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».

The psychorehabilitation methods were individual compliance therapy, psychoeducational work with patients and their relatives using short psychosocial brief psychosocial intervention sessions (BPI), «A guide for schizophrenic patients and their relatives» performed by the researcher, and computerized Wechsler Test cognitive training.

Results: The author divided three degrees of patients with paranoid schizophrenia mental state for complex assessment treatment results in research groups: «unsatisfactory», «satisfactory», «good» (Table 1).

Table 1. Schizophrenic patients' mental state evaluation

Scale	Mental state (points)		
	«Insufficient» «1»	«Satisfactory» «2»	«Good» «3»
SF and QoL scale result; 1-4 (10 indicators)	10-20	21-29	30-40
PANSS P; 49-7	49-35	34-20	19-7
PANSS N; 49-7	49-35	34-20	19-7
PANSS G; 112-16	112-80	79-48	47-16
Morisky-Green; 0-4	0	1-2	3-4
«Hinting Task»; 0-24	0-8	9-17	18-24
«Ekman's faces»; 0-14	0-4	5-9	10-14
Total point	220-183	182-147	146-112
The point of complex treatment result scale	7-11	12-16	17-21

The correlation analysis showed the presence of direct close relationship between the quantitative indicators of the patient's condition for each indicator of the QoL and SF scale with the scores for complex scale for treatment result evaluation (CSTR) in the studied groups at stages I and IV (r from 0.78 to 0.86). During the research close rectilinear correlations of patients in the studied groups with the results of the CSTR confirming the patients' mental state objective assessment according to the QOL and SF scale in dynamics (r from 0.76 to 0.89).

The significant and close correlations between the condition of patients on the PANSS scale and the result of patients' treatment of the studied groups by CSRT were revealed. This fact indicates that the more significantly the clinical symptoms decrease, the higher is the result of treatment (r from -0.52 to -0.83). Correlation analysis confirms the improvement in the treatment outcome on comprehensive assessment scale with a decrease in clinical symptoms on the PANSS scale.

The correlation analysis indicated close direct links between the emotional intelligence indicators of patients in the studied groups and the results of treatment on a comprehensive assessment scale (r ranges from 0.76 to 0.89), which confirms the improvement in the results of treatment on a comprehensive assessment scale with increasing emotional intelligence using the «Ekman's Faces».

Significant and close correlations of a straight line orientation between social intelligence indicators in the research groups were obtained with treatment outcome indicators on a comprehensive assessment scale, r ranges from 0.72 to 0.87, which proves an objective assessment of this indicator on the «Hinting Task» scale.

Significant and close correlations of the straight direction between the indicators of compliance in the studied groups were obtained with the results of treatment on a comprehensive assessment scale, r ranges from 0.62 to 0.82, which confirms the improvement in treatment results according to the author's integrated assessment scale.

When conducting a regression analysis, a formula was obtained to determine the severity of the mental state according to indicators of scales (formula):

$$TR = 1.431 + 0.334\ Q\&S - 0.15\ P + 0.079\ N + 0.1\ G + 0.205\ EF + 0.091\ MG + 0.082\ HT$$

where: TR - Treatment result;

QoL and SF - life quality and social functioning;

P - productive symptoms of PANSS scale;   N – negative symptoms of PANSS scale;   G – general symptoms of PANSS scale;

EF - «Ekman's faces »;   MG – Morisky-Green;   HT – «Hinting Task» (p=0.00; R^2=0.76).

Conclusions: The diagnostic scale for the integrated evaluation of treatment results showed high values of reliability, validity, sensitivity and specificity. Thus, the complex scale for schizophrenic patients' treatment result proposed and approved by the author covers all aspects of mental disorder of patients with schizophrenia, which is confirmed by the close concurrence of the treatment result with the indicators on the used scales.