Federal state budgetary educational institute of the higher education

 «Orenburg state medical university» of Ministry of Health of the Russian Federation»

**ASSESSMENTS FUND**

**For holding actual control of learning achievement and midterm**

 **Psychiarty, medical psychology**

majoring in (specialty)

**"General medicine"**

It is part of the main professional educational program of higher education majoring in (specialty) "General medicine",

approved by the Academic Council of the FSBEI HE ORSMU of the Ministry of Health of Russia

protocol № 8 from «25» march 2016

Orenburg

**Passport of assessment tools**

 The assessment fund for the discipline contains standard control and assessment materials for monitoring the progress of students, including monitoring the independent work of students, as well as for monitoring the learning outcomes formed in the process of studying the discipline at intermediate certification in the form of an exam.

Control and evaluation materials of the current control of progress are distributed by discipline topics and are accompanied by an indication of the control forms used and assessment criteria. Control and assessment materials for intermediate certification correspond to the form of intermediate certification in the discipline defined in the OBEP curriculum and are aimed at checking the formation of knowledge, skills and abilities for each competence established in the discipline's work program.

As a result of studying the discipline, the student develops the following competencies:

OK-1: the ability for abstract thinking, analysis, synthesis.

OPK-9: the ability to assess morphofunctional, physiological conditions and pathological processes in the human body for solving professional problems;

PC-11: readiness to participate in the provision of emergency medical care for conditions requiring urgent medical intervention;

PC-5: readiness to collect and analyze patient complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize a condition or establish the presence or absence of a disease

PC-6: the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision.

Evaluation materials for monitoring the progress of students.

Evaluation materials across the discipline.

Writing a complete clinical case history (Monitoring form - Monitoring the implementation of a practical task; checking case histories).

Final testing for the whole discipline. (Current control form - Testing)

An example of test items:

 Topic: 1. General psychopathology

Question N: 2

 Specify the signs characteristic of pseudo-hallucinations

 In 1.0 min. choose all correct answers:

-9 1. are perceived as real objects

 3 2. are designed "in the interior"

 3.accompanied by the feeling of "made-up"

 3.Perceived as special phenomena, different from real

 Topic: 2. Symptomatic psychoses

 Question N: 3

 For endocrine psychosyndrome, it is typical:

 In 1.0 min. choose all correct answers:

 3.Disorder of drives

 2.Mood disorder

-4 3.dementia

-5 4. delusional ideas

 3 5.plants

 Topic: 3. Psychopathy, oligophrenia

 Question N: 3

 What forms of oligophrenia are based on chromosomal genetic abnormalities?

In 1.0 min. choose all correct answers:

-4 1.kretinism

 4 2.phenylketonuria

 5 3.Klinefelter's disease

-5 4.oligophrenia due to Rh incompatibility

**Evaluation materials for each topic of the discipline**

**Topic 1** Psychology of the patient. IPD. The concept of neuroses, psychosomatic diseases.

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

**Evaluation materials for monitoring progress**

1. ***List of training elements*** *(auditory survey):*

I of. List of training elements:

1. Internal picture of the disease (IPD).
2. Components of the IPD.
3. Painful.
4. Emotional.
5. Component of volition.
6. Informational.
7. Conditionality of the IPD.
8. The nature of the disease.
9. Personality. (Philosophy, General Psychopathology.)
10. Age.
11. Character. (General Psychopathology)
12. Temperament. (General Psychopathology)
13. Scale of values, (General Psychopathology)
14. The social status of the patient.
15. The healthcare professional as a patient.
16. Types of attitudes towards illness:
17. Harmonious.
18. Anxious.
19. Hypochondriacal
20. Melancholic.
21. Apathic.
22. Neurasthenic.
23. Obsessive - phobic.
24. Sensitive.
25. Egocentric.
26. Euphoric.
27. Anosognostic.
28. Ergopathic.
29. Paranoid.
30. Psychological protection.
31. Crowding out.
32. Rationalization.
33. Projection.
34. Identification.
35. Sublimation.
36. Regression.
37. Compensation.
38. Overcompensation.
39. Coping - behavior (coping mechanisms).
40. Psychosomatic relationships.
41. Psychophysiological concepts. (normal physiology)
42. Cortico – visceral theory. (normal physiology)
43. Stress
44. Psycho-dynamical concepts.
45. Conversion.
46. Alexithymia.
47. Psychosomatic manifestations.
48. Psychosomatic reactions.
49. Conversion syndromes.
50. Functional syndromes (neurotic dysfunctions of internal organs).
51. Psychosomatosis (psychosomatic diseases).
52. Bronchial asthma.
53. Hypertonic disease.
54. Ischemic heart disease and myocardial infarction.
55. Peptic ulcer and duodenal ulcers.
56. Diabetes.
57. Ulcerative colitis and Crohn's disease.
58. Rheumatoid arthritis.
59. Neurodermatitis and other skin diseases.
60. Mental reactions to somatic diseases.
61. Principles of the treatment of psychosomatic diseases.
62. The principle of an individualized approach to therapy.
63. The principle of combination therapy.
64. Prevention of ischemic heart disease and myocardial infarction.
65. The concept of neurosis.
66. Intrapersonal psychological conflict (PC)
67. Neurasthenic PC.
68. Hysterical PC.
69. Psychasthenia-type PC.
70. The main neurotic manifestations:
71. Psychopathological.
72. Somatic.
73. Vegetative.
74. Psychology of a surgical patient.
75. Psychology of an oncological patient.
76. Psychology of relations mother - child - doctor.

*2. A* ***set of tasks for independent execution in preparation for a practical lesson***

(testing, to control the implementation of a practical task)

**Level I tests**

*a) identification tests*

1. Which of these elements are the components of the IPD: simulative, painful, hypochondriacal, emotional, component of volition, informational, personal?
2. Is repression a psychological defense mechanism?
3. What neurosis is characterized by a conflict between the abilities of the individual, on the one hand, and her aspirations and exaggerated demands on herself, on the other.
4. Is bronchial asthma a psychosomatic disease?
5. Is “Type B” behavior typical for patients with coronary artery disease?

*b) tests for difference*

1. Point out the differences between coping mechanisms and psychological defense.

2. Factors causing IPD:

a. patient age

b. drugs taken

e. patient character

f level of claims

c) tests for classification

3. Indicate for which of the following types of attitudes towards the disease is characteristic:

a. denial of the thought of illness

b. Fixation on painful experiences

c. indifference to one's fate

d. a sober assessment of your condition

4. Differences between neurotic disorders of the functions of internal organs from psychosomatic diseases. Give the real differences of turn-downs.

5. Indicate the signs of alexithymia:

a. poverty of fantasy

b. fantasizing

c. difficulty distinguishing between feelings and bodily sensations

d. ignoring empathic relationships

e. ease of emotional communication

Indicate for which of the following neuroses are characteristic:

1) Hysterical neurosis emotional lability

2 Neurosis of obsessive states of irritability

3) Neurasthenia astasia-abasia

                                                                     mutism

                                                                     seizure

                                                                    AIDS-phobia

                                                                     carcinophobia

                                                                     rituals

                                                                     hyperesthesia

                                                                     asthenic syndrome

*Level II tests*

*a) tests for the "stand"*

1. Repression, rationalization, identification are mechanisms of \_\_\_\_

2. The most adaptive type of IPD \_\_\_\_\_\_

3. The cause of neurosis is \_\_\_\_\_

4. Conversion symptoms are characteristic of \_\_\_\_\_

5. The inability of the patient to explain his condition is called \_\_\_\_\_\_\_

*b) constructive tests*

1. List the types of attitudes towards the disease

2. List the types of psychological defense

3. Name the features of behavior characteristic of "behavioral type A"

4. List the main psychodynamic concepts of psychosomatic illness.

*c) typical task*

1. You have been invited to the ward, where there are patients with gastrointestinal tract pathology. After one of the patients undergoes an instrumental examination associated with the introduction of a rubber tube into the stomach and his stories about how unpleasant it is, the entire ward refuses this examination. Your actions.

2.Patient R., 48 years old, workers and. By nature, capricious, her moral. In difficult life situations, he shows shyness, not decisiveness. After the only son left for the army, she was left alone. Since that time, he has been continuously treated by different doctors. In the hospital, he lies in bed most of the time. The expression on the face is suffering. At the sight of a doctor, he begins to groan, moan, hold his head with his hands, cry. Complains of pain in the region of the heart. Objectively, violations of the cardiovascular system are not detected. How do you assess the patient's condition? What kind of intrapersonal conflict can we talk about? Can we talk about the presence of a psychosomatic illness, or is it more likely a neurotic disorder of the functions of internal organs?

**3. Study of temperament, level of neuroticism and direction of response in students using Eysenck's psychological questionnaire under the supervision of a teacher** (Control form: control of the implementation of a practical task)

*The algorithm for performing the Eysenck test is presented in the guidelines for independent work of students.*

**Topic 2** Psychology of a medical worker. Deontology.

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

**Evaluation materials for monitoring progress**

1. **List of training elements (auditory questioning)**

1.Personality of the healthcare professional

a) intellectual qualities (mind, attention, intuition)

b) emotional qualities (empathy, neutrality)

c) volitional qualities (directiveness, non-directiveness)

2. Relationship medical worker and patient.

3.Transfer (transfer).

4. Contra-transfer (countertransference).

5. Empathy.

6. Formation of optimal contact.

7. "Mental ventilation".

8. Gifts and bribes.

9. Relationship between medical nurse and patient.

10.Types of medical nurses.

11. Stages of establishing a relationship.

12. Methods of dialogue.

13. Professional mental deformation.

14. Medical secrecy.

15. Iatrogenic diseases (medical nurse-associated diseases).

16. Sources of iatrogenic.

17. Specific situation.

18. Personality medical worker. (1)

19. Personality of the patient. (1)

20. Placebo effect.

21. Medical environment as a therapeutic factor.

22. Polyclinic, hospital.

23. Hospitalization.

24. Examination, manipulation.

25. Reporting the diagnosis.

26. Extract.

27. Relationship between patients.

28. Hospitalism.

29. Relationship with the patient's relatives and visitors.

30. Forms of professional development.

31. Balint's group.

1. ***A set of tasks for self-fulfillment in preparation for a practical lesson***

(Form of control: testing a warning light of case studies)

**Level I tests**

Level I tests

*a) identification tests*

1. Is the placebo effect used in the treatment of patients?

2. Does empathy contribute to better understanding between doctor and patient?

3. Do the phenomena of hospitalism facilitate the patient's treatment?

*b) tests for differences*

1. Differences between transference and contra-transference.

2. Differences between the medical conference and the Balint group.

*Level II tests*

*a) tests for the "stand"*

1. Medical nurse-associated diseases are \_\_\_\_\_\_\_

2. Professional deformation characterized by \_\_\_\_\_\_

*b) constructive tests*

1. List the types of medical sisters.

2. List the sources of iatrogenic diseases.

*c) typical tasks*

1. When the analysis of the specific case in Balint groups is, some of the participants are trying to clarify the features of family relations in speaker family. Should continue the data discussion?

2. An elderly patient with a hip fracture was admitted to the department. The sister, reporting about her to the doctor, in the presence of the patient ends her speech with the words: "The last such case was with us five years ago, poor aunt N. died, on the same bed." The patient, hearing these words, begins to cry, protests against everything in fear, including the transfer to the surgical department. What he heard increased the patient's depression, her inactivity, depression. Your actions are not mediocre in this situation; in the future?

1. **Study of temperament, level of neuroticism and direction of response in students using Eysenck's psychological questionnaire under the supervision of a teacher** (Control form: control over the implementation of a practical task)

*The algorithm for performing the Eysenck test is presented in the guidelines for independent work of students.*

**Topic 3** Socio-psychological aspects of rehabilitation of patients. The psychology of family relationships. The concept of psychotherapy, psychoprophylaxis, psychohygiene.

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

**Evaluation materials for monitoring progress**

1. **List of training elements (auditory questioning)**

1. Social psychology.

2. Large social group.

3. Small social group.

4. Formal group.

5. Informal group.

6. Social status.

7. Social role.

8. Social perception.

9. Rehabilitation.

10. Rehabilitation program.

11. Occupational therapy.

12. Family is the smallest social group.

13. Crisis periods of the family.

14. Role status of the family.

15. Field of communication of the patient.

16. Conditional guardian

17. Complete family of their own.

18. Incomplete family.

19. Couples matrimonial.

20. Mixed.

21. New.

22. Genealogical.

23. Factors of relations.

24. Positive emotional.

25. Factors of volition.

26. Rationalistic.

27. Integration (cohesion) of the family.

28. Conflict.

29. Types of family relationships.

30. Harmonious family,

31. Disharmonious.

32. Emotional alienation.

33. Opposition.

34. Ostracism.

35. Mutual dissociation.

36. Types of wrong parenting.

37.  Hypoprotection.

38. Dominant hyperprotection.

39. Conniving hyperprotection.

40. Education in the atmosphere of the cult of the disease.

41. Emotional rejection.

42. Abusive relationships.

43. Increased moral responsibility.

44. Contradictory education.

45. Methods for the study of family relationships.

46. Psychohygiene.

47. Psychoprophylaxis.

48. Primary prevention.

4 9. Secondary prevention.

5 0. Tertiary prevention.

51. Psychogenic diseases.

52. Neuroses.

53. Psychosomatic diseases.

54. Psychotherapy (PT.)

55. Rational PT.

56. Suggestive direction of PT.

57. Hypnosis.

58. Autogenic training.

59. Dynamic direction.

60. Psychoanalysis.

61. Personally - oriented PT.

62. Behavioral direction PT.

63. Group PT.

64. Family PT.

65. Humanistic direction of PT

1. ***A set of tasks for self-fulfillment in preparation for a practical lesson***

(Form of control: testing a warning light of case studies)

**Level I tests**

*a) identification tests*

1.Can professional groups (doctors, medics, metallurgists, etc.) be classified as small social groups?

2.Can a patient ward be considered a small social group?

3. Is the department head a formal leader?

4. Are the first year of marriage, pregnancy and the birth of the first child, marriage of adult children and their separation from the family a crisis moment?

5. Can a family be close-knit if there are no strong emotional ties between relatives and no coincidence of value orientations, in particular, views on the distribution of responsibilities?

6. Is the element of suggestion mandatory for hypnotherapy?

7. Does dynamic PT characterize the focus on the patient's life history?

*b) tests for difference*

1. Indicate the signs typical for a small group:

and. a small number of people (from 2-3 to 45-50)

6. constant contact of group members with each other

in. a large number of people who are not in contact with each other

2. Indicate the signs of positive emotional factors in the relationship:

and. fear of public condemnation

b. love

in. compassion

affection

e. sympathy

3. Point out the differences between personality-oriented and behavioral PT.

4. Indicate the signs characteristic of familial PT.

*c) tests for classification*

1.Specify which groups (large, small, formal, informal) are characterized by:

a) a small group, the members of which are united by common activities and are in constant contact

b) a large group of people whose members do not contact each other

c) spontaneously formed groups based on close personal relationships and constant contacts

d) groups functioning in accordance with predetermined (usually officially fixed) goals, regulations, instructions, charters.

2. Indicate which families (harmonious or disharmonious) are characterized by: low status of the patient, rationalistic attitude of relatives towards him, tension and conflicts, disintegration, high status of the patient, positive emotional factors of relations, cohesion, absence of conflicts.

3.Specify what signs are typical for primary and tertiary prevention:

a) protecting the health of future generations

b) prevention of disability in chronic diseases

c) readaptation measures

d) supportive care

e) study of hereditary diseases

f) marriage hygiene

*Level II tests*

a) *Substitution tests (insert missing ones):*

1.Rehabilitation is \_\_\_\_\_\_

2. For relationships such as emotional alienation is characterized by \_\_\_\_\_

3. Behavioral therapy is \_\_\_\_\_

4. Freud is the founder of \_\_\_\_\_\_

5. Family psychotherapy is used for the purpose of \_\_\_\_\_\_\_\_

*b) constructive tests:*

1. List the types of disharmonious relationships

2. List the types of wrong parenting

3. List the methods of behavioral therapy.

4. List the phases of group therapy.

*c) typical task*

1. Name the type of education: Andrey G., 15 years old. He grew up in an intelligent family ruled by his grandmother. She was always her idol, she spoiled him from childhood, indulged him in everything, bought fashionable clothes, gave him pocket money secretly from her parents, admired his drawings. He began to read early, loved to recite poetry in front of spectators, peers, preferred the company of his grandmother's friends who adored him. In the lower grades he was an excellent student, then he studied unevenly, mathematics was difficult. After a conflict with classmates (he misled them by talking about his relationship with the diplomat, the deception was soon revealed) he poisoned himself at home - he took (according to him) some pills, was hospitalized.

2. In front of you is a 15-year-old girl with pronounced hysterical traits of character, who has a sensitivity disorder of the "stockings" and "gloves" type. Which psychotherapy method will you choose to correct these disorders?

1. **Under the guidance of the teacher, work is carried out with the test "Type of attitude towards the disease" (clinical test technique aimed at diagnosing the type of attitude towards the disease) (Control form: control of the implementation of a practical task)**

*The test execution algorithm is presented in the methodological instruction for independent work of students.*

TOPIC 4

ISSUE: Disorders of senses and perceptions: Cenesthopathy, illusions, hallucinations, psychosensory disorders.

**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. Educational tables:

Table 1 “Differences between perceptions and conceptions”

|  |  |
| --- | --- |
| Perception | Conception |
| Is projected to the outside world | Belongs to subjective inner world |
| Doesn’t exist without object | Doesn’t depend on object |
| Appears in case of existence of irritant |  |
| Perhaps difference between separate parts | Summary, less distinct |

Table 2 “Differences between true hallucinations and pseudo- hallucinations”

|  |  |
| --- | --- |
| true hallucinations | pseudo- hallucinations |
| Is perceived as true phenomenon | Is perceived as special phenomenon |
| Is projected to the ambient space | Is projected to the body, head, thoughts |
| Be accompanied by anxiety “feeling of made by something” | Not to be accompanied by anxiety “feeling of made by something” |
| Close to perceptions | Close to conceptions |

1. List of study elements
2. Stages of sensory cognition
3. Sense
4. Perception
5. Conception
6. Cenesthopathy
7. Pathology of perceptions
8. Illusions
9. Physical
10. Affective
11. Visual illusions
12. Hallucinations
13. Truth hallucinations
14. Pseudo-hallucinations
15. Functional hallucinations
16. Hypnagogic hallucinations
17. Auditory hallucinations
18. Acoasm
19. Phonemes
20. Imperative hallucinations
21. Commenting hallucinations
22. Threating hallucinations
23. Syndrome of hallucinosis
24. Verbal
25. Visual
26. Tactile
27. Distorted perception of shape, size etc. (Metamorphopsia)
28. Macropsia
29. Micropsia
30. Dismegalopsy
31. Disorders of body scheme
32. Preoperative control
33. Self-discipline

1-level TESTS:

1. Tests for identification
2. Is sequential plot of heard voices typical for phonemes?
3. Can true hallucinations be accompanied by anxiety “feeling of made by something”?
4. Is existence of long-term hallucinations typical for syndrome of hallucinosis?
5. Can shapes or proportions be distorted by having micropsia?

1. Tests for distinction
2. Which signs are typical for hallucinations?
3. Are perceived as real objects
4. Are projected to the inner space
5. Are accompanied by anxiety of “feeling of made by something”
6. Are perceived as special phenomenon
7. Which signs are typical for true hallucinations?
8. Close to conceptions
9. Perceived as true phenomenon
10. Are projected to the outside world
11. Close to perceptions
12. Tests for classification

|  |  |
| --- | --- |
| 1. Hallucinosis
2. Metamorphopsia
 | 1. Perception without object
2. Distorted perception of real object
3. Long-term hallucinations
 |

2-level TESTS

1. Insert the lost information:

It is typical for dysmegalopsia ……………………………………………

1. Constructive tests
2. Enumerate all types of illusions
3. Enumerate all types of hallucinogenic disorders
4. Typical task

What psychopathological syndrome does patient have?

Smith, 35 years old. He tells the right date; he understands that he is in psychiatry hospital. In the anamnesis is said that he systematically misuses of alcohol. Says that 2 days ago after long-term drunkenness he heard his friends’ voices. One of them called him drunkard and threatened with punishment. The second tried to protect him, was proving that he was a good man. He heard voices clear and knew who were there. He wanted to interfere and went outside but there was nobody. Then unfamiliar voice started to threaten him with killing. He fled to his neighbors and they called ambulance. Now he doesn’t hear voices but he is sure that it was real.

1. Teacher’s control: a survey of students
2. Operational part

A study of patients with disorders of perception and analysis

1. Task: making analysis with definition of symptoms and syndromes
2. Instructions for completing the task.
3. Plan of mental status

Orientation in time and in place. Availability (joins the conversation or not). Speed of physical reactions. Gesture and motor functions: liveliness, variability, adequacy of gesture, expression, plasticity, agility, pose. Signs of excitation and slow response. Speech: vocal modulations, expression. Thinking: coherence, speed, sequence. Behavior, degree of activity. Accuracy in food and clothes. Self-discipline. Prevailing mood, its stability, reactions to other patients’ behavior, to research.

The deceptions of perceptions (hallucinations, illusions, psychosensory disorders), its report about it. In that report must be said what patient sees, how often, at what time. Patient’s attitude to hallucinogenic experience. Painful (obsessive) thoughts, its characterization. At what time they appear, how patient motivates it (logicality, degree of conviction), what’s their influence on patient’s behavior. Attention, memory, judgment, criticism. Attention during conversation, completeness of life information in the past, knowledge, judgement about others (when it’s possible to have deviation of memory and thinking abilities patient must be examined). For doing so you should use instructions of lesson 3.

1. Conclusion
2. List of syndromes
3. Definition of syndromes
4. Clear signature of a student and number of the group
5. Operational and after operational control
6. Self-discipline
7. Checking and self-checking each other during making and discussing mental status between the groups
8. Collective checking the results of the task

Teacher’s control – during control the activity of students in making mental status and ruling collective discussions.

TOPIC 5

ISSUE: Delusion. Overvalued ideas. Intrusive conditions.

**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. Educational tables:

Table 1 “Types of delusion” in depending on plot:

|  |  |
| --- | --- |
| 1. Expansive
 | Delusion of majesty (richness, talent, invention) |
| 1. Depressive
 | Self-accusation, accusation, impoverishment, self-destruction |
| 1. Persecute
 | Pursue, attitude, poisoning, impact, harm, jealousy  |

Table 2 “Types of delusion” in depending on:

|  |  |
| --- | --- |
| 1. Inner structure
 | Systematic, unsystematic |
| 1. Source
 | Acute, chronic  |

Table 3 “Stages of development of delusion syndrome”:

|  |  |
| --- | --- |
| 1. Overvalued idea
 | Is conditioned with real circumstances which dominate in mind |
| 1. Paranoiac syndrome
 | Isolated, systematic delusion, without hallucinations  |
| 1. Paranoid syndrome
 | Not fully systematic, with hallucinations |
| 1. Paraphrenic syndrome
 | Fantastic delusion of majesty, pursue, hallucination |

1. List of study elements
2. Overvalued ideas
3. Delusional ideas
4. Structure of delirious ideas
5. Systematic delirious ideas
6. Unsystematic delirious ideas
7. Content of delirious ideas
8. Expansive delirious ideas
9. Depressive delirious ideas
10. Hypochondriac delirious ideas
11. Ideas of pursue
12. Ideas of influence
13. Ideas of harm
14. Ideas of jealousy
15. Delusional syndromes
16. Paranoiac
17. Paranoid
18. Paraphrenic
19. Syndrome psychotic automatism (Kandinsky–Clérambault syndrome)
20. Associative syndrome
21. Cenesthopathy automatism
22. Kinesthetic automatism
23. Pseudo-hallucinations
24. Capgra’s syndrome
25. Cotard’s delusion syndrome
26. Dysmorphophobia delusion
27. Instructive conditions
28. Instructive thoughts
29. Instructive fears
30. Instructive actions
31. Preoperative control
32. Self-discipline

1-level TESTS:

Tests for identification

1. Is that delirious to have wrong judgement based on the painful soil and which can’t be fixed?
2. Is that typical for syndrome of psychotic automatism to have delusion of influence?
3. If you have intrusive thoughts do you keep critical attitude to those thoughts?
4. Does it happen to have hallucinations with paranoiac syndrome?
5. Is that typical for paranoid syndrome to have combination of delusion of majesty with delusion of pursue?

Tests for distinction:

1. Symptoms of intrusive condition:
2. Persistence, insuperability
3. Contradiction to patient’s volition
4. Absence of criticism
5. Symptoms of Cotard's delusion syndrome:
6. Sad mood
7. Delusion of influence
8. Nihilistic delusion
9. Symptoms of paraphrenic syndrome:
10. Delusion of majesty
11. Delusion of pursue
12. Monothematic delusion
13. Hallucinations

Tests for classification:

Which symptoms are typical for each syndrome:

|  |  |
| --- | --- |
| 1. Kandinsky–Clérambault syndrome’s syndrome
2. Paranoiac syndrome
 | 1. Pseudo-hallucinations
2. Associative automatism
3. Cenesthopathy automatism
4. Systematic delusion
5. Monothematic delusion
6. Delusion of influence
 |

Tests of the second level

1. Insert the lost information:
2. Persistence, appearance of different thoughts, criticism to it are typical to………………………………………………….
3. Pseudo-hallucinations, delusion of influence are typical to……………….
4. Constructive tests
5. Enumerate typical syndromes of delirious ideas
6. Enumerate symptoms of Kotar’s syndrome
7. Enumerate symptoms of intrusive conditions
8. Enumerate symptoms paranoid syndrome
9. Typical task (what syndrome does he have)

Patient 33years old, sick: one year before entering the psychiatry hospital: thoughts confused, heard the voice inside of his head. He understood that he is under someone’s influence because his head is always under the pressure. He said that someone made some pushes on his chest. After he saw his stepfather’s eyes, he got that all his stepfather did: through his stepfather ex-president Kennedy listen to his thoughts. To stop this, he left for Yakutia but he noticed that his stepfather was influencing on him (making sing, pressing on the head). He decided he would die if doesn’t stop him. He returned and killed him. He was found insane and was sent to hospital.

1. Operational part
2. The same task as in the 1-3 lessons
3. Ways and instructions for completing the task: a plan of short psychotic status.
4. Post operational control
5. Self-discipline the same as 1-3 lessons

Teacher’s control the same as 1-3 lessons

TOPIC 6

ISSUE: Disorders of memory. Dementia

**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. Educational tables:

Table 1 “Stages of cognition”:

|  |  |
| --- | --- |
| Rational thinking | ConclusionJudgmentConcept |
| Sensory contemplation | SubmissionPerceptionSensation |

Table 2 “Characteristics of memory and its pathology”:

|  |  |
| --- | --- |
| 1. Direct remembering (sensibility)
 | Fixation amnesiaAnterograde amnesiaKorsakov’s syndrome |
| 1. Reproduction
 | Retrograde amnesia  |
| 1. Retention
 | Progressive amnesiaAmnesty dementia |

Table 3 “Thinking”:

|  |  |
| --- | --- |
| Thought. Sequence and temp combination of submissions (associative process) | Thinking abilitiesAbility to judge and concludeCriticism (ability and self-assessment) |

1. List of study elements
2. Memory
3. Functions of memory
4. Fixations
5. Retentions
6. Reproductions
7. Types of memory
8. Short term memory
9. Long term memory
10. Disorders of memory
11. Para amnesia
12. Confabulations
13. Fantastic confabulations
14. Replacing confabulations
15. Pseudo-reminiscence
16. Amnesias
17. Anterograde amnesias
18. Retrograde amnesias
19. Fixation amnesia
20. Progressive amnesia
21. Korsakov’s syndrome
22. Thinking
23. Pathology of thinking
24. Concretely figurative level of thinking
25. Concretely primitive level of thinking
26. Disorders of criticism
27. Disorders of thought
28. Accelerated thinking
29. Inhibit thinking
30. Torn thinking
31. Incoherent thinking
32. Pathologic circumstance
33. Logic-chopping
34. Dementia
35. Oligophrenia
36. Moronity
37. Imbecility
38. Idiocy
39. Dementia
40. Lacunar type of dementia
41. Atherosclerotic dementia
42. Global type of dementia
43. Senile type of dementia
44. Progressive and paralytic dementia
45. Epileptic dementia
46. Asemia type of dementia
47. Preoperative control
48. Self-discipline

1-level TESTS:

Tests for identification

1. Is the reproduction of past experience one of the characteristics of memory?
2. Is the developing devastation of memory one of the characteristics of retrograde amnesia?
3. Is it typical for Korsakov’s syndrome to have fixation amnesia?
4. Disorders of criticism prevail by having lacunar dementia?
5. Is disorder of grammatic structure of sentence the characteristic of accelerated thinking?
6. Is that typical for lacunar dementia to have a disorder of memory?
7. Is that typical for senile dementia to have circumstantial dementia?
8. Is that typical to have disorders of memory for schizophrenic dementia?

Tests for distinction:

1. Symptoms of Korsakov’s syndrome:
2. Progressive amnesia
3. Anterograde amnesia
4. Hypermnesic
5. Symptoms of lacunar syndrome:
6. Weakness of judgment
7. Reduction of memory
8. Absence of memory
9. Reduction of generalization
10. Symptoms of epileptic dementia:
11. Concretion of thinking
12. Reduction of using vocabulary
13. Circumstantial thinking
14. Progressive amnesia
15. Torn thinking
16. Diminutive words
17. Symptoms of progressive and paralytic dementia:
18. Lacunar type of dementia
19. Absence of criticism
20. Euphoria
21. Delusion of majesty
22. Incoherence of thinking

Tests for classification:

1. Which symptoms are typical for each syndrome:

|  |  |
| --- | --- |
| 1. Korsakov’s syndrome
2. Global dementia
 | 1. Absence of orientation in time and place
2. Weakness of judgment
3. Absence of criticism
4. Fixation amnesia
5. Confabulations
6. Concretely primitive level of thinking
 |

1. Which symptoms are typical for each syndrome:

|  |  |
| --- | --- |
| 1. Atherosclerotic dementia
2. Senile dementia
 | 1. Dementia
2. Absence of criticism
3. Callousness
4. Rude disorders of behavior
5. Progressive amnesia
6. “Life in the past”
7. Reduction of abstraction
 |

Tests of the second level

1. Insert the lost information:
2. Fixation amnesia is characterized with………………………………….
3. progressive amnesia is characterized with…………………………….
4. Para amnesias are divided on……………………………………………
5. Pathological circumstance is important for………………………….
6. Absence of …………… typical for global dementia.
7. Constructive tests
8. Enumerate typical symptoms of Korsakov’s syndrome
9. Enumerate symptoms of lacunar dementia
10. Enumerate types of disorders of memory
11. Enumerate symptoms of oligophrenia.
12. Typical task (what syndrome does he have)

Patient 63years old, sick: can’t say the data, can’t find his place in the hospital room. He’s easy to talk. He says his surname, name, the date of world war 2 right. He is able to generalize homogeneous things (chair, table, bed – furniture). Proverb “don’t sit on someone else’s sleigh” explains as “don’t do others’ job”. Name and surname that he was told to remember can’t say in several minutes.

1. Typical task (what syndrome does he have)

Patient 69 years old: for last year had some headaches and dizziness. Had an irritability, insomnia and she started to get tired of home work. Sometimes she forgets the familiar’s names and where she put some things. It’s difficult for her to remember new facts and say some historical dates. She writes her doctor’s name on the paper not to forget it. When she starts to talk about her past, she confuses events, and notices that she is wrong and gets sad. She counts orally right but sometimes makes mistakes and corrects herself. At sequential subtraction from 100 at first, she did it right but then started making mistakes. She doesn’t understand the sense of proverbs. She gets that her ability to memorize got lower. She’s worried about it and asks if it can be healed. At reminding about daughter and grandchildren tears show but after change of theme of conversation gets calm. She is genial and amiable.

In neurological condition – the smoothness of the left nasolabial fold, on the right – little debility of the hand and foot, reflexes of knee and Achill is upper than normal, seldom – the staggering when walking

On the roentgenography of the chest – increasing the size of left ventricle, seal of the aorta, increasing transparency of lungs, the deafness of tones of heart.

1. Operational part

Research of the patients with disorders of memory, different types of dementia.

1. The same task as in the 1-2 lessons
2. Ways and instructions for completing the task:
* a plan of short psychotic status.
* Ways of researching attention, memory, thinking

Attention:

1. Observation when having conversation must help to know whether patient can to concentrate or not
2. Sequential subtraction from 100 with 7 or 13
3. Enumerating days of week in reverse

Memory:

1. Checking the information about what he was doing during the day
2. Remembering some easy numbers and words (not less 5) and it must be asked in a minute, 10 minutes, an hour.
3. Listening easy story with its telling after listening. For example: A BAD GUARD. Mice ate all lard in one vault. And housekeeper decided to put there a cat. Then the cat ate lard, meat and milk. SMART JACKDAW. A jackdaw wanted to drink. There was a jug in the yard but water was on the bottom and the jackdaw couldn’t get it. She started throwing stones to the jug and water rose.
4. Memory about what had already happened, about historical events, about personal life. confabulations in telling show by the leading questions: “What happened here yesterday?”, “Where were you yesterday?”, “Where did you go?”, “Who was met by you?”.

Thinking:

Besides it’s necessary do observe of the patient’s behavior in the hospital, during conversation. The sense of tact, understanding the situation, ability to behave in a new environment are taken into account. At all cases cultural level of patient and level of knowledge are taken into attention.

1. Patient’s words about others, environment are necessary for estimation of the easiest judgments. It’s getting clear the reasons of the patients’ actions, ability to make a plan of actions when doing usual job, for example: to tell how to cook, to count how many products is enough for making a dinner for one family.
2. Ability to judge more difficult, to think abstractly are being researched with trials on generalization the homogeneous terminus (table, chair, couch), delimitation of terminus (theft and borrow, river and lake); delimitation of more different terminus when having a heavy dementia (car and horse, fish and boat); understanding the meaning of the proverbs, jokes etc., ability to use it.

It’s getting clear when researching the criticism:

1. Patient’s attitude to illness – whether he considers himself ill, what his problem is, how he makes it.
2. Attitude to life’s changes: his opinion about his thinking abilities, disorders of memory, speech, attitude to shortcomings. Ability to see own mistakes or mistakes of others are registered too.
3. Patient’s criticism to his attitude: to notice patient’s reactions to their own wrong actions, patient’s understanding the attitude to them from others such as indelicacy, swagger.
4. Post operational control
5. Self-discipline the same as 1 lesson

Teacher’s control the same as 1 lesson

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

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

TOPIC 8

ISSUE: Violation of consciousness, insulin shock and electro convulsive therapy. Seminar.

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

Inclusion insulin shock and electro convulsive therapy in the clarity mind lesson defines that there are few patients having disorders of consciousness and as this syndrome is short term violation of consciousness, which appeared after special medical procedures. It will be advisable practically to be introduced with the basis of methods of curation which are used widely in psychotic illness therapy.

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. Psychiatry, Korkina
5. Psychiatry and narcology, Ivanec
6. Digital information system of OrSMU

1. List of study elements
2. Consciousness
3. Criterions of clarity of mind
4. Orientation
5. Psychotic contact
6. Making thinking operations
7. Adequate perception of environment
8. Anterograde amnesia
9. Clarity of mind violations
10. Unproductive clarity mind violation
11. Stupor
12. Dizziness
13. Somnolence
14. Sopor
15. Coma
16. Productive forms of clarity mind violations
17. Delirium
18. Oneiric
19. Amentia
20. Twilight condition
21. Ambulatory automatism
22. Trans
23. Fugue
24. Epileptic

Plan of the seminar:

The place of insulin shock and electro convulsive therapy in modern therapy. Physiological and therapeutic mechanism of influence (pathogenetic essence of methods). Technic of therapy, term of therapy. Difficulties in therapy, ways to get rid of difficulties.

1. Preoperative control
2. Self-discipline

1-level TESTS:

Tests for identification

1. Is disorientation in place and time enough for ascertaining the consciousness violation?
2. Is the false orientation a symptom of delirium?
3. Is it typical for amentia to have incoherence of thinking?
4. Is it typical for trans to shut down consciousness for a moment without spasm?

Tests for distinction:

1. Symptoms of sopor:
2. Lack of contact with a patient
3. Visual hallucinations
4. Disorientation in time and place
5. Movement excitation
6. Immobility
7. Symptoms of delirium:
8. Double orientation in place
9. False orientation in place
10. Visual hallucinations
11. Incoherence of thinking
12. Movement excitation

Tests for classification:

Which symptoms are typical for each syndrome:

|  |  |
| --- | --- |
| 1. Oneiric
2. delirium
 | 1. double orientation
2. false orientation
3. true visual hallucinations
4. visual pseudo hallucinations
5. discrepancy of behavior with hallucinogenic trials
 |

Tests of the second level

1. Insert the lost information:
2. Incoherence of speech and chaotic excitation is typical for…………….
3. Sharp beginning with deep disorientation, automatic actions, aggression, next amnesia is typical for……………………………………………..
4. Lack of orientation, immobility, drowsiness are typical for…………..
5. Constructive tests
6. Enumerate symptoms of unproductive forms mind violations
7. Enumerate criterions of clarity of consciousness
8. Typical task (what syndrome does he have)

Patient 39 years old: he says his name and surname, time, month and year right. There is fear on his face, he always looks about, shakes off smth from the body. He says that he is in a workshop and cuttings fall on him. He answers the questions inconsistently: unexpectedly gets silent and makes some movements – explains that he carries the boxes.

1. Operational part

Researching different stages of stupor during insulin shock and electro convulsive therapy and patients with psychotic forms of consciousness violation.

1. The same task as in the 1-4 lessons
2. Ways and instructions for completing the task: a plan of short psychotic status.
3. Post operational control
4. Self-discipline the same as 1-4 lessons
5. Teacher’s control the same as 1-4 lessons

**PARTICULAR PSYCHIATRY**

Topic 1

ISSUE: THE MOST IMPORTANT PSYCHOPATHOLOGICAL SYNDROMES

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. Psychiatry, Korkina

NOMENCLATURE OF THE MOST IMPORTANT PSYCHOSOMATIC SYNDROMES

You need to go by this list based on more accepted terminus to avoid random names. It helps to understand the diagnosis right and monosemantic. Here are more typical syndromes. It’s advisable to give more specified terminus near the symptom for full understanding.

1. Amnestic (Korsakov’s syndrome)
2. Apathic syndrome
3. Asthenic syndrome (cerebrate)
4. Delusional syndrome (paranoiac, paranoid and paraphrenic syndromes)
5. Delirium
6. Oneiroid
7. Kaprga’s syndrome
8. Hallucinatory syndrome (acute and chronic hallucinosis)
9. Gebefrenia
10. Depersonalization
11. Depressive syndrome
12. Kotar’s syndrome
13. Hypochondriac
14. Hysteric
15. Catatonic
16. Confabulatory
17. Maniacal
18. Obsessive thoughts
19. Violations of mind clarity (somnolence, sopor, coma, amentia)
20. Psychoorganic syndrome
21. Dementia
22. Oligophrenia
23. Pathologic attractions
24. Psychotic automatism
25. Psychopathic
26. Psychosensory disorders
27. Dementia. Amnestic, euphoric, asemia, epilepthic, schizophrenic, dementia. Oligophrenia

THE MOST IMPORTANT MIXED PSYCHOPATHOLOGIC SYNDROMES.

1. ASTHENIC SYNDROMES
2. Asthenic and adynamic
3. Asthenic and depressive
4. Asthenic and dysphoric
5. Asthenic and hypochondriac
6. Asthenic and phobic
7. Depressive syndromes
8. Agitated depression
9. Depressive and hypochondriac
10. Depressive and paranoid
11. Neurotic depression
12. Anxious and depressive
13. Catatonic syndromes
14. Catatonia and amentia
15. Catatonic and hebephrenic
16. Catatonic and paranoid
17. Apathic and aboulic
18. Hallucinatory and paranoid syndrome

1. Operational part

Ambulatory research and patient’s description with one of the nosological form.

1. Making ambulatory history of the patient. Determination of the syndrome and conjectural nosological diagnosis.
2. Ways and instructions for completing the task:

The scheme of short ambulatory history of the illness

1. Surname, name
2. Age
3. Main anamnesis data
4. Main neurologic and somatic status
5. Short psychotic status
6. Syndromic diagnosis
7. Presumptive diagnosis of the illness
8. Researches necessary for closing the diagnosis

Plan of full history of illness and grounding the diagnosis

1. Passport data
2. Objective and subjective anamnesis
3. Family anamnesis

Information about the nearest relatives, who is missing or unknown where they are, patient’s children. Psychotic deviations and illnesses: paroxysms, weirdness of the character, suicides, alcoholism, vascular affections, endocrine and exchange violations.

1. Anamnesis of life

Early childhood. Parents’ age at the moment of birth, how parturition was going. Developing of the child. When started to walk and speak. Childhood illnesses, its flowing and consequences. Night incontinence of urine, night fear, nervousness, paroxysm.

School period. Beginning of the study, progress, perseverance. Interest to study. Difficulties in study and its reasons.

Sexual sphere. Time of sexual maturity, neurologic and psychotic deviations in puberty period. Sexual attraction, connections, sexual deviations. For women – time of menstruation, its regularity. Pregnancy, aborts. Climax and its flowing.

Characteristic of the personality before illness. Activity, equilibrity, patience. Tendency to affections and nervous breakdown, prevailing mood, its oscillations. Communication, prevailing interests. Family life. When entered to marriage, relations in family.

Army service. Getting used to army conditions, conflicts, discipline violations.

Professional anamnesis. Start of work activity. Job changes and its reasons. Conflict at work. Satisfaction with work. Professional insularity.

External insalubrity and its influence on nervous system. Transferred infections: psychotic violations in sharp period. Intoxications, drinking alcohol, from what time and how much. Characteristic of drunkenness. Hangover and next psychotic violations and expressions. Psychotic injuries.

1. Anamnesis of illness.

Painful cases in the past. First appearances of the illness: headaches, dizziness, insomnia, low work ability, irritability, low interests, change of tendencies, restraint, change of mood, weird actions and expressions, delirium etc.

Flowing of illness before going to the hospital.

1. True condition. Direct reason and circumstances of going to the hospital.
2. Short somatic and neurological data

Deviations in somatic and neurological status and laboratory researches.

1. Psychotic status
2. Grounding the diagnosis
3. Enumerating of physical and psychotic symptoms
4. Syndromic diagnosis
5. Estimating the flowing of the illness
6. Ethology of the illness
7. Conjectural diagnosis of the illness (with naming the reasons of those symptoms)
8. Differential diagnosis: Clinique features which deviate from typical features of the illness but similar with other illnesses’ features.
9. Final diagnosis
10. Healing (exact number and order of procedures, medicines)

1. Post operational control

The teacher checks the research and ambulatory history of illness

METHODIC INSTRUCTIONS FOR STUDENTS

Weak conjectural preparedness in psychiatry, newness of the subject make it limited for students to study and research so there are some questions which are necessary to ask for full understanding.

Tasks on the psychiatry cathedra:

1. Instilling skill in-depth clinic analysis and generalization of the stuff
2. Teaching the elements of casuistic description and studying of the patients
3. Skill in matching own researches with modern scientific literature data

For achieving it they practice:

1. Competition in making ambulatory history of the illness
2. Clinic and practical development of the patients’ data and results of healing on some nosology forms.
3. Making the 4-5 page abstracts on the most important issues

The students who make their job excellent, study well and always go to the classes can be free from taking the exam with a permission of commission.

SCIENTIFIC AND PRACTICAL ISSUES:

1. Clinic and statistical analysis on one of these issues (schizophrenia, alcoholism, epilepsy) in one of the district departments of psychiatry hospital №1
2. Effectiveness of insulin therapy by having schizophrenia
3. Effectiveness of neuroleptics by having schizophrenia
4. Effectiveness of anti-depressants
5. Continuation of remission
6. Continuation of remission when having chronic alcoholism and being healed by different methods

ABSTRACT ISSUES FOR PSYCHIATRY:

1. Types of schizophrenia flowings
2. Features of initial period when having schizophrenia
3. Healing of schizophrenia
4. Beginning forms of alcoholism
5. Psychologic and social reasons of alcoholism appearance
6. Methods of sanitary and educative work in fight with alcoholism
7. Healing of alcoholism
8. Forms of psychotic violations when having Atherosclerosis of brain vessels
9. Psychotic features of old man
10. Reasons of neurosis appearance
11. Systematic of neurotic condition
12. Healing of neurosis
13. Importance of microsocial conditions in forming of psychopathy
14. Modern tranquilisations
15. Self-discipline the same as 1-4 lessons

Teacher’s control the same as 1-4 lessons

Topic 2

ISSUE: MENTAL DISORDERS IN SOMATIC, ENDOCRINE, INFECTIOUS DISEASES

.

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. Psychiatry, Korkina
5. Psychiatry and narcology, Ivanec
6. List of study elements
7. SOMATOGENIC DISORDERS OF PSYCHE
8. GENERAL INFECTIONS
9. Neuroinfections
10. Somatogenic and infectious asthenia
11. EXOGENOUS TYPE OF REACTION
12. Delirium
13. Oneyroid
14. Amentia
15. Twilight state
16. ENDOFORM SYNDROMES
17. Hallucinosis
18. The hallucinatory-paranoid syndrome
19. Depressive syndrome
20. Maniacal syndrome
21. COURSE OF ENDOFORM SYNDROME
22. Acute
23. Chronic
24. Recurrent
25. ORGANIC SYNDROME
26. Psychopathic.
27. Korsakovsky
28. Psycho-organic
29. Dementia
30. SYPHILYTIC DAMAGE OF THE CNS
31. BRAIN SYPHILIS
32. Clinical forms
33. Apoplectic form
34. Epileptiform
35. Hallucinatory-paranoid
36. Congenital syphilis of the brain
37. Treatment of syphilis of the brain
38. PROGRESSIVE PALSY
39. The dement form
40. Expansive form
41. Neurological manifestations
42. Serological changes
43. Treatment of progressive paralysis
44. MENTAL DISORDERS IN HIV INFECTION
45. The initial period
46. The late period
47. "AIDS-related dementia syndrome"
48. HIV-phobia
49. MENTAL VIOLATIONS IN ENDOCRINOPATHIES
50. Psycho-endocrine syndrome
51. Mental disorders in hyperthyroidism
52. Mental disorders in hypothyroidism
53. Mental disorders in acromegaly

1. Preoperative control
2. Self-discipline

1-level TESTS:

Tests for identification

1. Is the disorder of consciousness characteristic for acute infectious psychoses?

2. Is that typical for psycho-endocrine syndrome disorder of attraction?

3. Is the asthenic syndrome characteristic for somatogenic diseases?

4. Are euphoria and non-criticism characteristic for paralytic dementia?

5. Does the psychoorganic syndrome belong to acute conditions?

Tests for distinction:

1. Indicate the signs characteristic of progressive palsy:

A) global dementia, b) delusion of majesty c) Wassermann's negative reaction to cerebrospinal fluid, d) a critical attitude towards one's own insolvency.

2. Indicate the characteristics characteristic of the psycho-endocrine syndrome:

A) thirst; B) hunger; C) affective disorders; D) delusion of persecution;

E) pseudo-hallucination; (F) Unspontaneous.

Tests for classification:

Which symptoms are typical for each syndrome:

|  |  |
| --- | --- |
| 1. Paralytic dementia
2. Infectious asthenia
3. Somatogenic delirium
 | 1. Euphoria
2. Weakness
3. Uncriticality
4. Tearfulness
5. Irritability
6. Decreased judgments
7. Fatigability
8. Visual hallucinations
9. False orientation
 |

Tests of the second level

1. Insert the lost information:
2. Psychoorganic syndrome is observed with………………………...
3. Amentia occurs with infection in people with sign of……………………
4. The ridiculous delusion of greatness is typical for………………………

1. Constructive tests
2. Enumerate syndromes which are characteristics of organic dementia
3. Syndromes of chronical infectious psychotic disorders
4. Indicate the characteristic signs of acute infectious psychoses
5. List the psychopathological symptoms of myxedema
6. List the syndromes of mental disorders in long-term severe somatic diseases

1. Typical task (To put a syndrome and nosological diagnosis, to make a differential diagnosis, to prescribe the missing examination and treatment)

Patient 47 years old. He does not know his parents. He was brought up in an orphanage. By nature, since childhood, he was mobile, sociable. He graduated from 8 classes and college. At age 22, he had an intimate relationship with an unfamiliar woman, sometime later a small ulcer appeared on the penis, was treated anonymously, self-sufficient. Returning home, he worked as a high-quality locksmith. He is married since 26 years old, has 2 children. The younger son is mentally retarded, the eldest daughter is healthy. Alcohol uses moderately. For 6 - 7 months before hospitalization, it became difficult to read drawings that had previously analyzed with ease. He produced unnecessary details at work. He became frivolous, suggestible, boastful. On the road from work he went to the shops and bought candies for all available money, he eat them myself, gave them to unknown children. He spent his free time in games with children, was fond of playing games, seriously fought with them, and resented them. Children in mockery asked him to dance, bark like a dog, he gladly did it. He was placed in a psychiatric hospital after he approached a stranger at a railway station, took a suitcase from her and hurried off with him. He was detained by a policeman, whom he said he was joking. Euphoric, smile does not come off the face. Aimlessly wanders around the compartment, coming up to one or another group of patients. In communication he enters willingly, with a familiar doctor, turns to "you", ridiculously. Cannot get the current date, in place and self-oriented correctly. It names different types of machine tools, plumbing equipment, but cannot explain their purpose. He does not understand the difference between stinginess and frugality; he cannot generalize a group of such items as a table, a cabinet, a chair, a sofa. The account within two dozen makes with errors. He considers himself perfectly healthy, efficient, believes that he can occupy the position of the shop manager, the plant's director.
Neurologically: weakening the reaction of pupils to light, to convergence is much more alive, miosis, the right pupil is already left. Knee reflexes are not caused, achilles are reduced, abdominal absent, blurred speech, uneven handwriting. In Romberg's pose – swaying. At somatic examination of the expressed pathology from internal: bodies it is not revealed.

Third-level tests

Atypical task (differential diagnosis):

Patient M., 34 years old, character living, sociable, energetic. Menstruation started at the age of 14, the first years were regular. From the age of 22 during the menstrual bleeding occurred. From the same time, her hair began to grow intensively on the upper lip and chin. Married at 18, did not become pregnant. From the age of 25 quickly became tired, there was an unstable mood, at times became without cause suppressed or unusually cheerful. Against the background of gaiety sharply increased appetite, sometimes suddenly wanted unbearably herring or some other food. At times, there was an irresistible desire to satisfy the sexual need, at this time entered into a random relationship.

Poorly tolerated fluctuations in air temperature, became very chilly and sensitive to heat. Gradually, the mood swings intensified, became sharply pronounced. Sometimes for 2-4 weeks was excited, talkative, active, irritable and angry. There was a sad mood of the same duration, whole: lying in bed for days, not talking to anyone. Repeatedly treated in the psychiatric hospital, under the influence of treatment with psychopharmacological preparations, the mood quickly equalizes. Outside of psychotic conditions, she behaves correctly, she works, but worries about increased fatigue, she easily exhausts

Somatic: increased nutrition, expressed secondary male sexual characteristics: a mustache, a beard.

When is diagnosed by Stein-Lievental syndrome (polycystic ovary changes).

1. Operational part
2. Curation of the patient
3. Understanding of the patient’s history.
4. Post operational control

It is carried out in the process of analysing the patient's medical history, as well as the final check of the medical history of the patient.

Topic 3

ISSUE: ALCOHOLISM, ALCOHOLIC PSYCHOZES. DRUG ADDICTION. TOXICOMANIA

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. Psychiatry, Korkina
5. Psychiatry and narcology, Ivanec
6. List of study elements

1. ALCOHOLISM

2. DEVELOPMENT OF ALCOHOLISM

3. THE PRE-CLINICAL PERIOD

4. The disappearance of physiological tolerance

5. Forming a habit

6. FIRST STAGE (mental dependence)

7. Mental dependence

8. Loss of quantitative control

9. Loss of protective emetic reflex

10. Increased tolerance

11. Palimpsests of intoxication

12. Asthenic syndrome

13. SECOND STAGE (physical dependence)

14. Compulsive attraction

15. Physical dependence

16. Abstinence syndrome

17. Amnestic intoxication

18. Explosive intoxication

19. Change in tolerance

20. Drunken drunkenness

21. Emotional-volitional violations

22. THIRD STAGE (alcoholic degradation)

23. Decreased tolerance

24. Alcohol degradation

25. Organic change of mind

26. ALCOHOLIC PSYCHOSES

27. Alcoholic delirium

28. Alcoholic Hallucinosis

29. Acute alcoholic hallucinosis

30. Chronic alcoholic hallucinosis

31. Alcoholic Paranoid

32. Alcoholic delusion of jealousy

33. Korsakov's psychosis

34. Alcoholic pseudo-paralysis

35. TOXICOMANIA

36. Types of substance abuse

37. DRUG ADDICTION

38. TYPES OF DRUG ABUSE

39. Opium addiction

40. Hashishism

41. Cocaine intoxication

42. Barbituromania

43. PSYCHIOSIS IN DRUGS AND TOXICOMANIUM

44. TREATMENT OF ALCOHOLISM. DRUG ADDICTION, TOXICOMANIA

45. LEGAL QUESTIONS OF NARCOLOGY

46. ​​ORGANIZATION OF NARCOTIC ASSISTANCE

1. Preoperative control
2. Self-discipline

Tests for identification

1. Does the hangover syndrome have a major role in the diagnosis of chronic alcoholism?

2. Is memory impairment an indispensable sign of alcoholic degradation?

3. Can verbal hallucinations be observed in alcoholic hallucinosis?

4. Is drunkenness a sign of the initial stage of alcoholism?

Tests for distinction:

1. Indicate the characteristic signs of alcoholic delirium:

A) fear, anxiety

B) false orientation

C) visual hallucinations

D) euphoria

E) subsequent amnesia

2. Indicate the symptoms of Korsakov's psychosis:

A) polyneuritis

B) visual hallucinations

C) fixative amnesia

D) confabulation

E) excitation

Tests for classification:

Which symptoms are typical for each syndrome:

|  |  |
| --- | --- |
| 1. Alcoholic delirium
2. Alcoholic Paranoid

  | 1. Correct orientation in time and place
2. false orientation
3. visual hallucinations
4. auditory hallucinations
5. excitation

  |

Tests of the second level

1. Insert the lost information:
2. Chronic alcoholism is diagnosed when………………………………….
3. Alcohol abstinence syndrome is characterized by………………………
4. Constructive tests

1. What are the signs of alcoholic personality degradation?

2. Indicate the main forms of alcoholic psychosis

1. Typical task (To put a syndrome and nosological diagnosis)

Patient 40 years old, sick: Has been drinking alcohol for 15 years. The last 6 years, drunk, from the same time, drinking lasting up to a week. Often uses surrogates. Amnesia is noted. Two days after the drinking bout, He began to experience fear, insomnia for 6 days, and saw "some strange animals" with closed eyes. The night before entering the hospital did not sleep, shook off spiders, cockroaches, chasing rats. He heard the drinking companions' voices outside the window, which offered him a drink, listened with curiosity to them. At the time of admission to the hospital incorrectly called the number, said that he was in prison. At somatic examination expressed tremor of hands, hyperemia of the face, body temperature 37.8 ° С

Third-level tests

Atypical task (To put a syndrome and nosological diagnosis, to make a differential diagnosis, to prescribe the missing examination and treatment):

Patient X., 50 years old, painter.
Parents died when he was 2 years old, he was raised in a strange family. He went to school at the age of 7, graduated from 7 classes, studied well. At the age of 19 he was drafted into the army, was bruised, after which his hearing deteriorated. By nature was sociable, "the soul of society," cheerful, quick-tempered, jealous, self-centered. From the age of 16 began to drink, at first occasionally, then more often. From the age of 17 he drank 0.5-0.75 liters of vodka daily. He also drank cologne. By the age of 30 began to get drunk. From the same time he began to get drunk from small quantities of alcohol. He is married since he was 22 years old. Relations with his wife for the first 3-4 years were good, then quarrels began. His wife scolded him for drunkenness, many times he was going to leave him, but he promised every time that he would not drink any more, asked for forgiveness. Became increasingly selfish, indifferent to the interests of the family, callous. About 4 years ago he began to notice that his wife often leaves home, that she is worse to him. If, after coming home from work, did not find her at home, persistently inquired where she was. He suspected that she was cheating on him, watching her. There were quarrels, the wife cried, the patient saw in this confirmation of his suspicions. Once in the yard he saw my wife talking animatedly with men from their house. Later he saw that a neighbor (70 years old) came to their dacha to them. All this ultimately convinced him that his wife was unfaithful to him. He demanded confessions, saw evidence of infidelity in the fact that the bed in the evening was not filled the same way as in the morning, saw suspicious stains on his wife's underwear. According to the patient, the wife managed to get out of the room without opening the door, so she made special notes on the doors and windows. During the quarrels that arose almost every day, he threatened his wife with violence. Once he beat her, was prosecuted for it. In the hospital, he is friendly, sociable enough, considers the placement in the hospital unfair, accuses his wife of this, considers her hypocritical. He had long collected evidence of her infidelity: it used to be that the house smells of cigarettes, although both do not smoke, at a party, at the evenings the wife often left in another room after some man. He intend to divorce her after discharge from the hospital, because she does not want to tolerate her "ugly" behavior any more, she can "corrupt his son". Memory, thinking abilities are not violated. He is interested in reading.

Topic 4

ISSUE: MENTAL DISORDERS IN CRANIAL-BRAIN INJURIES. EPILEPSY. OLIGOPHRENIA.

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. Psychiatry, Korkina
5. Psychiatry and narcology, Ivanec
6. List of study elements

1) MENTAL DISORDERS AFTER INJURY OF THE SKULL

1. TRAUMATIC BRAIN INJURY

2. CLOSE-HEAD TRAUMATIC BRAIN INJURY

3. PENETRATING-HEAD TRAUMATIC BRAIN INJURY

4. TYPES OF CLOSE-HEAD INJURY

5. Commotion

6. Contusion

7. Barotrauma

8. PERIODS OF TRAUMATIC DAMAGE

9. THE INITIAL PERIOD

10. Traumatic coma

11. ACUTE PERIOD

12. Traumatic psychosis

13. Traumatic delirium

14. Maniacal state

15. Twilight state

16. Syndrome of non-spontaneous condition

17. Euphoric-non-critical syndrome

18. The Korsakov’s syndrome

19. DELAYED PERIOD

20. Traumatic cerebrasthenia

21. Traumatic encephalopathy (psycho-organic syndrome)

22. Explosive type

23. Euphoric type

24. Apathetic type

25. Traumatic dementia

26. Traumatic epilepsy

2) EPILEPSY

1. GENUINE EPILEPSY

2. EPILEPTIC SYMPTOMS

3. SEIZURES

4. Aura

5. Large convulsive seizure

6. Small convulsive seizure

7. Abortive seizure

8. Epileptic status

9. TEMPORARY DISORDERS OF PSYCHICS

10. Disorders of consciousness

11. Absence seizure

12. Twilight condition

13. Fugue

14. Trance

15. Sleepwalking

16. Mood disorders

17. Dysphoria

18. Ecstasy

19. PERMANENT VIOLATIONS OF PSYCHICS

20. Dementia

21. Memory loss

22. Weakening of judgments

23. Thoroughness of Thinking

24. Oligophasia

25. Changes in personality

3) OLIGOPHRENIA

1. OLIGOPHRENIA

2. FORMS OF OLIGOPHRENIA

3. ENDOGENOUS

4. Down's disease

5. Klinefelter disease

6. Shereshevsky-Turner disease

7. Consequences of gene mutations

8. Phenylketonuria

9. Galactosemia

10. EXOGENOUS

11. Infectious

12. Rubeolar embryopathy

13. In connection with toxoplasmosis

14. In connection with childhood infections

15. In connection with asphyxiation

16. In connection with birth trauma

17. Atypical

18. Because of Rh-incompatibility

19. Cretinism

20. Microcephaly

21. Congenital myxedema

21. DEGREES OF OLIGOPHRENIA

22. Deformity

23. Imbecility

24. Idiocy

25. Treatment of oligophrenia

26. Training in oligophrenia

27. Employment of oligophrenics

28. DELAY OF THE MENTAL DEVELOPMENT TEMP

29. Psychic infantilism

30. Pedagogical neglect

31. In connection with sensory deprivation

1. Preoperative control
2. Self-discipline

Tests for identification

1. Is there aphasia after commotion?

2. Are syndromes of impaired consciousness characteristic for an acute period of trauma?

3. Is it possible to develop the Korsakov syndrome several years after the trauma?

4. Is frequent repetition of large seizures with clarification of consciousness in the interictal period a sign of an epileptic status?

5. Is the subsequent amnesia typical for the twilight condition?

6. Does epilepsy always have personality changes and dementia?

7. Does Down's disease belong to the endogenous form of oligophrenia?

8. Is it possible to teach skills to an idiot?

Tests for distinction:

1. What syndromes are typical for an acute period of trauma?

A) delirium

B) Korsakov's syndrome

C) epileptic seizures

D) Traumatic encephalopathy

2.What syndromes are typical for traumatic cerebral trauma?

A) fatigue

B) euphoria

C) irritability

D) reduction of criticism

3.What syndromes are typical for an acute period of trauma?

A) stunning

B) delirium

C) sopor

D) maniacal agitation

4. What forms of oligophrenia are based on chromosomal-genetic abnormalities:

A) cretinism; B) phenylketonuria; C) Klinefelter's disease;

D) oligophrenia in connection with Rh-incompatibility

Tests for classification:

Which symptoms are typical for each syndrome:

a)

|  |  |
| --- | --- |
| 1. Dysphoria
2. Twilight Consciousness Disorder

  | 1. Wistful mood
2. the thoroughness of thinking
3. egocentrism
4. automatic actions
5. disorientation
6. subsequent amnesia

  |

1.

|  |  |
| --- | --- |
| 1. Traumatic coma
2. Traumatic epilepsy
3. Traumatic encephalopathy
 | 1. Absence of reflexes
2. headaches
3. irritability
4. an abundance of negative symptoms
5. delirium
6. hallucinations
7. convulsive seizures
8. memory impairments
9. retrograde amnesia
10. fatigue
11. breathing disorder
12. vestibular disorders
13. paralysis, paresis, decreased mental capacity.
 |

1. Which symptoms are typical for each syndrome:

|  |  |
| --- | --- |
| 1. Down's disease
2. Phenylketonuria
 | 1. Blonde hair and skin
2. blue eyes
3. epicanthus
4. tongue with deep furrows
5. rare small teeth
 |

Tests of the second level

1. Insert the lost information:
2. An angry, melancholy mood is typical for ........................................
3. Oligophasia, pathological thoroughness are typical for ......................
4. For emotional changes in a epilepsy patient are typical............ ..
5. Korsakov's syndrome occurs in the period of traumatic illness of..........

b) Constructive tests

1. List the symptoms:

A) traumatic dementia

B) traumatic epilepsy

C) posttraumatic periodic psychosis

2. List the characteristic features:

A) epileptic dementia

B) epileptic change in character

C) epileptic ecstasy

3.

1. Enumerate the syndromes of Klinefelter's disease.

2. Enumerate the signs of psycho asthenia.

3. Enumerate the signs of hysterical psychopathy

1. Typical task (To put a syndrome and nosological diagnosis)

a) Patient 19 years old, sick: His father died of a somatic illness, suffered from chronic alcoholism, drank booze. The mother is alive, healthy, temperamental, kind-hearted. Was born on time. According to the mother, in the early childhood the patient was sluggish, sleepy. Only by the age of three began to walk and talk. He was ill with measles, scarlet fever, he suffered from nocturnal enuresis until the age of 17. He started school at the age of 7. Two years he studied in the first class, but could not master the program. He was transferred to a secondary school, with difficulty graduated from 6 classes. He worked at the construction site as a handyman, sometimes helped in the household. He could not get a job, He recently worked as a mechanic's apprentice, he copes with his duties with difficulty, does his part-time work. With peers does not get along, offends the weak, can not stand for himself, at the same time easily falls under someone else's influence.

Cannot call the current year, confuses the month, does not know how many months in a year, confuses their names. Cannot tell how many days in a week, the verbal account produces with errors: 2 + 3 in the answer 6, 6 + 8 in the answer 8, 8 + 2 in the answer 7. Reads by syllables, slowly. He says the polysyllabic words incorrectly. He only writes in block letters. After the doctor twice read to him the fable "The Fox and the Crane", could not convey its contents, did not understand the meaning, could not list the sides of the world, only Moscow and St. Petersburg knew from the cities, but the Russian capital could not. He does not show interest in anything, wanders around without secession, laughs a lot, sometimes flips through the magazine, looks at the pictures. In response to a request to tell what is depicted on them, lists the individual items and characters: "girl, chair, apple, aunt, uncle." In the neurological state - a convergent coagulation, a flattening of the left nasolabial fold. In the somatic state, no deviations were detected.

b) Patient 60 years old, farmer:
Two months ago, in a condition of intoxication, got under the car, bruised his head. For 2 days he was out of consciousness, after leaving the frustrated mind, he was troubled by severe headaches, general weakness, poorly oriented in the situation, did not find the way to the room, confused the names of relatives. In a psychiatric hospital, he called wrong the month and year. He does not remember when he entered the hospital. He does not find his bed. He remembers that he was at the front, well remembers childhood and adolescence. However, he cannot say whether he has promised today. Makes mistakes in the account (3x12 = 30, 24), immediately agrees that he made a mistake, but does not give the correct answer. When asked what vegetables he knows, he answered: "Different happen", what general word can be called carrots, cabbage, potatoes - "This is a productive food." During the conversation, he complains of a headache, asks him to let him go, says that he wants to lie down, refuses to carry out assignments, exposes himself to fatigue. Good-natured and talkative.
He keeps familiar with a doctor, untied. He describes what awaits his wife, they will go with her to the forestry for firewood, the other time is going to go look for the cow: "Whatever you take from the yard."

In the neurological condition: when walking he staggers, the left nasolabial fold is smoothed, the positive symptom is Marinescu and the proboscis reflex. A sharp headache, dizziness. With a slight physical effort, his face turns red, covered with sweat.

In the cerebrospinal fluid, cytosis, in 1 cm3 protein - 0.33%. Wasserman's reaction in the blood and liquor is negative. After a year, the condition improved somewhat: disorientation decreased, headache, dizziness, less error in the score.

Third-level tests

Atypical task (To put a syndrome and nosological diagnosis, to make a differential diagnosis, to prescribe the missing examination and treatment):

Patient M.,21 years old, locksmith. He had previously had an inflammation of the middle ear, frequent angina. Since 12 years he has headaches, appearing in the afternoon, every 2-3 months. At the age of 10-12 years 2 or 3 times there was bed-wetting.

At the age of 16 suddenly circles of uncertain color appeared before his eyes. Then he lost consciousness, fell. From the words of relatives who observed the attack, first turned his head to the left, fell to the left side. There were slight clone convulsions in the right side of the face, muscles of the eyelids and upper limbs. The right leg was bent at the knee and hip joints, brought to the abdomen, the left leg extended. The attack lasted about 1 minute, then came a dream, during the fit of the tongue. The attacks were repeated first time 1 time in 2-3 months, then for a few times a week. They became longer, there were seizures with sudden loss of consciousness and general tonic, and then clone convulsions. He has arrived in a hospital in connection with an increase of seizures.

In a clear consciousness. Oriented in place, time correctly. He answers questions after a pause. The pace of speech is slow, answers questions with unnecessary details, it is difficult to switch from one topic to another, then it can again return to the previous topic. Ability to abstract judgments is preserved, correctly understands the figurative meaning of metaphors, proverbs, fables. The stock of words is rich enough. Memory for the past is preserved, a slight decrease in memorization is observed only in a psychological experiment. There is a quick temper, stuck on grievances. Critical to his condition.

Neurologically - slight flattening of the left nasolabial fold, pronounced dermographism, sluggishness in movements.

Radiography of the skull: the skull is enlarged in size, the vasculature and finger impressions are moderately expressed.

Lumbar puncture: pressure 120 mm. Water. , Cytosis 9, protein 0, 28%, the reactions of Pandi and Nonne-Apelt are questionable.

Electroencephalogram: high-amplitude delta wave discharges are recorded, mainly in the right hemisphere, in the occipital, parietal, central and frontal leads.

Pneumo-encephalography: a moderately hydrocephalic ventricular system is located symmetrically. The expanded subarachnoid spaces and tanks of the base of the brain are filled with gas.

Topic 5

ISSUE: PERSONAL DISORDERS (PSYCHOPATHY), DISTURBANCES OF BEHAVIOUR OF CHILDREN AND ADOLESCENTS. REACTIVE PSYCHOSIS.

.

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. Psychiatry, Korkina
5. Psychiatry and narcology, Ivanec
6. List of study elements
7. DEVIATIONS OF NATURE

2. PSYCHOPATHY

3. ACCENTED CHARACTER

4. THE ORIGIN OF PSYCHOPATHY

5. "Nuclear" psychopathy

6. Regional psychopathy

7. Influence of the family environment

8. Excessive custody

9. Deprivation of emotional support

10. Hostility

11. Neglect

12. "Organic psychopathy"

13. TYPES OF PSYCHOPATHY

14. Excitable

15. Epileptoid

16. The Paranoid

17. Schizoid

18. Asthenic

19. Psychiatric

20. Hysterical

21. Unstable

22. DYNAMICS OF PSYCHOPATHY

23. Psychopathic reaction

24. Psychopathic phase

25. Pathological development

26. DISTURBANCES OF BEHAVIOR OF CHILDREN AND ADOLESCENTS

27. Reactions of the opposition

28. Reactions of emancipation

29. Reactions of imitations

30. Grouping reactions

31. Hobby-reactions

32. Affective-shock reactions

33. Reactive stupor

34. Reactive excitation

35. Reactive psychosis

36. Pseudo-dementia

37. Puerilism

38. Hysterical twilight condition

39. Reactive depression

40. Reactive paranoid

41. Induced delusion

1. Preoperative control
2. Self-discipline

1-level TESTS:

Tests for identification

1. Is the psychological damage the etiological factor of psychogenic?

2. Are suspicion, anxiety, insomnia the signs of reactive paranoid?

3. Is stupor a sign of reactive depression?

4. Is organic brain damage caused by nuclear psychopathy?

5. Does psychopathy cause mental impairment?

Tests for distinction:

1. Specify the characteristic features for pseudo dementia:

A) Negotiation

B) deliberate behavior

C) disorientation in time

D) obsessive fears

Tests for classification:

Which symptoms are typical for each syndrome:

|  |  |
| --- | --- |
| 1. Reactive paranoid
2. Reactive depression
 | 1. low mood
2. ideas of guilt
3. suicidal ideation
4. fear
5. auditory hallucinations
6. Persecution
 |

Tests of the second level

1. Insert the lost information:
2. In induced paranoid, the necessary character trait of the nature of the inducible is……………………………………………………………….
3. Iatrogenic is a consequence……………………………………………..
4. The desire to be in the center of attention, demonstrativeness and theatricality of behavior are characteristic for ......................... psychopathy
5. Escape from home can be a manifestation of the reaction………………

1. Constructive tests

1 List the typical signs of the pseudo-dementia.

2. Indicate the signs of a hysterical psychopathy

Typical task (To put a syndrome and nosological diagnosis)

Patient 3 years old, sick: At the age of 2.5, playing in the yard, she saw the boy fall and cut his neck to the blood. The next day she came to her mother, touched her neck, then her own and said: "Mom, he fell," and again stroked her neck. After that, the parents noticed the twitching of the neck in the patient, she occasionally turned her neck to the right, as if releasing her from the embarrassment of the collar. These movements were resumed many times during the day. During the examination at the reception, she holds shyly, but good-naturedly, reacts to affection, shows an interest in toys lying on the table with the doctor. Mental development corresponds to age, speech is competent. She willingly looks at the pictures she shows, lists the images and characters, caught the mood of the two people talking in the picture and correctly determined that they are angry. During a half-hour conversation, the patient jerks to the right every 5-10 minutes, which she does not seem to notice. When asked what happens to her, he answers: "It's so simple, I do not know."

In the neurological state: increased tendon reflexes on the legs, cold, wet hands. Somatic condition without abnormalities. Outpatient treatment for 3 weeks resulted in a significant improvement with an almost complete disappearance of tics.

Third-level tests

Atypical task (To put a syndrome and nosological diagnosis, to make a differential diagnosis, to prescribe the missing examination and treatment):

Patient X., 49 years old. Heredity psychopathologically is not burdened. She graduated from 7 classes, worked for several years as a cashier, bookkeeper. 25 years, after she got married, she does household chores. By nature, suspicious, anxious, shy, depended on her husband, she could not make her own decisions. Since the age of 48 irregular menstruation has become irregular, disturbing "hot flushes to the head," headaches, fatigue, irritability, poor sleep. Appeared to the psychoneurological dispensary a month ago, after the husband died of stomach cancer. She suffered a lot of loss, she cried a lot, when she saw her husband she saw him calling to her, it seemed that someone was standing behind her, the mood was dreary, she was constantly thinking about how she would continue to live alone without her husband, difficulties.

The mood is depressed, her expression is sad, her eyes are tears. She always thinks about her husband, she hears his voice, sees his shadow in the evening. Tells about this, crying, believes that life for her has lost its meaning.

Often complains of headaches, frequent attacks of "hot flushes", sweating, palpitations. After three weeks of treatment, melancholy significantly decreased, began to walk on, bustled about the device to work.

In the neurological condition without deviations. In the somatic condition: hyperemia of the face, the moisture of the skin of the hands, an increase in the pulse at the mention of the death of the husband up to 115 beats per minute. Deafness of heart sounds.

Topic 6

ISSUE: SCHIZOPHRENIA. AFFECTIVE PSYCHOSES (BIPOLAR AFFECTIVE DISORDER (BAD)).

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. Psychiatry, Korkina
5. Psychiatry and narcology, Ivanec
6. Study tables

Table 1. Classification of schizophrenia according to Snezhnevsky

|  |  |
| --- | --- |
| 1. Continuously-progredient
 |  Paroxysmal-progredient |
| 1. Malignant

    A) hebephrenic    B) simple    C) lucid catatonia    D) youthful paranoid     2) Paranoid     3) Sluggish    A) psychopathic    B) neurotic | 1. Periodic (paroxysmal)

A) circularB) Oneiroid catatonia     C) depressive-paranoid     D) acute paraphrenia |

1. List of study elements

1. Etiology of schizophrenia

2. Hereditary predisposition

3. The polygenic concept of schizophrenia (biopsychosocial model)

4. Exogenous influences

5. CLINIC OF SCHIZOPHRENIA

6. Symptoms of schizophrenia

7. Thinking disorder

8. Emotional-volitional violations

9. Pathology of behavior

10. THE COURSE OF SCHIZOPHRENIA

11. Stages of the current

12. The initial stage

13. Neurosis-like beginning

14. Psychopathic-like beginning

15. Beginning with apato-abulic (emotional and will deficit) phenomena

16. Schizophrenic attack

17. Remission

18. Schizophrenic Defect

19. Final state

20. Types of schizophrenia

21. Continuously-progredient

22. Paroxysmal-progredient

23. Periodic

24. FORMS OF SCHIZOPHRENIA

25. Simple

26. Catatonic

27. Paranoid

28. Circular

29. BAD ETIOLOGY

30. Hereditary predisposition

31. Exogenous influences

32. BIPOLAR AFFECTIVE DISORDER CLINIC

33. Depression and its types

34. Endogenous depression

35. Anxiety Depression

36. Masked depression

37. Maniacal syndrome

38. Current

39. Stages of the current

40. Phase

41. Intermission

42. Flow types

43. Depressive type

44. Maniacal type

45. The circular type (bipolar)

1. Preoperative control
2. Self-discipline

Tests for identification

1. Is exogenous factors given a major role in the emergence of schizophrenia and BAD?

2. Are the decrease and distortion of the emotional level characteristic symptoms of schizophrenia?

3. Can the catatonic form of schizophrenia proceed only with catatonic excitation?

4. Are symptoms of memory impairment typical for schizophrenia and BAD?

Tests for distinction:

1.
Indicate the typical characteristic of the paranoid form of schizophrenia:

A) delusion of persecution

B) catatonic excitation

C) apato-abulic syndrome

D) delusion of greatness

E) Kandinsky-Clerambo syndrome

2. Typical for schizophrenia:

A) delusion of greatness

B) torn thinking

C) emotional-will reduction

D) Twilight condition

E) weakening of criticism

3. Indicate the characteristics characteristic of the manic phase:

A) cheerful mood

B) accelerated thinking

C) the disintegration of thinking

D) Inactivity

4. Indicate the signs typical for the depressive syndrome:

A) delusion of persecution

B) melancholy mood

C) delusion of self-blame

D) slow thinking

E) retardation of actions

Tests for classification:

Which symptoms are typical for each syndrome:

a)

|  |  |
| --- | --- |
| 1. The paranoid form
2. The circular form
3. BAD

   | 1. Catatonic stupor
2. depressive syndrome
3. delusional ideas of persecution
4. hebephrenic excitation
5. manic agitation
6. cheerful mood
7. slow thinking
8. suicidal ideation
9. ideas of reassessing the person
10. melancholy mood
11. increased distraction
12. psychic anesthesia

  |

Tests of the second level

1. Insert the lost information:

1. The circular form of schizophrenia should be differentiated from .............

2. A simple form of schizophrenia is characterized by a syndrome ...............

3. BAD is characterized by ........................................

b) Constructive tests

1. Describe the typical manifestations of the initial stage of schizophrenia.

2. Indicate the signs of the final stage of schizophrenia.

3. List the typical symptoms of the depressive phase.

1. Typical task (To put a syndrome and nosological diagnosis)

Patient 19 years old, student:
She got sick acutely: there was an alarm, insomnia, she said that she did not want to live, she tried to rush under the car. She was inhibited, there was a frozen expression of fear on the face, resisted attempts to change it, took pretentious poses and did not change it for a long time. Did not answer questions. After the treatment, the condition improved, she said that she saw terrible pictures of the atomic war around her, whole cities were being destroyed, many people died, among whom were her relatives.

She stayed at the hospital for two and a half months. There were no changes in the nature of the patient, relatives didn’t notice: remained sociable, the previous entertainments were preserved. Six months later, insomnia again appeared, became irritable, not finishing one case, took up another. She listened to music on the radio all day, suddenly began to dance, sang, declared that she was a great actress. She was secondarily placed in a psychiatric hospital. In the department jumps, dances. Suddenly she screams out loud individual words, runs up to the door, knocks on the wall, hits the sick, throws the things that fall into her hands, spits out food.

She repeats the actions and words of others. On the question, how do you feel, answered: "How do you feel? Sick ... what's your name ... shod ...". The mood is raised, laughs for no reason, declares that she is the goddess of beauty. Grimaces. Resists everything, does not fulfill the requirements.

Third-level tests

1. Atypical task (To put a syndrome and nosological diagnosis, to make a differential diagnosis, to prescribe the missing examination and treatment):

Patient M.,40 years old, locksmith.
Uncle on the line of the mother suffered a mental illness, was suspicious, pursued his wife with accusations of treason. His father died at the age of 63 from liver cancer, his mother - at 59 years of a brain hemorrhage. Father in nature was balanced, sympathetic, sociable. Mother - quick-tempered, imperious, proud, closed-minded. He graduated from the 5th grade, worked on the collective farm. Patient, restrained, calm. At the age of 20 married, the relationship in the family was good. At the age of 36 he became irritable, picky, stubborn, quarreling with his wife for the slightest reason. Three years ago, he was once invited to the prosecutor's office to testify in the case of a fight. It was hard for him - he had a reason to believe that he would be held to account. After leaving the prosecutor's office, he noticed that unknown people followed him. He decided that he was supervised. He tried to deceive the "spies", to get away from them. To this end, he went to the railway station for 200 kilometers from his residence. But even there, it seemed to him that strangers were walking near him, they wanted to surround him, kill him, came to the police station for help, but on the faces of the employees realized that they were also against him. He ran away in fear through the railway tracks, got under the train. He was taken to the hospital, where the right leg was amputated. He was worried in the hospital, he believed that the staff were conspiring against him: he assured me that they wanted to poison him with medicines, so he refused injections. He tried to commit suicide by tightening my neck with a towel. In this connection, he was transferred to a psychiatric hospital. He was anxious, suspicious. He believed that he was going to be killed, feared that the persecutors could find him in this hospital. Refused to take medication. He took the pill only after one of the patients had a tablet from this box. He told the doctor that some patients were specially sent here to observe him, he allegedly heard one of the nurses say to the sick: "Keep your eyes on him." He noticed how they gestured to each other with signs, exchanged glances. He was treated. After some indifference, sluggishness, with work cope satisfactorily.

1. Atypical task (To put a syndrome and nosological diagnosis, to make a differential diagnosis, to prescribe the missing examination and treatment):

Patient, 40 years old, housekeeper. The father died of cancer of the esophagus, the mother - from the hemorrhage into the brain. As a child, she had measles, malaria. She graduated 10 classes, then enrolled in the Forestry Institute, but in connection with the war that began, she left him. Worked as a normalizer, cashier.

Married 20 years. There were 4 pregnancies, 2 of them completed with childbirth, and 2 - with medical abortions. By nature - sociable, determined, ambitious, proud. At the age of 30, after the death of his father, the patient had a longing, with difficulty doing homework, lost interest in life. After 3 months the mood gradually leveled, again became active, sociable. Similar conditions occurred in the patient twice; At the age of 32 and 34 years for no apparent reason. The longing was deep, she did not talk, she moved slowly. She was treated in a psychiatric hospital, took melipramine. In between the attacks considered herself healthy. The relatives did not notice any changes in the character of the patient. Before the last admission at the age of 40, there were thoughts of worthlessness, several times wanted to commit suicide, but relatives noticed during its preparation.

Consciousness is clear, the number, month and year are correct, the face is sad, the eyes are open, the corners of the mouth are omitted. She speaks in a low, monotonous voice with pauses, not verbose. Reluctantly she rises from bed, walks slowly. She complains of longing. She is sure that she will never recover, she will suffer all her life, it is better for her to die now. By the evening, the anguish is somewhat reduced, the patient becomes more sociable. In the somatic and neurological condition, there were no abnormalities.

Topic 7

ISSUE: GERONTOPSYCHIATRY: ATROPHIC BRAIN DISEASES

(DEMENTIA), MENTAL DISORDERS IN VASCULAR DISEASES OF

THE BRAIN.

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. Psychiatry, Korkina
5. Psychiatry and narcology, Ivanec

1. List of study elements

1. Periodization of the late age in psychiatry

2. Late mature age

3. Involutionary (presenile) age

4. Old age

5. CLINIC OF MENTAL DISEASES OF LATE AGE

6. PSYCHOTIC SYNDROME

7. The delusion of a narrow situation

8. Delusion of damage

9. Cotar's syndrome

10. Tactile hallucinosis

11. Agitated depression

12. Hypochondriacal depression

13. ORGANIC SYNDROME

14. The Korsakov’s syndrome.

15. Progressive amnesia

16. Lacunar dementia

17. Dementia globar

18. Asemic Dementia

19. Sensory aphasia

20. Motor aphasia

21. Aphasia of the Amnestic

22. Apraxia

23. Agnosia

24. NOSOLOGICAL FORMS

25. "FUNCTIONAL PSYCHIOSIS" OF THE INVOLUTIONARY AGE

26. Presenile depression

27. Presenile paranoid

28. ORGANIC SEMENTING PROCESSES

29. Pick's disease

30. Alzheimer's disease

31. Senile dementia

32. THE FLOWING OF ILLNESS

33. Protracted

34. Chronic

35. Progressive

CEREBRAL VASCULAR DISEASES

1. ETIOPATHOGENESIS OF CEREBRAL-VASCULAR DISORDERS

2. CLINICAL PICTURE OF VASCULAR MENTAL DISORDERS

3. The initial manifestations of cerebrovascular atherosclerosis.

4. Atherosclerotic cerebrasthenia

5. Asthenic-hypochondriac syndrome

6. Asthenic-syndrome obsessive

7. Asthenic-depressive syndrome

8. Psychopathic-like syndrome

9. Stage of deployed manifestations of atherosclerosis

10. Atherosclerotic dementia (multi-infarct)

11. Psychotic disorders

12. Syndromes of disorders of consciousness

13. Vascular hallucinosis

14. Atherosclerotic depression

15. Atherosclerotic paranoid

16. Flowing of atherosclerotic psychoses

17. FLOWING OF VASCULAR MENTAL DISORDERS

18. Chronic

19. Progressive

20. Stroke-like flowing

21. Fluctuation and flicker symptoms

22. THE TREATMENT OF VASCULAR DISORDERS

1. Preoperative control
2. Self-discipline

Tests for identification

1. Are delusions of jealousy typical for a presenile paranoid typical?

2. Is aphasia typical for Alzheimer's disease?

3. Does the Korsakov syndrome occur in the "functional" psychoses of the involution process?

4. Is apraxia typical for senile dementia?

5. Is dementia a syndrome of initial atherosclerotic changes in the psychotic condition?

6. Whether there is no criticism at an atherosclerotic dementia?

7. Are depression and paranoid typical manifestations of atherosclerotic dementia?

8. Is atherosclerotic delirium of jealousy called a chronic psychosis?

Tests for distinction:

1. Specify senile dementia syndromes:

A) coarsening of personality traits

B) progressive amnesia

C) a shift in the past

D) safety of criticism

E) motor aphasia

2. Indicate the symptoms of atherosclerotic dementia:

A) Weaknesses

B) low mood

C) dysmesia

D) preservation of the feeling of illness

E) delusional ideas of damage

3. Indicate the symptoms of atherosclerotic paranoia:

A) delusion of greatness

B) anxiety

C) longing

D) irritability

E) Delusional ideas of harm, persecution

     2. Distribute symptoms according to painful conditions:

|  |  |
| --- | --- |
| 1) Presenile melancholy2) Senile dementia3) Alzheimer's disease | A) AnxietyB) aphasiaC) depressed moodD) coarsening of personalityE) progressive amnesiaF) agnosia |

Tests of the second level

1. Tests for classification

1. List the psychopathological symptoms in Alzheimer's disease.

2. What are the symptoms of Pick's disease?

3. What are the symptoms of senile dementia?

4. List the syndromes of mental disorders when having atherosclerosis.

5. What are the symptoms of asthenic-depressive syndrome?

6. What symptoms of impaired clarity of consciousness occur more often when having atherosclerosis of cerebral vessels?

1. Insert the lost information:

1. The delirium of a narrow situation is typical for .................................paranoid.

2. Globar dementia is typical for ...................................................

3. Asemic dementia is a manifestation .................................... ...

4. Lacunar dementia is a manifestation ...........................................

5. Oscillations and fibrillation of symptoms are characteristic for ............ diseases of the brain.

6. Asthenic-hypochondriacal syndrome occurs on .......................... stages of the atherosclerotic process.

1. Typical task (To put a syndrome and nosological diagnosis)

a) Patient was born in 1918:
She suffered measles in her childhood. She did not study at school. All her life she was a housewife. She was quick-tempered by nature, she often clashed with her husband, beat children. During the last 10 years after the death of her husband, she lives alone. In 1994, at the age of 76, she began to forget where she put things, grumbling, a tendency to conflict. Since 1995, she ceased to monitor herself, did not know the measures in food, accused her relatives of theft. A few days before the receipt did not sleep at night, collected things in the bundle, said that she needed to go somewhere, loudly cried when she was held, broke the window with a stick. She entered the hospital on July 25, 1996. She was fussy, tied bed linen in a knot, was about to go somewhere. The conversation revealed a significant decrease in memory for past and present events: she could not name the current date, remember the name, patronymic of the treating doctor, and tell her home address. She believed that she was 36 years old, she lives with her husband, she has two young children, "they still go to school". Constantly in a hurry to go to them, says that she was recently in the store, and "ran into the pharmacy," the doctor calls the "pharmacy." A mood with a touch of euphoria, tries to joke around flatly, there is no sense of distance. He speaks of good memory and ability to farm. She understands proverbs and metaphors specifically, only elementary generalizations ("shoes", "utensils") are successful.

b) Patient, 75 years old:
There were no mentally ill relatives. Mother got sick in 68 years and died of a stroke. She graduated 10 classes, accounting courses. She worked as an accountant, cashier. She is retired for 55 years, but continued to work as a hotel guard in the hotel until age 62. Since the age of 60, frequent fluctuations in blood pressure (up to 180-200 mm Hg) have been observed, since the same time, headaches and headaches have been disturbed, because of the rapid fatigue it became difficult for her to work and cope with the cases. Since the age of 70 relatives noted a memory loss in the patient: she forgot where she put things, names of objects, became touchy, irritated and cried over trifles. During the past year, she cannot cope with the calculation of money, forgot how to cook food, a week before she entered the hospital, she turned on the gas at home, but did not burn it.

During the conversation, pronounced memory impairments were discovered: she confused the dates of her own life, mistook the definition of the current date, could not remember the name of the treating doctor. With excessive detail reported on the events of the last week. The conversation to her was gentle, benevolent. Most proverbs and metaphors were explained specifically by her, the meaning of individual figurative expressions carried over. She felt sorry for bad memory, noise in her ears. At the same time, she easily cried and quickly calmed down.

Third-level tests

Atypical task (To put a syndrome and nosological diagnosis, to make a differential diagnosis, to prescribe the missing examination and treatment)

a) Patient F.,66 years old:
The father of the patient hanged himself at the age of 45, her aunt was treated in a psychiatric hospital. She graduated from grade 3, worked as a laborer on a collective farm, later as a technical school. For 55 years - retired. Her husband died 5 years ago. She lives with her daughter and son-in-law in a two-room apartment. In the family, conflicts often arise because of the son-in-law's drunkenness. During the past few years, the patient has had tearfulness, headaches, fatigue, superficial sleep, memory because of the current events has decreased. Two months before entering, she began to say that her daughter and her son-in-law wanted to "get her out" in order to occupy the entire apartment. To do this, they supposedly do everything to her "spitefully", exchanged glances, whispered among themselves. She heard how they agreed that it was time to get rid of her. She refuses to take food from her daughter, believes that she can be poisoned. She walks around his neighbors, complaining about his daughter. In the hospital, the patient's behavior is orderly, communicates with patients, helps the medical staff. In a conversation with a doctor, she complains about the children, while being very irritated, convinced of their evil intentions against her. She refuses to see his daughter. In the mental status of the patient, there was also a slight memory loss, the circumstance of thinking with the preservation of the ability to abstract judgments, poor conscience.

b) Patient F.,66 years old:

The father of the patient hanged himself at the age of 45, her aunt was treated in a psychiatric hospital. She graduated from grade 3, worked as a laborer on a collective farm, later as a technical school. For 55 years - retired. Her husband died 5 years ago. She lives with her daughter and son-in-law in a two-room apartment. In the family, conflicts often arise because of the son-in-law's drunkenness. During the past few years, the patient has had tearfulness, headaches, fatigue, superficial sleep, memory because of the current events has decreased. Two months before entering, she began to say that her daughter and her son-in-law wanted to "get her out" in order to occupy the entire apartment. To do this, they supposedly do everything to her "spitefully", exchanged glances, whispered among themselves. She heard how they agreed that it was time to get rid of her. She refuses to take food from her daughter, believes that she can be poisoned. She walks around his neighbors, complaining about his daughter. In the hospital, the patient's behavior is orderly, communicates with patients, helps the medical staff. In a conversation with a doctor, she complains about the children, while being very irritated, convinced of their evil intentions against her. She refuses to see his daughter. In the mental status of the patient, there was also a slight memory loss, the circumstance of thinking with the preservation of the ability to abstract judgments, poor conscience.

Topic 8

ISSUE: ORGANIZATION OF PSYCHIATRIC ASSISTANCE.

PSYCHOPHARMACOTHERAPY, REHABILITATION AND

PSYCHOPROPHYLACTICS.

1. Original information
2. Print sources:
3. Psychiatry, Zharikov
4. The Law of the Russian Federation "On Psychiatric Assistance and Guarantees of the Rights of Citizens" when it is provided. " Section 1, Articles 1, 2, 4, 5, 6, 8, 9, 11, 12, 13, 14, 15. Section 2, Article 16. Section 3, Article 20. Section 4, Articles 23, 24, 25, 26.27, 28, 29, 30, 32, 34, 35, 40.
5. Psychiatry, Korkina
6. Psychiatry and narcology, Ivanec

1. List of study elements

1. PSYCHIATRIC EXPERTISE

2. LABOR PSYCHIATRIC EXPERTISE

3. Temporary disability

4. Permanent disability

5. MILITARY-PSYCHIATRIC EXPERTISE

6. FORENSIC PSYCHIATRIC EXPERTISE

7. Responsibility

8. The legal criterion of sanity

9. Medical criterion of sanity

10. Competence

11. Compulsory treatment

12. Guardianship

13. Aggravation

14. Simulation

15. Dissimulation

16. KINDS OF PSYCHIATRIC ASSISTANCE

17. Outpatient care

18. Advisory observation

19. Clinical follow-up

20. Inpatient care

21. Psychiatric examination

22. Hospitalization in a psychiatric hospital

23. Voluntary hospitalization

24. Indications for involuntary hospitalization

25. PSYCHO PHARMACOTHERAPY

26. Neuroleptics. General mechanism of action.

27. Indications and contraindications

28. Neuroleptics predominantly with antipsychotic action (chlorpromazine, tioproperazine, haloperidol, zuclopenthixol, zuclopenthixol-acetate)

29. Neuroleptics with antidepressant action (sulpiride, thioridazine, chlorprothixene)

30. Neuroleptics with stimulating action (trifluoperazine, metophenazate, flupentixol)

31. Neuroleptics of prolonged action (fluphenazine-decanoate, haloperidol-decanoate, flupentixol-decanoate, zuclopenthixol-decanoate)

32. Atypical antipsychotics (sertindole, olanzapine, risperidone, clozapine, amisulpride, quetiapine, aripiprazole)

33. Antidepressants of prolonged action (amitriptyline-retard)

38. New generation antidepressants (fluvoxamine, venlafaxine, tianeptine, sertraline, citalopram, escitalopram, duloxetine, milnacipran).

39. Pharmacological methods of arresting psychomotor agitation (zuclopenthixol-acetate)

40. Tranquilizers. Mechanism of action.

41. Indications and contraindications

42. Tranquilizers with a relaxing effect (diazepam, lorazepam)

43. Tranquilizers without relaxing action (mezapam, hydroxyzine, etifoxine)

44. PSYCHOPROPHYLACTICS

45. Primary psycho-prophylaxis

46. ​​Secondary psycho-prophylaxis

47. Tertiary psycho prophylaxis

48. REHABILITATION

49. Principles of Rehabilitation

50. Stages of rehabilitation

51. Stigma

52. PSYCHOSOCIAL THERAPY FORMS

53. Psychoeducation

54. Training of cognitive and social skills.

1. Preoperative control
2. Self-discipline

Tests for identification

1. Is the person recognized insane if he could not realize his actions and guide them at the time of the crime?

2. Is guardianship appointed if the subject is declared incompetent?

3. Are medical measures of a compulsory nature applied without a court decision (an expert doctor)?

4. Is it possible to have an examination without his consent or without the consent of his legal representative if he has developed an alcoholic delirium?

Tests for distinction:

1. Indicate the characteristic signs of insanity:

A) inability to lead their actions

B) inability to give an account of their actions

C) inability to enjoy civil rights

D) inability to perform their former professional duties

2. Indicate under what circumstances the patient will be hospitalized in an unkind manner:

A) neurasthenic syndrome

B) hallucinatory-delirious syndrome with imperative hallucinations and delusions of persecution in relation with a particular person

C) hysterical reaction with a demonstrative suicidal attempt

D) deep endogenous depression with suicidal thoughts.

3. Indicate which group of disabilities the following states correspond to:

|  |  |
| --- | --- |
| 1 group of disability2 group of disability3 group of disability  | A) inability to perform any workB) lack of ability to self-serviceC) Loss of ability to work in the old profession, but the ability to perform other, less skilled work. |

Tests of the second level

1. Insert the lost information:

1. In case of incapacity, a person cannot perform ...............................

2. The person who committed a crime in alcoholic intoxication is recognized ................................................................................. ....

3. Psychiatric examination is carried out if .................. ..

b) Constructive tests

1. List the evidence for the appointment of psychiatric examination.

2. What are the evidence for the appointment of the 2nd disability group?

3. List the evidence for a psychiatric examination of a person without the consent of his legal representative

c) Typical task (To put a syndrome and nosological diagnosis)

Patient was born in 1918:
The patient is 36 years old, locksmith. Because of alcohol abuse, he was dismissed from work as an assistant driver. There are family scandals: do not bring money home, drink things. The last 3 years he drinks for 15-20 days, the intervals, when it is sober, become shorter. He drinks not only vodka, but also cologne, iodine on-rack, lotion. After drinking bouts, there is insomnia, the fear of death. Once, lying on the bed, he saw a figure of a man in black who gave him a bottle. In September 1996 he drank for 20 days, once he fell asleep on the street.

In the evening he had a chill, the temperature rose to 38 degrees. Drinking stopped, there was insomnia, unmotivated fear. On the 5th day after stopping the drinking-bout at night, he woke up his wife and declared that they had a full room of mice and rats, grabbed a blanket and tried to disperse them. He saw how a particularly large rat ran along the bed, ran into the kitchen in fear, but then he saw mice and rats running about the floor near his feet. One of the rats, in a man's voice, invited him to drink. Towards evening, fear increased, constantly muttered in a whisper, answered questions inappropriately, you shouted out separate phrases: "Well cut, beat, get out of here ...". Suddenly you jumped with a knife into the corridor, stabbed the neighbor with a knife wound. After a 5-day treatment in a psychiatric hospital, these phenomena have passed. On the suit of the co-judge, a court case was initiated. The investigator, who conducted the case, deemed it necessary to appoint a psychiatric examination.

What questions should he submit to the experts and how will they be resolved?

**ASSESSMENT FUND**

**FOR CURRENT PROGRESS MONITORING AND MIDTERM CERTIFICATION OF STUDENTS STUDYING ON DISCIPLINE**

**Characteristics of monitoring forms**

|  |  |
| --- | --- |
| **Monitoring form** | **Characteristics** |
| **Report** | A report is a public announcement or document that contains information and reflects the essence of the issue or research in relation to a given situation. It can be written or oral. An oral presentation can be accompanied by a multimedia presentation or demonstration of any visual (material) objects.Report allows you to assess the level of student`s theoretical knowledge on a given question, as well as to check the skills of analysis, synthesis, generalization and concretization, used by students while preparing a report. |
| **Control of assignments in the workbook** | Control tasks in the workbook are aimed at identifying and comparing at a particular stage of learning the results of students' educational activities with the requirements set by the content of the discipline being studied. It can be used in IS OrSMU if the workbook with methodological instructions is placed in the work program of the discipline and students have the opportunity to complete tasks by filling out the notebook and sending it to the teacher for checking. It allows you to check and evaluate the knowledge of students, to determine the degree of their readiness for further education, as well as the skills level, if the tasks are of a practice-oriented nature. |
| **Test** | A test is one of the forms of written verification and assessment of the acquired knowledge, the level of independence and activity of students in educational activities. They can be carried out in the classroom and in the form of homework, current and final, graphic, practical, frontal (for all) and individual. Traditionally, the test involves the identification of knowledge on a specific topic (section), as well as an understanding of the essence of the studied phenomena, objects, their patterns (for example, assignments for comparison, insertion of missing words, etc.). To assess the skills of students primarily graphical and practical tests are used. The graphical test is aimed at identifying the ability of students to draw up a generalized visual model that reflects certain relationships, relationships in an object or in their totality. These can be graphics, pictures, drawings, diagrams, tables. Practical tests are carried out to identify the abilities and skills of students to carry out certain research, laboratory experiments, make measurements, perform appropriate operations and manipulations in educational and industrial conditions. One of the forms of testing practical skills and abilities is a control practical exercise lesson (in physics, chemistry, biology, anatomy, physiology, surgery, etc.), usually held at the end of the study of the topic or section of the discipline. |
| **Written questionnaire** | A written questionnaire is a type of written assessment of students' knowledge on certain questions or topics. It can be current and final, individual and frontal. It involves posing a number of questions to students, to which they give a detailed written answer. It allows you to assess the knowledge of students on the passed topic (or module) of the discipline. |
| **Presentation** | A presentation (computer presentation) is a demonstration in a visual form of the main provisions of the oral presentation, the degree of mastering the content of the problem. It allows you to assess the level of students` knowledge on a given question (topic, section), as well as to check their skills of analysis, synthesis, generalization and concretization, information and communication skills used by students in the process of preparing a presentation. |
| **Abstract** | Abstract is a summary, in writing or in the form of a public speech, of the content of a book, scientific work, and the results of studying a scientific problem, a report on a specific topic, including a review of relevant literary and other sources. As a rule, it is an independent student's work on revealing the essence of the problem under study, presenting various points of view and their own views on it. The defense of the abstract can be accompanied by a presentation. Since the main purpose of the essay is scientific and informational, this form of control is aimed mainly at assessing the knowledge of students on a specific topic (issue), although it allows us to identify the level of formation of the skills of analysis, synthesis, generalization and concretization used by the student in the process of preparing a report. |
| **Case-task completion** | Case-tasks are technology for teaching students. The students are given a set of educational material (case) and, as a result of acquaintance with it, they ought to comprehend the essence of the problem, which, as a rule, does not have an unambiguous solution, and offer their solution using the acquired knowledge and skills. It is widely used in practical classes in a foreign language, management, law, economics and other disciplines. In medicine, it can be used to teach students to write a medical history. It allows to evaluate, first of all, the students' skills to apply the acquired knowledge when solving specific practical situations. Knowledge assessment is present at the stage of collecting material for a case-task. |
| **Terminological dictation** | Terminological dictation is a type of students` written work to consolidate and test knowledge on a specific topic (issue). It can be checking or repetitive. The first is aimed at controlling knowledge, the second one is aimed at training students in the use of certain terms. It allows you to assess the students` knowledge. In this case, it should be used only if students have clear instructions on which terms are to be memorized. Otherwise, the student will write the term that he has learned from the literature he has. |
| **Testing** | Testing is a written way of testing students' knowledge. It can be current and final (by Module or discipline as a whole). Test items can include questions with one or more correct answers, assignments for matching and sequencing, as well as problem-situation tasks that require the selection of the correct (or several correct) answer options, as well as graphic images that require interpretation or definition. In most cases, testing is aimed at assessing students' knowledge. It allows to assess the students' skills when the test tasks are presented by problem-situational tasks, tasks with graphic (visual) images that require the use of a solution algorithm (action with an object). |
| **Control norm administration** | A norm (from the Latin norm) is a regulatory rule indicating the boundaries of its application. Time, quantitative and qualitative indicators of students' performance of certain tasks, techniques and actions related to the content of the academic discipline. Administration of control standards is widely represented in the technical, engineering, military fields of knowledge, as well as in the field of physical culture and sports. In medicine, it can take place when assessing the performance by students of direct actions with a "patient" that have clear normative indicators (for example, cardiopulmonary resuscitation, the number of sutures, auscultation, palpation, percussion, injections, etc.). It allows you to assess the ability of students to apply the theoretical knowledge received (about certain standards) in standard and non-standard situations. |
| **Checking case histories** | A case history is an accounting and operational document drawn up for each patient in a medical and preventive treatment institution, designed to register information about the diagnosis, course and outcome of the disease, as well as diagnostic and medical-preventive activities taken during the patient's stay in the hospital. It allows you to assess the student's ability to apply the theoretical knowledge gained in direct professional learning situations (so-called contextual learning). |
| **Solving problem-situational tasks** | Problem-situational tasks are a kind of practical task that involves solving an issue in a certain situation. Both the question and the situation itself can be problematic. In most cases, problem-situational tasks have a professional focus. They allow assessing the ability of students to apply the obtained theoretical knowledge in various situations. |
| **Practical skills testing** | Testing of practical skills can be used to control the students' practical actions (medical manipulations) with the "patient". It allows you to assess the skills and abilities of students to apply the theoretical knowledge (about certain actions and manipulations) in standard and non-standard situations. |

|  |  |
| --- | --- |
| **Monitoring form** | **Assessment criteria** |
| **Recitation** | On "FIVE POINTS" the answer is assessed, which shows solid knowledge of the main questions of the studied material, is distinguished by the depth and completeness of the disclosure of the topic; knowledge of the terminological apparatus; the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, consistency and consistency of the answer. |
| On "FOUR POINTS" the answer is assessed, which reveals a solid knowledge of the basic questions of the studied material, differs in the depth and completeness of the disclosure of the topic; knowledge of the terminological apparatus; the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, consistency and consistency of the answer. However, one or two inaccuracies in the answer are allowed. |
| On "THREE POINTS" the answer is assessed, which testifies mainly to the knowledge of the studied material, which is characterized by insufficient depth and completeness of the disclosure of the topic; knowledge of the basic issues of theory; poorly formed skills in analyzing phenomena, processes, insufficient ability to give reasoned answers and give examples; lack of fluency in monologue speech, logic and consistency of the answer. Several mistakes are allowed in the content of the answer. |
| On "TWO POINTS" the answer is assessed, revealing ignorance of the studied material, characterized by a shallow disclosure of the topic; ignorance of the main issues of theory, unformed skills in the analysis of phenomena, processes; inability to give reasoned answers, weak command of monologue speech, lack of consistency and consistency. Serious errors in the content of the answer are allowed. |
| ZERO POINTS" is given if there is no answer |
| **Testing** | "FIVE POINTS" is given on condition of 90-100% correct answers |
| "FOUR POINTS" is given on condition of 75-89% correct answers |
| "THREE POINTS" is given on condition of 60-74% correct answers |
| "TWO POINTS" is given on condition of 59% or less correct answers. |
|       "ZERO POINTS" is given if there is no answer |
| **Written questionnaire** | "FIVE POINTS" is given to a student if he knows the conceptual apparatus, demonstrates the depth and complete mastery of the content of the educational material, in which he is easily oriented. |
| "FOUR POINTS" are given to the student for the ability to correctly present the material, but the content and form of the answer may have some inaccuracies. |
| "THREE POINTS" is awarded if a student discovers knowledge and understanding of the main provisions of the educational material, but expresses it incompletely, inconsistently, makes inaccuracies in the definition of concepts, does not know how to substantiate his judgments with evidence. |
| "TWO POINTS" is given if a student has scattered, unsystematic knowledge, does not know how to distinguish the main and the secondary, makes mistakes in the definition of concepts, distorts their meaning. |
| "ZERO POINTS" is set if there is no answer. |
| **Problem-situational tasks** | "FIVE POINTS" - the student correctly and fully conducts the initial assessment of the condition, independently identifies the satisfaction of which needs are violated, determines the patient's problems, sets goals and plans nursing interventions with their justification, conducts current and final assessment. |
| "FOUR POINTS" - the student correctly conducts the initial assessment of the condition, identifies the satisfaction of what needs are violated, determines the patient's problems, sets goals and plans nursing interventions with their justification, conducts the current and final assessment. Some minor difficulties in answering are allowed; justification and final assessment is carried out with additional comments from the teacher. |
| "THREE POINTS" - the student correctly but incompletely conducts the initial assessment of the patient's condition. Identifying the satisfaction of what needs are violated, determining the patient's problem is possible with leading questions from the teacher. Sets goals and plans for nursing interventions without justification, conducts ongoing and final assessment with leading questions from the teacher; Difficulties with a comprehensive assessment of the proposed situation. |
| "TWO POINTS" - wrong assessment of the situation; incorrectly chosen tactics of action. |
| "ZERO POINTS" is set if there is no answer. |
| **Abstract defense** | "FIVE POINTS" is awarded if the student fulfills all the requirements for writing and defending the abstract: the problem is identified and its relevance is justified, a brief analysis of various points of view on the problem under consideration is made and their own position is logically stated, conclusions are formulated, the topic is fully disclosed, the volume is maintained, requirements for the external design, the correct answers to additional questions are given. |
| "FOUR POINTS" is given if the students meet the basic requirements for the abstract and its defense, but at the same time there are some mistakes. In particular, there are inaccuracies in the presentation of the material; there is no logical consistency in judgments; the volume of the abstract is not kept; there are omissions in the design; incomplete answers were given to additional questions during the defense. |
| "THREE POINTS" is given if the student allows significant deviations from the requirements for abstracting. In particular, the topic is covered only partially; factual errors were made in the content of the abstract or when answering additional questions; there is no output during protection. |
| "TWO POINTS" is given if the topic of the abstract is not disclosed to the students, a significant misunderstanding of the problem is revealed. |
| "ZERO POINTS" is given if there is no answer |
| **Presentation demonstration** | "FIVE POINTS" is awarded if there is a connection between the presentation and the program and curriculum, the corresponding section; the didactic and methodological goals and objectives of the presentation were achieved; provides reliable information about historical references and current events; all conclusions are confirmed by reliable sources; the language of the presentation is clear to the audience; the chronology is followed, the priorities are correctly set; logical transition to the conclusion; correct conclusions; the font is readable, the color (background, font, headers) is correctly selected, animation elements are present; no grammatical errors. |
| "FOUR POINTS" is given if the students meet the basic requirements for the presentation, but there are some mistakes. In particular, there are inaccuracies in the presentation of the material; a topic was chosen without taking into account the curriculum; there is no logical consistency in judgments; requirements for graphic content are not met; there are omissions in the design; incomplete answers were given to additional questions during the defense. |
| "THREE POINTS" is given if the student makes significant deviations from the requirements for presentation design. In particular, the topic is covered only partially; errors of fact were made in the content of the presentation or when answering additional questions; no output was presented during the demo. |
| "TWO POINTS" is given if the topic of the abstract is not revealed to the students, a significant misunderstanding of the problem is revealed. |
| "ZERO POINTS" is given if there is no answer. |
| **Practical tasks (Patient card)** | "FIVE POINTS" is awarded if the content corresponds to the given topic; the topic is fully disclosed and contains modern, reliable data; the text is written consistently, logically and correctly from the point of view of the norms of the Russian language; there are photographs, diagrams, according to the stated topic; matches the pictorial design. |
| “FOUR POINTS” is awarded if the student has issued a booklet that meets the same requirements as for the mark “excellent”, but made minor corrections in the text or image, which he himself corrects. |
| "THREE POINTS" is given if the content does not fully correspond to the declared theme; the topic is not fully disclosed and contains outdated data; the text is written consistently, logically, but there are mistakes from the point of view of the norms of the Russian language; not enough photos and diagrams are available; matches the pictorial design. |
| "TWO POINTS" is given if the content does not correspond to the declared topic; the topic is not fully disclosed and does not contain modern, reliable data; the text is not written consistently and logically, there are gross mistakes from the point of view of the norms of the Russian language; there are no photos and diagrams available; it does not match the pictorial design. |
| "ZERO POINTS" is given if there is no answer |