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Выявлено, что высокий и средний уровень алекситимии отмечался у 50% респондентов. С возрастом уровень алекситимии снижается. Данные показывают, что алекситимия – скорее показатель инверсного полюса рефлексии, поэтому их необходимо изучать как один процесс, имеющий противоположные динамические характеристики.

DIFFERENTIAL DIAGNOSIS OF TRUE AND SYMPTOMATIC EPILEPSY

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Purpose and task. To research the features of true and symptomatic epilepsy, conduct differential diagnosis of these diseases. To find the main differences and similar features of true and symptomatic epilepsy to verify the diagnosis correctly and select the most optimized methods of therapy.

Materials and Methods. Results of our research are based on clinical examination of 14 patients of the Lviv Regional Clinical Hospital with the diagnosis of true and symptomatic epilepsy, retrospective analyses of their medical history, results of electroencephalography (EEG), computer tomography (CT), magnetic resonance imaging (MRI).

Results of the research. During the research, we have found the main features of true and symptomatic epilepsy. The main points, which can describe true epilepsy, are:

- Genetics
- Manifestation in childhood or in teenage
- No changes in neurological status
- No structure changes in brain
- There are sharp waves, spike-waves on EEG without attack (sometimes it can be normal)
- Generalized attacks are more common
- If patient is treated correctly he/she would have good prognosis and attacks could be minimized

Different disorders of nervous system (especially of brains: neurological infection, tumors, vascular diseases, metabolic disorders etc.) can cause symptomatic epilepsy:

- Does not depend on age
- Psychoorganic syndrome
- Structure changes in brain
- Local changes of rhythm on EEG
- Prognosis and treatment depend on the main disorder

There can be differences between therapies of these disorders. Idiopathic epilepsy is cured by antiepileptic drugs. The selection of them depends on the age, job, and features of the patient's disease. Treatment of patients with newly diagnosed epilepsy can be initiated on standard anticonvulsants such as valproylamides. The treatment of patients with symptomatic epilepsy should be started with the diagnosing of the main disease. The first line of therapy is corticotropin with valproylamides.

PREDICTORS OF SUICIDAL BEHAVIOR IN PATIENTS WITH DEMENTIA

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Introduction. Cognitive disorders are associated with a wide range of psychopathological syndromes and behavioral disorders. The suicidal tendencies have not been enough studied till present.

The object of the work is studying of the clinical and psychopathological predictors of suicidal behavior in patients with dementia.

Materials and Methods. The 44 patients with dementia were examined: 23 patients with suicidal tendencies and 21 without them (control group). The clinical and psychometrical methods were used: Mini mental State Examination; Assessment of Suicide Risk scale; Hamilton Rating Scale for Depression, the method of statistical processing of the results.

Results. The study showed that men prevailed in the main group 69,6% ($p < 0,05$), the average age of patients with suicidal tendencies was $71,86 \pm 2,4$ and almost didn't differ from the age of control group patients – $67,71 \pm 3,07$. Among the patients with dementia, 52,3% had suicidal tendencies. Most people had suicidal thoughts (real suicide intentions) (25%; $p < 0,05$); 20,5% of patients expressed passive thoughts (fantasies, thoughts about death); suicide attempts not characteristic for patients with dementia (6,82%; $p < 0,05$). The analysis of clinical-psychopathological features showed that in patients of the main group (with suicidal tendencies) the hallucinatory syndrome (39,1%; $p < 0,05$); severe depression ($35,04 \pm 1,54$ grades; $p < 0,01$); high level of suicide risk ($26,34 \pm 1,68$ grades; $p < 0,01$) prevailed among additional symptoms. The patients with severe degree of cognitive deficiency (according to MMSE 0-10 grades) had significantly higher ($p < 0,05$) level of depression symptoms that constituted $35,04 \pm 1,54$ grades in comparison with control group ($27,52 \pm 12,08$ grades).

Conclusion. The predictors of suicidal behavior at dementia are: the male sex; comorbid hallucinatory syndrome; severity of depressive symptoms; high degree of suicide risk (according to data of psychometric methods); severe degree of cognitive deficiency.