

Characterological features in 20.3% of patients were presented in the form of emotional and labile traits, in 18.6% of patients in the form of hysterical traits, in 16.9% of patients in the form of labile-hysterical traits. All those traits contributed to inadequate responses towards the surroundings. They were complemented by the deterioration of mood, restriction of communication, and often demonstrative rejection and ignoration of others. Epileptoid traits were observed less frequently (5.1%). That fact determines perseverance and the desire to subjugate others, sometimes through refusal to communicate. Labile-affective (5.1%), sensitive (3.4%), anxious and closed (1.7%), labile-unstable (1.7%) character traits, along with inadequate anxiety, obsessions, and stereotypes led towards the limitation of communication. Those traits formed on the basis of a sanguine temperament in 58.1% of cases, choleric temperament in 23.3%, and phlegmatic temperament in 16.3%.

Differentiated pathogenetic therapy of somatogenic depression contributed, along with the elimination of affective disorders, towards the reduction of the symptoms similar to autism in majority of children.

**Conclusion:** The symptoms similar to autism were observed among the children with somatogenic depression. Those symptoms were manifestations of the depressive effect itself. This is evidenced by the emergence of mental pathology after the age of three and the transient nature of these disorders. Those disorders include interruptions in communication, refusal of eye contact, stereotypes, the desire for consistency, and the disappearance of these disorders simultaneously with the improvement of one's mood. Pathogenetic therapy of depressive-autistic disorders should be conducted with cerebral organic genesis and the clinical features of affective pathology.

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## BEHAVIOR THERAPY TO PATIENTS WITH VASCULAR DEMENTIA

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**Background:** Dementia is acquired intellectual deterioration caused by unspecific organic causes. Deterioration covers intellectual decline of memory, language, speech, reasoning, cognitive and visual-spatial and motor skills.

**Aims:** To recognize early symptoms of the disease in the earliest stage of the family with the help of cognitive behavior therapy to facilitate the coming years and the patient and family.

**Subjects and methods:**

- - observation patients;
- - psychological test;
- - cognitive behavior therapy;
- - family therapy;
- - training of social skills;
- - psychoeducation- acceptance of treatment.

**Objectives:** To improve a new way of dealing with the symptoms to reduce the negative consequences of delusion thoughts and fears associated with hallucinations.

This we do using neuroleptic therapy, which in these cases is necessary for the patient to lose his fears so in a more relaxed state without hallucinations deluzions visit and cognitive behavioral psychotherapy.

Here many of the families assisted interventions aimed intevension the level of expressed emotion or natures more focused on increasing strategies.

**Result:** Following 600 patientes from 2006 to 2018 years with Alzheimer dementia were 80 patientes from whom 30 men and 50 women. From those patients 3 of them were with early dementia before 50 years 3 women and 1 man.

Vascular dementia is an incurable chronic disease, but assistance to caregivers can reduce the severity of patients' symptoms and delay institutionalisation. Because this assistance requires provision of multiple health care and social services, patients and caregivers might benefit from a coordinated system of care. The quality of care for patients with vascular dementia and their caregivers can be improved with a model of care in which services provided by the health system and communityagencies are coordinated by a care patients with health insurance.