

The indicator of primary childhood morbidity in the Saratov region by 2016 decreased by 25.95%, as well as in the Volga Federal District. Trends in the dynamics of primary morbidity in the adolescent population are similar to those in children. During the study period, the primary incidence of mental disorders among adolescents in the region also decreased, and more significantly than in the Volga Federal District and the Russian Federation as a whole (growth rate -31.07%).

Conclusion: The epidemiological data obtained as a result of the analysis indicate the need to improve the system of prevention and active detection of mental disorders at the earliest stages of the disease both in Russian Federation in general and in the Saratov region in particular. In addition to improving the outpatient psychiatric service, this can be facilitated by combating the stigmatization of a psychiatric diagnosis by informing the public about the problems and achievements of psychiatry and conducting psychoeducational conversations with both patients and their relatives.

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DEPERSONALIZATION AS THE MANIFESTATION OF SCHIZOPHRENIA, DEPRESSION AND DESIRE OF IMMORTALITY

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Depersonalization is described since 19th century. L. Dugas and L. Dugas, F. Moutier, and means loss, change in the perception of one's self-identity introduced this term. B.D. Friedman believed that the word "depersonalization" reflects the alienation of one's self-identity. This paper states relative nosological neutrality of the above mentioned phenomenon: manifestations of depersonalization are likely in case of schizophrenia, depression and as a conscious / subconscious alienation from death (in absence of signs of mental pathology). 127 people were investigated: 58 patients with paranoid schizophrenia, 43 - with psychogenic depressions and 26 healthy individuals whose words worried their relatives. During the clinical interview, the following methods were used: anamnestic, MMPI, modified Rorschach test, the PSP and SADS scales. Auto-, somato-, allopsychic clinical variants of delusional depersonalization (as well as its neurotic imitation) are identified.

32 patients with paranoid schizophrenia phenomenologically demonstrated depersonalization in the initial period of the disorder as a feeling of an uncertain or definite change of their "self", accompanied by an affect of fear or anxiety and in most cases with phenomena of mental automatism; or as an opinion that his/her personality became unrelated to his/her body, moved into another body and so now he/she is partly another person. In such cases the patients felt that they now were inseparably connected with this person (alive or dead) and are obliged to help him/her. Some observations showed that patients had a feeling of being completely outside of one's body, a belief in the death of one's physical self, a sense of schism. Other patients had a feeling of change in their body on the whole. It seemed to them that less and less of the world around them stayed the same. Therefore, many were scared to live, to wake up in the morning.

The psychopathological mechanisms of the described problems are based on delusional autopsychic depersonalization with elements of derealization. During the period of frank psychotic episodes depersonalization manifested itself in 10 schizophrenia patients and appeared for the first time during this period along other symptoms: in 8 of them it was in many respects similar to the initial period and in 2 other patients it was characterized by a deeper level of disorder (identification with an animal and with an inanimate object). In 11 cases, depersonalization was manifested by ideas of greatness including seeing oneself as completely different personality. Some of the patients had a feeling of violation of the integrity of the body. 5 patients showed depersonalization during the period of remission start, but the phenomenon was less intense than at the initial and manifest stages. Depersonalization was reduced to the experience of certain changes in one's "self": indifference to the environment, to one's own destiny. A number of patients demonstrated auto- or heterodestructive behavior. The syndrome of depersonalization in schizophrenia has always been supplemented by other syndromes.

In depressive disorders, depersonalization basically remained on a neurosis-like level (only in few cases it led to delusion). Depersonalization while seeking to remove internal conflict and reduce psychological discomfort caused by obsessive fear of death (in anxious or hysterical personalities), appropriated beliefs and values of representatives of another culture (Eastern ethnicity), which denies death or religious concepts of reincarnation. In individual observations it was possible to state a sensual fusion with a beloved animal or plant, whose dying is «conditional» (almost identical being will appear later). At the same time their habitual acceptable socialization stayed intact.

R. Krishaber, student of C. Bernard, A.A. Mehrabyan noted that in case of the phenomena of depersonalization, sensory perception in general is deeply distorted, and ordinary impressions from the outside world are not enough. The data obtained can have a dimensionally-informative and differential-diagnostic significance.

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APPROACH AND CHALLENGE OF FIRST EPISODE SCHIZOPHRENIA TREATMENT IN ADOLESCENTS

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Treating first episode schizophrenia in adolescents is one the leading therapeutical challenges in psychiatry. The symptoms appear earlier and it is diagnosed earlier than ever before, which brings unique issues with treatment.

Developmental processes in adolescents often hide the symptoms of the illness, while they are also dealing with specific conflicts of growing up that are specific for this developmental period. Diagnosing the illness is not the only difficulty, as choosing an appropriate treatment is difficult due to the limited choices in this age group. It is important to approach every adolescent individually and administer treatment that follows their lifestyle, while also reacting to difficulties appropriately to achieve remission and prevent relapses.

IZAZOV I PRISTUP LIJEČENJU PRVE EPIZODE SHIZOFRENIJE U ADOLESCENATA

Danas je liječenje prvih epizoda shizofrenije u adolescenata jedan od vodećih terapijskih izazova u psihijatriji. Bolest nastupa kod sve mlađih osoba i sve se ranije dijagnosticira, što donosi specifičnu problematiku.

Razvojni procesi kod adolescenata često prikrivaju simptome bolesti, a oni i zbog posebnosti ovog razvojnog doba moraju riješiti specifične konflikte odrastanja. Prepoznavanje i postavljanje dijagnoze nije jedina poteškoća, već i odabir odgovarajuće terapije koja je u ovoj populaciji limitirana. Važno je pristupiti adolescentu individualno i odrediti terapiju koja prati životni stil mlade osobe te reagirate na poteškoće na vrijeme kako bi se postigla remisija i spriječili relapsi.

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ANALYSIS OF THE ASSOCIATION OF THE POLYMORPHIC LOCUS RS6280 OF THE DRD3 GENE WITH THE DEVELOPMENT OF PARANOID SCHIZOPHRENIA

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Schizophrenia is a common mental disorder caused by synergic effects of multiple genetic and environmental factors. Heritability of up to 80% has been reported for schizophrenia; however, the precise etiology of this disease remains inconclusive. Several investigators have suggested that dysregulated dopaminergic neurotransmission has a role in the pathogenesis of schizophrenia.

Dopamine receptor D3 (DRD3) is a candidate gene for evaluating an association between dopaminergic neurotransmission and schizophrenia risk. Ser9Gly is a functional SNP that yields a protein with altered dopamine-binding affinity. The substitution of serine with glycine is thought to yield D3 autoreceptors with a higher affinity for dopamine and more robust intracellular signaling.

We studied functional polymorphic locus in 1 exon - rs6280 (c.25G> A, p.Gly9Ser) of the DRD3 in 258 paranoid schizophrenia (PSz) patients and in 350 controls from Bashkortostan region (belonged to Russian and Tatars ethnic groups), using PCR-RFLP.