

Conclusions: Understanding the way in which this devastating disorder manifests in Russia, in addition to how it is generally conceptualized and treated provides valuable information that could significantly impact the conceptualization of schizophrenia around the world. Understanding the psychosocial aspects of this disorder from multiple perspectives allows the scientific community to have a detailed conversation about how different individuals are impacted by this disorder. Furthermore, it opens the door to international cooperation to work on treatments and support systems that are culturally relevant and appropriate, and provides opportunity to better understand how best to support these individuals.

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SCHYZOTIPY: FROM PERSONALITY ORGANIZATION TO TRANSITION TO SCHIZOPHRENIA

Branka Aukst Margetić^{1,2,3} & Dalibor Karlović^{1,2,4}

¹*Department of Psychiatry, Univeristy Hospital Center Sestre milosrdnice, Zagreb, Croatia*

²*Croatian Catholic University, Zagreb, Croatia*

³*School of Medicine, University of Zagreb, Zagreb, Croatia*

⁴*School of Dental Medicine, University of Zagreb, Zagreb, Croatia*

The traditional medical model of schizophrenia assumes a categorical view of the syndrome. On the contrary, the dimensional approach to schizophrenia infers that schizophrenia is not a discrete illness entity, but that psychotic symptoms differ in quantitative ways from normal experiences and behaviours. Schizotypy comprise a set of inherited traits reflected in personality organization, which presents as qualitatively similar to schizophrenia. Schizotypy is in line with continuum hypothesis of schizophrenia where different combinations of genes and environmental risk factors result in a range of different phenotypic expressions lying on a continuum from normal through to clinical psychosis. We discuss evidences for the continuity of psychotic symptoms to normal experiences and theoretical and future research implications of such a continuum.

Key words: schyzotypy - schizophrenia - genetics - development - personality

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COMPARING BETWEEN THE INFLAMMATORY PROFILES OF MAJOR DEPRESSIVE DISORDER AND BIPOLAR DEPRESSION WITH AN EMPHASIS ON THE POSSIBLE ROLE OF CLINICAL SEVERITY AND PSYCHOTIC FEATURES

Necati Serkut Bulut¹, Neşe Yorguner¹ & Gresa Çarkaxhiu Bulut²

¹*Marmara University Pendik Training and Research Hospital, Department of Psychiatry, İstanbul, Turkey*

²*Maltepe University Medical School, Department of Child and Adolescent Psychiatry,
Maltepe/İstanbul, Turkey*

Background: In the present study, it was aimed to compare between the inflammatory patterns of two different disorders that may present with depressive episodes of largely overlapping symptomatology, Major Depressive Disorder (MDD) and Bipolar Depression (BD), by using neutrophil to lymphocyte (NLR) and platelet to lymphocyte ratios (PLR) as markers for inflammation; and to investigate whether and how these parameters correlate with the clinical characteristics (depression severity, presence of psychotic features) within and between diagnoses.

Method: The study sample consisted of 359 participants, with 126 MDD, 83 BD inpatients and 150 healthy controls (HC), with similar age-sex distributions among the groups. The medical records of the participants were retrospectively screened to obtain NLR, PLR values.

Results: The depressive episodes in both disorders presented with significantly increased levels of NLR and PLR, compared to HC, with greater values being additionally associated with severe depression, but not necessarily with the presence of psychotic features. The inflammatory patterns were found to be largely similar between disorders, or at least, indistinguishable by means of the NLR and PLR.

Conclusion: Taken together, our results suggest that, both BD and MDD involve a presumably complex inflammatory process, resulting in an observable -albeit nonspecific- alteration in the distribution of

peripheric blood cells. Improving diagnostic accuracy, and more elaborate assessment of the clinical features may help in better understanding of the inflammatory mechanism involved in the pathophysiology of depressive states.

Key words: Major depressive disorder - Bipolar disorder; Inflammation; Immunology; Neutrophil-lymphocyte ratio; Platelet-lymphocyte ratio; Bio-marker

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DEPRESSION AND COGNITIVE DISORDERS IN POST-STROKE PATIENTS

Elena Petrova, E. Nesterenko, N. Bofanova & T. Maltseva

Neurology, neurosurgery and psychiatry, Penza State University, Penza, Russia

Introduction: To analyze the clinical features of depressive disorders and cognitive impairment in poststroke patients.

Materials and methods: We studied 40 patients with ischemic stroke located in the medical rehabilitation department. The study used the Brief Mental Status Scale (MMSE); Hospital Anxiety and Depression Scale (HADS).

Results: According to HADS at the time of hospitalization 26 people. did not experience depression (65%), but 10 of them were at the lower limit of the norm (25% of the total number of respondents); 10 pax (25%) experienced subclinical depression, and 4 (10%) had signs of severe depression. The ratio of "men: women" was ~ 1: 2, respectively. Among the women, 12 out of 20 had signs of depression, and two were clinically depressed.

The frequency of depression with damage to the left hemisphere was ~ 66.7% (the remaining 33.3% scored points corresponding to the lower limit of the norm); the frequency of depression with lesions of the right hemisphere was ~ 9.1% (taking into account patients who scored the number of points corresponding to the lower limit of the norm - 27.3%), which is significantly lower than with lesions of the left hemisphere.

According to MMSE results, only 20% of people had no cognitive impairment. Most of the subjects had moderate cognitive impairment - 70% of the subjects, and 10% - mild dementia. The main problems were associated with the performance of numerical manipulations, a violation of concentration and violation of mnesic functions.

Conclusions: Cognitive impairment, psycho-emotional impairment, and insomnia are common in stroke patients and require appropriate therapeutic measures.

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EARLY SCREENING FOR RISKS OF BIPOLAR DISORDER AT THE PRECLINICAL STAGE

Natalya Osipova¹, Leonid M. Bardenshteyn¹, N.I. Beglyankin¹ & M. Dmitriev²

¹*Moscow State University of Medicine and Dentistry named after A.I. Evdokimov of the Ministry of Healthcare of the Russian Federation, Department of Psychiatry and Narcology, Moscow State University of Medicine and Dentistry named after A. I. Evdokimov, Moscow, Russia*

²*Smolensk State University of Medicine of the Ministry of Healthcare of the Russian Federation, Department of Physics, Mathematics and Medical Informatics Smolensk State University of Medicine, Moscow, Russia*

Introduction: Bipolar disorder (BD) is characterized by a high rate of prevalence in the general population varying from 0.6% to 5.84% (Yildiz 2015). BD is one of the leading causes of disability and mortality from suicide and comorbid diseases (Johnson et al. 2017). Individual symptoms of the disease in the form of cyclothymia-like mood fluctuations can be detected in adolescence and have potential for predicting risk for BD (Tijssen et al. 2010). The key issue here is untimely diagnosis of BD (Mosolov et al. 2014, Bardenshteyn et al. 2016). Early screening for risks of bipolar disorder at the preclinical stage.

Subjects and methods: The study involved 137 students aged from 18 to 20 years (mean age 18.93±0.09). The clinical-psychopathological method as well as the screening method of research were used: the Mini-International Neuropsychiatric Interview (M.I.N.I.), (Sheehan et al. 1998), the Hamilton Depression Rating Scale (HDRS 1960), the Mood Disorder Questionnaire (MDQ) (Hirschfeld 2000). The statistical data processing included descriptive statistical methods (p<0.05).