TOPIC 7

ISSUE: Affective and catatonic syndromes.

**Form monitoring performance:** auditory questioning, testing, a warning light of case studies)

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. Psychiatry, Korkina
5. Psychiatry and narcology, Ivanec
6. Digital information system of OrSMU
7. List of study elements
8. Emotion
9. Affect
10. Mood
11. Anxiety
12. Pathology of emotions
13. Euphoria
14. Hypertime
15. Faintheartedness
16. Emotional lability
17. Ambivalence
18. Dysphoria
19. Depressive syndromes
20. Subdepression
21. Masked depression
22. Reactive depression
23. Endogenous type of depression
24. Melancholy
25. Movement slowness
26. Slow thinking
27. Agitated depression
28. Restlessness
29. Maniacal syndrome
30. Accelerated thinking
31. Elevated mood
32. Motor excitation
33. Apathic and abulia syndrome
34. Apathy
35. Abulia
36. Catatonic syndromes
37. Catatonic excitation
38. Echolalia
39. Echopraxia
40. Stereotype
41. Impulsiveness
42. Torn thinking
43. Negativity
44. Hebephrenic excitation
45. Catatonic stupor
46. Immobility
47. Mutism
48. Catalepsy
49. Ambitendency
50. Preoperative control
51. Self-discipline

1-level TESTS:

Tests for identification

1. Is the reduced mood typical for apathy?
2. Is the depressive syndrome always accompanied with movement slowness?
3. Can catatonic syndrome flow without mutism?
4. Is it obligatory to have anxiety when having agitated depression?

Tests for distinction:

1. Symptoms of maniacal syndrome:
2. Accelerated thinking
3. Movement slowness
4. Impulsivity
5. Elevated mood
6. Symptoms of catatonic excitation:
7. Echolalia
8. Echopraxia
9. Impulsivity
10. Stereotypes
11. Mutism

Tests for classification:

Which symptoms are typical for each syndrome:

|  |  |
| --- | --- |
| 1. Depressive 2. Maniacal | 1. Cheerful mood 2. Slow thinking 3. Suicidal thoughts 4. Ideas of overestimation of personality 5. Sad mood 6. Elevated distraction 7. Psychotic anesthesia |

Tests of the second level

1. Insert the lost information:
2. When having apathy, you also have debility of……………………….
3. It’s obligatory to have………………. when having depressive syndrome
4. Constructive tests
5. Enumerate typical syndromes of catatonic stupor
6. Enumerate symptoms of catatonic excitation
7. Typical task (what syndrome does he have)

Patient 54 years old, housekeeper: last 7 month having increasing melancholy and fear. It was getting harder and harder to make her job and she lost appetite. She had thoughts about making a suicide. She has sad, stressful face and always afraid of the family. She is worried that in the near future something bad will happen to her and her family, she lost interest to everything, can’t do her job. Her son has a liver’s illness, he can die, and they will stay without funds as she doesn’t believe she’ll get well. She always asks the doctors to say that she’ll get well and thinks that they conceal a heavy illness from her. She is fussy, sometimes too excited, breaks her hands, rush about the room.

1. Operational part

Researching the patients with affective and catatonic syndromes.

1. The same task as in the 1-3 lessons
2. Ways and instructions for completing the task:
3. a plan of short psychotic status.
4. Instruction to researching the patients who can’t set a dialogue with.

Usual reactions:

1. Position: voluntary, passive, forced
2. Pose: comfortable, awkward
3. Gesture and motoric actions: negative, irritated
4. Whether patient keeps his position with passively upped hands
5. Face expression: thoughtful, lively, attentive, calm, careless, stupid, gloomy, sad.

Gestures: smile, tears, lively face

Eyes: opened, closed

Reaction to the instruction: to show the tongue, wave hands, get up, sit down

Muscle tone: relaxed, strained, increasing tension

Emotions: own emotions, emotions when talking about death, illness (necessary to note increasing of pulse etc.)

1. Post operational control
2. Self-discipline the same as 1-3 lessons
3. Teacher’s control the same as 1-3 lessons