

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

avoid verbal contact more often, have specific reactions to nonverbal sound stimuli, have peculiar intonation and echolalia more often ($\chi^2=32.331$, $p<0.0001$). Children with specific language impairment and mixed specific developmental disorders use gesture equivalents of utterances more actively, their sayings relate to a concrete subject more often ($\chi^2=86.689$, $p<0.0001$). There was no statistically significant difference in the course of pregnancy, number of pregnancies, acute respiratory infections during pregnancy, in the parents' understanding of cry intonations on the preverbal stage of development.

Discussion: Children with PDD firstly show disinterest in communication that manifests itself in intolerance, avoidance of verbal communication, then they develop communication disturbances and specific repetitive behavior. Children with mixed specific developmental disorders and specific language impairment show unformed means of verbal communication, actively use gestures, emotional component of communication.

Keywords: pervasive developmental disorders - speech delay - speech and language disorders - specific developmental disorders

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ANALYSIS OF THE ADAPTATION AND DISADAPTATION OF MIGRANTS

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The special feature of migration processes in the sample of migrant workers is of a network nature when considering socio-ethnic community: most migrant workers are connected by related, family-clan, settlement relations established in the homeland. This kind of community is characterized by a strict hierarchy. According to the migrants themselves, the lower the qualification, educational level, knowledge of the Russian language, the more the migrant depends on his or her ethnic community to solve any social problems.

The bulk of migrant workers are people with secondary and secondary vocational education, so in the country of migration they can apply for working specialties and perform low-paid low-skilled jobs. The opposite is true of migrant compatriots. As a rule, these are people with higher education, but the professions they are forced to engage in the Russian Federation are also not always highly qualified (workers, employees).

Migrant workers tend to perform completely impersonal, mechanical and repetitive support jobs (often seasonal and temporary), which have some stigma: dangerous, rigid and dirty, i.e. their vocational adaptation is disrupted. The combination of the social situation that arises with employment and the state of ambivalence that can be explained as "life between two countries," when migrants do not actually participate in public life, causes a sense of exclusion.

Migrants are trapped in a situation of social anomaly where the norms, values and sociocultural codes of the country of origin are not valid and relevant in the new context. At the same time, the new cultural values of the host country cannot be accepted because of their unusual, alien nature. The sense of loss of cultural values, the fear of getting confused or lost in the context of migration form a kind of vacuum in which society does not exercise control over migrants. Often migrant workers experience frustration, powerlessness due to language barriers and discrimination.

This state of anomie and social exclusion has a negative effect on the health of the migrant, which makes them vulnerable to various somatic health problems and mental disorders. Some studies confirm a high level of anxiety-depressive and other mental disorders in the group of migrants. The situation is aggravated by the inability to seek professional help as a result of the language barrier, the lack of development of a migrant assistance service, and the lack of an integrated system-integrated approach to their support.

In the current impasse and seemingly hopeless situation, migrants find support and solidarity among their reference groups - peers, family, friends from the surrounding community (Tajik, Uzbek, Kazakh, etc.). Confidence of a migrant that he will be able to receive the support of his reference association generates well-being and psychological comfort for migrants living in conditions of uncertainty in the host society.