

ASSESSMENT OF RELATIONSHIPS IN FAMILIES OF PATIENTS SUFFERING FROM A CONTINUOUSLY PROGRESSIVE TYPE OF SCHIZOPHRENIA OVER 15 YEARS

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It became apparent that great attention should be paid to working with relatives of patients suffering from chronic mental disorders, and family therapy. Family therapy involves the simultaneous reconstruction of personal and social functioning of the patient and the persons of his family environment that act as social stressors. In all cases, should involve the family of the patient to cooperate in the treatment process (A. V. Solonenko, V. G. Kosenko, B. D. Tsygankov 2009). So Hogarty and Anderson in 1986. conducted a study which revealed that patients whose relatives attended the courses of schizophrenia, frequency of readmissions decreased from 35% to 19%. In this article, we would like to reflect the relationship between the type of interpersonal relations and the course of the disease in families of patients with schizophrenia are more. In this study, the Test was used 'leary, (Diagnostics of interpersonal relations (DIR)) two groups of relatives of patients suffering from schizophrenia : the first group is relatives of patients with severe, chronic course of the disease, are in hospital for a long time (more than six months) or re-hospitalization this year (20 people); second group - relatives of patients, also suffering continuously progressive form of schizophrenia, but received in a given year for the first time (20). Test is actively used for the diagnosis of relationships in small groups, for example, in family counselling. With the help of this technique revealed the predominant type of attitude towards people in self-assessment and mutual evaluation. In evaluating the results of this test revealed that in the first group is dominated by the type of relationship of relative dominance over the patient: you have 14 out of 20, or 70 %, of the subject. Whereas in the second group, the dominant type detected in 9 patients, accounting for 45%. Also need to consider the values, the type of relationships to others, the data given in the table below. If more detail consider the results of the study, we can conclude that the patients of the 1st group, the relatives often have high rates of type of relationship is authoritarian, selfish and suspicious than in patients of the 2nd group. This, of course, affects the attitude to the patient, the General family climate, comfort of stay of the patient in the environment, that is in his family. Increased emotional expressivity, emotional isolation, negative affective style of communication, overprotection are stress level factors for these patients, which causes acceleration of disease recurrence, the phenomenon of "hospitalism" - the reluctance to be discharged from hospital in a unfavorable environment by simulation pathopsychological symptoms, causes negative thoughts, often suicidal orientation. Therefore, in modern psychiatry should be considered very closely the problems of medical and rehabilitation profile and it work with the relatives of the patients. You need to create special courses in the diseases of schizophrenic spectrum on the basis of day hospitals, outpatient services with a connection to the work of psychologists and specialists in social work. You also need the use of adapted psychotherapeutic techniques, and active educational activities with a personal touch directly with each patient and his family during the stay of the patient in the hospital.

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AUGMENTATION IMPLEMENTATION BY IMMUNOTROPIC MEDICATION IN COMPLEX TREATMENT OF ASTHENIC SYNDROME IN PATIENTS WITH SCHIZOPHRENIA

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Our preliminary results related to immune involvement in development of asthenic syndrome in schizophrenia suggest novel therapeutic avenues based on immunotropic augmentation.

The purpose of the study: to assess the dynamics of clinical and inflammatory parameters in schizophrenia patients with asthenic symptom complex in immunotropic medication Bestim for augmentation of psychotropic therapy.

Subjects and methods: 59 male patients aged 20-55 with shift-like schizophrenia (F20) in remission with asthenic symptom complex were examined. During clinical examination, psychometric scales of PANSS and MFI-20 were used. In patients' blood serum the enzyme activity of the leukocyte elastase (LE) reflecting degranulation activity of neutrophils (effector immune system cells) and functional activity of acute-phase protein α 1-proteinase inhibitor (α 1-PI) reflecting activity of a mediator immune system cells were defined.

All patients were on traditional antipsychotic therapy according to clinical indications. 2/3 of patients (blind randomization) received in addition intramuscular injections of the immunotropic medicine Bestim (Russia, Sankt-Peterburg) 100 mkg once a day daily, treatment course - 5 days. As placebo 1/3 of patients received injections of physiological solution.

Results: All patients were divided in two groups according to immunological and clinical indicators: 1- affective-asthenic patients and 2 - negative-asthenic ones. Negative-asthenic patients were characterized by low LE activity compare to affective -asthenic patients ($p<0.001$). High $\alpha 1$ -PI activity was found in both groups patients ($p<0.001$).

Immunotropic augmentation with Bestim facilitated to reduce asthenic syndrom in both groups of patients compare to placebo ($p<0.05$), but the most significant effect was observed in negative-asthenic patients ($p<0.03$). The reduction of asthenia in this patients was associated with significant increase in degranulation activity of neutrophils (LE activity in plasma), ($p<0.001$).

Conclusion: The obtained data allow to propose that low LE activity in plasma of patients with asthenic syndrome in schizophrenia may be a predictor of efficiency of immunotropic medication Bestim for augmentation of psychotropic therapy.

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THE CLINICAL CHARACTERISTIC OF ACUTE BRIEF PSYCHOTIC DISORDERS WITH SYMPTOMS OF SCHIZOPHRENIA

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Introduction: Acute brief psychoses often appear as manifestation of schizophrenia. Acute and transient psychotic disorders are combined into the ICD-10 category of the same name (F23) regardless of their nosological affiliation by reason of acute onset of psychosis (within 2 weeks) and it's short term (less than 1 month for ones with symptoms of schizophrenia). The importance of early recognition of schizophrenic aetiology of acute brief psychoses is determined by the need for adequate therapy.

Objective: To study the clinical-psychopathological and clinical-dynamic characteristics of acute brief psychotic disorders with symptoms of schizophrenia.

Subjects and methods: 18 psychiatric inpatients (9 men, 9 women) aged 20 - 46 years (mean age 30.6 ± 9.6 years) diagnosed with «Acute polymorphic psychotic disorder with symptoms of schizophrenia» (F23.1 in ICD-10) were examined. Clinical-psychopathological, clinical-dynamic, statistical methods were used.

Results: Among the examined group the mean age was lower in men (26.0 ± 5.6 years) than in women (35.3 ± 10.6 years). The duration of psychotic symptomatology ranged from 13 to 83 days (within 30 days in 66.7% of patients); the mean duration of psychosis was 31.6 ± 18.8 days. 27.8% of patients developed psychotic disorder within 48 hours. Manifestation of psychosis was preceded by symptomatology of neurotic and/or affective registers lasted from a few days to six months in 72.2% of cases. Social, occupational and/or family impairment prior to psychosis was registered in 44.4% of cases.

The clinical picture of psychosis was presented by hallucinatory-paranoid (61.1%), paranoid (33.3%), catatonic (5.6%) syndromes. Perceptual deceptions were detected in 77.8% of patients and were presented by verbal (55.6%) and visual (5.6%) pseudohallucinations, as well as true auditory (22.2%) and visual (11.1%) hallucinations. The pseudohallucinations had an imperative character in 22.2% of the examined subjects and led to autoaggressive actions in 5.6% of cases. Delusions of persecution (61.1%), influence (38.9%), self-deprecation (11.1%), grandeur (11.1%) were detected in 83.3% of the examined subjects. Catatonic symptoms (substupor, negativism, echolalia, passive compliance) were registered in 16.7% of cases. Negative symptoms, such as isolation, emotional inexpressiveness, lack of initiative, expressed in varying degrees, were revealed in all examined subjects after reduction of psychosis. Disturbances of thinking presented by the elements of derailment, multilevel thinking, actualization of latent attributes of meanings were detected in 61.1% of patients.

Conclusions: Presence of negative symptomatology after reduction of psychosis allows to relate these conditions to schizophrenia spectrum disorders. Psychotic symptomatology persisted for more than 1 month in 33.3% of cases.