

NOSOLOGICAL SPECIFICATION OF MOTIVATION FOR TREATMENT IN PATIENTS WITH MENTAL DISORDERS

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Aims: To study the motivational mechanisms of involving patients with various mental disorders in the treatment process.

Subjects and methods: 340 patients voluntarily hospitalized for pharmaco-psychotherapy in National Medical Research Center n.a. V.M. Bekhterev. Average patient age 34.5 ± 11.6 years, average disease duration 9.4 ± 8.99 years, average number of hospitalizations 4 ± 3.6 . Patients with schizophrenia, schizotypic and delusional disorders (F2 ICD-10) - 74%, mood disorders (F3) - 17%, neurotic, stress-related and somatoform disorders (F4) - 6%, personality disorder and behavior in the mature age (F6) - 3%. Male - 42%. Original questionnaire was used for quantitative and qualitative assessment of treatment motivation. It contains 20 reasons for applying the psychiatric treatment, and the Likert scale to assess their relevance for patients (Cronbach's $\alpha=0.842$). Factor analysis with Varimax rotation, Pearson's χ^2 were used.

Results: Four factors of the questionnaire were revealed. The usage frequency of identified motivational factors varies significantly in patients of different nosological groups ($\chi^2=19.35$; sig.=0.02). The structure of motivation for treatment in patients with schizophrenia is most diverse. They are characterized by motivation options based on: knowledge and skills related to the opposition against the disease (factor 1, 28% of patients in group F2), awareness of the psychological mechanisms of disease-caused disadaptation (factor 3, 24%) and willingness to cooperate actively with the physician (factor 4; 30%). Patients with schizophrenia are less focused on awareness of the need for treatment (factor 2, 18%), but this motivation mechanism is significantly more prevalent in patients with affective disorders (45% of patients in group F3). Patients with neurotic and personality disorders mostly are not inclined to rely on the motivational mechanisms of the 1st factor (6% of patients in groups F4 and F6), their leading factors of treatment motivation are the 2nd (44% of patients) and the 4th (33% of patients).

Conclusions: Differences in the motivational mechanisms in patients of different nosologies, determine the need for a nosologically-specific approach in the formation of motivation for treatment during rehabilitation of mentally ill patients.

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FOCAL AND DIFFUSE PSYCHO-ORGANIC SYNDROME: CLINICAL SIGNS AND PHARMACOTHERAPY

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The goal of the study was to determine the peculiarities of psychopathological picture, its dynamics and effective pharmacotherapy in patients with posttraumatic psychoorganic syndrome.

230 patients were examined: 57 with diffuse brain injuries, 173 with focal ones. The frequency and average duration of mental disorders were identified in each group. Factors affecting psychopathological symptoms were studied.

It was found that in contrast to diffuse, in focal psychoorganic syndrome it is necessary to take into account: 1) localization of brain damage: level, laterality, intrahemispheric topography; 2) individual functional asymmetry: dextrality or sinistrality of patients; 3) high probability of focal paroxysmal (epileptic) psychopathological manifestations; 4) lack of universality in approaches to assessing the severity, stage of development and reduction of psychopathological symptoms; 5) differences of predominant influence of some neurometabolic drugs on the functions dependent on different brain structures. Severe and prolonged syndromes of impaired consciousness, spontaneity and field behavior were more frequent in diffuse brain damage group compared to focal one. Some symptoms were more often in patients with right hemisphere damage in comparison with damage of left hemisphere. Among this kind of disturbances were amnesic confusion, typical Korsakoff syndrome with confabulations, left-sided spatial agnosia, disorders of sensory thinking and memory, impairments of the sense of time and space, severe emotional and personal disorders and mental hyperesthesia. Other symptoms such as motor confusion, cognitive disorders of verbal processes, prolonged neurotic disorders were more often in patients with predominant damage of left hemisphere. Euphoria, anosognosia, neglect of one's own body, multi-modal memory impairment were more often revealed in patients with damage of the frontal lobes.