

## SOMATOGENIC DEPRESSION IN CHILDREN WITH THE SYMPTOMS SIMILAR TO AUTISM

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**Background:** The problem of somatogenic depressive disorders and autism spectrum disorders is currently a significant problem among the children due to the high maladaptive effects and a marked increase in these disorders in the pediatric population. At the same time, almost no attention is paid to the issues of comorbidity of these disorders. Although the symptoms similar to autism are noted in the structure of psychogenic depressions, endogenous depressions, and depressions caused by organic brain diseases, L. Kanner (1943) mentioned affective disorders as the cause of early childhood autism.

**Objectives:** The present study determines the role of somatogenic depression in the genesis of the symptoms similar to autism and establishes the criteria for the differential diagnosis of these disorders.

**Subjects and methods:** The study included a group of 59 children with somatic disorders. Previously they were diagnosed with autism spectrum disorders (ASD), and after re-examination, the somatogenic depression was diagnosed. The patients' age was between 2 and 10 years of age (the average was  $6.7 \pm 0.6$  years). The ratio of boys to girls was 1.5:1. The average age of occurrence of affective disorders was  $3.1 \pm 0.7$  years, the average duration of affective disorders was  $3.7 \pm 0.6$  years. Clinical-psychopathological, clinical-psychological, anamnestic, paraclinical, and statistical methods were used in the work.

**Results:** The study examined the high burden of risk factors using anamnestic method. Family history and constitutional factors were 2.2 per patient. To a greater extent, it was the characterological features of the patients (72.9%), the personal characteristics of the mothers (62.7%), anxiety-suspicious, affectively excitable and epileptoid, psychosomatic disorders in close relatives (40.7%), and the personality characteristics of the fathers (27.1%). The latter factors were affectively excitable and epileptoid features.

Neurocognitive disorders as risk factors were represented to a greater degree, on average, at the level of 4.3 per patient. They included the following: mostly residual organic failure of the central nervous system in all (100%) patients, pregnancy pathology (72.9%), feeding disorders (62.7%), and pathology of births (39%) and of newborns (39%).

The psychosocial risk factors for depressive and autistic disorders were 3.9 per patient with a more frequent pathological type of family education (64.4%), impaired mother-child system (64.4%), presence of siblings (54.2%), and visiting children institutions (23.7%).

The total number of risk factors for impaired mental ontogenesis was on average 10.9 per patient. Most of them were biological (6.5 per patient) rather than psychosocial (3.9 per patient).

The mental status of the overwhelming majority (86.4%) of the patients was determined by slightly emphasized depression with a slight negative affect. It was manifested in the form of sad facial expressions, dissatisfaction, irritability, sensitivity, tearfulness, demandingness, readiness to conflict, and aggressiveness. Parents did not realize that their children were in a bad mood. The depressive symptoms increased with appearance of negative stressful life events. Others symptoms included the silence, lack of facial expression, not responsiveness to one's attempts to gain attention, demonstration of aversion of others, rejection of social communication with children and adults, and repetitive behaviors. These symptoms joined to the clinical picture. Less commonly, these autistic symptoms were noted after the time being in a nursery or at school. They were accompanied by the general fatigue and limited verbal expression of feelings. The symptoms similar to autism were more noticeable in cases of moderate depression in 13.6% of patients. It was characterized by a more noticeable mimic, by behavioral manifestation, and by awareness of depressive mood as melancholy by both patients themselves and by their parents. At the same time, depressive symptoms were complemented by an immediate reduction of amount of communication, by rejection in participation in games and any kind of activities, by avoidance of eye contact, by increased sensitivity to loud sounds, by repetitive movements and words when engaged in a conversation. Clinical variants of somatogenic depression were more often relatively simple: asthenic depression was diagnosed in 74.6% of patients, anxious depression in 8.5% of patients. More complex options: asthenic with anxious depression was diagnosed in 15.3% of patients and anxiously melancholy in 1.7% of patients.

Majority of patients suffered from increased severity of cerebrastenia (fatigue, exhaustion, irritability, inattention, headaches), depressive symptoms (uncertainty, discontent, disobedience, conflict), and autistic symptoms (refusing contact with others, repetitive behaviors, obsession, striving for consistency) in afternoons. The symptoms softened after a day's rest or a good night's sleep.

Characterological features in 20.3% of patients were presented in the form of emotional and labile traits, in 18.6% of patients in the form of hysterical traits, in 16.9% of patients in the form of labile-hysterical traits. All those traits contributed to inadequate responses towards the surroundings. They were complemented by the deterioration of mood, restriction of communication, and often demonstrative rejection and ignoration of others. Epileptoid traits were observed less frequently (5.1%). That fact determines perseverance and the desire to subjugate others, sometimes through refusal to communicate. Labile-affective (5.1%), sensitive (3.4%), anxious and closed (1.7%), labile-unstable (1.7%) character traits, along with inadequate anxiety, obsessions, and stereotypes led towards the limitation of communication. Those traits formed on the basis of a sanguine temperament in 58.1% of cases, choleric temperament in 23.3%, and phlegmatic temperament in 16.3%.

Differentiated pathogenetic therapy of somatogenic depression contributed, along with the elimination of affective disorders, towards the reduction of the symptoms similar to autism in majority of children.

**Conclusion:** The symptoms similar to autism were observed among the children with somatogenic depression. Those symptoms were manifestations of the depressive effect itself. This is evidenced by the emergence of mental pathology after the age of three and the transient nature of these disorders. Those disorders include interruptions in communication, refusal of eye contact, stereotypes, the desire for consistency, and the disappearance of these disorders simultaneously with the improvement of one's mood. Pathogenetic therapy of depressive-autistic disorders should be conducted with cerebral organic genesis and the clinical features of affective pathology.

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## BEHAVIOR THERAPY TO PATIENTS WITH VASCULAR DEMENTIA

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**Background:** Dementia is acquired intellectual deterioration caused by unspecific organic causes. Deterioration covers intellectual decline of memory, language, speech, reasoning, cognitive and visual-spatial and motor skills.

**Aims:** To recognize early symptoms of the disease in the earliest stage of the family with the help of cognitive behavior therapy to facilitate the coming years and the patient and family.

**Subjects and methods:**

- - observation patients;
- - psychological test;
- - cognitive behavior therapy;
- - family therapy;
- - training of social skills;
- - psychoeducation- acceptance of treatment.

**Objectives:** To improve a new way of dealing with the symptoms to reduce the negative consequences of delusion thoughts and fears associated with hallucinations.

This we do using neuroleptic therapy, which in these cases is necessary for the patient to lose his fears so in a more relaxed state without hallucinations deluzions visit and cognitive behavioral psychotherapy.

Here many of the families assisted interventions aimed intevension the level of expressed emotion or natures more focused on increasing strategies.

**Result:** Following 600 patientes from 2006 to 2018 years with Alzheimer dementia were 80 patientes from whom 30 men and 50 women. From those patients 3 of them were with early dementia before 50 years 3 women and 1 man.

Vascular dementia is an incurable chronic disease, but assistance to caregivers can reduce the severity of patients' symptoms and delay institutionalisation. Because this assistance requires provision of multiple health care and social services, patients and caregivers might benefit from a coordinated system of care. The quality of care for patients with vascular dementia and their caregivers can be improved with a model of care in which services provided by the health system and communityagencies are coordinated by a care patients with health insurance.