

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.

Paroxysmal (including psychopathological) symptoms were found in diffuse brain lesions in 14% of patients, in focal - in 28%. Typical regression of psycho-organic syndrome (from apathetic to asthenic variants, with sequence of emotional states in series of apathy - euphoria - dysphoria - melancholy - anxiety) was less often observed in group with focal damages as compared with diffuse ones. As a tendency there were revealed relationships between predominant brain damage localization and probability of occurrence of different variants of emotional disorders with apathy being more frequent in the cases of left frontal lobe lesions, euphoria in the cases of the right one, depression in cases of lesions located in the posterior part of the right hemisphere, and anxiety in posterior part of the left one. Cholinomimetics (Ipidacrin, Choline alfoscerat) were effective in cases with symptoms depended of brainstem structures, antiglutamatergic drugs (amantadine) and dopaminomimetics (levodopa) were successful in cases with predominant subcortical disorders. GABA-mimetics (such as Aminophenylbutiric acid and D-,L-hopantonic acid) and polypeptides (Semax, Cortexin) were more effective in the cases with predominant deficit of the right hemisphere functions, cholinomimetics (Ipidacrin, Donepezil) and antiglutamatergic drugs (Memantine) were successful in cases with predominant left hemisphere disorders.

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SIGNIFICANCE OF SOCIAL STRATUM IN THE FORMATION OF MENTAL DISORDERS WITH SEXUAL VIOLENCE VICTIMS

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The data of studies showed distinct interrelation between the cultural notions on what is acceptable in sexual behaviour and the frequency of registered rapes. The social strata with liberal views on gender relations are freer from rapes. The social strata with an "increased antagonism" between persons of different gender the tendency is identified to committing violent sexual acts.

By official data the Ministry of Internal Affairs of Russia, in 2015 there had been registered 3,900 instances of crimes characterized as rape or an attempt of rape. However, the staffers women's organizations of Moscow and the regions [beyond it] believe that these figures are understated. Modern Russia is characterized by rather conservative views on gender relations, which often manifests in blaming the victim in wrong behaviour and provocation of violence.

Over 2 ½ years there had been conducted a study of sexual violence victims in which participated 104 women from various social groups, with different education level, marital status, lifestyle, occupation. The average age of female participants of study was 27.7±1.5. The duration of the period assessed from the moment of an act of violence to consulting a psychiatrist varied from 1 month to 30 years (on average 9.3±1.3 years).

The objective of this study was the studying of psychopathological structure, dynamics of formation and course of post-traumatic stress disorders with the persons who had been subjected to violence, on the example of women who suffered rape, as well as the identification of the factors leading to the formation of chronic mental disorders.

The method applied was one of random selection, the only selection criterion being the availability in the anamnesis of female patients of an episode of sexual violence. To assess the dynamics of observed conditions we applied the clinical anamnesis method, as well as the dynamic observation of the condition of those under observation. To determine the overall level of subjective distress we used the scale of effect of the traumatic.

The sampling did not include the women who developed psychogenic disorders on the backdrop of psychopathy, psychopathy-like conditions of various genesis, the person with signs of gross organic lesion of brain and the patients with psychotic symptomatology (delirium, hallucinations, etc.) at the time of examination, and those who suffered such psychotic states in the past.

When analysing the data obtained, two groups had been distinctly defined: the first included the women, who, after getting mental trauma from violence found themselves in a microsocial environment favourable to them (19-18.3%). In this group mental disorders were limited to acute reaction on stress and a short disorder of adaptation.

In the second group which made the majority (85-81.7%), such support from microsocial environment was lacking. By the time of counselling the patient of the second group had persistent neurotic disorders, such as neuroses, post-traumatic stress disorder (PTSD) or pathological characterological changes. The vast majority of female participants of study from the second group could tell about the suffered rape and