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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Methodological developments

to practical lessons on the theme "Organic mental disorders" for students of 4th year medical faculty (specialty "medicine")

Zaporozhye – 2015

Subject: Organic mental disorders

Number of training hours - hours 5akdemichnyh

I. Background.

One of the urgent problems of modern psychiatry is the problem of neuropsychiatric disorders exogenous-organic origin. For organic mental disorders are common with distinct etiology, consisting in cerebral disease, brain injuries or other injuries that result in periodic and temporary cerebral dysfunction and are temporary course.

The urgency of the present topic is determined by a significant increase in the incidence of mental disorders with primordial organic lesion of the brain. This is due to several reasons, the main ones are: Injury growth as industrial and domestic, and due to accidents; increase of accidents at work with the development of mental disorders in victims of intoxication, radiation origin; reduce the quality of medical care, which leads to increased incidence of infections often give cerebral complications weighting neuroinfections flow; increased prevalence of AIDS, syphilis, endocrine diseases.

Timely examination of the patient during the first visit to a doctor is essential for diagnosis, determine the cause vynyknynnya psychopathological disorders, clinical features, differential diagnosis of other disorders not "yekzohennoyi nature", and timely treatment appointment, given yetiopatohenetychni mechanisms of psychopathological disorders .

II. Whole lessons:

Students must:

2.1. Know:

• pathogenesis of mental disorders in organic brain diseases (infections (encephalitis), poisoning, traumatic brain injuries, tumors, cardiovascular and other chronic diseases of the brain);

• Basic psychopathological symptoms and syndromes that occur in strukturiorhanichnyh mental disorders as a whole, and in separate nosology, different clinical forms, types of course and treatment of disease.

• psychoorganic clinical manifestations (organic, entsefalopatychnyy) syndrome in organic brain diseases;

• clinical manifestations course options psychoorganic syndrome (asthenia, explosive, euphoric, apathetic);

• clinical manifestations and psevdoparalitychnoho paralytic syndrome;

• etiopathogenesis and clinical manifestations of atrophic processes in the brain (dementia in Alzheimer's disease, dementia, Pick's disease, dementia disease Kreytsfelda-Jakob disease, dementia, Huntington's disease, dementia in Parkinson's disease, dementia due to cerebral arteriosclerosis, senile dementia)

• rehabilitation and prevention of mental disorders in these diseases.

2.2.Umity:

• collect medical history of patients with this pathology;

• establish contact with the patient and family to collect objective data about the disease;

• diagnose symptomatic mental disorders;

• diagnose intellectual and memory functions in organic brain diseases;

• diagnose various types of dementia;

• diagnose psychoorganic (Walter - Byuelya) syndrome;

• diagnose clinical variants (asthenia, explosive, euphoric, apathetic) course psychoorganic syndrome;

• differential diagnostics of organic and symptomatic diseases;

• Determine the direction of expert solutions for issues of patients.

• Identify areas in the rehabilitation of patients suffering from mental disorders of organic nature, including dementia.

• Provide psycho preventive measures.

III. Educational goals. Develop a sense of responsibility for the timeliness and accuracy of establishing clinical diagnosis, assess the general condition, presence of complications and emergency care of patients with schizophrenia. Develop ethical attitude and keenness to develop on the future of professional features to the patient with organic disorders.

IV. Interdisciplinary integration:

Discipline	Know	Be able
1. Normal anatomy	To know the structure of the cortex, subcortical centers and the vascular system of the brain.	To be able to determine the possible location of abnormal cells in the CNS.
2. Normal physiology	To learn the functionality of different parts of the brain.	To be able to determine the parameters of the normal functioning of the various parts of the brain according to EEG EPO.
3. patanatomy	Know postmortem possible changes in the vascular system and cerebrospinal fluid, brain	To be able to interpret typical pathological changes in the vascular system and

4. Pathophysiology	tissue with organic forms disorder To learn the features of the brain	cerebrospinal fluid, brain tissue with organic forms disorder To be able to determine the clinical and laboratory signs of brain activity according to EEG KTHM.
II.		
1. Neurosurgery 2. Neurology (pediatric neurology)	Find the initial symptoms and clinical peculiarities of tumors, hematomas, birth defects of the brain. Know residual neurological mikrosymptomatyku: asymmetry of facial	To be able to put a diagnosis on clinical signs of organic forms of personality disorders. To be able to assist with surgical intervention on exhaustion hematoma (or tumor removal). To be able to put the previous diagnosis and treatment.

	innervation, minor okoruhovi disorders, uneven skin and tendon reflexes, diencephalic disorders.	
III.		
1 disorder feelings and perceptions of health and disease 2. Diagnostic and therapeutic measures for various disorders of sensation and perception	Know etiopathogenesis and clinical peculiarities of sensation and perception disorders To master the basic diagnostic criteria and therapeutic interventions in various forms of sensation and perception disorders	To be able to assign inspection plan, identify the main clinical symptoms. To be able to be differentiated examination and treatment

V. The content and structure of the lesson topics:

By exogenous syndromes, characteristic for ornanichnyh disorders include acute psychotic reactions 5 K. Bonhoeffer: Twilight amentia, agitation or epileptic attacks, delirium, hallucinosis, which together are part of an acute brain syndrome. In the spectrum of transient syndromes were described by age and inherent for ekzoennyh, especially somatogenic psychosis and for endogenous psychoses are manikalnyy Catatonia and paranoid syndromes. The emergence of the syndrome after acute cerebral transient syndrome can testify about transformation in endogenous psychosis spectrum. A favorable exit from acute brain syndrome is

considered after the formation of fatigue or depression, withdrawal and adverse includes forming apatite-abulicheskimi, Korsakov, eyforichnoho syndrome and dementia. According M.O.Hurevychu in the pathogenesis of all, and especially organic matter somatic disorders, cerebral and brain loklnyy factors that sound in the clinic as certain symptoms.

5.1Psyhoorhanichnyy syndrome - a condition characterized by irreversible changes in personality with the emergence of mental helplessness, loss of memory, intelligence, weakening the will, affective lability, decreased efficiency and ability to adapt.

Psychopathological symptoms are often combined with organic brain damage and may be caused by them.

Psychoorganic syndrome may be residual (after suffering chronic symptomatic disease), as well as developing and progressing various options: in cases where the pathological factor directly affects the brain (encephalitis, intoxication, chronic disease, tumors, head injuries, etc.). :

 variant- dominated asthenic asthenic disorders: increased physical and mental exhaustion, the phenomenon of irritable weakness, hyperesthesia, incontinence passion;

 variant- explosive irritability, rudeness, affective lability, decreased adaptation;

 euphoric option - increased background mood with a touch of euphoria and blahodushshya, beztolkovosti, reducing criticism, disinhibition trains;

 apathetic option - a sharp decline in interest, indifference to others;
Psychoorganic syndrome develops in the structure viddailenyh consequences of traumatic brain injuries, intoxication, vascular chronic diseases, infections and other organic brain diseases. Paralytic (total dementia) syndrome manifested euphoria, blahodushshyam, a sharp decline critics delirium of grandeur and wealth of character traits and changes in personality. Delusions are characterized by stupidity, instability, mehalomanichnistyu (large amounts of money that he president, emperor, commander of the army, etc.). Dress bright, silly, decorating

garment orders, medals, etc. Lost sense of tact, inappropriate behavior, awareness of them available. There are speech disorders as dysarthria syndrome Arzhyl-Robertson, frequent seizures, apoplektychni states with paresis or paralysis, sleep disorders. Paralytic syndrome described in the progressive paralysis and senile psychosis arising aged 70-80 years, associated with the pathological process in the brain. The first signs of mental disorders in old age is changing personality traits: there pettiness, greed, selfish ambition, suspicion, sex rozpuschenist. Patients are busy and not able to concentrate. Changing rhythm sleep (it is superficial and short-lived), then the formula sleep disturbed. Patients sleep during the day and at night walking around the apartment, rearranging furniture, looking for something, etc. By early signs of memory related disorders by law Ribot. In the future, patients do not remember the names of their children, their age, year and month. Recent events in places rearrange the memory of the events of the distant past. Lose the ability to navigate in space, can not determine the direction, distance, location of objects have no "sense of time" and others. There is a shift of the situation in the past and patients "recognize strangers in persons knew as a child, long-dead relatives or friends, call their children siblings and siblings - parents, etc.". It appears old and senile tremor and gait changes, which is shuffling, tuptsyuyuchoyu. Psevdoparalitychnyy syndrome may develop symptomatic diseases and common infections, encephalitis, traumatic brain injury, chronic intoxication, organic brain damage (vascular diseases, tumors, etc.).

Thus psevdoparalitychnyy syndrome clinic for paralytic recreates a picture, but different in etiological factor.

5.2 Dementia in Alzheimer's disease

Etiology and pathogenesis. The etiology of Alzheimer's disease dementuyuchyh close to other processes. Genetic defect is the cause of different parts of chromosome 21 in the waist and lower arm. The defect leads to the formation of posterior-frontal vidddilah dominant hemisphere clusters of beta-amyloid that violate the microcirculation.

Prevalence. Alzheimer's disease is greater than half of all patients with dementia. In women the disease is marked twice more often than men. Subjects zavhvoryuvannyu 5% of people over 65 years, but the disease often begins with 50 years.

Klinika.Zahvoryuvannya often occurs a progressive, although amyloid cluster around blood vessels varinty possible attacks related to a combination of atrophy and vascular disease. Duration zahvoryuvannyaya from 2 to 10 years. Dementia with late-onset (after 65) the degree of progression less than with dementia with early onset (before age 65).

In the initial period of frequent tightening neurotic states, prolonged depressive episodes, chronic paranoid states, in particular the ideas of jealousy and inferiority, acute and transient psychotic disorders that defy treatment.

In the early stages you may notice a peculiar change mimiky- "Altseymerovske surprise", in which the eyes are wide open, facial expression of surprise, myhotynnya liquid. Deteriorating orientation in an unfamiliar place. There are difficulties in the account, writing. Overall impression stvroryuyetsya reduction success social functioning.

The main symptom manifest-first-stage is a progressive disorder pim'yati and individual response to common action, patients forget to shave, dress, wash. However, the latter violated professional memory.

When Beseda apparent violations of patient attention, unstable fixation point of view, obbyrayuchi stereotyped movements. Sometimes the disease manifests as acute amnestic dezoriyentuvannya. Dezorintuvannya period varies relative preservation of memory. Acute manifestuvannya and napadopodobnyy flow indicating the presence of a vascular component.

At the second stage to join anamnestic violations apraxia, Acalculia, ahrafiya, aphasia, Alexis. Patients confused right and left side can not be called a body. There autoahnoziya, and they no longer recognize themselves in the mirror. Surprise considering themselves, they touch the face. Changing nature of writing and painting. Possible seizures and intermittent episodes of psychosis.

The third stage, marasmus, not specific. Muscle tone is usually elevated. Patients die in a state vegetative coma.

Diagnosis. For diagnosis needed: signs of dementia is loss of memory and other cognitive functions, reduced control over emotions, motives, and objective confirmation atrophy on CT, EEG or in the neurological research. On CT marked expansion of the lateral ventricles of the atrophy.

Dementia in Alzheimer's disease may be associated with vascular dementia, with this combination possible sinuous course of the disease syndrome (Geyer-Hekkebusha-Heymanovycha).

Principles of therapy. The treatment should restrict the use of tranquilizers and neuroleptics shvydkymm in connection with development of phenomena of intoxication. Usually patients with Alzheimer's disease for a long time have to take drugs that inhibit the development of cognitive deficits, and vascular antiparkinsonian agents.

By means of combating cognitive deficits related therapy nootropics, inhibitors of cholinesterase (this therapy should be constant and in large doses).

5.3 Dementia Pick's disease

Etiology and pathogenesis. The disease is associated with atrophic processes in the frontal parts, often dominant hemisphere, though possible and steam frontal atrophy. The disease is transmitted most often dominant type, although described and recessive forms peredichi. Atrophy caused gliosis (argyrophil balls) though probable and amyloid deposits that resemble Hlennera cells, leading to an increase in the anterior horns of the ventricles of the brain compensatory hydrocephalus.

Prevalence. Affected patients over the age of 60 years, although some inappropriate actions by external hazards, such as alcohol at an earlier age may explain predsymptomiv provoking disease. The disease is marked ten times less Alzheimer's disease, the ratio of men and women of 1: 2.

Clinic. The disease occurs in three stages, initial symptoms are not well understood. Disease duration of 10 years.

In the first stage marked symptoms of social functioning and symptoms of unmotivated actions. With the notable increase their explicit frontal syndrome. The symptoms include aggravation selfish orientations disinhibition of instincts, not controlled. The desire for immediate implementation instinct leads to the fact that individual actions seem lightweight, they are not motivated by the same person and not focus vidpovidayust social environment. Patients may become disinhibited sexually satisfy physiological requirements without regard to time and place. Regidny growing importance of attitudes and behavior peculiar conservatism. The language-symptom gramophone records, in which patients tell the same secrets, anecdotes and history. Emotional life is characterized by unproductive euphoria (Sea) or apathy. When narastanni frontal symptoms of apathy or not accompanied by Moriah events and permanent instinctive disinhibition, so-called spontaneous "field" behavior. Amnestic disorders there, his improper handling patients poyasnuyuyut relief and motivate intemperance or impatience. In some cases disturbances in dementia that develops in Pick's disease, the first stage resemble hebefrenni. When basal frontal atrophy dominated by emotional and personality disorders, disinhibition and stiffness pereminyayut each other. When pravopivkulniy localization anosognosia improper handling combined with euphoria and complacency, with left-hemispheric localization-depression. When konveksytalniy frontal atrophy neprvylne treatment combined with apathy and abulia.

In the second stage marked focal symptoms in the form of amnesia, aphasia, apraxia, agnosia, Acalculia, and on this stage dementia is difficult to distinguish from Alzheimer's disease, although seizures do not occur, characterized ehopraksiyi and echolalia. A peculiar symptom-hyperalgesia skin.

At the third stage marked the transition of insanity vegetative someone with low muscle tone.

Diahnostyka.Osoblyvosti diagnosis lies in the fact that prior-stage cognitive deficits, especially in the field of memory necessary to identify the defect social functioning and syndrome of inappropriate behavior. The EEG voltage reduction

can be seen from the frontal vidviden on CT signs of frontal atrophy: the expansion of the anterior horns of the lateral ventricles, ztonshennya fissures and expansion pidpavutynnyh spaces, the density of matter in the parts of the brain atrophy often reduced.

Therapy. Treatment is similar to Alzheimer's disease. Syndrome unmotivated behavior deserves special attention psychiatrists court in connection with a possible ad hoc and antisocial behavior in later life, including the contract of purchase and sale guardianship appointment.

5.4 Dementia disease Kreytsfelda-Jakob disease (F02.1)

Etiology and patohenez.Zahvoryuvannya slow infection caused by a virus, similar to kuru and scrapie and virus encephalopathy sponhioformnoyi cows. As a result of the defeat, after a long incubation period (20 years), develops encephalopathy proliferation of astrocytes.

Prevalence. The incidence is approximately one case per 1 million population per year, but it increases significantly with the advent of natural oseredzhkiv slow virus infection.

Clinic. Disease exposed patients aged 30 to 50 years. Duration of disease from 2 months to 2 years. Mortality is above 80%. We have described cases of recovery at this disease with access to organic asthenia.

In the first stage (for several hours) are incomprehensible delusional ideas or marevopodibni fantasy, hallucinatory-paranoid inclusion twilight disorders of consciousness and seizures. Patients are confused, characterized by "floating attention" on issues from time to time do not correspond essentially look back. There are episodes of forced laughter and crying. Low-grade temperature.

In the second stage marked: pyramidal and extrapyramidal disorder with horeoatetoyidnymy movements, catatonic episodes amentia, cerebellar ataxia. There dystant-oral reflex. The provision on the stomach, creeping movements. Convincing changes CSF missing.

On the third stage of spontaneous recovery is possible with access to the asthenia, but often there is death.

Diagnosis. Diagnosis is based on detection of a short period of polymorphic psychopathology violent movements, joining pyramidal and extrapyramidal disorders. The EEG revealed multiple peaks in all leads, CT-diffusive blurring of boundaries gray and white matter.

Therapy. Specific treatment is missing. Required immediate resuscitation and symptomatic therapy. Treatment with antibiotics is not effective, but treatment with large doses in combination with nootropics parentepalnym nutrition and hormones gives certain positive results.

5.5 Dementia disease Henhinhtona (F02.2)

Etilohohiya and pathogenesis. Degenerative hereditary disease caused by autosomal defect in the synthesis of gamma-aminobutyric acid. Presumably, compensatory increases the level of dopamine in the basal ganglia. Genetic transmission for the dominant type.

Prevalence. The tendency is a maximum of 1 patient per 10,000 population per year. Value of men and women 1: 1.

Clinic. Common clinical disease is no stereotype. It starts at the age of 20-40 years, disease duration, from 2 to 30 years. The rate of increase of dementia only at predictable information on similar cases in families.

Central symptom is hyperkinesis, including facial, gesture, later that seen during the examination. In the early stages they can be compensated and just like actions, such as: rejection hair shmyhannya, shoulder abduction. It may appear distorted handwriting and ataxia, extrapyramidal rigidity. Sometimes hyperkinesia, sometimes simultaneously with or after them there hyperkinesis thinking, that is torn episodes language instability of passion, formal thought disorder of his impoverishment. In other cases, delirium develops attitude, harassment, impact syndrome Kandinsky-Klerambo, depression with delusions of guilt, nedyferentsyovvanoyi states of anxiety and fear. The impact of neuroleptics at this stage is fast dyskinesia, then it is difficult to distinguish the motor complications of overdose of neuroleptics trochaic motor disorders.

Diagnosis. Diagnosis is based on detection of cognitive deficits is not in memory and in thinking, presence of hereditary chorea and data obtyazhenosti CT and MRI that can detect directly or indirectly (the size of the lateral ventricles) atrophy.

Therapy. Symptomatic therapy, you should prefer tranquilizers and antidepressants, as well as appointed carbamazepine, depakin minimum dose of neuroleptic drugs in productive symptoms.

5.6 Dementia in Parkinson's disease (F02.3)

Etilohohiya and pathogenesis. The etiology associated with a deficit of dopamine in the substantia nigra as a result of degenerative or autoimmune process. The genetic form of the disease is transmitted both recessive and by dominintnym type. Close to family tremor of Parkinson's disease cases. The cause of Parkinson's disease can be hereditary tendency, manifested as a result of vascular disorders, receiving neuroleptic, anti-asthma drugs.

Prevalence. The incidence of the disease is 2 cases per 1000 population per year. Susceptibility to disease of men and women the same.

Clinic. In half the cases does not lead to parkinsonism dementia.

5.7 Dementia in diseases caused by human immunodeficiency virus (HIV) (F02.4)

Etiology and pathogenesis. Human immunodeficiency virus itself can cause encephalitis and subsequent dementia, but this group also includes processes caused by decreased activity of the immune system, for example as a result of sepsis connected or lymphoma. Brain damage is diffuse in nature, and likely focal symptoms svidcht rather the complications and associated pathology.

Prevalence. The spread of epidemic caused by ekspotentsiynym process characteristic of the HIV infection.

Clinic. The development of dementia is possible at any age. Disease duration, from several months to two years. Clinical features are narastayucha fatigue and apathy that subjectively experienced difficult patients.

Diagnosis. Diagnosis is based on detection of cognitive deficits and serological data. Recommended investigation of all cases of HIV dementia with other disorders dementuyuchymy

Therapy. Despite the fact that HIV is no specific treatment, possibly symptomatic treatment.

5.8 senile dementia

Developed aged 70-80 years and I vlyaye an organic atrophic disease with progressive disintegration of mental activity and the development of total dementia. The disease develops slowly. The first signs relate mainly traits. There are few visible and not peculiar to patients earlier pettiness, greed, selfish ambition, suspicion, sex rozpuschenist.

Important early signs of the disease are memory disorders. The initial effects of amnesia regarding zapom'yatovuvannya names of recent events, the new complex material in future apply to playback feature ancient events elemental content, from new to old, from complex to simple.

They rearrange events in memory of the distant past. The experience of bygone years often define their behavior. Patients lose the ability to focus not only in a particular situation, but also in space at all. They can not determine the direction, distance, location of objects lose their ability to chronological dating, have a "sense of time", the idea of the duration and sequence of events.

Menilnoyi typical manifestation of dementia is a condition described pad called "senile delirium." Unlike true delirium disorders of perception when it happens, it is based on amnesic dezoriyentuvanni when the patient shifts in the past surrounding sytatsiyu and ideas about themselves.

Unlike other forms of elderly dementia (vascular, for example) in senile feeble for a long time kept pace, liveliness and expressive language. For patients characterized by an increased willingness language, even a significant linguistic pressure. Although language activity and maintained but with increasing

dementsiyividbuvayetsya gradual emasculation of semantic language and its grammatical structure collapse.

Psychotic symptoms in senile dementia slightly different performance, structure and psychopathology elementary rudymentarnistyu. Often there are not enough malosystematyzovani reasoned machni syndromes with ideas steal, losses, substitution of things more. A significant role in the formation of delusional ideas play memory disorders, konfabulyatsiyi. As the progression of dementia, delirium ideas splits.

5.9.1 Vascular dementia:

For acute onset of dementia characterized by the emergence of cognitive impairment during the first month (but not more than three months) after the first or recurrent stroke. Multyinfarktna vascular dementia is mainly cortical, it develops gradually (for 3-6 months) after a series of small ischemic episodes. When multyinfarktna dementia is "accumulation" of heart attacks in the parenchyma of the brain. To form subcortical vascular dementia characterized by hypertension and symptoms (clinical, instrumental) defeat of deep departments of white substance of the hemispheres of the brain. Subcortical dementia often resembles dementia in Alzheimer's disease. The mere demarcation on cortical dementia and subkortikalnuyu seems very arbitrary, since the pathological changes in dementia affecting in one way or another as parts of subcortical and cortical structures.

Recently, attention is focused on ways of vascular dementia are not directly related to cerebral infarcts. The concept of "neinfarktnoyi" vascular dementia has important clinical implications because most of these patients misdiagnosed Alzheimer's disease. Therefore, these patients do not receive timely and adequate treatment, vascular brain damage progresses. The reason for the inclusion of patients in the group "neinfarktnoyi" vascular dementia is the availability of long-

term (over 5 years) vascular history, lack of clinical and computed tomography signs of cerebral infarction.

One form is vascular dementia, Binswanger's disease (subkortykalnaya arteriosklerоticheskaya encephalopathy). Binswanger first described in 1894, it is characterized by progressive dementia and acute episodes of symptomatic focal or progressive neurological disorder associated with damage to the white matter of the cerebral hemispheres. Earlier this disease attributed to the rare and almost exclusively diagnosed posthumously. But with the introduction into clinical practice of neuroimaging techniques found that Binswanger encephalopathy occurs frequently. It is about a third of all cases of vascular dementia. Most neurologists suggest that the disease should be considered a variant of hypertensive anhioentsefalopatii, where there is development of diffuse and finely changes, mainly in the white matter of the hemispheres, which clinically manifested syndrome of progressive dementia.

Based on twenty-four hour monitoring of blood pressure revealed the peculiarities of hypertension in these patients. Found that in patients with vascular dementia type binsvanherovskoho observed higher rates of medium and maximum systolic blood pressure and expressed its fluctuations during the day. In addition, these patients no physiological blood pressure lowering at night and observed significant blood pressure rises in the morning.

Feature of vascular dementia is the clinical diversity of disorders and often a combination of several neurological and neuropsychological syndromes in patients.

For patients with vascular dementia characterized deceleration, rigidity of mental processes and their lability, narrowing the range of interests. In patients with marked decrease in cognitive function (memory, attention, thinking, orientation, etc.). And in the exercise of difficulties in everyday life and everyday

life (maintenance yourself, cooking, shopping, filling out financial documents, orientation in the new environment and others.), loss of social skills, adequate assessment of their illness. Among cognitive impairment should first note disorders of memory and attention that are celebrated at the stage of initial vascular dementia and steadily progressing. Reduced memory on past and current events - a characteristic symptom of vascular dementia, but mental disorders expressed more gently compared with dementia in asthma. Memory impairment manifested mainly in training: difficulty remembering words, visual information acquisition of new motor skills. Most affected play an active material, while a simple recognition on sohranno. In advanced stages abuse may develop abstract thinking and reasoning. Identify pronounced restriction of voluntary attention, significant violations of its functions - concentration distribution switch. In vascular dementia syndromes violation of attention are modal-nonspecific and grow with the progression of cerebrovascular insufficiency.

In patients with vascular dementia occurring disorders counting functions on the progression of the disease reach the degree akalkulyey. Are different speech disorders, disorders of reading and writing. The most common symptoms are amnestycheskoy forms and semantic aphasia. At the initial stage of dementia, these signs are identified only during specific neuropsychological tests.

More than half of patients with vascular dementia, there is the so-called emotional incontinence (cowardice, violent weeping), in some patients - depression. Perhaps the development of mood disorders, psychotic symptoms. For vascular dementia is characterized flyuktuyruyuschyy type of the disease. Vascular dementia characterized long periods of stabilization and even regression of known mnestyko and intellectual disorders, and therefore the degree of severity varies in one direction or another, which often correlates with the state of cerebral blood flow.

In addition to cognitive impairment in patients with vascular dementia and neurological manifestations are: pyramidal, subcortical, pseudobulbar, cerebellar syndromes, paresis limbs, often nehrubi, gait disturbance by type

apraksiko-ataktycheskoy or Parkinson. In most patients, especially the elderly, is a violation of pelvic control functions (often urinary incontinence).

Often there paroxysmal states - falls, seizures, syncope.

The combination of cognitive and neurological disorders distinguishes vascular dementia from Alzheimer's disease.

Methods of imaging in the diagnosis of vascular dementia

Patients with vascular dementia lifetime characteristic changes in the brain detected by using modern imaging techniques. When multyinfarktna dementia infaktov tomograms detected in both gray and white matter in the cerebral cortex, the subcortical - mainly in the white matter, usually combined with diffuse white matter changes (leykoareoz) and enlargement of the lateral ventricles and fissures. The degree of ventricular enlargement and leykoareoz system correlate with the severity of clinical disorders, but the full picture of the relationship between neurovisualising and clinics are not always observed. MRI, especially held in T 2 - rezhymi are more sensitive method to detect these brain changes compared to CT. Leykoareoz detected by MRI in almost all patients with vascular dementia. The degree of its severity is moderate or severe, and its prevalence can reach more than 1.4 square white matter.

Treatment of vascular dementia is differentiated character that is defined heterogeneity pathological process. Because of the large number of mechanisms exist etiopathogenetical unified and standardized treatment of patients.

5.9.2 atherosclerotic dementia

The last stage of cerebral flow aterosklerzu not observed in all patients. Atherosclerotic dementia may develop slowly or quickly, the latter happens in cases of repeated bleeding into the brain. First is feeble lacunar character. Despite the existence of intellectual and memory decline in patients with preserved to some extent a critical attitude to his condition, they follow zvochnyh behaviors. Then the growing cowardice, slizlyvist, hnivlyvist, there is less euphoria or violent laughter

or weeping. The final stage of dementia characteristic diffuse nature. Patients get rid of their life experience, developing progressive amnesia. The ability to critically evaluate his condition is lost, patients do not notice the contradictions in their statements and actions. Atherosclerotic dementia can take the form of psevdoparalitychnoho syndrome of euphoria, mvoyih revaluation possibilities and abilities. The course of atherosclerotic dementia complicated neprytomnomti states and epileptiform attacks.

VI. Plan and organizational structure classes.

Determination of baseline knowledge.

Determining the source of knowledge held by addressing the students of tests. The teacher checks them according to the standards of answers, discusses the results.

Survey on main issues to one theme.

By individual survey for each student questions about topics class, the instructor is able to determine the theoretical knowledge of students. Answers discussed all students, supplemented, distributed under the guidance of a teacher.

Independent study students.

Students conduct a survey of patients on employment, giving attention to the complaints, history of life and disease, determine basic symptoms and syndromes that suggest the disease. Students determine the main directions of examination and treatment, offering individual and group drugs dose. During the self-study teacher corrects answers, discussing various options for psychotherapy and pharmacotherapy.

Analysis and outcome of students.

Summary of lessons conducted the final test control solution. Students are encouraged to solve STEP-format tests 1.2. The teacher validates the solution by the standards of answers. The analysis of each student in class.

Place and time of the class.

Classes are conducted with students during 225 minutes. Classes are held in the educational room. Curation of patients is in the palace of the psychiatric hospital departments.

Equipment classes.

1. Table.
2. Scheme.
3. Sets problems baseline.
4. Sets the final control tests.

VII. Materials methodological support classes.

Questions to control the initial level of knowledge (II-III)

1. Definition and etiology psycho-organic syndrome.
2. Clinical psycho-organic syndrome.
3. Variations course psychoorganic syndrome.
4. Clinic asthenic syndrome psychoorganic course option.
5. Clinic explosive version of the course psychoorganic syndrome.
6. Clinic euphoric alternative course of psycho-organic syndrome.
7. Clinic apathetic alternative course of psycho-organic syndrome.

8. Clinical manifestations and psevdoparalitychnoho paralytic syndrome.

9. Clinic, yetiolohiya, pathogenesis, diagnosis of Alzheimer's disease.

10. The clinic, yetiolohiya, pathogenesis, diagnosis of Pick's disease.

11. The clinic, yetiolohiya, pathogenesis, diagnosis of Parkinson's disease.

12. The clinic, yetiolohiya, pathogenesis, diagnosis Hentihntona chorea.

13. The clinic, yetiolohiya, pathogenesis, diagnosis-Jakob disease Kreytsfelda.

14. Clinic and diagnosis of senile dementia.

15. Clinical forms of vascular dementia, diagnostics and treatment methods.

16. The approaches to the treatment of atrophic disease GM

17. Care and supervision of the mentally ill in old age and in other organic brain diseases.

Tests I-II level

1. What psychopathological syndrome is not typical of cerebral atherosclerosis.

A. Psyhorhanichnyy

B. Psevdoparalitychnyy

C. psychasthenic

* D. Mental automatism (Kandinsky-Klerambo)

2. Which of these psychopathological disorders are not exogenous reaction type for K. Boenhoffer

A. delirium

B. amentia

* C. Catatonic excitement

D. epileptiform excitement

3. What are the leading Pick's disease clinical characteristics distinguish it from Alzheimer's disease.

* A. The presence of the onset of the disease gross violations of moral and ethical behavior control.

B. The presence of memory disorders

C. The presence of neurological signs

D. deeply Out of dementia

4. That law defines Ribot-Jackson?

A. The nature of affective disorders in dementia

B. Type violations intellektru

* C. The dynamics of violations pam'ti

D. Development psyhorhanichnoho syndrome

5. Which of these nosological forms of dementia are not a total?

A. Dementia in Creutzfeldt-Jakob disease

B. Dementia Pick's disease

* C. Atherosclerotic dementia

D. dementia

5. Which of these dementias is exogenous (develops due to external factors) nature?

A. Dementia in Creutzfeldt-Jakob disease

B. Dementia Pick's disease

C. atherosclerotic dementia

D. Dementia Huntington's disease

6. Which of these diseases is the earliest start?

A. Dementia in Creutzfeldt-Jakob disease

B. Dementia Pick's disease

C. atherosclerotic dementia

* D. Huntington's disease

7. disinhibition instinctive and spontaneous "field" behavior inherent to most:

A. Dementia in Alzheimer's disease

*IN. Dementia Pick's disease

C. Dementia disease Hentihtona

D. Dementia in Parkinson's disease

8. Diffuse blurring between gray and white matter in GM Computer tomography is characteristic for:

A. Pick's disease Dementia due

B. Dementia due to Alzheimer's disease

C. dementia

D. Dementia due to Creutzfeldt-Jakob disease

9. What are the most characteristic features inherent in Alzheimer's disease vyyavlyayemi during MRI GM:

A. Diffuse cerebral atrophy

B. hippocampal atrophy

C. Symmetrical atrophy of the frontal and lots skorenevyh

D. Land leykoareoz in the parietal and temporal parts of GM

10. Enter a reason that can not lead to organic dementia.

A. Traumatic brain injury

V. frontal lobe brain tumor

* C. Bipolar Disorder

D. Vascular diseases

E. meningoencephalitis

Tasks III level

1. Patient '56 Vanamnezi hipertonychna disease with fluctuations in pressure up to 200/120 mm

In the past five years have seen a progressive loss of memory, fatigue was exacerbated in the evening, irritability and tearfulness. Especially condition worsened during the last year when there was excitement in the background instability gait became zahovoryuvatysya not recognize loved ones, nesmoh work has changed pace.

On examination: dezorintovanyy ouchasi and space, tense, angry, there is inconsistency in judgments, does not understand the question, does not fulfill the simple instructions. Declares that he stole his shoes, looking them in the waiting room. Pace sharkayuschaya, with a flattened torso bent hands, right hemiparesis phenomena. It is a snap. There have been cases of imperative urinary incontinence. According to the neurologist, the patient developed ischemic syndrome fireplace with alternating Miyyara-Hublera. On MRI GM: border gray and white matter clearly differentiated. In the cortex visualized many small lesions located within the white matter and subcortical. Median structures are not removed. Ventricle and the subarachnoid space outside the brain and symmetrically expanded moderately. In the cerebellum - degenerative changes.

Add naibilsh the suspicion diagnosis:

A. Dementia in Alzheimer's disease

B. Dementia due to HIV

P. Binswanger's disease

D. atherosclerotic dementia

2.Patsiyent L., 58 years, previously worked as an accountant; along with extensive ongoing work preparing annual reports for companies. Socio successful. In the histories do not smoke, drink alcohol occasionally. The last few years marked fatigue, weight loss. During the year, began the troubles began to make errors in reports as a result lost a large number of vehicles. He began to make notes, but forget where they left. All these symptoms proceeded against the backdrop of depressed mood and irritability from his failure. He came to another city and left the car in the central square, where he was to meet a friend. A few hours after the meeting has forgotten where he had left the car, tossed in her quest. I turned to a psychiatrist. When viewed confused, his eyes wide and surprised disclosed. Confused dates do not exactly remember how it was in the city. Expressive loss of memory on current events and the events of the last week. On CT signs of atrophy zadnelobnyh parts of the left hemisphere, compensatory hydrocephalus.

A. Select what other survey methods to help verification of the disease

PET, MRI, YEYEH

EEG, Echo-EG, REG

ECG, EEG, blood chemistry, Doppler vessels GM

Radiography of the skull, inspection vessels hlaznoho bottom, complete blood count

V. Appointment priparaty which shows that the patient in the first place?

Lisinopril, citicoline, nicergoline, clopidogrel

Donepezil, memantin

Chlorprothixene, Eglonil

Preparations based on Ginkgo Biloba, antohonisty Ca channels Actovegin, Piracetam

3.19 Patient 76 years, carpenter. Last 3 years relatives notice that he was forgotten figures

names, dates. Hides your instrument and forgets where to put it. Previously "smart"

and now makes stupid advice. Barely remembers the names of his children, his wife, with whom he lived

50 years. The nature became grouchy, selfish, suspicious. However, this circumstance

not charged; believes that the memory of it "all right." Declares that robbed him,

threatens court. While a few months in the hospital, says that "yesterday was at home,

met guests ... ". Roughly neurological disorders there.

A. qualifies syndrome:

- Depressive
- Korsakovskyy
- Asthenic
- Lacunar dementia
+ Total dementia

B. Formulate a possible diagnosis:

- Alzheimer's Disease
Senile dementia +
- Vascular dementia
- Progressive paralysis
- Schizophrenia

4.Patsiyent AM, '61, being in retirement continued to work as a part of the political council of the party. And prepared an report and he read them, he lived with his wife separately from children. Histories. In the past, the engineer. The disease begins with a strange povediky. During one of his reports began wetting the rostrum. Asked why he does it with a smile: "Do not interrupt same report?" Secretly began to spend money on sweets, cakes, hiding them from his wife. He began to enforce strict order. Appealed to the sexologist with the requirement to "deal with his wife" because, in his opinion, it was rampant sexuality, and she does not pay attention to him. Strange behavior with inadequate explanations of the motives lasted a year, was detained by police for having pinched the trolley women "would become better acquainted." An examination of the EEG decreased voltage in the frontal leads.

A.Sformulyuyte possible diagnosis:

- Syphilitic psevdoparalych

+ Pick Disease

- Progressive paralysis

- Tumor frontal brain regions

B. What additional methods of inspection for verification necessary to make the diagnosis?

-REH, Doppler vascular GM Analysis of blood onkomarkiry, neurologist Review

+ Um CT or MRI, blood tests to Wasserman, RIBT, RIF, review dermatologist fundus examination

-Eho-Er, neurologist examination, REG, serological study of cerebrospinal fluid

-Biohimichne Examination of blood, blood on Onkomorkery, serological study of cerebrospinal fluid.

5.Hvora 75 years, can not name the month, day, year round. After much deliberation calls his name. Mood-irritating dissatisfied. Always carry a bundle of things hiding in his underwear chest pakunochky bread and his shoes, "priceless book." What is the most likely diagnosis?

A. Conduct Disorders

B. atherosclerotic dementia

C. melancholy Presenylna

* D. senile dementia

E. Korsakov syndrome

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