

**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

Head of the Chair MD, professor V.V.Chuhunov

---

" \_\_\_\_\_ " \_\_\_\_\_ 2015

**Methodological developments**

independent studies on the topic "Epilepsy" for students of 4th year medical  
faculty (specialty "medicine")

## **I. Objectives classes:**

1.1. The student should know:

- Pathogenetic mechanisms of disease.
- Classification seizures .;
- The principles of differential treatment of epilepsy.
- Status epilepticus (diagnosis, emergency care).
- Differential diagnosis of epilepsy and paroxysmal neepileptychnyh states.
- Treatment of paroxysmal and treatment mizhnapadnyy period.

1.2 The student should be able to:

- Inspect a patient with epilepsy.
- Conduct clinical and research neurological patients with epilepsy.
- Analyze the results of clinical and functional methods.
- Identify patient management of epilepsy.

## **II. Content of the topic classes**

### **Epilepsy**

Anamnesis

Heredity perinatal diseases of childhood

Infection, trauma, watermark Somatic disease

### **Neurological status**

Rule Pathology

EEG CT, MRI of the brain

Norma Norma Pathology Pathology

Treatment of the underlying disease + selection of antiepileptic drugs

Differential diagnosis of paroxysmal neepileptychnymy

Selection of antiepileptic drugs

## Research methods

overview

clinical tests

klinostatychna and orthostatic tests

CSF study

state fundus

instrumental methods

EEG

CT, new Tom Brain

ultrasound MAG

ECG

### **Materials for test control (I a):**

1) What type of epileptic seizure, which is most common in adults:

- A. \* complex partial
- B. generalized tonic-clonic
- C. absences
- D. simple partial
- E. dzheksionovskyy

2) partial seizures include all of the above except:

- A. \* dzheksionovskyyh attacks
- B. precursors period
- C. aura
- D. attack
- E. period after attack

3) seizures can be provoked by all nyschenavedenym except:

- A. \* Multiple Sclerosis

- Pneumococcal meningitis B.
- Subarachnoid hemorrhage C.
- D. subfrontal meningioma
- E. intracerebral hematoma

4) If the patient generalized tonic-clonic epileptic seizure, death can come from all of the following except:

- A. \* bifidum jamming in a large foramen
- B. hyperthermia
- C. dehydration
- D. arrhythmia
- E. renal failure

5) Female 26 years in the general store there was an attack by the court in connection with what she brought to the emergency department. None of the persons who accompanied the woman did not know about it. CT-examination of pathology is detected, CSF within normal limits. Additional methods of inspection were made in the period after protracted attack. What is the most likely diagnosis:

- A. \* generalized epileptic seizure
- B. simple partial seizures of epilepsy
- C. serous meningitis
- D. encephalitis
- E. Multiple Sclerosis

Materials for individual oral survey: (level II)

- Define the concept of epilepsy

- Pathogenetic essence epileptic focus in disease development
- The role of endogenous and exogenous factors in the formation of epileptic foci
- Classification of seizures: generalized, partial, partial-generalized
- The principles of differential diagnosis of epilepsy and paroxysmal states neepileptychnyh
- Status epilepticus - diagnosis, emergency care
- Instrumental and functional methods of examination of patients with epilepsy
- Treatment of paroxysmal and treatment period mizhnapadnyy

Materials for test control (IIa):

Test 1 - Test multiple choice

Offer to treat status epilepticus intravenous administration of large doses Sibazon thanks to its properties:

1. fast acting intravenous administration
2. rapidly excreted from the body
3. not affect the breathing center
4. do not help to reduce pressure
5. oppress attacks for 24 hours after a single administration

Test 2 - a test that involves determining the correct sequence of steps given

Identify the correct sequence of symptoms characteristic of most temporal partial seizures (71%):

1. oroalimentary automatisms
2. aura
3. Interrupt motor activity
4. The patient looks around
5. The movements of the whole body
6. Brush repeated atomatyzmy

Answer:: 2, 3, 1, 6, 4, 5.

Test 3 - in substitution or with response independently constructed

What are the main pharmacological agents used to treat epilepsy

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

Answer:

- topamaks
- carbamazepine
- valproate
- lamotridzhyn
- levetyratsepam
- fenitoyn and other

**Typical tasks (II):**

The patient in '24 suddenly appeared fear, impaired consciousness, vocalization, complex zhestykulyatorni automatism, facial flushing, involuntary urination. The EEG, MRI revealed no pathology. The attacks were repeated 2 times a month.

Set:

- clinical diagnosis
- Topical diagnosis
- Clinical management of such patients
- General principles of treatment

(Epilepsy, complex partial frontal (tsynhulyarni) paroxysms)

7 year old boy was inattentive in class several times for the entire period of lessons. The teacher pointed out periodic missing child and look prytsmokuvannya lips. Fall or court never observed. During a short "no" it is not vidzyvavsya to his name. Mother still notice these signs, but did not give them importance, considering dreamy child.

Set:

- clinical diagnosis
- Assign additional methods of inspection
- Tactics
- Principles of treatment

(Absences)

21 year old man complains of several attacks that happened to him over the past 4 years. The attacks occurred suddenly, without precursors and every attack ended injury. Ambient told that he suddenly appeared no opinion, it zmovkav body napruzhuvalosya, vyhynalosya forward a few seconds stay in this position he started to shake heavily and kicks. Every time he prykushuvav a tongue did not hold urine. The EEG - abnormal complexes are recorded in all parts of the brain.

Set:

- clinical diagnosis
- Clinical management of such patients
- General principles of treatment

(Generalized tonic-clonic seizures)

The 37 year-old man was involuntary twitching of the left thumb. Within 30 seconds twitching spread to the entire left arm. In the left forearm and headed appeared forced movements. The attack patient does not remember, but she said that then he fell and twitching spread to the entire left half of the body. In no conscious he was 3 minutes, then 15 minutes to come to their senses. During the attack he prykusyv a tongue involuntary sechepuskannya was noted.

Set:

- clinical diagnosis

□ Clinical management of such patients

□ General principles of treatment

(Dzheksjonovskyy partial seizures)

Custom tasks (level III)

Woman '25 fired for loss of important papers. For several years she episodes were recorded unconscious action. The last time she buried the plates in the back yard, hid his underwear. His actions did not remember it. Her husband said that she was "missing" for 5 minutes, and impaired consciousness lasted about an hour. During the attack the patient does not fall all the time was in motion. With increased attacks the patient began to complain about the appearance of an unpleasant taste in the mouth, which looked like motor oil taste and was a harbinger of an attack. The EEG detected abnormal fire activity in the temporal destiny.

Set:

- preliminary diagnosis
- type attack
- patient management
- therapeutic measures

(Epilepsy, complex partial seizures)

Man '17 complains appearance posmykuvan in hand when awakening, as after a day of rest, and the morning after a normal night's sleep. A few months later twitching began to appear during the day, many hours after awakening. He did not lose consciousness, but at the time he could stay on his feet. Once the attack led to the fall, which resulted in a patient broke his wrist.

Set:

- preliminary diagnosis
- additional inspection should be
- a differential diagnosis
- patient management, therapeutic measures

(Myoclonus)

Woman '22 delivered to the induction center in a coma. A month ago there appeared a



change in behavior as excessive suspicion and merriment. A week before the hospital took those visual auditory hallucinations. No medication is not used, the doctors are not addressed. On the day of hospitalization developed generalized seizure attack in violation of consciousness to coma. On MRI brain lesions found in temporal destiny. In the study of CSF - protein-cell dissociation.

Set:

- preliminary diagnosis
- a differential diagnosis
- patient management
- therapeutic measures

III. Suggested Reading .: Basic:

1. Nerve disease under. Ed. S.M.Vynychuka, Ye.H.Dublenka. - K .: Health. - 2001 - 696 p.
2. Neurology, under. Ed. S.M.Vynychuka. - K .: Health. - 2008. - 664 p.
3. nervous system disease, ed. N.N.Yahno, D.R.Shtulmana, ed. Second, M .: Medicine. - 2001. - v.1 - 744 pp., Vol.2 - 480 p.
4. Nikiforov AS, AN Konovalov, Gusev EI Clinical nevrolohyya - M .: Medicine. - 2002. - v.1 - 690s., Vol.2 - 777 p.
5. Nevrolohyya, ed. D.R.Shtulmana, O.S.Levyna, 4th ed. - M .: Medpress-inform. - 2005. - 944 p.
6. Charles V. Эpilepsyya - M .: Medicine. - 1990. - 335 p.

Additional

1. Kannabikh J., "History psyhyatryy", Moscow, 1923
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

7. Snezhnevskyy AV, "General psyhopatolohyya" MEDpress-inform Moscow, 2001
8. Hannushkyn PB "Clinic psychopath" NHMA Publishing House, Nizhny Novgorod, 2000
9. Harrabe J., "History shyzofrenyy" Moscow - St. Petersburg, 2000
10. G. Ammon, "Dynamycheskaya psyhyatryya", St. Petersburg, 1996
11. Krafft-Ebing R., "Polovaya psyhopatyya" Publishing House "republic", Moscow 1996
12. IF Slichevski "Psyhyatryya" Medgiz, Leningrad otdelenie, 1957
13. "Shyzofrenyya, multydystsiyplynarnoe Study", ed. AV Snezhnevskoho, "medicine", Moscow, 1972
14. Kerbykov OV, Korkino MV Nadzharov RA, Snezhnevskyy AV "Psyhyatryya", "Medicine", Moscow, 1968
15. V. Semko, "Ysterycheskiye 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., "Əkzystentsyalnaya psyhyatryya", St. Petersburg Publishing House "perfection", 1998
21. Avrutskaya GP, Neduva AA, "Treatment of patients mentally" M, "Medicine", 1988
22. Nuller YU.L .. "depersonalizatsyya and depression." 1981
23. Nuller YL, I. N. Myhalenko "Affektyvnyye psyhozzy", 1988
- TF 24. Papadopoulos, "Acute endohennyye psyhozzy (psyhopatolohyya and systematics)." M., Medicine, 1975
25. K. Schneider, "Clinical psyhopatolohyya", 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 psyhyatrycheskoy bolnytse" V.Y.Zapuskalov,

- S.A.Kasparova et al. (Under. Ed. Y.Z.Kopshytser) M Medicine 1965
28. Hylyarovskyy VA "Psyhyatryya» 1954
  29. E. Kretschmer "Rev. ysteryy" St. Petersburg 2002
  30. E. Kretschmer "Structure of PE and character"
  31. Licko AE "Psyhopaty and accentuation of character in the adolescents'
  32. K. Leonhardt "Aktsentuyrovannyye personality"
  33. Zeigarnik BV "Patopsyholohyya» 1986
  34. Karl Jaspers' General psyhopatolohyya "M." Practice "1999
  35. Karl Jaspers Sobranie sochynenyuy on psyhopatolohyy in 2 volumes St. Petersburg Publishing House "white rabbit" in 1996
  36. Jung KG Works on psyhyatryy 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 dushevnyh disease, Gosudarstvennoye RSFSR Publishing House, Berlin, 1923