

THERAPY MISTAKES OF SUICIDAL BEHAVIOR IN PSYCHIATRIC HOSPITALS

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Suicides and suicide attempts in psychiatric clinic are of relatively small proportion, but they are a clinically significant part of suicide behavior. Drug therapy of depressions at patients with the heaviest forms of suicide behavior and high suicide risk is carried out in the hospital. Adequately selected therapeutic strategy in this case is one of the major anti-suicide factors. At the same time, the incorrect choice of psychopharmacotherapy can significantly increase suicidal feelings of the patient, lead to realization of the remaining suicide plans.

The research of the objective was an improvement of the suicidological help in psychiatric hospitals by identification of therapeutic risk factors of suicide behavior during treatment in a psychiatric hospital and in early terms after discharge from the hospital. To achieve the objectives of complex psychiatric and klinikopsychological examination of patients with suicide attempts was conducted during treatment in psychiatric hospitals of Bryansk and Smolensk in 2012-2014 and in early terms after discharge from the hospital. The controlled group consisted of patients with mental disorder, but without suicide behavior, comparable on gender and age and nosological structure. Criteria for inclusion were the existence of suicide behavior during treatment in a psychiatric hospital or in early terms after discharge from the hospital according to the informed patient's consent.

42 episodes of suicide behavior, were studied 11 episodes were suicides. Average age of patients was 35.3 ± 13.2 years. 46% of cases of suicide behavior were registered directly in a hospital, 4% - of them were during medical holiday, 30% - were on treatment in a day hospital and 20% - within were 7 days after discharge from the hospital. In the analysis of a temporary factor, two critical moments for realization of suicide intentions were revealed: the first week of hospitalization (23%) and hospitalization terms in a hospital more than 60 days (62%). The analysis of the drug therapy appointed to the patients who committed a suicide attempt revealed the following negative tendencies: absence or rare correction of drug treatment in 80% of cases; a sudden removal of sedative drugs on the eve of suicide activity - 50% of cases; prescription of antidepressants with the stimulating action in the doses exceeding a therapeutic dose in 47% of cases, from which 75% of cases was followed by simultaneous cancellation of sedative and antipsychotic therapy without any justification in the history of an illness.

So, the prognostic significance for risk assessment of realization of suicide plans by patients of psychiatric hospitals is the dynamic evaluation of the suicide status of patients at long hospitalization, at registration during medical holidays and just before an discharge from the hospital. Suicide activity at late stages of treatment is rather often an obvious indicator of an inefficiency of medical actions, and also can testify the development of social disadaptation of the patient in connection with long stay in psychiatric hospital, an invalidization because of progressive mental disorder. The developed medical and rehabilitation programs taking into account the revealed factors will allow to increase quality of the suicidological help by decrease of level of suicide activity and the prevention of hospital suicides.

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ABILITIES OF COGNITIVE AND SOMATIC STATUS'S CORRECTION IN PATIENTS WITH ARTERIAL HYPERTENSION AND RISK FACTORS FOR KIDNEY DAMAGE DURING THE SANATORIUM TREATMENT

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Background: The high prevalence of hypertension and chronic kidney disease (CKD), as well as their impact on the formation of cognitive impairment, which significantly affect the quality of life of patients, forced to look for new ways of early diagnosis, treatment and prevention of these diseases. It seems rational to organize treatment and preventive measures of patients with hypertension at the sanatorium stage, but its scientific justification is fragmentary.

The aim of the study is to assess the dynamics of correction of cognitive and somatic status of patients with hypertension and CKD risk factors in the process of sanatorium treatment.