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Approved on the methodical conference of department
psychiatry, psychotherapy, general and medical psychology,
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METHODOLOGICAL DEVELOPMENTS

to practical lessons on the topic "Schizophrenia" to 4th year students of the Medical Faculty (specialty "medicine")

Zaporozhye - 2015

The theme "Schizophrenia"

I. Background.

Schizophrenia affects about 1% of the population worldwide is about 50-60 mln. People, mostly teenagers, and young adulthood. It is not only medical, but also the overall socio-economic problem in nearly all countries. In most cases the disease is caused by a hereditary burdened leads to disability, social maladjustment patients and patients require continuous use of medications. Timely examination of the patient after the first debut of the disease is important for diagnosis, clarify the clinical features, differential diagnosis with other shyzofrenopodibnymy disorders and timely treatment appointment. It is known that in case of early adequate therapy, 25% of patients with schizophrenia psychopathological symptoms disappear almost permanently or for a long time.

1. Whole lessons:

Overall objective: to explore the psychopathological symptoms and syndromes of schizophrenia as a whole, as a separate nosology, different clinical forms, types of course and treatment of disease**.**

Specific goals:

1. To collect and evaluate complaints and medical history of the patient with schizophrenia.

2. Examination of the patient with schizophrenia.

3. Evaluate your patopsihologicheskogo study of patients with schizophrenia.

4. Conducting prevent a recurrence of the disease and the differential diagnosis of different clinical forms of schizophrenia and shyzofrenopodibnyh states.

5. Appointment of the patient adequate patient and supportive treatment depending on the clinical forms of the disease type and other characteristics of clinical manifestations in patients with schizophrenia.

3. Educational goals.

Develop a sense of responsibility for the timeliness and accuracy of clinical diagnosis formulation, to 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 schizophrenia.

4. Interdisciplinary integration.

Discipline	Know	Be able
I. Previous disciplines		
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 tissue with organic forms of personality disorders.	To be able to interpret typical pathological changes in the vascular system and cerebrospinal fluid, brain tissue with organic forms of personality disorders.
4. Pathophysiology	To learn the features of brain activity in disorders of personality.	To be able to determine the clinical and laboratory signs of brain activity in disorders of personality according to EEG KTHM.
II. The following subjects		
1. Neurosurgery	Find the initial symptoms and clinical peculiarities of tumors, hematomas, birth defects of the brain.	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).
2. Neurology (pediatric neurology)	Know residual neurological	To be able to put

	mikrosymptomatyku: asymmetry of facial innervation, minor okoruhovi disorders, uneven skin and tendon reflexes, diencephalic disorders.	the previous diagnosis and treatment.
III. Interdiscipline integration 1. Adulthood personality disorders, anxiety-phobic and affective disorders 2. Diagnostic and therapeutic measures for various disorders of children and adolescents.	Know etio pathogenesis and clinical peculiarities of personality disorders adulthood, anxious-phobic and affective disorders. To master the basic diagnostic criteria and therapeutic interventions in various forms of disorders of children and adolescents.	To be able to assign inspection plan, identify the main clinical symptoms. To be able to be differentiated treatment of various disorders of children and adolescents.

V. The content and structure of the lesson topics:

1. Etiology, pathogenesis theory of schizophrenia.

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

3. Basic principles of treatment of patients with schizophrenia.

4. 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.

Most found recognition in the diagnosis of symptoms of the first rank to. Schneider, 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 shperrunh and delusional perception, 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 ICD 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)

Premorbidnыy background often normal. Initial short period - from several days to several months. In the clinic this period - the symptoms of anxiety, confusion, some hallyutsynatornыe inclusion (shouts), impaired concentration. Home can also be the type of jet paranoyda or acute sensory delirium, which was originally seen as an acute transient psychotic disorder or schizophrenia symptoms shyzofrenopodobnoe. 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 katatonycheskaya schizophrenia occurs in the form of catatonia lyutsydnoy, 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).

Catatonic abuse occurring with symptoms 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.

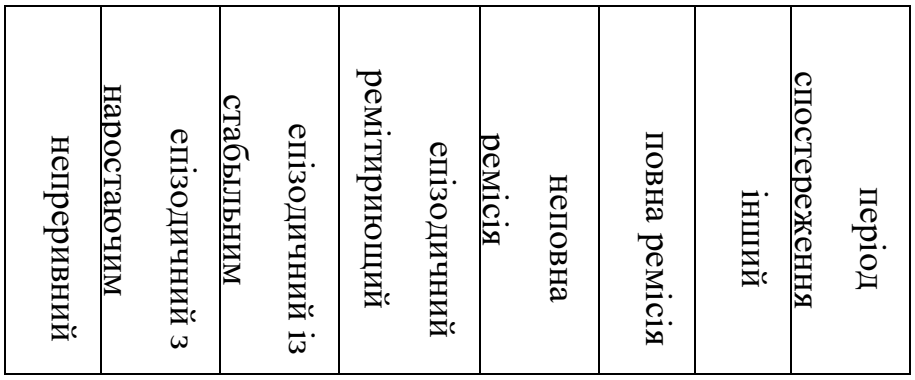
GRAPHOLOGY STRUCTURE OF EMPLOYMENT BY TOPIC: SCHIZOPHRENIA

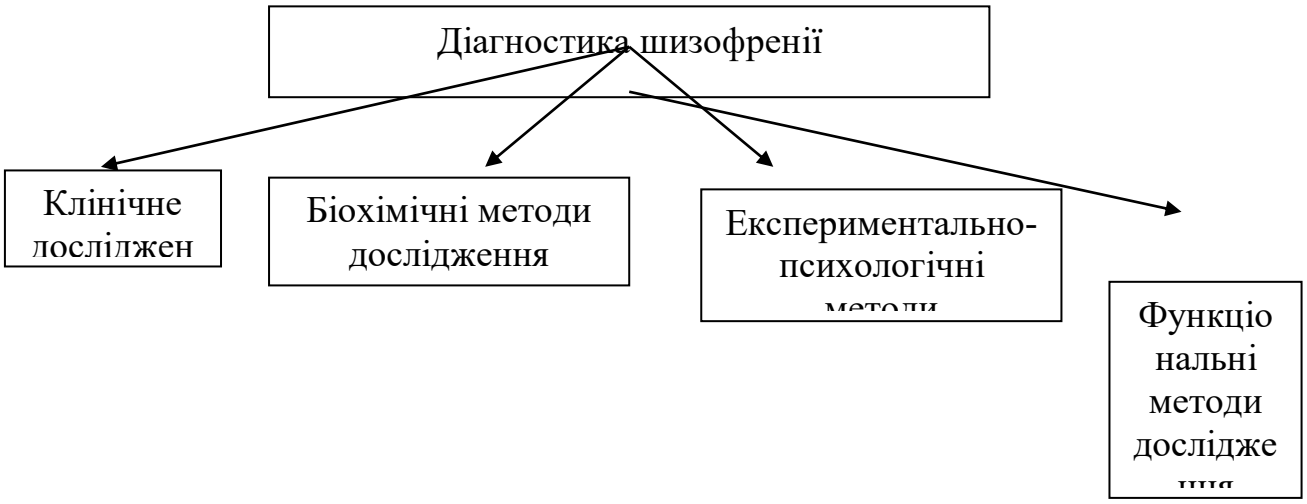
International Classification of Diseases ICD-10

Schizophrenia

Schizophrenia unspecified	Other forms of schizophrenia	Simple	residual schizophrenia	Postshyzofreni chna depression	Undifferentiat ed schizophrenia	catatonic schizophrenia	Hebefrenichna schizophrenia	paranoid schizophrenia

Перебіг шизофренічних розладів





ORGANIZATION OF EMPLOYMENT

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 180 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.

TECHNOLOGY MAP PRACTICAL LESSON

	Steps	ac хв.)	Tutorials		Місц е проведення
			learning Tools	equ ipment	
	Control of initial level of knowledge	0	Control questions, tests on the topic	PC	Traini ng room
	Review of individual work	0	Tables, figures, algorithms	Slid eshow	Traini ng room
	Meet the thematic patients, analysis of leaf medical appointments	0	History, letters medical appointments		Cham ber offices
	The decision of situational problems	0	Set situational problems		Traini ng room
	Control of final level of knowledge	0	Tests	PC	Traini ng room

Questions for Initial knowledge: (a II-III)

1. Endogenous psychoses. History views of schizophrenic disorders.

2 Theories of etiology and pathogenesis.

3. Clinical assessment and methods of experimental psychological research in schizophrenia.

4. Characteristics of the main clinical forms of schizophrenia. Pathomorphosis schizophrenia.

5. Types of schizophrenia. Step schizophrenic process.

6. Differential diagnosis of various forms of schizophrenia and shyzofrenopodibnyh states.

7. Psychopharmacology and psychotherapy in schizophrenia

9. Biological treatments in schizophrenia.

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.

B. The resulting delusions and hallucinations.

C. Hebefrenycheskoe.

D. Katatonycheskoe.

E. caused by disturbance of consciousness.

Tests II level

1. Woman '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. The patient 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. Patient 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. INITIAL period beginning with acute type of schizophrenia is not typical:

A. Hebefrenychnyy syndrome.

B. Syndrome mentally automatism.

C. Katatonycheskyy syndrome.

D. asthenic syndrome-nevrotycheskyy

E . Oneyroydnyy syndrome

Level 3 Challenges

1. Patient 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." I am sure he is right. To prove your probable diagnosis

A Jet paranoyid

B paranoid schizophrenia

C Alkoholnyy paranoyid

D schizoaffective psychosis

E Hebefrenichna schizophrenia

2. The patient 39 years, underwent surgery for acute appendicitis. In the evening on the third day after the operation became restless, fussy, heard the girls sing on the street. Bidhanyav of a "white flies", shouted that in a room full of rats. Bvazhaye it at home, disoriented in time. Comatychno: hyperhidrosis, AT - 160/100 mm Hg. c., t ° body - 37,4 ° C, tachycardia. According to relatives, many years of abusing alcohol. Psychopathological disorder diagnoses:

A Hipertoksychna schizophrenia

B toxic-infective psychosis

C Alkoholnyy delirium

D Sharp-affective psychosis shyzo

E Cyndrom Hanzera

3. The patient suffered an episode of '33 with hallucinatory - delusional experiences, regarded as the beginning of the schizophrenic process. During treatment with neuroleptics psychotic state kupiruvano achieved complete remission. 1.5 However, the patient began to abuse alcohol. Thus the disease:

A. No change.

B. Remission will be even longer.

C. We can expect katatonycheskyy episode.

D. It will be the transformation of the current.

E. develop alcoholic psychosis

REFERENCES for students

1. Психіатрія /За ред. О.К.Напрієнка.-К., 2003

2. Психіатрія (клініко- діагностичні алгоритми):Навчально-методичний посібник/ За ред. проф. Л.М.Юр'євої.-Д.:АРТ-ПРЕС,2002.-168с.

3. Менделевич В.Д. Психиатрическая пропедевтика:Практическое руководство для врачей и студентов.-М.:ТОО «Техлит», 1997.-496с.

4. Бурлачук Л.Ф.,Морозов С.М. Словарь-справочник по психодиагностике.-СПб.,1999.-518с.

5. Клиническая психиатрия/ Под ред. Н.Е.Бачерикова.-К.:Здоров'я,1989-512с.

6. Руководство по психиатрии /Под ред А.В.Снежневского.-В 2-х томах.-М.:Медицина, 1983.

7. Руководство по психиатрии /Под ред.А.С.Тиганова.- В 2-х томах-М.: Медицина,1999г.

8. Руководство по психиатрии /Под ред. Г.В.Морозова.- В 2-х томах._М.:Медицина,1988г