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 year

Methodological developments

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

Zaporozhye – 2015

I. Objectives classes:

1.1. The student should know:

- Definition of diagnostic boundaries of schizophrenia and the history of its study.

- Etiological theories of schizophrenia theory of the pathogenesis of schizophrenia. Classification schizophrenia.

- Clinical manifestations paranoid type of schizophrenia. Clinical manifestations simple form of schizophrenia. Clinical manifestations of catatonic form of schizophrenia. Clinical manifestations hebefrenichnoyi forms of schizophrenia.

- The types of schizophrenia. Types of remission in schizophrenia. The concept of the schizophrenic defect and its types.

- Pharmacotherapy of schizophrenia. Non-drug treatment of schizophrenia. The examination of schizophrenia.

1.2 The student should be able to:

- Collect and evaluate complaints and medical history of the patient with schizophrenia.

- Inspect a patient with schizophrenia.

- Estimate data patopsihologicheskogo study of patients with schizophrenia.

- Perform prevention of relapses and differential diagnosis of various clinical forms of schizophrenia and shyzofrenopodibnyh states.

The content and structure of the lesson topics:

Etiology, pathogenesis theory of schizophrenia.

Classification, clinical manifestations of different forms and types of the disease, additional diagnostic methods.

Basic principles of treatment of patients with schizophrenia.

Varieties shyzofrenopodibnyh violations.

Schizophrenia and disorders shyzotypovi combine genetic disorders mechanisms

combine genetic mechanisms, but shyzotypovi is increasingly occurring disorder outpatients. Delusional disorder and schizophrenia at the first stage of psychosis difficult to distinguish, so the correct diagnosis of schizophrenia ask at presence of characteristic symptoms only after 6 months of clinical observation. All diagnostic group of schizophrenia, delusional disorders and shyzofrenopodibni combine thought disorder and functional nature of psychoses.

The most recognized is the genetic nature of schizophrenia is justified as a result of research the risk of disease in mono - and dizygotic twins in sibs, parents and children, and as a result of studying foster children of parents with schizophrenia. However, there is equally strong evidence that schizophrenia is caused by a single gene (monogenic theory) with variable expressivity and incomplete penetrance, a small number of genes (olihohennaya theory), many genes (polygenic theory) or multiple mutation. Hope rely on research in the translocation chromosome 5 and pseudoautosomal region of the X chromosome. The most popular hypothesis is the genetic heterogeneity of schizophrenia, which, among other options can also be connected with the floor. Probably, patients with schizophrenia have a number of advantages in natural selection, in particular, are more resistant to pain, temperature and shock hystaminovomu and to radiation. In addition, the average intelligence of healthy children of parents with schizophrenia in patients higher than the population of similar age. Probably, the basis of schizophrenia is shyzotyp - carrier shyzotaksiyi markers which, being neutral integrative defect, is under the influence of environmental factors as the pathological process. One of the markers is a violation shyzotaksiyi slow eye movements while observing the pendulum and specific forms of brain evoked potentials.

For diagnostic group as a whole characterized by a combination of disorders of thinking, perception and emotional and volitional disorders, which last at least a month, but more accurate diagnosis can be established only for 6 months. observations. Typically, the first stage of the diagnosis of acute transient psychotic disorder with symptoms of schizophrenia or shyzofrenopodibnoho disorders.

Stage of disease: of initial, manifesto, remission, recurrent psychosis, defytsytarnaya. In 10% of cases of spontaneous potential output and long (up to 10 years

in remission). The reasons for differences in the forecast mainly endogenous. In particular, a better prognosis in women with piknichniy physique, high intelligence, a full family life, as well as short (less than 1 month.) Inyitsialnomu period, manifest a brief period (less than 2 weeks), no abnormal premorbid background, the absence of dysplasia , low resistance to psychotropic drugs.

By E. Bleuler to axial disorders of schizophrenia include thought disorder (dissociation, reasoning, paralohychnost, autism, symbolic thinking, narrowing concepts and mantyzm, perseveratsiya and poverty of thought) and specific emotional and volitional disorders (numbness passion, coldness, paratimiya, hypertrophy of emotions, ambivalence and ambytendentnost , apathy and abulia). Bleuler believed that axial disorders should be defined by the presence of manifest symptoms, lack syndromes exogenous type reactions (amentia, delirium, quantitative change of consciousness, seizures, amnesia), the presence of broken thinking, splitting in the area of emotions, facial expressions, motor skills, depersonalization, psychic automatism, catatonia and hallucinations. V. Mayer-Gross primary symptoms attributed to disorders of thinking, feeling impact of passivity, primary delusions with ideas of relationships, emotional flattening, sound opinions and catatonic behavior.

The greatest recognition in the diagnosis found symptoms of the first rank, which include: the sound of his own thoughts, hearing contradictory and mutually exclusive hallucinations, auditory hallucinations that comment, somatic hallucinations, influence on the opinion, the impact on the senses, the impact on incentives influence the behavior, symptom openness thoughts, and delusional perception shperrunh close to the acute sensory delirium. Symptoms include Catatonia second rank, pathological expression in speech, emotions and experiences. Most of these symptoms and take into account the modern classification through international studies of schizophrenia in 9 countries.

According to IBC 10 should be at least one of the following:

1. "Echo of opinion" (the sound of his own thoughts), investing or taking views, open views.

2. The impact of delirium, motor, sensory, ydeatornыy automatism, raving

perception. This combination of domestic psychiatry referred to as syndrome Kandinsky-Klerambo.

3. Hearing comment genuine and pseudohallucinations and somatic hallucinations.

4. Delusions that are culturally inappropriate, absurd and grandiose in content.

Or at least two of the following:

1. Chronic (over a month) hallucinations of delirium, but without a pronounced passion.

2. neologism shperrunhy, dissociation language.

3. catatonic behavior.

4. Negative symptoms including apathy, abulia, impoverishment of language, emotional inadequacies, including coldness.

5. Qualitative behavior change with the loss of interest netsilespryamovanistyu, autism.

For schizophrenia can be set in the period of the manifesto, but more accurately - after the third attack. When the tendency to remissions of good quality, usually polymorphic attacks include the affect of anxiety, fear. There continued later, by which we mean no remission for over a year, with occasional progressive defect when between psychotic episodes prohredyentno (continuously) increases negative symptoms, episodic with a stable defect when between psychotic episodes steady negative symptoms. Occasional remitting when observed complete remission between shots. This option corresponds to the trends in domestic psychiatry symptoms periodic flow. After the attack can also incomplete remission. Earlier in the domestic psychiatry concept of remission answered "B" and "C" for MJ Sereyskomu at which are in clinical remission conduct disorder, breach of passion, encapsulated clinic neurotic or psychotic symptoms. Complete remission is responsible remission "A" by MJ Sereyskomu.

Persistent negative symptoms during remission (defect) includes his clinic erased symptoms of productive symptoms (encapsulation), conduct disorder, lowered mood on background apatyko-abulicheskimi syndrome, loss of communications, reducing energy potential, autism and vidhorodzhenist, loss of understanding, instinctive regression.

In childhood accurately present diagnosis can be made only after 2 years from 2 to 10 years is dominated by nuclear forms that appear in a slightly different form. Paranoidni forms described from the age of 9 years. Typical symptoms of childhood schizophrenia is regression, regression particular language, behavior (symptom Manege, ballet distance, the choice of non-player objects neofobiya), emotional and volitional disorders and developmental delay.

Paranoia (F20.0)

Premorbid background often normal. Initial short period - from several days to several months. In the clinic this period - the symptoms of anxiety, confusion, some hallucinatory inclusion (shouts), impaired concentration. Home can also be the type of jet paranoyidu or acute sensory delusions, originally seen as an acute transient psychotic disorder or schizophrenia symptoms shyzofrenopodibne. Manifest between the ages of 16 to 45 years.

Hebefrenichna (F20.1)

In premorbydi frequent conduct disorder: antydystsyplinarne, antisocial and criminal behavior. Frequently dissociative personality traits, early puberty and homosexual excesses. It is often seen as a distortion of the puberty crisis. Beginning often includes age 14-18 years, although possible demonstration and later ebefrenia. Later, in the manifesto period, characterized by a triad that includes the phenomenon of omission opinions, unproductive euphoria and grimaces, reminiscent of uncontrollable tics. The style of behavior characterized by regression in language (swearing), sexuality (random and abnormal sex) and other instinctive behaviors (eating inedible, dromomaniya, uncleanliness).

Katatonychna (F20.2)

Characterized shyzoidnym background premorbid personality disorder, although it is possible to premorbid development and not an altered background. In the initial period of depressive episodes simplex autyzatsiyeyu syndrome, loss of initiative and interest. Demonstration likely the type of acute reactive stupor after head injuries, flu, although often psychosis develops without apparent reason.

Classic katatonychna schizophrenia occurs in the form of catatonia lyutsydnoyi,

katatono-paranoid states and oneyroyidnoyi catatonia and febrile catatonia. Motor component in catatonia expressed in the form of stupor and excitement. Currently Catatonia classic miykrokatatonichnymy pryavamy changed.

Katatonycheskyy stupor includes mutism, negativism, catalepsy, rigidity, hardening, automatic pidkoryuvannist. Usually stupor marked symptom Pavlova (patient responds to shepotnu language, but does not respond to ordinary language), symptom gear (with bending and unbending hands there tovchkopodibnyy resistance), a symptom of the air bag (head is raised after cleaning pillows), symptom hood (the patient tends to hide from the head or head covering clothing) .Katatonichni violations occurring phenomena of randomness, and perseveratsiyamy razirvannistyu thinking. All clinic may be expressed or changing the excitement and stupor, or in the form of repeated stuporov (excitation).

Simple (F20.6)

The above type of schizophrenia is not included in the American classification, because it is difficult to distinguish from the speakers shyzoidnoho personality disorder. However, if the person was on premorbyde harmonious, its transformation and the emergence of rice recourse combined with emotional and volitional disorders specified suggest the diagnosis.

Disease onset between 14 and 20 years. In the initial period - phobic compulsive, neurasthenic or affective episodes. In the period of manifest can be noted formal thought disorder (autism, symbolic, rezonerskoho, paralohichnoho) dysmorfofobiyi and senestopatyy. So too negative symptoms of schizophrenia in emotional and volitional, reduced activity, there is an emotional coldness. Disturbed will, as a result of passive ambivalence arises. Impoverishment of thought accompanied by complaints of emptiness in the head, tongue poor. Gipomimiya sometimes paramymyy. Are lost former acquaintances and friends. I narrowed the range of interests that may become bizarre. Autistic thinking can actively manifest and filed outside (autism inside), stay in a fantasy world with no points of contact with the world. Related often considered lazy patient.

Level 1 Tests

1 patient was 32 years. Complained of low mood. "Hears voices" neighbors who are threatening her, comment its actions. Believes that they followed her through the walls, on the street, in the store. Byznachit syndrome:

A paranoid

B paranoid

C Parafrenichnyy

Depressive D

E hallucinatory

2. emotional and volitional patients with schizophrenia characterized by all of the above except:

A. Dysforyy.

B. negativism.

C. abulia.

D. ambivalence.

E. Ambitendentnosty.

3. Patient 37 years old, fell ill while training at the institute was: thoughtful, inwardly focused, avoided conversations. First treated in a psychiatric hospital with symptoms of mental automatism, believed that all his thoughts known, the brain directs its military intelligence. Talking about all this calmly, indifferent. In inert behavior, talks little. Identify diagnosis:

A schizoaffective psychosis

B paranoid disorder

C involutional parafreniya

D paranoid schizophrenia

E Jet paranoyid

4. The patient complains of extremely bad condition of alienation from their own inability to experience !, emotions. The surrounding objects perceived as false, people seem to him two-dimensional 'cardboard' figures. The patient is difficult to explain to others their condition, it feels really existing. Identify mental disorder:

A syndrome of depersonalization and derealization

B Dysmorfomaniya and dysmorfofobiya

C imperception

D Spurious hallucinations

E Parafrenne delirium

5 Patient 35, Entering for the first time in a psychiatric hospital. The diagnosis: schizophrenia, paranoid type. Which treatment should be used ?:

A Physiotherapy

B Vitamin therapy

C neuroleptic therapy

D Psychotherapy

E Reflexology

6. Patient excited, making stereotyped movements with his hands, feet. Contacts have available, repeats some questions put to him, repeating movements neighbor in the ward. Walks rapid strides in the department. Determine the type of violation.

A. Compulsive.

C. The resulting delusions and hallucinations.

C. Hebefrenycheskoe.

D. Katatonycheskoe.

E. caused by disturbance of consciousness.

Tests II level

1.Zhenschyna '25 suffers paranoid schizophrenia for 3 years. During exacerbation tense, hear 'voices', ordered to kill yourself. What preparation is advisable to be patient in this case?

A. Aminazin.

B. sonapaks.

S. Haloperidol.

D. Seduxen.

E. Amitriptyline.

2.Hvora 18, grew curious, mobile, studied at the "excellent", had many friends. In puberty with height 158 cm weighed 58 kg, considered a "thick" parents complained that the school called her "pupsykom." With 16 years enjoys "cosmetic starvation" limit yourself to food, interested in diets, often after a meal causes vomiting, causing body weight recently dropped to 35 kg (with height 162 cm). Irritable, gets tired quickly, continues to limit yourself to food, patients themselves do not believe. Hospitalized for examination in a psychiatric clinic. Identify the likely diagnosis ?:

A Anorexia nervosa

B Adaptatsiyne abuse

C cyclothymia

D Schizophrenia

E neurogenic bulimia

3. Patient 45, in a state of complete immobility, the question the doctor meets certain words, selectively. Byraz sad face. The pupils were dilated, pressure 100/60 mm Hg. Art., pulse 100 / min. Byznachit emotional and volitional disorders:

A catalepsy

B Catatonia

C Depressive stupor

D hallucinatory-delusional stupor

E Psychogenic stupor

4.Hvora 52 years, directed to consult a psychiatrist, gynecologist, which asked about the disorder month. The reception is extremely disturbing, can not sit, confused. Worry that the family mischief, expressed concerns about their health and life. Byznachit diagnosis:

A paranoid schizophrenia

B Involutional psychosis

C Manic-depressive psychosis

D reactive psychosis

E hysteroid psychopathy

5. Girl '15 months ago with exaggerated emphasis was to treat his appearance. Hours saw itself in the mirror, finding flaws with some face. Insists that it "ugly", almost all people laugh over it; seen on the streets as counter mockingly e beholding her side. The doctor could not convince her sick erroneous views. Said it will press for plastic surgery. Estimate that the patient syndrome ?:

A Dysmorfomanichnyy

B Dysmorfofobichnyy

C paranoid

D hypochondria

E psychopathic

6. An engineer G. copes with work. None of the staff not know, that he has a fear cross the bridges. "I'm afraid, he says, that the bridge could collapse when I on it will go. I see how the bridge going cars, people walk. I understand that it is major and not fail. I realize the absurdity of my fear, I try to fight it, but I can not overcome. As soon as I have attempted to force myself to go over the bridge, I was covering anxiety, fear

irresistible, almost horror, there is a heartbeat and I can not make a single step. " Byznachit syndrome:

A neurasthenic

B paranoid

C hypochondria

D anxiety-phobic

E Obsessive-compulsive

7. ynytsyalnoho period beginning with ostrыm type shyzofrenyy not typical:

A. Hebefrenychnyy syndrome.

V. Syndrome mentally automatism.

C. Katatonycheskyy syndrome.

D. asthenic syndrome-nevrotycheskyy

E .. Oneyroydnyy syndrome

Level 3 Challenges

1.Hvoryy 22 years. In conversation argues that the relationship with space feels confident in the violence on themselves. Said that his thoughts and actions run by real people, affect "psychotropic weapons."

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 psyhodyahnostyke.-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

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 dushevnыh 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, multydystsyplynarnoe Study", ed. AV Snezhnevskoho, "medicine", Moscow, 1972

14. Kerbykov OV, Korkino MV Nadzharov RA, Snezhnevskyy AV "Psyhyatryya", "Medicine", Moscow, 1968

15. V. Semko, "Ysterycheskye STATUS", "Medicine", Moscow, 1988

16. Kaplan GI, Sэdok 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., "Эkzystentsyalnaya psyhyatryya", St. Petersburg Publishing House "perfection", 1998

21. Avrutskaya GP, Neduva AA, "Treatment of patients mentally" M, "Medicine", 1988

22. Nuller YU.L .. "depersonalyzatsyya and depression." 1981

23. Nuller YL, I. N. Myhalenko "Affektyvnыe psyhozы", 1988

TF 24. Papadopoulos, "Acute эndohennыe psyhozы (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 "Aktsentuyrovannыe personality"

33. Zeigarnik BV "Patopsyholohyya» 1986

34. Karl Jaspers' General psyhopatolohyya "M." Practice "1999

35. Karl Jaspers Sobranie sochynenyy 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 dushevnыh disease, Gosudarstvennoye RSFSR Publishing House, Berlin, 1923