

This study aims to identify the gender characteristics of sexual identity in young people with gender dysphoria in schizotypal disorder.

The data for this study was obtained from the patients who sought assistance in the department of sexology and therapy of sexual dysfunction of the Moscow Research Institute of Psychiatry in 2017-2019: 18 women and 15 men aged 16 to 24 years.

The anamnestic, clinical, psychological and sexological methods were used. The clinical-psychological research included the clinical-and-psychological interview, the standard pathopsychological examination, supplemented with a self-esteem test by Dembo-Rubinstein with auxiliary scales, the K. Machover "human figure" method (1984), as well as the following tests: "Coding", "The Myth" (masculinity and femininity modified by N. V. Dvoryanchikova (1998), "CTR" (color test of relationships).

When comparing the male and female patient groups - young people with gender dysphoria in schizotypal disorder - some significant differences were found in the characteristics of sexual identity, alongside the general similarities.

In the group of women with sexual dysphoria in schizotypic disorder the following characteristics were revealed: nondifferentiated gender identity (90%), lack of emotional identification with the images of either men or women, an expressed cognitive differentiation of gender role representations (75%), and masculinity of gender-role behavior (70%) in the absence of emotional and semantic interiorization of the male sexual role (hyperrole). This group is also characterized by a negative attitude to self (90%), which causes a major discrepancy between the images of "the real me" and "the ideal me". In the 80% of the cases the participants displayed a "rejection" of their own physicality (the rejection of secondary sexual characteristics was more pronounced in this group, than in the male group). It was often combined with a depressive tendency in the overall emotional state, delusional ideas of dysmorphic nature and sensitive ideas of reference. Sexual partnership is characterized by poor gender differentiation, low sexual activity and neutral emotional coloring (70%).

In the group of men with gender dysphoria in schizotypal disorder we revealed the following characteristics: femininity of gender identity and gender-role behavior (93%), hyperfemininity in relation to women; lack of cognitive, emotional or semantic interiorization of gender roles (87%), lack of emotional identification with the images of either men or women (73%), and homosexual tendencies at the cognitive level. The negative attitude to oneself prevails (60%), however, the images of "the real me" and "the ideal me" are rather coordinated. The "rejection" of one's physicality is less pronounced (67%) than in the female group. Nondifferentiation in sexual preference is also characteristic of this group. The attitude to sexual relations is ambivalent (more often so than in the female group), the sexual activity (bisexual) and adaptation are low (80%).

The internal disharmony and contrierty of sexual identity in both groups are caused by a complex disharmony of puberty, the "rejection" of their physicality, lack of emotional identification with either the image of man or the image of woman, a negative attitude to self, homosexual orientation of desire at the cognitive level, lack of emotional, semantic, or (in the group of men) cognitive interiorization of gender roles. Low sexual activity (especially in the male group) and neutral attitude to sex in most cases lead to devaluation and refusal of sexual contacts.

The difficulties of identification with a certain gender in the group of patients with sexual dysphoria in schizotypal disorder are apparently associated with disturbances in the emotional and cognitive spheres, as well as the regulation processes, which forms multifaceted clinical and psychological syndromes. However, testing this hypothesis requires further research.

\* \* \* \* \*

## THE FEATURES OF PRE-MANIFEST STATES IN PATIENTS WITH ACUTE SHORT-TERM PSYCHOTIC DISORDERS

**Galina Aleshkina, Margarita Pugacheva & Leonyd Bardenshteyn**

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

**Background:** The diagnostic category of acute and transient psychotic disorders (ATPD, F23, the International Classification of Mental and Behavioural Disorders, the 10<sup>th</sup> revision, 1994) is represented by different nosological forms and includes both schizophrenia spectrum disorders and psychoses of other etiologies (affective and reactive). Non-psychotic disorders and brief subclinical psychotic episodes often precede the manifestation of schizophrenia and are overlooked by psychiatrists. Recognition of these states in time is necessary for early diagnosis of schizophrenia.

The aim of the study was to study the features of pre-manifest states in acute short-term psychotic disorders.

**Subjects and methods:** 91 psychiatric inpatients (65 males, 26 females; the mean age: 25.9±9.3) with psychotic states corresponding to the ICD-10 Acute and transient psychotic disorder (ATPD, F23) diagnostic criteria and suffering with psychopathological disturbances preceding the psychosis development were examined. The sample was divided into two groups: the 1<sup>st</sup> group included 36 patients (the mean age: 30.9±9.9) with ATPD without symptoms of schizophrenia (F23.0); the 2<sup>nd</sup> group was represented by 55 patients (the mean age: 22.6±7.2) with ATPD with symptoms of schizophrenia (F23.1). Clinical and psychopathological as well as statistical methods were applied.

**Results:** The following types of psychopathological and behavioral disorders in patients with ATPD were identified: 1) psychoactive substance abuse (misuse of alcohol and cannabinoids); 2) psychogenic disorders (anxiety disorders, somatoform disorders, post-traumatic stress disorder, reactive depression); 3) psychopathic-like behavioral disorders (antisocial behavior, stereotypical protest reactions, impulse-control disorders such as dromomania, pathological gambling, sadistic tendencies); 4) autochthonous affective fluctuations (episodes of hypomania, subdepressions, cyclothymia-like mood swings, depressive episodes); 5) subsyndromal and brief subclinical psychotic symptoms (fragmentary delusional ideas, perceptual deceptions, episodes of associative automatism such as influx of thoughts and thought blocking). The prevalence of these disorders in patients of both groups is presented in Table 1.

**Table 1.** Pre-manifest states in patients with ATPD

Pre-manifest disturbances	The 1 <sup>st</sup> group (F23.0) n=36	The 2 <sup>nd</sup> group (F23.1) n=55	p-meaning
Psychoactive substance abuse	11 (30.5%)	12 (21.8%)	p=0.3529
Psychogenic disorders	27 (75.0%)	19 (34.5%)	p=0.0002 (p<0.001)
Psychopathic-like behavioral disorders	3 (8.3%)	12 (21.8%)	p=0.0912
Affective disorders	4 (11.1%)	19 (34.5%)	p=0.0125 (p<0.05)
Subclinical psychotic symptoms	2 (5.5%)	19 (34.5%)	p=0.0014 (p<0.05)

Psychogenic disorders were observed in 75.0% of patients of the 1<sup>st</sup> group and in more than half of these cases represented by reactive depressions (51.8%), including a suicidal attempt case. Phobias (14.8%) were observed less frequently. In the 2<sup>nd</sup> group, psychogenic disorders occurred in 34.5% of patients. Reactive depression was identified only in 31.6% of cases, phobic symptoms were observed more often (57.9%), mainly revealing in the form of children's fears. Intergroup differences in the incidence of phobias were statistically significant (p=0.0024).

Affective disorders were observed in 4 patients of the 1<sup>st</sup> group and represented by autochthonous mood fluctuations (short-term episodes of subdepression and hypomania), including a depressive episode case. In the 2<sup>nd</sup> group, pre-manifest affective disorders were observed in 19 individuals and characterized by greater frequency of depressive episodes often accompanied by suicidal tendencies and auto-aggression (31.6%).

Subclinical psychotic symptoms were observed in 2 patients of the 1<sup>st</sup> group and represented by short-term unstable unsystematic delusional ideas (including a case of an idea of jealousy and of an idea of persecution respectively). In the 2<sup>nd</sup> group, subsyndromal psychotic symptoms were observed in 19 patients. They differed with a greater variety and included subclinical associative automatisms, auditory deception of perception such as hallucinatory calls, episodic verbal pseudo-hallucinations, less frequent visual hallucinations, transient paranoid states according to the reduced variant of acute sensory delusion as well as ideas of relation and groundless suspicion. Besides, there was a case of subsyndromal catatonic symptomatology with the background of short fragmentary delusional ideas.

**Conclusions:** Pre-manifest autochthonous affective disorders and subclinical psychotic symptoms were significantly more often observed in the group of patients with ATPD with symptoms of schizophrenia than in patients with ATPD without symptoms of schizophrenia (p<0.05), while psychogenic disorders were more common in subjects with ATPD without symptoms of schizophrenia (p<0.001). The psychopathological structure of pre-manifest disturbances in these groups was different. It can be assumed that the features of pre-manifest symptomatology in patients with ATPD without symptoms of schizophrenia represent the presence of reactive lability, an increased vulnerability to psychogenic influences, and in cases of ATPD with symptoms of schizophrenia they reflect endogenous predisposition to mental disorders.