

Zaporozhye State Medical University

Department of psychiatry, psychotherapy, general and medical psychology,
narcology and sexology

Approved on the methodical conference of department
psychiatry, psychotherapy, general and medical psychology,
addiction and sexology
Head of the Chair MD, professor V.V.Chuhunov

“ _____ ” _____ 2015 year

Methodological developments

to practical lessons on the topic "General psychopathology. Theme 2.
Disorders of thought and intellect. Part 1 (2)" for the 4th year students of the
Medical Faculty (specialty "medicine")

Theme 2: "Disorders of thought and intellect"

Part 1, "Thought disorders"

I. Background:

Thinking recognized as one of the important components of cognitive activity that allows summarize and reflect surrounding reality. This is the highest form of mental activity, demonstrating the essence of objects and phenomena of the surrounding world. Thinking by using words as a simple means of summarizing the conscious and unconscious levels. Thought disorder is the most common pathology in psychiatry; early detection of delusional ideas allows effective therapy for patients, preventing them from prematurely reacting to possible aggressive and autoaggressive actions.

II. Whole lessons:

A. Develop the concept of symptoms and syndromes of disorders of thought; disease, where these manifestations are essential.

B. Know:

1. Forms and types of thinking;
2. Clinical characteristics of pathology of the associative process;
3. The concept of delirium, its clinical varieties;
4. Necessary conditions of cancellation of delusional ideas;
5. The pathophysiological mechanisms of delirium and delirious states;

V. able to:

1. Conduct clinical examination of patients to identify symptoms of disorders of thought;
2. To learn to diagnose the most significant thought disorder;
3. Identify thought disorder by additional psychopathological methods;
4. Analyze main syndromes associated with violation of association and meaning.

II. Whole lessons:

A. Develop the concept of symptoms and syndromes of disorders of thought; disease, where these manifestations are essential.

B. To know:

1. Forms and types of thinking;
2. Clinical characteristics of pathology associative process;
3. The concept of delirium, its clinical varieties;
4. Obsessive-compulsive disorders of cancellation of delusional ideas;
5. The pathophysiological mechanisms of delirium and obsessive-compulsive disorders;

C. Able to:

1. Conduct clinical examination of patients to identify symptoms of disorders of thought;
2. To learn to diagnose most significant thought disorder;
3. Identify thought disorder by additional pathopsychological methods;
4. Analyze main syndromes associated with violation of association and meaning.

III. The goals of personal development:

Develop a sense of responsibility for the timeliness and accuracy of decision making in assessing the general condition, presence of complications. Form deontological ideas about the future of professional features to patients with mental disorders and their families.

IV. Interdisciplinary integration.

Discipline	Know	Be able
------------	------	---------

Name of previous disciplines		
1. Department of normal physiology.	Knowledge I.P.Pavlova theory of conditional and unconditional reflex activity, the concept of phase states.	Identify the function of language centers of the brain.
2. Department of Pathological physiology	Knowledge of the pathophysiological mechanisms of formation compulsive disorder and delusions.	Explain the similarities and differences of forming obsessive-compulsive and delusional ideas.
3. Department of social sciences with general psychology course	Methods patopsychological research areas of thinking.	To conduct psycho - experimental methods to detect symptoms of association, consistency of thought.
The following subjects		
1. Course of Neurosurgery	Linkages with language disorders may be affected certain parts of the brain.	Identify signs of tumors, atrophy and other pathology areas of the brain responsible for language function.
Interdiscipline integration		
1. Disorders of emotions and will.	Clinical signs of depressive, manic, catatonic syndromes,	Match disorder of emotions and the will to assess the mental state of

2. Neuroses	disorders involving thinking. Clinical symptoms of obsessive - phobic neurosis, accompanied by intrusive states.	a patient with impaired driving thinking. To differentiate the various manifestations of obsessive thoughts, fears and actions.
-------------	---	--

V. Content of the topic of employment:

Key provisions that need to be learned by students:

1. Intellection is the highest form of knowledge. It shows the internal connections between objects and phenomena can distinguish important from the secondary, there is a purposeful process. In the process of thinking formed concepts and opinions that are expressed in words.

2. Lighthouse ideas - these are violations as a result of erroneous thinking there go wrong judgment conclusions that can not convince correct. Patients with non-critical to their statements, delusions arise from the disease. Dreams false statements differs from that error can be a healthy person, but it is not based on manifestations of the disease.

3. Clinical forms and varieties of delirium.

For form can be structured and unstructured delusions.

The content of delusions distributed into three groups:

Delusions of persecution (the ratio, exposure, poisoning, loss and IDEAS in loot, ideas allegations, jealousy, kverulyanski, erotic content, persekutorni).

Delusions of grandeur (high birth, invention and discovery, reformism).

Delusions self-abasement (sin, self-blame, hypochondrical delusions, nihilistic, obsession).

4. Clinical definition of "obsessive-compulsive disorder" - these are thoughts, fears and actions to which the patient belongs critical, but can not get rid of them. Obsessions different from the presence of delusional criticism. Pathophysiological mechanisms compulsive disorder is the formation of pockets of stagnant excitation pathological inertia due to sudden emotional excitement with abnormal enshrined conditioned reflexes.

VI. Plan and organizational structure classes.

	Stages classes, their functions and content	Educational objectives in the levels of assimilation	Control methods and learning	Materials methodological support	time in.
Preparatory stage					
.	Organizational issues			Академ.журнал.	
.	Formation of motivation.			"Educational Purposes"	
.	Control of initial level of knowledge, skills and abilities:		Test control Level	"Relevance"	5
.	1.Klinichna classification	I	Individual survey	Methodological developments	
.	pathology thinking;	II	Front conversation		
.	2.Rozlady		Test control level	Themed tables, posters,	

	<p>thinking on the pace and tsilespryamovannosti; their clinical symptoms;</p> <p>3.Ponyattya delirium, classification delusional ideas;</p> <p>4.Ponyattya obsessive-compulsive disorder, their varieties;</p>	<p>II</p> <p>II</p>	<p>II</p> <p>The decision of typical tasks II level.</p>	<p>slides, structural - logic</p> <p>Questions for individual oral survey</p> <p>Tests I, II level</p> <p>Ask Test level</p> <p>II</p>	
The main stage					
	<p>Formation of 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. Questioning the patient in order to diagnose disorders of thought;</p> <p>4. Interpreting</p>	<p>III</p> <p>III</p> <p>III</p>	<p>Methods of forming habits:</p> <p>Professional training</p> <p>Decision II tests of typical tasks II level.</p> <p>Methods of forming abilities:</p> <p>Professional</p>	<p>Algorithms for formation of practical skills.</p> <p>Methodical development.</p> <p>Atlas psycho experimental research.</p> <p>Tables, tests, typical tasks III level.</p> <p>The algorithm for the formation of</p>	<p>30</p> <p>B.</p>

	additional methods of examination		ional training in solving non-typical clinical situations, problems III level.	professional skills. Patients history, these additional methods. Situational custom task simulation games. Equipment. Elementary experimental - psychological tests.	
The final stage					
.	Control of final level of preparation.	III	Individ	Equipment. History.	XB.
.	Summing up the results of student learning.		ual control skills.	written mental status, tasks III level, test-	
.	Informing students about the topic of the next lesson		Evaluat ion of clinical work, decision tests, tasks.	tasks of the third level.	XB.
.				Approximate map for independent work with literature	XB

Minimum list of practical skills, which should master student during class.

1. The ability to detect violations associative processes, delusional and obsessive

in patients idea supervision.

2. Students work alone with patients in wards using experimental - psychological table.

3. Because diagnosed pathologies written description consisting mental state of the patient.

Materials VII methodological support classes:

7.1 Materials Control for the preparatory stage of employment:

Materials for test control (level)

1. Occasionally an emerging block mental activity is called:

A. mentism

B. echolalia

C. perseviratsiya

D. verbyheratsiya

E. shperrunh *

2. autistic thought occurs:

A. in healthy individuals

B. children

C. at schizoid psychopathy

DA in schizophrenia

E. around restated *

3. The definition of "violent spontaneous occurrence netsilespryamovanoho thoughts flow" refers to the term:

A. verbiheratsiya

B. perseviratsiya

C. shperrunh

D. mentism *

E. lohokloniya

4. Enter a term that meets the definition of "involuntary repetition of words in the language and certain phrases of others":

A. perseviratsiyi

B. verbiheratsiya

C. inkoherentsiya

D. echolalia *

E. shyzofaziya

5. What are the most significant factor that characterizes the delusional IDEAS:

A. violent occurrence

B. unavailability correction *

C. inability to counter them

D. focus on the subjective world

E. polymorphism

6. Do persecutory delusional ideas include:

A. delusions of persecution

B. delusions physical effects

C. delusions of poisoning

D. delusions domestic relations (losses)

E. all of the above right *

7. Symptom Fregoli part of:

A. delusional ideas of invention

V. reform delirium

C. delirium staging

D. delirium twins *

E. delirium intermetamorphozy

8. Pathological thoroughness thinking occurs when:

A. Schizophrenia

- B. epilepsy *
- C. psychopathy
- D. nervousness
- E. addiction

Materials for individual oral survey: (level)

1. Definition of "thinking", "mental operations".
2. Classification of disorders of thinking.
3. Pathology thinking on the pace.
4. Violation of thinking on the form.
5. What is delusional, mayachnopodibni, intrusive, overvalued idea what these concepts are different.
6. Variety delusional ideas on content.
7. Classification of delirium.
8. Variety and obsessions.
9. The pathophysiological mechanisms and delusional and obsessive ideas.

Typical problem (level II).

1. A woman of 40 years, engineer, 5 years ago, began to say, headache, feeling of general weakness, poor appetite. Believed that all bullied at work with her, laughing. Unaware that her daughter connected with the bandits who are going to kill her. In the disease state freed from work. Suddenly began to attend lectures Mining University. Several times appealed for help to the police there claimed that it affects some equipment. Periodically Buz tense, suspicious, impulsive.

Among the internal organs, neurological status and additional pathology studies found.

Intense, tells of the opinion that the actions of some body constantly monitors it. The hospital where she is now hidden devices to eavesdrop on her thoughts. In desperation, which can not sleep at night, afraid that the food might be poisoned.

What are the symptoms of the patient?

What might follow periods with the disease?

What is driving syndrome?

What kind of nosology possible reason? (delusions of influence, poisoning)

2. Male 44 years old, studied satisfactorily. He graduated from high school, is now official. From childhood fears felt at night. From 14 roiv frightened began to move across the bridge, but pereyizdyv past him on the bus. Then began to be afraid to move through the area with the help of friends could do it. Later he became afraid to go to the movies, theater, was particularly startled when the door closed and the slogan light. Proceeding from the apartment several times touched his hand to the bed, aware that after him in the street do not skoyitsya.

All years - timid, unsure of himself, always has doubts in their actions and decisions.

Somatic pathology there. Perception, memory, intelligence normal. Understand the absence obhruntovannosti their fears.

What is driving syndrome?

What are the symptoms make up this syndrome?

Which pathologies can treat this disease? (nav`yazlyvi fears, neurosis).

3. Male 49 years old, a teacher, was hospitalized in a psychiatric hospital for ekpertyzu in connection with the fact that when she was in the yard of his multistory building at noon suddenly attacked the neighbor, tore her dress and began to beat. In the study explained the episode that follows several months for this neighbor, she is in a sexual connection with her husband 54 years. Husband is disabled and does not work, does not go for a paralysis of the limbs. Clear communication with a neighbor about that when if comes home pissing the bed of a man in a jumble. Additionally several times heard someone quietly knocked on the door when it came out there was nobody. When meeting with a neighbor and

just smiled to her and not zdorovkalas. I tried to deal with her husband, but he did not speak the language after a stroke and can not explain to her nothing. I am sure that her revenge is true and good. Emotionally intense, sometimes crying, sorry sick man and condemn neighbor. Characterized the work as a good worker.

What are the symptoms of the patient?

What is driving syndrome?

How to justify an examination that measures be?

(delusions of jealousy, ill not responsible for their actions and should be treated)

4. Male 37 years old, doctor. As a child quiet, indecisive guy. Poorly studied in school that could never answer the question, argued that just does not know. From 10 to 17 years masturbation. In 18 years there was a shyness by heart, thinking that might die. Always scared "in difficult times" left without medical care because walking around the city with friends - doctors. All my life I was worried sick not to syphilis or second infection. Several times a day washing his hands. To others good and conscientious. Always be yourself for any bad news.

Somatic violations were found. Sleeping and eating well. Perception, memory intelligence without pathology. Understand the hollowness of their analyzes them. Very indecisive when making any decision.

What is driving syndrome?

What are the symptoms make up this syndrome?

On which grounds formed the disease? (for preclinical period asthenic accentuation of indecision and uncertainty. nav`yazlyvi fears further formed as a manifestation of neurosis nav`yazlyvyh states).

5. Girl 14 years. For 3 months of hospitalization in a psychiatric hospital began to complain of headaches, irritability, changes in sensation itself. She began to think much, much time could sit and watch at one point. Saw themselves in the

mirror, saying that she has changed the face, nose lengthened, widened eyes, "eyes as stones". In the process of reading noticed that the letter is viddalyuyutsya then pryblyzhuyutsya. Worsened in school. With her mother and sister was abrupt and categorical. Do not take care of themselves a lot of time lying in bed.

Somatic and neurological condition without pathology. Consulting of an ophthalmologist - the norm. Perception and memory without violations.

Talking calm, but sometimes silent, roz`yasnyuye the fact that "Stop-head are thoughts." Nothing, nowhere has the interest.

What are the symptoms of the patient?

What is driving syndrome?

Which pathologies can treat this disease? (dysmorfofobiya syndrome, the beginning of the schizophrenic process).

6. Female 46 years old, not working. Mentally ill for 10 years. Disease developed gradually. She began to feel pain in my heart. Reasoned that her husband began to "act of hypnosis." Told him that in the absence of their homes someone walked in the room, she "saw" traces of shoes. also follow her, but he did not specify. I am sure that her husband is unfaithful, wants to destroy; also "leads" the disease on people around them. In connection with these statements conflict with her husband, aggressive to him, he tried to pour boiling water. Repeatedly treated in psychiatry, but no sustained effect.

Somatic and neurological status without pathology.

During the conversation calm, confirms that her husband "kills" that her track-forge some people. Awkward husband, daughter, pleased that the House is in troubled. Do nothing, worried only about the food, eats a lot. At a meeting with a man silently took food and returned to the department. Tries to take food from others patients. Do not take care of themselves, not clean.

What is driving syndrome?

What are the symptoms make up this syndrome?

What kind of nosology possible reason? (Delusions of influence in schizophrenia).

п/п	Task	The sequence of	Note, warning self
	Master clinic - psychopathological examination by patients with disorders of thinking	Perform examination of patients in the following order: 1. Collect carefully complaint, the case history and life. 2. Carefully Talking to identify patients thought disorder, affecting them sick. 3. Perform external examination of the patient. 4. Investigate somatic status. 5. Investigate neurological status 6. Perform additional pathopsychological techniques.	

7.3 Materials Control for the final stage of employment. Custom task (third level).

1. Male 68 years. in the last 3 years in retirement. Previously worked as director of the school. Had to retire in connection with headaches, noise in the head, irritability, forgetfulness. blood pressure rises to 170 - 180/90 - 110.

In hospital hospitalized a second time. The first time treated a year ago, then was psychotic state in violation of falling asleep, anxiety, unknown people heard voices that called him a traitor. He believed that his pursuing, and have killed. To further complete this meal jumped out of the window. Acquired the seriously injured limbs. The department two weeks felt fear was intense, he would not eat, asserted that he was not a criminal, but rather around the traitors. Then out of the psychotic condition, remembers that was then. There was tearful, intellectually reduced. It's hard to remember the past. Secondary psychotic state evolved after 6 months with similar symptoms. Asked to save him from his pursuers are not trusted to do the sisters injection .Vvecheri seen nasty face enemies.

After 1.5 months the state returned to normal. During this time the department clot periods of improvement, this z`yavlyalasya critical condition, was calm, self-hosted food.

Somatic: A / D - 160/90.

What are the symptoms of the patient?

What is driving syndrome?

What are the physical manifestations related?

Which somatic disease combined signs of mental disorders?

What nosology may expose? (Halyutsynatorno- hypertensive vascular paranoid psychosis).

2. Male 39 years old, ill for 6 years. He began to feel pain "pulling" the nature of the anus with a special relationship with the head, arms and legs twitching, "the head of some pollution", "expanding and red ears", "zsohsya brain."

Never never treated. Gave work that had something of a discharge from the penis. Gave communicate with his friends at night and will not go out on the street at night the street gymnastics. With angry relatives, especially his mother. He believes that he has a sexually transmitted disease and twice examined in venereologists, both times nothing is found.

Somatic and neurological status without pathology. In additional tests also norm.

In an interview talking about "meaning of life and the whole universe." He says that "something warm from head presses on the nose, eyes, hands and feet." Mentally ill himself does not believe. replied: "I have diabetes and venereal disease." Requires detailed examination. Constantly touching belly, looking at themselves in the mirror. Treatment crazy. hospital says "medical error", requires write home.

What is driving syndrome?

What are the symptoms make up this syndrome?

Which diseases may attribute these disorders? (hypochondriacal delusions)

Part 2 "Disorders of intelligence"

I. Background.

Intelligence vidihrivaye very important role in everyone's life is the basis, the foundation of creative activity, mastering new knowledge and skills. The importance of intellectual function sufficient for successful social adaptation overemphasized. Of particular importance in this important assessment of mental illness. Background disorders intelligence is due to the increased percentage of older people. The ability to correctly evaluate disorders of intelligence is very

important in training a doctor. Highlights the following points should take into account the state of intellectual functions when evaluating a patient his complaints and anamnesis, the value of these disorders for the diagnosis of mental illness, especially with organic brain damage.

Learning Objectives

Whole lessons: Learn the basic functions of intellectual property and the various manifestations of their disorders.

Specific goals:

1. Learn basic theoretical principles of intelligence (a-11).
2. Explain the basics neuropsychological disorders intelligence (a-11).
3. Collect and evaluate complaints and medical history of the patient, who has intellectual disabilities (a 111).
4. Estimate symptoms that indicate intelligence disorder (a-11)
5. Estimate the experimental psychological studies of patients (a 11).
5. Hold differential diagnosis of various disorders intelligence (a-11).
6. Appropriate necessary therapy in disorders of intelligence (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 intellectual disabilities. Develop ethical attitude and keenness on developing features for future specialist to the patient, the patient with the presence of intellectual disorder.

4. Interdisciplinary integration.

Disciplines	Know	Be able
<u>I.Poperedni</u>	To know the structure of	To be able to

<p><u>discipline</u></p> <p>1. Normal anatomy</p> <p>2. Normal physiology</p> <p>3. Patanatomy</p> <p>4. Patphysiology</p>	<p>the cortex, subcortical centers and the vascular system of the brain.</p> <p>To learn the functionality of different parts of the brain in the formation of intelligence.</p> <p>Know patomorfo possible logical changes in the vascular system and brain tissue disorders intelligence.</p> <p>To learn the features of the brain.</p>	<p>determine the possible location of abnormal cells in the CNS.</p> <p>To be able to determine the parameters normal funktsiyovannya different parts of the brain.</p> <p>To be able to interpret, you prostitute pathological changes in the brain tissue and blood vessels at intellectuals-lnyh disorders.</p> <p>To be able to determine the clinical and laboratory signs of brain activity in disorders of intelligence.</p>
<p><u>II. The following subjects</u></p> <p>1. Neurosurgery</p> <p>2. Neurology (pediatric neurology)</p>	<p>Find the initial symptoms and clinical peculiarities of tumors, hematomas, birth defects of the brain.</p> <p>Know the signs of clinical development and speech motor system, including in infants,</p>	<p>To be able to put a diagnosis on pathology clinical signs of intelligence.</p> <p>To be able to put a preliminary diagnosis (including - hereditary</p>

	intellectual underdevelopment.	diseases) 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 symptoms.
2. Diagnostic and therapeutic measures for violations intelligence of various etiologies.	To learn the basic diagnostics, CSSR criteria and therapeutic interventions for various types of brain damage.	To be able to be differentiated treatment for different types of intellectual disorders ..

V. The content and structure of the lesson topics:

Intelligence (understanding, comprehension, intelligence in Greek, Latin) is defined as a stable mental ability of the individual to function with the ability to form abstract concepts, opinions and conclusions, together with attention, memory, vocabulary, and affective-volitional qualities allowing Liu melon think rationally and act well to cope with life situations actively and successfully use the experience and knowledge in their practice. There are different theories of intelligence assessment, the role of heredity and environmental factors in its development, approaches to its measurement. Very diskutabelno intellectual coefficient measuring the Western model, based on the determination of test solutions speed applications.

The study of intelligence in the present study shifted to creative or creative thinking. Guilford, considering the concept of intelligence, identified two types of thinking: convergent and divergence. **Converged** to finding a solution based on a known algorithm, it is called vertical. This thinking is associated with digging pits deep. **Divergence** "that leads to innovative solutions," called material. Lateral thinking is associated with "digging holes in another place," but that leads to original results. Some psychologists (Ferguson) believes that creativity is not created and released. The creative person interested in the experience of different knowledge, her alien dogmatism and conformism. These people, often with children's ability to wonder and dream. Measurement creative potential is developed, and yet the only reliable method of determining intelligence is the mental abilities creativity and real achievements in practical life.

Types of intelligence: verbal and practical. Forms intelligence: Common sense - mean process adequate reflection of reality, based on an analysis of the essential motives of the people around them using rational thinking. Common sense allows a person to avoid logic errors in the evaluation and interpretation of external situations and accordingly choose the most appropriate way of interaction with others. Rossudom process affects cognition of reality and way of doing business, based on the use of formal knowledge, interpretations of the motives of the participants of communication. □ The mind is the highest form of intelligence organization, in which the thought process contributes to theoretical knowledge and the creative transformation of reality. Alternatively, mind affects embodies the highest student-Pigna consistency, a manifestation of "pure" rationality separated from imposing any moments of spontaneity, self, imagination, intuitive insights. Intellectual knowledge can use rational and irrational ways. Rational close to the scientific approach and evaluation of events and phenomena, that is, it requires the use of formal-logical laws, hypotheses and their confirmation. Irrational based on the knowledge of unconscious factors not strictly given sequence to use and does not require proof of the truth of logical laws.

Classification of violations intelligence

Dementia	Mental retardation
<ul style="list-style-type: none"> - lacunar - total - concentric (epileptic) - transient (apathetic, schizophrenic) 	<ul style="list-style-type: none"> a degree - moronity - imbetsylnosti - idiocy (mild, moderate, severe, severe)

Intellectual disabilities usually describe under varying degrees- TION A reduction abilities to solve the problems and tasks, reduced mental zhibnos-dren. **Mental retardation** team is a group of different etiology, pathogenesis and clinical manifestation neprohrediyentnyh patolhichnyh states. Common symptoms - the presence of congenital or acquired in early childhood general and mental underdevelopment dominated intellectual failure. The degree of mental underdevelopment isolated debility, imbecility and idiocy.

When moronity patients are not able to think abstractly. They dominated konkretno descriptive type of thinking. The program of secondary school can not learn. They can be trained in a special school dopozhniy. The intellectual coefficient (IQ) is 70-50. Imbecility - the average degree of mental retardation. Patients can not form concepts. They can acquire the skills of self-service. Own a small vocabulary. In need of supervision. IQ is 49-20. Idiocy - the most serious degree of congenital dementia, characterized by the inability to cognitive activity. Patients can not think and speak, speak only certain sounds. Late start walking, do not acquire the skills of self raunchy. They IQ 20.

Dementia - dementia is acquired, the collapse of the former intelligence as a result of mental illness. There lacunar, total, concentric (epileptic) and transient (apathetic, schizophrenic) dementia. Lacunar (partial) is partial defects intellect by reducing pamyat'i. The man is thinking malozdatnoyu operations. The critical attitude to his mental state has been saved. This dementia is vascular disorders, cranial traumas, syphilis of the brain. Total dementia (global) revealed a decrease

in all forms of cognitive activity. Patients can not critically assess their condition and behavior. They are incapable of purposeful activity and need care and supervision. Total dementia develops in senile dementia, progressive paralysis, Alzheimer's disease and Pick's.

Concentric (epileptic) Dementia is characterized by gradual mental degradation with the loss of individual flexibility of thinking. There toughness, stiffness and jam thoughts. The patient can not move from one conversation to another topic. It is too petty, selfish. The patients are irritable, rancorous. Concentric dementia occurs in epilepsy.

Transient (schizophrenic) Dementia is characterized by weakness and cognitive processes developed as a result of the disintegration of the psyche. Activities patients becomes unproductive, they become socially non-adapted. Such dementia occurs in schizophrenia and is characterized by emotionally-willed decline.

To identify the degree of reduction in intelligence than clinical examination HVO-ryh students must learn to use also experimental psychological tests:

Methods of intelligence

Clinical examination of the patient

Experimentally-psychological research:

tests visual and auditory memory

tests on memorizing 10 words

Wechsler scale pshometrychna

icon on O.R.Luriya

Raven test

methods of classification, synthesis, division concepts 4 th exclude tal

understanding figurative sense pryslivyi'v, sayings, Scene content of pictures, stories.

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, instruktywnosti)
.	<p>Preparatory stage arrangements</p> <p>Setting learning objectives and motivation</p> <p>Control of initial level of knowledge, skills and abilities:</p> <p>1. Psychologiczne concept of intelligence.</p> <p>2. Clinical manifestations of various violations intelligence</p> <p>3. Dyferencjalna of di-nostyka</p> <p>4. Indications hospita-mentation.</p> <p>5. Supervision, questions of examination and treatment of patients</p>	I I I II	<p>Frontal individual oral express - poll Test Control Level II The solution of typical problems II Test control level</p>	<p>P.1 "Background"</p> <p>P2 "Training objectives"</p> <p>Tables, figures, structural logic, medicines, slides Questions for individual poll Tests and objectives Level II Tests III level</p>

	with intellectual disabilities.	II	III	
I	<p>The main stage</p> <p>Formation of professional abilities and skills:</p> <p>1. Take possession of method of collection history of life and disease and evaluate these data.</p> <p>2. Shape ability to conduct the clinical and experimental psychological examination status of the patient, interpret their data.</p> <p>3. Shape syndromologic ability to justify a preliminary diagnosis and a plan of inspection of patient.</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 of patient and treatment plan with</p>	<p>II</p> <p>I</p> <p>II</p> <p>I</p> <p>II</p> <p>I</p> <p>II</p> <p>I</p> <p>II</p>	<p>Professional training for the patient.</p> <p>Solving problems of tests and level.</p> <p>Professional training in dealing atypical clinical situations</p>	<p>Algorithms (focus map) for the formation of practical skills.</p> <p>Equipment experimental psychological methods.</p> <p>Patients Medical history, examination and treatment protocols</p> <p>Tests and custom task level III</p> <p>Simulation games</p>

	intellectual disabilities.	I II-IV		
II	<p>The final stage</p> <p>Control and correction of mastering of professional abilities and skills Summarizing lessons (theoretical, practical, organizational) Homework (basic and additional literature on the topic)</p>	I II	<p>Individual control skills or their results.</p> <p>Analysis and evaluation of clinical work</p> <p>Decision III unusual problems</p> <p>Testovyy 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

VII. Materials methodological support classes.

2. Materials Control for the preparatory and basic stage of employment.

Questions for Initial knowledge: (a II-III)

1. Intelligence. History views on intelligent function. Types of intelligence?
- 2 neurophysiological bases of intelligence?
3. Clinical assessment and methods of experimental psychological studies when assessing intelligence?
4. Describe the main issues and factors that can lead to disorders of intelligence?
5. Classification disorders intelligence?
6. Definition and degree of mental retardation, etiological causes?
7. The concept of dementia. What are the varieties of dementia?
8. lacunar demetsiya. In which diseases happen?
9. What is the total dementia? When it occurs?
10. Clinical features and differences and total lacunar dementia?
11. Features epileptic and schizophrenic dementia, their clinical differences?
12. When you have to hospitalize a patient with disorders of intelligence?
13. What are the main principles of treatment of patients with disorders of intelligence?
- It means 14 groups of drugs used in the treatment of patients with disorders of intelligence?

15. What are the conclusions regarding examinations of patients with disorders of intelligence?

Tests II level

1. The structure which includes symptoms of dementia olihofaziyi, excessive detail stories egocentrism? A. schizophrenic. B. Because TBI. C. Because brain tumors. D. epileptic. E. Because of cerebral arteriosclerosis.

A - D.

2. mental retardation is caused mainly A. chromosomal aberrations and other hereditary diseases. W. personal characteristics. C. traumatic factors. D. Pathological pregnancy families. E. pathological effects on brain development of the child up to 3 years. The answer - A, D and E.

3. What changes personality is not characteristic of schizophrenic patients with dementia: A. pedantry. V. Closure. C. Apathy. D. The polarity of emotions. E. Reducing social interests. The answer - A, D.

4. lacunar form of dementia brings together mental disorders in areas other than: A. Remembrance. B. affective. C. D. volitional thinking. E. account. A - D.

5. Complete lack features that are most characteristic moronity:

A. A small vocabulary.

... V. (abstract logical thinking at the primary level).

S. Mental and physical retardation in childhood.

D. (possibility of studying at special school).

E. Anomalies of appearance.

6. When the diagnosis of degree of mental retardation need to pay attention in order:

A. Gender patient.

B. Anomalies of appearance.

C. Capability in school.

D. The kind of thinking.

E. behavior, speech.

A - D, C, E, B, A.

7. What are the steps physician during the examination of patients with disorders of intelligence:

1. Clinical examination.
2. The plan survey
3. Collection of complaints and anamnesis.
4. Appointment of additional inspection.
5. diagnosis.
6. Appointment treatment.

A: 3, 1, 2, 4, 5, 6

III Tests

Basic differential-diagnostic features degrees of mental retardation:

The degree of mental retardation	Debil y	Imbecilit y	Idiocy
Symptoms			
Abstract thinking at the primary level	+	-	-
Specifically-shaped and vividly real thinking	+	+	-
Capability training in special school	+	-	-
The ability to self	+	+	-
Ability to elementary forms of labor	+	+	-
Anomalies of appearance	+/-	+	+
The ability to walk, stand	+	+	+/-
Differentiated perception surrounding	+	+	-

The ability to interpret new unfamiliar situation	+	-	-
The ability to speak	+	+	-

Tasks (a-II)

1. Patient 52 years. The disease began with grave disorders of memory while maintaining the emotional sphere and criticism. Then apraktychni developed, aphasic, agnostic disorders manifestation of Alexis, aggression.

1. Add a previous diagnosis?
2. Assign examination of the patient?

Answer:

1. Alzheimer's Disease.
2. REG, EhoEG, CT brain, counseling therapist, neurologist and medical psychologist.

2. The patient in '69 during the last year are headaches, dizziness, appeared irritability, insomnia, was tired of homework. Sometimes forgetting names of friends, can not remember where she put the right thing. It is noted difficulty in remembering new facts, write the name of the doctor that cures it. With memories of these events confuses the sequence, she sees his mistakes, upset. At the mention of her tears appear close, but then, when you change the theme, smiling, laughing.

1. What disease can suggest?
2. Assign patient treatment?

Answer:

1. Atherosclerosis of cerebral vessels.
2. Assign higher doses nootropic drugs, drugs that improve cerebral blood flow, restorative, symptomatic therapy.

3. The patient is 55 years. The disease slowly started to change personality (A reduction-TION ethical qualities), motor rozformozhennosti while maintaining mental functions and reducing criticism, then appeared expressive language disorder, aspontannist, emotional stupidity.

1. What disease can suggest?
2. What inspection should be patient?

Answer:

1. Pick's disease.
2. REG, EhoEG, CT brain, counseling therapist, neurologist and medical psychologist.

4. Patient, 75, reveals severe memory disturbances, does not remember current events, I forgot a lot of past life. Thinking primitive. Has a gross violation of praxis, behavior inadequate. Uncritical your condition.

1. What is the leading psychopathological syndrome suggests?
2. What research is necessary to assign patients to determine the nature of the pathological process in the brain?

Answer:

1. The syndrome of dementia.
2. Computed tomography of the brain.

VII. 3. Materials Control for the final stage. Tasks (III)

1. The therapist came to the clinic patient complaining of abdominal pain. During the conversation, the doctor found that the patient can not express their complaints brainy, medical history. Stock of knowledge does not match his age. Inadequately laughs. Do not remember Passport information (date of birth,

address). - Define the tactics GP (general practitioner, surgeon). - What additional inspection should be

A. Ignore these violations during the examination and treatment of the patient, prescribe blood count, urine.

B. Immediately to send the patient to consult a psychiatrist

S. Prior assessing complaints, anamnesis and medical measures take into account the patient's lack of intelligence

D. Recommend refer the patient to a psychiatrist for consultation

E. None of the above.

2. Patient, 75 years at a reception at the therapist reveals severe memory disturbances, does not remember current events, I forgot a lot of past life. Has a gross violation of praxis.

- What research should be patient to determine the nature of the pathological process in the brain

- What is driving psychopathological syndrome

A. Computed tomography of the brain. The syndrome of dementia.

V. skull radiographs. Korsakoff's syndrome.

C. electroencephalography. The syndrome of progressive amnesia.

D. Research liquor. The syndrome of mental retardation.

E. Biochemical blood. Psychoorganic syndrome.

3. The guy in '14 there are - immature thoughts, simplicity, heightened suggestibility, excessive attachment to the parents, motor inconvenience, susceptibility to immature thoughts, obesity, overall mental retardation.

- Your preliminary diagnosis.

A. Dysharmonichnyy infantilism.

William idiocy.

C. imbecility.

D. Patoharakterolohichnyy development entity.

E. schizoid psychopathy.

Materials methodological support Individual Students

Approximate map for the students individual work with educational literature

Educational objectives	Notes on the task	Answer
<p>Examine</p> <p>1. Etiological factors that lead to dementia.</p>	<p>What are the main etiological factors that lead to mental retardation.</p>	
<p>2. Features diagnosis of syndromes intellectual disabilities.</p>	<p>List the main diagnostic features of syndromes of dementia and mental retardation</p>	
<p>3. Clinical features of degrees of mental retardation</p>	<p>Perform differential diagnosis between idiocy, imbecility and debility by clinical signs.</p>	
<p>4. The differential diagnosis of dementia in various diseases.</p>	<p>Fill in the differential diagnosis table</p>	
<p>5. Treatment of patients with dementia</p>	<p>Make a plan of treatment of patients with dementia on the basis of clinical signs.</p>	
<p>6. Prevention of mental retardation.</p>	<p>Make a plan of prevention measures to prevent mental retardation.</p>	

LIST OF REFERENCES

A. Training (basic and additional)

Basic:

1. Психітрія. Під ред. професора О.К.Напрієнка.-Київ,2001.
2. Банщиков В.М., Невзорова Т.А. Психиатрия.-М.,1969.
3. Коркина М.В., Лакосина Н.Д., Личко А.Э. Психиатрия.- М.,1995.
4. Кербигов О.В с соавт. Психиатрия .-М.,1968.
5. Руководство по психиатрии. Под ред. А.В.Снежневского. В 2-х т.- М.,1983
6. Попов Ю.В., Вид В.Д. Современная клиническая психиатрия .- М.,1997.

Additional:

1. Клиническая психиатрия/ Под ред. Н.Е. Бачерикова.- К.:”Здоровья”, 1989, - 512с.
2. Руководство по психиатрии/ Под ред. Г.В. Морозова. В 2-х т. Т 2. – М.:Медицина, 1988. – 640 с.
3. Менделевич В.Д. Психиатрическая пропедевтика: Практическое руководство для врачей и студентов.-М.:ТОО «Техлит», 1997.-496с.
4. Руководство по психиатрии /Под ред.А.С.Тиганова.- В 2-х томах.- М.: Медицина,1999г.
5. Руководство по психиатрии /Под ред А.В.Снежневского.-В 2-х томах.-М.:Медицина, 1983.

Research:

1. Блейхер В.М., Крук И.В. Клиника приобретенного слабоумия.- К.:Здоровье, 1986.- 280 с.
2. Бурлачук Л.Ф.,Морозов С.М. Словарь-справочник по психодиагностике.-СПб.,1999.-518с.

Articles:

1. Мілержан В.Є. Методичні основи підготовки і проведення навчальних занять в медичних ВУЗах: Методичний посібник. – Київ, 2004. – 80с.