

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

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Methodological developments

independent studies on the topic

"Organization drug treatment" for students of 4th year medical faculty

(specialty "Dentistry")

I. Objectives classes:

1.1. The student should know

- The main theoretical position of dependence on psychoactive substances.
- Pathogenetic mechanisms of disease.

1.2. The student should be able to

- Collect and evaluate complaints and medical history of the patient, which is dependent on psychoactive substances.
- Clinically assess symptoms that indicate alcohol dependence and other substance (a-11).
- Rate of additional methods of inspection data and experimental psychological studies of patients (a 11).
- Carrying out preventive and differential diagnosis of different types of substance dependence (a-11).
- Appointment of the patient must be adequate therapy for alcohol dependence and other substance (A-111).

II. Content of independent work:

Alcoholism - a disease characterized by a pathological addiction to alcohol because of their prolonged use of psychological development, mental and physical dependence. According to WHO the prevalence of alcohol varies from 11 to 44 per thousand population. Alcohol abuse leads to mental disorders, pathological causes physical, neurological and endocrine changes in the body. Alcoholism starts with everyday drinking. It should give a clear definition of types of addiction. During psychological dependence understand the desire to get euphoria and relaxation. Psychological dependence - heavier painful event, is that there is a need to get rid of poor spiritual condition (depression, dysphoria, dystimiyi) just by taking alcohol. Finally, physical dependence is in need of alcohol to relieve painful physical symptoms.

In the course of the disease are three stages: first - tserebrastenichnu, the second - and third entsefalopatychnu - alcoholic dementia. For the first stage of the disease is

characterized by pathological attraction of psychological dependence, increased tolerance to alcohol, loss of protective gag reflex, loss of quantitative control drunk, intoxicated arise palimpsest, the shape of intoxication, euphoria occurs instead of the expected depression of mood, dysphoria, depression, zlisnist others, a characteristic symptom of advancing toast. Gradually changing characterological development as a person with anosognosia. If some of these symptoms are typical also for everyday drinking, their set is the evidence of the disease.

For entsefalopatychnoyi stage hangover syndrome characterized by the appearance of severe manifestations of mental, neurological and somatic disorders. Lost not only quantitative but also situational control. Developed amnestic forms of intoxication. Drunkenness assumes the character psevdopoyiv when the patient is forced to cease drinking. Accepted surrogates alcohol. Disrupted the function of internal organs, most often - liver function (toxic hepatitis). Personality changes affect not only characterological features, but intellectual and memory. In the second stage may develop acute alcoholic psychosis.

The third stage of alcoholism is characterized by a decrease in tolerance to alcohol, patients get drunk to even small doses of weak drinks. Increasingly mental degradation increases with the development of dementia and loss of social contacts. Sharp suffers function of internal organs develop cirrhosis. The distinctive appearance of such patients, habitus alcoholicus. Often develop chronic alcoholic psychosis.

It has the clinical picture of acute alcoholic psychosis, delirium tremens, acute alcoholic paranoyidu, acute alcoholic hallucinosis and pstalohichnoyi forms of intoxication. Given brief statement chronic alcoholic psychosis clinic: Korsakov psychosis, alcohol delirium of jealousy, Wernicke encephalopathy Hayye-alcoholic and psevdoparalichu, conducted differential diagnosis of other diseases. Depending on the form of alcoholic psychosis carried out and differentiated treatment. After the withdrawal of a patient with psychosis should be carried out stepwise treatment of alcoholism. In the first stage of a detoxification therapy. The second stage - the conditioned reflex therapy using emetics, apomorphine, heavy metal salts, herbs barontsya, emetine. Later appointed sensybilizuyua therapy. Used for this purpose teturam, esperal, trihopol, nicotinic acid.

Expressed non-drug treatments given information on new methods of therapy, the use of drugs: proprotena 100, Folium-C. Emphasizes the importance of psychotherapy in the therapeutic process, especially in outpatient settings where treatment should continue for at least three years.

Drug abuse and toksykomanichnymy means belongs to the category of serious social problems. Drug addiction - a disease that is manifested by train to the continuous use in increasing quantities of drugs due to stable mental and physical dependence with the development of abstinence in the cancellation of their admission and change of mentality, his behavior, emotional sphere. The main characteristics of drug addiction is altered reactivity to the drug, resulting in craving, an increasing tolerance, change the primary action of the drug on the body and the emergence abstinentnoho syndrome after the cease its reception.

There are three criteria for addiction, medical, social and legal. Medical criterion indicates that the substance has such properties that are the cause of non-medical use. Social criteria reflected in the fact that drug use spread so that acquired social importance. Law is that related to the drug substance in the list approved by the Ministry of Health. The abuse of other psychoactive substances are designated as substance abuse. So the difference between addiction and substance abuse is not as medical as legal. Prolonged drug intoxication accompanied by the development of acute psychotic states (psychosis) and chronic changes in individual patients developing countries. Psyhotoksychna zahalnotoksychnym performance combined with the influence of substances that are used on different organs affected liver, kidneys, serdtsevo-cardiovascular system, the digestive system.

In the development of drug addiction of any form are the following three stages: adaptation, abstinence phenomena and exhaustion. The first stage (tserebrastenychna) is characterized by two features - the change in reactivity in the interaction of drugs and psychological development and mental dependence. At the stage of abstinence phenomena (entsefalopatychniy) associated syndrome of physical dependence, there is a compulsive desire. Phase depletion different progressive depletion of the protective properties of the body. At this stage eyforyzuyuchy and invigorating effect decreases.

Patients taking drugs in much smaller doses, has been largely to support the body in good mental and physical condition.

Types of drug addiction. Occurs most adverse opioid addiction caused by the abuse of opium alkaloids (morphine) and its derivatives and substitutes handicrafts (Shirky, Hanka and others.). It has summarized the clinical picture opium intoxication, clinical stages morfinizmu. Before drug addiction caused by drugs of Indian hemp, include hashyshyzm. Despite the fact that the hashyshyzmi withdrawal syndrome develops much slower than morphinism, yet he is a danger that produces a drug addict in need of stronger drugs.

Cocaine addiction is developing very quickly. Most cocaine consumed by inhaling through the nose, sometimes even administered subcutaneously or intravenously. Eventually eyforyzuyuchy effect weakens, developing asthenic syndrome. Patients look exhausted, experiencing dry mouth, sometimes there are tactile hallucinations of insects crawling sensation under the skin (symptom Magnani).

In recent years, drug addiction has spread efedronova flowing with much severe withdrawal syndrome and the rapid development of encephalopathy, the clinical picture which observed steady extrapyramidal disorder. Barbituric addiction also occurs with very severe withdrawal syndrome that reaches embodies the highest intensity on day 3-4 of development ahrypniyi, epileptiform attacks, often psychoses. It should stop and addiction caused by taking psychodyzleptykiv (mescaline, psilocybin, LSD). Mental disorders accompanied by her shyzofrenopodibnoyu syptomatykoyu with hallucinatory-paranoid paintings. Often, patients taking more than one drug, and few or combine them with toksykomanichnymy means or taking alcohol. In connection with this distinguished polinarkomaniyu and complicated drug.

Briefly express current views on the pathogenesis of drug addiction and addicts. The treatment should focus on general principles, which imply prolonged first stationary, then outpatient treatment. Used detoxification and therapy. Show tranquilizers and antipsychotics, in depression - antidepressants, especially selective serotonin reuptake inhibitors (CIPRAMIL APPLICATION, tsyproleks, Zoloft). Widely used physiotherapy, herbal medicine, acupuncture, but first - a psychotherapeutic treatment.

Prevention of drug addiction and addicts provides a number of medical, sanitary and social measures. You must direct efforts to develop a negative attitude of the population to drugs, special attention should be given to educational work with young people. It should also promptly identify persons inclined to narcotics and conduct preventive treatment.

Materials for test control (I a):

1. barbiturate intoxication are not typical:

- A. Hyperactivity *
- B. Hallucinations.
- C. Violation of sensory fusion.
- D. Illusions.
- E. euphoria.

2. The 3 stages of alcoholism are not typical:

- A. * Psevdozapoyi.
- B. Alcoholic psychoses.
- C. Alcohol dementia.
- D. The use of surrogates.
- E. Reduced tolerance.

3. Direct evidence of the desire for alcohol are:

- * A. appearance of withdrawal symptoms.
- B. Konfabulyatsiyi.
- C. Cirrhosis.
- D. Violation memory.
- E. tremor of the upper extremities.

4. Among patients with alcohol dependence are more common with individual features:

- A. asthenia.
- B. hysteroid.
- C. schizoid.
- D. synthons.
- E * Epileptoyidnomy.

5. The concept of a form of alcohol abuse usually does not contain information on:

- * A. The nature of tolerance.
- B. Frequency of alcohol consumption.
- S. type of hard drinking use.
- D. permanent drunkenness.
- E. All of the above.

6. Korsakov psychosis is not typical:

- A. Violation allopsyhichnoyi oriyentyrovky.
- * B. delusional ideas.
- C. Fiksatsiyna amnesia.
- D. Konfabulyatsiyi.
- E. Retrograde amnesia.

7. addicts after the end of a drug having severe mental, neurological, somatic disorders.

How is this syndrome?

- A. Drug addiction
- Sensitization V.
- C. * Abstinentnyy syndrome
- D. cumulation.
- E. Tolerance.

8. Patient 33 years. Within a month vacationing with relatives in the Caucasus, drank wine every day to 3 liters. Returning home noticed that the compartment companions behave oddly, somehow sinister look to him for some reason got a knife and started to cut bread. He realized that he show him how rozpravlyatsya. Very frightened, ran out of the compartment and asked the conductor hide it. When the train pulled into the station, he saw the window people running. Got it, running behind him and waiting for his death. In the course of vplyhnuv car and shouting: "Help, save!" ran toward the station.

Define the diagnosis

- A. Delirium tremens.
- B. Acute alcoholic hallucinosis.
- * C. Acute alcoholic paranoyid.
- D. Schizophrenia.
- E. reactive paranoyid.

9. Patient 21 years. Recently suffered severe pneumonia followed asthenia. At the wedding, the second drank 0.2 liters of vodka. Quickly drunk, it was dyzartrychnoyu, pohodka shaky. Otvereziv then allegedly got up from the table and quick step went to the kitchen. Not answering questions hostess that he needed, grabbed a knife and quickly returned to the table, where he began to shout loudly, waving his knife. Do not understand the words addressed to him. Attacked the guests, threatening murder, did a sharp resistance. His face was pale, pupils dilated. After 15 minutes, settled down and fell asleep on the couch in the next room. The next morning does not remember anything that happened. Identify the form of intoxication:

- A. Simple Average degree of intoxication
- B. Epileptoidna simple form of intoxication.
- * C. pathological intoxication.
- D. Dysforichna form of simple intoxication
- E. Paranoyidnaya form of simple intoxication

10. The patient was 19 years old. Heredity is burdened by alcoholism and schizophrenia.

The nature shy, diffident, lives with his parents, was not fond of frequently changing jobs. Regularly drink alcohol for 17 years under the influence of friends, drinking almost every day except drink wine substitutes. In a state of abstinence complains of fatigue, weakness, headache, loss of appetite, insomnia. Identify the form of alcohol abuse:

- A. hard drinking.
- B. Domestic drinking.
- Q. Dypsomanichna.
- * D. Systematic.
- E. Episodic.

Objectives Level II

1. Patient 49 years. He suffers from alcoholism 3 stages. 2 years ago first began hearing "voices" coming from the street. "Voices" talking about it, discussing and condemning it. I felt fear, anxiety, went to check where they are hiding what they say. I am confident that speak real people mock him, discussing his life. Outraged, perelayuyetsya the "voices". Gradually began to treat them calmly. Continues to operate. Notes that at present "voices" appear less and intensified during drinking bouts. Says that used to "vote" to understand that they are - painful.

1. Add a previous diagnosis.
2. Assign inspection of the patient.

Answer:

1. Chronic alcoholic hallucinosis.
 2. General biochemical, experimental psychological examination, counseling therapist, neurologist and medical psychologist.

2. Patient 49 years. Abuses alcohol of 22 years, tolerance previously 1.5 liters of vodka, get drunk now from 200 g 12 years ago in a state of abstinence appeared first epileptic seizure. Fell on the street, hit his head on the asphalt. A few months later was epistatus.

In the neurosurgical department did craniotomy. He lives with his mother, wife and daughter left him. Have not work, communicates with drunkards. By itself not critical.

1. Add a previous diagnosis.
2. Assign the necessary anticonvulsant patient.

Answer:

1. Alcoholism epileptiformnym 3 stages of the syndrome.
2. Determine the frequency, the nature of the attacks, the age and weight of the patient, prescribe adequate daily dose karbomazepinu.
3. Patient '53. More than 20 years abusing alcohol. Tolerance was up to 2 liters of vodka. Last 3 years drank every day several times a day, hmeliye 200 grams of wine. He left the family, not interested in the life of loved ones, sold the apartment, all the money propyl. Over the last year homeless. His father suffered from alcoholism. In history - frequent head injuries. Knocked to the hospital due to the profound memory impairment. Nothing remembers amnezuvav many events of his life. Asked about where he was yesterday, said: "I went to sit in parliament." Do not remember your ward doctor. In somatic status - myocardial dystrophy, liver cirrhosis in nevrolohychnomu - polyneuritis.

1. Enter the host syndrome.
2. Assign the necessary treatment to the patient.

Answer:

1. Korsakov syndrome.
2. For a long time assign higher doses nootropic drugs and vitamins in December, symptomatic therapy.

Materials to control the final phase

Challenges III level

1. Male '48 never works. With his wife divorced, but live together. Houses satisfied scandals reveals its treason. Assure that saw it enters into love affairs with many men, teenagers and even older people. Now under arrest since tried to kill his wife. Earlier in the psychiatric hospital treated.

-Palolohiyu Mental sphere which should first be deleted during the forensic psychiatric ekspertyzy?

Answer - thinking (alcoholic delusions of jealousy).

2. Before receiving ward police brought the girl in a slight state of intoxication. "Unknown", approximately 15-17 years who do not remember his name, his place of residence, no other passport data. Externally pryvitlyvoyu looks, clothes and personal things in order. Complaints about the state of health does not have except one - "do not remember anything."

- Spend the differential diagnosis between Dissociative fugue, dizziness consciousness simulation.

A - First lady should be hospitalized and to observe the dynamics of althoughbe within 3-4 days.

III. Recommended Books.:

Basic:

1. Psyhiatriya / Ed. O.K.Napriyenka.-K., 2001
2. Psyhiatriya (clinical diagnostic algorithms): educational and methodical manual / Ed. prof. L.M.Yur'yevoyi.-D.: ART PRESS, 2002.-168s.
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23. Nuller YL, I. N. Myhalenko "Аффективные psyhozy", 1988
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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
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30. E. Kretschmer "Structure of PE and character"
31. Licko AE "Psyhopaty and accentuation of character in the adolescents'
32. K. Leonhardt "Акцентуированные personality"
33. Zeigarnik BV "Patopsyholohyya» 1986
34. Karl Jaspers' General psyhopatolohyya "M." Practice "1999
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