, 1979); Spielberger-Khanin scale of reactive and personal anxiety (1978). 56 relatives were studied. The vast majority of patients who were cared for had a stage of moderate dementia. Results: The dominant behavioral strategies among the patients’ relatives were “seeking social support”, “self-control”, “escape-avoidance”. Since patients with dementia are in the direct care of their caregivers, the presence of such a coping option suggests that the reserves of psychological stability of the latter are being depleted. According to the results of the Heim survey, it was found that adaptive emotional coping strategies were chosen by 30% of relatives. More often, non-adaptive behavioral coping strategies were chosen by relatives, among which “active avoidance” was more often noted, avoidance of thoughts about the situation, speaks of low activity in terms of cognition of the features of a loved one’s ailment. To determine the mechanisms of psychological defenses, the study was carried out using the “Lifestyle Index” methodology. The mechanisms of psychological defense “denial”, “substitution” and “intellectualization” prevail among relatives. Moderate values on the scales of situational and personal anxiety were found in the majority of caregivers. Most often, the subjects of both groups demonstrated a significant level of situational anxiety in the presence of the disease in relatives for less than 2 years. Conclusions. Psychological adjustment during a stressful situation, which is undoubtedly the situation of caring for a patient suffering from dementia, is due to the stabilizing influence of coping. In general, a small set of copings used was typical for the caregivers. A fairly large percentage of caregivers showed maladaptive coping options. However, they are more likely to resort to cognitive and emotional maladaptive strategies.

PREVALENCE OF SOCIAL ANXIETY IN VORONEZH MEDICAL STUDENTS

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Introduction. Changes in modern education make investigating student's adaptation more and more relevant. Social anxiety is one of major factors for decreasing life quality of University students which may lead to poor psychological and social adaptation to education [3]. According to studies in Moscow (2006) more than 30% of students have depressive symptoms and even 16% have suicidal thoughts. And almost half of students complained on anxiety of moderate and high levels [2]. Years spent at University are associated with high stress and workload unlike any other periods of life. That is why manifestation of many psychopathological symptoms is linked specifically with these years [3]. Social anxiety in students also correlate with risk of developing alcohol and drug addiction. Medical students tend to have more addictive behavior patterns than general population [1]. **Objective:** Evaluating level of social anxiety in students of Voronezh State Medical University him. N.N. Burdenko. **Methods** The sample for this study comprised 450 students of first, third and fifth years of education in Voronezh State Medical University. The level of anxiety was evaluated with specially developed questionnaire by the Department of Psychiatry. **Results** Overall, 46% of participants didn't have any significant level of social anxiety. Features of low social anxiety level were revealed in 30%, moderate level – in 16%, marked level – in 6%, and high level – in 2%. Among first year students (n=150), 38% didn't have any significant level of social anxiety. Features of low social anxiety level were revealed in 30%, moderate level – in 22%, marked level – in 6%, and high level – in 4%. Of third year students (n=150), 42% didn't have any significant level of social anxiety. Features of low social anxiety level were revealed in 32%, moderate level – in 16%, marked level – in 8%, and high level – in 2%. Among fifth year students (n=150), 56% didn't have any significant level of social anxiety. Features of low social anxiety level were revealed in 30%, moderate level – in 10%, marked level – in 4%. No high level anxiety features were found in this group. **Conclusion** 1) Features of social anxiety were revealed in more than half of participants (54%). 2) Most students had low and moderate levels of social anxiety. 3) Anxiety was lower in fifth year students. 4) High level of social anxiety was revealed in first and third year students. 5) More research in social anxiety among University students is needed.

ASSOCIATION OF POLYMORPHIC VARIANTS OF DOPAMINE RECEPTOR GENES WITH ANTIPSYCHOTIC-INDUCED WEIGHT CHANGES IN PATIENTS RECEIVING ANTIPSYCHOTICS

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The main drugs for the treatment of a wide range of mental disorders, including schizophrenia, are antipsychotics. [Miyamoto S, et al, 2012]. In their use, in addition to the effectiveness of the drug, very great importance is attached to its safety. At the same time, antipsychotics have a wide profile of side effects. 40-62% of patients with schizophrenia are overweight or obese, which increase

the risk of cardiovascular diseases and mortality, can lead to maladaptation, stigmatization and discrimination of a person in society and can be the main reason for violation of the treatment regimen or complete rejection of it [Martene W, et al, 2019]. Thus, the need for personalized prescription of antipsychotic drugs, based on determining the genetic predisposition of patients to the development of side effects of the metabolic spectrum, is obvious. The purpose of the study was to establish associations of polymorphic variants of the dopaminergic receptor genes DRD2 and DRD4 with the risk of developing antipsychotic-induced weight changes. Materials and methods: 117 inpatients (95 men, 22 women) with mental disorders of category F20(ICD-10,1995) were enrolled in the study. Mean age of the disease onset was 24.56 ± 1.95 years; mean age of the first medical help was 26.5 ± 1.65 years; mean age of the first antipsychotic therapy was 25.7 ± 1.7 years. The research consisted of two visits: the 1st visit - at the time of randomization and inclusion of the patient in the study; 2nd visit - at the end of the observation period. All patients were divided into two groups based on the received therapy (Group 1 included 40 patients treated with typical antipsychotics; Group 2 - 77 patients treated with atypical antipsychotics) and two subgroups by weight change criteria during the study (Subgroup 1 included patients with weight change $>6\%$; Subgroup 2 -with weight change $<6\%$). The period of participation in the study was 8.36 ± 1.13 weeks. Genotyping was carried out using real-time polymerase chain reaction (Real-TimePCR). DNA was isolated using the AmpliPrim RIBO-prep kit of InterLabService(Russia). Genotyping for the DRD2(rs1800497), DRD4(rs1800955), SNVs was performed using real-time PCR by the RotorGene 6000 (Quagen, Germany). Statistical analysis was performed by R programming language with IDE Rstudio, LePAC. A probability value of $p < 0.05$ was considered statistically significant. Results. The study found that the frequency distribution of the DRD2 genotypes (rs1800497) in patients completing the study was as follows: 60.68%(71 people) had C/C; C/T - 27.35%(32); T/T-11.97%(14) and the resulting distribution does not comply with Hardy-Weinberg law ($X^2 = 9.3$; $p = 0.002$); the allele frequencies were as follows: C-74.36% (174), T-25.64%(60). The frequencies of genotypes and alleles of DRD4 (rs1800955) are set at: T/T - 34.18% (40); C/T - 51.28% (60); C/S - 14.53% (17), the frequency distribution of genotypes corresponds to the Hardy-Weinberg law ($X^2=0.52$; $p=0.046$); allele frequencies: T - 59.83%(140) and C - 40.17%(94). When analyzing the association of rs1800497 and rs1800955 with a change in weight when taking antipsychotics, the following results were obtained: DRD2(rs1800497) allele C(OR=1.07; CI=0.49-2.37; $p > 0.05$; RR 1.05; CI=0.51-1.93; $p > 0.05$), T allele (OR=1.92; CI=0.46-2.03; $p > 0, 05$; RR 0.94; CI = 0.51-1.72; $p > 0.05$).

DRD4(rs1800955) allele T (OR=1.14; CI=0.72-2.76; $p > 0.05$; RR 1.13; CI=0.78-2.13; $p > 0.05$) allele C (OR=0.70; CI = 0.36-1.38; $p > 0.05$; RR 0,77; CI=0,46-1,24; $p > 0,05$). Conclusions. The results of a pilot pharmacogenetic study indicate that carriage of the SNV(rs1800497) of the DRD2 gene and the SNV(rs1800955) of the DRD4 gene is not associated with weight changes when taking antipsychotics in the study population, which may be due to both features of gene drift and sample size.

RISK FACTORS OF ADDICTIVE BEHAVIOR OF ADOLESCENCE

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According to the International Narcotics Control Board (INCB) for 2018, more than 92 million people, or more than a quarter of the population aged 15-64, have tried illegal drugs in the European Union at least once in their lives. The prevalence of cannabis use in the European Union is about five times higher than all other drugs: about 87.6 million people aged 15-64 years have tried cannabis at least once in their lives. The report emphasizes that there is a constant risk of new psychoactive drugs appearing on the market with pronounced toxic properties that can have unpredictable harmful effects on human health. New trends in modern use of psychoactive substances are a decrease in the age of drug users; an increase in the number of "hidden" drug users; an increase

in the number of minors who use two or more drugs; and an increase in the number of synthetic drug users. Of course, the prevalence of abuse of various psychoactive substances in the child and adolescent environment remains one of the most urgent problems of health care and society as a whole. Numerous studies show that the introduction of adolescents to the use of drugs is the result of a combined effect of a whole set of factors: socio-psychological, constitutional-biological, exogenous. At the same time, these factors are closely intertwined and are in constant interaction. Microenvironment plays an important social factor in the formation of addictive behavior of adolescence. Due to the grouping and imitation reactions characteristic of the adolescent period, in the conditions of a negative microsocial environment, teenagers easily adopt an asocial style of behavior, resorting to the first samples of psychoactive substances. The probability of developing addictive behavior increases when there is one of the manifestations of the emancipation reaction, which is characterized by the desire to get out of custody, control, and leadership. An equally important social factor in the formation of addictive behavior is the family. Most of the research was devoted to children from socially disadvantaged families. In such families, there is neglect and abuse of children. The atmosphere of the house, the ideas of life learned from parents, encourage the teenager to seek solace in street companies. Today's teenagers note the lack of trusting relationships with their parents and the lack of warm emotional contacts. Often, hyper protection in education with a constant desire to solve everything for the child leads to the fact that at the first encounters with difficulties, such teenagers experience frustration, which causes social maladaptation, and in the future can push the teenager to use surfactants. Macro-social factors include the economic, political, and social conditions of society. Socio-economic instability, deterioration in the quality of life, availability of psychoactive substances, traditions and even the fashion for the use of drugs in certain circles-all these can become predictors of the use of psychoactive substances by minors. The early appearance of addictive behavior rarely appears in isolation; most often, it is combined with disorders of mental development and mental pathology. Affective and behavioral disorders within the framework of a teenager's existing mental pathology, the so-called "self-treatment", "push" to experiments with drugs. The first samples of psychoactive substances, usually in the company, are a kind of trigger to the formation of subsequent dependence, which, in turn, aggravates the existing mental disorders, complicating their clinical picture, contributing to decompensation and the emergence of prodromal forms of the existing mental disorder. The combination of mental disorders and addictive behavior determines not only an unfavorable prognosis for the course of the disease, but also a high risk of aggressive and anti-social actions, criminal activity of minors.

DEPENDENCE ON VOLATILE ORGANIC SOLVENTS OF MINORS WITH MENTAL DISORDERS

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Changes occurring in various areas of the country inevitably affect the nature and severity of deviant behavior in adolescents, and new patterns of deviant behavior are emerging. Of course, the variability was related to the manifestations of chemical addictions in adolescents. Recently, more and more often in forensic psychiatric practice, cases of use of various volatile organic solvents by teenagers are detected. It should be noted that such teenagers were usually raised in single-parent families, or by grandmothers, since the parents were deprived of parental rights. Most of the surveyed (about 85%) had marked behavioral disorders from childhood: teenagers were in conflict both in the family and at school, struck classmates, interfered with the conduct of lessons, arranged fights, threatened to kill teachers and relatives, cursed obscenely, threatened to set fire to the house, school, etc. In connection with these behavioral disorders, adolescents were repeatedly sent to hospital treatment, and were observed by psychiatrists with various diagnoses, the most frequent of which were

“Mental retardation”, “Schizotypal disorder”, and “Organic personality disorder”. As a rule, the first samples of psychoactive substances in minors with various behavioral disorders occurred at a fairly early age (11-12 years), usually in the company of peers with asocial behavior. It should be noted that the main current trend is changing the spectrum of drugs used. In our study, the vast majority of subexperts used synthetic cannabinoids (“Spices”), but recently, during forensic psychiatric examination, cases of systematic inhalation of vapors of volatile solvents (varnish, gasoline) by teenagers, as well as sniffing (gas substance abuse) have become more common. It should be noted that inhalation of vapors \ gas occurred usually alone, not in the company, accompanied by a fairly rapid increase in tolerance and the formation of withdrawal syndrome in the form of irritability, discomfort, sleep disorders, dysphoria. Relatives and witnesses noted that in a state of intoxication, the minors behaved inappropriately, “suddenly became aggressive out of the blue”, “their actions and actions were completely unpredictable”, “stole money from relatives”, etc. At the same time observed that “the intelligence of the subject was failing”, they nowhere showed interest. The subexperts themselves explained that the craving for the use of surfactants was so great that they could not even think of anything else. In all cases, illegal actions by minors with the above-mentioned form of addictive behavior were committed in a state of intoxication and were directed mainly against the person and acts of a sexual nature.

THE SPECIFICS OF THE USE OF PSYCHOACTIVE SUBSTANCE BY ADOLESCENTS IN THE PRACTICE OF FORENSIC PSYCHIATRIC EXAMINATION

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Puberty is considered a risk factor for the development of drug-related diseases. According to the World Drug Report (2018), the experience of using psychoactive substances by adolescents differs from that of adults. Thus, adolescents are more likely to use volatile solvents and cannabis and other psychoactive substances, are also prone to excessive alcohol consumption and are more likely to suffer from concomitant mental illnesses. Longitudinal studies that follow children until they reach adulthood suggest that an early age of exposure to alcohol, tobacco, and cannabis makes them more likely to switch to other drugs (INCB, 2019). We studied the specifics of the use of psychoactive substances by minors with mental disorders over a 30-year period (forensic psychiatric examination). In the 90s, there was a predominant use of volatile solvents and alcohol (81.6%). The use of volatile solvents is the earliest form of addictive behavior. Addictive substance abuse behavior is transformed into other forms of chemical addiction. According to our research, in most cases, adolescents switched to alcohol consumption with a rapid increase in tolerance and a pronounced withdrawal syndrome. One of the serious consequences of the use of volatile solvents should be attributed to the formation of a psycho-organic syndrome. In the 2000s, the predominant use of injectable narcotic substances-opioids (37%) and psychostimulants - 22%. In 2010-2020, the “leading” positions among the psychoactive substances consumed by adolescents are occupied by narcotic substances of synthetic - cannabinoids (46.5%) and mephedrone (24%). The combined use of stimulants and cannabinoids is a form of drug addiction, also specific to adolescence. However, over the past few years, cases of the use of various volatile organic solvents by adolescents have been increasingly identified in forensic psychiatric practice. The majority of the surveyed (about 85%) had pronounced behavioral disorders from childhood: teenagers were in conflict both in the family and at school, struck at classmates, interfered with the conduct of lessons, arranged fights, threatened violence to teachers and relatives, etc. The adolescents were repeatedly referred for inpatient treatment, were observed by psychiatrists with various diagnoses, the most frequent of which were “Organic personality disorder”, “Mental retardation”, “Schizotypal disorder”, “Personality disorder”. As a rule, the first samples of psychoactive substances in minors with various behavioral

disorders occurred at a fairly early age (9-11 years), usually in the company of peers with antisocial behavior. It should be noted that the main current trend is a change in the spectrum of drugs used. In our study, the vast majority of adolescents used synthetic cannabinoids ("Spices"), but recently, during forensic psychiatric examinations, cases of systematic inhalation of volatile solvent vapors by adolescents, as well as sniffing (gas substance abuse), have increasingly been detected. It should be noted that the inhalation of vapors / gas occurred as a rule alone, not in company, was accompanied by a fairly rapid increase in tolerance and the formation of withdrawal syndrome in the form of irritability, discomfort, sleep disorders, dysphoria. Relatives noted that in a state of intoxication, the minors behaved inadequately, "out of the blue suddenly became aggressive", "their actions and actions were completely unpredictable," etc. The state of intoxication is an additional risk factor for committing illegal actions in minors with behavioral disorders. There is a decrease in the ability to critically comprehend the situation and volitional regulation of behavior. Illegal actions by minors with dependence on volatile solvents were in all cases committed in a state of intoxication and directed mainly against the person and sexual integrity.

THE TYPES OF PERCEPTION TO DISEASE AND EMOTIONAL-AFFECTIVE DISORDERS IN ONCOUROLOGY PATIENTS

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Background. The aim of the modern bio-psycho-social approach to medicine is to make possible a high quality of life for the patients in the recuperation period, one that will help them in future to be active and creative members of society. **Materials and methods.** The field work was conducted at the Department of Oncourology in Regional Clinic Hospital No.1 in Yekaterinburg, Russia, during 2018-2019. The patients were selected randomly. There were 63 oncourological patients: renal cancer (RC), cancer of bladder and upper ureteric tract (CBUT), and prostate cancer (PC). Mean age of patients was: RC – 61.9 ± 7.5 ; CBUT – 63.3 ± 7.0 ; PC – 63.0 ± 4.9 . **Methods:** Hospital Anxiety and Depression Scale (HADS), the Attitude towards Disease Questionnaire ("TOBOL"). **Results and discussion.** In the course of study with "TOBOL" test, we received the following data. The most of the patients are more inclined towards the ergopathic and sensitive types of attitude to disease. However, the indices of patients in the various groups are, on the average, quite different ($p < 0.05$). Patients with RC show a mixed type of perception to disease (combination of ergopathic type that passes into the sensitive one). This shows that signs of psychic non-adaptation (the sensitive type) point to the urgent desire of the patients to function actively in the social sphere in spite of the serious illness. Patients with CBUT also show a mixed type of perception to illness (combination of sensitive type passing into the ergopathic one). The fact that "sensitive" type indexes are higher points to psychic non-adaptation with a tendency towards the intrapsychic type that is connected, mainly, with interpersonal contacts and fear to become a burden to one's family and relatives because of the illness. Patients with PC show a conditionally-adaptive perception to the illness (combination of ergopathic and harmonic types), which means that their evaluation of their condition is quite realistic and they do not exaggerate its graveness. At the same time, the desire to retain their social and professional status and continue their active daily life, in a number of cases, leads to a disruption of compliance in the post-operative period. The data of the HADS has shown that 25.4% of the patients experience anxiety and depression. Anxiety was experienced by all the patients without exception. The patients of all three groups showed the same level of anxiety. The presence of depressive disturbances of various degrees was seen in a third of the patients (31.7%). The mean index of depressiveness was within the normal limits (summary index not higher than 11 points), however, depression was clearly expressed clinically (more than 11 points HADS scale) in 20.6% of the total number of patients, with no clear difference in frequency among the groups. More than 30% of patients considered to be the

most difficult period of the operation. They have no fears about the anesthesia or adverse currents operation itself. Patients explain the alarming choice between life-threatening and the threat of probable sexual dysfunction. Conclusion. PC patients evaluate their condition adequately without exaggerating its seriousness or underestimating its importance as far as their health is concerned. If depression and anxiety have been noticed in PC patients in the pre-operative stage, these factors, as a rule, normalize in the post-operative period. The patients with CBUT experience a non-adaptive perception to disease. They are mostly worried by the unfavorable impression that information about their illness may make on people that surround them. The physical discomfort that follows in the post-operative period makes them afraid of the negative attitude towards them on the part of their family. The patients with RC also experience a non-adaptive perception to their illness. However, in contrast to the group of patients with CBUT, a special role in controlling the disease is played here by the anosognosic type of perception to disease. Most men prefer responsible for treatment of the doctor and responsible for family relationships shared with his wife.

PERSONALITY CHARACTERISTICS OF ADOLESCENT GIRLS DECLARED VICTIMS IN SEXUAL CRIMINAL COURT

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Background. In Russia's legal procedures of the late 20th – early 21st centuries, cases of sexual crimes, victims of which are minors, are increasingly becoming a common occurrence. In most cases, the charge of sexual offences is based solely on the victim's testimony. Participants and methods. This study is a summary of the practical participation of specialists in 8 cases of sexual crimes against minors (cl. 131, 132, 135 of the Criminal Code of the Russian Federation) in five regions of Russia (Yekaterinburg and Sverdlovsk regions, Moscow, Perm region, Yamal National Autonomic Region and Khanty-Mansiysk Autonomic Region, Krasnoyarsk Region). The victims were 8 girls, from 12 to 17.5 years of age. The average age is 14.0 ± 3.2 years. The following methods were used to analyze the verbal evidence of the minors, observation, semi-structured interview, component analysis of the lexical meaning of the word and the semantic structure of the verbal utterance. Results. Psychological analysis of the criminal cases of sexual offences committed against teenage girls shows that personality characteristics of adolescent girls and their behavior play a significant role in the commission of the crime. Only two of the eight victims were brought up in a full family with both parents. They were subjected to unlawful non-violent sexual acts by random men. The six girls lived with their mother and stepfather or mother's partner. In two cases, the girls' stepfather was charged with wrongdoing. In one case, a family friend. In the remaining three cases, the defendants were adult men whom the girls met on their own, including on the Internet. Mothers of seven of the eight victims were formally treated their parental responsibilities, did not care about girls getting quality school education, in fact removed from education. Starting from the 5th grade, girls lose interest in education, school activities, do not attend additional classes in subjects, as well as mugs and sections. A typical activity is an empty pastime, aimlessly walking at the streets. All the girls had no close emotional contact with their mother, in some cases experienced emotional deprivation. Communication with adult men "compensated" them not only lack of attention on the part of the mother, but also the lack of paternal care. The age period in the girls' life is consistent with the second stage of psychosexual development, the core characteristic of which is the formation of a half-role behavior based on its psychophysiological features and stereotypes masculinity and femininity, dominating the microsocial environment, especially in the family. As a result, girls develop and assimilate female gender stereotypes. The peculiarities of the formation of this stage

mainly determine the ability of the victim to understand both the nature (actual side) of sexual acts committed with it, and the significance (meaningful side) of the actions. They also adequately perceive the meaning of what is happening. All girls of this group look older than their passport age, have a bright make-up, in their clothes there are elements of sexual seduction. Thanks to the Internet, they are quite aware of sexual relationships and often “example” them on themselves. In most cases, communicating with “potential seducers” girls show sexual interest expressed in provocative behavior. However, at the heart of this behavior is a “taboo” on real sexual relations, which are condemned by them. In all the cases investigated, there was no violence or coercion of outright affection or other bodily contact by men. Thus, in all eight cases it is appropriate to speak of the “solidarity of guilt of the victim” when in the commission of sexual crimes “the victim forms and educates the offender, prepares him for a certain reaction to his actions, concludes his and then accept the role of victim.”

PARTICULAR QUALITIES OF SUICIDAL BEHAVIOR IN CHILDREN AND ADOLESCENTS DURING THE COVID-19 PANDEMIC

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Suicidal behavior in children and adolescents remains among the most painful and socially significant problems. Despite the current trend towards a decrease in completed suicides, adolescence remains one of the periods most susceptible to this behavior. In adolescents aged 15-19, suicide becomes the second (for girls) and third (for boys) cause of death, second to road accidents and homicides. Suicidal behavior in all its manifestations is a biopsychosocial issue that consists of the teenager’s personality characteristics, psychopathology, family and school environment characteristics, and society as a whole. Modern concepts of suicidal behavior formation include several stages from anti-vital experiences to suicidal thoughts, intentions, and actions. Several intra- and extrapersonal (micro - and macrosocial) factors, which can both improve and worsen the child’s condition, are fundamental at each stage. The COVID-19 pandemic has once again drawn the experts’ attention to the impact of massive socio-stressful factors on mental health, including suicidal behavior. The level of suicidal behavior decreases during disasters, increasing after a crisis event. This trend can be observed in Scientific-practical Children’s and Adolescents Mental Health Center n.a. G. Sukhareva, Moscow Department of Health Care, a unique children’s psychiatric hospital that admits children and adolescents with suicidal manifestations from all over Moscow. Such patients accounted for approximately 15% to 17% of all admitted children from January to March 2019-2020. With the pandemic and the introduction of restrictive measures, planned hospitalization in the Center was discontinued. Emergency hospitalization was sustained, in which children with acute psychotic conditions, suicidal manifestations prevailed (up to 32% in June-July 2020 against 14% in the same period of 2019), and obvious behavioral disorders. Meanwhile, in absolute numbers, the number of such children decreased, which could be due to self-isolation, the transition to distance education, and the elimination of such an important psycho-traumatic factor as problems at school. However, in January-March 2021, the number of such children increased dramatically (approximately 1.5 times) compared to the same period in 2019-2020. Such increase could be linked to the impact of micro- and macro-social factors: Macro-social factors during the pandemic: 1) Economic problems- Job loss, financial difficulties, loss of prospects; 2) Difficulties in receiving medical care: Increasing responsibility on healthcare, Reallocation of resources, Reduction of resources allocated to psychiatry, Restriction of planned hospitalization and outpatient admission, Fear of getting infected when asking for help, Stigma 3) Media: “Information pollution” - reliable information is “buried” under fake horrifying sensations and speculations 4) Microsocial factors during isolation and distance education: Loss of

social support, loneliness; Being in a confined space with other family members – increasing conflicts; Distance education; The inability to meet friends and other important people; Hypodynamia; Abuse of alcohol and other substances by family members; Increase in domestic violence; Concerns for the health of older family members and COVID-19 in the family. And the individual risk factors of each teenager, such as characterological features, anxiety, mental disorders, a state of uncertainty, misunderstanding of what is happening, a sense of loss of identity, hopelessness, possible losses, fears for one's life. All these factors led to the formation of anxiety and depressive disorders, which were particularly pronounced when finishing distance education because of the increasing social and educational load. Thus, the COVID-19 pandemic can be considered as a social disaster that has affected the mental health of children and adolescents, especially the increase in suicidal behavior. Prevention of such behavior requires special attention not so much from psychiatrists, but from general practitioners, pediatricians, educators, and the parent community.

CHILDREN'S MENTAL HEALTH AND DISTANCE LEARNING DURING THE COVID-19 PANDEMIC

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An epidemic of new coronavirus infection, COVID-19, caused by the SARS-CoV2 virus, broke out in China at the end of 2019. It quickly spread to other countries, and on March 11, 2020, The World Health Organization declared the pandemic. Being especially dangerous for older people, the new coronavirus infection affected all age groups, including children and adolescents under 18 years old. The pandemic, both as a direct threat to life and health and indirectly as a reaction to the illness of loved ones, self-isolation, job loss, etc., had a severe impact on the population's mental health and required psychiatric service participation. Such anti-epidemic measures as self-isolation and distance learning in March-April 2020, when 91.3% of students worldwide switched to distance learning, can be considered a special social factor that had a significant impact on the mental health of children and adolescents during the pandemic. In Russia, 16 million schoolchildren and 7 million students switched to distance learning in April 2020. At the end of 2020, the Scientific-practical Children's and Adolescents Mental Health Center n.a. G. Sukhareva conducted a study on the impact of distance learning and self-isolation on adolescents' mental health. For this purpose, a survey was conducted among healthy children, school and college students, their parents. According to the obtained data, 34.3% of parents and 36.8% of children noted a general decline in their condition. The most common were sleep disorders (30% in parents, 51.6% in children), irritability (50% in parents and 27.4% in children), increased fatigability (60% in parents, 43.5% in children), concentrating difficulty (70% in parents, 66.1% in children), decreased mood (30% in parents, 53.2% in children), the appearance and increase in anxiety (15% in parents, 45.2% in children), the appearance and increase in suicidal manifestations (0% in parents, 21% in children). Attention is drawn to the notable underestimation of the mental state of children by parents, the appearance of sleep disorders among a lot of children, anxiety-depressive symptoms, and suicidal thoughts, which later led to a sharp increase in the number of adolescents admitted to a psychiatric hospital with suicidal manifestations. The features of distance learning that could have a notable impact on the mental health of children included the lack of communication with peers, pronounced hypodynamia, increased hours of study load with electronic devices (up to 8-10 hours a day), difficulties in self-organization and comprehending educational material in this format, disproportionate demands from the school. Another important factor was the changes in the child's microsocial environment, which were also estimated differently by the child and their relatives. 37.1% of parents and 25% of children noted an improvement in family relations during the period of self-isolation. At the same time, 37.1% of parents and 22.4%

of children believed that staying at home with the whole family led to increased tension and was irritating family members, and 14.5% of children openly spoke about a significant deterioration in relations with their parents. Most of the children were quite calm about the pandemic, the threat to health, expressing such concerns only to elderly relatives. Many teenagers attributed the inconsistency of information in the media, a lack of understanding of the danger degree and the situation as a whole to the factors that increased anxiety. It seems that the main psycho-traumatic factors that affected the mental health of children during the pandemic were self-isolation, changes in the microsocial environment, and the aspects of the transition to distance learning during the period of self-isolation.

THE ROLE OF AGGRESSION IN INTERPERSONAL RELATIONSHIPS OF SCHIZOPHRENIA PATIENTS

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The aim of the study is to identify the role of aggression in interpersonal relationships of schizophrenia patients. Research methods: 1) clinical and psychological; 2) testing (bass-Perry questionnaire, Hand test, sondi test, I-Ammon structural test); 3) mathematical and statistical. The sample consisted of 203 subjects aged 18 to 64. The experimental groups consisted of 102 patients with paranoid schizophrenia (40 men, 62 women) from 18 to 64 years old. Criteria for inclusion of inpatient patients in the study were: the presence of paranoid schizophrenia as the main clinical diagnosis (F-20.006 according to ICD-10). Patients were examined in a state of remission (drug remission). The comparison was made with control groups of mentally healthy individuals, which included 101 people (41 men and 60 women) aged 18 to 64 years (the average age is 32 years), who do not suffer from mental and neurological disorders. Conclusions. 1. Aggressiveness as a property of personality is formed in the process of socialization and is manifested in the context of interpersonal interaction. Aggressiveness plays a role in shaping the boundaries of the individual with the external environment, helps to preserve the integrity and autonomy of the individual, establish productive interpersonal contacts, and adapt to the world around them. Depending on the holistic mental context, the aggressiveness property forms in one case a socially positive behavior, in the other case it is transformed into a destructive behavior. There are constructive (socialized), destructive (tendency to destroy the object, break relationships) and deficit (directed inside the Self-structure) aggression. 2. A distinctive feature of patients with schizophrenia is the dissociated structure of aggressive manifestations due to the lack of interdependence between the cognitive, emotional and behavioral components, a high indicator of the cognitive component of aggression. For patients with schizophrenia with a disease duration of more than five years, an increase in the indicator of behavioral aggression is characteristic against the background of a high cognitive indicator, dissociation and low differentiation of the components of aggression are determined. The aggressiveness structure of healthy individuals differs from the aggressiveness structure of schizophrenic patients by the high interdependence of the aggression components. 3. In schizophrenia, along with a decrease in the ability to cooperate, compensatory relationships are formed in the personality structure that regulate aggression. When aggressive tendencies increase, passivity in relation to the physical environment, autoaggressive tendencies, and the tendency to formalize activities increase. 4. In patients with schizophrenia, the motivational propensity to aggression is regulated by establishing infantile symbiotic relationships, rigid fixation on an idea, formal reasoning on ethical topics, and formal religiosity. In healthy individuals, they have Ego structures (mechanisms of denial, suppression, repression, adaptation) and Super-Selves (a tendency to hide, feel guilt and shame). 5. In groups of patients with schizophrenia, an increase in the deficit component of aggression is determined, with the underdevelopment of Central personal

formations. In groups of healthy individuals, results were obtained that indicate the predominance of a constructive variant of aggression. 6. For patients with schizophrenia with a deficient personal structure and weak, diffuse borders, the average overall level of aggression, low constructive aggression, and the predominance of the destructive component of aggression over the constructive one are characteristic. For patients with schizophrenia with high activity and destructiveness - a high overall level of aggression, high constructive and destructive component of aggression. For patients with schizophrenia with a formed personal structure - a low level of General aggression, low destructive aggression, the predominance of the constructive component of aggression over the destructive component.

LATE-ONSET SCHIZOPHRENIA: BLOOD ENZYMES OF GLUTATHIONE METABOLISM

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Background. The relevance of studies of late-onset schizophrenia (LOS) is due to the aging of the population and an increase in the number of elderly patients with schizophrenia, which include both patients with schizophrenia with early manifestation, who survived to old age, and patients with LOS. The severity of pathological processes during aging depends on the ability of an organism to maintain a balanced ratio between the pro- and antioxidant systems and maintaining the optimal ratio between the enzymatic components of the antioxidant defense. In this work, we are focused on the most important chain in the antioxidant defense system – glutathione converting enzymes, namely glutathione reductase (GR) and glutathione S-transferase (GST), in the blood of patients with LOS. The aim of this work is to compare the activity of the GR and GST enzymes in erythrocytes and blood platelets in elderly women with LOS and in the control group. Material and methods. The pilot study included 17 patients with a diagnosis of schizophrenia F20.0 according to ICD-10 at the age of 45-78 years. The age of onset of the disease is 40-75 years, the duration of the disease is 0.5-29 years. To assess the severity of psychotic symptoms and the effectiveness of therapy, the PANSS was used; to assess the severity of depression - the HAMD-17 was employed. Patients were treated with atypical and typical antipsychotics (mean therapeutic doses were well tolerated by the patients). The most frequently prescribed were olanzapine (12 patients) and haloperidol (6 patients). Due to the severity of depressive symptoms in the structure of psychosis, 16 patients received antidepressants. The control group consisted of 19 mentally and neurologically healthy women aged 44-81 years. Results. Against the background of antipsychotic treatment, the majority of patients (17 patients) showed a reduction in psychotic and depressive symptoms. The effectiveness of therapy (reduction of PANSS and HAMD scores) at the final of the study was 35% ($\pm 16\%$) and 63% ($\pm 24\%$), respectively. When comparing the parameters in controls with those of patients (before and after treatment), no significant differences in the activity of erythrocyte GST, GR and platelet GR were found, whereas the activity of platelet GST in patients was significantly lower - both before and after the therapy ($p=0.048$ and $p=0.004$). No correlation was found between GR activity in erythrocytes and platelets and GST activity in erythrocytes with age of manifestation, a significant inverse correlation of activity platelet GST with the age of manifestation was observed (Spearman $R=-0.502$, $p=0.040$) - decreased GST activity is associated with the later disease onset. A significant decrease in the activity of platelet GST was found in the subgroup of patients with a later onset of the disease (later than 60 years, $n=5$) compared with the control group before and after therapy ($p<0.030$ and $p<0.010$), while GST activity was at the control level in patients with relatively earlier onset. This is consistent with the fact that GST activity was found to be inversely correlated with age at onset. In the subgroup of patients with an earlier onset (earlier than 60 years old, $n=12$), the platelet GR activity after treatment was lower than in the age-matched control group ($p=0.04$), and in patients with the onset of the disease later

than 60 years, no difference from control was revealed. Conclusion. An interesting observation of the link of the platelet GST activity with the age of schizophrenia onset apparently indicates the resource exhaustion of this chain of glutathione metabolism with age. The results of our pilot study of the activity of glutathione-converting enzymes in the blood cells in LOS are of interest for an objective assessment of the state of the glutathione enzymatic antioxidant system and the degree of its impairment in elderly patients. Improving the diagnosis of schizophrenic spectrum disorders at a later age using biological (paraclinical) examination methods opens prospects for the development of effective methods for the prevention and treatment.

PATIENTS WITH ATTENUATED SCHIZOPHRENIA SYMPTOMS HOSPITALIZED WITH ADOLESCENT DEPRESSION: ASSESSMENT OF PLATELET BIOCHEMICAL PARAMETERS

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Background. Aiming at recognizing the initial stages of schizophrenia before the formation of a detailed clinical patterns the contemporary research is focused on the search for clinical and biological markers. Having a high diagnostic potential, the attenuated symptoms of schizophrenia, according to modern concepts, include psychopathological phenomena of positive, negative and cognitive symptoms along with signatures of disorganized speech and behavior. The focus group for identifying the clinical markers consists of young men adolescents seeking psychiatric help for depression, because namely the frequency of manifestation of schizophrenia spectrum disorders peaks in adolescence. The aim of the study is to reveal clinical and biological correlations in a group of patients with attenuated symptoms of schizophrenia in the adolescent depression. **Material and methods.** Two groups of patients were examined: with prevalence of attenuated positive or attenuated negative symptoms (APS, $n=48$; ANS, $n=0$), hospitalized with the first acute depressive states (16-25 years). The Hamilton Depression Rating Scale (HDRS) was used to assess the severity of depressive symptoms, and the severity of attenuated symptoms of schizophrenia was assessed using the Scale of Prodromal Symptoms (SOPS). Due to the presence of attenuated symptoms of schizophrenia, the patients in both groups were treated with antidepressants and atypical antipsychotics. The control group - 20 men without mental and somatic pathology (19-25 years). The activities of four platelet enzymes were measured: cytochrome c-oxidase (COX, energy metabolism enzyme), glutamate dehydrogenase (GDH, glutamate metabolism enzyme), glutathione reductase (GR) and glutathione-S-transferase (GST), glutathione metabolism enzymes. **Results.** Before the treatment, the patients in APS and ANS groups significantly differed in the severity of their positive symptoms (SOPS-P subscale scores, $p<0.001$), disorganization symptoms (SOPS-D, $p<0.003$), and the SOPS total scores ($p<0.001$). After the treatment, the intergroup differences have increased: the examined APS and ANS groups significantly differed in their symptom severity SOPS-P ($p<0.001$) and SOPS-N ($p<0.001$), SOPS-D ($p<0.006$), SOPS total scores ($p<0.001$), and besides, the groups differed in the depression severity (HAMD-21 scores, $p<0.001$). Comparison of the activity of the studied enzymes in the control group and in patients (before and after the treatment course) revealed a significant decrease in the activity of platelet GDH, GR and GST in APS and ANS groups of patients ($p<0.0001$). Different correlations were revealed between the studied enzymatic activities in the examined groups of patients. For instance, a significant positive correlation was found between GDH and GR activities ($R=0.37$) in APS group. A significant positive correlation was found between GDH and GST activities ($R=0.70$) in ANS group. The found correlations of the baseline (initial) enzymatic activity levels with the value of the decrease in SOPS-N under the treatment represent interest for the prediction of the pharmacotherapy efficiency. These links were found only in the ANS group. Significant inverse correlations were found for both GDH and GST with the decrease in

score value by SOPS-N ($R=-0.36$ and $R=-0.60$, respectively). A positive correlation was found between GR and the change in SOPS-N ($R=0.38$). Significant correlations of the initial enzymatic activities with the change in SOPS-N scores were detected only in ANS group. Because no correlations of the enzymatic activities with the alterations in SOPS-P or HDRS scores were found, we can suppose that the detected differences are due to the prevalence of negative symptoms in ANS group, both on admission and on discharge, although the negative symptoms are reduced only partially under the treatment. Conclusion. Clinical-biological correlations, specific for each group, APS and ANS, are revealed, contributing to understanding the pathogenetic mechanisms of the development of adolescent depression with schizophrenia attenuated symptoms and contributes to the search for markers of revealing the initial stages of schizophrenia. The detection of biochemical features of patients with schizophrenia attenuated symptoms in acute adolescent depression, belonging to the group of clinical risk for psychosis, and clinical-biological correlations, opens the prospect of revealing specific markers of the schizophrenic process in its early stages.

THE INFLUENCE OF FAMILY RELATIONSHIPS ON THE CLINICAL FEATURES AND THE DYNAMICS OF EATING DISORDERS

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Eating disorders are a group of diseases that most often begin in pre- and puberty. They have a complex multifactorial conditionality. Many authors attribute anorexia nervosa (NA) and bulimia nervosa (NB) and other similar eating disorders to biopsychosocial diseases. The main clinical manifestations of diseases are the following syndromes: dysmorphophobic, affective, obsessive-phobic, hypochondriac and psychopathic. Given this, it is assumed that the family plays an important role in the occurrence, further development of diseases, and the dynamics of the above-mentioned psychopathological symptoms. Based on years of personal observations of patients with eating disorders and their relatives, it is possible to identify the main aspects of family influence. Patients have a family history of mental illness. It was found that mothers of patients often suffer from affective disorders, anxiety and obsessive-phobic diseases. Fathers have alcoholism, hypochondria, and personality disorders. This undoubtedly affects both the innate characteristics of patients, as well as their development and upbringing. The role of somatic-endocrine diseases in parents is also important. Some diseases (obesity, hormonal dysfunctions, diseases of the gastrointestinal tract with special eating behavior) have a direct and indirect effect on the formation of eating disorders. Features of the character, personality and behavior of parents and other family members, including older siblings, undoubtedly have a strong influence on children and adolescents with eating disorders. Accentuation of character, which is most often manifested in anancastic, perfectionist and anxious, less often in demonstrative and egocentric traits, affects the premorbid features of the patient's personality, determines their behavior patterns that contribute to the emergence, consolidation, and perestirovanie of clinical manifestations of eating disorders. The presence of eating disorders in the mothers and older sisters of patients, and atypical eating disorders, often associated with hypochondriac conditions, and in the fathers of patients. No more than 10% of observations. The influence of such relatives on the possibility of occurrence and development of eating disorders in younger generations can be traced by all specialists involved in this issue. Often, the provoking factor, trigger, cause of fixing pathological dissatisfaction with their appearance are careless, and sometimes rude statements of relatives about the appearance of children and adolescents. Such opinions of particularly important close people are permanently fixed in their memory, cause persistent ideas of dissatisfaction with themselves, self-accusation and appropriate behavior. The desire of children and adolescents to maintain a disintegrating family with the help of an eating disorder and at least temporarily keep both parents and other relatives together (up to 3-5% of cases).

At the same time, patients explicitly declare their refusal of treatment and resist its implementation based on the above-mentioned motives. Recently, there has been an increase in eating disorders in children, especially among students of ballet and dance schools, sports sections. Often, children and adolescents are placed in conditions of strict competition in these areas of activity, which directly and indirectly affect the occurrence and development of eating disorders. Relatives of children and teenagers, themselves often in the past, athletes and dancers who have features of perfectionism, stubbornness, purposefulness, rigidly require their children to achieve high results by any means. At the same time, their individual biological and psychological characteristics, the pressure of the social environment and the media are not taken into account.

The above-mentioned aspects of family influence on eating disorders require careful, attentive attitude of specialists working with patients with eating disorders and their relatives and often determine therapeutic and rehabilitation tactics. Only the presence of a critical attitude among relatives to the severity and manifestations of eating disorders in their children, the desire and consent to the work of psychiatrists, psychotherapists, psychologists and other specialists, direct involvement in this work can determine the provision of timely quality assistance and prevent the adverse outcomes of these dangerous diseases.

THE ABILITY TO RECOGNIZE ODORS IN PATIENTS SUFFERING FROM THE SCHIZOPHRENIA SPECTRUM DISORDERS

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Currently there are sufficient amount of the researches that confirm malfunction of the olfactory function in patients with mental illness [Turetsky B.I, 2018]. Researches of olfactory malfunction in patients with schizophrenia spectrum disorders where one can connect it with emotional and personal disorders and when deficiency symptoms are presented deserve particular consideration [Kamath V., 2018]. The works' purpose was to study olfactory function and it's relation with current emotional state (e.g. depression, anhedonia, anxiety) in patients suffering from schizophrenia spectrum disorders. Methods of research: the research contains male and female patients who are being treated in psychiatric ward of Federal State Budgetary Scientific Institution of Mental Health Research Center in Moscow (N=66) aged 18 to 43 years old (Me=25 [Q1=20; Q3=31]) with diagnosed Schizophrenia (F20), Schizoaffective disorders (F25), Schizotypal disorder (F21). Control group contains male and female individuals who are not suffering from any of mental disorders nor weren't treated in any of psychiatric asylums or hospitals (N=62) aged 18 to 45 years old (Me=26 [Q1=20; Q3=30]). The number of smokers was counted in both groups. To determine malfunctions of olfactory function professional set of odorous substances made by "PAMOPA" company was used. The set is certified and ready for licensing. The set contains 12 odors for recognition. To determine level of depression Beck Depression Inventory questionnaire was used, to determine anhedonia level - «Snaith-Hamilton Pleasure Scale - SHAPS», to determine situational anxiety level – Bisui Integrative Test. For statistical analysis STATISTICA, v. 10, StatSoft software was used. Results and discussion . The results of analysis reveals recession of ability to determine odors in patients with schizophrenia spectrum disorders compared to control group (Me=9 [Q1=8;Q3=10] in patients vs. Me=11 [10;12] in healthy controls) (U=879, p<0,001). Patients with schizophrenia spectrum disorders demonstrates higher level of anhedonia (Me=2 [1;4] in patients vs. Me=0 [0;2] in healthy controls) (U=938, p<0,001), higher level of depression (Me=18 [7,5;22,5] in patients vs.

Me=5[2;8] in healthy controls) ($U=803$, $p<0,001$) and higher level of situational anxiety (Me=5[3;6] in patients vs. Me=4[2;5] in healthy controls) ($U=1030,5$, $p=0,002$). The level of anhedonia in sample varies depending on capability to determine odors (with means of Kruskal–Wallis test by ranks three groups were compared: individuals with normal level of olfactory function, individuals with olfactory function on upper bound of normal level and individuals with hyposmia) ($H(2, 111)=12,78$, $p=0,002$). Wherein using Mann–Whitney U-test adjusted for multiple comparisons ($p \text{ crit.}=0,016$) it is found that individuals with normal level of olfactory function demonstrates less level of anhedonia (Me=0[0;2]) compared to ones with olfactory function on upper bound of normal level (Me=2[1;4]) or individuals with hyposmia (Me=2[0;4]). Anhedonia level doesn't vary much between individuals with olfactory function on upper bound of normal level and individuals with hyposmia ($p>0,05$). The severity of depression also varies depending on capability to determine odors (Kruskal–Wallis test: $H(2, 114)=8,52$, $p=0,014$). The differences in depression level among groups of individuals with different olfactory function are same for anhedonia levels (the worse one determines odors the higher depression level). The level of situational anxiety doesn't depend on capability to determine odors. Summary: Patients suffering from schizophrenia spectrum disorders (F20; F21; F25) demonstrate recession of capability to determine odors compared to individuals who are not suffer from any mental illness; Recession of capability to determine odors connected with presence of anhedonia; The severity of depression is connected with recession of capability of odor determination; The severity of situational anxiety level does not connected to capability of odor determination.

PREVALENCE OF EATING DISORDER SYMPTOMS AMONG MEDICAL STUDENTS

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LLC "LION-MED"

Introduction. Studying in a University today is associated with stress and anxiety due to complicated programs, demanding schedule and high goals. Coping strategies used by students may not be healthy and some of them include drugs, alcohol and overeating. Strategies connected with food may become the basis for the development of eating disorders (ED). Eating disorders are one of the major psychiatric problems of modern society. Their extremely wide dissemination is associated with the fact that most of ED symptoms go unnoticed. Objective: Evaluating and assessment of the severity of eating disorders features and affective symptoms in students of Voronezh N.N. Burdenko State Medical University. Methods: The sample for the study comprised 150 General Medicine students from first to sixth year of studying. Participants were assessed with Hamilton's depression scale and screening questionnaire for overeating episodes developed at the Department of Psychiatry and Narcology at Voronezh N.N. Burdenko State Medical University. All the students gave informed consent to participate in the research group. The average age of was 21 ± 1.5 years of age. Results: Of all the sample 3.3% of students deny having episodes of overeating. Out of those who complained on overeating, 70.3% experienced episodes once a month, 24.8% - once a week, 4.9% - every day. Assessment with Hamilton Depression scale showed that 70% did not have significant symptoms of depression. And the following symptoms were revealed in 30%: sleep disturbance, decreased appetite, anhedonia, and decreased mood. Statistical analysis showed correlation between prevalence of overeating and level of depression symptoms. Conclusions: Absolute majority (96,7%) of students were identified as having episodes of overeating, 30% of medical students were found to have symptoms of depression. There is connection between the episodes of overeating and depression. The obtained data allow us to recommend further study of eating disorders in medical students in order to develop treatment and prevention program.

THE RELEVANCE OF PSYCHOLOGICAL ASSISTANCE TO MOTHERS WITH CHILDREN WITH DISABILITIES

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Currently, there is a sharp increase in the number of children with disabilities in the world. Families who are faced with bringing up a child with OVZ go through certain stages of experiencing stress, so-called "parental stress", which results in a long process of adaptation of all family members to the current situation. Since it is the mother who is the eco-environment for a special child, and the characteristics and parameters of her emotional response and perception directly depend on the conditions of a child's successful existence with OVZ. To develop a new approach to intra-family behavior, life positions and interaction with society, taking into account the characteristics of the child – the main goals of any such family. Thus, the figure of the mother, as the most closely related to the child, both biologically and emotionally, is dominant in the process of adapting the family to new living conditions - the appearance of a family member with disabilities. The study of the psychological state and its features in mothers with such children was the goal of our study. We assume that the identification of certain psychological characteristics in such mothers will allow us to develop knowledge about this phenomenon in such women and develop a system of psychological assistance, both in individual and group format, including in the family format. The object of our study was the characteristics of the personalities of mothers who were hospitalized in the neurological Department of the regional children's hospital with children with OVZ, and the studied phenomenon is their psychological components, such as the level of anxiety, depression, and suicide risk. To implement the set goals and objectives of the study, we used a battery of tests that included: a method for diagnosing the level of subjective feelings of loneliness (D. Russell, M. Ferguson), the scale of depression of Beck, the method of differential diagnosis of depressive States (V. A. Garova), test anxiety (C. D. Spielberg, Y. L. Khanin), the technique of diagnosing the level of neuroticism (L. I. Wasserman), a diagnostic method of a parental relationship (A. J. Varga and V. V. Stolin), the method of sociogram "My family" (V. V. Tkachev), the questionnaire "Psychological type of the parent" (Vladimir Tkachev), the questionnaire "the Analysis of family trouble" (ACT) (E. G. Eidemiller), questionnaire of suicidal risk (T. N. Razuvaev). The scale of the study involves the creation of two groups of mothers, one of which will be included in the program of this study and will perform a rehabilitation psychological program, and the second group will become a control group. A study of a group of mothers (20 people) was conducted using tests (Beck Depression Inventory), the spielberger-Hanin anxiety scale (STAI), and the "Psychological type of parent" questionnaire (B. B. Tkachev) to study such personal characteristics as the level of depression, anxiety, and which psychological type of parent dominates. According to the study, it was found that 65% of mothers of children with OVZ are dominated by the psychosomatic type of parent, and 35% have an authoritarian type. On the depression scale, 74% have severe depression (moderate depression), and 26% have no depressive symptoms. The level of anxiety is average, detected in 47%, high anxiety was detected in 35% of respondents. The results show that mothers of children with OVZ are prone to depressive and anxiety States, while for the treatment and rehabilitation of their children, according to the identified types of parenthood, they are ready for a lot and will never give up their goal. Thus, we see an urgent need to develop a system of psychological assistance for mothers who raise children with OVZ in both individual and group formats, including in the family format.

COMPLIANCE CHARACTERISTICS OF PATIENTS WITH PARANOID SCHIZOPHRENIA DEPENDING ON DURATION AND TYPE OF DISEASE

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Introduction. According to the experts' evaluations, from 11 to 80% of the patients with schizophrenia do not follow the prescription of anti-psychotic drugs [1,2]. That sufficiently decreases the efficacy of therapy and forms a secondary resistance to it [3]. When treating schizophrenia, studying compliance is hampered by a low level of patients' criticality to their condition or its absence, by clinical symptoms of the illness and by "unclear" concepts of the disease and its prognosis. In this context, the research of clinical, psychological and social predictors of non-compliance is of interest. The aim of the research is studying compliance characteristics in patients with paranoid schizophrenia depending on duration and type of disease. **Research methods.** The empirical research has been carried out in GBUZ "PKB No. 1 DZM". The research sample includes 100 patients. Fifty of them (25 males and 25 females) have the diagnosis of paranoid schizophrenia (F20.0 according to ICD-10) in the age from 18 to 65 years (mean age 38.4 years) with continuous and episodic type and various duration of disease (under 5 years, 5-10 years, 10-20 years, 20-30 years and more than 30 years). Graduation criteria: patients with paraphrenic syndrome as well as those with considerable cognitive defects. The control group consists of 50 individuals without psychiatric diagnosis (25 males and 25 females) in the age from 18 to 65 years (mean age 38.2 years). The following methods have been used: the Morisky-Green Test (MGT); Drug Attitude Inventory (DAI-30); the Scale of Medication Compliance (SMC); Brief Psychiatric Rating Scale (BPRS), the Scale for the Assessment of Negative Symptoms (SANS). The statistical analysis includes Spearman correlation and Student t-Test. **Results and discussion.** Comparison of results in the experimental and control groups according to the compliance level does not show statistically significant differences. In general, the compliance level of healthy individuals as well as of patients with schizophrenia is relatively low. The study of connection between duration of illness and compliance level also does not show differences; however, higher indexes of compliance are shown by the patients with duration of schizophrenic process less than 5 years. Statistically significant differences in compliance level have been demonstrated in the sub-groups according to the type of disease: continuous or episodic. The latter have a higher compliance level according to the SMC. Thus, the patients with episodic course of illness follow the prescription more thoroughly. When studying the connection between the psychopathological symptoms and the compliance level, the data of the previous research [2] on the negative influence of psychopathological disorders on the compliance level have been confirmed. In particular, the statistically significant inverse correlation between the compliance level and intensity of negative symptoms have been observed ($r_s = -0.418$). **Conclusion.** As the result of research, the following characteristics of compliance of the patients with paranoid schizophrenia have been marked out: the patients with the duration of illness less than 5 years show a higher compliance level than the others. It is also discovered that the patients with episodic course of disease follow the doctors' prescription more thoroughly than the ones with the continuous course of illness.

THE PILOT STUDY OF PSYCHIATRIC SATISFACTION ESTIMATED BY HIGHLY QUALIFIED PSYCHIATRISTS

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Resume: specialists of various professions such as psychiatrists, psychotherapists, social workers, rehabilitologists and psychologists provide mental health care to patients but the lack of interdisciplinary cooperation determines the diversity of these specialists' actions in the field of social support and improving the quality of patients' life. The creation of professional platform for interaction and experience exchange for specialists of different fields should become the possible solutions to this problem. Besides it seems appropriate to include convergent educational modules into these programs to improve the cooperation between specialists of related areas. The dynamics of modern life determines a high level of exhaustion on a person, which increases the risks of failure of his psycho-emotional and neuropsychic health. There are medical organizations, stationary social service organizations, private psychiatrists providing psychiatric care today. [1,4] Psychiatrist or commission of psychiatrists have the exclusive right to diagnose mental disorder, to treat without patient consent and to give inference. [1] Others specialists and medical workers must get trained the special training and prove their qualifications. [1] Such specialists include a psychotherapist, [2] a medical psychologist (who provides psychotherapeutic assistance), [2] a social worker (who organizes individual and group work with patients for improving their social adaptation) [2] Modern psychiatric care is provided by several specialists who work in a team. Teamwork and cooperation are key of analysis and effective solutions of existing problems. [5,8,9]. Today we can observe the trend of transformation of the professional area of medicine, it follows that the requirements for medical specialists are changing. In this connection, it seems relevant to implement a sociological research of the features of the transformation of the professional role of a psychiatrist. [5,6,7]. From September to December 2019 in Moscow authors conducted a survey research (interview) for study the features of the transformation of the professional role of a psychiatrist at the present stage. In this survey research participated 5 psychiatrists. (Moscow, Private institution educational organization of higher education «Medical university «Reaviz», interviewing psychiatrists, n=5) These information helped us to improve the research tools and distinguish a number of key research areas. The main organizational problems of the research were associated with the complexity of the recruitment of respondents and the large amount of primary data. [3] 1. Changing of the legal framework is central to transforming the professional role of the psychiatrist. (The legislative framework governs the provision of medical care in modern Russia) 2. In modern conditions, there is a tendency to expand the spectrum of risks to mental health of the population (addictive behavior, personality disorders, problems of social adaptation). And prevention and treatment of most mental health disorders requires the participation of a team of specialists (psychiatrist, teacher, lawyer, social worker, etc.) 3. It is important to prevent the formation of mental health disorders caused by civilization risk factors (deterioration of social adaptation, Internet addiction, bullying). First of all school-aged children are at risk. According to respondents measures to prevent mental health disorders of children and teenagers require the involvement of specialists in related professions at the school level (teachers, psychologists). This will increase the social activity and social adaptation of school children. 1. At the stage when the specialist receives a higher medical education or regular professional development by practicing specialists, they need an additional training (including - related disciplines). This is necessary for the introduction of new areas and technologies in the professional activities of a psychiatrist. Conclusion: The results of the study show that there are trends in the professional role of the psychiatrist, due to the general processes of society development, the introduction of new medical technologies and approaches to the treatment of mental health disorders, changes

in the structure of mental health risks, and the population's expectations regarding the quality of psychiatric care. The introduction of a new polyprofessional approach to the provision of medical care to patients in the practice of a psychiatrist is a key value.

UNDERSTANDING THE CULTURAL CONTEXT: AUDIAL HALLUCINATIONS OF RUSSIAN-SPEAKING PATIENTS

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Purpose. The present project examines how schizophrenia manifests in the Russian cultural context. Specifically, we aim to assess whether patients diagnosed with schizophrenia in Russia present with symptoms that might differ in form and content compared to participants from countries studied by Luhrmann and colleagues (Luhrmann et. al. 2015). We have a particular focus on one of the most common forms of hallucinations: auditory vocal hallucinations, or hearing voices. Many persons who meet DSM or ICD criteria for schizophrenia experience what clinicians call “voices”: auditory and semi-auditory experiences, often of an invisible person who speaks. **Methods.** This research is currently taking place at the Clinical Psychiatric Hospital in Kazan, Russia. All participants (n >20) hear voices and are diagnosed with schizophrenia or schizoaffective disorder by the Clinical Psychiatric Hospital. We assessed the patients' experiences primarily through a Russian translation of the structured clinical interview protocol developed by Luhrmann et. al (Luhrmann et. al. 2014). Additionally, participants listened to a 45-second audio-track of positive and negative voices meant to represent a wide range of possible experiences of voice-hearing by those with psychosis. In this track, the voices speak in Russian. Participants were asked what they remember after the track played, and what, if anything, of the track was like their own experience of voices. The primary aim of this audio track is to better understand what patients may be experiencing first-hand, as well as to determine whether the positive or negative voice gathers more attention. **Results.** At present, data continues to be collected. Exploratory analyses of the interviews will investigate how these hallucinations manifest in the Russian cultural context, and these results will ultimately be compared against previously collected data. Some preliminary questions have emerged. The patients interviewed express less violence to self and others than do the patients in the US that Luhrmann interviewed. They also speak more spontaneously about interrupted sleep. More patients express concerns around alcohol. **Discussion.** Russia has rarely been included in the analyses of cross-cultural explanations for schizophrenia. There are several reasons why examining this disorder in the Russian cultural context is important. Namely, the Russian Federation has an extensive and rich history of being home to many religious and ethnic groups. The abundance of different ethnic and religious groups opens up the possibility for closer examination of the extent to which living in a general Russia culture differentially impacts individuals who are members of multiple cultural groups. Russia provides ample opportunity both for the present study and future studies for thorough analyses of the influence of individual ethnic cultures. Additionally, the rich religious history in Russia presents the opportunity to understand how religious culture impacts the quality of auditory vocal hallucinations. These benefits involved in studying schizophrenia in Russia are particularly relevant for the present study, as it is being conducted in Kazan, Tatarstan, Russia. Kazan is known to have multiple religious and ethnic groups, including both Russian and Tatar ethnicities as well prominent groups of followers of both Russian Orthodox Christianity and Islam. **Conclusions.** Understanding the way in which this devastating disorder manifests in Russia, in addition to how it is generally conceptualized and treated provides valuable information that could significantly impact the conceptualization of schizophrenia around the world. Understanding the psychosocial aspects of this disorder from multiple perspectives allows the scientific community to have a detailed

conversation about how different individuals are impacted by this disorder. Furthermore, it opens the door to international cooperation to work on treatments and support systems that are culturally relevant and appropriate, and provides opportunity to better understand how best to support these individuals.

PATHOPSYCHOLOGICAL ASPECTS OF COVID DISSIDENCE

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In 2020, the world has suddenly and dramatically changed. The ideas about safety, risks, social interactions, and the hierarchy of values have changed. These changes have taken by surprise all segments of the population on all continents. Restrictive measures were introduced by governments, which were perceived in different ways by people. One could observe the whole spectrum of reactions to these measures, from approval with an understanding of their necessity, passive submission without any reflection to aggressive rejection. The economic and social consequences of the COVID-19 pandemic turned out to be very significant, they caused a decrease in living standards, unemployment, a break in social ties, and the inability to implement life plans. The socio-economic and psychological consequences caused by the pandemic have become very painful, stressful for people, causing them to fear the future, the experience of insecurity, forced passivity and helplessness. Social isolation, the rupture of stable and positive contacts have become a real mental trauma that causes depression, apathy, social and psychological maladjustment. Part of the population really perceived the threat to health and life, reacted with understanding to the forced measures of social isolation, began to wear masks, maintain a distance, and reduced communication to the required minimum. As expected, so-called covid dissidents have appeared, who consider the threat of infection to be contrived, the measures of protection are excessive, actively resisting preventive measures. Such options for responding to a pandemic are possibly associated with various psychological factors: the level of intelligence, general and special awareness, personality and character traits, types of psychological defense (repression, denial, rationalization). Hot on the heels, the peculiarities of the response of mentally healthy people and persons with mental disorders were studied in the work of employees of the State Budgetary Healthcare Institution of the Ministry of Health “Central Clinical Psychiatric Hospital” (Belozerov B.G., Gul’dan V.V., Tokareva G.M., Shemyakina T.K., 2020). A clinical and psychological study was carried out on the attitude of mentally healthy individuals and patients of a psychiatric clinic to the phenomenon of COVID-19, the risk of infection, and restrictive measures. The study involved 126 people, including 34 mentally healthy adults (18-69 years old), 24 mentally healthy adolescents (16-17 years old) (Gul’dan V.V., Tokareva G.M., Gul’dan E.V., 2021), and 68 psychiatric patients with schizophrenic spectrum disorder. 86% of the subjects, to one degree or another, adequately assessed the danger of the epidemic and the need for the introduced measures of individual and collective protection. In a number of cases, patients in a psychiatric clinic showed an increase in depressive, anxious experiences, the inclusion of hypochondriacal covid subjects in delirium. The personal factors contributing to this attitude were conformity, trust in the media, resistance to stress, and such forms of psychological defense as rationalization and repression. In 14% of cases, mainly in the group of people who do not exhibit mental pathology, but who have certain personality accentuations, such as demonstrativeness, excitability and rigidity, a tendency to protest reactions, inadequate self-esteem, both emotionally intense denial of the COVID-19 threat itself and the need for restrictive measures. In a number of cases, the behavior of these persons was openly demonstrative, defiant.

EMOTIONAL DISTURBANCES IN STROKE PATIENTS AND PROSPECTS OF PSYCHOTHERAPY

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Stroke is one of the most common causes of death and disability in the world. In 2016, 13.7 million strokes occurred in the world, of which 5.5 million were fatal. In Russia, more than 400 thousand cases of stroke are diagnosed annually. In recent decades, there has been a tendency towards a decrease in mortality from stroke (up to 40%), which makes an important problem of effective care for surviving patients and the rehabilitation system. A significant number of survivors develop and persist for a long time persistent deterioration of somatic and mental health, cognitive impairment, speech disorders, paresis. It is believed that up to 40% of stroke patients suffer from various mental disorders. Probably, the pathogenesis of mental disorders can be based on both direct damage to the brain, when the severity of the pathology is related to the amount of damage, and the psychological reaction of the patient's personality to the disease and the loss of normal functioning capabilities. Depression, anxiety disorders and phobias, post-traumatic stress disorder, apathy, aggression, emotional lability, increased fatigue, less often mania, psychoses, personality disorders are detected. Often there is a fear of repeated stroke, a fear of the inability to restore impaired functions of swallowing, walking, urine retention, speech. Patients are pessimistic about disease prognoses. Catastrophic reactions are associated with the loss of the ability to engage in professional work, to perform the usual daily activities, with the loss of independence of movement and personal care, with the need to seek help and depend on someone to fulfill everyday needs. Many patients have difficulties with self-control, they become irritable, and sometimes they can't resist aggressive actions. Mental disorders reduce adherence to therapy and rehabilitation. They reduce its effectiveness due to faster fatigue, exhaustion, passivity, possible disruption of contact with the attending physician, and limit involvement in social activity. As the number of successful stroke outcomes is currently increasing, interdisciplinary neurorehabilitation programs are actively developing, the study of the clinical and psychopathological characteristics of patients is becoming increasingly important. This can be the key to the effectiveness of therapy, rehabilitation and the patient's return to a full life. Proper selection of neurometabolic drugs can reduce the risk of developing post-stroke depression and other emotional disorders. There is a clinically confirmed rule: "The less asthenia - the less phenomena of irritable weakness, anxiety and depression". In complex therapy, the combination of neurometabolic drugs and psychotherapy allows us to correct asthenic disorders and to regulate the patient's perception of reality and its reaction to what is happening with it. Psychotherapeutic intervention can be carried out at various stages of the course of the post-stroke period, in individual, group forms, in the format of family therapy. Short-term "result-oriented" psychotherapy methods are preferred, however, in the long term, "process-oriented" methods and patient follow-up are also possible. At the same time, various anxiety and depressive disorders, aggressiveness, emotional lability, and interpersonal interactions can become targets for psychotherapeutic intervention.

A significant part of the mental disorders of the post-stroke period is fully or partially reversible. Full-fledged effective rehabilitation and improvement of the quality of life are possible only with the timely detection and correction of concomitant emotional disorders in patients who have had a stroke.

AGGRESSION AMONG THE YOUNG POPULATION AS A BEHAVIORAL-CHARACTEROLOGICAL PATTERN

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Currently, a clinical and phenomenological approach to the study of aggression is typical for psychiatry and medical psychology. It is worthy of attention that in most cases, aggressive behavior is reviewed in the context of psychopathology and its presence in healthy individuals remains insufficiently studied. Manifestations of any type of aggression (physical, indirect, verbal, auto-aggression, hetero-aggression, etc.) are evaluated as symptoms of mental illness. Ultimately, aggression is not regarded as an independent medical problem [1, 4]. Aggression is an emotion that forms and manifests itself within a behavioral-characterological pattern. This pattern can be considered as a combination of personality traits and patterns of behavior that mediate the severity, direction, and manifestation of aggressive tendencies. According to a study by I.Y. Kulagina and A.E. Polyakova aggressive behavior pattern among adolescents with mental retardation, who were brought up in families, is more pronounced with the prevalence of value orientations of the hedonistic plan. With a high level of development of the spiritual and moral sphere, the regular manifestation of physical or verbal aggression is much less common. Aggressive behavior was assessed as a result of a conflict situation and frustration [2, 3]. A.A. Rean conducted a study of the auto-aggressive personality pattern. He included in it such psychic phenomena as emotions, ways of thinking, needs, motives, desires, characterological features, behavioral strategies, and others. Most attention was paid to the description of the relationship between auto-aggression and character traits, personality traits. According to his hypothesis, auto aggression is mostly caused by internal factors, and external factors are less able to have a significant direct effect. The tendency to auto aggression is a compound personality complex that develops at various levels [2, p. 232]. The purpose of the study is to characterize the behavioral-characterological pattern of aggression among the young population. Materials and research methods: questionnaire survey, BDHI, STAXI, YSQ - S3R methodology for studying personality accentuations of K. Leonhard (modification by S. Schmishek). The study was attended in 2016 by 309 young men (42.8%) and 413 women (57.2%); in 2019 - 775 young men (53.9%) and 662 women (46.1%). The age of respondents 18 - 21 years old. The obtained data were processed using a computer program for mathematical and statistical data analysis SPSS Statistics 17.0. To assess the correlation between the indicators, the Spearman correlation coefficient was used. Results and conclusions. The study obtained results that clearly demonstrate the close relationship between accentuated character traits, the severity of early maladaptive patterns and aggressive behavior. The higher the severity of an unbalanced or stuck accentuation of character, the more all the components of aggressiveness and hostility are expressed. Hypertensive traits of character have a direct correlation only with verbal aggression. A connection was found between early maladaptive schemes and almost all forms of aggression. It should be noted that with the implementation of maladaptive schemes, the level of aggression increases regardless of context, and prevents successful socio-psychological adaptation. Thus, the pattern of aggressive behavior is formed from characterological and behavioral attributes.

PERSONALITY RESOURCES AS BUFFERS AGAINST SUICIDAL IMPULSES

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Suicide cannot be classified as a specific distortion with deducible causes. It is a universal human phenomenon with highly individualized paths leading to the final act. Modern data reject direct connection of suicidal behavior both with mental pathology and with difficult living conditions. Decisive is how a person reacts to various internal and external circumstances. Positive psychological skills like self-regulation, reasons for living, and existential personality resources serve as a buffer against the transition from suicidal thoughts to suicidal actions. The theoretical basis for the study was the model of suicide, DA Leontiev [2008], taking into account the existential dimension of human life. The model highlights predictors of suicide rejection: the presence of reflexive distance from one's own life, which allows to take an active position; the feeling of meaningfulness, which is determined by connection with yourself, other people and the whole world. The presented hypothesis affirms, that the groups with different clinical symptoms of suicidal behavior have different patterns of meaningfulness. The research was realised on the base of Crisis Department of the Moscow City Yeramishantsev Clinical Hospital. 148 patients (aged from 16 to 69 years; 107 women (72.3%) and 41 men (27.7%)) filled a battery of 18 diagnostic methods about the features of self-regulation and the semantic sphere of personality. The research used 7 of them, including the new methodological tool SoMe (The Sources of Meaning and Meaning in Life Questionnaire. Schnell T., 2009; Bolotova A.V., Leontiev D.A., 2016). The data of suicidal ideation, self-harm and suicidal behavior were taken from the patients' medical history. To test the hypothesis were applied: One Way ANOVA, z-score, hierarchical cluster and cross-tabulation analysis. Common meaningfulness is considered a space of two relatively independent variables: "meaningfulness of life" (ML) and "crisis of the life's meaning with a tense desire to look for it" (CLM). The position of the relationship of suicidal behavior with alienation and general psychological distress was confirmed. There is approximately an equal amount of crisis patients' groups with such patterns of meaningfulness as: Meaning- loss: low ML at different CLM (often high); Meaning-stressed: high ML and medium-high CLM; Meaning-stable: high ML and low CLM. Groups with patterns of meaningless (1) and stable meaning (3) are polarized according to all basic indicators of psychological well-being, and the group of intense meaning (2) occupies an intermediate position. Patients with suicidal attempts have 1.5–2 times more Meaning-loss pattern, patients with only suicidal ideation have the Meaning-stressed pattern, and the patients without suicidal symptoms have the Meaning-stable pattern 1.5–2 times more often than the other groups. Interestingly, in our sample, with loss of sense, the predictor of real suicidal risk is low ML, and not the value of CLM: the group with suicidal attempts is distinguished by its lack of involvement and low index of ML, while the other two groups are slightly different in this parameter. The group with no suicidal symptoms is distinguished by the manifestation of three anti-suicidal motives: a psychological strategy of overcoming problems, personal responsibility for the family, and the presence of their own morality. Received results show promise of a semantic approach to the dynamics of the psychological crisis in clinical manifestations. For the contingent of practically healthy individuals in crisis, the psychological diagnosis of meaningfulness patterns is more diagnostic and promising in relation to the dynamics of the crisis than the clinical history data. Emphasis on positive barriers which serve as buffers against suicidal choice is in line with the message of positive psychology, stating that the royal road to mental health is supporting a person's inner strengths which function as buffers against adversities, rather than trying to exclude negative influences.

COMPARATIVE ANALYSIS OF THE RELATIONSHIP BETWEEN TRAUMATIC BRAIN INJURY AND ORGANIC PERSONALITY DISORDER

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Relevance: A large number of articles are devoted to the issue of the consequences of traumatic brain injuries. Mental disorders arising from trauma deserve special attention [1, 2]. The purpose of our research was to study the effect of traumatic brain injuries suffered during life on the formation of organic personality disorder. **Materials and methods:** the study was carried out based on «Main Bureau of Medico-Social Examination In Rostov Region» and «Rostov State Medical University». **Study design:** in 18 months, 160 people were examined by anamnestic method, divided into 2 groups. In the first group (main), 84 patients with organic personality disorder were included, excluding sex. **Inclusion criteria:** young age (18-44 years), established and documented by a psychiatric hospital diagnosis: «Organic personality disorder» (F07.0x according to the ICD-10 diagnostic criteria). 76 people were included in the second (control) group (medical university students and residents) excluding gender. **Inclusion criteria:** young age (18-44 years), lack of signs of mental disorder, visits to a psychiatrist, lack of use of psychotropic drugs. The work used an author's questionnaire. The database was created using Microsoft Office Excel 2017. For statistical processing, the method of analyzing a four-field table (Yates's chi-squared test) was used, as well as the criterion. **Results:** childhood head injuries were confirmed in 16 group I respondents and 3 group II respondents. 15 respondents of group I noted head injuries sustained in adulthood, in-group II the answers were negative. Head injuries in childhood and adulthood were reported by 16 group I respondents and 2 group II respondents. Traumatic brain injuries of childhood were overwhelmingly closed. This was indicated by 15 group I respondents and all 3 group II respondents. All of them were obtained due to falls or fights. An open traumatic brain injury from road accidents was noted by 1 respondent of group I. In adulthood in-group I, injuries were both closed and open. Craniocerebral injuries due to traffic accidents prevailed - in 11 respondents, falls - in 3 respondents, fights (including intoxicated) - in 4 respondents, domestic violence - in 1 respondent. Several traumatic episodes were noted by 4 patients. In-group II, no adult injuries were reported. The causes of injuries sustained simultaneously in childhood and adulthood in-group I were joined by injuries due to epileptic attacks. **Statistical analysis of childhood injuries:** Yates's chi-squared test = 7.311, $p = 0.007$, criterion $\phi = 0,233$, communication strength average. **Statistical analysis of adult trauma:** Yates's chi-squared test = 12.947, $p < 0.001$, criterion $\phi = 0.306$, communication strength average. **Statistical analysis of injuries obtained in childhood and adulthood:** Yates's chi-squared test = 9.188, $p = 0.003$, criterion $\phi = 0.259$, communication strength average. **Conclusion:** operational interventions have no significant connection with the possible verification of the diagnosis «Organic personality disorder». At the same time, head injuries sustained at different ages have in our sample an average strength of association with the verification of diagnosis: «Organic personality disorder.» The most significant in the study was the strength of communication obtained by us because of an attempt to verify organic personality disorder depending on head injuries received in adulthood.

THE EFFECT OF ADDICTION ON THE LEVEL OF LABOUR ADAPTATION IN PERSONS WITH ORGANIC PERSONALITY DISORDER

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Most authors who describe addictive manifestations in persons with organic personality disorder emphasize gender sampling or the age dimension [1, 2]. Other works describe addiction as a form of avoiding behavior or so-called departure from reality [3, 4], with insufficient study of the effect on human labor adaptation. The purpose of the study was to study addictive manifestations in persons with organic personality disorder (OPD) and the possibility of their labour adaptation. Material and methods: the anamnestic method examined 195 patients who applied to psychiatric offices-branches of Chief Bureau of Medical-social Examination in Rostov region. Inclusion criteria: young age (18-40 years) without sex separation, established and documented by psychiatric hospital diagnosis: "Personality disorder of organic etiology" (F07.0x according to diagnostic criteria ICD-10) The 3 groups of patients with OPD were identified: I - brain injuries in childhood (33 persons); II - brain injuries in adulthood (50 people); III - having no brain injuries in history (112 people). Results: in group I, the total number of patients with addictive behavior (AB) (use of psychoactive substances (PS) was 36.4%, in group II - 64%, in group III - 25%. The start age of PS in all groups was 10-12 years and practically did not depend on the age of injury, as well as its mandatory presence. Due to formal criticism and decreased cognitive potential, some patients did not consider some substances alcoholic or narcotic (beer or marijuana). Work experience in history with addiction was 18.2% patients in group I, 50% - in group II and 9.8% - in group III. By the time of the survey, only 3 people (1.5%) were still working all surveyed, unskilled jobs. Earlier OPD formation after brain injury appears to make it difficult to acquire work skills and subsequently work adaptation. However, other reasons for the development of OPD (F07.02-09) have an even greater negative impact on employment. In the analysis of the effect of addiction on labour adaptation, this trend was maintained. In group I, there are significantly fewer persons with seniority than in group II. It can be assumed that addiction combined with traumatic brain damage at an early age produces more severe consequences compared to adults. The use of PS against the background of OPD due to other factors mentioned above was even more severe disruption of labour adaptation. Conclusions. Organic personality disorder as a result of brain injury sustained in childhood is less likely to lead to addictive behavior compared to injuries sustained in adulthood. However, the comorbidity of these disorders in adulthood allows for higher work adaptations. It is possible to form compensatory mechanisms at a older age, as well as to acquire labour skills contributes to better adaptation of patients.

ONE OF THE TYPES OF RELIGIOUS DELUSIONS IN SCHIZOPHRENIA: WORLD END DELUSIONS (PSYCHOPATHOLOGICAL AND CLINICAL FEATURES)

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Background: based on the true mystical experience described in the last book of the New Testament, the ideas of the end of the world have been fascinating and attracting attention for thousands of years. Delusional states with world end ideas in schizophrenia have always been difficult to research, due to the difficulties of differentiation and the significant severity of these conditions at the stage of detection. The need for a thorough study of delusional states with a religious world end content is resulted from their insufficient study, the social significance of behavioral disorders in

patients suffering from these disorders, and the frequent resistance of this type of delusions to psychopharmacotherapy. Aim of the study: to distinguish clinical and psychopathological features and pathokinesis of delusional states with world end ideas in schizophrenia for further clinical differentiation, development of diagnostic criteria, and prognosis of the disease. Patients and methods: (pilot study) 20 patients with schizophrenia (F20.0, F20.01, F20.02 no MK5-10), with world end delusions in its clinical picture were examined. Patients were examined with clinicopathologic and clinical follow-up methods. Results and conclusion: When conducting pilot studies of clinical cases of world end delusions, significant differences were revealed in the psychopathological picture of these conditions, in the mechanism of delirium formation, in the type of course of the disease, in the severity of the condition, in the syndromological features, in the type of outcome of the disease, in social harmful level, and in consequences. Historically, in psychiatry, two terms have been used synonymously for the religious world end delusions: apocalyptic delusions and eschatological delusions. According to preliminary data, it is possible to distinguish two types of religious delusions of the end of the world (2 varieties): eschatological (semantically - as the doctrine of the end of the world) and apocalyptic (as a direct experience of the end of the world at the moment or its imminent approach). Syndromologically eschatological conditions (6 patients) could be regarded as delusional disorders of paranoia. In the nosological plan - usually such a condition develops in the post-attack period after suffering an affective-delusional attack as part of paroxysmal schizophrenia or as part of the doped form of schizophrenia. The interpretive mechanism of delirium formation prevailed, followed by systematization. Apocalyptic delusions (14 patients) were observed mainly in patients with acute sensory delirium and were accompanied by a pronounced sensory component of the end of the world, the world death sensation, experienced by the patient at the moment. It was often accompanied by antagonistic delusions, delusions of dramatization, acute fantastic delusions, and oneirocatatonic states in the framework of an acute attack with paroxysmal type of schizophrenia. The predominant was the sensory mechanism of delusion formation without a pronounced systematization of delusional experiences. Thus, in the study of patients with religious world end ideas of delusions, the heterogeneity of these delusional states and the expediency of dividing them into two groups that differ in the mechanism of delusion formation, the type of course of the disease, the severity of the condition, syndromological features, social danger and consequences, and the type of outcome of the disease, were revealed.

THE SYNDROME OF POSSESSION WITH RELIGIOUS CONTENT IN SCHIZOPHRENIA: PHENOMENOLOGY AND PSYCHOPATHOLOGY

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Background: The syndrome of possession with religious content in schizophrenia (SPRC) is quite difficult and extensional phenomena. The study of this phenomena is associated with certain difficulties such as insufficient data and consequentially low recognition of these states. The severity of SPRC is determined by existing social risks and significant resistance to the pharmacotherapy. Objective: to determine clinical-and-psychopathological features of the SPRC in schizophrenia to conduct psychopathological differentiation and apply specific diagnostic criteria and prognosis of the disease. Material and methods: 55 patients with SPRC in schizophrenia (F20.0, F20.01, F20.02 according to ICD-10) were examined by the Research Group of Special Forms of Mental Disorders of the Mental Health Research Center (Moscow) from 1994 until 2019. The research methods were used in the study: clinical-psychopathological, follow-up, and psychometric (PANSS). Results: The core of the syndrome of possession with religious content (SPRC) in schizophrenia is patient's delusional conviction in the impact by some spiritual inbeing, which involves control under mind and

body, and leads to the total transformation of patient's personality. The structure of SPRC, along with the religious delusion of possession, was represented by a number of psychopathological disorders that were interconnected: overvalued or delusional religious ideas, ideas of spoilage, witchcraft, delusional constructions of hypochondriacal content, delusional depersonalization and delusions of metamorphosis, hallucinations of the general sense, haptic, olfactory hallucinations with the addition of various psychic automatisms and pseudo-hallucinations, also some specific delusional forms of protective behavior were registered. Despite the psychopathological complexity and polymorphism of SPRS, it is developing according the laws of the Kandinsky–Clérambault syndrome. During the study we observed different forms of delusional behavior. For example in 55.6% of cases, there were invented specific ways of fighting the “demonic” influence, expressed in fanatical adherence to religious traditions, reading of special non-canonical religious texts, and special exorcizing prayers. Also, gripped by idea to kill the demon, some patients (22.2%) induced vomiting, resort to a sharp restriction of food and water consumption, up to a complete refusal, which often led to the depletion and hospitalization in the intensive care unit to provide emergency medical care. There are two different types of SPRC identified: internal (type 1) and external (type 2). Differentiation of these types is based on psychopathological features and connected with the character of affection's sense noted by patients (invading or outer). These two types of SPRS are observed in different forms of schizophrenia and have different clinical and social prognosis. Conclusion: The obtained data contains differentiated criteria of personalized diagnostics and prognostic approaches in schizophrenia proceeded with syndrome of possession with religious content. There are only 55 patients with SPRC have been studied to date, so sample group should be increased to make more certain conclusions. Our investigation of SPRC and other delusional syndromes with religious content suggests further research.

OCCUPATIONAL PSYCHIATRY: ACTUAL ASPECTS IN CURRENT SITUATION

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WHO has identified the Sustainable Development Goals as one of its goals: to reduce premature deaths from noncommunicable diseases by one third by 2030 through prevention and treatment, mental health and well-being (WHO, Fact sheet of mental health, 2015). It should be noted that mental and behavioral disorders among the population of the most active age group (15-49 years) by 2019 took the first place in the structure of the global burden of disease (A. Cieza at al., 2020). A review of foreign, currently not very numerous sources and many years of our own observations confirms the position of the problems that exist in the field of assessing and monitoring the mental health of the working population, as well as ways to prevent it. A separate group consists of mental health problems caused directly by the impact of working environment conditions. All this confirms the need to develop principles and criteria for assessing and managing occupational (production-related) risk factors for mental health disorders in various types of economic activity. It is important to develop new approaches to assessing the mental health of employees, with the definition of differentiated groups of risk factors and predictable diagnosis of mental disorders. The goal: Scientific substantiation of the system of integrated assessment of industrial and non-industrial risk factors for the formation of mental health disorders. Materials and methods: employees of the enterprise for the production of organic synthesis (n=673), gunpowder (n=201) and workers (n=352) without harmful production factors were studied by clinical structured psychiatric interview; questionnaire survey to identify additional non-productive risk factors; assessment of neurotic conditions using a questionnaire, statistical analysis. The dependence of the probability of PD formation on the experience characteristics of the examined groups was revealed. Within group 1, the probability of

maladjustment significantly decreases by 5-14 years of work (0.140 ± 0.020 , $p \leq 0.005$). Starting from 15 years of experience, the probability of maladjustment increases again (0.175 ± 0.032 , $p \leq 0.005$), confirming the hypothesis about the influence of production factors on the risk of mental health disorders. The probability of forming a mental maladjustment relative to the control group is significantly higher among persons with up to 4 years of experience among persons of the second group (0.750 ± 0.217 , $p \leq 0.005$), which can be explained by the formation of a mental disorder and the departure of these persons from the profession. The study revealed the influence of industrial, non-industrial, psychosocial risk factors on the mental health of chemical production workers. The conducted studies have shown that not only production factors in general, but also evolutionary-time (experience) characteristics determine different mechanisms of formation of mental health disorders. Among employees of the chemical production enterprises, the most significant non-productive factors that significantly affect the likelihood of mental health disorders are: female gender ($p < 0.01$), family status (widowed and single, $p < 0.01$), educational level (higher education, $p < 0.01-0.03$). The results of the study showed that all forms of mental disorders and chronic diseases of the central nervous system are absolute contraindications to work in the conditions of enterprises producing chemicals and chemical products in combination with emotional stress, a high level of explosion and fire danger.

REACTIVE COMPONENT OF DEPRESSION IN PATIENTS WITH RECENTLY DIAGNOSED PARKINSON'S DISEASE: A NATURALISTIC STUDY

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Depression is one of the most common non-motor features of Parkinson's disease (PD). Occurrence of affective disorders, as well as other motor features, increases as the disease progresses, however depression in particular is discussed as one of the earliest PD manifestations. It has been shown that clinically significant depression can emerge several years before Parkinsonism, which allows to regard it as one of the earliest features of the disease. Compared to other disabling chronic illnesses (osteoarthritis, diabetes, etc.) patients with PD show more prevalent depression, which confirms its complex genesis that exceeds the reactive component. At the same time, many studies showed that reactive depression features are particularly clinically significant at the early stages of PD, lowering quality of life and therapeutic compliance, and may define further particularities in management of these patients. We have conducted clinical-psychopathological examination of the patients with "Parkinson's Disease" diagnosis established less than 12 months before the examination. In total 76 patients with stage I PD were examined, of these included into study were 32 patients that presented complaints of lowered mood upon active questioning, which amounted to 42.1% of the general group. Average age of patients was 58.9 ± 4.8 with a spread from 38 to 69 years of age: 19 men and 13 women. Examination showed clinically manifest depression in 20 patients (12 patients had sub-clinical depression), and in 19 cases out of 20 clinical-psychopathological method revealed reactive component of depression, while detailed history examination showed presence of a psychotraumatic experience of pronounced personal significance in the past (less than 5 years before the examination), which the reactive component of depression was directly linked to; 10 patients (50%) had more than one such experience. Some of the patients did not deny the impact of the established diagnosis and motor disorders that led to seeking medical help and establishing the diagnosis upon their mood, however, these experiences were clearly less significant compared to the aforementioned psychotraumatic situations, and patients perceived them as "additional" factors influencing their mood. The study confirmed high prevalence of depression in earliest stage PD patients: 42.1% of the patients showed prominent depression, clinically significant in 62.5% of

the cases, sub-clinical in 32.5%. 95% of the patients having clinically significant depression had a psychotraumatic episode in the 5 years before PD diagnosis was established, in 50% of the cases there was more than one episode. High sensibility and emphasis on psychotraumatic experience is consistent with literature showing higher vulnerability to stress and heightened probability of reactive depressions development in PD patients compared to general population, including during pre-motor period. This is most probably due to “layering” of the psychotraumatic experience impact upon the organic component of depression which, according to literature, can develop as early as 10 years before Parkinsonism, provoking such a prominent reaction. It is interesting to note that the patients demonstrating clinically significant depression, being aware of the impact of a psychotraumatic experience upon their mood, did not actively complain of lowered mood, considering it unrelated to the disease. Thus, depression in PD patients can be expected to go unnoticed, requiring alertness and active questioning of both the patient and their relatives. Limited scope of this research does not allow for conclusions regarding relation between prominence of reactive component of depression compared to depression caused by other mechanisms. However, significant impact of lowered mood upon diagnosis “acceptance”, therapeutic compliance, and quality of life in PD patients denotes the need of further research and search for simple and optimal instruments for timely depression diagnosing in these patients.

PSYCHOLOGICAL SUPPORT OF ADOLESCENTS AT EARLY REHABILITATION STAGES AFTER SEVERE SPINAL CORD INJURY

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Spinal cord injury (SCI) is a severe physical injury that results in physical disability and decreased social activity. Lately, the number of patients with traumatic injuries has been growing, especially among children. In Russia, the proportion of spinal injury in the structure of all injuries amounts to 18.3% [data from Rosstat, 2019]. The clinical picture of post-traumatic consequences includes neurological, motor and somatic disorders, as well as psychological ones. In literature, one can find information on the psychological state after spinal injuries, but basically in adults. There are few data on the psychological state of children after SCI, and they mostly discuss late stages of recovery period (one year or more). In modern world, extreme sports and recreation are of increasing interest among younger generation. But they are one of the leading causes of spinal injuries in children with subsequent severe disability. Psychological support of children with severe SCI is an important moment in the comprehensive rehabilitation at its all stages. A differentiated specialized assistance will increase rehabilitation effectiveness; it will help to adapt such children to changing conditions of their life after injury, as well as to improve their quality of life and to return them to their previous social environment. Objective: To study psychological problems in adolescents after severe spinal cord injury at early rehabilitation stages. Material and methods: 50 patients (aged 12-18) with SCI who were admitted for care and rehabilitation at the Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPST) on day 1-3 after the injury. Psychological diagnostics included: - clinical conversation; - scales and questionnaires: State-Trait Anxiety Inventory (Charles Spielberger, 1983, adapted by Yu.L.Khanin); Beck Depression Inventory (Aaron T. Beck, 1961, option for adolescents); Recovery locus of control (Partridge C., Johnston M., 1989). Results: All patients (100%) had psychological problems of varying severity:- 80% of adolescents had a high level of reactive anxiety; - 28.3% - low motivation for rehabilitation; - 33.3% - depression (of which 30% - reactive depression; 3.3% - masked depression). In some cases, symptoms could be combined and seen in one and the same patient. Children with a high level of personal anxiety combined with the reduced level of motivation demonstrated difficulties in adapting to restorative procedures. All

patients (100%) required psychological support for correcting their emotional background, high level of reactive anxiety and reduced motivation. Conclusion: 100% of adolescents after severe spinal cord injury have psychological problems of varying severity in emotional and motivational spheres at early stages. They need psychological support included into the comprehensive rehabilitation system.

SPIRITUALLY-ORIENTED THERAPY FOR ENDOGENOUS MENTAL PATIENTS WITH CO-MORBID ADDICTIVE DISORDERS

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The place of the spiritually-oriented therapy for endogenous mental patients with co-morbid addictive disorders is contingent on significance of the spiritual model in the diagnostics and therapy of mental disorders. The researches point out to the “protective” function of religious commitment in case of substance abuse and the reverse correlation between the rich religious life and substance abuse rate. Spiritually-oriented programs for abuse treatment may focus on recovery of the internal control of a person, not necessarily involving any experience of relations between the patient and God. At the same time religious patients overcome addictive behavior by decisively dropping their own desires and actions in favor of those actions that fall in line with the decrees of Heaven. Insufficient actualization of the spiritual resource may cancel out the spiritual struggle, which starts in the process of treatment, thus bringing about the emergence of depression symptoms or new forms of addictive behavior [Johnson E.L., 2017, Chamberlain & Hall, 2000, Pirutinsky, et al., 2011, Faigin et al, 2014, Wong-McDonald & Gorsuch, 2000]. According to the concepts of the Russian school of addiction medicine, the addictive behavior stems from deficit on three basic levels of functioning of a personality, namely biological, psychological and social. The existing therapeutic strategies provide for correction on three levels. The researches of the European and world scientists in mental health care invite to look into the personality in order to find the resources for finding solutions, so that the therapeutic effort could be directed at changing the mode of thoughts and conduct of the patient, changing their whole life-style eventually. The similar approach is implemented in the wide-spread technique of motivational counseling by William R. Miller и Stephen Rollnick, as well as in the socio-ecologic approach by V. Hudolin which is used in the outpatient family-oriented relief program for patients with co-morbid behavior disorder [Zoricic Z., 2019]. The traditional religious concepts relate addictive behavior and accompanying mental disorders to the notion of sin and the depravity of human nature as its basis. There is a warning in the Epistle of Paul the Apostle: “Do not get drunk with wine, for that is debauchery” (Ephesians 5:18). Another Epistle says: “Now the works of the flesh are evident: sexual immorality, impurity, sensuality, drunkenness, orgies, and things like these. I warn you, as I warned you before, that those who do such things will not inherit the kingdom of God” (Galatians 5:19 - 21). Delivery from the baneful addiction is contingent on personality transformation and is based on the spiritual labor of repentance and forgiveness. The Christian religious coping that is based on the inner presence of the living Word and the Holy Spirit uses religious faith and practices to support religious methods of coping. At the same time it uses religious doctrines to discuss irrational beliefs and to challenge adverse knowledge, stresses the importance of prayer and Christian content in the process of therapy, and applies Christian spiritual reasoning for cognitive-behavioral therapy (namely to combat irrational ideas). The religious-oriented forgiveness strategy may apply REACH model. Repentance becomes a result of an axiological transformation of a personality in a Christian way as a result of living a religious life of religious faith and doctrine [Verhagen P., 2019, Pargament, K.I. et al, 2014, Worthington E. L. et al, 2016]. Russia has been implementing a multidisciplinary program of outpatient relief for endogenous mental patients with

co-morbid addictive disorders including spiritually-oriented therapy since 1992. The program uses the resources of the national system of relief for mental patients within FSBSI MHRC, methodology of sobriety family clubs according to the method of Vladimir Hudolin, and the experience of pastoral care in the parishes of the Russian Orthodox Church [Baburin A.N., 2015]. The combination of biological therapy, psychosociotherapeutic procedures and spiritually-oriented therapy defines the efficiency of relief provided to co-morbid patients with addictive disorders.

POSSIBILITIES OF INTEGRATING THE PRINCIPLES OF A SPIRITUALLY-ORIENTED DIALOGUE IN THE THERAPY OF MENTAL DISORDERS WITHIN THE FRAMEWORK OF BIOPSYCHOSOCYOSPIRITUAL APPROACH

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Modern researchers in the field of psychotherapeutic care for people with mental disorders claim that comprehensive scientific approaches should include a spiritual element (Koenig H., 2012, Kaleda V.G., 2021). This is of particular importance in the case of assisting people with a religious worldview. Ideas about religious coping behavior and the necessity to evaluate religious value and meaning categories in therapeutic work with patients became widespread in the world scientific literature (Pargament K., 2013, Dein S, 2017). The study of various psychotherapeutic approaches which may be applied in practice, made it possible to analyze the influence of a spirituality factor on the assistance providing (Kopeiko G.I., 2019). That way the factor of spirituality is almost ignored in widespread psychoanalytic tradition, and a religiosity is considered as a psychopathology display in the form of neurosis. The humanistic model assumes the influence of the spiritual factor on axiological representations of a person, but the emphasis is on the search for resources within a person himself, and the goal of development is self-actualization with satisfaction of basic needs and "meta" needs. Thus, these concepts do not imply a living communication of a person with God, as the Source of solving psychological problems. A new model of a spiritually-oriented approach in psychotherapy, developed by Florenskaya T.A. at the end of the 20th century in her monograph "Dialogue in Practical Psychology", defines the place of Divine as the voice of human conscience. Serious psychological difficulties and moral problems may be solved due to the establishment of the correct hierarchy of spiritual self and real self in a person. Upon that the spiritual self in Christian religious tradition is understood as the "image of God" in the soul of a person. An unspoken call to the direct connection of man and God, the establishment of living communication of Divine and personal in human becomes the subject of therapeutic interaction during spiritually-oriented therapy. The practical tool of a new approach is a spiritually-oriented dialogue, which is understood not only as a structured communication between a patient and a consultant, but also as the meeting of two people with God. "For where two or three are gathered together in My name, there am I in the midst of them" (Matt. 18:20) As a result of the dialogue under conditions of the fulfillment of certain criteria, the patient is pacified, answers to relevant questions which appear in his soul, the experience of "catharsis" arises, during which the transformation of axiological sphere of personality may occur and, as a result, the sense of well-being and emotional relief may arise. The key notions of dialogical communication are the state of "dominant" on another and "outsideness" which are based on the ideas of physiologist Ukhtomsky A.A. and philosopher Bakhtin M.M.. Due to mastering the skills of keeping focus in the position of "outsideness" the consultant forms a "dominant" on the patient's personality and helps him at the level of deep value reflection to harmonize the internal state. The establishment of a personal hierarchy turns out to be consonant with the understanding of mental health in the Russian psychiatrist D.E. Melekhov's tradition, when the spirit, soul and bodies are subordinates to the spirit. In 2016-2018, a comprehensive study evaluating the rehabilitation

of endogenous mental patients with comorbid pathology was conducted on the basis of the FSBSI MHRC. The study involved 26 individuals with relevant characteristics. The use of spiritually-oriented dialogue according to the methodology of Florenskaya T.A. in rehabilitation work with therapeutic communities displayed high effectiveness. Because of the assessment of the achieved remission indicators, patients who took part in rehabilitation using spiritual-oriented dialogue according to the method of Florenskaya T.A. have demonstrated more significant results in remission than patients of the control group who received the same medical treatment, but did not have rehabilitation with spiritual-oriented dialogue.

PSYCHIC HEALTH OF MEDICAL PERSONNEL AND POPULATION DURING COVID-19 PANDEMIC

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Introduction Pandemic of new COVID-19 infection is a serious challenge for healthcare system of all countries. High probability of people to be infected, unpreparedness of healthcare systems at the first stages of pandemic, unpredictable course of course of disease result psychopathological disorders in medical personnel as well as in general population. Symptoms of anxiety, depression and PTSD (Kang L, Ma S, et al., 2020; Lai J, Ma S, , et al. , 2020; Rossi R, Socci V, Pacitti F, et al.2020) as well as signs of professional and emotional burnout (S.S. Pettikov, A.B. Holmogorova, 2020) were registered among medical professionals during COVID-19 pandemic. Growth of somatization, anxiety and phobic symptoms were found in population (S.N. Enikolopov, 2020). Material and methods. 121 medical workers (including group 1 - 67 professionals who were treating patients suffering from COVID-19 and group 2 – 54 medical specialists who continued to treat drug and alcohol addicts as they did before COVID-19 pandemic) and 150 citizen of Moscow (group 3) were tested for symptoms of psychic disorders during the 2nd wave of COVID-19 pandemic (November 2020). They were retested in march-may 2021. Methods of studying included SCL-90-R and original Questionnaire of subjective evaluation of stress, which consists of 6 subscales (Importance of social problems, domestic problems, personal problems, problems at work, problems related to COVID-19, integrated importance of stressful events). Fieldworks were conducted using Internet survey. Results Prevalence of different psychopathological symptoms in both groups of medical specialists varied between 20% to 40,1%, which is similar to normal range. These results are in conflict with earlier data on high prevalence of psychopathological symptoms among medical professionals treating patients suffering from COVID-19. No difference was found between groups two groups of medical professionals in subjective importance of stressful events. Compared with medical specialists, population group demonstrated more severe psychopathological symptoms (especially obsessive-compulsive, depressive and anxiety symptoms). Prevalence of different psychopathological symptoms varied between 46,7% and 75,2%. Index of General severity of symptoms was higher than normal range in 61,0% cases (in contrast to 40% cases in medical professionals). Positive dynamics in severity of the symptoms in population group was observed. Subjective factors of stress among medical professionals and population include inflationary pressures, lack of income security, low pay, fear of risk of infecting of family members by COVID-19 and poor outcome in case of infecting. Additional important factors of stress include unstable political and economical situation and economical unpredictability. It should be mentioned that fears related to COVID-19 are the least important which can be related to defense mechanism of denial. According to results of multiple linear regression factors related to COVID-19 do not effect general distress. Conclusion. At the period of the 2nd wave of COVID-19 pandemic medical socialists demonstrated higher resilience compared to the 1st wave. In contrast to them population experience stress, which manifests itself as anxiety, depressive symptoms and emotional exhaustion.

FACTORS OF SPONTANEOUS REMISSION IN CHILDREN AND YOUNG PEOPLE SUFFERING FROM INTERNET ADDICTION: SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and aims: Internet addiction (IA) is characterized with high medical and social burden. Many factors demonstrate effect at incidence of IA. In contrast little is known about course of IA and factors of it's spontaneous remission. Identifying risk and protective factors of IA can provide critical information for developing IA intervention strategies. Moreover, identifying the predictors for the remission of IA can improve our understanding of the potential pathogenic mechanisms operant in IA. Furthermore understanding the factors of remission would allow us to identify persons with different chance for remission and plan the priority and volume of interventions. This systematic review examined some of the key findings in empirical prospective research on factors of spontaneous remission in children and young people suffering from internet addiction. Methods: A total of 8 prospective studies in the past 2 decades were evaluated. Remission potentially related variables included wide range of factors: gender, age, psychopathology, emotional regulation, social adaptation, characteristics of online activity, family factors, IA self-management, self-esteem and social anxiety. Results: among all factors listed the following predict spontaneous remission: 1) related to emotional regulation (higher self-efficacy of emotional regulation, lower levels of maladaptive emotion regulation strategies), 2) psychopathological phenomenon (lower depression, absence of severe depression, lower Interpersonal sensitivity and lower hostility), 3) characteristics of IA and beliefs on coping IA (better Self-perceived IA status and Lower Baseline IA addiction score) 4) factors related to social interaction and studying self-effectiveness (Baseline Lower social anxiety, lower performance and school anxiety, lower social-interaction anxiety, lower procrastination). According to the results of meta-analysis gender does not affect probability of spontaneous remission. Conclusions: Intervention for adolescents and young people suffering from internet addiction may be more effective if they can address psychopathological phenomenon, IA symptoms, emotional regulation and social interaction. On the other side people characterized positively in these domains may be of lower need for interventions. Limitations of currents meta-analysis should be considered: 1) many studies included into meta-analysis missed the % of follow-up 2) Limited number of factors were studied 3) age of participants of the studies varied in a wide range 4) different criteria for IA diagnosing 5) both participants suffering from gaming addiction and network addiction were recruited into the studies 6) Different Instruments are used to measure psychopathological phenomenon which limits comparing and aggregation of the data 7) small samples 8) all studies missed information if the participants were experiencing any interventions until follow-up. Further studies should fill these methodological gaps.

DETERMINANTS OF ASTHENIC CONDITIONS IN THE STRUCTURE OF ADAPTATION DISORDERS IN THE IMMEDIATE RELATIVES OF HEMATOLOGICAL CANCER PATIENTS

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The purpose of this work: to identify and study the determinants of asthenic syndrome of relatives of hematological patients. Research material and methods. This study was carried out in the framework of the Hematology Department in Izhevsk. The experimental sample consisted of oncohematological patients and their closest relatives in the number of 132 people, $n=66$, aged from 18 to 65 years (the average age of patients is 47 years, relatives are 45.7). The sample included 51.5% of sick men ($n=34$) and 48.5% of women ($n=32$), relatives (36.5% and 63.6% - respectively, $n=24$ and $n=42$). Research result The relationship of asthenic syndrome of relatives with other test indicators of patients and their immediate environment was revealed. Significance of the correlation coefficient $p<0.05$, $p<0.001$. The direct correlation between asthenia of relatives and copings "orientation to emotions" of relatives and patients ($r=+0.497$, $p<0.001$ and $r=+0.261$, $p<0.05$, respectively), "distraction" of patients ($r=+$, 299 , $p<0.05$) and feedback with copings "to solve problems" of relatives ($r=-0.363$, $p<0.001$), "social distraction of relatives" ($r=-0.366$, $p<0.001$). The higher the emotional component of the relative and the patient, characterized by a depressed emotional state, a state of hopelessness of submission, an experience of anger and placing blame on yourself and others, the lower the ability to make timely decisions, the higher the overall exhaustion of relatives, which entails, among other things, their emotional disorganization. The study of the relationship with quality of life indicators revealed a direct relationship with the pain factor, both in relatives and in patients themselves ($r=+0.495$, $p<0.001$ and $r=+0.244$, $p<0.05$, respectively). The data obtained indicate a close perception by relatives of the physical suffering of relatives and themselves, which also causes increased asthenization of the relative. The negative correlation between the General asthenia of relatives with mental, emotional, physical and role functioning of relatives of patients is expected (according to this study) and is ($r=-0.434$, $p<0.001$, $r=-0.355$, $p<0.001$, $r=-0.498$, $p<0.001$, $r=-0.357$, $p<0.001$). The deterioration of psychoemotional health is supported by a positive correlation between the asthenia of relatives and the psychoemotional functioning of relatives by factors (somatization, distress, depression) and patients - distress, anxiety, depression. With a correlation coefficient value of $p<0.001$. One-factor variance analysis was used to process the results of the statistical method. The study showed a significant influence on the resulting variable "General asthenia" of relatives of the factors "distress" of patients ($F=1.902$, $r=0.037$), "depression" of patients ($F=1.902$, $r=0.037$). The data obtained indicate the influence of stress indicators of patients on the General asthenia of relatives. To identify the determinants of asthenic syndrome of relatives of hematological patients, we used multivariate regression analysis and constructed linear regression equations. Quality of life of relatives: Asthenia of relatives = $33.25+0.356 \times GH$ ("General health") - $0.147 \times PF$ ("physical functioning") + $0.132 \times P$ ("pain"). Coping strategies for relatives: Asthenia of relatives = $61.5+0.56 \times$ "distraction" - $1.3 \times$ "social distraction" + $0.51 \times$ "emotions" - $0.41 \times$ "problem solving". The psychoemotional sphere of patients: Asthenia of relatives = $44.133+1.091 \times$ "anxiety of patients". Quality of life of patients: Asthenia of relatives = $44.88+0.118 \times$ "pain". The influence of each presented factor on asthenia of relatives of hematopoietic patients was revealed. The influence of variables on the factor of "asthenia of relatives" is linear. Patients experiencing somatic pain experience anxiety, try to distract themselves, but perhaps do not pronounce this problem, can not solve it, which affects relatives-increases asthenia. The emotional component depletes their nervous system, contributes to the appearance of psychosomatic diseases, one of the symptoms of which is pain.

IMPACT OF COVID-19 PANDEMIC ON MENTAL HEALTH OF PEOPLE WITH MENTAL DISORDERS

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The social and medical significance of the problems associated with the impact of the COVID-19 pandemic on the mental health of patients with mental diseases, as well as its aspects, remain unclear. This is facilitated by the understudied impact of coronavirus infection on human health, the features of its course in different patients and possible delayed consequences of the disorder. Data provided by literature of different countries tell us about increased prevalence of anxiety, depression, sleep disturbances and suicidal thoughts in such social groups as students, medical workers, immigrants, the elderly and people who had already had various mental or somatic pathologies before infection. Most often, in general, the development of the above ailments is associated with the introduction of isolation measures, excessive dissemination of information about the virus in social media, the economic decline and segregation and discrimination of people with COVID-19 and their families. In this regard, in this work, we would like to consider the features of the impact of various factors of the pandemic on the mental health of patients with mental disorders, as well as the consequences of exposure to the virus in the context of such manifestations as: anxiety, depression, sleep disturbances and suicidal thoughts in patients. Objectives: Establish the main clinical and psychopathological patterns of the formation of signs of mental pathology after infection with COVID-19 and determine possible delayed consequences of the disease (after a year). Tasks: 1. Studying the features of the clinical manifestations of depression, anxiety, sleep disturbances and suicidal thoughts in patients with mental pathologies registered before the pandemic, who had a coronavirus infection and a year after their infection. 2. Identification of possible factors affecting the mental health of this group. Materials: Control group: patients aged 18 to 55 years, mentally healthy, recovered from COVID-19 with consequences in the form of depression, anxiety, sleep disturbances and suicidal tendencies, and currently receiving psycho- and / or pharmacotherapy for this occasion. The main group: patients aged 18 to 55 years with mental disorders, who have had COVID-19 with consequences in the form of depression, anxiety, sleep disturbances and suicidal tendencies, and currently receiving psycho- and / or pharmacotherapy for this occasion. Methods: -clinical-epidemiological (data of official statistical reporting) method, which made it possible to identify regional specifics in relation to the prevalence and structure of the studied pathology; -clinical-psychopathological, clinical-dynamic methods, which made it possible to assess the dynamics of clinical manifestations

CORRECTION OF MENTAL REACTIONS OF DOCTORS WORKING IN THE CONTEXT OF THE SARS-COV-2 PANDEMIC, BASED ON INDIVIDUAL COPING STRATEGIE

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The SARS-CoV-2 pandemic, which is ongoing, is affecting the mental health of doctors. An analysis of the literature shows that this influence causes various mental reactions. The aim of our study was to identify the current features of the mental reactions of doctors against the background of the SARS-CoV-2 pandemic, to find out possible psychotherapeutic and / or psychocorrective effects on the complex of these reactions based on individual coping strategies. The sample (mixed by gender) was represented by 72 doctors of various specialties (more than a third, 34.7% - psychiatrists and

psychiatrists-narcologists), the average age of the group was 45.58 ± 10.18 years (from 24 to 70 years). Of these, 61.1% were female and 38.9% were male. The majority (75%, $n=54$) of respondents were married, 6.9% were divorced ($n=5$), two people were widowed (2.8%), 11 were never married (15.3%). 36.1% of the subjects worked with patients infected with SARS-CoV-2, including 6.9% in the “red zone”, 9.7% in the general department with a confirmed diagnosis, 19.4% with patients with clinical manifestations, but without confirmation of the diagnosis by test data. 13.9% of the subjects had an infection caused by SARS-CoV-2, 9.7% in the moderate form, 4.2% – in the asymptomatic form, 27.8% were not sure whether there was an infection. We have developed a questionnaire that includes general questions (age, gender, marital status, specialty, work experience, etc.) and specific questions that characterize the attitude to SARS-CoV-2. The experimental psychological methods used included: the SF-36 questionnaire for assessing the quality of life, the Lazarus questionnaire “Coping Behaviors” in Russian-language adaptation, and the Hamilton scale for assessing depression and anxiety. It was found that 43.1% of the surveyed doctors experienced emotional difficulties in connection with SARS-CoV-2. A positive correlation was found between emotional difficulties – anxiety symptoms ($r_s = 0.493$; $p=0.01$; $n=72$), and its severity ($r_s = 0.456$; $p=0.01$; $n=72$). Despite the fact that the group indicators on the Hamilton scale of depression did not go beyond the norm ($3.54 \pm 3.29 \leq 8$ points), the presence and level of depressive disorders were also associated with existing emotional difficulties ($r_s = 0.383$ and $r_s = 0.471$, respectively; $p=0.01$; $n=72$). 69.5% of respondents, when asked about the degree of danger of SARS-CoV-2, rated it as high, 4.2% as extremely high, 19.4% believed that it was exaggerated, and 6.9% considered it low. In general, despite the existing anosognosia, it was significantly ($p \leq 0.001$) lower than the estimate associated with concerns. The assessment of the level of danger of COVID-19 was positively correlated with the presence of emotional difficulties in connection with SARS-CoV-2 ($r_s = 0.235$; $p=0.05$; $n=72$). The negative impact of existing emotional difficulties on the quality of life of doctors was found. The correlation analysis (r_s) showed the presence of negative relationships with almost all elements of the SF-36 scale, with the exception of social functioning. The average score ($M \pm m$) of the Hamilton anxiety scale is 8.64 ± 5.48 , the Hamilton depression scale is 3.54 ± 3.29 . Doctors experiencing emotional difficulties in connection with SARS-CoV-2, for coping with stress, significantly more often used the coping strategies “Search for social support” ($r_s = 0.349$; $p=0.01$; $n=72$) and “Escape-avoidance” ($r_s = 0.290$; $p=0.05$; $n=72$). Thus, the impact of the SARS-CoV-2 pandemic on medical workers causes a complex of mental reactions (from anosognosia to severe anxiety and disorders) and is accompanied by an increase in general anxiety. Cluster analysis of the study group by the k-means method showed that doctors who actively cope with the stress associated with the impact of the SARS-CoV-2 pandemic prefer confrontational coping, and the group of passively coping-higher in terms of emotional discomfort. Based on the results obtained, the personification of approaches to the correction of mental reactions of doctors should be carried out using the study of preferred coping strategies in combination with other methods proposed by us, and then, based on the results, strengthen the strategy of confrontational coping by proposing solutions to the problem through specific actions aimed either at changing the situation or at responding to negative emotions in connection with the difficulties encountered. This strategy, in the situation under consideration, ensures the “inclusion” of the cognitive, affective and behavioral components of coping with stress.

THE RELEVANCE OF THERAPEUTIC RELATIONSHIPS IN THE PSYCHOTHERAPY OF PATIENTS WITH EATING DISORDERS

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The perceived aspects of creating a therapeutic alliance were emphasized in the early works of researchers of the effectiveness of psychotherapy [Greenson, Zetzel]. The client's faith in the therapist is a potentially powerful source of help and support, as is their conviction and willingness to invest in their treatment [Luborsky]. The qualities of the therapist became particularly important in Carl Rogers' ideas about the triad in relationships, which includes empathy, authenticity, and unconditional positive acceptance [Rogers & Wood]. Edward Bordin introduced the concept of the "Working Alliance Model", which was based on unanimity on therapeutic goals, agreement on tasks, and the connection that is formed between the client and the therapist. It is important to provide rational explanations, use open-ended questions, seek feedback, and be sensitive to the patient's contribution to therapy [Kazantzis N., Beck J]. Patients evaluate psychotherapy as a threatening intervention, because the therapy process involves the rejection of beliefs and behaviors that provide a relatively simple and partially effective way to control and solve problems. The main principles of cooperation are joint work, attribution to the patient of their experiences and successes, value and respect for their point of view, lack of interpretation, non-directivity, but "firm empathy" of the therapist. The success depends on the patient's attitude and active role in homework, which often turn out to be uncomfortable and threatening in relation to the system of maladaptive behavior. It is necessary to encourage the patient to express thoughts, emotions, especially "shameful and unacceptable", to try normalize and validate them. It is important to maintain an independent position and not put pressure on the patient, because direct confrontation can feel like an attack and cause resistance. It is inappropriate to question patients' beliefs that body weight and shape are a source of personal significance, self-esteem, and the key to success in life. This increases the feeling of guilt, a sense of misunderstanding and alienates patients. On the contrary, the awareness and understanding that these attitudes are sincere for the patient increases confidence and patient's trust and openness. It is necessary to inform patients realistically about the prognosis of the disease and treatment, extremely important to inspire hope for recovery. Patients know that the eating disorders can be chronic and there may be no hope of recovery, so assurances about a possible positive prognosis of therapy should be carried out starting from the first contact and constantly maintained during therapy. Patients are often ashamed of the symptoms of their disease and are very sensitive to all sorts of disapproving hints and remarks. This requires an expression of unconditional acceptance - you need to try to be empathetic, sincere, flexible and, if possible, positive. Personal characteristics of a psychotherapist, his own limitations in life, his experience, including eating disorders in the past or present, also have an impact. Excessive restrictions and prohibitions, increased control of their own behavior both in life and during communication with the patient, have a negative impact on both the patient and the therapist, as well as on the entire course of therapy. What is important is the personal and therapeutic maturity of the therapist himself, who is able to freely accept his imperfections, and is also ready to meet and fully live through the crises of his life history. Thus, the therapy is based on trust in the "therapist - client" dyad, with mutual respect for the positions of the participants and a prudent combination of empathy and firmness. The main thing in the work is calmness, consistency, optimal pace of work, dosed provision of both frustration and support to the patient.

MENTAL DISORDER, PSYCHOACTIVE SUBSTANCES ABUSE, SUICIDE AND STATE OF SOUL – WHICH IS PRIMARY?

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The relevance of research. Comorbid mental disorders are becoming more common in psychiatry and narcology in all countries. Underlying disorders can be combined with chemical and non-chemical forms of addiction. In some cases, suicidal mood decreases, in other cases – manifests for the first time or increases. Material and methods: 78 patients (18-73 years old) from a general psychiatric hospital with different underlying diseases and different degree of socialization were examined. Patients with epilepsy, severe somatic disorders and disabled persons were not included in the research. Were used a clinical interview, psychological examination, including MMPI, quality of life questionnaires, Rosenzweig frustration test, Spielberg-Hanin anxiety test, PANSS, an assessment of the level of suicidal risk and of spiritual health on published data [Minaeva N.S., 2005; Malitskaya Yu., 2015; Novyh A., 2013; Kozlov N.I., 2015]. The main concept was the reality of the existence of the soul and the reciprocal relationship between it and the state of human organism. The concept of the soul is not identical with the concept of the psyche, just like the concept of spiritual health (or illness) is not a synonym of mental health (or illness). Spiritual health and illness were determined on the scale of emotional evaluative reactions. In case of spiritual illness, the world is terrible and / or hostile; in case of normal spiritual health, the world is good and /or beautiful. In the intermediate state it is emotionally perceived as ordinary. The results of the study. Among patients, 28 suffered from schizophrenia (Group 1), 27 – from personality disorders (Group 2) and 23 – from organic personality disorders (without dementia) (Group 3). In all these groups the use of psychoactive substances was registered. In cases of schizophrenia, they were used at different dynamic stages: at the initial stage, as a trigger for psychosis, during remission, which was not significantly more often accompanied by a deep defect ($p < 0.05$), significantly less often in cases of negative symptoms with apathy ($p < 0.05$). Persons with personality disorders also used various psychoactive substances, significantly more often starting this use in the period of decompensation, stress ($p < 0.05$). In all groups of patients, non-chemical variants of addiction were registered, significantly less frequently in cases of personality disorders without an organic “basis” ($p < 0.05$). In 23% of patients with personality disorders, intoxication psychoses occurred, simulating an attack of schizophrenia and causing differential diagnostic difficulties. The main motives for addictive behavior, regardless of the underlying nosology, were to maintain or increase the level of socialization by improving sociability, energy potential, and reducing the severity of depression. Thus, patients sought to improve the quality of life or prevent its deterioration. Suicidal intentions and incomplete suicides were observed in 42% of all examined patients, significantly more often in cases of personality disorder - 28% of all patients ($p < 0.05$). Among individuals with autoaggression the premorbid was different. These individuals had increased anxiety indicators, level of suicidal risk, and reduced frustration tolerance, compared to non-suicidal ones. Patients, prone to suicide and non-suicidal ones, were also compared according to state of soul. In the first case, it was significantly more likely to register spiritual illness ($p < 0.05$), in the second - spiritual health or an intermediate state between health or illness ($p < 0.05$). Spiritual illness was a high risk factor for addictions and physical harm to oneself, up to the real probability of death. Patients with schizophrenia in a state of incomplete remission accounted for 11% of all patients. In them mental and spiritual ill health and severe suicidal attempts while taking psychoactive substances were most clearly combined. Conclusions. The data obtained indicate the need for a scientific and practical approach to this topic from the perspective of the connection of mental and spiritual pathology as divergent phenomena.

CLINICAL PARTICULARITY AND ASSESSMENT OF SUICIDAL RISK DEGREE FOR PATIENTS OF PSYCHIATRIC HOSPITAL OF OPEN TYPE

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The problem of suicide is one of the most acute and relevant both abroad and in Russia. There are many studies focused on the problem of suicide, but this problem cannot be considered completely resolved. Creation of hospitals of open type according to the Order of Moscow Healthcare Department of February 13, 2012, makes it possible to introduce a special form of an emergency response suicidological agency, providing specific support for suiciders. At the men's department, suicidal behavior of 55 men was examined and analysed to clarify clinical features of their condition and to establish standards for quantified assessment of the criteria of suicidal risk. The disorders prevailing among the patients were depressive disorders with different intensity levels not reaching the psychotic level (54.3%). Prior to admission, the patients did not have any depressive-paranoid episodes that previously was considered as an independent disease called "suicidomania". Suicidomania can be quantified with the highest score of the suicidal risk degree (5 points). Prior to admission, two patients made severe suicide attempts that were interrupted because other people managed to prevent a fatal outcome in proper time. Such cases got 4 points with regard to the suicide risk degree. As for the group of examined patients whose suicidal risk degree was estimated at 3 points (cyclothymic depression), the disease started suddenly, without the influence of external factors, sometimes just due to psychogenic provocation. In almost all cases such manifestations had been observed prior to admission and arose when manifestations of melancholy were evident. For about a half of them that was the first depressive episode. Psychotherapeutic conversations between the department's doctors and the patients were aimed at correction of disturbing concerns with a focus on the real possibility to overcome problems and to return to the previous state, which would be also facilitated by the applied antidepressant therapy (Cipralext, Remeron, Pyrazidol etc.). Monitoring showed that in 7-10 days the patients' mood started to get somewhat balanced in evenings, the suicidal thoughts disappeared, which surprised the patients but at the same time soothed them. Anxiety and depression got noticeably weaker, and, as a rule, by the end of the 2nd week of the treatment suicidal thoughts disappeared, and the former active tonus returned. Sometimes (28.6% of the monitored cases) the thoughts about unwillingness to live expressed by the suiciders were registered only at admission, when the patients were under the influence of psycho-traumatic factors of not strongly pronounced nature (quarrels, resentment, worrying about the mistakes that had been strongly condemned by relatives and close friends). However, in such cases the ideas that had been expressed at admission quickly disappeared following the resolving a traumatic situation (the suicidal risk degree at 2 points). In 17.1% the past medical history of the examined patients included suicidal thoughts and actions. They arose as demonstrative protest reactions in the presence of characteristics typical for weak-willed psychopaths with hysterical features. In such cases, sedating medications were used as an additional mean helping to stabilize the state and to eliminate suicidal thoughts (Neuleptil, Haloperidol drops, Propazin, Pantogam, Atarax etc.). The suicidal risk degree for such hysterically psychopathic individuals was estimated at 1 point. At discharge from hospital, all the patients showed signs of remission, they no longer expressed their disturbing concerns and suicidal thoughts, and left the department feeling psychologically balanced. Given the analysis of suicidal behaviour and the suicide risk degree, the need for follow-up examination of all the studied patients in 1 or 2 years is becoming apparent.

FEATURES OF MENTAL ACTIVITY AS A DIAGNOSTIC INDICATOR OF THE LEVEL OF SOCIAL INTELLIGENCE OF PATIENTS WITH SCHIZOPHRENIA

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The study aims to reveal the structure of social intelligence and its connection with the processes of thinking in patients with schizophrenia depending on the duration of the disease. Totally, there were 66 patients (N=66) examined with schizophrenia. Age range was from 24 to 52 y.o. The average age was 39.1 ± 8.3 years. All patients were divided into groups according to the duration of the course of the disease (the first group - up to 5 years, the second - from 5 to 12, the third - more than 12 years) to obtain comparative results. The following techniques were used: "Designing objects" (V.I. Slobodchikov, 1975), "Generalization of concepts" (V.M. Bleikher, 1976), "Pictograms" (A.R. Luria, 1964), "Social Intelligence" by J. Guildford, M. Sullivan (adapted by E. S. Mikhailova, 1996), Questionnaire "SF-36" (J.E. Ware, 1992). Patients with disease more than 12 years old were characterized by the most pronounced violations of the parameter of thinking productivity and holistic design (The "Designing objects" method), which is a sign of a violation of the operational component of the mental activities. A low level of logical operations for patients of the third group was obtained with the help of the methodology "Generalization of concepts". To generalize a pair of concepts for the closest genus, inaccurate, overloaded detailed answers or a resonant formulation, non-standard and inadequate answers, meaningfully - symbolic images. Imprecise, with overloading detailed answers or a resonant formulation, non-standard and inadequate answers or meaningful - symbolic images were registered for generalizing a pair of concepts to the closest genus. Analysis of the data obtained using the "Pictogram" method allowed receive: 1) inadequate images in content, which manifested themselves in an empty symbolism, associations of consonance, a choice made on the basis of sensory impression, fragmented type of choice; 2) violation of the motivational component of thinking with loss purposefulness of action; 3) violations of the dynamics of mental processes; 4) symbolic, metaphorical explanations; 5) inadequate images by subjective factor (personified images where the subject depicted

himself). Features were presented most clearly in the third group of patients. Analysis of the data obtained by the method "Social Intelligence" showed that in 3 groups a low level of social intelligence prevailed, manifested itself in a misunderstanding of verbal and non-verbal expression, difficulties in interpersonal interaction, as well as in reducing opportunities for social adaptation. Determined that in group II a significantly higher level of social intelligence, which manifested itself in the success of social interaction, in the accuracy of understanding the behavior of another person, their own behavior, as well as the ability act according to the situation ($U_{\text{emp}} = 130$, where $p \leq 0.01$). Using the SF-36 questionnaire, it was revealed that in group III, where the duration of the course of the disease ranged from 13 to 21 years, according to physical and psychological parameters are lower than in group I and in group II. At the same time, according to the scale, social functioning had low values in groups III, which indicates a significant limitation of social contacts, a decrease in the level of communication in connection with deterioration in physical and emotional condition.

It has been established, that patients with higher logical thinking had higher indicators of social intelligence in group I ($r = 0.609$, $p < 0.05$), for persons in the second and third groups no such relationship was found. Correlation dependence identified for males of the third group in terms of subject-meaningful aspects of thinking and social intelligence ($r = 0.527$, $p > 0.05$). Conclusions: our research made it possible to clarify the nature and the severity of mental disorders in patients depending on the duration of the disease. Disorders of social intelligence are not only registered in everyone's patients, but are significant, independent of the duration course of schizophrenia. The correlation between the level of mental activity and the severity of social intelligence was established.

USAGE OF TRANSCRANIAL MAGNETIC STIMULATION IN THE COMPLEX TREATMENT OF PATIENTS WITH DIFFICULT TO TREAT DEPRESSIVE DISORDERS IN PARKINSON'S DISEASE

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According to the WHO, the prevalence of Parkinson's disease is 30.0-139.9 people per 100,000 population. The number of patients with Parkinson's disease in Russia is about 210,000. (Milyukhina I.V. 2019.) Mental disorders are typical for patients with Parkinson's disease. (Torgan T.I., Baidina T.V. 2012). Depressive disorder is one of the most common mental disorders, affecting an average of 40% of patients with Parkinson's disease. (Barulin A.E., Kurushina O.V., Chernovolenko E.P., 2016). In this context, the aggravation of depression in patients with Parkinson's disease appears to be an additional serious problem, and the need to treat depressive conditions in such patients is an essential part of the therapy for Parkinson's disease. Antidepressants of the selective serotonin reuptake inhibitor class, such as fluoxetine, sertraline, fluvoxamine, citalopram, etc., are the first-line therapy for depression in such patients, but antidepressant therapy is ineffective in about half of the patients. (Barone P., Antonini A., Colosimo C., et al., 2009). Currently, for depression treatment use transcranial magnetic stimulation which is based on a series of short-term magnetic pulses of high frequency, that induce an electric impulse in specific areas of the cerebral cortex. (Belova A.N., Baldova S.N. 2015). Transcranial magnetic stimulation using a specific treatment protocol - high-frequency stimulation of the left prefrontal region - has been used for the treatment of depressive disorder in many countries, including Russia, since 2012. (Order of the Ministry of Health of the Russian Federation nN 1705H 2012). However, transcranial magnetic stimulation as a treatment for depression in Parkinson's disease is poorly explored in current clinical studies. Currently, the use of transcranial magnetic stimulation as a treatment for depression in Parkinson's disease is being actively studied in many countries (Pal E, Nagy F, Aschermann Z, et al. "The impact of left prefrontal repetitive transcranial magnetic stimulation on depression in Parkinson's disease: a randomized, double-blind, placebo-controlled study", 2010), (Brys M, Fox MD, Agarwal S, et al. "Multifocal repetitive TMS for motor and mood symptoms of Parkinson disease", 2016) and others. On the clinical base of the Department of Psychiatry, Narcology and Psychotherapy of the Moscow University of Medicine and Dentistry named after Evdokimov (head of the department - professor Tsygankov B.D.) - Scientific and Practical Psychoneurological Center named after Z.P. Solov'yev (director - professor A.B. Geht) - since 2020, transcranial magnetic stimulation has been used in the complex treatment of depressive disorder in patients with Parkinson's disease. Objective: To evaluate the efficacy of transcranial magnetic stimulation as a method of treating depression in Parkinson's disease and to increase the efficacy of therapy for depressive disorders using transcranial magnetic stimulation in patients with Parkinson's disease. Materials and methods: Patients with previously registered primary Parkinson's disease, manifested at the age of 40 and older, with complaints of decreased mood, anxiety, sleep disorders and currently receiving psycho- and / or pharmacotherapy for this are included in the treatment program. In the control group, patients receive antidepressant medication without transcranial magnetic stimulation. In the course of the study, clinical-psychopathological, clinical-dynamic methods are being used with psychometric scales, which makes it possible to assess the dynamics of clinical course. Preliminary data on a small sample (10 people) showed that after the first session of transcranial magnetic stimulation on the left dorsolateral prefrontal cortex, patients showed good tolerance and no side effects. The effectiveness of combined therapy in comparison with drug therapy against the background of adjusted drug treatment, the rate of depression reduction in the study group and the control group is being analyzed.

THE WECHSLER TEST COMPUTERIZED VERSION AS THE METHOD OF COGNITIVE TRAINING AT THE PARANOID SCHIZOPHRENIA PATIENTS' REHABILITATION

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Nowadays the opinion that schizophrenia is the neurobiological disorder, characterized by cognitive impairment as the key leading feature is accepted by the most part of specialists [Ershov BB et al. 2014, Ivanov MV, Neznanov NG 2008]. Neurocognitive deficit is considered as the third key group of schizophrenic symptoms alongside with productive and negative symptomatic. Cognitive impairment plays a crucial role in the development of social disadaptation in paranoid patients [Gurovich IYa, Shmukler AB 2015]. This study was aimed to increase the effectiveness of paranoid schizophrenia patients' psychosocial rehabilitation by computerized Wechsler Test as cognitive training method assessment. Objects and methods. A total of 196 patients aged from 18 to 63 years with paranoid schizophrenia duration of first 5 years were examined. The research included the examining of stationary and out-stationary cases. The patients were divided into groups: the I group (n=99) was treated by traditional treatment, the II group included 97 patients treated by complex of pharmacotherapy and the computerized Wechsler Test cognitive training (Wechsler Adult Intelligence Scale, WAIS v. 2.1.1). «Statistica 10.0» with discriminatory statistics was applied. The median (Me) and interquartile range were determined [25%, 75%]. Differences between the indicators were evaluated using the Mann – Whitney criteria, the differences were considered statistically significant at a 95% probability threshold ($p < 0,05$). Variability was evaluated by the value of the variation coefficient (Cv%). To prove the effectiveness of the computerized Wechsler Test as a cognitive training assessment, it's reliability and validity in groups of rehabilitated and unrehabilitated patients with paranoid schizophrenia were examined. The bonds in correlation analysis were considered as strong (close) at $r > 0,75$, medium at r from 0,25 to 0,75, and weak at $r < 0,25$. The results. The I group patient's cognitive level increased up to 98,2 [88,4; 106,0] at the 4th observation stage, the differences are statistically significant between 1st and 3d ($p=0,052$), 1st and 4th ($p=0,031$) stages. Patients receiving cognitive training in complex with therapy showed more intensive improvement in cognitive functioning. At the 2nd stage cognitive level increased at 1,5%, the differences are statistically significant ($p=0,270$), at the 3d stage – at 9,6% ($p=0,039$), at the 4th stage – at 14,8% ($p=0,021$) from the observation beginning. Statistically significant differences were also revealed between 2nd and 3d, 3d and 4th stages ($p < 0,05$). Conclusion. The computerized Wechsler Test showed the high indicators of reliability, validity, sensitivity and specificity and may be used for diagnostics and individual training programs development for paranoid schizophrenia patients in complex with traditional treatment.

THE BIOPSYCHOSOCIAL MODEL OF SUICIDE RISK FACTORS AMONG SOLDIERS SUFFERING FROM MENTAL DISORDERS WHO ATTEMPT SUICIDE

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Background: Prediction and prevention of suicide are prominent problems in the field of military psychiatry. While the soldiers always had a lower suicide rate compared to the general population, the accuracy of the suicide prediction models is very low. This paper proposes applying the biopsychosocial model used in psychiatry in the field of Suicidology to achieve a higher accuracy rate of the suicidal behavior assessment. Methods: During this study, we observed 154 military personnel with psychiatric disorders and suicidal behavior (aged $19,3 \pm 2,5$), divided into two groups: suicide attempters (SA, n=76) and suicide ideations (SI, n=78) among which 104 were conscripts and

50 were military volunteers and also control group (CG) which included soldiers with other mental disorders (F40-F48; F60-F69, n=76). Results: The main social determinants of suicide attempt were previous psychiatrist or psychologist consultations among SA - 15,8% against CG - 1,3% ($p<0,01$) and suicide attempts before the service ($p<0,01$). Relatives with mental disorders and information about suicides received from the Internet were significantly different too in these groups ($p<0,05$). Significant differences between previous psychiatrist or psychologist consultations among SI and CG groups were detected ($p<0,01$). Comparison between SA and SI groups of social factors didn't show any significant differences. In case of analysis of psychological factors were founded that SA soldiers had addictive behavior frequently than other groups, exactly they significantly more often occasionally used drugs and alcohol ($p<0,01$) in comparison with CG. Analysis of reasons of suicidal behavior showed that main differences between groups of conscripts and military volunteers with suicide attempts ($p<0,01$) were in factors of personality and family conflicts (loneliness - 50.0% to 15.4%, unsuccessful love - 44.0% to 11.5%, insult from others 60.0% to 7.7%) and conflicts during the military service - 52,0% to 11,5%. Whereas differences between groups of conscripts and military volunteers with suicide ideations ($p<0,01$) were among loneliness - 42,6% to 12,5%; somatic illnesses - 44,5% to 8,3%; conflicts during the military service - 51,9% to 4,2%. There was a significant correlation between impulsiveness, social introversion and suicide attempts. Results of Heart Rate Variability measurement did not show any differences among patient groups. At the same time, they all had a low level of parasympathetic activity, characterized by a decrease in the high-frequency band and an increase in the low-frequency band and high-stress index compared to HC. Conclusion: The most significant socioanamnestic factors that should pay more attention in identifying suicidal behavior are: consultations with a psychiatrist / psychologist before army and previous suicidal attempts. In addition, it is necessary to clarify relatives with mental disorders in a potential suicide. The identification of increased interest in the topics of suicide in the Internet resources of a military man can serve as a reliable prognostic criterion. The increased importance of personal-family conflicts and conflicts during the service in the structure of motives for suicidal behavior attracts attention to the earlier identification of them by direct commanders and superiors for the subsequent provision of proper psychological assistance. The range of measures to identify persons with or prone to addictive and delinquent behavior should be expanded. Detection of constitutional and biological factors confirm reduced adaptive reserves among military personnel in the experimental groups which correlates with the data of psychological tests. So, there is a necessity of review and developing of measures to simplify recruitment and increase adaptive capacities of young soldiers.

BIOPSYCHOSOCIAL APPROACH IN HELPING CHILDREN AND ADOLESCENTS WITH SUICIDAL BEHAVIOR

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Child and adolescent suicide have become one of the global problems. Recent statistics indicate a decrease in completed suicides among them, but according to most researchers, incomplete attempts have increased significantly over the past 10 years. Calculating the number of incomplete attempts is impossible. Every sixth attempt in adolescents is believed to remain unaccounted for. A single concept explaining the causes of suicidal behavior is also lacking. There are no clear algorithms for the diagnosis and care for patients with suicidal manifestations. The most holistic and promising is the biopsychosocial model, which determines the causes of suicidal behavior by the ratio of personal, environmental, and biological prerequisites. The role of biological factors is great during a psychotic state. The influence of environmental and personal determinants is

much higher in patients with borderline disorders, in crisis states of essentially healthy people. The implementation of this approach is proposed to consider with the example of the work of the Sukhareva Center (Moscow) - the largest children's psychiatric hospital in Russia. From 2011 to 2020, 5,810 children and adolescents with various suicidal manifestations (thoughts, statements, attempts) were hospitalized to the Center. 40% of hospitalizations (2324 cases) were associated with suicide attempts - primary, repeated and multiple. Biological determinants (mental illnesses) play vital roles in the formation of suicidal behavior. Primarily, this is due to the peculiarity of the presented sample, since inpatient treatment is often an extreme measure for when outpatient care is ineffective. According to our statistics, among the patients with suicidal manifestations hospitalized to the Center in 2011-2020, the leading nosological affiliation is occupied by disorders of emotions and behavior (33.1%), schizophrenic spectrum (19.2%), affective disorders (18.7%). Based on the world practice of providing psychological assistance to children and adolescents with suicidal manifestations, on the basis of the Sukhareva Center, each patient, in addition to medical care, receives individual and group psychological correction (mainly in the cognitive-behavioral approach, dialectical-behavioral therapy, art therapy, etc.), as well as a mandatory course of family therapy. Psychological help for suicidal patients focuses on improving emotional intelligence, forming effective coping strategies, developing interpersonal interaction skills, improving the ability to introspect and reflect, and strengthening positive self-acceptance, identifying and strengthening anti-suicidal personality factors. It is important to use the rehabilitation potential of the microsocial environment of the child, their family. According to 2019 data, when conducting family therapy, the frequency of repeated hospitalizations of children and adolescents during the year was 30% lower compared to patients who received only medication and individual assistance from a psychologist-corrector. The inclusion of parents and other family members in classes with a family system psychologist/psychotherapist from the first days of hospitalization contributes to lowering the anxiety level and reducing the feeling of helplessness/confusion in parents by understanding the suicidal activity mechanisms, the systemic meaning, functions of symptomatic behavior, gradually forming/strengthening the skills of stable/consistent parental behavior, improving contact with the child, agreeing on a common opinion among family members on the treatment and upbringing. Help for children and adolescents with suicidal manifestations, according to the experience of the Sukhareva Center, should be provided by a multi-professional team of specialists, including a psychiatrist, a psychologist-corrector, a family psychologist. When providing help, many factors are important: the child's life anamnesis, mental status peculiarities, family and social situation peculiarities, characterological characteristics, etc. Such organization of help serves to comprehensively approach the child's condition assessment, the safety risks, creates prerequisites for qualitative changes in the prevention, treatment, further rehabilitation, social adaptation.

RECURRENT SUICIDAL BEHAVIOR IN ADOLESCENTS WITH AFFECTIVE DISORDERS

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Suicidal behavior is a global socio-psychological problem. In Russia, every 12th teenager attempts to commit suicide annually, while the risk of committing a second attempt increases by 10-15 times in the general population. Undoubtedly, many factors lead to suicidal behavior: clinical, age and sex-related, personal, familial, social. According to most experts, a significant contribution to suicidal behavior formation is made by mental illnesses, particularly, depression. A study was conducted on 4-17 years old patients who had attempted suicide and were undergoing inpatient treatment in 2011-2020 on the basis of the SPCAMNC n.a. G. Sukhareva. Clinical-catamnesic, clinical-dynamic,

nosological, sex and age-related data from the disease histories and outpatient records of 5810 children and adolescents were studied and analyzed. Children who committed repeated and multiple suicidal acts were studied separately. The study revealed that the number of hospitalizations to the Center for children and adolescents with various suicidal manifestations (thoughts, statements, attempts) from 2011 to 2020 increased by 4 times, amounting to 5,810 patients during the study period. The number of hospitalizations due to suicidal behavior (attempts) was 40% (2324 people) of the total number of hospitalizations with suicidal manifestations and 5.3% of all hospitalizations to the Center. Among the patients who attempted suicide, 48.83% did it for the first time, 27.3% - repeatedly, 23.8% - committed multiple suicidal actions. Approximately half of the patients with repeated and multiple attempts needed rehospitalization within a year after the discharge. The number of suicide attempts in girls is 3 times higher than in boys and is 74% of all attempts against 26%. Girls lead in the same percentage in relation to recurrent suicidal behavior. The average age of the patients was 15.6 years. Suicidal behavior in boys is manifested a year earlier than in girls. According to nosological affiliation, children and adolescents with emotional and behavioral disorders (37.9%), affective disorders (24.5%), and schizophrenic spectrum disorders (17.6%) predominate among patients with suicidal attempts. In the group of affective disorders (F3), a depressive episode of varying severity was usually diagnosed. In other nosological groups, the depressive syndrome was presented as concomitant in 89% of cases. Repeated attempts were made mainly by patients with affective disorders (34.5% of suicidal attempts and 39% of repeated attempts), which indicates that the suicidal behavior of this group is more reliable. Among patients with emotional and behavioral disorders and schizophrenic spectrum disorders, multiple attempts were less frequent – 143 people (18.3% and 32%) and 91 people (25.0% and 20.3%), respectively. Conclusions. The statistical analysis revealed a trend towards an increase of suicide attempts among children and adolescents; the number of girls is several times higher than the number of boys. The majority of multiple suicidal attempts in nosology belong to the group of affective spectrum disorders, so depression of varying severity is a predictor for suicidal behavior development. The study reveals the need for special attention to patients who have attempted suicide during the period of post-hospital support, and especially during the first year after the attempt since each repeated attempt increases the risk of completed suicide. The solution should be comprehensive. The revealed prevalence of affective spectrum disorders in the disease history of the majority of patients with repeated and multiple suicidal attempts makes the inclusion of psychotherapy at the earliest stages of working with suicidants especially relevant. Medical and psychological assistance during discharge and monitoring the patient during their rehabilitation in the family (family therapy) significantly increase the chances of reducing the number of suicide relapses among children and adolescents.

FEATURES OF RELIEF OF PSYCHOACTIVE SUBSTANCES CRAVING IN INPATIENT REHABILITATION

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At the adaptation stage of inpatient, 10-15% of patients experience resistance to the therapeutic process, up to and including refusal of treatment. For health professionals, the routine approach to assess such behavior in patients lies within the framework of craving syndrome. The doctor's actions, according to the standards of treatment, are aimed at drug-assisted relief of craving. Traditionally, the drugs of choice are antipsychotics. The physician achieves the desired therapeutic result accompanied by a few undesirable effects. We performed a clinical study aimed at assessing the effectiveness of the treatment and rehabilitation process applying antipsychotic drugs. Aim of the study Determine the feasibility of psychopharmacotherapy at the rehabilitation stage Materials

and methods A study was carried out in two groups of male patients, 100 people each. Selection was performed according to the following criteria: diagnosis of alcohol dependence syndrome F10.2x2 - 52%, or opioid dependence syndrome F11.2x2 - 48%; age 25 to 50 years; craving for a psychoactive substance actualized in the post-withdrawal period; absence of concomitant mental illness and severe somatic disorders. Patients in the first group, were prescribed antipsychotic drugs, in the second group, psychosedating drugs were not used. The therapy of the patients of the second group was supported by motivational psychotherapy using active listening method. Patients were followed up 15-20 days after entering treatment. The psychotherapeutic component was a standardized rehabilitation program. The patients' condition was monitored using standardized psychometric methods: Experimental Psychological Research (EPR), the Spielberg-Khanin anxiety scale, SAN questionnaire accessing current psychoemotional state, the TOBOL scale for assessing the type of internal image of disease, V.B. Altshuler scale of craving for alcohol, M.A. Vinnikova scale of craving for psychoactive substances. Results of the study In the first group, in 74% of cases, we observed rapid (within 24-48 hours) and stable craving syndrome reduction. The level of reactive and personal anxiety in this group did not exceed 30 points and was therefore assessed as low or extremely low. According to the SUN scale, the assessment of health was "unsatisfactory", the level of activity was "low", the mood was "bad" demonstrating approximately equal ratio of indicators. General assessment of condition was "unfavorable". EPR data demonstrated decrease in perception, memory, attention, critical and predictive functions of thinking. Motivation for further treatment was absent.. In the second group, applying motivational therapy, the following results were obtained: in 48% of cases, after the conversation, the patients decided to stay in the treatment and rehabilitation program. Craving in patients was measured by V.B. Altshuler and M.A. Vinnikova rating scales in the course of 2-3 days, demonstrating the trend for deactualization of symptoms up to their complete disappearance. The level of anxiety according to the Spielberg-Khanin scale was assessed as moderate (31-45 points). According to the SAN scale, the assessment of health was "satisfactory" and "good" in equal proportions, activity - "average", mood - "satisfactory" and "good" in equal proportions. The condition of the patients of the 2nd group according to the SAN scale was assessed as "favorable". According to the EPR results, all mental functions were normal. Attitudes toward illness were characterized by accepting the illness and assisting to the success of treatment. Clinically, this was manifested by the formation of partnerships with specialists, active participation in rehabilitation activities, and the formation of motivation for further treatment. Conclusions: The results of the study are preliminary; however, they make it possible to assess the eventual efficiency of abstaining from the "continuous" use of antipsychotics for relief of craving for psychoactive substances. The use of personalized psychotherapeutic approach can effectively reduce the psychopathological manifestations of craving, avoiding the negative effects inherent to psychopharmacotherapy.

AUTO-DESTRUCTIVE PREDICTORS OF SUICIDAL ACTIVITY IN CHILDHOOD AND ADOLESCENCE

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Suicide in the child-adolescent group is an urgent medical and social problem and shows a trend of steady growth in many countries of the world. For the Russian Federation, this situation has become epidemic in recent decades, and we are in the leading position in terms of the number of child and adolescent suicides. Purpose of research. Identification of significant auto-destructive predictors of suicidal behavior in the child-adolescent group. Research material and methods. In the period from 2013 to 2019 in the Federal state budgetary institution "V. Serbsky National Medical

Research Centre for Psychiatry and Narcology” conducted 171 comprehensive judicial post-mortem psychological and psychiatric examination of minors (9-17 years old). The sample was slightly dominated by women-52.6% (90 people), respectively, men - 47.6% (81 cases). At the same time, the number of previously recorded suicidal attempts in girls was 3.23 times higher. Research method: retrospective clinical and psychopathological. Results and discussion. Suicide in minors proceeds by slightly different mechanisms than in adults. here, age-related mental unformedness is crucial, as well as factors of physiological maturation are superimposed. In this regard, one of the important aspects is the presence of auto-destructive behavior in the pre-suicidal period. The predictor of the formation of various auto-destructive behaviors in a minor is the failure of the mechanisms of his adaptation to environmental factors. Auto-destructive factors were divided into two groups: the first group included minors with auto-aggressive behavior, with the ultimate goal of consciously depriving themselves of life. This group included teenagers with incomplete suicidal attempts (65% of cases). Suicidal actions of the type of falling from a height were taken equally by minors of both sexes (minors repeatedly climbed to the roof, stood on the windowsill, the crossbar of the balcony, without taking elementary protective measures, in many cases, these places became the next place of the completed suicide act). Hanging was more often chosen by men 38.8% aged 14-17 years, girls who chose this method were younger-13-15 years (7.6%). The structure of uncompleted suicide attempts by type of hanging consisted of the following minors: pre-planned place (diaries, social networks, photo sites), made a loop, but was seen immediate environment, or stopped by friends or passers-by, in several instances played by the effect of “fear”, some changed their minds in “the last moment”. Attempts of poisoning were recorded only in women 16.5 %, 12-16 years old. It is worth noting that various drugs were used for poisoning: drotaverine, verapamil, acetylsalicylic acid, fluoxetine, Zolof, etc.; toxic substances (acetic acid). In the course of the study, it was noted that the transformation of the type of suicidal attempt, or the Commission of a suicide act in another way directly occurred in 21 % (33 cases), for example, in women, “unsuccessful” attempts to hang were replaced by a fall from a height. The second group consisted of teenagers with behavior aimed at causing physical harm to their body, but without the initial goal of taking their own life. According to the data obtained cases of self-harm was noted in 34% (of which self-harm of forearms - 76%; chest, abdomen, and thighs - 22%; in 2% of cases were a combination of self-harm and burning skin with cigarettes). Extreme Hobbies (parkour, walking on roofs, riding for the outside of the train, etc.) were observed in the above group in 20.3% of cases, and the use of psychoactive substances - 17.7%. Often, at the time of self-destructive actions, minors were in a state of alcoholic intoxication (15.8%), and in this case, alcoholic beverages themselves were used for the effect of relaxation. Conclusions. Auto-destructive predictors are a kind of compensatory mechanism for the adaptation of an immature personality of a minor, an unconscious desire to adapt to unfavorable conditions. Their presence in some cases (together with other significant factors) may indicate the possibility of suicidal risk. Based on this, measures should be developed for timely diagnosis of potential hazards and prevention, implemented on the basis of schools, social protection institutions and medical institutions. Improving the psychological competence of parents and teachers in recognizing the first signs of formation of self-destructive behavior in a teenager.

EMOTIONAL DISORDERS IN CHILDREN AFTER ACUTE TRAUMATIC INJURIES

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Introduction: Acute injuries in children are different: skeletal injury (ST), traumatic brain injury (TBI), spinal cord injury (SCI), amputation, combined injury (CT) and others. Traumatic injuries cause

disturbances in mental activity with damage to the nervous system, as well as with damage to the musculoskeletal system in combination with the motor, neurological and somatic consequences. In the literature, emotional disorders occur in 30-85% of cases after trauma, but they are most often described in adults. Emotional disorders in children are described in some works and for some diseases. Severe trauma leads to severe disability and disadaptation of the child. It is known that it is difficult for children to understand and accept their new state. Physical limitations destroy hope; develop feelings of worthlessness and helplessness; decreased self-esteem and motivation, which prevent effective rehabilitation and the return of the child to the previous environment. Objective: To study emotional disorders after acute traumatic injuries in children at early stages of rehabilitation. Material and methods: 168 children up to 18 y.o. were admitted to CRIEPST for treatment and rehabilitation: 83 (severe and moderately severe TBI), 63 (SCI), 22 (amputation, ST, electro-trauma). Methods: clinical, psychopathological, and psychological. Additionally, examinations of neurologists, traumatologists, pediatricians; neuroimaging studies; scales, questionnaires. Results: In children after severe and moderately severe TBI, emotional disorders (depression) were detected in 43% as a consequence of injury and recovery of mental activity. In children with SCI, depression was detected in 48% as a reaction to stressful situation. In children with amputation, ST, electro-trauma depression was in 60%, both as a consequence of organic recovery of mental activity and as a reaction to psycho-traumatic situation. In the acute period, children had comprehensive interdisciplinary rehabilitation. Psychiatrist recommended neuropharmacotherapy with antidepressants from the group of serotonin reuptake inhibitors (Sertraline), GABA preparations and others. For psychological support, gestalt correction techniques were used. Conclusion: After acute trauma, emotional disorders in children occupy a significant place in the clinical picture, and in particular depression (from 43 to 60% with various traumas). Genesis of depressive disorders can be caused both by organic damage to brain structures and by reaction to psychotraumatic situation. In order to improve rehabilitation effectiveness, to make patient's returning to usual living environment easier as well as to improve the quality of life, interdisciplinary approach is needed since early stages of rehabilitation and after.

PSYCHOPATHOLOGY WITH A TUMOR LESION IN THE DIENCEPHALIC REGION

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The tumors of the thalamic-hypothalamic-pituitary system (diencephalon region, DR) include a fairly large group. These are pituitary adenomas, craniopharyngiomas (CP), pineal tumors, gliomas, meningiomas, and others. Tumors differ in the location, histological structure, and manifestations of the clinical picture with the corresponding hormonal changes, approaches and methods in treatment. Psychopathological symptoms are revealed in the symptoms of lesion of the DR in addition to cerebral, neuroendocrine symptoms, neurological disorders. It is represented by emotional, motivational, personal, cognitive impairments, inversion of the sleep-wake cycle, seizures. Objective: to study of mental disorders in patients with diencephalon lesions (on a model of benign tumor of craniopharyngiomas). Materials and methods: 130 adult patients (18–76 years old, median $42 \pm 2,14$; 64 women and 66 men) who were first admitted for treatment with a diagnosis of CP (2008-2019). The main method was psychopathological; data from endocrinological, neurological, neuroimaging. Additionally: 1) Global Deterioration Rating Scale – GDR (B. Reisberg et al, 1982); 2) Karnovsky index (D.A. Karnofsky, J.H. Burchenal, 1949). CP were classified according to initial growth and relation to the third ventricle: endosuprasellar (n=29, 22.3%), suprasellar (with initial growth in the pituitary stalk, with no penetration into the third ventricle) (n=48, 36.9%), extra-intraventricular

(n=38, 29.2%) and intraventricular (n=15, 11.5%). Results: Mental disorders in the clinical picture of CP were detected in 111 (85.3%) patients with syndromes: emotional and volitional disorders in 85 (65.3%), memory impairment in 77 (59.2%), personality changes in 76 (58.4%), paroxysmal conditions in 58 (44.6%), sleep disorders in 57 (43.8%), and consciousness disorders in 26 (20%). Mental disorders do not manifest themselves in isolation, but together with each other, and therefore are superior to each other in the clinical picture or to varying degrees with various topographic and anatomical variants of CP: in 61.8% of cases with endosuprasellar, in 83.4% - with stalk, in 100% - with extra-intra- and intra-ventricular CP. The most severe mental disorders: Korsakov's syndrome, asponaneity, akinetic mutism, personality defect were noted in 21.5% of cases, more often in patients with extra-intra-ventricular CP. At the same localization of CP patients prevailed with difficulties of self-service and social adaptation (50%) (Karnofsky index 10-40%, GDR scale 6-7 points). Conclusion: Mental disorders in the clinical picture of CP are detected in 85.3% before surgery; they are determined by the localization of the tumor lesion in the diencephalic region, the spread and effect of the formation on the hypothalamic thalamic structures, limbic system, and III ventricle. Depending on the topographic and anatomical location of CP, psychopathology occurs in 61.8% with endosuprasellar, in 83.4% with stalk, in 100% with extra-intra- and intra-ventricular CP. The severity of mental disorders is due to the characteristics of tumor growth in the third ventricle, involvement of limbic and thalamo-hypothalamic regulatory structures of the brain in the pathological process, the presence of neuroendocrine disorders, and concomitant hypertensive hydrocephalic symptoms.

THE CONNECTION BETWEEN EARLY MALADAPTIVE SCHEMAS AND ANXIETY-DEPRESSIVE SYMPTOMS WHICH ARE OBSERVED IN MILITARY MEN WITH IMPAIRED ADAPTIVE REACTIONS

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In the framework of civil psychiatry, the problem of adjustment disorder has been relatively poorly studied. It's diagnosed mainly to patients with life-threatening diseases or to one's who is in difficult social conditions in which the possibilities of influencing an unfavorable situation are excluded or minimized. In the conditions of military service, the need to adapt to new conditions creates an opportunity for a much closer study of the personal factors that affect the development of adaptation disorder. We used the Young Schema Questionnaire-Short Form Revised to study personal dispositions. This questionnaire reveals the severity of cognitive schemes that affect emotional responses in adulthood. For assess the severity of anxiety-depressive symptoms, we used the Beck Depression Inventory and Beck Anxiety Inventory, as well as Hoek and Hess Rapid Neurosis Diagnostics. We studied 57 militaries who were treated in a psychiatric hospital with a diagnosis of adjustment disorder. As the result, we were able to obtain following data: correlation analysis showed us that the level of depression of respondents is positively associated with such schemas as: admiration-seeking ($p = 0.063$), on the other hand anxiety is strongly correlated with such schemas as: mistrust/abuse ($p=0.000$), vulnerability ($p = 0.000$), pessimism ($p = 0.000$) (Kruskal-Wallis, p -value < 0.05). According to the results of regression analysis, the level of depression is determined by the high level of the schemes of "vulnerability" and "self-sacrifice" (by 62%), anxiety by the schemes of "vulnerability" and "mistrust/abuse" (by 64%). Therefore, by predominantly using the regression method, it is possible to establish the severity of the "vulnerability" scheme, which most involved in to development of anxiety-depressive symptoms. The authors represent this scheme as follows: the belief that the world is a very dangerous place and something bad can happen at any moment and

cannot be dealt with, a constant premonition of a catastrophe, seeking solace, avoiding potentially dangerous situations, actualizing magical thinking and rituals, a tendency to reckless dangerous behavior.

THE DIFFERENCE IN SERUM PROTEOMES IN MENTAL DISORDERS

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Mental disorders (MD) are rated as socially significant diseases, and in the 21st century their prevalence, incidence rate and number of relapses are steadily increasing. MD pathogenesis remains incompletely studied. Currently, there are no paraclinical methods of differential diagnosis of MD. For diagnosing that or another MD only anamnestic and clinical-psychopathological data are used. There is scarce research on MD, mainly represented by papers on schizophrenia performed on postmortem material. In research on protein composition of blood serum single papers are found which data are contradictory and not confirmed by other methods. Thus, search for specific protein markers for that or another mental disorder in available for use for diagnostic purposes biomaterial – blood serum, can result in appearing the additional paraclinical criteria of differential diagnosis of various mental disorders and serve the basis for the development of personalized approach to therapeutic tactics. Aim of this study was to reveal an association between specific proteins, detected with use of the comparative proteomic analysis, and features of the pathogenesis of a number of mental disorders: schizophrenia, bipolar disorder (BD) and adjustment disorder. In the course of comparative proteomic analysis of blood serum of patients suffering from these MD, the reliable differences in the electrophoretic images of distribution of serum proteins for every disease and protein areas, specifically characterizing every disorder, were revealed. Proteins, extracted from these areas, were identified with use of mass-spectrometer LTQ Velos (Thermo Scientific) based on CUC “Human proteome” of the Institute of Biomedical Chemistry (Moscow). The analysis of results showed that patients with endogenous MD and disorders of psychogenic origin have specific kits of proteins with absolutely various functional direction. In the blood serum of patients with different mental disorders, the specific proteins were determined: for schizophrenia – tyrosine-dependent protein kinase ABL, α actin-2 and α -3, protein of type 6 metabotropic glutamate receptor; for patients with bipolar disorder – γ -1 subunit of glutamate NMDA-receptor; receptor of growth factor of the endothelium of vessels 1, for patients with adjustment disorder – secretory actin-binding protein and protein of specific factor of elongation of glucocorticoid receptors AF1. Confirmation of detection of specific proteins of glutamate receptors in blood serum of patients with use of quantitative methods allows considering as potential biomarkers of schizophrenia and BD. Vice versa, functions of proteins revealed in patients with adjustment disorder are directed at adaptive response of the organism and testify to developed acute inflammatory response. Protein of specific factor of elongation of glucocorticoid receptors in combination with increasing number of cortisol establishes the contribution of glucocorticoids into pathogenesis of this disease. Acknowledgments. Support by Grant of RSF № 18-15-00053. Mass spectrometric experiments were performed the equipment of “Human Proteome” Core Facility of the Institute of Biomedical Chemistry (Moscow).

FORCED SELF-ISOLATION DURING A PANDEMIC CAUSED BY COVID-19 AS A FACTOR IN THE GROWTH OF PSYCHOACTIVE SUBSTANCE USE

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The development of unfavorable socio-economic factors against the background of the pandemic caused by COVID-19, such as: a significant decrease in interpersonal communications in conditions of forced self-isolation, a decrease in the income of Russians, an increase in the number of unemployed, reveals an upward trend in the use of psychoactive substances. In this regard, one of the important tasks of the narcological service of the Russian Federation is to identify persons among the population who regularly or occasionally use drugs. Objective of the study: Comparative analysis of the prevalence of psychoactive substance use in the Kemerovo region - Kuzbass in the period from 01.01.2019 to 31.12.2019 and 01.01.2020 to 31.12.2020. Material and methods of research: Chemical and toxicological studies of persons sent for medical examination were carried out; in the period from 01.01.2019 to 31.12.2019, 16032 people were examined. Of these, it was sent: by the internal affairs bodies - 976, medical organizations - 606, medical examinations - 14450. In the period from 01.01.2020 to 31.12.2020, 15839 people were examined. Of these, the following were sent: by internal affairs bodies - 1018, medical organizations - 575, medical examinations - 14246. All subjects signed a voluntary informed consent. The biological material of the study is urine, due to the low content of protein components, it is the simplest biological object for the determination of drugs. Results and discussion: The number of examined people who confirmed the presence of ethylglucuronide, narcotic drugs and drugs in the period from 01.01.2019 to 31.12.2019 was 860 people, of which: ethylglucuronide 92 (11%), narcotic drugs and psychotropic substances 768 (89%). The number of examined persons in whom the presence of ethyl glucuronide, narcotic drugs and psychotropic substances was confirmed in the period from 01.04.2020 to 31.12.2020 was 896 people, of which: ethylglucuronide 108 (12%), narcotic drugs and psychotropic substances 788 (88%). Ethylglucuronide, drugs and narcotic drugs were found in the urine of all people in the studied sample. Conclusions: As a result of the study, there is an increase in the use of psychoactive substances in the period from 01.01.2020 to 31.12.2020 in relation to the period from 01.01.2019 to 31.12.2019, due to forced self-isolation in 2020, due to the pandemic caused by COVID-19. Thus, the comparative analysis and the results obtained allow us to conclude that the development of unfavorable socio-economic factors against the background of the pandemic caused by COVID-19 and forced self-isolation contributed to an increase in the number of psychoactive substances in the Kemerovo region - Kuzbass.

EVALUATION OF CHILDREN'S INDICATIONS IN COURT PROCEDURES IN FAMILY DISPUTES

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Conflicting parents often go to court to determine the place of residence / procedure for communicating with the common child. Children give indications of their affections and describe their relatives and family situation. Can the court trust the testimony of minors? A specialist assessment is required. In Russia, the term "minor" is from birth to 18 years old; the "age of consent" is 10 years, then the child's opinion is considered [1]. However, the ability to critically evaluate the statements of adults in children is formed gradually. As well as the ability to predict the possible consequences of their

own decisions. Children are often psychologically affected by their relatives; being under emotional influence, they trustingly and uncritically perceive and broadcast a negative attitude towards the parent living separately [2]. In our practice, the majority of the examined children showed increased anxiety, even in the absence of any complaints. We identified neurotic states with fears, obsessive behavior, sleep disturbances, feelings of guilt, and disturbed parent-child relationships. In recent years, the demand for a comprehensive examination of family members has been steadily high, the volume of this type of examination is growing. In 2018 we conducted 103 commissions, in 2019 - 108, even in in 2020 pandemic year - 61 family members. We found 1 fact of child abuse; 2 cases of total emotional control over the child. In other cases, there were heated arguments between the parents in the presence of the child, discussion of the other parent in the family circle with negative statements about the absent parent. Then the child's opinion regarding the separately living parent was not independent, but was broadcast from the words of adults from the immediate environment. The results obtained help the court to assess the compliance of the child's opinion with his real interests, needs and mental development. Thus, the following tasks are set for an expert psychologist: assessment of the child's ability to "correctly perceive" circumstances and give "correct testimony" [3]; diagnostics of the personality traits of a child, pathological fantasizing, a tendency to speculate and embellish events, signs of increased suggestibility, passive obedience; diagnostics of the family situation, parent-child relationships, attachments and antipathies to other family members. Attention is paid to identifying psychological pressures and inductions from the cohabiting parent. Assessment of the veracity of testimony is the exclusive prerogative of the court [4]. Thus, the testimony of minor children is legitimate to assess only in the presence of objective data after studying the family situation and psychological examination of the child and his parents in state medical institutions.

THE LIFE QUALITY CHARACTERIZATION OF THE ADOLESCENTS WITH OBESITY DEPENDING OF COMORBIDITY AFFECTIVE DISORDERS

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Dealing with not only adults but children and adolescents the problem of obesity becomes more significant and common in the world. The obese adolescents are more defenseless to social rejection, discrimination which they undergo. It is noticed that adolescent obesity is often accompanied by changes of emotional condition with developing of the affective and neurotic spectrum. It is found out that the higher obesity degree causes the higher probability of depression and the lower life quality. Despite the plurality of somatic features which go with obesity, psychological problems and psychopathological distress faster lead to psychosocial disability. The purpose of the research: to estimate the life quality of the obese adolescents depending of their emotional condition. The methods and materials: The study subject were 130 adolescent girls with the first-degree obesity. The level of depression and anxiety was defined by means of the clinical psychopathological method and the psychometrical method with using of the Hamilton's scale. Depending on the emotional condition the girls were divided into 2 groups. The affective disorder was found from 75 patients; these adolescents were included in the first survey group. The second group included 55 obese girls without the affective disorder. The control group included 25 healthy adolescent girls with the standard weight. All study groups were similar in age which in average was 16 years. To estimate the life quality, the questionnaire SF-36 was used. It allowed to estimate the condition by 8 scales: physical functioning, role functioning, based on emotional condition, physical pain, common health, life activity, social functioning, role functioning, based on emotional condition and mental health. The questionnaire met both physical and psychological component of health. The life quality was compared according to the scales between the groups. The results and discussion: The survey

found out the decrease of life quality according to all scales for obese patients in comparison to the adolescents with the standard weight. Statistically significant differences between the first and the second study group according to summarized physical component weren't found. The estimate of the summarizing psychological component found out that the obese adolescent girls with some emotional disorder have the lower level of the psychological component than the obese adolescents with normal emotional disorder ($p>0,05$). First of all, it was connected to the role emotional functioning disorder: the index of this scale was twice lower in the first group than in the second group and 2,5 times lower than in the control group ($p<0,05$). The patients noticed study difficulties, the low quality of activity that depended on their emotional condition. The significant decreasing of the social functioning was found out: the index in the first group was twice lower than the index of this scale in the second group and 2,2 times lower than the index in the control group ($p<0,05$). The girls from the first group felt uncomfortable in a group, tried to limit communication. The emotional decrease which was found out in the first group was reflected in the decrease of the physiological health. It was 2,4 times lower than the index of the second group and 2,7 times lower than the index of the control group ($p<0,05$). So, the first-degree obesity in the meaningful action didn't influence the decrease of the physical health component, however decreased mainly the level of psychosocial functioning. Conclusion. Obesity mainly influences psychoemotional state of adolescents, can cause significant changes in the perception of physical and psychological health. Even ulterior forms of obesity without deep somatic disorder can lead to social disadaptation and significant decrease of adolescents' life quality.

IDENTIFICATION OF PARENTS PSYCHOLOGICAL CHARACTERISTICS DURING JUDICIAL EXAMINATIONS ON FAMILY DISPUTES

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In litigation against children in accordance with Art. 79 of the Civil Procedure Code of the Russian Federation, forensic examinations can be assigned to all persons involved in the case.

As a rule, complex psychological and psychiatric examinations are prescribed. In the vast majority of cases, parents who have passed the examination are recognized as mentally healthy. For example, in the Center for Forensic Psychiatric Examination at the Central Clinical Hospital for the period from 2015 to 2020, 419 examinations on family disputes were carried out. In 92% of cases, parents and persons replacing them were recognized as mentally healthy. In such cases, for making legal significant decisions, the importance of answering questions that are within the competence of a psychologist increases. Namely: "Do parents have personality traits that can have a negative impact on the mental and psychological state of the child?", "What is the style of family upbringing of each of the parents?" To answer these questions, experts rely not only on the results of an experimental psychological examination of parents. An essential role is played by the information contained in the case materials. Examinations in court disputes between parents about the upbringing and place of residence of the child are carried out, as a rule, on an outpatient basis. In the Center for Forensic Psychiatric Examination at the State Budgetary Healthcare Institution of the Moscow City Clinical Hospital, the examination of parents is carried out within a few days, with each of them being examined in turn. Appointment of expert examination to parents after the expert examinations gives the expert the opportunity to create the most comfortable and least traumatic environment for them during communication, taking into account the identified aspects of family relationships and the situation that has arisen. The situation of divorce has a significant impact on the behavior of parents and often leads to the sharpening of personality traits that can have a negative impact on children in a conflict. According to the Center for Forensic Psychiatric Examination at the Central

Clinical Hospital of the Moscow Region, parents were more likely to have such personality traits that could have a significant negative impact on children, such as a pronounced egocentric position, extrapunitivity, sthenism, ambition, an overestimated level of claims, pragmatic motives of behavior, rigidity of attitudes, the desire for domination, manipulative influence and a dominant role in relations with others, a style of upbringing like dominant hyperprotection or a permissive style of upbringing, a type of parental attitude like authoritarian hypersocialization, etc. The personality traits of parents can contribute to the exertion of psychological pressure on the child in order to form a negative image of a separate parent. In such cases, during the examination, signs of psychological induction of the child are revealed. Thus, according to the data of the Center for Forensic Psychological Expertise at the Central Clinical Hospital of the Moscow Region, fathers were 1.2 times more likely to have personality traits that could have a negative impact on the child. Signs of psychological induction of the child by one of the parents were established in 19% of cases, more often on the part of the mother (in 56% of cases). Thus, identifying the personality traits of parents that can have a negative impact on the child is one of the important tasks when conducting examinations on family disputes. The information received can provide significant assistance to the court in establishing the truth in the case and making a decision in favor and taking into account the interests of children.

PSYCHOLOGICAL CHARACTERISTICS OF PATIENTS WITH VARIOUS VARIANTS OF THE COURSE OF ALCOHOLIC DISEASE, COMORBID WITH PANIC DISORDER

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The study of psychological characteristics of patients in selected clinical subgroups of the main group was carried out. To do this, we studied the accentuations of personality, MMPI profile, and using of psychological defenses. Patients from the first subgroup of the main group (alcohol-induced development of PA with the formation of continuous current PD and persistent alcohol remission), had dominated features such as psychasthenia and hypochondria in their personality profile according to MMPI (peak values on 1,2,7 scales), which led to a mutual strengthening of anxiety-suspicious personal qualities and a tendency to fixate on cases of "somatic catastrophes". Were used such psychological defense mechanisms such as suppression and intellectualization. Patients from the second subgroup was characterized such psychological defenses as rejection, substitution and regression. The MMPI profile (peak values on scales 3,4,6,7,8) reflected impulsivity, a tendency to explosive reactions, anxiety, emotional immaturity, and a tendency to "escape from the problem" reactions. For patients of the third subgroup of the main group (alcohol-induced episodic PA with the formation of short-term alcohol remissions, the MMPI profile (peak values on the scales 1,4,6) was characterized by such personal traits as impulsivity, propensity to explosive reactions (increased values on the scales 4,6). Hypochondria was also detected, as well as a tendency to fixate on unpleasant somatic experiences (increased values on the scale of 1). Also were detected protective mechanisms such as regression and substitution. For patients of the fourth subgroup of the main group (spontaneous development of PA on the background of alcohol remission with the continuous panic disorder and the recurrence of alcohol disease) the MMPI (there was a profile with peak values on the scales 1,3,7) demonstrated increased level of hypochondria which (scale 1) was combined with increased anxiety, suspiciousness (scale 3) and a tendency to conversion (scale 7). This profile reflects the problem of repressed anxiety and the biological method of protection with the conversion (translation) of psychological conflict into physiological disorders that are conditionally associated with a traumatic situation. Conclusion: psychological characteristics (preferred psychological defenses, peak values in the MMPI profile) vary between patients with different clinical forms of combination of AD and PD. Each of the selected clinical subgroups has its own psychological profile that differs from other

subgroups. Patients from the first subgroup in their psychological characteristics are close to patients with uncomplicated panic disorder, while patients from the second, third and fourth subgroups are close to patients with alcoholism.

CLINICAL VARIANTS OF THE COMORBID COURSE OF ALCOHOLIC DISEASE AND PANIC DISORDERS

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The results of many clinical trials show that the morbidity of anxiety disorders among people suffering from alcoholism is higher than in the general population. Alcoholism has a pronounced pathoplastic effect on the clinical profile and dynamics of panic disorder, negatively affects the quality of the therapeutic regime implementation and the effect of drug therapy. Objective: to study the variants of the course and influence of PD on the overall picture of the disease in patients with alcoholism. Object of research: patients with comorbid alcohol disease (AD) and panic attacks (PA). The criteria for inclusion into the study were: a verified diagnosis of alcoholism, the existence of PA in the anamnesis. Research methods: clinical and psychological methods. The diagnosis of panic disorder was based on the diagnostic criteria of ICD-10. Stages of alcoholism were determined in accordance with the classification of N. N. Ivanets (1975). The study included 214 patients with comorbid alcoholism and PD (the main group). Alcohol disease in these patients preceded the development of panic disorder. 156 male patients with comorbid AD and PD and 58 female patients were examined. The average age of the main group of subjects was 40.82 ± 8.64 years: 40.63 ± 9.28 years for men and 41.0 ± 8.0 for women. There were no statistically significant differences in gender and age characteristics with the control groups. Results and discussion. As a result of clinical observations of patients with comorbid AD and PD, four variants of the combined course were identified. The classification criteria were: * the factor that triggers the onset of panic attacks: alcohol-provoked or spontaneous; * the presence of PA in the structure of alcoholic disease or the formation of panic disorder as a separate nosological unit; * the influence of PA on the course of alcoholic disease: persistent or short-term remission, or aggravation or relapse of alcoholism. The first subgroup included patients in whom the appearance of PA in the structure of withdrawal syndrome was the reason for the complete abstinence from alcohol for at least 1 year (54 patients). This option was considered as an alcohol-induced development of PA with the formation of continuous current PD and persistent alcohol remission. The second subgroup of the main group included 58 patients who didn't try to stop or reduce alcohol consumption after the appearance of PA. The development of PA was accompanied by taking significant doses of alcohol to decrease anxiety symptoms, which led to a prolonged binge. This variant was classified as alcohol-induced paroxysmal PA with the development of binge status and non-remission AD. Patients from the third subgroup (50 people) mostly used alcohol frequently and unsystematically (62% of the examined). There was an alternation of one or two-day binges and sobriety periods associated with fear of repeating PA. These periods can last up to six months (68% of patients), and more (32% of cases). Abstinence from alcohol for about a year was based on the fear of repeating the PA. Later, patients returned to alcoholism with caution. After making sure that alcohol was well tolerated, they start uncontrolled using again until the repeated PA becomes part of the structure of withdrawal syndrome. This variant was classified as alcohol-induced episodic PA with the formation of short-term alcohol remissions. The fourth subgroup of the main group included 52 patients with chronic alcoholism. AD was formed at the average age of 27.52 ± 7.33 years for these patients. In most cases (55.77%) alcoholism was formed rapidly. By the time of the developed PD,

patients had a clinical remission of alcoholism lasting from one and a half to five years. Thus, there was a spontaneous development of PA on the background of alcohol remission with the continuous panic disorder and the recurrence of alcohol disease.

PSYCHOPATHOLOGICAL STRUCTURE OF PTSD IN VICTIMS OF SEXUAL VIOLENCE

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Post-traumatic stress disorder (PTSD) plays a certain role in the structure of mental distress of women experienced a sexual assault. Noting the peculiarity of such psychological traumas as sexual abuse, F.Burgess and L.Holmstrom (1974) identified a specific Rape Trauma Syndrome, defining it as a specific psychosomatic syndrome that develops in about a third of people who have experienced sexual assault. The aim of this research was to study the psychopathological structure of PTSD in sexually assaulted survivors. The research involved 104 women who experienced sexual assault. The duration of the estimated period from the moment of getting a mental trauma to a visit to a psychiatrist varied from 1 month to 30 years (average 9.3 +/- 1.3 years). The random sampling method was used: the only selection criterion was the presence of an episode of sexual abuse in the patient's medical history. We used the clinical anamnestic survey, dynamic monitoring of the condition of the surveyed. We use a traumatic event exposure scale developed by Horowitz M. (1978) and supplemented by Weiss (1996) to determine the general level of subjective distress. There was also conducted clinical psychiatric examination. According to the research, it was found that more than half of the examined experienced a variety of post-traumatic stress symptoms. Using the diagnostic criteria for PTSD indicated in ICD-10, we studied the presence or absence of the symptoms within the framework of this diagnosis, and their full or partial compliance with the diagnosis. A variety of post-traumatic symptoms in assault survivors were observed in 69.8% of cases. 5.1% of women was fully diagnosed with PTSD. According to the results of the study, the manifestation of PTSD symptoms in survivors of sexual assault took some time (average 3.8 +/- 1.5 months). In response to the assault, women had developed psychogenic reactions, which were mostly represented by anxiety-depressive disorders 58 (55.8%). During this period, women sought to normalize their lives using various adaptation mechanisms. For various reasons, the adaptation could not be completed which manifested in neurotic states, including PTSD symptoms. These symptoms in our observations were caused by: 1). the severity of the stress of the act of rape and the degree of danger to the life of the victim; 2). the presence in the medical history of cerebral residual-organic insufficiency of various origins; 3). the high significance of the situation of rape for the individual. Characteristic features of PTSD for sexual assault survivors were: high level of anxiety (72%), low self-esteem (69.9%), feeling of loneliness and ideas of self-blame (65.1%). The structural components of this nosological form are two types of stress response: immersion and avoidance, the severity of which was assessed using the Horowitz M. J. (IOES-R) Scale for assessing the severity of the traumatic event. Women who experienced sexual assault showed both avoidance states (33.3%) and immersion states (66.7%). Active immersion in events was manifested by constant return in thoughts to events related to the sexual aggression, accompanied by influxes of strong emotional feelings, in the form of anxiety, sometimes anger at oneself, at men, at the situation; mood decline; a feeling of failure, a person not worthy of respect, love, etc. Such feelings provoked deterioration of relations in the family, weakening of social contacts, isolation (especially in cases where the event was made public). Some patients (36.8%) experienced distress dreams reflecting the situation of the assault or causing fear with sudden awakening and vegetative manifestations. Avoidance reactions were characterized by persistent disregard for the thoughts, feelings and conversations associated

with the sexual assault; the desire to avoid places, actions, people provoking memories of the experienced rape. In conversations, such patients tried to evade the description of the details of the traumatic event, confining themselves to general phrases, since memories of the abuse caused psychological discomfort. Patients with an avoidance reaction also showed neurotic symptoms in the form of anxiety, sleep disorder (16.8%), low self-esteem, resentment, somatovegetative manifestations. Thus, PTSD in sexual assault survivors is diagnosed in 5.1% of cases, but more than half of the survivors experienced some symptoms of this disorder. In the structure of PTSD in sexual assault victims most prominent are anxiety, low self-esteem, loneliness and self-blame.

PROSPECTS AND PROBLEMS OF THE DEVELOPMENT OF PRACTICE GUIDELINES ON THE MANAGEMENT OF CHILDREN WITH AUTISM SPECTRUM DISORDERS (ASD)

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Introduction About a hundred years, autism was viewed as just a psychiatric disorder. In recent decades, however, researchers begun to focus increasing attention on medical co-morbidities in autism spectrum. Researches of comorbid ASD and non-psychiatric disorders have increased dramatically. Comorbidity does not mean the simple addition of two diseases, especially in ASD, in which various hypotheses of possible etiologies and pathogenesis are proposed. **Objectives** Identifying main gaps in health care for children with comorbid ASD and non-psychiatric disorders. **Implementation** research plan of a new practice guideline for children with ASD with optimal multidisciplinary personalized algorithms of diagnostic evaluation and management. **Methods** Scientific literature review. The electronic databases of scientific information Medline, Web of Science, Scopus, PubMed, Cochrane Database of Systematic Reviews were used to search for articles published in peer-reviewed scientific journals devoted to issues of concomitant non-mental disorders in children with ASD. Russian federal guideline (2020) of diagnostic evaluation and management for children with ASD was analyzed. **Results** According to the scientific literature review, we divided possible comorbidities in ASD into 2 groups: 1) comorbidities as possible etiology or pathogenesis (brain abnormalities, inborn metabolic disorders, endocrine diseases, epilepsy, mitochondrial disorders, and others; 2) comorbidities which are common in children with ASD. There are many studies that have documented substantial impairments in the gastrointestinal, immunological, and metabolic systems of patients with ASD. One of the strengths of the guideline is that it includes a proper description of the process of early identification of ASD risks and signs (for pediatricians and other children health care professionals). **Weaknesses:** Russian guideline does not meet all needed evidence-based recommendations about the selection of etiological investigation. The problem is: conventional health insurance does not cover a significant number of tests required for children with autism: genetic, metabolic, and other. In the current guideline, there is no appropriate attention to medical comorbidities which are common in children with ASD. For example, the comorbidity of gastrointestinal disorders in children with autism is significant (up to 90%), and can affect the behavior, it was confirmed by a large number of studies. Meanwhile, the practice guideline does not suggest a proper description of this. There is no guideline for interdisciplinary interactions. The current guideline is only for psychiatrists. There is no proper information for other health care specialists (pediatricians, gastroenterologists, and others) on how to manage children with ASD. **Conclusions** These findings should be taken into account in the developing guidelines for children

with ASD. Based on the scientific literature review, according to the strengths and weaknesses of the guideline, the research plan of a new practice guideline for children with ASD with optimal multidisciplinary personalized algorithms of diagnostic evaluation and management was suggested. The plan has been approved by authorities and is being implemented in the Research Institute of Pediatrics and Children's Health in «Central Clinical Hospital of the Russian Academy of Sciences».

STUDY OF THE CORRELATION OF PSYCHOGENIC FACTORS AND SUICIDAL RISK IN PSYCHIATRIC HOSPITAL PATIENTS

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We studied cases of suicidal actions in patients in a psychiatric hospital (the main group, n=60), 32 of them were patients with schizophrenia. Social Readjustment Rating Scale, SRRS (T. Holmes, R. Rahe, 1967) was used to assess the effects of psychosocial stressors on depression and suicidal motives. In the main group, the low scores SRRS scale (less than 150 points) for men and women (37.0 per cent). Moderate scores (more than 300 points) were three times more likely to be found in women. The average on the scale was 116 points. The control group was represented by patients with similar mental disorders as the main group who had no signs of suicidal behavior during the hospitalization period (n=50). 23% of patients of this group had high scores on the SRRS scale. Moderate indicators on the SRRS scale were noted in 40%. The average score in the control group was 204 points. The SRRS scale assessed stressful events for last year. The absence of high rates in the main group indicates that patients with chronic mental disorders were affected by stressful events differently. When filling out the questionnaire, patients noted that «nothing happened in their lives» and the events listed in the questionnaire «happened to them not last year, but earlier in their life». Assessment on the scale was carried out with other conditions - patients of the experimental and control group were asked to identify the events and experiences, the consequences of which were relevant to them without taking into account the time factor. As a result, high rates were recorded more frequently than first time when they were filled out, when only those that occurred last year were asked to be selected from the list of events. Low scores on the scale in the main group were recorded in 17% of cases, average ones in 40%, high scores in 43%. The average score on the scale was 254. Among the men: low -38%, moderate - 23%, high - 38%. There were no low rates for women, moderate -53%, high - 47%. Statistically significant differences with the control group ($p<0.05$) have been identified. For patients of the main group were relevant: death of a close relative/spouse - 10% (6 patients), divorce, separation of relations with a partner - 31.7% (19 patients), injury or illness - 20% (12 patients), loss of work - 28.3% (17 patients), impossibility of employment, restriction of employment opportunities in the main profession -11.7 (7 patients), retirement - 5% (3 patients), change for the worse in health of family members - 5% (3 patients), change in financial situation - 53% (32 patients), car accident -1.6% (1 person), aggravation of conflict relations with the spouse/partner - 13.3% (8 patients), debt on loans - 6.7% (4 patients), change of living conditions/change of residence - 11.7% (7 patients), conflicts with superiors - 3.3% (2 patients), change in social activity - 56% (34 patients), increased conflict relations with relatives/neighbors - 25% (15 patients), single living - 40% (24 patients), narrowing the circle of communication - 33.3% (20 patients). In our opinion, using the SRRS scale in patients of a psychiatric hospital should take into account the current psycho-traumatic situations for at least five years. It is important to take into account changes in reactivity in relation to stress effects in people with severe mental pathology. Thus, when assessing the degree of suicidal risk in patients of a psychiatric hospital, it is necessary to take into account the phenomenon of chronic and cumulative psychogenic reactions in patients with severe mental disorders, which justifies the intense psychotherapeutic intervention.

QUALITY OF LIFE AND TEMPERAMENT AS COMPONENTS OF THE REHABILITATION POTENTIAL OF PERSONALITY IN PATIENTS WITH DEPRESSIVE SYNDROME WITHIN MENTAL DISORDERS AND BRAIN INJURIES

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Introduction. A person with a medical condition, whether it is a mental disorder or brain injury, faces medical, social, legal, and psychological challenges. Characteristics of the personality of patients are parts of the structure of rehabilitation potential of personality (RPP) and play an important role in the success of rehabilitation. Diseases change the usual patterns of life and as a consequence decrease the quality of life. The success of adaptation to these new conditions depends largely on the temperament of a person [Porokhina Zh. V., 2009]. So it is relevant to study the relationship between the quality of life, temperament and rehabilitation potential of personality in patients with depressive syndrome within mental disorders and after brain injuries. Aim of this research was to study the quality of life and temperament as components of the rehabilitation potential of personality in patients with depressive syndrome within mental disorders and brain injuries. Materials and methods. The study was conducted in Federal Research and Clinical Center of Intensive Care Medicine and Rehabilitology and Mental Health Research Center, Moscow, Russia. 76 patients aged from 18 to 46 years with depressive syndrome that was diagnosed by professional psychiatrist were examined: patients with mental disorders (N=36) (according to ICD-10: F31, F33, F34) and patients after brain injuries (TBI, CVA) (N=40). Inclusion criteria were established diagnosis of brain injury according to ICD-10 (T90, I69), the level of consciousness according to the Coma recovery scale revised (CRS-R) is not lower than 23 points, the level of cognitive functions according to the Rancho Los Amigos Scale (RLA) is not lower than 8 points. A preliminary conversation was conducted with the patients, after which psychodiagnostic tests were offered to determine the temperament - TCI-125 Questionnaire [Enikolopov S. N., Efremov A. G., 2002];, the level of quality of life - The 36-Item Short Form Health Survey questionnaire (SF-36) [Ware J.E. et al., 1993] and Questionnaire "Rehabilitation potential of the personality" [Kulagina I.Yu., Senkevich L.V., 2015]. Two weeks after the start of rehabilitation, the patients were asked to re-pass the questionnaire on the quality of life. Results. In neurological patients, the RPP index is higher than in psychiatric patients ($U=207$, $p<0.001$). It was found that in neurological patients, the total score of Mental Health ($U=355$, $p<0.001$), as well as general health ($U=369.5$, $p<0.001$) and role emotional ($U=488.5$, $p=0.01$) (according to SF-36) is significantly higher than in psychiatric patients. The quality of life was also evaluated in dynamics: the total score of Physical Health (PH), and the total score of Mental Health (MH) indicators of the quality of life in both groups became approximately the same after two weeks of rehabilitation. This was due to an increase PH in the group of neurological patients ($T=122$, $p<0.001$). This may be explained by the fact that patients after brain injuries focused on physical rehabilitation, while the mental component went by the wayside. The study showed that in psychiatric patients RPP is associated with the mental health scale (MH) according to the quality of life questionnaire ($r=0.45$, $p=0.005$), and in neurological patients with the MH ($r=0.33$, $p=0.03$) and also the general health scale ($r=0.31$, $p=0.04$). It was also found that both in the group of patients with mental disorders and with brain injuries, the type of temperament "Harm Avoidance" is more common and is more pronounced in patients with mental disorders ($U=257$, $p<0.001$). Temperament is correlated with RPP: in patients with mental disorders, harm avoidance is correlated with RPP ($r=-0.42$, $p=0.011$), and in patients after brain damage, self-directedness is associated with RPP ($r=0.37$, $p=0.019$). Conclusions. 1. The rehabilitation potential of personality in patients with depressive syndrome after brain damage is higher than in patients with mental affective disorders. 2. Quality of life is associated with the rehabilitation potential of personality in both groups. 3. In patients after brain injuries, the Mental Component Summary by

the Health Survey questionnaire is significantly higher than in patients with mental disorders, as well as overall health and role functioning due to emotional state. 4. Physical and mental quality of life in both groups became approximately the same after two weeks of rehabilitation, due to an increase in physical health in patients after brain injuries. 5. Temperament is interrelated with the rehabilitation potential of personality, harm avoidance is significantly more common among patients with mental disorders. 6. Empirical research.

POST-COMATOSE DEPRESSION AND ANXIETY IN SEVERE BRAIN-INJURED PATIENTS

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According to various studies, 25-90% of patients survived after traumatic brain injury (TBI) reveal depression and anxiety disorders in the first years after. These disorders can complicate recovery after brain lesions, stand in the way of rehabilitation, decrease quality of life, require longer time for treatment and as a rule are associated with poor social and functional outcome. Traditional diagnosis (by clinical signs and scales) is often extremely complicated due to the cognitive and behavioral impairments. There are many contradictions in understanding the relationship existing between clinical manifestations of anxiety and depression and peculiarities and location of brain damage. As a rule, scientific publications devoted to depression and anxiety in TBI patients do not focus on the severity of brain damage. Severe TBI with initial comatose states has practically not been separately studied.

THE GOAL was to study depressive and anxiety disorders in the process of mental recovery after coma caused by severe TBI. MATERIAL AND METHODS: psychopathological examination of mental recovery was performed in 153 selected severe TBI patients consequently admitted to Burdenko Center in coma state. CRITERIA OF SAMPLING were:- admission at acute stage of severe TBI, - initial depth of coma below score 8 by Glasgow Coma Scale, - survival time more than 6 months,- recovery of consciousness less than 1 year after trauma. RESULTS: depression was found in 48% of cases, anxiety in 38%. Depression was manifested significantly earlier than anxiety. In 10% of patients first signs of sadness were found at the level of disintegrated consciousness (before restoration of orientation in place and time). Possibly, it was the emotional response to the fact of trauma and functional deficiency. It was confirmed by a negative correlation between depression and anosognosia: $r=-0,3$; $p<0,01$. After recovery of orientation depression was found in 38% of patients and anxiety - in 10% only. They were revealed together with marked cognitive, emotional and personality changes. The appearance of anxiety in particular was due to the experiences of patients about the uncertain prospects for recovery, doubts about the possibility of a return to premorbid activities and relationships with surroundings. On the way to the premorbid level, depression rate dropped from 48 to 38% while anxiety rate increased from 10 to 38%. Depression by itself correlated with good recovery, especially in the follow-up period (> 1 year after TBI). The correlation was relatively weak, but statistically significant ($r=0,24$; $p<0,05$). No correlations were marked between anxiety and outcome. The study found a trend that depression was detected more frequently in the right hemisphere damage, anxiety – with the left one. At the first signs of depression or anxiety, the most appropriate to clinical situation was focused conversation with the patient to explain to him the features and patterns of his condition, as well as prospects. Only in cases of marked and prolonged ($> 1-2$ week) depression or anxiety it was necessary to use antidepressants or tranquilizers. Antidepressants were successful only in 44% of them, in 52% of cases unfavorable side-effects were revealed. Exclusion of tri-cyclic antidepressants, use of four-cyclic (such as maprotiline, pyrindole) and serotonergic ones (such as fluoxetine, fluvoxamine, paroxetine) allowed to increase effectiveness of antidepressive

therapy up to 59% and reduce the rate of side-effects to 29%. Anxiolytic treatment was successful in 41% of courses, unfavorable side-effects were found in 35%. Exclusion of benzodiazepine drugs increased effectiveness up to 63% and decreased side-effects down to 16%. CONCLUSION: there is a strong need for further studying of depression and anxiety disorders in order to improve their effective treatment and rehabilitation in post-comatose patients with TBI.

ORTHODOX PASTORAL COUNSELING CENTER OF THE BELGRADE AND KARLOVAC ARCHDIOCESE OF THE SERBIAN ORTHODOX CHURCH

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The Orthodox Pastoral Counseling Center of the Archdiocese of Belgrade-Karlovac was founded on Cveti in 1997 in Belgrade, with the blessing of His Holiness the Serbian Patriarch Pavle, as the first spiritual - therapeutic institution in Serbia. The founders were the priest Dr. Srbojub Bulić, a graduate theologian and doctor of clinical psychology and academician Vladeta Jerotic, our eminent psychiatrist and psychotherapist. The basic idea was to provide the application of contemporary knowledge in the field of psychiatry, psychology and related disciplines in counseling and therapy, together with Christian values and teaching. The opening of the Center was particularly significant due to the fact that many generations of mental health professionals have been developed during socialism - with a strong critical attitude towards religion, while the Christian beliefs and way of life were and still are an important part of the lives of many people. The associates of the Center are priests, psychiatrists, psychologists, special pedagogues and other specialist, who work on a voluntary basis. All services are provided free of charge, and client can be any person seeking help, regardless of their religious affiliation and nationality, as well as whether they are religious people. It is interesting that the structure of clients is dominated by people aged 26-35 and 36-45, then people with higher education and women. The reasons for admission are different - from personal, family to spiritual problems and the search for the meaning of life, but what they all have in common is that they come with confidence and hope, which greatly facilitates the work of therapists. During its 25 years of existence, help and support has been provided to individuals and families through almost 90,000 counseling and therapeutic meetings, and the number of visits, which is constantly increasing, confirms the significance and validity of the existence of the Orthodox Pastoral Counseling Center.

PHENOMENOLOGY OF SUFFERING FROM THE PSYCHIATRIST'S POINT OF VIEW

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Suffering is a universal, primal phenomenon, an inevitable characteristic of *Homo dolens*. Throughout the history of the human race there would be no higher activity of the spirit — there would be no culture, no music, no literature, at least not in the form in which we know them, had there not been a touch of suffering in human life. In psychiatry, the topic of suffering is addressed within the framework of existentialist-phenomenological and psychoanalytic literature, while it has never had a central position in clinical psychiatry. The paper presents the relationship of the “Janusian” (post) man with suffering, analysing the phenomenon from the perspective of phenomenological and existentialist philosophy and psychotherapy. Suffering, according to existentialists, is the deepest, most intimate and most naked way of human existence. It is one of life’s most faithful companions, an undeniable fact, premise and proof of life. A condemned man must choose his life, that is, he must live it instead of living it. In Victor Frankl’s logotherapy, *patodysis* has taken the place of *theodicy* since Leibniz. Numerous examples argue for such a position, such as the innocent and righteous Job, or Socrates who says he knows nothing. From this perspective, meaning can be found even in a hopeless situation. More importantly, these examples illustrate that suffering has its justification only when endured for the greater good.

SOCIO-CULTURAL TRANSITIONS AND PSYCHOPATHOLOGY

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The concept of normal personality is mainly used in relation to social norms, i.e. implicit and explicit expectations about attitudes and behaviors within a given culture or society. A normal personality, or at least its interpersonal aspect, is one that adapts to social norms, therefore, it refers to the social normality of the individual. Another, more private, aspect of psychological normality is not covered by this concept. Social normality does not necessarily signify or exclude psychological health. In other words, any psychologically normal person is likely to show social normality, but not every socially normal person is necessarily psychologically normal. The concept of a mature personality broadens social concepts of normality by introducing internal criteria for psychological well-being. A mature personality is therefore synonymous with high levels of mental health. The criteria for maturity are informal and vary in the literature, but they converge according to the ability to deal with internal conflicts, maintain a consistent self-image and stable self-esteem, experienced coherent identity, and demonstrate principled moral standards and character that is not only a fit to social norms, but extends into activities for the common good (the so-called “extended self”). Mature or “high-integrity” individuals are happy with themselves, pursuing authentic personal goals guided by a strong sense of inner direction that appreciates but does not depend on the approval of others. Such personal health is also reflected outside, as mature individuals do not envy others, fully enjoy bipartisan cooperation, are tolerant of diversity and are inspiring to many. When asked if it is possible to be healthy and unhealthy at the same time, we can only offer a speculative answer to this question, using anecdotes about creative individuals and those with

personality disorders as examples. An extraordinary innate tendency, physical or mental, gives an individual intense talent-specific perceptivity, a powerful organizational force from the early stages of mind development. The resulting strong sense of inner direction leads to a personalized signifier of meaning that is not fundamentally dependent on external circumstances. This means that for gifted individuals, interactions with others are less relevant to personality development because the strength of the internal direction drives development toward a specific outcome, reducing the importance of external support and feedback. The impact of modern, postmodern and current periods on human personality and psycho-pathology and on the scientific conceptualisation of both is examined in the paper.

SEPARATING ANXIETY DISORDER IN ADULTS - A VALID DIAGNOSTIC CATEGORY OR SPECIFIC SOCIAL PHENOMENON

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Separation anxiety disorder is a diagnostic category that is included in the group of anxiety disorders (adults) within the DSM 5 classification system. Within the current DSM 5 classification, this disorder can be classified in adults regardless of first appearance, ie. and if his beginning is ascertained after the age of 18. Within the ICD 10 classification, separation anxiety disorder is in the group of disorders that occur in childhood and is not within the group of neurotic, stress-related and somatoform disorders (F40 – F48), ie. with other anxiety disorders. This disorder is characterized by intense anxiety, with its emotional, cognitive, and behavioral manifestations, occurring in situations of separation from significant figures, or loved ones, to whom the person is strongly emotionally attached. In adults, the objects of separation anxiety are, most often, emotional partners. In order to diagnose this disorder according to the DSM 5 classification system, it is necessary to meet the criteria for a person to exhibit strong and long-lasting anxiety, beyond developmental age, in situations of separation from those to whom he or she is attached - such as carer, members family and the like, which is manifested by the existence of some of the symptoms: stress in periods of separation, caring for people who are attached to them, avoiding separation and independence, complaints of somatic problems. An important thing in the treatment of patients with separation anxiety disorder is early detection and early initiation of treatment. In this way, the problem of separation is easier and more efficient, especially for children and young people. However, so far, no papers have been published that adequately addressed the problem of effective treatment of adult patients with separation anxiety disorder. It is therefore very difficult to make evidence-based therapeutic recommendations. Although studies of the prevalence and most significant psychopathological phenomena that characterize separation anxiety disorder in adults date back some twenty years (Manicavasagar, 1997), there is still little known about this disorder - its prevalence in the general and clinical population and are there any specific etiologically factors for the occurrence of this disorder, its relationship with other, especially anxiety disorders, its specific psychopathological features and other important characteristics. In addition, little (or none) is known about successful therapeutic approaches to treating adults with this disorder. Here are some outstanding questions that still do not have clear answers regarding the demarcation of “normality” and pathology: · Is a strong relationship between family members a consequence of specific cultural and social patterns or a pathological pattern that indicates separation anxiety? · Are the pain and suffering resulting from separation from loved ones after wars, natural disasters or other disasters “normal” / common / expected or are these psychopathological manifestations of separation anxiety? · What should the “normal” / usual / expected reactions that occur as a result of the loss of a loved one after death or divorce, without the psychopathological manifestations of separation anxiety, look like? In order

to clearly identify separation anxiety disorder as an unambiguous psychopathological category, it is necessary to answer these questions.

THE INFLUENCE OF PHYSICIAN RELIGIOSITY ON THEIR ATTITUDES TOWARDS EUTHANASIA

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Euthanasia as a medically assisted death of incurable patients with a high degree of suffering is a complex phenomenon that can be deliberated from a medical, ethical, philosophical, legal and religious point of view. This is one of the most controversial issues in the history of medicine and ethics. From the very beginning of the development of medicine and throughout history, this has been the most complex issue that has provoked conflicting views among physicians, patients and laity. The complexity of this subject can be explained by the fact that the countries with the most advanced medical care have regulated low of euthanasia in different ways. Doctors are especially involved and sensitized to the question of euthanasia, both because of their basic task of combating disease and extending life that may be considered contrary to another task of reducing pain and suffering. From this basic dilemma a more significant question of ethical doubt arises. All major religions are decisive and unconditional opponents of any taking of human life and even euthanasia. Although euthanasia is not formally mentioned in the scriptures on which religions are based, all generally agree that man's life is created by God and only God has the right to end human suffering. Even the most severe torment that is often the companion of illness and dying, is considered an integral part of life and sacrifice, that in the broader context of God's will, has its meaning. Physician religiosity influences attitudes about euthanasia. The aim of this paper is to examine what is the impact of religiosity on physicians' attitudes about euthanasia. A special questionnaire was designed and validated to examine various aspects of physicians' views on euthanasia. Survey results has shown that religiosity and attitude about euthanasia do not necessarily coincide and that, regardless of religiosity, physicians' ambivalence on this issue is expressed, which supports the complexity and the need for further study of this phenomenon.

DEPRESSION - THE ORTHODOX VIEW

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Depression is a common illness worldwide, with more than 264 million people affected and is a major cause of morbidity worldwide, as the epidemiology has shown. Lifetime prevalence estimates vary widely, from 3% in Japan to 17% in the United States. Numerous studies have found an inverse association between religiosity and depression. It has been shown that religion has significant implications for prevalence of depression as well as to diagnosis, treatment, outcomes and prevention. Religiosity is conceptualized as a protective factor against vulnerability for depression. Of note, the WHO has now included religion as a dimension of quality of life. Finally, neuroimaging studies have attempted to identify a neurobiological basis for religious experiences But long before scientific psychiatric observations regarding the origin of depression, the holy Fathers described this

mental illness very accurately and reliably, defining it by sinful passions of despondency and sorrow. The Holy Scriptures points that the source of all the maladies of mankind was the “fall” i.e. mental diseases is one of the manifestations of the general sinful distortion of human nature. Moreover, the holy Fathers distinguish the diseases evolved ‘by nature’, and afflictions caused by demonic impact, or as the consequence of passions that have enslaved the human being.” The spiritual roots of depression descend into egoism, pride, passions. Depression at its spiritual foundation is developed as a result of “passions of despondency and sorrow that have enslaved the human soul.” An attempt to summarize views of Orthodox Church on the depression is the purpose of this paper.

THE IMPACT OF COVID-19 PANDEMIC AND ASSOCIATED STRES, THROUGH THE DOMINANTLY USED DEFENSE MECHANISMS AGAINST THE OCCURRENCE OF PSYCHOPATHOLOGICAL SYMPTOMS AND MANIFESTATIONS IN PATIENTS WITH SKIN DISEASES

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Objectives: The completed research, was done with a purpose to determine the role of defense mechanisms use, in relation to the occurrence of psychopathological manifestations and symptoms in persons with diagnosed skin disease during covid -19 pandemic. **Methods:** Seventy respondents participated, by answering of questionnaires, on a base of a signed informed consent. **Results:** The obtained results indicate the existence of a relationship between the predominant use of certain defense mechanisms in the occurrence of a psychopathological symptomatology. The research supports the theory that the inadequate defense mechanisms are associated with more psychopathology, i.e. that the rigid use of a certain defense mechanism compared to the other defenses means, also - more psychopathology. The perception of the skin disease as the leading problem and stress induced by covid-19 pandemic, has indicated preoccupation with it and an occurrence of psychopathological symptomatology, as well as psychological manifestations. **Conclusion:** The conclusion that is imposed by itself, is that each individual maladaptive response to stress increases the vulnerability to development of a psychopathological manifestation and symptomatology.

SCREENING OF THE USE OF BENZODIAZEPINES DURING COVID-19 PANDEMIC IN THE GENERAL POPULATION

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Benzodiazepines have been commonly prescribed for the treatment of anxiety and insomnia in the last few decades. There has been a rising concern regarding safety of benzodiazepines due to overdose related deaths, addictions and cognitive side effects. COVID19 pandemic is expected to cause a mental health crisis. Several studies have shown an increase in anxiety and insomnia. The prescriptions of benzodiazepines could increase due to increase in anxiety and insomnia. The pandemic calls for a rapid adaptation of conventional medical practices to meet the evolving needs of such vulnerable patients. COVID-19 patients may frequently require treatment with psychotropic medications. This pandemic is leading to additional health problems such as stress, anxiety, depressive symptoms, insomnia, denial, anger and fear, globally

SYSTEMIC FAMILY THERAPY OF ALCOHOLISM: A MODEL APPROACH TO FAMILY CONFLICTS RESOLUTION

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Author discusses real potency of the systemic family therapy approach to correct family conflicts and stresses in alcoholism. The principal idea of the systemic approach is that alcoholism of one's family member is not a separate individual pathology. The alcoholic appears to be "indexed" bearer of deeper family dysfunction, or "conflict-maker" by the perception of the surrounding people. Drinking alcohol itself is accepted as specific transactional maneuver by which alcoholic establishes a control over family relations making stresses. All family members equally participate in both maintenance and developing of alcoholism playing transactional "games". From this point of view, the alcoholic's behavior and conflicts themselves are not seen to be the objects of a systemic family therapy, but the entire family system and "social network". The final goal of treatment is reconstruction of both inner family relations (communication, transaction) and living social environment relations ("Second Order Change"). Abstinence of alcohol ("First Order Change") is one of the unavoidable treatment stages only. These changes evidently reduce family conflicts on an effective and stabile way.

NEUROINFLAMMATION IN ALZHEIMER'S DISEASE-THE PATH TOWARDS TREATMENT AND PREVENTION

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For the last 30 years, the amyloid cascade hypothesis has had the leading role in explaining the complex pathogenesis of Alzheimer's disease (AD), the most common cause for dementia, threatening to become an epidemic of the 21st century. In the light of this hypothesis, amyloid has been given the central role as the Holy Grail in AD treatment research for years. Yet, witnessing repetitive clinical trials failures, one inevitably asks if amyloid has been the wrong target? After 18 years since the last AD therapeutic approval, FDA recently approved the first disease modifying treatment (DMT) for AD, aducanumab, a monoclonal antibody targeting amyloid beta, shadowed by controversies regarding its efficacy. This lecture aims to discuss The Innate Immune Protection Hypothesis which gives a new insight in AD pathogenesis. According to this hypothesis, amyloid beta has an important antimicrobial and neuroprotective role, and it is the neuroinflammation that leads to extensive neuronal death, which later clinicians identify as dementia. In the light of this hypothesis, having neuroinflammation as possible target for AD treatment and prevention, gives hope for developing future therapeutics and adopting lifestyle that combats chronic inflammation.

IMPULSE PROJECT - IMPLEMENTATION OF AN EFFECTIVE PSYCHOSOCIAL INTERVENTION FOR PATIENTS WITH SCHIZOPHRENIA IN SOUTH EASTERN EUROPE USING ICT TECHNOLOGY

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Psychotropic medications and community service delivery models have changed the face of psychiatric care with management of many mental illnesses in the community rather than in institutional settings. In SEE, 45% of people diagnosed with psychotic disorders do not receive sufficient psychosocial care for their condition. Usually the standard treatment of schizophrenia involves pharmacotherapy, with first and second generation of antipsychotic drugs. Family education and psychosocial interventions are rare. Through this presentation authors will share experiences in initiation and implementation of IMPULSE through application Dialog + . We will try to present advantages and challenges of implementation of ICT/digital tools in SEE. The IMPULSE project has been implemented in five LMIC countries in SEE, Bosnia & Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia, coordinated by QMUL (Queen Mary University of London, UK). It is a Horizon 2020, EC funded project, with duration of 3 years (April 2018 – April 2021) and gathered an international Consortium: 9 partners from 6 countries. It has been focused on SMI (severe mental health disorders), through interdisciplinary resource-oriented approaches utilising human relationships with: volunteers, social networks, families, groups and professionals. DIALOG+ is cluster randomised controlled trial which involves active participation of 40 clinicians with minimum of 5 patients receiving intervention (6-month intervention period) analysing DIALOG+ versus active control patients. Outcomes were assessed at baseline, 3 months, 6 months and 12 months using: Brief Psychiatric Rating Scale - BPRS 24 items, Sociodemographic and clinical information Manchester Short Assessment of Quality of Life - MANSA, The Client Satisfaction Questionnaire - CSQ-8, Brief Symptom Inventory – BSI, Client Service Receipt Inventory – CSRI, Recovering Quality of Life - ReQoL-10, EQ-5D-5L and Clinical Assessment Interview for Negative Symptoms – CAINS. Authors will discuss some of the results of implementation of Dialog +, concerning better quality of life, effects on lower levels of general symptoms and better objective social situation of patients with SMI, as well as cost savings which pointed that innovative methods and policies are needed, uniting psychological and physical health into a coordinated public health system, perceiving Mental Health as a Public Health Issue.

ETHICAL CHALLENGES IN TELEPSYCHIATRY

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Although various “tele” methods and modalities - those that allow provision of numerous aspects of psychiatric care at the distance, have been present for almost half of century, their application in fullest sense took time and place only recently - in a COVID-19 pandemic setting. Wide acceptance of such telepsychiatric methods and modalities and consequent a rather rapid transformation of the provision of mental health services allowed a more appropriate response to unprecedented threats. However, despite multiple benefits, and allegedly proven non-inferiority to traditional methods and modalities of service provision, use of “tele” and “digital” technologies as mediators (and somewhere even as moderators) of care comes with some inherent ethical challenges that need special consideration, even more, as these technologies are inevitable part of (post)modern epistemological landscapes. Most generally speaking, ethical and professional responsibilities of mental health professional do not change regardless of medium used. However, many of inherent ethical challenges in telepsychiatry are not under direct influence of those professionals, no matter how willing or capable they might be. In other words, more systemic response is needed, including all stake- or share-holders in those processes, on their both ends (that is, ones providing and ones receiving). Finally, telepsychiatry, as properly understood and used, can have meaning only when reliably incorporated in comprehensive mental health policy and organization directed towards continuity of care for all those in need.

EEG AND ML AS TOOL FOR DEPRESSION DETECTION

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Mario Cifrek, Domagoj Vidović
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Introduction: Depression is highly prevalent worldwide and associated with significant morbidity and mortality. Approximately 340 million people worldwide suffer from depression at any given time, leading to one of the major causes of disability. Despite the availability of effective psychological and pharmacologic treatments, depression recognition and treatment rates remain relatively low. To address the problem, the use of electroencephalography (EEG) was explored to find biomarkers that could serve either for diagnostic purposes or treatment prediction of affective disorders. **Aim:** In this study we compared the EEG recordings from patients previously diagnosed with major depressive disorder with ones from healthy individuals in order to create a classification model for depression, based on found biomarkers. For that purpose, 15 healthy individuals have been included and the EEGs of 149 patients diagnosed with affective disorders have been taken from the hospital archive. Given the fact that a larger number of subjects have previously been diagnosed with a psychiatric disorder, 15 subjects with a diagnosis of severe depression have been taken out and compared to 15 participants in the healthy control class. **Methods:** In this paper, the resting state part of EEGs were analyzed and processed. The raw EEGs have first been preprocessed using a passband filter from 0.1 to 40 Hz and afterwards artifacts were removed using specifically developed EEG software within Matlab. For each of the 19 EEG channels and 5 characteristic brain rhythms, 5 features have been extracted. This provided a total number of 475 extracted features then used to train the best binary classification model using various machine learning algorithms. Sequential feature selection was then used to identify the most significant subset of features for separating the two classes and a 5-fold cross-validation was done to identify the best algorithm based on classification accuracy and F1 score. **Summary of results:** the support vector machine model showed the highest classification accuracy, while the sequential feature selection identifies the relative power of beta rhythm on Fp1, the spectral centroid of the alpha rhythm on Fp2, the spectral centroid of the delta rhythm

on Cz, and the spectral centroid of the alpha rhythm on channel location Pz as the most significant features. Conclusion: the results of this study show that EEG recordings could be a viable candidate in further search for biomarkers in depression. Further research could also determine whether these findings can be generalized and used in larger dataset of EEGs outside of this one.

BENEFITS OF GROUP SUPPORTIVE PSYCHOTHERAPY IN TREATMENT OF SCHIZOPHRENIA

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Group Support psychotherapy is a psychodynamically oriented psychotherapy and can be used as adjunctive therapy to standard psychopharmaceutical therapy and other psychotherapeutical methods. Group psychotherapy for patients with psychosis creates opportunities for education about their disease and guidance to enable better use of adaptation mechanisms to cope with their long-term illness. The hypothesis of our study was that patients with schizophrenia treated with GSP and pharmacotherapy were less likely to be rehospitalized during the first 12 months after discharge than patients with schizophrenia treated with pharmacotherapy alone. To test this hypothesis, we conducted a unicentric, randomized controlled, non-blinded study at University Clinic for Psychiatry Vrapče. We included 120 patients in the study, and randomly allocated 60 of them into the group treated with GSP and standard pharmacotherapy, and 60 into the group treated only with pharmacotherapy. The target population consisted of hospitalized patients diagnosed with schizophrenia (MBK-10, F20), treated with second-generation antipsychotic maintenance therapy. The goals of group psychotherapy in hospital setting were to include patients in the therapeutic process during hospitalization and to motivate patients for better compliance after hospitalization, with emphasis on communication difficulties and reducing social isolation. The effect of GSP on less frequent rehospitalizations during the first 12 months was not confirmed, nor on quality of life three months after the end of the intervention. We did confirm the effects of GSP on reducing the severity of positive symptoms of schizophrenia, but adverse effects on negative psychotic symptoms, autistic symptoms and arousal symptoms.

THE ROLE OF SPIRITUALITY IN PALLIATIVE MEDICINE

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Spirituality in palliative medicine is important way of approaching the overall needs of patients. Half a century ago, the founder of modern hospice movement Cicely Saunders highlighted the importance of spiritual domain in palliative medicine, besides biological, psychological and social factors. She realized that in the treatment of patients in palliative medicine we needed not only better physical pain control but better overall patient-centered care. She coined the term „total pain“ because patients who need palliative medicine have physical, spiritual, psychological, and social pain that must be treated. Spirituality is very important in modern palliative medicine as an integral part, in which patients' spiritual beliefs and values are respected, they are treated with dignity and health care professionals are fully attentive to the suffering their patients encounter. Everyone in the interdisciplinary palliative team practices spiritual care, but the specifics of how it is delivered depend on the context and the professional's level of training. Health care professionals in palliative medicine must be aware of their own values, beliefs and attitudes and recognize how those viewpoints influence their understanding of life, health and illness. Therefore, they should be aware of what spiritual issues may be elicited in themselves in response to their patients with incurable and terminal illnesses. It is necessary to develop various educational programs at all levels in Croatia

about the spirituality in palliative medicine, according to the modern world medical practices. Education on spirituality as well as on communication skills in palliative medicine is very important for all members of the interdisciplinary team. Communicating with patients in palliative medicine about spiritual issues includes several key elements: responding to spiritual themes, recognizing spiritual clues and taking a formal spiritual history.



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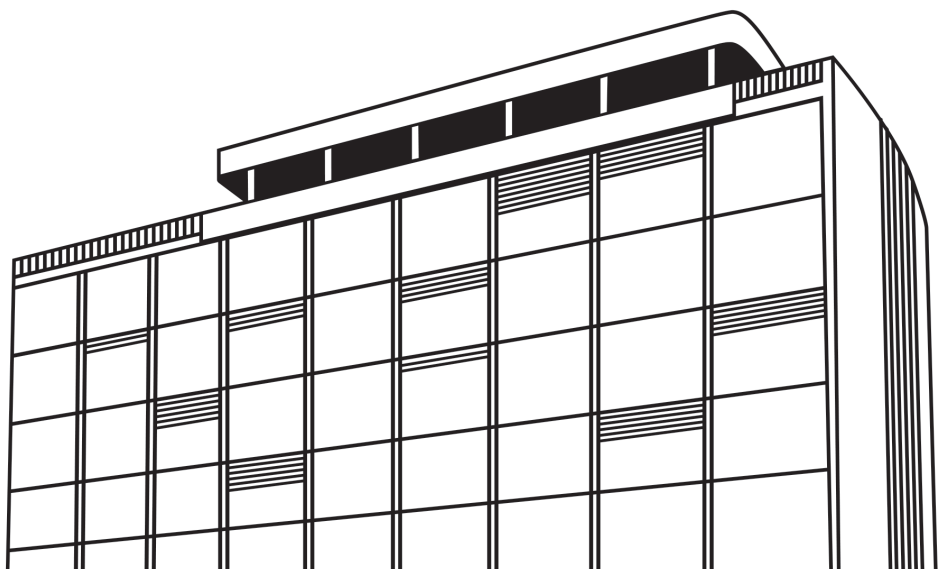
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