

ACCURATE DIAGNOSTICS OF SCHIZOPHRENIA

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Schizophrenia is a progressive endogenous illness leading to a loss of psychic functions unity, Specific thinking disorders such as autism, resonance thinking, symbolism, «blockade of ideas» et cetera.

It is followed by reduction and fading of adequate emotional reactions («emotional immobility» found by Bleuler) and increasing weakening of spontaneous activity reaching perceptible abulia at the final stage of disease. The history of clinical psychiatry development represented in classic works of B. Morel (1860), E. Kraepelin (1896), E. Bleuler (1911) and others let us point out the main (obligate, accurate) and additional (optional) symptoms of disease. Basic symptoms are obligatory for accurate diagnostics of schizophrenia as they always take place in case of this disease. They include:

- Thinking disorders (blockade of ideas, or «Sperrung»); affluence of ideas, intersecting ideas, pulling away of ideas, slipping of ideas, autistic thinking (autism) with prevalence of affective thinking over logical thinking (including ambivalence and ambivalence), «agglutination» of thinking, Gedankenlaut and others.
- Emotional disorders which E. Bleuler determined by the term «Steiffe affektivitat» or immobility of emotions. Clinical presentations of such pathology are loss of subtle emotions, sympathy, commiseration, compassion. More severe manifestations are emotional blunting, non-adequate reactions, paradoxical reactions and in final stage - complete absence of emotional reactions (apathy). This sign of schizophrenia was marked more distinctly earlier by E. Kraepelin (1896).

Later J. Berze (1914) underlined significance of this symptom which he marked by the term «primary lack of psychical activity», «hypophrenia». It is very important, especially for differential diagnosis with schizoid psychopathy and other kinds of psychopathy. Additional optional) symptoms are not pathognomonic for this disease and include the whole specter of productive disorders (neurosis-like, paranoiac, hallucinatory, delusional, catatonic and others). E. Bleuler included in «the group of Schizophrenia» its «latent» forms so that in future it lead to unjustified widening of the borders of this illness, and so called «mild forms» were determined, or other term - sluggish Schizophrenia.

But not in E. Bleuler scientific articles, nor in A.V. Snezhnevskiy scientific works there are no clinical examples and descriptions of such cases.

The question of the Schizophrenia unjustified widening diagnostics is very actual till nowadays because the diagnosis of sluggish Schizophrenia is often enough in medical practice and it is not always reliable if the main symptoms described in the article are absent, because they are the ones obligatory for accurate diagnostics.

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SPEECH AND LANGUAGE DISORDERS - TRANSNOSOLOGICAL SYNDROMES IN PERVASIVE DEVELOPMENTAL DISORDERS IN CHILDREN

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Background: Speech delay may be the first symptom of various disorders: developmental disorders of speech and language, pervasive developmental disorders (PDD), mixed specific developmental disorders. Aim: to analyze clinical dynamics of verbal communication disturbances and to determine specific qualitative features of speech and language disturbances in PDD.

Subjects and methods: 620 young children aged 2-3 years old were clinically & psychopathologically examined, 180 of them had one common symptom - speech delay, they were divided in 3 groups: PDD (N=18, 12 males, 6 females), mixed specific developmental disorders (N=41, 27 males, 14 females), specific language impairment (N=121, 71 males, 50 females). The questionnaire about the features of expressive and receptive language abilities was used.

Results: There is an increased incidence of speech delay in population of young children aged 2-3 years old from 11.5% in 2010 to 30.2% in 2018. The next features showed statistical significance: understanding the semantic component of speech is lower in children with PDD ($\chi^2=57.238$, $p<0.0001$), children with PDD