

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.

It was previously assumed that psychological assistance is carried out only in cases with clear consciousness and elementary verbal communication, so the most severe categories of neurosurgical and neurological damages were excluded. However, now the idea of psychological rehabilitation's start-up is changing. Research in the field of physical rehabilitation has demonstrated a link between the time of the start of rehabilitation and the functional outcome: early physical rehabilitation reduces the final deficit and forms successful adaptive compensations. The same principles apply to the integration of a person's mental life. Accordingly, psychological work must begin with preparing a patient for surgery and continue at the earliest postoperative stage, when the patient is in intensive care unit with functional deficiencies and / or impaired consciousness.

The goal of psychological assistance is to build a "dialogue" with the patient, expanding his abilities to contact with himself and the outside world. Theoretically and methodologically, this work is grounded on Process-oriented approach (A. Mindell), as well as on Biosynthesis (D. Boadella), one of numerous areas of Body-oriented psychotherapy. Due to the training and practical use of these approaches, equally focused on feedback phenomenon, in the 90s of the last century in Burdenko Neurosurgical Institute urgent psychological neurorehabilitation did appear. The effectiveness of such work is difficult to prove due to the variety of therapeutic interventions at this stage, the lack of measuring complex, terminological uncertainty of consciousness. Numerous data appearing over past 20 years (fMRI, EEG) about possibility to communicate with some patients, estimated as vegetative (unreactive wakefulness) may be considered as indirect evidence.

The most important condition for effective psychological assistance to patients with impaired consciousness is transition to teamwork.

Transdisciplinary neurorehabilitation team is a group of specialists united by a common goal setting based on the needs of the patient at a certain time period. The goal is determined by the joint discussion of a particular patient, each participant goes to it using their own tools. The action vector within profession frames joins the general vector of efforts. A coordinated "force field" of directionality is being formed; a single strategy for patient advancement is being created.

This approach, firstly, makes the psychologist (as well as from any other specialist) to coordinate with other team members. Secondly, the strategy of goal setting stems not only from an understanding of the patient's deficit structure and determining his level of consciousness, but also the zone of his closest development, as well as ensuring his safety.

The strategy of goal setting poses numerous tasks for psychologists, determined by many factors: nosology, duration of primary disease, level of consciousness, concomitant somatic diseases and complications, the structure of cognitive and motor deficit, premonitory social and personal features. The following methodological principles correspond to problems solution:

- *The principle of human existence integrity (wholeness):* a person is a unity of three dimensions - somatic, mental and spiritual (noetic), each one is associated with a certain vitality and dynamics. Compliance with the principle of integrity helps the psychologist to see the deficit structure more fully and choose interventions based on patient resources.
- *The principle of individualization* helps the psychologist to deviate from the schemes and the protocols, to take into account each individual patient with peculiarities of his inner world, motivation and values, attitudes and positions.
- *The principle of dialogue* suggests that psychologist/psychotherapist creates information exchange with the patient, his family, with other team members; he is in internal dialogue with himself, with his bodily sensations, feelings, thoughts, and images. He focuses on patient feedback signals when builds interventions. This principle allows responding immediately to all the events of patient's life in the clinic.
- *Partnership principle:* psychological rehabilitation requires maximum patient participation in recovery activities. This requires: openness of information exchange about the disease and treatment, when discussing the emerging difficulties; understanding motivation of the patient and his relatives; creating a safe space where the patient would have "the right to vote" on an equal basis with others.

The patient's equal, active participation in rehabilitation process opens up to him the meaning of his experience, and in addition to recovery-compensation for impaired functions, gives him the opportunity to part with many illusions and feel his own unique role in the real world.

Teamwork requires participants to possess not only professional skills, but also meta-skills, such as leadership, cohesion, decision-making, etc. The concept of the team as complex non-linear system, with energy, entropy, stability, ability to self-organization as main characteristics, changes the vision of the process qualitatively, and also creates the possibility of quantitative monitoring.

Conclusion: The tool of anthropocentric approach is a rehabilitation team that ensures patient safety and respect. The team is successful in restoring consciousness due to flexible feedback system, free exchange of information, and correction of interventions in accordance with new hypotheses. In this context, psychological assistance is the main means of forming "team-patient" system.