

THE USE OF MEDICAL XENON INHALATIONS IN THE TREATMENT OF SOMATOFORM DISORDERS, MAINLY WITH CARDIAC MANIFESTATIONS

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Introduction: patients with somatoform disorders with cardiac manifestations are classified as diagnostically "difficult patients" due to the significant "blurring" of both the clinical picture and clinical criteria for diagnosing the disease (F 45.3 according to ICD-10). A significant number of patients with this diagnosis are constantly observed in specialists of various profiles, the average duration of the disease-3 years, undergo numerous examinations, however, approaches to the treatment of this pathology are not developed enough.

Subjects and methods: *Object of the study:* 50 patients, from 18 to 70 years of age, both sexes, who were treated in the Scientific and practical psychoneurological center named after Z.P. Soloviev and Institute of mental health and addictology. The patients underwent the necessary additional clinical and laboratory tests to exclude organic pathology. The main method of research: clinical-psychopathological Scale (Clinical Global Impression Scale - CGI). Statistical processing was carried out using the software package Statistica 10.0 and Microsoft Office Excel.

Results: Patients were divided into 2 groups of 25 people (n=25). The age of patients averaging (42.24±14.05) years. The first group included patients receiving standard pharmacotherapy. In the second - combination therapy: standard pharmacotherapy with medical xenon. Inhalations of the xenon-oxygen mixture were carried out in a ratio of 20/80 to 35/65 with a step of 5%. The total number of sessions 5-6. The first 3 sessions were held every day, followed by 2 days. Analysis of the results of the CGI Scale showed that the method of combined therapy with the addition of xenon inhalations showed a significantly greater effect compared to group 1 ("pronounced effect"). Signs of positive dynamics were noted after the third procedure. A more significant effect was observed in patients of a younger age group (from 18 to 30 years; p<0.01) with individual and personal characteristics of anxiety and sensitive types.

Conclusions: the inclusion in the structure of standard pharmacotherapy of patients with somatoform disorders, mainly with cardiac manifestations, medical xenon significantly increases its effectiveness, especially noticeable in the group of patients from 18 to 30 years with a predominance of anxiety sensitive personality accentuation.

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PSYCHOLOGICAL ASSISTANCE AFTER CEREBRAL CATASTROPHES

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Against the fantastic success of neurosurgery and neuroreanimatology, not only in saving lives, but also in preserving the functionality of people after cerebral catastrophes (thanks to a jump in high technologies), the success of neurorehabilitation looks much more modest. Despite the use of the latest advances in neuroscience, computerization of rehabilitation treatment, expanding range of pharmacotherapy, transcranial interventions, adaptive devices, despite attempts to introduce evidence-based medicine, thousands of patients are turned off from life due to various forms of impaired consciousness.

The purpose of this work is to substantiate the role of psychological assistance to patients with impaired consciousness, starting from the earliest stage after removing the main cause of the disease.

Restoration of mental activity after cerebral catastrophes needs not only in a concept based on a holistic view of a person, but also a special organization of common activity. In accordance with principles of anthropocentric rehabilitation approach, the opposition of physical and psychological components should be avoided during all the way of the patient. Methodologically this means that the restoration and correction of all patient manifestations, including mental activity, requires joint efforts by representatives of different disciplines, focused both on psychopathological consequences of brain diseases, and on impaired control of vital functions, as well as on motor one's deficiencies.

Psychologists and psychotherapists should apply interventions aimed at restoring mental activity within the framework of their own professional tasks; at the same time, they are agents of a complex system that includes the patient. The rehabilitation team develops at all stages of treatment, guided by the general goals of restoring (integration) consciousness, movements, speech, behavior, according to certain rules of interaction with all other participants of the treatment process.