

## FEATURES VISUAL AND AUDITORY GNOSIS OF YOUNGER SCHOOLCHILDREN WITH SPECIFIC DISORDERS OF THE DEVELOPMENT OF SCHOOL SKILLS

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Gnosis traditionally refers to the fundamental mental processes that characterize cognitive activity, including its components such as mental performance, characteristics of fatigue and inter-hemispheric asymmetry, directly related to the stability and switchability of active attention. Specific impairments to the development of school skills in this work are understood primarily as dysdextria, dysgraphia, and dyscalculia, including their mixed forms.

The purpose of our study was to study the characteristics of the auditory and visual perception in children of primary school age with mental development disorders characterized by specific disorders of school skills.

The study involved 19 children without learning disabilities 8-10 years old and 26 children aged 8-10 years with psychological developmental disorders (F81, ICD10).

The indicators of visual attention (by the method of the Correction test, modified by the VM Bekhterev Scientific Research Institute), auditory attention (by the Dichotal test method), and attention asymmetry (M. Annette's questionnaire) were subjected to a comparative analysis.

Analysis of the data obtained showed. The indicators of attention asymmetry are not related to the presence of specific school skills disorders in primary school age children. The features of children with the presence of specific violations of school skills should include the lack of visual attention functions. Children of primary school age, regardless of the presence or absence of specific disorders of school skills, show signs of functional insufficiency of the structures of the right hemisphere, which dominates in the processes of visual-spatial perception in right-handers. The obtained indicators of the processes of auditory and visual perception make it possible to individualize the approach to each particular child in order to correct the difficulties arising in the process of learning. The data obtained indicate the relationship between the indicators of the asymmetry of perception of visual stimuli and the quality of this perception with the indicators of the asymmetry of the auditory perception.

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## COMPLEX CORRECTION OF DYSMORPHOPHOBIA IN PATIENTS WITH EATING DISORDERS

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**Introduction:** The main symptoms of eating disorders (ED) are the result of a passionate desire to achieve harmony and an irresistible fear of fullness, despite extreme exhaustion in the case of anorexia nervosa, and extreme measures to compensate for overeating in bulimia nervosa. Anorexia nervosa (AN) and bulimia nervosa (BN) occupy one of the first places of the threat of death among all mental disorders, are difficult to treat, tend to chronic course, lead to social maladjustment, disability and have a high suicide risk. Psychopathological basis of anorexia nervosa and bulimia nervosa is a dysmorphic disorder or painful dissatisfaction with their own appearance, or a fear of excessive development, disfiguring the body, the completeness, that determines the strong desire of patients to correct their appearance and weight loss, up to cachexia. Dysmorphic experiences can have the character of anxiety and obsessive fears, dominant ideas, reaching the level of excess, when the desire for weight loss persists despite a significant decrease in body weight and the appearance of secondary somatoendocrine disorders, or delusional, with the addition of pathological ideas of attitude, of particular importance, when the conviction of excessive completeness cannot even partial logical correction. Most often, dysmorphic disorder is associated with the size or shape of the thighs, shins, buttocks, stomach and waist dissatisfaction, as well as the nature and degree of deposition of adipose tissue in these parts of the body. Dysmorphic experiences can affect the face - cheeks, nose, eye shape, skin quality, hair color and length, size and shape of the breast. In this case we talk about multiple dissatisfaction with their own appearance or polydysmorphophobia. Currently, there is a decrease in the age threshold of people's attention to their appearance and from 8-9 years in girls, and sometimes boys, there is concern about

their weight and figure, practiced dietetic behavior and intense physical activity, and in adolescence this desire to lose weight persists and even increases. Also, there is a tendency to shift the age boundaries of the manifestation AN and BN towards an increase and we see signs of the onset of the disease in adult women, often already entered the menopausal period, that is, there is a fact of sustained dissatisfaction with their bodies in women throughout their lives, which indicates the risk of developing ED at any age.

**Subjects and methods:** Treatment of patients with AN and BN long and time-consuming process associated with the involvement of a team of specialists - psychiatrists, psychologists, nutrition consultants, somatic doctors, secondary and junior medical personnel. The complex method of treatment, including modern medical (psychotropic and somatotropic) therapy, individual programs of nutrition restoration, various types of psychotherapy and long-term medical and social rehabilitation, has proved its effectiveness. Therapeutic measures are aimed at correcting dissatisfaction with their own appearance, are selected individually for each patient, it depends on the severity and persistence of dysmorphic symptoms. Psychotropic drugs are not absolutely necessary, but can be useful for relief of depression, anxiety, obsessive-compulsive symptoms, manifestations of impulsivity, super-valuable or delusional nature of dysmorphophobia. As effective well proven antidepressants are fluoxetine, fluvoxamine, sertraline, paroxetine, escitalopram, mirtazapine, clomipramine. When choosing neuroleptics, it is better to give preference to atypical, that not only favorably affect the distorted perception of their own appearance, but also differently act on weight gain: olanzapine has the best effect, risperidone and quetiapine weaker, and aripiprazole and ziprasidone do not affect weight gain. Therefore, their appointment should take into account the actual body mass index of patients. Psychotherapy and the therapeutic relationship are key in achieving cooperation, as patients are initially evaluated psychotherapy as threatening intervention. The success of psychotherapy depends on a prudent combination of therapist perseverance and empathy, which is especially important because patients with ED are extremely sensitive to criticism and disapproval. To increase motivation for recovery and adherence to treatment, the method of motivational interviewing is effective, which also helps to reduce dysfunctional concern with one's figure and, in the long term, leads to an increase in self-esteem. Cognitive behavioral therapy (CBT), adapted by Fairburn for these patients, consists of cognitive procedures aimed at correcting incorrect thinking settings to develop more constructive coping skills with negative emotions and behavioral activities designed to form a habit of eating regularly, the use of exposure to include in the diet of avoided food. The purpose of CBT - correction of maladaptive thinking and misconceptions about nutrition, shape and body weight, cognitive restructuring of dysfunctional beliefs associated with dissatisfaction with their own appearance. Interpersonal psychotherapy (IPT) focuses on aspects of interpersonal relationships and teaches adaptive methods of regulation of interpersonal conflicts that can cause ED. After the course of treatment, IPT is also effective, as well as CBT in reducing the intensity of restrictive behavior, reducing the frequency of episodes of overeating and cleansing, mitigating the severity of dysmorphic symptoms and in forming self-esteem, not related to body weight and its form. Body-oriented therapy helps to obtain a new body experience and development of distortions in the perception of one's own body, the formation of a neutral or even positive attitude to it. Family based therapy helps to establish a supportive domestic borders, leads to a reduction of the role of the patient in the parent and family differences, reduces the significance of behavior of the family and patient concerning the etiology and pathogenesis of the disease, and helps family members to exercise more effective for the successful treatment of the interaction with each other and the patient to become more independent and self-reliant. Developed and have already proven the effectiveness of the protocols of methods so-called third wave of CBT for the treatment of ED - dialectical behavioral therapy, acceptance and commitment therapy, and compassion focus therapy.

**Conclusions:** It should be remembered that even with a favorable outcome of anorexia nervosa and bulimia nervosa, some patients may have clinical signs of disorder for a long time, concerning excessive anxiety about the figure, body weight and food preferences, and the risk of exacerbations persists for many years after the formal end of therapy. For preventive purposes, it is important to focus on timely and mandatory treatment for psychotherapeutic help if the patient's previously acquired skills of adaptive response to the comments of others regarding appearance and body weight weaken, and the degree of concern about weight and body shape increases and patients do not cope with it on their own.