ABSTRACTS

PREDICTORS FORMATION DISABLING MENTAL DISORDERS IN CHILDREN

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Background: These official Russian and world health statistics of recent decades indicate persistent and significant trends in the growth of mental disorders in childhood, which leads to a significant increase in child morbidity and significantly limits their ability to live.

In clinical structure increased the percentage of children with disabilities as a result of autism spectrum disorders, mental retardation, organic mental disorders, chronic non-organic psychoses and schizophrenia spectrum disorders. It is generally recognized that the various external and internal factors can have a significant impact on the course, the nature of the clinical and psychopathology, quality of life and social adaptation of children with mental disorders, leading to disability.

However, the hierarchy, the power of influence and the contribution of these factors in the formation of disabling mental disorders in children still remain insufficiently studied.

Objective: To identify predictors of forming disabling mental disorders in children by analyzing the reproductive health of the parents, the factors of pregnancy and childbirth, hereditary and organizational factors.

Subjects and methods: The study included 2487 children aged from birth to 14 years. study group (n=1886) was formed based on the inclusion / exclusion criteria and verified diagnosis divided by the control group (patients with diagnoses: mental retardation mild (n=327), mental retardation, moderate-severe (n=445) early infantile autism (n=518), organic mental disorder (n=596) and a control group of "healthy children" (n=217), as well as highlight a category of children "child with a disability" (n=1308).

Applied clinical-psychopathological, clinical catamnestic, psychometric methods. Statistical analysis was performed using the program (R-Core Team (2017): A language and environment for statistical computing. Foundation for Statistical Computing, Vienna, Austria). The critical level of significance was p taken equal to 0.001. Differences between treatment groups were considered highly statistically significant at $p<0.001$. Analiz indicators produced using Fisher's exact test. The correction for multiple comparisons was performed using the method "false discovery rate (FDR)" Y. Benjamini and Y. Hochberg (1995).

To determine the contribution of the main factors influencing the effective feature (disabled), the method of "factorial analysis of variance".

Result: In order to assess the strength of the influence and contribution to disability in children was conducted factorial analysis of variance between groups, "children with disabilities" and "non-disabled children" in patients with mild mental retardation, organic mental disorders, and early infantile autism.

In the group of children with moderate mental retardation and severe statistical analysis was not performed, since 100% of patients (445 children) were recognized as disabled child because of characteristic clinical features and a low level of social functioning.

The data obtained revealed the effect of the number of predictors disabling mental disorders. 4 main groups were formed for analysis: hereditary predictors (mental retardation, alcoholism, drug addiction, schizophrenia, BAR, depressive disorder, OCD, GAD, epilepsy parents); reproductive health of parents (mother's age less than 18 years and more than 36 years, the age of both parents are over 40 years old; his father older than 45 years of recurrent miscarriage, infertility is more than 5 years, the use of reproductive technologies, factors of pregnancy and childbirth (extragenital pathology mother complications pregnancy, labor and delivery complications; organizational Violations pregravid prevention, late diagnosis, wrong drug therapy, late onset of psychological treatment for use in the practice of medicine determined by the total input power of influence and generalized predictors on disability in childhood by the dispersion factor analysis.

In the group of patients with early childhood autism found that the strength of "organizational factors" deposit (late diagnosis and correction) is 55.2%, which is 2 times the power of influence of the factor "reproductive health Parents" (22.82%) and 5 time factors of pregnancy and childbirth (10.91%), which corresponds to a high statistical significance ($p<0.001$). The contribution of genetic predictors (mental disorders of parents) (1.42%) was not statistically significant difference ($p>0.05$). It is an important predictor of the age of the parents (mothers older than 36 years old, his father more than 45 years) and the factor of "the use of reproductive technology" (contribution to the disability – 19.9% ($p<0.001$).

In the group of organic mental disorders, the maximum power of influence and contribution to the registered disability among the factors of pregnancy and childbirth (birth injuries, surgical childbirth, 38.8%, chronic fetal hypoxia-31.5%, fruit postmaturity – 22.5% (p<0.001). The next most important predictor is the parental reproductive health (maternal age over 36 years (p<0.01), infertility is more than 5 years» (p<0.05) and recurrent miscarriage (p<0.05). The power of influence "factor pregnancy and childbirth" on disability is the leading (41.2%), 3 times higher than the power of influence of factors "reproductive health parents" (19.4%) and "institutional" (11.3%) (p<0.001).

In the group of patients with mild mental retardation maximum statistical value recorded among indicators such as "violations during pregravid prevention" (52.4% - p<0.001) "alcoholism and mental retardation parents" (58.9% - p<0.001), late onset of drug therapy and psychological correction (without comorbid pathology and behavior disorders (47.2%). In the analysis of predictors of "reproductive health of parents" only significant factor (p<0.001) is a factor of "miscarriage" (abortions, stillbirths (55.9%). The factor of "the age of the parents" had no significant statistically significant differences (p>0.05).

Conclusion: Thus, the results of the study showed that predictors of disabling mental disorders in childhood are: patients with early infantile autism - "late diagnosis" (contribution factor of 55%) in patients with organic mental disorders - factors of pregnancy and childbirth (the contribution factor of 41 %); in patients with mild mental retardation - the factor of "hereditary mental pathology in the parents" (contribution of 34%).

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ADDICTIVE BEHAVIOR OF MINORS AS A RISK FACTOR OF SUICIDE

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Introduction: The last few years' suicidal behavior in adolescence was one of the most talked about issues in the community. Addictive behavior and suicidal activity closely related to ontogenesis of the minor and his functioning in the relevant social groups. It should be noted that in conditions of traumatic situations addictive behavior creates false, but relatively stable, perception removal stress voltage and thus, the illusion of solving the problem that in reality leads to withdrawal from reality, loss of normal interpersonal relationships or their transformation and replacement usual circle of friends into groups antisocial orientation, including suicidal character. In this addictive behavior begins to dominate in all spheres of life of the minor, leading to a gradual maladjustment, which increases, including the risk of committing suicide. Thus, suicidal activity is most evident in the use of various psychoactive substances which intoxicated amplify manifestation of psychological stress, autoaggression and available various psychopathological disorders resulting tapers ability to use minor alternative ways out of the difficult situation, whereby to perform various actions suicidal nature often ending in death.

The aim of this study is to determine the degree of activity of suicidal risk in minors with addictive behavior.

Subjects and methods: We have 72 cases of addictive behavior among minors who committed suicide. Were analyzed as part of comprehensive postmortem forensic psychological and psychiatric examinations conducted in The Serbsky National Medical Research Centre of Psychiatry and Addiction in the period from 2017 to 2018. Age minors at the time of the suicide of 11 - 17 years (mean age 14 years). The ratio of male and female suicide differed insignificantly - 1.2:1. Used method of research - a retrospective analysis of clinical and psychopathological.

Results: Among the most common types of addictive behavior of juveniles, who have a direct influence on the activity of suicide are mental and behavioral disorders due to use of psychoactive substances in our study. Thus, most often were detected adverse (harmful consequences) alcohol - 36 (50%), the use of several psychoactive substances (alcohol, synthetic cannabinoids, amphetamine etc) - 12 (16.7%). It should be noted that the above addiction in many cases (27 (37.5%)) had comorbid psychopathology, namely emerging personality disorders - 15 (20.8%), organic personality disorder - 9 (12.5%), frustration adaptive responses - 4 (5.5%), and also with conduct disorder socialized - 2 (2.8%) as a group delinquency. Substance abuse, causing no dependence (relaxants, analgesics, antispasmodics, some antidepressants etc.) occurred in 13 (18.1%), which frequently was associated with eating disorders in girls (anorexia or bulimia) - 8 (11.1%). Thus eating disorders over time compounded accession affective symptoms and disorders adaptive responses - 5 (6.9%). "Subjective" disorders in the sexual area (do not fit the criteria of ICD-10, but the impact on the life of minors in general), who noted teenagers in life, referring himself to