

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

the various categories of LGBT (gay, lesbian, asexual, panseksualy) met mainly girls in 16 (22.2%) cases and only in 2 (2.8%) boys. Video game addiction was observed in 8 (11.1%) cases, and only in males. Furthermore, it should be noted that several adolescents - 7 (9.7%) have already been mentioned attachment disorders in childhood, resulting disadvantage, and in some cases even emotional deprivation in incomplete families (mother or grandmother), and in families with non-biological parent (usually a stepfather), especially in those cases when a second child is completely shifted the entire vector of attention (as a favorite and share the child). We have seen that the family adolescents in the study were 68 (94.4%) disturbed parent-child relationship, regardless of family structure (complete, incomplete, guardianship). Pathological parenting style, especially on the part of the mother, distorted psycho-physiological development of the child, which in turn leads to further not only the appearance of psychosomatic disorders, but also easier assimilation of the various forms of addictive behavior. Among the most common forms of self-aggression (in addition to completed suicides) among minors had different skin self-harm: self-cutting arms, thighs, abdomen (including deep, caused in large vessels) - 17 (23.6%); piercing tattoo in 11 (15.3%), burns - 2 (2.8%). Manifestations of risk behavior in the form of roofing, visits an abandoned elevated degree of danger buildings was noted in 22 (30.6%). Committing fatal suicidal acts is the state of intoxication, but in the presence of external acute traumatic situation was observed in 21 (29.2%). 30 (41.7%) persons have committed suicide, after entering himself into a state of intoxication in order to facilitate the implementation of suicidal intentions. 7 (9.7%) have committed suicide intoxicated (drug or alcohol) in combination with drugs (phenobarbital, fluoxetine, No-spa). It should be noted that young people from a specified group of suicide victims have repeatedly expressed during the life of suicidal thoughts, but the suicide in this group was due not so much a suicidal intent, but as a result of reduced motor-vestibular control as a result of intoxication with psychoactive substances. In 14 (19.4%) of minors (on the testimony of other witnesses and relatives) while taking psychoactive substances (mainly alcohol) noted the deterioration of the mental state of a depressive component (think about death, we talked about his worthlessness, that "better and not to live at all") and the implementation of this background suicidal activity.

Conclusion: An increased incidence of conjugated addictive and suicidal behavior among minors necessitates further more in-depth study of these problems for the subsequent development of effective prevention strategies

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CHARACTERISTIC FEATURES OF SEXUAL IDENTITY IN MEN AND WOMEN WITH GENDER DYSPHORIA IN SCHIZOTYPAL DISORDER

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Currently, there is an increased influx of patients with confused sexual identity (mainly adolescents and young adults) who intent to change their biological sex. The emergence of such disorders in adolescence and young adulthood inevitably leads to aggravation of the age-related crisis, and distortion of normal psychosexual development. These developmental peculiarities can, in turn, lead to rejection of the biological sex by the potentially reproductive part of the population. The practical relevance of this study is determined by the need for creating diagnostic programs that aim to identify persons with sexual identity disorders, and establish the nature of these disorders; as well as by the need to develop a technology of psychological assistance to patients with gender dysphoria.

Persons with gender dysphoria are characterized by a dissonance between their bodily experiences and the biological sex. They experience uncertainty concerning their gender identity, a desire to belong to the opposite sex, or a belief that they do indeed belong to it.

The concept of "gender identity" is widely used in describing characteristics of the psychosexual sphere: gender identity, the degree and nature of the gender role interiorization, gender-related behavior, personal self-conception. Gender self-awareness refers to the ability of identifying oneself as a representative of a certain sex, as well as regulating one's behavior in accordance with the moral and ethical requirements and attitudes adopted in society. However, the concept is not sufficiently developed, which also contributes to the relevance of this study. The study of gender identity in the three following aspects appears to be the most relevant: the cognitive aspect (the study of gender identity, ideas about gender roles, "self-images"), the semantic aspect (the study of the sense-making motives and implementation of behavior) and the emotional aspect (the study of the personal self-conception).