Lecture complex

Name of discipline: Psychiatry and Narcology

Code of discipline: PN 5307

Name of EP: 6B10101 «General Medicine»

Amount of training hours /credits: 90h. (3 credits)

Course and semester of study: 5 course, 9 semester

Amount of lectures: 5

Shymkent, 2024

Lecture complex is developed in accordance with the working program (syllabus) of the discipline «Psychiatry and Narcology» and discussed at the meeting of the department.

Protocol № 1 dated 29.08.2024

Head of Department Zharkinbekova N. A.

Lecture№1

Introduction to the discipline. The subject and history of psychiatry. The place of psychiatry among clinical disciplines. General rules of semiotics and mental disorders. Practical methods in psychiatry.

2. Purpose: to acquaint students with the history of psychiatry, the development of the nervous system in ontogeny. Explain to students the role of psychiatry in the modern structure of health care, explain the structure of teaching the subject. Semiotics of mental illness.

3. Abstracts of lectures: Psychiatry is a medical discipline that studies the diagnosis and treatment of mental illness, etiology, pathogenesis and prevalence, and also the organization of psychiatric care for the population.

If translated “Psychiatry” from the Greek, it is the healing of the soul.

Distinguishes the stages in the history of psychiatry in the formation of a scientific approach and the organization of care for the patients with mentally disorders.

- the scientific period from ancient times to the emergence of Hellenic medicine; fragmentary facts and observations that are figuratively reflected in mythology and folk poetry;

- the era of ancient Greco-Roman medicine. VII or VI century BC. In addition to theological processes, the first steps in understanding mental disorders (Hippocrates' doctrine of the Constitution and temperament, hysteria of the body and soul in the development of the disease, the doctrine of mutual understanding), as well as the basis for organizing care for the mentally ill.

- the Middle Ages (Inquisition) is characterized by regression to the level of the Donovan worldview. The attitude to the patient is very contradictory - from the first steps to the organization of public presidency to the elimination of patients in the fire of the Inquisition.

The period covering the 18th and early 19th centuries is a period of formation of psychiatry as a branch of medicine, F. Pinel and J. Conolly, who proclaimed the principles of non - violence, applied pressure to the mentally illness.

Э. Krepelin's era of nosological psychiatry. Creating a nosological classification of mental disorders. The study of the borderline states of neuroses and psychoneuroses is the reason for the rapid development of the term junior psychiatry, which quickly acquired civil rights.

- The current stage of development of psychiatry is characterized by the expansion of out-of-hospital psychiatric care, the study of social and psychosomatic aspects of mental disorders. The main stages of this period are the teachings of Freud Z. on the "unconscious", as well as the "psychopharmacological revolution".

Psychiatry is a part of clinical medicine and individual branches of psychiatry study mental disorders in somatic diseases (somatopsychiatry) and mental causes of somatic diseases (psychosomatics). Psychiatry is closely related to other disciplines: philosophy (the main problem of philosophy is the primary problem of matter or consciousness), psychology (the relationship between normal and severe psyche, the laws of logic and their refraction in the painful psyche, oligophrenia and dementia, perceived and gravity), jurisprudence (court) - psychiatric aspects), biological sciences (anatomy, physiology, biochemistry, pathophysiology, pathological anatomy, etc.), other medical disciplines (therapy, neurology, etc.).

Semiotics (medicine) is the study of the signs (symptoms) of diseases and their combination (syndromes). The semiotics of mental disorders is usually called general (descriptive) psychopathology (as opposed to individual psychopathology, which studies specific diseases, and psychopathology "explanatory" - the psychological concept of the formation of any mental disorders used in various psychotherapeutic approaches).

Symptoms are individual signs of the disease, expressed by the patient's subjective complaints (objective signs of the disease, for example, deviations from laboratory parameters, should be denoted by the term "symptom").

Syndrome (Greek. syn - joint; drome-running; "joint running of symptoms") - a set of symptoms combined by a common mechanism developmental pathogenesis (pathogenesis) with constantly monitored and legally interrelated. The difference between the complex of symptoms and the syndrome is a set of all the symptoms that may not be associated with the general pathogenesis of the patient during the study.

Used in clinical psychiatry:

Clinical and psychopathological method is the main method of diagnosing and assessing the dynamics of mental disorders. According to the International Classification of Diseases Recent Reviews (ICD-10, 1992; ICD-11, 2019), according to diagnostic guidelines developed by the World Health Organization, only a clinical assessment of a patient's mental status (not less) can be used to diagnose mental disorders.

Other methods are secondary, additional:

- Experimental-psychological method is used in the clinic to objectify and quantify some indicators of mental activity, which is used in the dynamics of patients, labor and medical-social examination, etc. may be important for control.

- Laboratory, instrumental methods, somatic and neurological status assessment - used in clinical psychiatry to confirm or rule out somatic or neurological causes of mental disorders (for example, to determine the cause of dementia associated with cerebrovascular disease by neuroisalization of cerebral vascular etiology).

Used for these purposes:

* Neurophysiological methods (EEG, MEG))
* Methods of neuroimaging (MRI, CT, PET)
* Clinical, biochemical, toxicological studies of blood, urine, spinal fluid
* Genetic research
* Study of the patient's neurological and general somatic status.

In scientific psychiatry, many laboratory and instrumental methods, experimental and psychological methods are used to study in detail the nature of the mental disorders (pathogenesis, endophenotypes), to search for new tools for their prognosis and treatment.

4. Illustrative material: presentation, videos on the YouTube channel of the department.

5. Literature:

Main:

1. Gusev E. I. Neurology and neurosurgery.
2. T.1. Neurology .: textbook / E. I. Gusev, A. N. Konovalov, Skvortsova V.I. 4th edition. add on; Ministry of Education and Science of the Russian Federation Presented by GBOU VPO "First Moscow State Medical University named after IM Sechenov". - M .: Geotar-Media, 2015.

Additionally:

1. Neurology. National leadership. Short edition: management /ed. Guseva e. - M.: Geotar-Media, 2016. Kurmanova K. B., Duisenova A. K., Brucellosis. Clinical aspects A, 2002

Electronic resources:

1. Medical consultant. Neurology. Option. 1. 2 [Electronic resource]: guidance. - Electronic text texts. (127 MB). - M .: Geotar-Media, 2009.
2. Neurosurgery [Electronic resource]: textbook / C. B. Mozhayev [et al. b.]. 2nd edition, processing. and the addit. - Electron. text data. (50.3 MB). - M .: Izd. Geotar-Media Group, 2009.

3. Neurological diseases for general practitioners [Multimedia]: textbook / N. Denisova. - Electron. from. (105 MB). - Almaty: CORDIS & Media, 2006.

4. Physiology of higher nervous function [Electronic resource]: methodical for medical students / comp. by D. A. Adilbekova.- Electronic. text data. (388 Kb). - Shymkent: B. i., b. - elect. opt. disk (CD-ROM).

5. Electronic databases

1	Name	Link
2	Electronic library	http://lib.ukma.kz
3	Electronic catalog - for internal users - for external users	 http://10.10.202.52 http://89.218.155.74
4	Republican interuniversity electronic library	http://rmebrk.kz/
5	Electronic library of the Medical University "Student Advisor"	http://www.studmedlib.ru
6	"Paragraph" information system "Medicine" section	https://online.zakon.kz/Medicine
7	"Law" is an electronic source of legal information	https://zan.kz
8	Scientific electronic library	https://elibrary.ru/
9	Electronic library "BooksMed"	http://www.booksmed.com
10	«Web of science» (Thomson Reuters)	http://apps.webofknowledge.com
11	«Science Direct» (Elsevier)	https://www.sciencedirect.com
12	«Scopus» (Elsevier)	www.scopus.com
13	PubMed	https://www.ncbi.nlm.nih.gov/pubmed

2. Control questions:

1. Define the concept of "psychiatry".
2. Define semiotics in medicine
3. Define the symptom, syndrome
4. Methods used in the diagnosis of mental illness.
5. Formulate the goals and objectives of psychiatry

Lecture № 2

1. Topic: General psychopathology. The concept of nosology, symptoms and syndromes in psychiatry. The problem of cognitive impairment. Sensory and perceptual disorders.

2. Purpose: to acquaint students with nosology in psychiatry, symptoms and syndromes in psychiatry. Study of the general patterns of cognitive disorders, sensory and perceptual disorders.

Abstracts of lectures: Psychiatry differs significantly from other medical specialties, for which the object of study - human mental activity and its disorders - not only physical (brain disorders directly study neurology), but also psychological (thinking content) and social (impact on human development / formation) and also the environment that is the result of its own activities / activities). These mental disorders are not diagnosed by any methods aimed solely at assessing biological processes (ie, assessing brain function). There are no laboratory, instrumental, experimental-psychological methods that can diagnose any mental disorders (eg, depression).

Diagnosis of mental disorders and assessment of a person's mental state can be only clinical (based on the opinion of an experienced clinician who integratively assesses biological, psychological and social factors).

In 1977, the American psychiatrist George L. Engel developed a classical bio-psycho-social model of mental activity, the formation and recovery from mental disorders, and, in the broadest sense, general human health and disease.

The formation of normal mental activity is associated with all three factors (biological, psychological and social), as well as the development of any mental disorder (only with different proportions of these factors). Accordingly, the treatment of any mental disorder should affect all three factors (only in their different proportions specific to a particular disease).

The complexity and branching of pathogenetic mechanisms create important prerequisites for the unique diversity of nosologically independent forms of disease. Individual and hereditary fractures of the environment are an important biological basis for the diversity of diseases.

Symptoms and syndromes

The disease includes the concept of some group of pathological disorders, and without it it does not exist. Any disease, including mental, individual symptoms are manifested not in the form of symptoms, but in the form of syndromes, ie a typical set of interrelated symptoms (syndrome-symptom run). Syndrome is a system of typical interrelated disorders - some specific laws (elements). Symptoms outside this system make no sense.

At this point, the syndrome is static (presentation status), dynamic in terms of time. Any process, including pathological, is always forward-looking. The development of the disease is accompanied by an increase in the number of symptoms and changes in their relationship, as well as the emergence of new symptoms, which leads to a change in the appearance of the disease, the transition from one syndrome to another. Recognition of the disease is not limited to knowing its causes, it is important to know the relationship of the disease state (transition of syndromes), the patterns of transition from one state to another.

The causes of the disease and the transition of syndromes reflect different aspects of the pathological process. The peculiarities of the pathological process determine the nature of the relationship of its state and, conversely, the nature of the relationship of the state of any pathological process presupposes a certain cause-and-effect relationship.

Syndromes and the sequence of their transition reflect the features of pathological changes in brain function (the model of "internal onset of the disease") and the laws of their development ("logic of the brain process" Schule) - the pathogenesis of the disease.

The clinical manifestations of the disease are formed from the syndromes and their systematic changes. Otherwise, the disease is manifested by a continuous change of syndromes - the appearance of a pathogenetic chain reaction. The clinical manifestations of each nosologically independent mental illness are characterized by the predominance of one syndrome over another and the inherent regularity of their transition - a stereotypical mechanism of disease development. All diseases are characterized by individual deviations from the mental, especially stereotypes. However, despite such deviations, the typical predominance of one syndrome over another and the recurrence of their systematic occurrence, which is characteristic of each individual mental illness, is very strong. The latter allows the clinical classification of individual mental illnesses (nosological units).

Psychopathological disorders and nosological forms

Negative Disorders Positive Disorders Nosological Forms

Facial disharmony (changes similar to psychopathy) asthenic

Affective

Neurotic (obsessive, hysterical, depersonalization, etc.) Manic-depressive psychosis
Regression of the individual (reduction of energy potential, discordantness, disintegration, etc.) Paranoid
Verbal hallucinations
Hallucinator-paranoid
Fantasyophrenic
Catatonic schizophrenia
Diagnosis of exogenous acute and prolonged psychoses
Dementia Acute convulsive epilepsy
chronic Organic gross organic psychoses

There are several mental processes or other areas of mental activity, according to which textbooks usually describe psychopathological symptoms (i.e their pathology).

Usually there are the following areas of mental activity:
1. Sensitive recognition (feeling and perception)
2. thinking
3. look
4. memory
5. intellect
6. emotions
7. disk
8. the will
9. mind

However, the brain works in a single and only unit, so any separation of individual psychopathological processes is made conditionally and only to systematize the material being described.

The initial stage of sensory-cognitive activity - due to the perception of external and internal stimuli becomes the facts of consciousness, which reflect the individual properties of objects ("hot", "acid", etc.). Changes in the intensity of emotions. Anesthesia (fall), hypoesthesia (decrease). Severe mental anesthesia. Hyperesthesia. Hyperalgesia. Optical hyperesthesia. Acoustic hyperesthesia. Tasty and cute hyperesthesia. Hyperesthesia of skin sensations. Senestopathy (Dupre, Camus, 1907), "psychosomatic feeling" (Wernicke, 1906) or "sensation". Simple senestopathies. Simple senestopathies. Algic senestopathies. Thermal senestopathies. Senestopathies in the form of paresthesia. Senestopathy, which feels heavy, rarely - a special relief of any part of the body. Psychosensory senestopathies. Interpretive senestopathies. Organotopic senestopathies. Associated senestopathies. Stupid senestopathies. Hallucinator senestopathies. Geometric senestopathies. Senestopathies are similar to tactile hallucinations. Senesthesia.

The type of perceptual-cognitive activity, the result of which are sensitive images of objects that directly affect the senses. In contrast to the sense of perception, different effects are combined into discrete structural units - images of perception; Cognitive activity is concerned not as an act of passive registration of effects, but as a fact of personal activity aimed at a specific task. Activity of consciousness, attention, memory and other mental structures is observed in perception. Violation of the stability of perception. Distribution of reception. Illusion. Affective illusions.

Verbal illusions. Pareidolia. It is a visual illusion with fantastic content.

Hallucinations ("nonsense", "vision"). Spontaneous false images without sensory stimulation. There are the following types of hallucinations: hallucinations of sight, hearing, smell, taste, tactile

and general sensations (enteroceptive, visceral, endosomatic). Recent vestibular and motor hallucinations are imminent.

Complex visual hallucinations are characterized by material content. Given the latter, some of their special types differ.

Zoological hallucinations are well-known scenes from past experiences of animals, insects and snakes. Demonanic hallucinations. Anthropomorphic hallucinations. Autoscopic hallucinations. Poliopic hallucinations. Diploma hallucinations. Panoramic hallucinations. Visual verbal hallucinations of the segment. Endoscopic (visceroscopic) hallucinations. Negative visual hallucinations. Visual hallucinations also differ in color, size, sharpness of contours and details of false images, the degree of similarity with real objects, mobility, spatial location. Fake images can be black and white, unknown or mostly painted in one color. Extracampin hallucinations. Hemianoptic hallucinations.

Hearing hallucinations. As you can see, the content is the most frequent and varied. There are acoasmas, phonemes and verbal hallucinations, as well as hallucinations of musical content.

Cute hallucinations. Taste hallucinations. Hallucinations of the skin. Tactile hallucinations. Interaceptive (visceral hallucinations, general sensory hallucinations). Motor (kinesthetic) hallucinations. Vestibular hallucinations (hallucinations of the sense of balance). Functional (differential) hallucinations. Reflex hallucinations. Hypnagogic hallucinations. Hypopompic hallucinations. Hallucination Bonne. Lermont's peduncular hallucinations. Plaut's Hallucination. Van Bogart's Hallucination. Berze's Hallucination. Hall hallucinations. Dupre's hallucination fantasy. Psychogenic (affectogenic) hallucinations. Associated hallucinations of the segment. Mixed hallucinations. Induced (impressive) hallucinations. Pseudogallucinations. Objective signs of perception and non-deception of images.

Illustrative material: presentation, videos on the department's YouTube channel.

5. Literature:

Main:

1. Zharikov N.M, Tulpin Yu. Г. Psychiatry: Textbook. - M., Medicine, 2007. -532p.

2. Ivanets N.N., Tulpin Yu. r. Psychiatry and narcology: textbook. - M., Geotar-Media, 2006. - 832p.

Additionally:

1. Corkina M.V., Lakosina N.D, Lichko A.E., Sergeev I.I. Psychiatry: a textbook for medical students. - M., MEDress-inform, 2004. -576p.

2. Subkhanberdin A.S. Textbook. Narcology. - Almaty, 2009. 387 p.

Electronic resources:

1. Medical consultant. Option. 1. 2 [Electronic resource]: guidance. - Electronic text texts. (127 MB). - M .: Geotar-Media, 2009.

2. Neurosurgery [Electronic resource]: textbook / C.B. Mozhayev [et al. b.]. 2nd edition., processing. and the addition. - Electron. text data. (50.3 MB). - M .: Izd. Geotar-Media Group, 2009.

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5	"Paragraph" information system "Medicine" section	https://online.zakon.kz/Medicin
6	"Law" is an electronic source of legal information	https://zan.kz
7	Scientific electronic library	https://elibrary.ru/
8	Electronic library "BooksMed"	http://www.booksmed.com
9	«Web of science» (Thomson Reuters)	http://apps.webofknowledge.com
10	«Science Direct» (Elsevier)	https://www.sciencedirect.com
11	«Scopus» (Elsevier)	www.scopus.com
12	PubMed	https://www.ncbi.nlm.nih.gov/pubmed

6. Control questions:

1. The concept of symptoms, syndromes, internal manifestations of the disease.
2. Psychopathological disorders and nosological types.
3. Spheres of mental activity.
4. Psychology of feelings.
5. Sensory psychopathology
6. Psychology of perception and image
7. Psychopathology of perceptual and imaginary images

Lecture №3

1. Topic: thinking disorders. Emotional and behavioral disorders

2. Purpose: to acquaint students with the psychology of thinking and psychopathology. Strengthening theoretical knowledge and practical skills.

3. Abstracts of lectures: A peculiar form of expression of thought-objective reality in the form of recognition of purposeful, indirect and generalized connections and relations of things. Thinking arises in the process of social and industrial activity and the socio-historical experience of mankind takes the form of established and generalized concepts and categories. It allows you to gain knowledge about such properties and relationships of objects that can not be felt and perceived, based on sensory cognition, thinking. In this way, it significantly expands the cognitive capabilities of man, increases his intelligence, allows him to penetrate the laws of nature, society and thought.

The process of thinking takes the form of certain actions or operations. These operations are analysis, synthesis, comparison, generalization, abstraction and refinement. Analysis - imaginary division of an object, phenomenon, situation into its individual components, parts, sides. Thus, the whole clinical structure of the disease is divided into syndromes and smaller units - symptoms. Comparison of objects on the features and properties identified during the comparative analysis. In the process of comparison, similarities or differences of objects are determined.

Visual-effective thinking. Visual thinking. Figurative thinking. Abstract or theoretical thinking. Autistic thinking.

Prological thinking. Religious thinking. Egocentric thinking. Psychopathology of thinking and speech. Disorders of thinking dynamics.

Acceleration of thinking (tachyphrenia). Thinking ability (torpedo, viscosity). Blocking of thinking (sprung). Interruption of thought. Mentism (mantism).

Linguistic Iteration (stereotypes, verbal tics). Speech iterations include palalalia, verbigration, perseveration, return words, echolalia, as well as its written versions - paligraphy and echography. Decreased level of thinking. Reactive detailing of thinking. Hypochondriac detail of thinking. Unclear (unclear) thinking. Parological thinking. Pathological polysemantism

Stupid detailing.

Disorders of figurative thinking. This includes disorders characterized by the predominance of imperfect thinking mechanisms in the form of excessive activity of the processes of imagination and distortion of thought, under the influence of emotions, but mainly fantasy. Pathological imagination

Disorders of egocentric thinking. Valuable ideas

Pathological variants of parological thinking. Symbolic thinking. Pathological version of autistic thinking. Pathological variants of visual-effective thinking. Disorders of the connection of thought processes.

Disintegration of thinking. Incogenesis (thinking connection).

Pathology of individual thinking. Disorders of logical thinking. Disorders of the structure of logical thinking. Formalism of thinking. Pathological state of thinking.

Stupid ideas. These erroneous and false ideas, which appear in heavy soil, cannot be corrected by persuasion or in any other way (Gilyarovsky, 1954). A set of absurd ideas is called absurd (Snezhnevsky, 1983). The author defines absurd phenomena, events, connections and relationships between people as a definition without a clear basis. И. Я. According to Zavilyansky, V. M. Bleicher, and. в. Crook, L. P. Zavilyanskaya (1989), absurd ideas - a disease, erroneous assumptions and conclusions, mastering the consciousness of patients and distorting their authenticity; they are stable and durable, do not require correction at all. According to the

definition of G. Huber, G. Gross (1977) is absurd "in its content does not arise from other worries (mental acts) and arises in the nature of direct clarity, despite the preservation of intelligence and inconsistency of these beliefs with previous experience and reality. are the beliefs that adhere to ".

Given the content, we can note three groups of absurd ideas: persecution, expansive and depressive absurd ideas.

Delirium's clinical forms. Distinguishes the original (primitive) or real nonsense and has only external similarities with it pseudo-similar phenomena (Jaspers, 1923; Gruhle, 1951; Schneider, 1962; Huber, Gross, 1977). True delusion has been described by several authors under different names in the last century: Eskirol's intellectual monomial, Grisser's primordial delirium, the first delusion Snell. Primary delirium is defined as a phenomenon that is psychologically irrelevant, "unconscious", associated with the initial cerebro-organic damage to thinking. It is characterized by a violation of rational, logical cognition in the preservation of primary (interpretive, paranoid, combinatorial, systematic nonsense, nonsense) sensory cognition. Sometimes a monosymptom of mental illness is the only sure sign that it is developing slowly. Delirium's starting point is the facts and events of the external world (views, smiles, gestures) - "exogenous interpretations" or inner feelings - "endogenous interpretations". There are three stages in the development of the delirium: incubation, manifest and systematization, terminal.

The second is called absurdity, which from the beginning is associated with other mental disorders and how they grow.

There are individual clinical variants of secondary dementia, depending on what psychopathological phenomena it is. Hallucination delusions that occur with hallucinations; cesthetic delirium associated with impaired interreceptions, in particular senestopathies (Gilyarovsky, 1949); confabulation nonsense (Neisser, 1888), formed on the basis of confabulation; fantasy (Dupre, 1925), associated with fantasy pathology.

A type of figurative nonsense that occurs in the context of depression (depressive delusional ideas) or manic state (delusional ideas) is called affective (holotypic). According to K. Schneider (1962), in manic and depressive conditions, the initial thoughts may appear. Psychogenic delusions develop due to psychotraumatic conditions, high anxiety and other additional factors - fatigue, prolonged sleep deprivation, somatic discomfort, alcohol consumption.

Emotions (emovere - move, wave, push) - a special type of reaction of animals and humans to external and internal stimuli. These are reactions related to various phenomena of human life. Emotions are a source of information about how important events are to us, whether the circumstances of life are adequate for our needs. Attempts to suppress emotions, such as the artificial manipulation of chemicals, are therefore irreparable costs for the individual.

There are many different emotions. It is accepted to differentiate emotions by symptoms, modality, degree and nature of activity of physiological processes, intensity and duration, level of development.

Positive and negative emotions are distinguished by the sign. Emotions come in many forms: yearning, anxiety, fear, resentment, wine, frustration, boredom, joy, pleasure, anger and others. It also distinguishes between emotions of calm and anticipation. A person's emotional experience changes and enriches during the development of the individual as a result of hatred based on the subject's identification of other people's moods with them, imitation of motor and affective reactions, the desire to understand. Emotions are an important factor in human relationships.

There are several types of emotions: affect, passion, mood and situational reactions. Mood disorders. Apathy. Hypothymia (depression). Hyperthymia (mood swings). Euphoria. Dysphoria. Confusion. Alarm. Stupid (basic) mood. Disorders of emotional reactions: exposition, emotional stickiness, emotional monotony, emotional cutting, emotional isolation, loss of emotional resonance, parathyroidism, emotional paradoxicality, emotional double and pathological affect.

The pathology of emotional reactions is often based on changes in the general affective position (dysphoria, depression, etc.).

Ability to plan, organized activities aimed at achieving voluntary goals. The activity regulated by the proposals on the future results of this activity should be considered free. Voluntary activity is unique to humans, animals lose this ability, but they have its seeds in the form of deliberate actions, determined by the possibility of the emergence of objects of urgent need. types of behavioral disorders: activity disorders (abulia, hyperbulia); behavioral disorders (parabulia); psychomotor disorders; other disorders of the will. Systematization is conditional.

There are various disorders of innate interests: sexual, nutritional, self-preservation instinct, parental instinct. Fluctuations in sexual interest vary. Disorders of food interest. Disorders of the security instinct (self-preservation) are fear, aggression and suicidal behavior. Psychomotor disorders affect movements and actions close to hyperkinesis, as well as the state of movement.

4. Illustrative material: presentation, videos on the YouTube channel of the department.

5. Literature:

Main:

Zharikov N.M, Tulpin Yu.G. Psychiatry: Textbook. - M., Medicine, 2007. -532p.

Ivanets N.N., Tulpin Yu.G. Psychiatry and narcology: textbook. - M., Geotar-Media, 2006. - 832p.

Addition.:

1. Korkina M.V., Lakosina N.D., Lichko A.E., Sergeev I.I., Psychiatry: a textbook for medical students. - M., MEDress-inform, 2004. -576p.

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2. Neurosurgery [Electronic resource]: оқулық / C. B. Mozhayev [et al. b.]. 2nd edition. , processing. and the add. - Electron. text data. (50.3 MB). - M .: Izd. Geotar-Media Group, 2009.

1. Neurological diseases for general practitioners [Multimedia]: textbook / i. N. Denisova. - Electron. from. (105 MB). - Almaty: CORDIS & Media, 2006.

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5	"Paragraph" information system "Medicine" section	https://online.zakon.kz/Medicin
6	"Law" is an electronic source of legal information	https://zan.kz
7	Scientific electronic library	https://elibrary.ru/
8	Electronic library "BooksMed"	http://www.booksmed.com
9	«Web of science» (Thomson Reuters)	http://apps.webofknowledge.com
10	«Science Direct» (Elsevier)	https://www.sciencedirect.com
11	«Scopus» (Elsevier)	www.scopus.com
12	PubMed	https://www.ncbi.nlm.nih.gov/pubmed

6. Control questions:

1. What is thinking?
2. Psychology of thinking.
3. The main types of thinking.
4. Psychopathology of thinking.
5. Stupid-definition, stupid classification.
6. The first stupid
7. Second stupid
8. Groups of stupid ideas.
9. Psychology of emotions.
10. Psychopathology of emotions.
11. The concept of will.
12. Voluntary disorders.

Lecture №4.

1. Topic: memory, attention and intelligence disorders.

2. Purpose: to acquaint students with the psychology and psychopathology of memory, attention and mental disorders; to acquaint students with the main types of memory, attention and mental pathology. Strengthening theoretical knowledge and practical skills.

3. Abstracts of lectures: psychology of attention

Attention has the following main properties: volume, distribution, stability, concentration, transition. There are at least two groups of factors that ensure the selective nature of mental processes: the structure of external stimuli (external field structure) and various internal factors related to the subject's own activities (internal field structure). There are two main types of attention - involuntary, passive and voluntary, active. Mental illness can lead to disturbances of attention, such as narrowing of the volume, loss of depth, high exhaustion, slow movement, reorientation of attention, paraprosection, aprosection, impaired concentration. Paraprosection. Aprosection. Decreased ability to concentrate. Attention deficit hyperactivity disorder, mood swings, and mood swings are common symptoms of asthenia.

Memory is a mental function that allows you to store (retention) and reproduce (reproduce) various information, copy information and use past experience. In addition, there is a special memory mechanism - imprinting (sealing), which fixes the first, strongest forms of bonding soon after birth. The same can be said about the process of memory, as well as the laws studied in psychology.

The ability to remember images of visual objects: sight (visual or iconic memory), hearing (auditory or eco-memory), taste, etc. The concepts of motor memory determine the ability to remember the sequence and formulas of movement. Internal conditions, such as emotional (emotional memory), visceral sensations (pain, discomfort, etc.). It is possible to form a memory matrix, which reflects the characteristics of the whole system of connections of stable pathological conditions. This communication system can be reproduced by the brain even after the pathological factor has been eliminated. Taking this into account is necessary to understand and treat the pathogenesis of chronic diseases. It is a special symbolic memory for a person, where words (symbols) are divided into memory and thoughts, ideas (logical memory). Memory impairment is characterized by impaired memory, retention, forgetfulness, and various information and personal experiences. There are qualitative disorders (paramnesia) in which there is a quantitative disorder, weakening, loss or intensification of memory traces and false memories, past and present, real and imaginary interference.

Digital memory disorders include amnesia, hypermnesia, and hypomnesia. Amnesia. Fixation amnesia. Progressive amnesia. Gradually release the growing and distant memory. Retrograde amnesia. Antherogenic amnesia. Transit amnestic episodes. Systemic (systemic) amnesia. Receipt of special types of memory (faces, colors, smells, symbols, skills). This type of amnesia includes disorders such as aphasia, agnosia, apraxia. Agnosis. Apraxia. Affectogenic amnesia. Periodic amnesia. Hypomnesia. Hypermnesia. Paramnesia (distortion, deception) or impaired quality memory. "Deja vu, deja vecu, deja vecu, deja eprouve, deja raconte" (deja vu, deja entendu, deja vecu, deja eprouve, deja raconte). These phenomena are never seen, heard, disturbed, and so on. (jamais vu, jamais vecu, jamais entendu, etc.). The illusion of recognition. Pseudoreminiscence (false memories). Confabulation. Cryptomnesia.

Intellect (Latin intellectus - understanding, recognition) - a generalized description of cognitive (cognitive, mental) abilities; ability to acquire and effectively use knowledge. Many intelligence tests have been developed for children and adults. The most popular of these is the Weckler test, which is available in children and adults. Clinical assessment of intelligence during the clinical interview with the patient, when intelligence is assessed at the levels described above:

1. The state of mental processes that can be considered as a prerequisite for the mind. For example, a clear impairment of memory or attention can lead to a complete inability to solve thinking problems, acquire and use previously acquired knowledge and skills. In the presence of permanent and irreversible disorders of such mental functions, mental retardation is diagnosed (see below).

2. Knowledge base. Features of the patient's education, his progress is assessed. If it is insufficient, it is necessary to assess the independent contribution of socio-psychological factors and the inability to work with the training program. Professional and everyday skills, their repertoire, and performance are also assessed.

3. During the clinical conversation the ability to explain proverbs (simple and uncomplicated), to find quick answers to unfamiliar questions is assessed ("heavy: 1 kg of feathers or 1 kg of iron?", "How much is the shore of the lake?", Etc.)

Intelligence pathology (dementia) can be congenital and acquired. Congenital mental retardation: mental retardation is a state of general mental development with congenital or acquired mental retardation in early childhood (up to 3 years). Mental retardation can be due to various etiological and pathogenetic factors that act during intrauterine development, childbirth or the first years of life. The criterion for diagnosing mental retardation is IQ <70.

The term "oligophrenia" has long been a commonly used term to describe a state of mental retardation. oligos - minor, phren-mental, i.e. azumia), but in modern classifications of mental illness it has been replaced by the term "mental disability".

Acquired dementia: dementia (lat. de-without + mens-mind) is a permanent, irreversible loss of previously formed intelligence due to various diseases of the brain. It is manifested by the loss of previously formed intellectual and practical skills, knowledge, decreased overall productivity of mental activity, changes in personality.

Mental retardation is not a serious process, but a pathological condition, the result of the harm that once affected, and there is no tendency to progress.

Earlier, three degrees of mental retardation were identified:

• Idiotia (Greek - idiotea, ignorance).

• Impulsiveness (Latin - im-no + baculus-stick, crutch, i.e. can not work without intellectual support).

• Foolishness (Latin - debilis-entertainment, weak).

In the 10th revised International Classification of Diseases (1994), mental retardation is divided into four degrees of severity: mild, moderate, severe and deep (i.e., imbecility is divided into two levels - moderate and severe mental retardation).

Mental retardation is a specific continuum, ranging from mild, insignificant and insignificant disorders that have a minor impact on the functioning of the individual, to deeper disorders that are accompanied by a complete breakdown of mental activity.

The criterion for the diagnosis of dementia in this continent is the degree of decline in intellectual abilities, which leads to loss of ability to work independently in everyday life. At the same time, the loss of independence should not be directly related to any other causes, but to cognitive disorders - physical weakness, movement or sensory (blindness, deafness), social factors. People with dementia who have lost their independence are unable to perform the most complex of their day-to-day activities, including "instrumental" (important purchases, billing, "management" of their medications), and the subsequent disintegration of intellectual activity is self-serving from simple demonstration skills (dressing, bathing, eating) to the simplest aspects of work.

4. Illustrative material: presentation, videos on the YouTube channel of the department.

5. Literature:

Main:

Zharikov N.M, Tulpin Yu. G. Psychiatry: Textbook. - M., Medicine, 2007. -532p.

Ivanets N.N., Tulpin Yu. G. Psychiatry and narcology: textbook. - M., Geotar-Media, 2006. - 832p.

Addition.:

1. Korkina M. V. Lakosina N.D, Lichko A.E., Sergeev I.I. Psychiatry: a textbook for medical students. - M., MEDress-inform, 2004. -576p.

2. Subkhanberdin A. S. Textbook. Narcology. - Almaty, 2009.387 p.

Electronic resources:

1. Medical consultant. Option. 1. 2 [Electronic resource]: guidance. - Electronic text texts. (127 MB). - M .: Geotar-Media, 2009.

2. Neurosurgery [Electronic resource]: textbook / C. B. Mozhayev [et al. b.]. 2nd edition., processing. and the additon. - Electron. text data. (50.3 MB). - M .: Izd. Geotar-Media Group, 2009.

1. Neurological diseases for general practitioners [Multimedia]: textbook / i. N. Denisova. - Electron. from. (105 MB). - Almaty: CORDIS & Media, 2006.

4. Physiology of higher nervous function [Electronic resource]: methodical for medical students facul. / comp. by D. A. Adilbekova.- Electronic. text data. (388 Kb). - Shymkent: B. i., b. - elect. opt. disk (CD-ROM).

5. Electronic databases

№	Name	Link
1	Electronic library	http://lib.ukma.kz
2	Electronic catalog - for internal users - for external users	 http://10.10.202.52 http://89.218.155.74
3	Republican interuniversity electronic library	http://rmebrk.kz/
4	Electronic library of the Medical University "Student Advisor"	http://www.studmedlib.ru
5	"Paragraph" information system "Medicine" section	https://online.zakon.kz/Medicin
6	"Law" is an electronic source of legal information	https://zan.kz
7	Scientific electronic library	https://elibrary.ru/
8	Electronic library "BooksMed"	http://www.booksmed.com
9	«Web of science» (Thomson Reuters)	http://apps.webofknowledge.com
10	«Science Direct» (Elsevier)	https://www.sciencedirect.com
11	«Scopus» (Elsevier)	www.scopus.com
12	PubMed	https://www.ncbi.nlm.nih.gov/pubmed

6. Control questions:

1. Define memory.
2. What is attention? Types of attention.
3. Intelligence reference.
4. Psychopathology of memory.
5. Numerical memory disorders.
6. Qualitative memory disorders.
7. Psychopathology of attention.
8. What is intelligence?
9. Psychology of intelligence.
10. Clinical assessment of intelligence
11. Mental retardation is a congenital form.
12. Dementia. Definition. Types.

Lecture №5

1. Topic: pathology of consciousness and consciousness.

2. Purpose: to acquaint students with the psychology and psychopathology of consciousness to teach to identify quantitative and qualitative disorders of consciousness.

3. Abstracts of lectures: consciousness is a high, integrative form of mental manifestation of reality. This is the whole state of knowledge about the external and internal world.

Conditionally limits subject mind and consciousness. Subject consciousness is a dynamic structure or field that combines all external influences. Self-knowledge, a system of knowledge about oneself, one's relationship with the environment, the inner world. Individual consciousness, the degree of its development is determined by two factors: the level of social consciousness and how the individual makes it a fact of his inner life. Disturbed consciousness

Patients complain of changes in their identity, loss, alienation or loss of unity - autopsychic depersonalization, somatopsychic depersonalization of their body ("body" "I"), as well as unrealistic and alienated-allopsychic depersonalization or derealization of the world around them.

Various disorders of consciousness.

Derealization

Loss of emotional resonance

Loss of vital consciousness

Understanding the fact of the disease can seem to varying degrees. Nosognosia - the presence of a clear consciousness of the disease (or a critical view of the disease). Not only the fact of the disease, but also a clear understanding. Mental disorders are reliably diagnosed, and patients provide accurate and precise information about its occurrence and its course. Anosognosia is a complete lack of consciousness in relation to the general disease and its individual manifestations. Formal nosognosia is the conclusion of a mental disorder based on the external circumstances of the patient as a result of the disease and the role he is now forced to play: "once cured, that is, sick, because I live in a hospital ...". Ambivalent nosognosia is a dual approach to the disease, in which the coexistence of nosognosia and anosognosia is unstable nosognosia-mood or the state of the disease, which disappears due to the actual mood. Hypernosognosia is the presence of a critical view of the disease, accompanied by a quantitative reassessment of the severity of its manifestations.

Paranosognosia is a clear understanding of the disease, with a predominance of persistent and misconceptions about the nature of the disease.

There are quantitative (extinction of consciousness) and qualitative disorders of consciousness.

Disorders of consciousness

Disorders of consciousness:

• Quantitative: loss of consciousness - confusion, sopor, coma

• Qualitative: confusion - delirium, oneroid, confusion

Confusion includes cases characterized by the following set of symptoms (K. Jaspers criteria)

1. Disorders of sensory knowledge that separate the patient from the outside world
2. Disorders of rational thinking and, as a result, behavioral disorders
3. Disorders of time, space, environment and often self-orientation.
4. difficult to remember - amnesia of consciousness (conglomerate, full, partial)

Digital disorder of consciousness - extinction of consciousness

Symptoms	Disorders of consciousness		sopor	coma
	medium	depth	no	no
The route	partially	disturbed	no	no
Oral Answer	limited	no oral answer	no	no
Execution of instructions	slowed down	follow the simple instructions	no	no
Open eyes	saved	saved	+/-	no
Reaction to pain through action	target	target	present	no

A common variant of delirium is any external (exogenous) harm (see exogenous reactions), including intoxication (with psychoactive substances, including alcohol and drugs, drugs, infectious diseases, kidney, liver failure, etc.) with severe somatic diseases, in the acute stage of traumatic brain injury, acute cerebrovascular accident, etc. may arise as a related response. At the heart of delirium is a disorder of cognitive processes as perception of consciousness (perception, thinking and comprehension, attention, memory), which requires a differential diagnosis of dementia, especially in elderly patients. Delirium develops rapidly, the state of cognitive processes changes as an emotional reaction and psychomotor sphere, the deterioration is characterized by nocturnal, perceptual deception (illusion, hallucinations). The intellectual and mnestic decline in dementia is obvious and stable, it is characterized by a gradual development to some extent. In this case, it should be borne in mind that delirium may develop in the context of dementia.

Oneiroid manifestation of consciousness (Greek. it is a fantastic pseudo-hallucinations, fantasy-sensitive delusions (can be depressive or exponential) and the perception of consciousness with movement disorders (catatonic stupor).

Twilight observation of consciousness. Characteristic for mental communication:

• Sudden onset and termination.

• Disorders of environmental perception: from fragmented perception to complete decision-making and guidance.

• Field of movement: from externally adjusted automated behavior to explicit excitation.

Options:

• Outpatient automation - when a person understands consciousness, he acts automated, his behavior may look right on the outside, his face is scary, stereotypical or not. If there is an involuntary wandering: in a state of alertness - fugue (a few minutes) or trance (long time, including leaving home, travel); during sleep - suspicious (lunatism).

• Hallucinatory - delusional mental retardation - the patient can not communicate productively, but in the case of impaired consciousness due to his behavior, he feels different types of hallucinations (visual, auditory, including imperative, cute, etc.), with which It can be assumed that the second sensitive nonsense (persecution, greatness) is formed. Additional affective disorders are obvious fear, panic, evil, enthusiasm, ecstasy. At times, they may be moved by aggression and destructive actions. Fortunately, such cases are rare and are usually discussed by forensic psychiatrists.

• After unconsciousness - complete amnesia (actual events and their own experiences), often after relapse - weakness, desire to sleep, and therefore fall asleep in uncomfortable places

• Pathological intoxication - a twilight understanding of the mind developed in the context of the consumption of small amounts of alcohol (alcohol was not the only trigger for the most obvious intoxication). Differentiated by normal intoxication.

• Twilight understanding of the mind developed in response to pathological affective-traumatic events (psychotrauma is usually insignificant, it can only be a trigger for the development of consciousness). Differentiated by physiological affect (strong spiritual excitement).

Amenity, amentic origin of consciousness or amentic syndrome (lat. Amentia-insanity) - a syndrome of consciousness perception, in which the confusion of consciousness, the connection of thought and speech, the chaos of movements prevail.

4. Illustrative material: presentation, videos on the YouTube channel of the department.

5. Literature:

Main:

Zharikov N.M, Tulpin Yu. G. Psychiatry: Textbook. - M., Medicine, 2007. -532p.

N.N. Ivanets, Tulpin Yu. G. Psychiatry and narcology: textbook. - M., Geotar-Media, 2006. - 832p.

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4	Electronic library of the Medical University "Student Advisor"	http://www.studmedlib.ru
5	"Paragraph" information system "Medicine" section	https://online.zakon.kz/Medicin
6	"Law" is an electronic source of legal information	https://zan.kz
7	Scientific electronic library	https://elibrary.ru/
8	Electronic library "BooksMed"	http://www.booksmed.com
9	«Web of science» (Thomson Reuters)	http://apps.webofknowledge.com
10	«Science Direct» (Elsevier)	https://www.sciencedirect.com
11	«Scopus» (Elsevier)	www.scopus.com
12	PubMed	https://www.ncbi.nlm.nih.gov/pubmed

6. Control questions:

1. Define consciousness, self-consciousness.
2. Signs of impaired consciousness, according to K. Jaspers.
3. What is nosognosia? Degree of clarity.
4. Quantitative impairment of consciousness. Scales for determining the level of consciousness.
5. Qualitative disorders of consciousness.
6. Define delirium.
7. What is oneiroid consciousness disorder?
8. What is amenity?
9. Define obscurity.
10. Differential diagnosis of blurred consciousness.