

THE RELATIONSHIP BETWEEN LABORATORY AND CLINICAL INDICATORS IN DIAGNOSING AND TREATING OF BIPOLAR DISORDER

Alexey Pavlichenko

A.I. Yevdokimov Moscow State University of Medicine and Dentistry, Moscow, Russia

A staging model of bipolar disorder is considered as an important tool intended to indicate where a patient lies on a continuum from 'at risk' asymptomatic state to 'end-stage' illness. Transitions from at risk to subsyndromal and then syndromal illness and between later stages should be studied and validated with not only relevant clinical indicators but also biomarkers. It has been shown recently that patients in a late stage are characterized by an increasing of tumor necrosis factor (TNF), glutathione S-transferase and relevant decreasing in brain derived neurotrophic factor (BDNF) compared with people with early stage of bipolar disorder. On the other hand, some well-known medicines are influencing pro-oxidant pathology directly. For instance, lithium has a neurotrophic and neuroprotective action leading to an increase in serum BDNF where as excellent lithium responders have normal serum BDNF. The ultimate goal of implementing the staging model in clinical practice should be linking laboratory and clinical indicators with optimally tailored therapy, including possible using anti-oxidant drugs.

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STRUCTURAL AND SCENAR ANALYSIS OF AGGRESSIVE AND HOSTILE TRENDS AND ADOLESCENTS OF SOCIAL PROTECTIVE INSTITUTIONS

Tatiana Ulasen

Smolensk State Medical University, Smolensk, Russia

Relevance: It seems relevant to study the specific features of the formation of aggressive and hostile tendencies as variants of destructive socialization among pupils of socially-protective institutions, depending on the nature of the traumatic experience that was transferred earlier.

Methods: A semi-structured interview was used to identify signs of post-traumatic stress in children (PIVPS), developed by AI Shchepina and AV Makarchuk; method of coping strategies of school age Nikolskaya and R.M. Granovskaya; a questionnaire on the aggressiveness of Bassa Darka; improved Toronto alexithymia scale TAS-20-R; method for assessing the types of parental education (ADOR). The study of cases of deviant behavior based on the analysis of individual cards of pupils of the socio-protective institution with the identification of three types of deviations: mercenary, aggressive and socially-passive.

The adolescents of 11-18 years of age who were admitted to the social protection institution for the first time were examined.

Results: The conducted study using the Bassa-Darka questionnaire in the second group of adolescents revealed the prevalence of physical, verbal and indirect aggressiveness, significantly more frequent irritability. In adolescents of orphans (group I), on the contrary, the predominance of negativism was detected, the suspicion more often encountered, the tendency to prevail of hostility.

The data obtained allow us to speak of two different reaction profiles in a collision with a new stressful situation in pupils of socio-protective institutions, depending on their belonging to the group. In one case, we are talking about the prevalence of the "aggressiveness index" (adolescents from families), and in the case of orphan hood, on the contrary, the prevalence of hostile tendencies attracts attention.

In the context of what has been said, the results of studying the types of parental upbringing in the surveyed contingent, taking into account belonging to the group, are interesting. Teenagers of the second group are more likely to characterize parental upbringing in terms of positive interest, directivity, autonomy and, at the same time, prevailing inconsistency. Teenagers of the I group, the parent type of education, characterize in most cases as "hostile", which is reflected in the results of the Bassa-Darka questionnaire.

In this regard, we must take into account two factors that have a causal relationship.

On the one hand, the transferred mental traumas in the conditions of deprivational experience led to the fact that the teenagers surveyed had a psychological readiness to respond to aggression in difficult life situations due to negative reactions of projection and transfer to the people around them, which in the end allowed them to justify their aggression. According to the received data, these manifestations were more pronounced in adolescents of group II.

On the other hand, it is appropriate to mention the concept of the "life scenario", which is an unconscious life plan borrowed from the parents, creating the illusion of control over the situation and life. In this case, especially important is the statement of Stan Wollams that "the more stress, the greater the likelihood of a

person entering the script." Given the high levels of response to stress with a marked prevalence of scores on the clinical manifestations of traumatic experiences, the issues of prognostic evaluation of disadaptive manifestations in pupils of socio-protective institutions are becoming topical. In this case, adolescents of the I group may be more prone to "entering the antisocial life scenario" with the prevalence of hostile forms of behavior.

Conclusion: The obtained results formed the basis for the development of practical recommendations and a differentiated program of socio-psychological training for pupils of socio-protective institutions aimed at reducing aggressive behavior and the formation of tolerant attitudes toward the world around them.

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CLINICAL, SOCIAL AND PSYCHOLOGICAL CONSEQUENCES OF TRAUMATIC EXPERIENCE IN THE SOCIAL PROTECTIVE ESTABLISHMENTS

Tatiana Ulasen

Smolensk State Medical University, Smolensk, Russia

Objective: To study the clinical and socio-psychological consequences of traumatic experiences among pupils of the socio-protective institution for the formation of a differentiated approach to the medical and psychological support of this contingent.

Methods: Semi-structured interview (PIVPSD), developed by AI Shchepina and AV Makarchuk (2004) to identify signs of post-traumatic stress in children; the improved Toronto Alexithymia Scale or TAS-20 Toronto scale for determining the quantitative assessment of alexithymia and private alexithymic manifestations; method of coping strategies of school age Nikolskaya and R.M. Granovskaya (2000); a technique for assessing nonspecific adaptive reactions of the body according to the indices of the morphological composition of white blood cells (Garkavi, Kvakina et al. 1996).

The adolescents of 11-18 years of age who were admitted to the social protection institution for the first time were examined. For a more accurate differentiated analysis of the markers of disadaptive manifestations, two groups are distinguished: group I - true and social orphans, group II - adolescents raised in blood families.

Results: Data from the comparative analysis of clinical and socio-psychological criteria of traumatic experiences made it possible to identify different stress response profiles in the A, B, C, D, F (DSM-IV) questionnaires of the PIDPSD questionnaire that determine the clinical picture of PTSD. A special adaptation profile in adolescents raised in families was revealed in comparison with the group of orphans. This is a repetitive picture of the presence of a negative correlation dependence: between the external type of thinking and the total score of alexithymia, between the general score of the TAS-20-R scale and nonspecific adaptive stress reactions (according to the leukocyte formula) in the adolescents of group II.

It can be assumed that the adolescents of group I have a more traumatic response for the body to nonspecific adaptive reactions of the organism when they collide with a new stressful situation (in this case, admission to a socioprotective establishment). However, the following scenarios of physiological and socio-psychological disadaptation are possible in adolescents of group II: 1) the greater the psychological trauma for a person, the higher the general level of alexithymia as a variant of psychological protection, but at the same time there are less frequent "stress" reactions on the part of nonspecific adaptation reactions of the body and vice versa; 2) the higher the overall level of alexithymia, the lower the level of expression of the external type of thinking, but the difficulties of identifying feelings are more pronounced. In other words, as the "traumatic experiences" fade, the difficulties in assessing the external situation begin to increase, and the ability to predict and solve problem situations decreases. Apparently, these circumstances can explain different styles of social functioning and different variants of coping strategies of behavior - "care" for orphans and predominantly affective-aggressive coping strategies in adolescents who are brought up in families in response to a new stressful The overall population makes the second group of teenagers more vulnerable.

The presence of stressful blood reactions, in the absence of severe psychopathological symptoms at the time of examination, can serve as a marker for a latent general syndrome of disability in conditions of chronic trauma, including pre-clinical forms of psychosomatic disorders. According to the obtained data, somatoform autonomic dysfunction F 45.31, characterized by disturbances from the upper part of the gastrointestinal tract, is significantly more frequent in adolescents of the I group.

Conclusion: It was concluded that there is a need for a differentiated approach in providing medical and psychological assistance to pupils of socio-protective institutions, taking into account belonging to the group.