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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 topic "General psychopathology. Theme 1. Disorders of
perception, sensation, memory. Part 1 (2) "
for the 4th year students of the Medical Faculty (specialty "medicine")

Theme 1: "Disorders of sensation, perception, memory"

Part 1

Motivating classes. Are mentioned the main provisions of the physiology of sensation and perception, sensation and perception of place in the human cognitive activity, relationship mapping with degrees of cognition.

All information on environmental and internal environment muye person receives, via processes of perception and sensation. This - the initial stage, the first stage of human cognitive activity, sensory perception of the surrounding reality.

Emphasizes the importance of pathology in the general perception of psychopathology.

I. Background:

The feeling - a reflection in the mind of the individual properties of objects and phenomena of the material world, which directly affect the senses. This feature is in phylo and ontogenetic and respect is one of the earliest.

Perception is a holistic reflection of the image of objects and phenomena of environmentally-th world that act on the body through the senses. This active process of analysis and synthesis of experiences by comparing them with previous experience. For example, the perception of feeling moisture through rain and cold. An essential condition for the normal perception is the mechanism of memory.

Feeling man always attributes to himself, that they are in us, and perception are the properties of objects, their images are localized in space.

Perception is the process of getting information about environment and internal environment. Information that is perceived largely determines the situation and human understandings, largely ii behavior. Availability threatening deception of perception, can be the basis for dangerous actions. The ability to recognize violations of perception syndromes in which they are included as part of clinical structures to predict the behavior of the patient and the extent of its danger to themselves and people around them. Brightness clinical manifestations and different specificity for different deceptions perception of mental illness allows important differential diagnostic findings and help in choosing appropriate therapy, prognosis, and treatment of patient retetion.

II. Whole lessons:

A. Form notion of perception and feeling their place in the latetion, basic properties and types of symptoms of disorders of perception, mutually mozv'yazok with the main psychopathological syndromes and forms of disorders.

B. Know:

- 1). Definitions "feeling" and "perception";
- 2). The characteristics hyperesthesia, hypoesthesia and alheziyi;
- 3). Clinical characteristics senestopatiy;
- 4). Clinical characteristics of derealization and depersonalization;
- 5). The definition of "illusion", classification and characterization of illusions;
- 6). The definition of "hallucination", classification and characterization of hallucinations;
- 7) Differential diagnosis of true and psevdohallucinations;
- 8) The definition of "hallucinosi's clinical characteristics.

V. Able to:

- 1). Conduct clinical examination of patients to identify symptoms in violations of perception and feeling;
- 2). To diagnose the most significant disorders sensation and perception;
- 3). Analyze the results of the clinical, functional and pathopsychological research methods;
- 4). Determine patient management on disorders of perception and feeling.

III. The goals of personal development:

Priority mastering of eminent scientists in studying the physiology and pathology of perception. Education contemporary clinical thinking, deontological formation approach to patients with violations of perception and feeling. The use of psychotherapeutic effects in patients with violations of perception. Forming students' perceptions about the activities of sense in normal and pathological conditions.

IV. Interdisciplinary integration:

Discipline	Know	Be able
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I. Preliminary discipline (securing):		
Normal anatomy	The structure of the visual, auditory, olfactory and taste analyzer, skin-kinesthetic analyzer	Identify the location of major analyzers in the CNS. Schematically reflect their departments.
Normal physiology	The function of major analyzers and conduct nerve impulses	Identify the features of different departments of major analyzers
Biochemistry	The main neurotransmitters	Explain the role of neurotransmitters in disorders of perception
Pharmacology	Mechanisms of action of drugs	To carry out pharmacological tests
Propaedeutics of Internal Medicine	Methods function of major analyzers	Physical examination of organs and systems
II. The following subjects:		
Neurosurgery	Mechanisms of influence TBI and brain tumors to develop disorders of perception	Identify signs of brain tumor, head injury
Endocrinology	Regulation of the hypothalamic-pituitary endocrine glands	Identify the autonomic neuroendocrine syndromes
Cardiology	Mechanisms of zomlin with cardiac diseases, mechanisms of cardiac autonomic regulation	Identify vegetative and organic disorders of the heart
III. Interdiscipline integration (between the themes of the discipline):		
Vascular diseases of the nervous system		

Diseases of the autonomic nervous system		
Inflammatory diseases of the nervous system		
Neuroses		

V. Content of the topic classes

Key provisions that need to be learned by students:

Hypersensitivity - a rise in the intensity of stimuli, so that ordinary stimuli - light, sound, smell, touch - seem too intense.

Hyperesthesia appears threshold increased sensitivity to stimuli. Lo-hearing subjects lose brightness and clarity become monotonous, uncertain values. Sounds lose intensity and expressiveness, colors are not colors.

Anesthesia - a complete loss of sensitivity to stimuli (ie loss of sensation) that may occur in other receptors as well as several species at once (deafness and blindness simultaneously). One type of anesthesia is *algeziya* - loss of pain sensation.

Paresthesia - a feeling nonexistent stimulus (such as "crawling on the skin").

Synesthesia - the phenomenon of substitution receptor, which is that the external stimulus, which addressed one analyzer, is simultaneously an answer or another of several analyzers (smells, sounds, colors "merge"). Synesthesia may occur creative people, not as a sign of disease (for example: feeling paintings as music).

Senestopatiya - various polymorphic discomfort (heat, contraction, distortion, etc.) that are located in different parts of the body, internal organs and are uncertain (as opposed to visceral hallucinations) character. Observed in the case of schizophrenia, depression and some of intoxications. Localization senestopatiy in the mouth can confuse the dentist and lead to an incorrect diagnosis.

Derealization - a worldview exclusion of loss of orientation in time and space. Patients with such disorders complain that the world has changed, everything around they perceive as alien, lifeless, dull, rigid, unrealistic.

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

Metamorfopsiya is in violation of visual perception of shapes, sizes and proportions of subjects. Patient recognize them, but perceive distorted. Different types metamorfopsiy: If *makropsyii* things seem huge, *mikropsiyi* - unnaturally reduced, *dysmehlopsiyi* - twist in opposite directions around the axis. There are also *poropsiyu* - changing perception of space that seems shortened when all objects are close or infinitely elongated.

Violation of body schema - the perception of their own body as amended. The patient seems that it has become more difficult or easier, decreased or increased, shifted parts of his body (for example: head separated from the body, extremely up or down).

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

Illusion - is false (distorted) perception of a real object (object or phenomenon).

There may be physical, physiological and mental illusion. Recent divided into affective, verbal and pareydolichni and others.

By analyzer distinguish visual, auditory, olfactory, tactile and gustatory mental illusion, and the illusion of common sense - position in space.

Physical illusions occur in all people and caused physical properties of the object. For example the Northern Lights or mirage in the desert, "curvature" spoon in a glass of tea.

Physiological illusions associated with features of works (physiology) analyzers.

Mental illusions occur when the object of vision merges with the morbid representations.

Verbal illusion - it is distorted, a false perception of the actual content of the conversations of others. The question one of the foreign interlocutors and answers more distorted treated patients. In these conversations he sees derogatory and offensive remarks in his address, death threats, causing him fear and anxiety.

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

Pareydolichni ilyuziyi- distorted perception, in which the patient is looking for, example, the wallpaper, carpet, molding on the ceiling or on a wall crack, sees them as a

vibrant, rapidly changing picture where successive fantastic scenery, monsters, fairy-tale characters, etc. . Such illusions arising mostly of initial stages of acute psychosis.

Hallucinations - this is unreal, imaginary perception nonexistent stimuli (objects).

There are several classifications of hallucinations on different grounds.

The degree of difficulty distinguish simple, complex and combined hallucinations.

Simple (elementary) hallucinations divided into the following forms:

- *akoazmy* - auditory hallucinations (noise, crackling);
- *fotopsiyi* - visual hallucinations (flashes, spots).

Complex hallucinations are characterized by certain content (such as music).

Combined hallucinations caused by the perception of one object neisnu-yuchoho multiple analyzers - its look, smell, sound.

For analyzers hallucinations divided into visual, auditory, tactile, olfactory, gustatory and visceral.

Spotting (optical) hallucinations - a perception not existing visualizations; their possible following forms:

- *adelomorfni* - fuzzy, blurry visual images;
- *micro-* and *macroscopic* - reduced or enlarged images of objects;
- *polioptychni* - numerical same visual images;
- *avtoskopichni* - patient sees in the mirror next to a own twin;
- *avtoskopichni negative* - the patient does not see himself in a mirror;
- *hemianoskopichni* - arise in one half of the visual field.

Auditory (verbal) hallucinations - a perception of acoustic

images, voices that are not really there. It could be these are the types:

- *commenting* - commenting on the actions of the patient;
- *mandatory* - orders that is particularly dangerous;
- *contrasting (antagonistic)* - dialogue of the vote, leading the dispute; while some of them usually condemn the patient, while others justify;
- *neutral* - their content does not apply to individual patients.

Tactile hallucinations are characterized by crawling sensation

the skin or under the skin of some creatures. These include genital hallucinations

Maniana - patients feel that their genitals manipulated someone makes lewd actions and more.

Olfactory hallucinations - a mental perception of smells and colors of varying intensity. They are largely unpleasant, disgusting character - cadaverous smell, the smell of decay, hydrogen sulfide.

Taste food hallucinations- takes uncharacteristic for her taste properties. As with olfactory hallucinations talking about repelling sensations that cause rejection of the use of 'meal.

Olfactory and gustatory hallucinations in patients with schizophrenia is a sign of adverse prognosis.

Visceral hallucinations- patient says that inside his body, most often in the stomach, are living creatures - frogs, snakes. They can "walk, crawl," etc., causing extreme discomfort.

For completeness of distinguished real and pseudohallucinations.

These hallucinations are perceived as reality and with external (extracorporeal) projection, expressiveness and specificity; They most often occur in the event of exogenous mental illness.

Pseudohallucinations usually accompany endogenous mental disease characterized by the absence of external projections hallucinatory image (eg voice that the patient hears in his head "inner ear" or image that sees the "inner eye") and endowed not only corporeality as imagery, that are sub ' subjective character.

For the pathogenesis distinguish afektoheni, dominant, reflex, functional, inspired and caused hallucinations.

Afektoheni hallucinations immediately after trauma and reflect its content.

Dominant hallucinations are caused by a gradual increase psychotraumatic situation where certain thoughts on the background of a strong passion become dominant. For example, if the patient affective psychosis can hear voices that during the depressive phase condemn it, and when manic - fully magnify.

Reflex hallucinations arise with the real stimulus, but accepted another analyzer and disappear after cessation of the stimulus. For example, the patient sees the music glow.

Functional hallucinations - real and hallucinatory images seen one analyzer (under the wheels perestuk patient hears the voice) or hallucinations resulting from excitation analyzer (under intense prysluhuvanni patient hears the voice of non-existent).

The resulting hallucinations (symptom Lipman) - pressing the eyeballs patient may cause him to visual hallucinations.

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

Particular types of hallucinations.

Hipnahohichni hallucinations occur during sleep.

Hipnopompichni hallucinations occur upon awakening.

Charles Bone type Hallucinations occur in the sensory organs that are affected by a pathological process, resulting in the blind "see" deaf "hear" and so on.

Ekstrakampinni hallucinations - hallucinatory image appears outside the field of view (example: patient states that he is Damon back).

Hallucinosi - a psychopathological condition, which is characterized by the constant presence of certain hallucinations, usually auditory, while maintaining a critical attitude towards them. There is a case of alcoholism, schizophrenia, epilepsy, organic brain lesions.

Pedunkulyarnyy hallucinosi caused by lesions in the midbrain area of brain ventricle legs and IV; characterized by moving mikroptychnymy hallucinations that usually occur in the evening.

VI. Plan and organizational structure of employment:

	The main stages of employment, their functions and content	Educational objectives in the levels of assimilation	Control methods and learning	Materials methodological support (control, visibility, instruktyvnosti)
.	Organization of classes			Academic journal
.	Setting learning objectives and motivation		Test	"Educational Purposes" "Relevance"
	Control output knowledge, skills,	I	control Level	Methodological developments

	<p>skills:</p> <p>1). Classification of feeling and perception disorders</p> <p>2). Definitions sensation, perception and representation</p> <p>3). What is illusion, mechanisms of their occurrence</p> <p>4). These hallucinations, their clinical varieties</p> <p>5). Pseudohallucinations their clinical varieties</p> <p>6). Violation touch synthesis of clinical options</p> <p>7) Senestopatiyi, their withdrawal from visceral hallucinations</p> <p>8) Features disturbances in perception and logical psychopath main syndromes and nosological forms</p> <p>9) Modern principles of treatment of disorders of perception</p>	<p>II</p> <p>II</p> <p>II</p> <p>II</p> <p>II</p> <p>II</p> <p>II</p> <p>II</p> <p>II</p> <p>II</p>	<p>Individual oral examination</p> <p>Front conversation</p> <p>Test control level II</p> <p>The solution of typical problems II</p>	<p>Thematic table posters, slides</p> <p>structural logic</p> <p>Questions for oral individual-poll</p> <p>Tests I, II level</p> <p>Typical tasks II level</p>
	<p>Formation of</p>		<p>Methods</p>	

	<p>skills and abilities:</p> <p>1). Mastering the technique of questioning of the patient;</p> <p>2). The survey and analysis of history of the disease and the patient's life;</p> <p>3). Poll patient to diagnose disorders of perception and feeling;</p> <p>4). To conduct differential diagnostics</p> <p>5). Interpreting additional investigation.</p>	<p>III</p> <p>III</p> <p>III</p> <p>III</p> <p>III</p>	<p>of forming habits:</p> <p>professional training</p> <p>II level test solution, typical problems of level II</p> <p>Methods of forming abilities:</p> <p>professional training in solving atypical clinical situations, problems III level</p>	<p>Algorithms for formation of practical skills</p> <p>Methodical development.</p> <p>Neurological hammers. Table. Tests typical tasks III level</p> <p>Algorithms formation professional skills.</p> <p>Patients. Stories patient. Case custom problem. Simulation games.</p> <p>Equipment.</p>
<p>.</p> <p>.</p>	<p>Control and correction of professional skills and abilities</p> <p>Summing up classes (theoretical, practical, organ-izational)</p>	<p>III</p>	<p>Control methods habits: individual control of practical skills and their results.</p>	<p>Equipment</p> <p>Clinical results examination.</p> <p>Challenges III</p> <p>Tests of III</p>

	Homework (basic and additional literature on the subject)		Analysis and evaluation of clinical work, decision tests, tasks	level Estimated to map independent work with literature
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Minimum list of practical skills that students should acquire during class

1. The ability to identify the primary violations of perception and sensation during Supervision patients.
2. Students work alone with patients in the wards, using experimental psychological methods.
3. Identified pathology students write, describing the condition of the patient.

Part 2

I. Background.

Memory plays a very important role in everyone's life is the basis, the foundation of the formation and development of intelligence. The importance of sufficient mnestic features for successful social adaptation overemphasized. Of particular importance in this important assessment of mental illness. Background memory is due to the increased percentage of older people. The ability to correctly assess memory disorders is very important in training a doctor.

Learning Objectives

Whole lessons:To study the basic properties of memory and various manifestations of disorders.

Specific goals:

- 1.Vyvchyty basic theoretical concepts of memory (a 11).
2. Explain neuropsychological bases of memory disorders (a-11).
- 3.Zibraty and evaluate complaints and medical history of the patient, who has a memory impairment (a 111).

4. Otsinyty symptoms that indicate quantitative and qualitative disorders memory disorders (a-11)

5. Otsinyty data eksperymentalno- psychological research (a-11).

5. Provesty differential diagnosis of various disorders of memory (a-11).

6. Pryznachennya necessary therapy in disorders of memory (a 111).

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 helping patients with memory impairment. Develop ethical attitude and keenness on developing features for future specialist to the patient, the patient with the presence of mental disorders.

4. Interdisciplinary integration.

Disciplines	nobles	be able
<p><u>I.Poperedni discipline</u></p> <p>1. Normal anatomy</p>	<p>To know the structure of the cortex, subcortical centers and the vascular system of the brain.</p>	<p>To be able to determine the possible location of abnormal cells in the CNS.</p>
	<p>To learn the functionality of different parts of the brain in the formation of memory.</p>	<p>To be able to determine the parameters normal funktsiyovannya different parts of the brain.</p>
	<p>2. Normal physiology</p> <p>Know postmortem possible changes in the vascular system and brain tissue in disorders of memory.</p>	<p>To be able to interpret, you prostitute pathological changes in the brain tissue and blood vessels with mental disorders.</p>
<p>3. Patanatomy</p>	<p>To learn the features of the brain.</p>	<p>To be able to determine the clinical and laboratory signs of brain activity in disorders of</p>

4. Patfiziolohiya		memory.
<u>II. The following subjects</u>		
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 pathology memory.
2. Neurology (pediatric neurology)	Know the signs of clinical development and speech motor system, including in young children, the lag in development.	To be able to put a preliminary diagnosis (including - effect of disease) and treatment.
<u>III. Internally substantive integration</u>		
1. Organic violation brain (ischemic and hemorrhagic stroke, subdural hematoma, meningitis, tumors, atrophic processes.).	Know etiopathogenesis and clinical peculiarities of atrophic disorders, brain disasters and infectious diseases GM.	To be able to assign inspection plan, identify the main clinical symptom-mi.
2. Diagnostic and tera-pevtychni activities in violation of the memory of various etiologies.	To learn the basic diagnostics, CSSR criteria and therapeutic interventions for various types of brain damage.	To be able to assign dif-rentsiyovane treatment of various types mnesty-chnyh disorders ..

V. The content and structure of the lesson topics:

Types of memory, Genetic, Immunological, Neurological (congenital and fenotypychna), Imprytynh mapping, unconsciously, Conscious, Motor eidetic imaginative, Logical complement direct, Short, Intermediate, Long-term.

Classification memory disorders

quantitative	quality
hipermneziyi hipomneziyi amnesia (fiksatsiyana, retrograde, anterohradna, konhradna, progressive, perfora-traditional, retardyrovana, Dissociate)	paramnesia: konfabulyatsiyi, psevdoreministsentsiyi, kryptomneziyi

Methods Memory

Clinical examination of the patient

Experimentally-psychological research:

tests visual and auditory memory

tests on memorizing 10 words

pyshometrychna Wechsler scale, the icon on O.R.Luriya

VI. Plan and organizational structure classes.

II	The main stages of employment, their functions and content	Educational objectives in the levels of assimilation	Control methods and learning	Materials methodological security (monitoring, visibility, instruktyvnosti)
.	Preparatory stage Arrangements Setting learning objectives and motivation Control of initial level of knowledge, skills and abilities: 1.Psyholohichni concept of memory. 2. Clinical	II II	Frontal individual oral express - poll	P.1 "Background" P2 "Training objectives" Tables, figures, structural logic,

<p>manifestations of various memory impairment</p> <p>3. Dyferentsialna their diagnosis</p> <p>4. Indications for hospitalization.</p> <p>5. Supervision, questions of examination and treatment of patients with memory impairment.</p>	<p>III</p> <p>III</p>	<p>Test Control Level II</p> <p>The solution of typical problems II</p> <p>Test control level III</p>	<p>medicines, slides</p> <p>Questions for individual poll</p> <p>Tests and objectives Level II</p> <p>Tests III level</p>
<p>The main stage</p> <p>4. Formation professional skills and abilities:</p> <p>1. Obsess the method of collection history of life and disease and evaluate these data.</p> <p>2. Organize ability to conduct the clinical and experimental psychological examination status of the patient, interpret their data.</p> <p>3. Obsess the ability to substantiate previous syndromologic diagnosis and a plan of inspection of patient.</p>	<p>III</p> <p>III</p> <p>III</p> <p>III</p>	<p>Professional training for the patient.</p> <p>Solving problems of tests and III level.</p> <p>Professional training in dealing atypical clinical</p>	<p>Algorithms (focus map) for the formation of practical skills.</p> <p>Equipment experimental psychological methods.</p> <p>Patients</p> <p>Medical history, examination and treatment protocols</p> <p>Tests and custom task level III</p>

	<p>4. Be able to conduct differential diagnosis based on clinical and ancillary laboratory data and establish a final diagnosis.</p> <p>5. Thoroughly learn the principles and plan of treatment of patients with memory impairment.</p>	<p>III- IV</p>	<p>situations</p>	<p>Simulation games</p>
II	<p>The final stage</p> <p>5. Kontrol correction and mastering of professional abilities and skills</p> <p>6. Wrap-up sessions (theoretical, practical, organizational)</p> <p>7. Homework (basic and additional literature on the subject)</p>	<p>III</p>	<p>Individual control skills or their results.</p> <p>Analysis and evaluation of clinical work</p> <p>Decision atypical problems III level.</p> <p>Test control III level.</p>	<p>Results of clinical work (case)</p> <p>Challenges III level</p> <p>Tests III level</p> <p>Oriented map for independent work with literature</p>

Equipment classes

Tables

Schemes

Sets objectives baseline

Collections final control test

Questions for Initial knowledge: (a II-III)

1. Memory. History views on mental function. Types of memory.
2. neurophysiological bases of short-term and long-term memory.
3. Clinical assessment and methods of experimental psychological studies when assessing memory.

4. Quantitative memory disorders. Types amneziy in which diseases they occur.
5. Qualitative memory impairment: konfabulyatsiyi, psevdoreministsentsiyi, kryptomneziyi. Causes quality of memory disorders.
6. Differential diagnosis of these disorders.
- 7 Korsakov syndrom.Zahvoryuvannya under which this syndrome occur.
9. Medical services in violation of memory.

Level 1 Tests

1. Quantitative memory disorders include:

- A. Konfabulyatsiyi.
- B. Hipermneziyi.
- B. Amnesia.
- G. Psevdoreministsentsiyi.
- D. Hipomneziyi.

The answer is B, C, D.

2. What does not belong to quality mental disorders?

- A. Hipermeziyi.
- B. Psevdoreministsentsiyi.
- B. Konfabulyatsiyi.
- G. Kryptomneziyi.
- D. Amnesia.

A-A, D.

3. Functions memory is, except

- A. Memorization.
- B. Recognition.
- B. Presentation.
- G. Saving.
- D. Play.

A-B.

4. When suffering from amnesia features

- A. Remembering.
- B. Preservation.
- B. Play.
- G. Recognition.
- D. All of the above identified.

The answer is D.

Situational tasks 2 levels

1. The patient, 74 years old, can not remember where her chamber, bed, does not recognize the doctor is not oriented in the office. Without help storonniyi can not find the toilet, dining room. Daughter on a date knows, but he does not remember she came or not. Determine the type of memory disorders in patients.

- A.Reproduktsiyana amnesia.
- B.Fiksatsiyana amnesia.
- V.Anterohradna amnesia.
- G. Kryptomneziya.
- D.Retrohradna amnesia.

A-B.Fiksatsiyana amnesia.

2. The patient, 17, was taken to hospital after skull injury in a coma. When come to mind, could not remember what engaged the morning, who met on the road, which has fallen. Determine the type of memory disorder.

- A. Anterohradna amnesia.
- B. Progressive amnesia.
- B. Retrograde amnesia.
- G. Reproductive amnesia.
- D. Fiksatsiyana amnesia.

The answer is B. Retrograde amnesia.

3. The patient told a neighbor in the ward that it happened once. When she was told that the same thing they watched it on television yesterday, the patient still maintained that it was her. What type of memory impairment?

- A. Hipermneziya.
- B. The symptom has visions.
- B. Konfabulyatsiya.
- G. Psevdoeministsentsiya.
- D. Kriptomneziya.

The answer is D. Kriptomneziya.

4. The patient was in a state of manic excitement remembered a verse learned many years ago in school. Doctor I have read this verse very clearly, not missing a single line. When normal mood of the patient, the patient could not even remember the content. What memory impairment was the patient?

- A. hipermneziya reproduction.
- B. Kriptomneziya.
- B. Psevdoeministsentsiya.
- G. Fiksatsiyana hipermneziya.
- D. Konfabulyatsiya.

A. The answer is hipermneziya reproduction.

5. Student on examination is very worried, but knew the material on the ticket. When the examiner asked to name one drug, could not remember his name, and when the examiner left the room immediately and remembered it. What memory impairment were in this case?

- A. Retrograde amnesia.
- B. reproduction amnesia.
- B. Fiksatsiyana amnesia.
- G. Symptom never had seen.
- D. Progressive amnesia.

The answer is B. reproduction amnesia.

6. The patient, 72 years old seamstress in the past, is in the hospital for three months. Asked where she was while this morning, said that it urgently summoned to work, as the studio where she works, has received an urgent order for tailoring garments.

What memory disorders in a patient?

- A. Pseudoreminiscence.
- B. Konfabulyatsiya.
- B. Kryptomneziya.
- G. hiperamneziya reproduction.
- D. The symptom has visions.

A. The answer is Pseudoreminiscence.

7. When the patient was asked what she did yesterday, said that she returned to Bombay, where led the work of Parliament. Led the small details: what issues were discussed, as were members of parliament, decisions were taken. What mnestic violation of the patient?

- A. Kryptomneziya.
- B. Progressive amnesia.
- B. Konfabulyatsiya.
- G. hiperamneziya reproduction.
- D. Pseudoreminiscence.

The answer is B. Konfabulyatsiya.

8. The patient, 32 years old, underwent surgery for stomach ulcers probodnoyi occasion. After leaving drug status recognized wife. was adequate, interested in children, all well zapam'yatovuv. On the following day his wife complained that she did not come, does not remember the events of yesterday. What violation pam'ti patient?

- A. Symptom never had seen.
- B. Retrograde amnesia.
- V. progressive amnesia.
- G. reproduction amnesia.
- D. Anterogradna amnesia.

The answer is D. Anterogradna amnesia.

9. The patient, 84 years old, does not recognize children and grandchildren do not remember their names, does not know his address, where and by whom worked if her husband is alive. But remember their parents, teachers remember his name. According to the daughters of memory disorders in a patient were observed 5 years ago. She began to forget recent events, then fell more distant memory. What memory disorder patient?

- A. Anetrohradna amnesia.
- B. reproduction amnesia.
- B. Retrograde amnesia.
- G. progressive amnesia.
- D. Psevdoeministsentsiya.

The answer is D. The progressive amnesia.

10. Doctor alternation of day and after the next business day very tired. On the way home struggled with sleep. When released from the tram stop at its suddenly saw that is unfamiliar terrain. Houses, shops, streets were unfamiliar to her. It knew it and it just seems that it nahodytsya his home number. Identify memory disorder?

- A. Psevdoeministsentsiya.
- B. Symptom never had seen.
- B. Fiksatsiyana amnesia.
- G. progressive amnesia.
- D. reproduction amnesia.

The answer B.Symptom never had seen.

Level 3 Challenges

1. Patient 55 years. 3 years ago began to decline pam'yat.Spochatku forgot live, and then the professional knowledge of the events of their lives. The last three months of badly focused in his apartment.

What mental function suffers?

Answer: mnemonic

What the patient syndrome?

Answer: progressive amnesia

About what disease should consider? A: Alzheimer's disease.

2. Male, 34 years. He was taken to hospital after skull trauma unconscious. He was hit by a car. Once came to mind could not remember what happened to him, remembers only went out to work. Can not remember the name likarya. Cherez two days claims located in the resort, which arrived two weeks ago, yesterday met with the president of Egypt and led government negotiations.

What mental functions affected?

Answer: mnestic function.

What is driving psychopathological syndrome?

Answer: Korsakov's syndrome.

Literature

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. Бурлачук Л.Ф.,Морозов С.М. Словарь-справочник по психодиагностике. - СПб.,1999.-518с.
4. Клиническая психиатрия/Под ред. Н.Е.Бачерикова.-К.:Здоров'я,1989-512с. Руководство по психиатрии /Под ред А.В.Снежевского.-В 2-х томах.-М.: Медицина, 1983
5. Руководство по психиатрии /Под ред.А.С.Тиганова.- В 2-х томах- М.: Медицина,
6. Руководство по психиатрии /Под ред. Г.В.Морозова.- В 2-х томах. - М.: Медицина,
7. Психіатрія: Підручник/Г.Т.Сонник, О.К. Напрієнка, А.М. Скрипніков. –2006.
8. Психіатрія. Під ред. професора О.К. Напрієнка. – Київ, 2001.
9. Банщиков В.М., Невзорова Т.А. Психіатрія - М., 1969.
10. Коркіна М.В., Лакосіна Н.Д. Психіатрія - М., 1995.
11. Жариков Н.М. Психиатрия - М., 1989.
12. Кербигов О.В. Психиатрия. – М., 1968.
13. Руководство по психиатрии. Под ред. А.В. Снежевского. В 2-х т. – М., 1983.
14. Попов Ю.В., Вид В.Д. Современная клиническая психиатрия. – М., 1997.
15. Клиническая психиатрия. Под ред.. проф. Н.С. Бачериова. – Киев, 1989.