TREATMENT RESISTENT SYMPTOMS OF PTSD

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Introduction: Posttraumatic stress disorder (PTSD) is a delayed or prolonged response to a stress situation, which is of catastrophic nature and endangers the physical integrity, as well as the dynamic psychosocial balance. PTSD is a frequent and often under-recognized disorder and that is why it was a real challenge to perform this study.

Aim: The aim of the study was to emphasize the clinical symptoms and enhance the recognition of PTSD in clinical practice. Second aim of the study was to measure a percentage of treatment resistant symptoms of PTSD.

Subjects and methods: This was a prospective clinical study; the subjects were followed for a period of 6 months. There were 41 patients included in the survey, all of them males, aged from 23 to 50 years and they all took active part in a war conflict. Three clusters of symptoms were analyzed, as classified by ICD-10 classification.

Results: The most frequently observed symptoms, found in 77% of patients, were symptoms from the third cluster, and from this cluster the most frequent symptoms have been sleeping problems - insomnia (90%), irritability or angry outbursts (80%) and increased startle response (74%). These were followed by symptoms from the first cluster in 65% of patients, with the most frequently observed persistent nightmares (90%) and recollections and thoughts related to the event (85%).

Conclusions: Based on these results, we can conclude that PTSD is characterized by versatile symptoms influenced by the individual biological and psychosocial distinctiveness, as well as the characteristics and severity of the stress. Significant percentage of the symptoms were treatment resistant.

Keywords: PTSD – symptoms - clinical practice

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THE ACTUAL ASPECTS OF COMPLEX SCALE APPLYING FOR TREATMENT RESULT EVALUATION IN PATIENTS WITH PARANOID SCHIZOPHRENIA

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Background: Despite the large amount of scales based on various criteria of assessment there is no single generally accepted tool for assessing the result of patients with paranoid schizophrenia treatment, determining the severity of their mental state.

The goal of the research was to develop and apply a comprehensive assessment of the treatment outcome based on the indicators of the traditionally used scales for dynamic observation and prediction of the treatment outcomes for patients with paranoid schizophrenia.

Subjects and methods: 420 patients with paranoid schizophrenia were examined. The patients were treated in Regional clinical psychiatric hospital of St. Sophia, Saratov psychoneurological dispensary and Balakovo psychoneurological dispensary since 2011 till 2017. Among them 195 (46.4%) female and 225 (53.6%) male. The patients' average age was from 18 to 63 years old, composable at gender groups and made 37.2 ± 2.1 for women and 38.1 ± 2.3 for men. All patients (n=420) were divided into groups according to the duration of the disorder: I (n=196) – the patients with first psychotic episode (FPE), II (n=224) – the patients with the duration of paranoid schizophrenia five years and more. According to the type of treatment each group was divided into two subgroups: IT (n=64), IA (n=35), IIT (n=30) and IIA (n=62). IT and IIT subgroups received typical neuroleptics; IA and IIA subgroups were treated by atypical neuroleptics. In each subgroup there were patients receiving psychosocial rehabilitation: ITR (n=35), IAR (n=62), IITR (n=64), IIAR (n=68) and patients receiving therapy without rehabilitation (comparative groups): IT, IA, IIT, IIA. The research was based on the examining of stationary and out-stationary cases, applying of productive and negative symptoms scale examination (PANSS); psychodiagnostic scales of social and cognitive functions determining: «Hinting Task» and «Ekman's faces»; the assessment scale for life quality and social functioning evaluation; «The scale of compliance by Morisky-Green».