

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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Methodical development

independent studies on the topic "General psychopathology. Violation of emotions, impulses, volitional. Syndromes impaired consciousness. The main psychopathological syndromes " 4th year students of the Medical Faculty (specialty "medicine")

I. Objectives classes:

1.1. Tats student must:

- Methods psychiatric study patients. Additional diagnostic techniques, interpretation of results.

- Definition hyperesthesia, hypoesthesia and alheziyi. Clinical characteristics senestopatiy. Features senestopatiyschelepno-facial region 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 of hallucinosis, its clinical manifestations and differential diagnostic threshold. Disorders of sensory fusion. The definition of "depersonalization". Clinical features violation "body schema". Clinical characteristics of derealization. Disorders of sensation and perception in practice dentist.

- Stheniac and asthenic emotions. Pathological improve mood. Definition of mania and euphoria. Types 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 disorders. Disorders of food instincts. Disorders of the instinct of self-preservation. Disorders of 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 in communication

with the patient.

- Qualify their dynamic nature and potential.
- Correctly describe the mental state of the patient's medical records.
- To carry out differential diagnosis of symptoms and syndromes.
- Provide medical assistance in emergency conditions.

II. The 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

No clinical disciplines do not use in their practice so many names for the characteristics of pathological disorders such as psychiatry. This is because. that its formation was based primarily not on general medical criteria, which stipulate that every disease must have its own distinctive from other 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 by giving his name to a particular psychopathological phenomenon. In search of a universal theory that could reconcile the numerous symptoms and syndromes, psychiatrists turned for help to study French materialists XVII century evolutionary theory of Darwin. Virchow pathological research school. IM discoveries Sechenov, IP Pavlov and others. A significant role in shaping perceptions of the causes of the disease concept played Jackson

H. J. (1864) on 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 control higher. Concept Jackson reflected in research KraepelinE. (1920)

registers of psychopathological syndromes.

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

Based on the depth of destruction psyche French researchers Epi H. and J. Rouart (1936) have developed their own scale, highlighting the major syndromes 8 groups: neurotic, paranoid. oneyroyidni. senestopatychni. manic-melanholiczni. stuporoznyh-matted. schizophrenic and cementing.

Jackson's ideas were transformed and distributed to clinical syndromolohiyuA.B. 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 separately considered clinical symptom or syndrome itself nothing shows, expressing only "a continuous episode of illness."

He identifies 9 groups (circles) and 10 positive 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, subjectively perceived zminenist objectively determined zminenist. personality disharmony, falling energy potential, reducing individual, amnesic disorders and mental feeble total insanity.

It should be noted that today any classification of mental symptoms does not meet the full 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 processes of perception and feeling.

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

surrounding reality.

Feelings - 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 through the senses moisture rain and cold. An essential condition for the normal perception are the mechanisms of memory.

sensation disorders

Hiperesteziya- increase the intensity of sensations. Ordinary stimuli - light, sounds, smells, touches seem overly intense.

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

Anesthesia - complete loss of sensation that can occur in individual receptors, and several at once (both deafness and blindness). Alheziya -vtrata pain.

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

Sinesteziyi- substitution effects receptor, which lies in the fact that the external stimulus, which is addressed to a parser, is simultaneously a response from another or several at once (smells, sounds, colors "merge").

Synesthesia may occur creative people not being morbid basis. For example, the feeling of the picture, like music.

Senestopatiyi- various polymorphic unpleasant feeling. dynamically localized in rzhnyh body parts, organs and vnutrshnih are uncertain (unlike

vistserainyh hallucinations) character. Manifest a sense of warmth, charging, turning, etc. There senestopatiyi in schizophrenia, depression and certain 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 outlook 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 a stranger in the room in the presence of criticism for this, the perception changes over time (then it stops, then runs too fast) 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 - "already seen";

Jamais vu - "never seen";

Deja entendu - "heard before".

In this condition the patient unfamiliar objects or situations perceived as long-known and. vice versa.

A. Risk (1901) described reduplikatsiyeni paramnesia in which the patient one and thesame same events experienced in rznyh variations several times. It was the same at the same time something different events, circumstances, people.

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

Typically, depersonalization develops against the background of certain derealizatsiynyh disorders. It may be accompanied by disorder of consciousness and change of self, even to complete loss of sense of his own "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 of shape, size and proportions of subjects. recognize them (as opposed to illusion), but perceive distorted. There are:

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

Violation of the "body schema" - the perception of his body, as amended. The patient feels that he has become much more difficult or easier, decreased or increased, shifted some of its parts. For example, the head separated from the body, extremely up or down.

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

II. Illusions.

illusion - a false perception of a real object.

According to authorities senses distinguished: visual, auditory, olfactory, tactile and gustatory illusions and illusions general feeling (position in space).

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

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

Physiological illusions - their appearance may be associated with features of the analyzers. For example, when a sudden stop craving it seems that things are moving around. Sometimes there may be mentally ill thought of special significance of such phenomena. Illusions verbal - distorted, false perception of the actual content of conversations of others. The question of a third party 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 occur in a state of tense expectation, fear, tryvozhno- 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 the patient looking, such as wallpaper, carpets, molding on the ceiling or wall cracks perceives them as vivid dynamically changing pattern in which successive fantastic scenery, monsters, fairy characters and so on. Such illusions arise 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 more light, the more difficult depending on the order in which they alternate.

Illusions be distinguished from intellectual conclusions (eg, well-worked glass jeweler perceived as a diamond) and functional hallucinations (see. Below).

III. Hallucinations

Hallucinations - false, imaginary perception of stimuli not exist.

There are several classifications by the hallucinations rznymy signs.

The degree of difficulty

Simple (elementary) - these include:

- akoazmy - basic 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 reduced or increased;
- polioptychni - numerous identical visual images;
- autoskopichni hallucinations - the patient sees, along with a twin own;

- 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, which is especially dangerous;
- contrasting (antagonistic) - Dialogue votes, leading the dispute. Typically of the votes while condemning the patient, and of lives;
- neutral - meaning it 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 - Odor imaginary perception of varying intensity and shades. Preferably, they have a nasty disgusting character - cadaverous odor of decay, the smell of hydrogen sulfide. Taste - Food becomes inappropriate flavoring properties. As with olfactory hallucinations, it is a disturbing feeling that cause rejection of food. Olfactory and gustatory hallucinations are a sign of unfavorable prognosis in schizophrenia. Visceral - patient claims that within his body, most often in the stomach, are creatures - frogs. snake. They can "move, crawl" etc .. causing extreme discomfort.

For completeness of

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, характеризуються відсутністю екстрапроєкції галюцинаторного image (eg voice that you hear in your head "vnutrshnim 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 conducted by several key features:

1. Criterion projection. These are the external and internal pseudohallucinations projection within the sensory horizon.

2. The criterion of objective reality and sensuous brightness. These hallucinations are all symptoms for the patient and real perception treated as actually existing.

3. Criterion zroblenosti. True, unlike psevdohalyutsynatsiy not experienced as inspired, "made by" someone.

4. The criterion of relevance behavior. In ysevdohalyutsynatsiyah behavior of patients do not always correspond to their content. there are certain 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 the same emotions.

6. Criterion focus on physical and mental "I". These hallucinations are aimed mainly at physical "I" and pseudohallucinations - mental "I" person.

7. The criterion depending on the time of day. Truth hallucinations usually amplified in the twilight, and pseudohallucinations no diurnal variation.

For ehiopatohenezom

Afektohenni - there once psychotrauma and reflect its content.

Dominantni- arise from the gradual strengthening of traumatic situations where certain thoughts on the background of strong passion are dominant. For example, when affective psychosis patient may hear voices that time forth hii depressive phase condemn it, and when manic - fully magnify.

Reflex - there with the real stimulus, but accepted another 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 perestuk wheels patient hears the voice).

Called - a symptom Lipman - the patient nadavlyuvannyam for eyeballs can cause visual hallucinations.

Is inspired by the - sign Reyharta - 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 observed hiry awakening.

Hallucinations Charles Boni type - feelings arise in organs affected by 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 stands a demon.

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

Pedunkulyarnyyhalyutsynoz- described Lhermitte J., occurs in lesions of the midbrain area in the brain and the legs of the 4th ventricle. Hiry that usually occur at even mobile mikroptychni hallucinations.

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

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