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ЗБІРНИК ТЕЗ ДОПОВІДЕЙ
ВСЕУКРАЇНСЬКОЇ НАУКОВО-МЕТОДИЧНОЇ КОНФЕРЕНЦІЇ,
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treatment, but it is known that thiazide diuretics through selective suppression of production of megakaryocytes and activation of immune processes may cause thrombocytopenia. Furthermore, the analysis of the literature has shown the clinical cases of thrombocytopenia due to the use of furosemide, torasemide and indapamide.

The second group of antihypertensive drugs - ACE inhibitors. In 1970-1990 scientists had proven negative impact of this drugs on the level of platelets. The next group - calcium channel blockers, such as amlodipine and diltiazem may also cause thrombocytopenia. It should be mentioned that there is no data due to the negative impact of nifedipine, verapamil and felodipine thrombocytopenia development. Providing analysis of beta-blockers (propranolol, nadolol, carvedilol) action mechanism, it was confirmed that propranolol causes vasoconstriction of blood vessels of the spleen, which leads to hypersplenism and thrombocytes decreasing. As a matter of fact, later another research have been published and it demonstrates development of thrombocytopenia in patient after splenectomy, whom were taking nadolol on regular basis.

The last group of antihypertensive drugs - angiotensin II receptor blockers was reviewed as a promising treatment for this group of patients, but in recent years some publications noticed about isolated cases of thrombocytopenia after using candesartan, eprosartan, losartan, olmesartan, valsartan. Usage of irbesartan, telmisartan, azilsartan has no described cases of this complication.

Conclusions. In the case of thrombocytopenia development, we can achieve normalization of platelets by discarding this antihypertensive drug. However, is it possible to use this practice while treating patients who have already have the severe levels of thrombocytopenia and hemorrhagic manifestations? What drugs to start treatment of arterial hypertension in these patients from? The question is open. The choice of antihypertensive drug for treatment of patients with thrombocytopenia remains unclear.

FAITH AS A FACTOR OF THE FORMATION OF THE DELUSION

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Faith, as a personal instrument of recognition and acceptance of values, has been studied in psychology relatively recently. This is not a religious phenomenon, as was previously thought, but a complex of integrated psychological processes that provide a search for the meaning of the surrounding us values that facilitate their structuring and make the world accessible to the knowledge and understanding.

Until now, there is no an integral conceptual model of the nature of faith that would allow us to consider many manifestations of a person's mental life, including its pathological forms, from the position of the interaction of faith and other cognitive functions, faith and personality structure, the peculiarities of its system of axiopersonal relations, typological properties, etc. The creation of such a model requires the use of a comprehensive scientific and methodological base that includes the principles of a systemic, active, value-functional approach. One of the conditions for the successful resolution of this issue is the principle of comparative analysis of positive, negative and pathological models of the problem that is the object of scientific research. This means that when studying the phenomena of faith, as well as for the solving other scientific goals in psychology and related sciences, it is advisable to consider the object of research from different perspectives, comparing the positive, negative and destructive variants of manifestations of the phenomenology, conditions and factors of its formation. The pathological can help to reveal what is hidden behind the integrated complexes of the psychological processes and mechanisms in rate.

One of the examples of the destructive model of faith can serve the delusional states, which are the frequent clinical attributes of psychiatric practice. The delusion is a pathological cognitive attitude that has arisen as a result of a mental illness or disorder which main manifestations of activity are the distorted and dominant interpretation of reality in the patient's consciousness that does not correspond the criteria of authenticity and reality but determines his views, feelings, behavior, and due to the paralogical conviction of the individual up to a certain point, not amenable to either logical or medicine correction, What role in the emergence and the fixation of delusion is played by and what conditions and factors are responsible for the fulfillment of the destructive functions? According to our views, the activity of delusional ideas is caused by the blocking of the adaptive and regulatory mechanisms (control, self-control, reflection, criticism and self-criticism, the possibility of autocommunication) and by the hyper-projected complexes, the material of which is collective (archetypes) and individual unconscious. Faith, as an instrument of fixation in the patient's consciousness of the recognition and adoption of his delusional constructs, activates a wide ensemble of mechanisms of psychological defense that do not allow him to reveal the contradictions in the reliability and reality of the declared facts and to doubt in their irrationality. The pathology of faith in such cases is a consequence of the disintegration of a whole cascade of systematically organized regulatory - adaptive processes at different psychological levels. As a result of the repression of the mechanisms of control and self-control, the intensification of the activity of the projective and minimization of the reflexive processes, the domination of a wide range of psychological defense mechanisms and, as a consequence, the paralogical interpretation of one's own constructs, the patient does not notice the paradoxicality and lack of logic in his own inadequate beliefs. Criticism and self-criticism, which are the functions of an adequate and balanced form of reflection, are absent. The patient believes in the world structured by his psyche or any particular aspects of his sick relationships.

Faith, thus, can be expressed in both productive and desadaptive forms of behavior. Its study on the pathological models of the delusional, overvalued, obsessive, phobic states by using a psychopathological method, specially selected tests that can reveal the communication and interference between the cognitive sphere and individual components of the personality, will help us to find the clues to the solution of its nature.