

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

for practical classes on the topic "The main psychopathological syndromes"
for students of 4th year medical faculty (specialty "medicine")

I. Objectives classes:

1.1. The student should know:

- Methods of study of psychiatric patients. Additional diagnostic techniques, interpretation of results.
- Definition hyperesthesia, hypoesthesia and anesthesia. Clinical characteristics senestopatiy. Features senestopatiy maxillofacial in practice dentist.
- Differential diagnosis of simple and complex hallucinations. Classification by hallucinations analyzers. Differential diagnosis between true and pseudohallucinations. Etiopathogenetical classification hallucinations.
- The concept hallucinosis, its clinical manifestations and differential diagnostic limits. Disorders of sensory fusion. The definition of "depersonalization". Clinical features violation "body schema". Clinical characteristics of derealization. Disorders of sensation and perception in the practice of a dentist.
- Sthenic and asthenic emotion. Pathological improve mood. Definition of mania and euphoria. Variety of mania. Inhibition mood. Clinical signs of depression. The concept of endogenous depression and welcoming. their clinical signs. Clinical characteristics of psychogenic depression. Psychopathological symptoms of depressive component.
- The concept of volitional activities and trains. Stages of volitional process, their characteristics. Instincts and their disturbances. Disorders food instincts. Disorders of the instinct of self-preservation. Disorders of the sexual instinct.
- Clinical characteristics of catatonic excitement. Clinical characteristics of manic excitement. Clinical characteristics hebefrenichnoho excitement. Clinical signs of catatonic stupor. Clinical signs of depressive stupor. Impulsive actions, their characteristics and clinical features.

1.2 The student should be able to:

- Identify the symptoms and syndromes of mental illness during communication with the patient.

- Qualify their character and possible dynamics.
- Correctly describe the mental state of the patient's medical records.
- To conduct differential diagnosis of symptoms and syndromes.
- Provide medical assistance in emergency conditions.

II. Content of independent work:

General psychopathology. Disorders of sensation, perception and memory.

General psychopathology. Disorders of thinking, language and intelligence.

General psychopathology. Violation of emotions, impulses, volitional.

Syndromes impaired consciousness.

The main psychopathological syndromes.

General characteristics

None of the clinical disciplines does not use in their practice so many names for the characteristics of pathological disorders such as psychiatry. This is due to the fact that its formation was based not primarily on general medical criteria, which stipulate that every illness should be distinctive from other Shih etiology, pathogenesis and postmortem data, and through empirical description of various pathological syndromes.

Almost all known psychiatrists XIX - early XX centuries, especially French and German, entered the history of medicine giving his name to a particular psychopathological phenomenon. In search of a universal theory that could reconcile the numerous symptoms and syndromes, psychiatrists seeking help for research of the French materialists of the seventeenth century, the evolutionary theory of Darwin, pathological quest school Virchow, discoveries IM Sechenov, IP Pavlov and others.

A significant role in shaping ideas about the causes of the disease concept played Jackson HJ (1864) about the localization of the nervous system. This author has divided the symptoms arising from brain damage to the negative or positive

symptoms of hair loss and - associated with the release of the lower parts of the brain of control higher.

Concept Jackson reflected in research Kraepelin E. (1920) registers of psychopathological syndromes.

He highlighted neurotic, affective, hallucinatory, delusional, and dyskinetychni entsefalopatychni disorders.

Based on the depth of destruction psyche French researchers H. Eni and J. Rouart (1936) have developed their own scale, highlighting eight major syndromes groups: neurotic, paranoid, oneyroidni, senestopatychni, manic-melanholichni, matted-stuporoznyh, schizophrenic and cementing.

Jackson's ideas were transformed and distributed to clinical syndromolohiyu AV This principle was formulated researcher nosological specificity of psychopathological syndromes, according to which the extent of progression of the pathological process syndromes transformed from simple to complex and from small to large. He insisted on the presence of a fairly stable relationship between positive and negative syndromes and nosological units, arguing that special consideration clinical symptom or syndrome itself nothing shows only expressing "some episode of continuous development of the disease."

He singled out 9 groups (circles) positive and 10 groups (circles) negative syndromes that are each other based on the severity and increase nosological specificity. Among the first: hiperestetychni emotional, affective and neurotic disorders, verbal hallucinosis and paranoid states, catatonic, hallucinatory-paranoid, parafrenni syndromes dizziness, paramnesia, convulsive and psycho-organic syndromes. Among others: vysnazhuvanist mental activity, conscious zminenist subjectively, objectively defined zminenist, disharmony personality, falling energy potential, reducing the individual, amnesic disorders, and the feeble total mental insanity.

It should be noted that today any classification of mental symptoms does not meet fully the diversity of existing concepts in psychiatry, giving only a general idea of their properties.

Disorders of sensation and perception

All information from the external and internal environment person gets through the processes of perception and feeling.

This - the initial stage, the first stage of human cognitive activity, sensory cognition

surrounding reality.

The feeling - a reflection of the individual properties of objects and phenomena material world that directly affect the organs of the senses. This phylo and ontogenetic, one of the earliest functions.

Perception - a holistic reflection of the image of objects and phenomena of the surrounding world that act on the body through the senses.

This active process of analysis and synthesis of experiences by comparing them with previous experience. For example, the perception of feeling moisture through rain and cold. An essential condition for the normal perception are the mechanisms of memory.

Disorders of sensation

Hypersensitivity - increased intensity of feelings. Ordinary stimuli - light, sounds, smells, touches seem overly intense.

Hypoesthesia - raising the threshold of sensitivity to stimuli. The surrounding objects lose their brightness and clarity become monotonous, uncertain. In the sound disappears power and precision in color shades.

Anesthesia - complete loss of sensation that can occur in individual receptors, and in just a few (deafness and blindness simultaneously). Alheziya - vtrata pain.

Paresthesia - feeling nonexistent stimulus. For example, "crawling on the skin" under nervous strain.

Sinesteziyi - the phenomenon of substitution receptor, which consists in the fact that the external stimulus, which addressed one analyzer, is simultaneously a response from another or several at once (smells, sounds, colors "merge").

Sinesteziyi may occur creative people not being morbid status. For example, the feeling of paintings as music.

Senestopatiyi - various nasty polymorphic ve dchuttya dynamically localized in rznih body parts, organs and vnutrshnih are uncertain (as opposed to visceral hallucinations) character. Manifested feeling of heat, charging, turning, etc. There senestopatiyi in schizophrenia, depression and some types of poisoning.

Localization them in the mouth can dezoryentuvaty dentist, pushing it to the wrong diagnosis.

Disorders of perception

I. Violation touch synthesis (psyhosensorni disorders)

Derealization - Exclusion worldview oryentatsiyi the loss in time and space. These patients complain that the world has changed, everything around perceived alien, dead, dull, static, eral.

With derealization associated feeling of being in the room in the presence of a stranger to criticism, the perception changes over time (it is stopped, it runs too quickly) and disorders apperception -zdatnosti link the individual events.

They have much in common with derealization symptoms arising from the combination of perception and memory disorders:

Deja-vu - "seen before";

Jamais vu - "never seen";

Deja entendu - "heard before".

In this condition the patient unfamiliar objects or situations perceived to be well known and vice versa.

A. Risk (1901) described reduplikatsiyini paramnesia in which the patient one and thesame same events experienced in rznih variations several times. These were the same and at the same time something different events, circumstances, people.

Depersonalization - a condition where violated awareness of their mental and physical "I" own thoughts and actions are perceived by alienated individual.

Typically, depersonalization develops on the background of certain derealizatsiynyh disorders. It may be accompanied by disorder of self-awareness and self-esteem change, even the complete loss of feeling of "I" and its unity.

In some cases, due to vidchudzhenosti own actions, thoughts, feelings, perceived by patients as a result of any outside influences, it is delusional depersonalization.

Metamorfopsiyi - violation of visual perception shape, size and proportions of subjects. They recognize (as opposed to illusion), but perceive distorted. There are:

- macropsia - items are huge;
- mikropsiyi - unnaturally reduced;
- dysmehalopsiyi - twist in various directions around the axis;
- porropsiyi - the loss of a sense of perspective.

Violation of the "body schema" - the perception of your body, as amended. The patient seems that it has become more difficult or easier, decreased or increased, shifted some of its parts. For example, the head separated from the body, extremely increased or decreased.

Agnosia - full of "mental blindness", the inability to identify and explain the importance of touch sensations.

II. Illusions.

Illusion - a false perception of a real object.

For distinguished by the senses: visual, auditory, olfactory, tactile and gustatory illusions, and illusions general sense (position in space).

Most often distinguish these types of illusions: physical, physiological, affective, verbal and pareydolichni.

Physical Illusion - caused by the physical properties of the subject. For example, the northern lights or a mirage in the desert.

Physiological illusions - their appearance may be due to the peculiarities of analyzers. For example, when a sudden stop craving it seems that even moving

objects around. Sometimes the mentally ill may have thought about the special meaning of such phenomena.

Illusions verbal - distorted, false perception of the real content of the conversations of others. The question one of the foreign interlocutors and answers other patients perceived as quite different. In these conversations the patient heard derogatory and offensive remarks in his address, death threats, causing him fear and anxiety.

Affective illusions - illusions that arise in a state of tense expectation, fear, anxiety and depressed mood. In such circumstances, instead of a stethoscope in the hands of the doctor patient can see a gun or knife, and the noise of the wind breathing wrath of his pursuers.

Illusions pareydolichni - distorted perception, in which patients looking, such as wallpaper, carpets, molding on the ceiling or wall cracks perceives them as bright dynamically changing picture where successive fantastic landscapes, monsters, fairy characters and so on. Such illusions arising mainly of initial stages of acute psychosis.

The literature also describes the installation illusion that occurs when repeated over pairs of objects. As a result of their perceived weight is lighter, the more difficult depending on the order in which they alternate.

Illusions should be distinguished from other telektualnyh findings (for example, nicely trimmed glass jeweler perceived as a diamond) and functional hallucinations (see. Below).

III. Hallucinations

Hallucinations - false, nonexistent imaginary perception of stimuli.

There are several classifications for hallucinations rznymy grounds.

The degree of difficulty

Simple (elementary) - these include:

- akoazmy - elementary auditory hallucinations (noise, crackling);
- fotopsiyi - elementary visual hallucinations (flashes Spots).

Complex - hallucinations with certain content, such as music; Combined - in which one object is perceived multiple analyzers.

For analyzers

Spotting (optical) - non-existent perception of visual images:

- adelomorfni - fuzzy blurred visual images;
- micro- and macroscopic decreased or increased;
- polioptychni - numerical same visual images;
- autoskopichni hallucinations - patient sees their own next to a twin;
- autoskopichni negative - the patient does not see himself in a mirror;
- hemianoskopichni - arise in one half of the visual field.

Auditory (verbal) - perception of acoustic images, voices that are not really there. Voices can be:

- commenting - commenting on the actions of the patient;
- mandatory - imperative that particularly dangerous;
- contrasting (antagonistic) - votes dialogue leading dispute.

Usually of votes while condemning the patient, of lives;

- neutral - their content does not apply to individual patients.

Tactile - crawling sensation on the skin or under the skin of some creatures.

These include genital hallucinations Maniana - patients feel that their genitals manipulated someone makes lewd actions and more.

Olfactory - perception of different odors other mental intensity and shades. Preferably, they have a nasty disgusting character - cadaverous odor of decay, the smell of hydrogen sulfide.

Cmakovi - food becomes inappropriate flavoring properties. As with olfactory hallucinations, it is about repelling sensations that cause rejection of the meal.

Olfactory and gustatory hallucinations are a sign of unfavorable prognosis in schizophrenia.

Visceral - patient states that inside his body, most often in the stomach, are living creatures - frogs, snakes. They can "move, crawl," etc., causing extremely unpleasant ve dchuttya.

For completeness Development

Truth hallucinations are perceived as reality and have an external projection, expressiveness and specificity. These hallucinations often occur when exogenous mental illness.

Pseudohallucinations mainly endogenous accompany mental illness, harakteryzuyutsyavidsutnistyuu ekstraktsiyi hallucinatory image (eg voice that you hear in your head "vnutrnim ear," an image that is seen "inner eye") and not so much endowed with corporeality as imagery, that are subjective.

Differential diagnosis truth and psevdohalyutsynatsiy extremely important in psychiatric practice and carried out in several main features:

1. Criteria projection. These are external and internal pseudohallucinations within sensory projection horizon.
2. Criteria objective reality and sensuous brightness. These hallucinations are all symptoms for the patient and real perception treated as actually existing.
3. Criteria zrobenosti. True, unlike psevdohalyutsynatsiy not experienced as inspired, "made" someone.
4. Criteria Relevance conduct. In patients pseudohallucinations behavior does not always correspond to their content, there are some elements of understanding the pain of his condition.
5. Criterion social confidence. If true hallucinations patients are confident that the people who are next to feel those same feelings.
6. Criterion focus on physical and mental "I". These hallucinations are aimed primarily at the physical "I" and pseudohallucinations - mental "I" person.
7. criterion depending on the time of day. Truth hallucinations usually amplified in the twilight, and pseudohallucinations have daily fluctuations.

For ethiopathogenesis

Afektoheni - there soon psychotrauma and reflect it

content.

Dominant - arise from the gradual strengthening of traumatic situations where certain thoughts on the background of a strong passion become dominant. For example, when a patient affective psychosis can hear voices that in a depressive phase condemn it, and when manic - fully magnify.

Reflex - arise with the real stimulus, but are perceived in a different analyzer and disappear after cessation of the stimulus. For example, the patient sees the music glow.

Functional - real and hallucinatory images are located in one analyzer (under the wheels perestuk patient hears the voice).

Triggered - Lipman symptom - the patient nadavlyuvannyam on eyeballs can cause visual hallucinations.

Inspired - Reyharta symptom - the patient sees on a clean sheet of paper drawings, reads the text.

Particular types of hallucinations

Hipnahohichni - hallucinations that occur during sleep.

Hipnopompichni - hallucinations that occur upon awakening.

Hallucinations type of Charles Bone - feelings arise in organs that are affected by the pathological process. The blind see; the deaf hear, etc ..

Ekstrakampinni - hallucinatory image appears outside the field of view. For example, a patient says that behind him is a demon.

Hallucinosis - psychopathological condition characterized by the constant presence of those or other hallucinations, often - hearing, while maintaining a critical attitude towards them. Hallucinosis observed in alcoholism, schizophrenia, epilepsy, organic brain damage.

Pedunkulyarnyy hallucinosis - described Lhermitte J., occurs in lesions of the midbrain area of brain to legs and 4th ventricle. This typically occur at even mobile mikroptychni hallucinations.

Hallucinosi Plaut (1913) - one of the manifestations of syphilis of the brain, characterized by auditory hallucinations, accompanied by a critical attitude to them by the patient.

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
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
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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, "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., "Əkzysyentsyalnaya 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 psyhozy", 1988
- TF 24. Papadopoulos, "Acute endohepnyye psyhozy (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 "Psyhopatyy and accentuation of character in the adolescents'
32. K. Leonhardt "Aktseptuyrovannyye personality"
33. Zeigarnik BV "Patopsyhologhyya» 1986
34. Karl Jaspers' General psyhopatologhyya "M." Practice "1999
35. Karl Jaspers Sobranie sochynenyy on psyhopatologhyy in 2 volumes St.
Petersburg Publishing House "white rabbit" in 1996
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37. VM Bleyher "Disorders of thinking" in 1983
38. Kandinsky VH "Oh psevdohallyutsynatsyyah"
39. VP Osipov "The course of general Scientists at dushevnyh disease,
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