

Zaporozhye State Medical University

Department of Psychiatry, psychotherapy, general and medical psychology,
addiction and sexology

Approved on the methodical conference of department
psychiatry, psychotherapy, general and medical psychology,
addiction and sexology

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Methodological developments

independent studies on the topic "Schizoaffective and delusional disorders.
Affective disorders "for students of 4th year medical faculty (specialty "medicine")

I. Objectives classes:

1.1. The student should know:

- Etiology, pathogenesis theory of manic-depressive psychosis, schizoaffective psychosis and delusional disorders.
- Classification, clinical manifestations of different forms and types of motion of manic-depressive psychosis, psychosis and shyzoaffektyvnoho delusional disorders.
- Basic principles of treatment of manic-depressive psychosis, schizoaffective psychosis and delusional disorders.
- Variety of acute psychotic states.

1.2 The student should be able to:

- Collect and evaluate complaints and patients with a history of manic-depressive psychosis, schizoaffective disorder and delusional.
- Examination of patients with endogenous psychoses.

Rate data patopsihologicheskogo study of patients with manic-depressive psychosis, schizoaffective disorder and delusional. The differential diagnosis of endogenous psychoses

- Appointment of a sick patient and adequate supportive treatment depending on the clinical forms of the disease type and other characteristics of clinical manifestations in patients with schizophrenia.
- Conducting prevent a recurrence of the disease and differential diagnosis of various forms of lymphoma endogenous psychoses

V. The content and structure of the lesson topics:

Etiology, pathogenesis theory of manic-depressive psychosis, schizoaffective psychosis and delusional disorders.

Classification, clinical manifestations of different forms and types of motion of manic-depressive psychosis, psychosis and shyzoaffektyvnoho delusional disorders.

Basic principles of treatment of manic-depressive psychosis, schizoaffective psychosis

and delusional disorders.

Types of acute psychotic states.

Level 1 Tests

1 patient no complaints, considers himself healthy. Facial expression sad, sad eyes. Not communicating with relatives. Most of the time lying down. Says slowly betrays delusional ideas of self-incrimination. The last two weeks suggests a desire to die, asked his son to help bring poison or hang. Determine what the symptom is an indication for immediate hospitalization of the patient.

- a. Persistent suicidal statements
- b. Disclaimer patient from outpatient treatment
- c. Statement by employees
- d. Statement neighbors.
- e. rampage in a public city intoxicated.

2. The patient answers questions reluctantly doctor. Listens to something, sometimes utters phrases without merit. Categorically denies hallucinations. What method of research can give the most information about the presence of hallucinations in a patient

- a. Conversation
- b. Electroencephalography
- c. Computed tomography
- d. Radiography skull
- e. Monitoring the behavior of the patient.

3. Patient, 47 years, complains of very unpleasant sensations in the stomach area, explaining that he had a "hole in the stomach," asks him to inspect. However, with no objective study of pathology found. What violation of the patient's perception?

- a. Hyperestezyy
- b. Parastezii
- c. Illusions
- d. Senestopatiyi
- e. synesthesia.

4. The patient believes that "fascinated by powerful people" who may communicate at a distance with him in conversation, speak his language, control its movements to change the mood. Does not consider himself sick. Attempts to persuade the patient's physician is a pain until the aggression against the doctor. What violation thinking most likely in this patient?

- a. Overvalued ideas
- b. Obsessions
- c. Delusional ideas
- d. The dominant idea
- e. Marevnopodibni imagination.

5 patients. 42 years old, ruhovno disinhibited, restless, readily recites poetry, singing loudly, eagerly talks about his stage talent, boasts of its successes, always tells something different, but easily distracted by any stimuli hyperseksualnyy. Identify syndrome.

- a. Maniacal
- b. Depressive
- c. Hebefrenichnyy
- d. Catatonia
- e. Asthenic.

6. The patient, 25, hospitalized for the first time in connection with anxiety and concern. The department is not sitting still, constantly walks the house, crying navzryd beats his fists on the head, scratching his face. Hair disheveled, facial expression of fear, suffering, the doctor asks him to make a "lethal injection". After leaving the office, with a loud cry rushed to the window, knocked the glass, trying vykynutysya the third floor. Which option is most likely depressive syndrome in a patient?

- a. Neurotic depression
- b. Panic Depression
- c. Agitated depression
- d hypochondriacal depression
- e.Maskovana depression.

Tests II level

1. Patient, 45, complained periodically (mainly in autumn vesnyano-) without apparent cause pain occurring in the heart, iradiyyuyuchi under the shoulder blade, tachycardia, decreased appetite, weight loss, weakness, lethargy. The experts examined repeatedly, but serdevo- pathology of the vascular system is not found, the suggested therapeutic measures do not give effect. Which option is most likely depressive syndrome in this patient?

- a. Neurotic depression
- b. Panic Depression
- c. Azhitirovannaya depression
- d hypochondriacal depression
- e. masked depression.

2. The patient, 17 years old, depressed mood, sad, crying often, says its uselessness and futility, betrays suicidal thoughts. Determine the type of violation of emotions.

- a. Euphoria
- b. Dysphoria

- c. Inadequate emotions
- d Depression
- e. Slaboduhist.

3. Patient 45, in a state of complete immobility, the question the doctor meets certain words, selectively. Byraz sad face. The pupils were dilated, pressure 100/60 mm Hg. Art., pulse 100 / min. Byznachit emotional and volitional disorders:

- a catalepsy
- b Catatonia
- c Depressive stupor
- d hallucinatory-delusional stupor
- e Psychogenic stupor

4. Patient cheerful, multilingual, it accelerated, you can not always understand what he says. Without a moment's sitting. Interfering in all affairs staff, makes remarks to patients in private nursing observation does not respond. Do not get tired. The voice hoarse. Sometimes witty jokes. Determine the type of excitement.

- a. Hebefrenichne
- b. Compulsive
- c. Catatonia
- d General psychomotor
- e. due to violation of consciousness.

5. Technical Institute student, 23 years. The disease developed without apparent reason. He became lethargic, lost interest in learning, communicating with friends, art and music, which had "only he lived." There pseudohallucinations hearing, delusions of persecution and hypnotic action. Said that his opinion "read by others". Almost was absolutely inactive and indifferent, almost always ridiculous idea vykazuavav different content. Patients themselves are not considered. Identify syndrome.

- a. Syndrome Kandinskoho- Klerambo

- b. Depressive
- c. Paranoid
- d Apatiko-abulicheskimi
- e. psychopathic syndrome.

6. The patient, 27 years old, entered the clinic after suyitsidalnyh attempts tried to hang himself, vykynutysya the window. Mood humbled, countenance sad, difficult sighs. Thinking slowed. Talking softly, phrases poor. Tachycardia, dry mucous membranes, poor appetite. He says that physicians worthy of note, deserves punishment for past sins. What the patient syndrome?

- a. Apatiko- abulicheskimi
- b. Paranoid
- c. Depressive
- d psychoorganic
- e. Asthenic.

7. The patient, 18 years, complains that experiencing discomfort alienation opinions, exclusion of mental processes. Ob'yektyvno- awake all night, morning feeling no camping, complaining that not "batted an eye." Identify syndrome.

- a. Asthenic
- b. Depressive
- c. Depersonalization
- d derealization
- e. Kandinskoho- Klerambo.

8. Zhinka '35 '10 suffering from pulmonary tuberculosis. In the TB clinic soon began to behave strangely, faces painted bright makeup, gathered around a sick, danced, sang with them. Was excited all the time spent in the company of men koketkuvala, flirted, they started conversations on sexual topics. Bsyu night was absent in the unit ("was a date"). Byznachit psychopathological syndrome:

- A Maniakalnyy
- B psychopathic
- C Hebefrenichnyy
- D Moriopodibnyy
- E Isteriformnyy

9. Patient 45, in a state of complete immobility, the question the doctor meets certain words, selectively. Byraz sad face. The pupils were dilated, pressure 100/60 mm Hg. Art., pulse 100 / min. Byznachit emotional and volitional disorders:

- A depressive stupor
- B Catatonia
- C catalepsy
- D hallucinatory-delusional stupor
- E Psychogenic stupor

Level 3 Challenges

1. The mental state of the patient N., 35, a decrease mood, difficulty associative process, language and motor retardation. Byslovlyuye delusions of self-blame, self-abasement. State of improved in the afternoon. Located on account of a psychiatrist 6 years.

Byznachit diagnosis:

- A manic-depressive psychosis
- B Circular schizophrenia
- C Involutional psychosis
- D neurasthenic neurosis
- E Reactive depression

Assign treatment in hospital and give recommendations at discharge from office.

2. frenzied attack a violation of extremely strong emotions affect of sadness and fear

should vary as:

- A catatonic excitement
- B In agitation
- C Pathological affect
- D Melancholic raptus
- E All of the above

What should be the therapeutic tactics? What medications should be used first?

3. Male 40, expresses the thought of betraying his wife, citing "evidence". Repeatedly zchynyav wife jealousy scenes at home and at work, demanding that she confessed to betraying, insulted her and threatened murder. Substantiate the measures to be taken to prevent socially dangerous acts in this state ?:

- A conduct outpatient treatment
- B Assign consultation psychiatrist
- C Assign counseling therapist
- D Assign counseling psychologist
- E Hold family therapy

Set syndromic diagnosis and prescribe treatment.

III. Recommended Books.:

Basic:

1. Psychiatry / Ed. O.K.Napriyenka.- K., 2003
2. Psychiatry (clinical and diagnostic algorithms): Training manual / Ed. prof. LM Yur'yevoyi.-D.: ART PRESS, 2002.-168s.
3. VD Mendelevich Psyhyatrycheskaya propedeutics: Practical guidance for doctors and students. - Moscow: TOO "Tehlyt", 1997.-496p.
4. Burlachuk LF, Morozov SM Dictionary-Directory on psychodyahnostyke.-SPb., 1999.-518s.

5. Clinical psyhyatryya / Ed. N.E.Bacherykova.-K .: Health 1989-512s.
6. Guide to psyhyatryy / Ed A.V.Snezhnevskoho.-In 2 tomah.- Moscow: Medicine, 1983.
7. Guide to psyhyatryy / Ed. A.S.Tyhanova.- In 2 tomah- M .: Medicine, 1999..
8. Guide to psyhyatryy / Ed. H.V.Morozova.- In 2 tomah._M .: Medicine, 1988

Additional

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2. E. Bleuler, "Guide to psyhyatryy" Publishing House "Doctor", Berlin, 1920
3. Hylyarovskyy VA, "Scientists at galljucinacii" Binom, Moscow, 2003
4. Krepelyn E., "Introduction to Clinical psyhyatrycheskuyu" Binom, Moscow, 2004
5. SS Korsakov, "General psyhopatolohyya" Binom, Moscow, 2004
6. S. Sukhanov, "Semyotyka and diagnostics dushevnyh boleznej" tovaryschestvo typography AI Mammoth, Moscow, 1905
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8. Hannushkyn PB "Clinic psychopath" NHMA Publishing House, Nizhny Novgorod, 2000
9. Harrabe J., "History shyzofrenyy" Moscow - St. Petersburg, 2000
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11. Krafft-Ebing R., "Polovaya psyhopatyya" Publishing House "republic", Moscow 1996
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13. "Shyzofrenyya, multydystsyplynarnoe Study", ed. AV Snezhnevskoho, "medicine", Moscow, 1972
14. Kerbykov OV, Korkino MV Nadzharov RA, Snezhnevskyy AV "Psyhyatryya", "Medicine", Moscow, 1968
15. V. Semko, "Ysterycheskye STATUS", "Medicine", Moscow, 1988
16. Kaplan GI, Sədok B.Dzh., "Clinical psyhyatryya" in two volumes, "medicine", Moscow, 2002
17. Svyadosch AM, "Neuroses and s treatment", Medgiz, Moscow, 1959

18. Bamdas BS, "asthenic STATUS" Medgiz, Moscow, 1961
19. Kempinski A., "Melanholyya" Science, St. Petersburg, 2002
20. Kempinski A., "Экзистенциальная психиатрия", St. Petersburg Publishing House "perfection", 1998
21. Avrutskaya GP, Neduva AA, "Treatment of patients mentally" M, "Medicine", 1988
22. Nuller YU.L .. "depersonalizatsiya and depression." 1981
23. Nuller YL, I. N. Myhalenko "Аффективные психозы", 1988
- TF 24. Papadopoulos, "Acute эндогенные психозы (психопатология and systematics)." M., Medicine, 1975
25. K. Schneider, "Clinical психопатология", M., "Sphere", 1999
26. Principles and Practice psychopharmatherapy: Per. s English. SA Malyarova / F.Dzh. Yanychak, JM Davis, SH.H. Preskorn, F.Dzh. Ayd ml. - K .: Nika Center, 1999 - 728 p.
27. "Physical culture Lechebnaya психиатрической больницы" V.Y.Zapuskalov, S.A.Kasparova et al. (Under. Ed. Y.Z.Kopshytser) M Medicine 1965
28. Hylyarovskyy VA "Психиатрия» 1954
29. E. Kretschmer "Rev. ysteryy" St. Petersburg 2002
30. E. Kretschmer "Structure of PE and character"
31. Licko AE "Психопатия and accentuation of character in the adolescents'
32. K. Leonhardt "Акцентуированные personality"
33. Zeigarnik BV "Патопсихология» 1986
34. Karl Jaspers' General психопатология "M." Practice "1999
35. Karl Jaspers Sобрание сочиненуу on психопатология in 2 volumes St. Petersburg Publishing House "white rabbit" in 1996
36. Jung KG Works on психиатрия St. Petersburg Publishing House "Academic Project" in 2000
37. VM Bleyher "Disorders of thinking" in 1983
38. Kandinsky VH "Oh psevdohallyutsynatsyyah"
39. VP Osipov "The course of general Scientists at душевных disease, Gosudarstvennoye RSFSR Publishing House, Berlin, 1923

