

oriented coping» in group I was 46.3%, «Coping oriented to avoidance» - 54.6%. In group II these indicators were 45.3% and 51.7%, respectively. The inverse correlation between the indicators «Avoidance-oriented» and patients' age was also found - the value decreased with growing up, while the value of «Copy-oriented avoidance» practically did not change. The results of the «Lazarus Copying Test» showed the highest scores of «Escape-avoidance», «Distance» and «Confrontational coping» in both groups. The values of these parameters in group I patients were significantly higher than in middle-aged patients. The average value of the «Flight-avoidance» in group I patients was 63.5%, «Distance» - 55.8%, «Confrontational coping» - 55.7%. In group II these indicators were 61.3%; 52.2% and 43.2% respectively. The maximum statistical significance was observed in the «Confrontational coping» ( $p=0.01$ ). The «Assessment card of the knowledge about mental illness and the effectiveness of the psychoeducational program level» showed that the majority of patients in both study groups (50% each) demonstrated an average level of knowledge. At the same time the knowledge about mental illness level was higher in group II relatives and amounted to 38.8%, whereas in group I this level was not demonstrated among family members (0%) at all. According to the «Questionnaire of relatives' relationship to the therapy of patients with schizophrenia» the majority of group I relatives (44.4%) were worried about the patient's condition, but not interested in receiving additional information about the disease. While 50% of the relatives in group II demonstrated insufficient awareness of the mental disorder and an interest to obtaining additional information about the disease.

**Conclusions:** the results vary according to the patients' age. The level for coping scales is significantly higher in young patients. Relatives of different age groups patients react differently to the disease presence. At the same time the knowledge level about mental illness was higher among relatives of middle-aged patients. The obtained results can be used for the development of treatment algorithms.

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## CLINICAL AND PSYCHOLOGICAL PREDICTORS OF THERAPEUTIC REMISSION IN PATIENTS WITH ALCOHOL DEPENDENCE

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The willingness of patients with alcoholism to visit the local narcologist is conditioned by the need to withdraw from the dispensary records after three-year period of confirmed sobriety, obtaining admission for employment, possession of arms, transport management.

There is a paradigm shift in the treatment of alcoholism from total abstinence to the concept of "controlled drinking" that contradicts the modern Russian system of dispensary registration which assumes the formation of long-term sobriety. The abolition of necessary abstinence from alcohol as a must increases the risk of relapses.

The purpose of the study was to determine the predictors of therapeutic remission (TP) in 185 patients with alcoholism who were on dispensary supervision in the drug dispensary №2 of Moscow in 2010 - 2017. The average age of patients was 46.3 years. The second stage of alcohol dependence was registered in 83.3% of cases, the third stage - in 16.7% of cases. The average duration of the disease was 16.6 years. The social status of the patients varied from unemployment (20%), handicapped with 2nd and 3rd disability group (6%) to downgraded qualification (74%). Patients were allocated to groups according to the terms of therapeutic remission. The first group of 65 patients was characterized by abstinence from alcohol within 11 months. The second group included patients with remission from 12 months to 1.5 years (63 patients). Third group consisted of patients with remission from 19 months up to 3 years (57 patients). Patients in the first and second groups relapsed during the observation period, whereas the patients in the third group were withdrawn from observation after three-year period of complete abstinence.

The following diagnostic methods has been used: Spielberger-Hanin's scale for situational and personal anxiety; suggestiveness assessment; tendency to psychological provocation testing; Beck depression inventory; Zeigarnik test battery; Schmieschek-Leonhard tests for personality accentuation and temperament diagnostics; Penn Alcohol Craving Scale (PACS). The statistical data processing was made with the use of IBM SPSS Statistics 22 program package.

As a result of comparing the groups of patients with different remission periods there have been set the major predictors influencing on alcoholic addict TR forming.

A. Social and psychological factors (high level of suggestiveness, internal locus of control, adaptive coping-strategies, excluding from the social groups with drinking habits, family with children and friendly

partner relationship in the family, stable employment, absence of torts in the patient history, high communication potential and responsible behavior skills);

B. Therapeutic strategy (forbidding therapeutical model, few medical treatment endeavors in the patient history);

C. Clinic and biological factors (late onset age of a disease, low progression of alcoholism, few committals in the patient history);

D. Factors characterizing the outpatient care (participation of the patient in the individual and group therapy);

E. Absence of sexual dysfunctions.

Such factors as premorbid personality traits, encephalopathy status, somatic diseases and comorbid neurotic disorders did not have a significant effect on the duration of remission in patients with a long course of the disease.

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## CHARACTERISTIC FEATURES OF AGGRESSIVENESS IN YOUNG PEOPLE

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**Subject relevance:** Aggressive behavior by young people is increasingly drawing attention of the academic community. This is not only due to the fact that currently there is no single approach to this issue but also because of acts of violence among youth of both genders widely covered by mass media in recent years.

**Goal:** Discovery of the aggression development factors and creation of a package of measures for preventing the aggressive behavior in youth, which package takes it all into consideration.

The investigation methods: survey, BDHI questionnaire (G.V. Rezapkina version), STAXI questionnaire, and the K. Leonhard method of studying a person's accentuations (S. Schmieschek version).

**Results:** 721 people were involved in the investigation. Their age varied between 18 and 21 years. Among the participants under study the increased aggressiveness - as a character trait - was discovered in 26.9% of cases (in 194 individuals), (over 25 points on the STAXI questionnaire's "aggression - character" scale).

The statistical aggregate in terms of gender looked as follows: 65% for girls (an average value of the "aggression-character" parameter was 28.8); and 45% for boys (27.08).

A preliminary diagnostic study showed a high level of the "aggression-condition" parameter in 32% of young men. In young females it was encountered 2.5 times more often than in males. An exceeded norm on the "auto-aggression" scale was found in 23% of cases, and in 10% on the "hetero-aggression" scale. An ability to control aggression was demonstrated by 88% of young males and 74% of females. The pronounced type of accentuation was discovered in all individuals with a high level of aggressiveness. The most often encountered type was a mixed one. The pronounced features of an exalted and cyclothymic accentuation were discovered equally often (in 37% of cases) and those of hyperthymic in 33%. The accentuated features in girls were encountered twice as often as in boys.

The average value on the scales: the exalted accentuation in participants under study was equal to 18.9; that of the cyclothymic type 16.8; of hyperthymic 16; of emotive 15.7; of lingering 15.5; of excitable and defiant 13.9; of restive 11.9; of pedantic 11; and dysthymic 8. Neither experimental nor reference group showed significant differences in the above-mentioned parameters.

**Conclusions:** Highly aggressive girls are in a state of aggression far more often than boys from the same group and less capable of controlling the outbreaks of aggression. The aggressiveness, as a character trait, often combines with such accentuations as exaltation, cyclothymia, hyperthymia, emotivism, and lingering. We believe that in case of cyclothymic accentuation the high level of aggressiveness manifests itself only at the hyperthymic stage. Thus it is possible to single out 4 most frequently encountered types of individuals with high aggressiveness: exaltedly aggressive, hyperthymically aggressive, emotively aggressive, and lingeringly aggressive. Considering this classification, in our work on psychological corrections we used different approaches to improve the level of controlling the aggressiveness. For example, the emotively aggressive individuals needed to bring down their level of sensitivity and raise their level of tolerance for environmental impacts, while hyperthymically aggressive ones needed to channel their activity into a publicly accepted area.

Thus, the package of measures to prevent the aggressive behavior must take into account gender differences of young people and a large number of accentuated individuals in a given group.