

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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" _____ " _____ 2015

Methodological developments

for self-training on the theme: "Disorders of intellect, thought and speech"

4th year students of the Medical Faculty (specialty "medicine")

Topic: "Disorders of intellect, thought and speech"

The definition of thinking. Types and kinds of thinking is normal, their age characteristics. Classification disorders of thinking. Signs pathological thinking. Signs of autism thinking and reasoning. Compulsive disorder, classification and clinical characteristics. Characteristics of overvalued ideas. Delusional syndromes in psychiatry. Clinical characteristics of paranoid syndrome. Hallucinations syndrome of mental automatism. Characteristics and paranoid syndromes paraphrenic Roma. Differences between primary and imaginative types of delirium. Clinical signs of figurative and sensual delirium. Systematized and unstructured delirium. Clinical characteristics and etiopathogenetic mechanisms of different types of delirium induced delirium and conformal "

I. Background:

Thinking recognized as one of the important components of cognitive activities allows one-generalized to reflect the surrounding reality. This is the highest form of mental performance-UAH Duration, nights, demonstrating the essence vzayemozv`yazok and related items and events surrounding the first world. Thinking by using words as a simple means of summarizing the conscious and unconscious levels. Thought disorder is the most common pathology in psychiatry; early detection delusional ideas allows effective therapy for patients, prematurely react to possible aggressive and autoaggressive action.

II. Whole lessons:

A. Develop the concept of symptoms and syndromes of disorders of thought; incidence where these are the main manifestations.

B. Znaty:

1. Forms and types of thinking;

2. Clinical characteristics of pathology associative process;
3. The concept of delirium, its clinical varieties;
4. Nav`yazlyvi conditions of cancellation of delusional ideas;
5. The pathophysiological mechanisms of delirium and nav`yazlyvyh states;

V. able to:

1. Conduct clinical examination of patients to identify symptoms of Shen-season thinking;
2. To learn to diagnose most significant thought disorder;
3. Identify thought disorder by additional pathopsychological methods;
4. Analyze main syndromes associated with violation of association and meaning.

III. The goals of personal development:

Develop a sense of responsibility for the timeliness and accuracy of decision making in assessing the general condition, presence of complications. Form deontological ideas about the future of professional features to patients with mental disorders and their families.

Materials for test control (level)

1. Yepizodychno resultant block mental activity is called:

- A. mentism
- B. echolalia
- C. perseviratsiya
- D. verbyheratsiya
- E. shperrunh *

2. autistic thought occurs:

- A. in healthy individuals
- B. children
- C. at shyzoidniy psychopathy

DA in schizophrenia

E. around restated *

3. The definition of "violent spontaneous occurrence netsilespryamovanoho thoughts flow" refers to the term:

A. verbiheratsiya

B. perseviratsiya

C. shperrunh

D. mentism *

E. lohokloniya

4. Enter a term that meets the definition of "involuntary repetition of words in the language and certain phrases of others":

A. perseviratsiyi

B. verbiheratsiya

C. inkoherentsiya

D. echolalia *

E. shyzofaziya

5. What are the most significant factor that characterizes the delusional IDEAS:

A. violent occurrence

B. unavailability correction *

C. inability to counter them

D. focus on the subjective world

E. polymorphism

6. Do persekutornyh delusional ideas include:

A. delusional persecution IDEAS

B. delusional IDEAS physical effects

C. delusional poisoning IDEAS

D. delusional IDEAS domestic relations (losses)

E. all of the above right *

7. Symptom Freholi part of:

A. delusional ideas vonahidnytstva

B. reformatorskoho delirium

- C. delirium staging
 - D. delirium twins *
 - E. delirium intermetamorfozy
8. Patalohina thoroughness thinking occurs when:
- A. Schizophrenia
 - B. epilepsy *
 - C. psychopathy
 - D. nervousness
 - E. addiction

Materials for individual oral survey: (rivenII)

1. Definition of "thinking", "mental operations".
2. Classification of disorders of thinking.
3. Pathology thinking on the pace.
4. Violation of thinking on the form.
5. What is delusional, mayachnopodibni, nav`yazlyvi, overvalued IDEAS what these concepts are different.
6. Variety delusional ideas on content.
7. Classification of delirium.
8. Variety and nav`yazlyvyh ideas.
9. The pathophysiological mechanisms and delusional and nav`yazlyvyh ideas.

Typical problem (level II).

1. A woman of 40 years, engineer, 5 years ago, began to say, headache, feeling of general weakness, poor appetite. Believed that all bullied at work with her, laughing. Suspicion-shaft daughter connected with the bandits who are going to kill her. In the disease state zvil-nylasya from work. Suddenly began to attend lectures Mining University. Several ra-mouth appealed for help to the police there claimed that it affects

some staff-ra.Peryodychno Buz tense, suspicious, impulsive.

Among the internal organs, neurological status and additional studies not know the pathology is established an.

Intense, tells of the opinion that the actions of some body constantly monitors it. As a physician, nor where she is now hidden devices to eavesdrop on her thoughts. In desperation, which can not sleep at night, afraid that the food might be poisoned.

What are the symptoms of the patient?

What might follow periods with the disease?

What is driving syndrome?

What kind of nosology possible reason? (delusions of influence, poisoning)

2. Male 44 years old, studied satisfactorily. He graduated from high school, is now official. With dytyns-ment experienced night terrors. From 14 roiv frightened began to move across the bridge, but pereyizdyv past him on the bus. Then began to be afraid to move through the area with the help of friends could do it. Later he became afraid to go to the movies, theater, was particularly startled when the door closed and the slogan light. Proceeding from the apartment several times touched his hand to the bed, aware that after him in the street do not skoyitsya.

All years - timid, unsure of himself, always has doubts in their actions and decisions.

Somatic pathology there. Perception, memory, intelligence normal. Understand no-hruntovanosti about their fears.

What is driving syndrome?

What are the symptoms make up this syndrome?

Which pathologies can treat this disease? (nav`yazlyvi fears, neurosis).

3. Male 49 years old, a teacher, was hospitalized in a psychiatric hospital for ekpertyzu in connection with the fact that when she was in the yard of his multistory building at noon suddenly attacked the neighbor, tore her dress and began to beat. In the study do

Épisy explained that several months that monitors the neighbor, it is in a sexual connection with her husband 54 years. Husband is disabled and does not work, does not go for a paralysis of the limbs. Clear communication with a neighbor about that when coming home when th pissing the bed of a man in a jumble. Additionally several times heard someone quietly knocked on the door when it came out there was nobody. When meeting with a neighbor and just smiled to her and not zdorovkalas. I tried to deal with her husband, but he did not speak the language after a stroke and can not explain to her nothing. I am sure that her true revenge and well-lasya. Emotionally intense, sometimes crying, sorry sick man and condemn neighbor. Hara-kteryzuyetsya at work as a good worker.

What are the symptoms of the patient?

What is driving syndrome?

How to justify an examination that measures be?

(delusions of jealousy, ill not responsible for their actions and should be treated)

4. Male 37 years old, doctor. As a child quiet, indecisive guy. Poorly studied in school that could never answer the question, argued that just does not know. From 10 to 17 years masturbation. In 18 years there was a shyness by heart, thinking that might die. Always scare-all "in difficult times" left without medical care because walking through the city with goods-shamy - doctors. All my life I was worried sick not to syphilis or second infection. Several times a day washing his hands. To others good and conscientious. Always waiting for this-be that something bad news.

Somatic violations vyyavleno.Spyt and eat well. Perception, memory intelligence without pathology. Understand their unfounded, analyzes them. It is indecisive when making any decision.

What is driving syndrome?

What are the symptoms make up this syndrome?

On which grounds formed the disease? (for preclinical period asthenic accent-uation of indecision and uncertainty. nav`yazlyvi fears further formed as a manifestation of

neurosis nav`yazlyvyh states).

5. Girl 14 years. 3 months to hospitalization in psychiatric hospital began to complain of headaches, irritability, changes in sensation itself. She began to think much, much time could sit and watch at one point. Saw themselves in the mirror, saying that she changes moose-face, nose lengthened, widened eyes, "eyes as stones". In the process of reading a notice that the letters it viddalyuyutsya then pryblyzhuyutsya. Worsened in school. From my ma and sister became sharp and categorical. Do not take care of themselves a lot of time lying in bed.

Somatic and neurological condition without pathology. Consulting of an ophthalmologist - the norm. Perception and memory without violations.

Talking calm, but sometimes silent, roz`yasnyuye the fact that "in my head stop thought." Nothing, nowhere has the interest.

What are the symptoms of the patient?

What is driving syndrome?

Which pathologies can treat this disease? (syndrome dysmorfofobiyi begun shyzofenichnoho-current process).

6. Female 46 years old, not working. Mentally ill for 10 years. Disease developed gradually. She began to feel pain in my heart. Reasoned that her husband began to "act hipno-lows." Told him that in the absence of their homes someone walked in the room, she "saw" SLI di of shoes. also follow her, but who do not upochnyuye. I am sure that her husband is unfaithful, wants to destroy; also "leads" the disease on people around them. In connection with these sayings lation, clashes with her husband, and is aggressive, tried to throw his privately-pom. Neodnorazovo treated in psychiatry, but no sustained effect.

Somatic and articles without neurological disorders.

During the conversation calm, confirms that her husband "kills" that her follow some glycol di. Awkward husband, daughter, pleased that the House is in troubled. Do

nothing, worried only about the food, eats a lot. At a meeting with a man silently took food and returned to the department. Tries to take food from others patients. Do not take care of themselves, not clean.

What is driving syndrome?

What are the symptoms make up this syndrome?

What kind of nosology possible reason? (Delusions of influence in schizophrenia).

7.3 Materials Control for the final stage of employment.

Custom task (third level).

1. Male 68 years. During the last three years in retirement. Previously was director shkoli. Had to retire in connection with headaches, noise in the head, in whole rozdratova, forgetfulness. blood pressure rises to 170 - 180/90 - 110.

In hospital hospitalized a second time. The first time treated a year ago, then was psychotic state in violation of falling asleep, anxiety, chiv voices of unknown people who called him a traitor. He believed that his pursuing, and have killed. To further complete this meal, you skochiv the window. Acquired the seriously injured limbs. The department two weeks felt fear was intense, he would not eat, asserted that he was not a criminal, but rather around zradny-ky.Potim left the psychotic condition, remembers that was then. There was tearful, intellectual interests-low. It's hard to remember the past. Secondary psychotic state evolved after 6 months with similar symptoms. Asked to save him from his pursuers without rummaging Deauville-injection sisters do .Vvecheri seen nasty face enemies.

After 1.5 months the state returned to normal. During this time the department clot periods improvement z`yavlyalasya to self- critical condition, was calm, self-hosted food.

Somatic: A / D - 160/90.

What are the symptoms of the patient?

What is driving syndrome?

What are the physical manifestations related?

Which somatic disease combined signs of mental disorders?

What nosology may expose? (Halyutsynatorno- paranoidnyy hypertensive vascular psychosis).

2. Male 39 rokov, ill for 6 years. He began to feel pain "pulling" the nature of the anus with a special relationship with the head, arms and legs twitching, "the go-catching some contamination", "expanding and rozoviyut vushi", "zsohsya brain."

Never never treated. Gave work that had something of a sexual othodzhennya mem-on. Gave communicate with his friends at night and will not go out on the street at night the street gymnastics. With angry relatives, especially his mother. Managers consider that he has a sexually transmitted disease and twice examined in venereologists, both times nothing is found.

Somatic and neurological status without pathology. In additional tests also norm.

In an interview talking about "meaning of life and the whole universe." He says that "something warm from head presses on the nose, eyes, hands and feet." Mentally ill himself does not believe. replied: "I have diabetes and venereal disease." Requires detailed examination. Constantly touching belly, looking at themselves in the mirror. Treatment crazy. hospital says "medical error", requires write home.

What is driving syndrome?

What are the symptoms make up this syndrome?

Which diseases may attribute these disorders? (hypochondriacal delusions)

Level 1 Tests

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- D. nervousness
- E. addiction

Tests II level

1. The structure which includes symptoms of dementia oligofaziya, excessive detail work, egocentrism?

- A. schizophrenic.

- B. Because TBI.
- C. Because brain tumors.
- D. epileptic.
- E. Because of cerebral arteriosclerosis.

A - D.

2. mental retardation is caused mainly:

- A. chromosomal aberrations and other hereditary diseases.
- W. personal characteristics.
- C. traumatic factors.
- D. Pathological pregnancy families.
- E. pathological effects on brain development of the child up to 3 years.

The answer - A, D and E.

3. What changes personality is not characteristic of schizophrenic patients with dementia:

- A. pedantry.
- V. Closure.
- C. Apathy.
- D. The polarity of emotions.
- E. Reducing social interests.

The answer - A, D.

4. lacunar form of dementia brings together mental disorders in areas other than:

- A. Memory.
- B. affective.
- C. willed
- D. Thinking.
- E. account.

A - D.

5. Complete lack features that are most characteristic moronity:

A. A small vocabulary.

... V. (abstract logical thinking at the primary level).

S. Mental and physical retardation in childhood.

D. (possibility of studying at special school).

E. Anomalies of appearance.

6. When the diagnosis of degree of mental retardation need to pay attention in order:

A. Gender patient.

B. Anomalies of appearance.

C. Capability in school.

D. The kind of thinking.

E. behavior, speech.

A - D, C, E, B, A.

7. What are the steps physician during the examination of patients with disorders of intelligence:

1. Clinical examination.

2. The plan survey

3. Collection of complaints and anamnesis.

4. Appointment of additional inspection.

5. diagnosis.

6. Appointment treatment.

A: 3, 1, 2, 4, 5, 6

Challenges (II)

1. Patient 52 years. The disease began with grave disorders of memory while maintaining the emotion-term scope and criticism. Then apraktychni developed, aphasic, agnostic disorders, the manifestation of Alexis-tion, aggression.

1. Add a previous diagnosis?

2. Assign examination of the patient?

Answer:

1. Alzheimer's Disease.

2. REG, EhoEG, CT brain, counseling therapist, neurologist, medical psychologists Gd.

2. The patient in '69 during the last year are headaches, dizziness, z'yavyla Xia irritability, insomnia, was tired of homework. Sometimes forgetting names of friends, can not remember where she put the right thing. It is noted zatrudnennya a per-pam'yatovuvanni new facts, write the name of the doctor that cures it. With memories of these events grows plu-sequence, she sees his mistakes, upset. At the mention of close-z'yavlyya are tears, but then, when you change the theme, smiling, laughing.

1. What disease can suggest?
2. Assign patient treatment?

Answer:

1. Atherosclerosis of cerebral vessels.
2. Assign higher doses nootropic drugs, drugs that improve cerebral blood flow, restorative, symptomatic therapy.

3. The patient is 55 years. The disease slowly started to personality changes (reducing moral and ethical qualities), motor disinhibition while preserving mental function and reducing criticism, then appeared expressive language disorder, aspontannist, emotional stupidity.

1. What disease can suggest?
2. What inspection should be patient?

Answer:

1. Pick's disease.
2. REG, EhoEG, CT brain, counseling therapist, neurologist, medical psycho-log.

4. Patient, 75, reveals severe memory disturbances, does not remember current events, I forgot a lot of past life. Thinking prymytyvne. Has a gross violation of praxis, behavior inadequate. Uncritical your condition.

1. What is the leading psychopathological syndrome suggests?

2. What research is necessary to assign patients to determine the nature of the pathological process in the brain?

Answer:

1. The syndrome of dementia.
2. Computed tomography of the brain.

VII. 3. Materials Control for the final stage. Tasks (III)

1. The therapist came to the clinic patient complaining of abdominal pain. During the conversation, the doctor found that the patient can not express their complaints brainy, medical history. Stock of knowledge does not match his age. Inadequately laughs. Do not remember Passport information (date of birth, address).

- Define general clinical practice tactics doctor (internist, surgeon).
- What additional inspection should be

A. Ignore these violations during the examination and treatment of the patient, prescribe blood count, urine.

B. Immediately to send the patient to consult a psychiatrist

S. Prior assessing complaints, anamnesis and medical measures take into account the lack of intellectual Univ patient

D. Recommend refer the patient to a psychiatrist for consultation

E. None of the above.

2. Patient, 75 years at a reception at the therapist reveals severe memory disturbances, not zapam'yato-vuye current events, I forgot a lot of past life. Has a gross violation of praxis.

- What research should be patient to determine the nature of the pathological process in the brain
- What is driving psychopathological syndrome

- A. Kompternuyu tomography brain. The syndrome of dementia.
- V. skull radiographs. Korsakoff's syndrome.
- C. electroencephalography. The syndrome of progressive amnesia.
- D. Research liquor. The syndrome of mental retardation.
- E. Biochemical blood. Psychoorganic syndrome.

3. The guy in '14 there are - immature thoughts, simplicity, heightened suggestibility, excessive attachment to the parents, the inconvenience motor, inclination donezrilyh thoughts ozhy-aging, general mental retardation.

- Your preliminary diagnosis.

- A. Dysharmonichnyy infantilism.
William idiocy.
- C. imbecility.
- D. Patoharakterolohichnyy development entity.
- E. Shyzoidna psychopathy.

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