effect on the course of the disease, thereby, increase of visual acuity, a decrease in sectoral loss in vision fields, the positive dynamics OCT parameters, improving hemodynamic parameters at Doppler imaging in dynamics.

Application OMK II in patients with IDOV is safe because, in patients of the main group were not recorded statistically significant indicators of adverse events and violations of the blood pressure and heart rate.

REFERENCES:

1. Akmaeva I.I., Bogdanov T.Y., Zolotarev A.V., Manoilov I.K., Smolenkova I.I. Modern aspects of clinic with acute circulatory disorders in the eye in elderly and senile patients //Actual problems of ophthalmology. - M. - 2003.
2. Vlasov S.K. Changes in the organ of vision in pathological tortuosity and stenotic carotid atherosclerosis // West. oftalm. - 2010.- №5. - S.58-62.
3. Zhaboedov G.D., Skrypnyck R.L. Lesions of the optic nerve. /Kiiv. 2006.- 427.
5. Kiseleva T.N., Tarasova L.N., Fokin A.A. Bogdanov A.G. Blood flow in vessels of the eye in two types of ocular ischemic syndrome // Vestn. oftalmol. – 2001; 22-24.
6. Legeza S.G. The diagnostic capabilities of ultrasound, computed tomography and nuclear magnetic resonance in the pathology of the optic nerve // Oftalmol. magazine. – 2009; - №3.
7. Makkaeva S.M., Features ocular ischemic syndrome with vascular encephalopathy) // Author. dis. Dr. med. Sciences. - M. - 2010.
8. Ponomarev M.N. Diagnostics and drug correction of hemodynamic disorders in ischemic optic neuropathy in patients with cardiovascular disease " //Author. Dis., Dr. med. Sciences - Moscow, 2010.
10. Maurice E. Langham. Ischemia and loss of autoregulation in ocular and cerebral diseases. - "Springer" 2009. - c. 121-125.
11. Hayreh S.S. Ischemic optic neuropathies. - "Springer" 2011.- c. 389-395.
12. Boskovic, Z., Milne, M.R., Qian, L., Clifton, H.D., McGovern, A.E., Turnbull, M.T., Mazzone, S.B., Coulson, E.J., 2018. Cholinergic basal forebrain neurons regulate fear extinction consolidation through p75 neurotrophin receptor signaling. Transl. Psychiatry 8, 199.

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DEFINITIONS OF PSYCHOPATHOLOGICAL AND NEUROCOGNITIVE PROFILES IN PATIENTS WITH POST-SCHIZOPHRENIC DEPRESSION

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Resume

For justification of the place of a post-schizophrenic depression in dynamics of the basic schizophrenic disease determination of its psychopathological structure and clinical essence was carried out. During the research dissociation between insignificant weight of actually depressive symptoms and subjective perception by patients of the state as burdensome, its duration and resistance to the carried-out medication therapy is revealed. Post-schizophrenic depressions were observed in the presence of 1-4 psychotic episodes in the anamnesis and an experience of a disease of incidental paranoid schizophrenia till 10 years authentically more often.

Key words: *paranoid schizophrenia, post-schizophrenic depression, cognitive frustration, recursive depression, schizophrenia.*

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ДЕФИНИЦИИ ПСИХОПАТОЛОГИЧЕСКОГО И НЕЙРОКОГНИТИВНОГО ПРОФИЛЯ У БОЛЬНЫХ С ПОСТШИЗОФРЕНИЧЕСКОЙ ДЕПРЕССИЕЙ

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Резюме

Для обоснования места постшизофренической депрессии в динамике основного шизофренического заболевания было проведено определение ее психопатологической структуры и клинической сущности. В ходе исследования выявлена диссоциация между незначительной тяжестью собственно депрессивных симптомов и субъективным восприятием больными своего состояния как тягостного, его продолжительностью и устойчивостью к проводимой медикаментозной терапии. Постшизофренические депрессии достоверно чаще наблюдались при наличии 1-4 психотических эпизодов в анамнезе и стаже заболевания эпизодической параноидной шизофренией до 10 лет.

Ключевые слова: *параноидная шизофрения, постшизофреническая депрессия, когнитивные расстройства, резедуальная шизофрения*

POSTSHIZOFRENIK DEPRESSIYA BILAN OG'RIGAN BEMORLARDA PSIXOPATOLOGIK VA NEYROKOGNITIV PROFILLARI TA'RIFI

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Rezyume

Postshizofrenik depressiyaning asosiy shizofreniya kasalligi dinamikasidagi o'rnini asoslash uchun uning psixopatologik tuzilishi va klinik mohiyati aniqlandi. Tadqiqot vaqtida haqiqiy depressiv simptomlarning ahamiyatsiz darajada jiddiyligi va bemorlarning ahvolini og'riqli deb qabul qiladigan sub'ektiv idrok, uning davomiyligi va davom etayotgan dori terapiyasiga qarshilik o'rtasidagi farqni aniqladi. Post-shizofrenik depressiya anamnezda 1-4 psixotik epizodlar va 10 yoshgacha epizodik paranoid shizofreniya kasalligi bo'lganida ko'proq kuzatilgan.

Kalit so'zlar: *paranoid shizofreniya, post-shizofrenik depressiya, kognitiv buzilish, rezidual shizofreniya*

Relevance

Despite the enormous number of researches of the frustration of a schizophrenic range devoted to a problem, they not fully answer the questions raised by modern medical science. Disabilities and an early long invalidism of this group of patients, brings a schizophrenia problem out of purely medical, in nation-wide mentioning economy, social and many other spheres of the state activity. The expressed affective disturbances at patients with schizophrenia is one of stumbling blocks for specialists of various specialties. Data on prevalence of depressions at schizophrenia in the surveyed literature are not unambiguous, however most of researchers confirm the fact of existence of symptoms of a depression from 7 — 70% of patients [1]. The fact of high percent of suicides at patients with schizophrenia is proved [2]. Problems of clinical essence of such depressions is one of the most disputable at researchers. The surveyed researches in this area are divided into several points of view some authors are considered them as a part of nuclear pathology of schizophrenia, and has the biological nature [2,3,4], other point of view claims that symptoms of a depression are a consequence of use of antipsychotic medicines.

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Against the background of above-mentioned states, the post-schizophrenic depression is allocated, characterized as it is long the proceeding depressive episode against the background of schizophrenic process [5].

In the researches Koneva O.V. proves existence of psychological mechanisms in developing of post-schizophrenic depressions according to which the postponed psychosis is an extraordinary vital event [6]. Post-schizophrenic depressions were observed in the presence of 1 — 4 psychotic episodes in the anamnesis (97.1%) and an experience of a disease of paroxysmal paranoid schizophrenia till 10 years (80.6%) [7] authentically more often. Dynamics of post-schizophrenic depressions authentically was more often characterized by a recurrent current (79.6%). The atypical structure of a syndrome is characteristic of post-schizophrenic depressions [8]. Various, not typical, psychopathological profile of a post-schizophrenic depression opens the rich soil for researches in this direction [9].

Research objective: to study clinic dynamic a profile of patients with a post-schizophrenic depression.

Material and methods

According to set by the purpose and the tasks an object of a research there were 43 patients of the Tashkent municipal clinical psychiatrically hospital. Selection criteria were: age from 18 to 60 years, existence of symptoms of a post-schizophrenic depression (F20.4 ICD-10). Average age of the examined persons was in all selection 36.1±1.0 years, including among women — 37.5±1.2 years, among men - 32.9±1.8 years. The maximum quantity of cases came to light among age groups of 30-39 years and 40-49 years the Research was conducted clinic-psychopathological and clinical follow-up by methods. For the standardized assessment of conditions of a post-schizophrenic depression, their structures were used psychometric methods of the analysis — a scale for assessment of depressions of Hamilton (HAMD a clinical grant for quantitative assessment of a condition of patients with depressive frustration to, in time and after treatment (observation of clinical dynamics)) (21 signs) and the subsection of a scale of positive and negative symptoms (PANSS - the Most popular and gained the international recognition at clinical studying of action of neuroleptics and other methods of treatment of schizophrenia is a scale of positive and negative syndromes) containing 7 signs of negative frustration.

Assessment of the intellectual-mnestic sphere was carried out using a number of psychometric scales: Schulte tables, “Memorizing 10 words”, “4th extra”. Schulte tables are a set of numbers (from 1 to 25) arranged randomly in cells. The subject must show and name in a given sequence (usually increasing from one to twenty-five) all numbers. The test subject is offered five non-identical Schulte tables in a row, in which the numbers are arranged in different order. The time spent by the test subject on showing and naming the entire series of numbers in each table separately is recorded.

Test for memorizing 10 words. Two categories were used to evaluate semantic verbal fluency: “animals” and the composite category “fruits and berries”. The subject was given the following instructions: “At my command, start calling the animals. Call me until I stop you. Let's see how many animals you can remember in 1 minute. We started. " After the end of the first test, the experimenter asked the subject to name the fruits and berries. When calculating the result, words that were repeatedly named or did not belong to the indicated categories, as well as the names of animal sub-categories, such as “fish” or “birds,” were excluded. The WB indicator was the total number of correctly named words in the first and second samples. The test was presented as part of a wide experimental psychological examination. Patients were examined after clinical improvement, before discharge. Typically, healthy subjects reproduce 10 words after 3-4 repetitions (sometimes, with trained memory - after 2 repetitions). After 20-30 minutes, the subject is asked to repeat the words he remembered. In cases where memory impairment is determined clinically, this is done earlier, after 10-15 minutes. After another 30 minutes, the subject is again asked to repeat the words he remembered. In the protocol of experience, the words referred to the patient

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(correctly and erroneously) are noted. The results of the memory test are displayed graphically. "4th superfluous." The level of verbal-logical thinking, the ability to generalize and highlight the essential features in the subject necessary for generalization are evaluated. Four words are read, three of which are interconnected in meaning, and one word does not fit the rest. It is proposed to find a “superfluous” word and explain why it is “superfluous”.

Results of a research

The psychopathological features distinguishing these states from "classical" endogenous depressions revealed during the conducted research the general for a post-schizophrenic depression were shown in different extent of various depressive frustration. These features complicated qualification of a post-schizophrenic depression by means of traditionally allocated types of endogenous depressions. The specifics of actually depressive symptoms of a post-schizophrenic depression were expressed first of all in their attrition, incompleteness or, on the contrary, in their hypertrophy, or a tint by their properties of other frustration. For a post-schizophrenic depression, the attrition of a thymic component, signs of vitality and a day-night rhythm, prevalence of apathy, indifference and dysphoric mood was characteristic. From manifestations of a depressive triad motor disturbances which were characterized by an either an adynamic, or asthenic tint met the greatest constancy in a picture of a post-schizophrenic depression. Manifestations of ideative disturbances fluctuated from decrease in intellectual efficiency, concentration of attention to distinct disorders of thinking with depersonalization elements. Such symptoms as an agedonia, an anergy, emotional indifference, a social burping, lack of will, disturbances of thinking in some cases by the nature were derivatives of a depression and they were lawful to be considered as "secondary" negative frustration [10], others had rather primary (differential) character and were caused by a basic disease - schizophrenia. In structure of a post-schizophrenic depression the combination of symptoms of a depression to the negative (differential) frustration caused by a schizophrenic disease residual psychotic and different degree of manifestation took place [11]. Dissociation between insignificant weight of actually depressive symptoms (on HAMD scale indicators) and subjective perception by patients of the state as burdensome, its duration and resistance to the carried-out medication therapy attracted attention.

Average age of a demonstration of paroxysmal paranoid schizophrenia in the surveyed selection in general was 30.5±1.0 years; slightly earlier the disease demonstrated at men (26.5±1.7 years), than at women (32.2±1.2 years). Studying of clinical characteristics of the manifest period of a disease in this group showed that most often in a clinical picture of a disease the hallucinatory paranoid syndrome (75.5%) for which were characteristic existence of the crazy ideas of physical and mental impact, mental automatism, acoustical and visual pseudo-hallucinations came to light. In other cases, in a clinical picture of a manifest attack met: a depressive and crazy syndrome - in 15.5% of observations, crazy — in 6.8%, polymorphic — in 1.0% of cases.

Studying of typology of a depressive syndrome allowed to reveal 6 options among which authentically prevailed apathetic (50.5%, $p < 0.001$); further in decreasing order of frequency the following options met: alarming (19.4%), simple depression (11.7%), asthenic (8.7%), adynamic (6.8%) and dysphoric (2.9%). The GPA on a scale of a depression of Hamilton made: women — 18.1 ±0.9 point, at men have-17.8±2.9 points. Reliable more often (68.9%, $p < 0.001$) the revealed symptomatology corresponded to a moderate depression; heavy - in 27.2% of cases, easy - in 3.9%.

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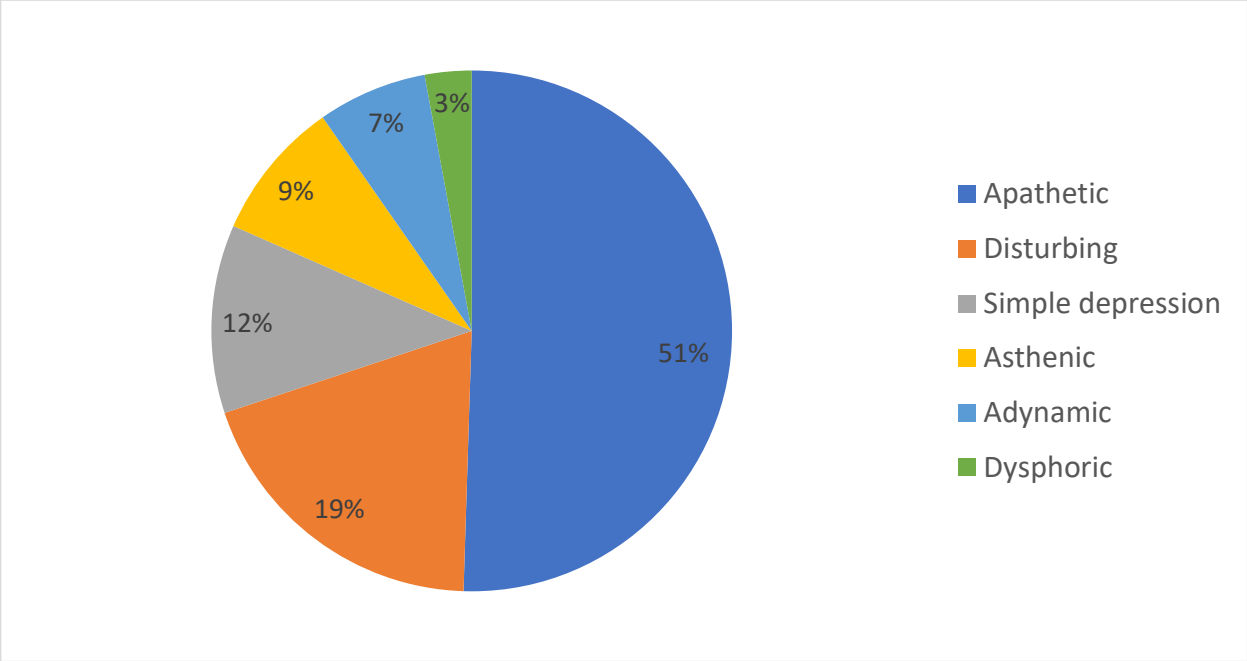

Figure 1. Typology of a depressive syndrome

Studying of a clinical picture of a post-schizophrenic depression showed that manifestations of a "classical" depression for it were low-characteristic: reliable more often (77.7%, p <0.001) atypical syndromes came to light. The attrition of, actually, hypotymic component of a depression (38.8%) was shown by weak representation of vital frustration, poverty of emotional manifestations, lack of external tension, a mournful mimicry that did not correspond to relevance of internal experiences of depression, despair and reflected discrepancy internal (cognitive) and external (behavioral) depressive syndrome of aspects.

The attrition only of an associative component of a triad was shown in 3.9% of cases and was expressed in lack of ideative block. Not expressiveness only of a motor component of a depressive triad is revealed in 3.9% of cases; it was shown by lack of depressive expressiveness in movements, a mimicry, a pose. Not expressiveness at the same time of two or three components of a depressive triad was recorded in 31.1% of cases. The optional symptomatology of a depression was present at structure of a depressive syndrome in 74.8% of observations (p <0.001) in the form of residual crazy experiences (14.6%), hallucinatory symptoms (7.8%), hypochondrial and psychopathic (on 4.9%), obsessive-phobic and depersonalization (on 3.9%) and combinations of symptoms of different registers (35.0%). The post-procedural symptomatology registered by means of PANSS scale was provided in selection as follows: the general level of positive symptoms "below average value"; negative symptoms reached the level of "average value", the general symptoms were "insignificantly above average value". The depression cluster (p <0.01) was at the level "above average value".

The carried-out studying of a ratio of quantitative and qualitative characters in the set spheres revealed prevalence of symptoms of "distortion" in emotional (42.7%) and associative (47.6%) spheres; in the strong-willed sphere symptoms of "loss" (58.3%) prevailed.

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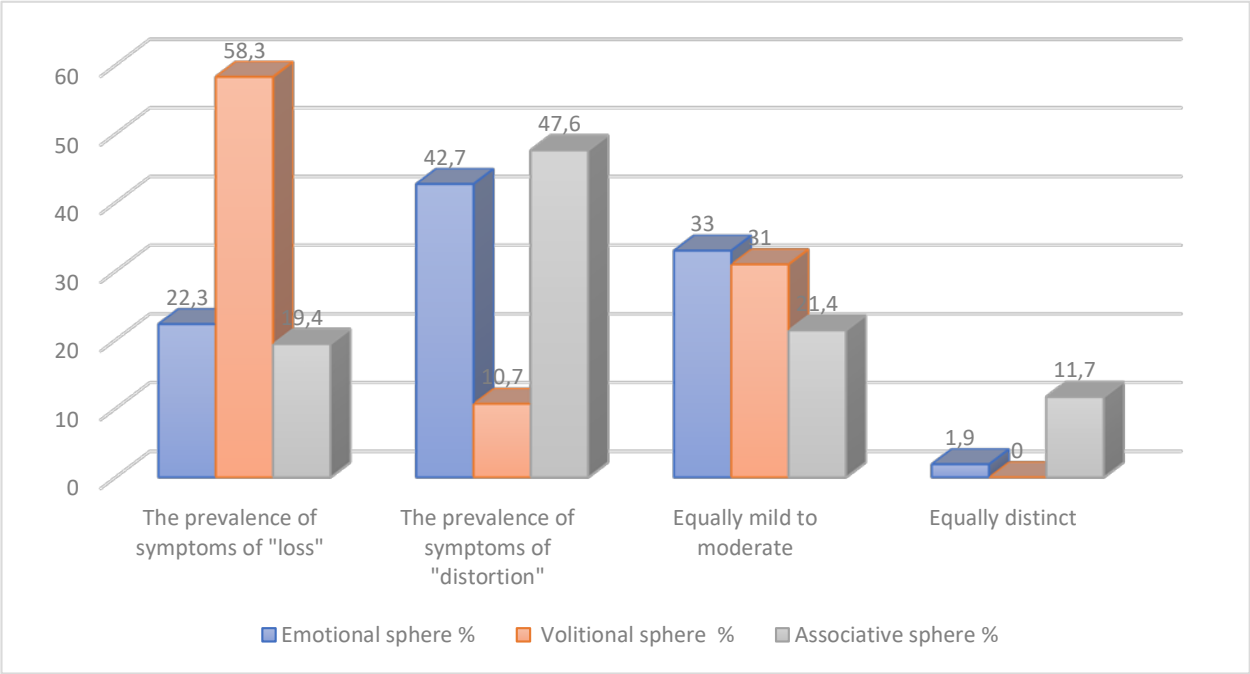

Figure 2. Characterization of quantitative-qualitative ratios of negative disorders

The study of negative disorders in patients of the main group showed their presence in all three areas. In the emotional sphere, they reached the level of I-II rank; analysis of quantitative and qualitative relationships showed a predominance of symptoms of "distortion", equivalent to unexpressed mixed symptoms and symptoms of "loss". Only 2 (1.9 %) patients had negative disorders that were equally pronounced. During the survey, there was a decrease in interest in various aspects of life, difficulties in relationships with others and interpersonal contacts, frequent experience of internal emotional discomfort, emptiness and insolvency, irritability towards others, episodes of gratuitous anger.

Objectively revealed impoverishment of facial expressions and gestures, formality in communication, external limitations in the depth of emotional experiences, lack of emotional resonance even when communicating with close and significant people; inadequacy and grotesqueness of emotions sometimes replaced the mask of indifference. Sometimes emotional failure was manifested by lability, immaturity. In the volitional sphere of patients, there was a predominance of symptoms of" loss", reaching the I-II rank, manifested in weakness, fatigue, poor tolerance of previous loads, a decrease in volitional activity and productivity due to the volume and quality of functions performed, less often-in the reduction of energy potential in General. In connection with these features, there was a need for external stimulation. Symptoms of "distortion" in the volitional sphere of patients were less common; they were manifested in motor disorders (plastic disorders, motor stereotypes, mannerism), changes in eating behavior and sexual activity, and others. in the associative sphere, patients were dominated by changes in the I-II rank, almost in half of cases (47.6 %) showing symptoms of "distortion" (difficulty and distortion in being symptoms of "distortion" (difficulty and distortion in personal self-esteem, situation assessment, weakness of internal or external criteria in the cognitive process, focusing only on internal criteria).

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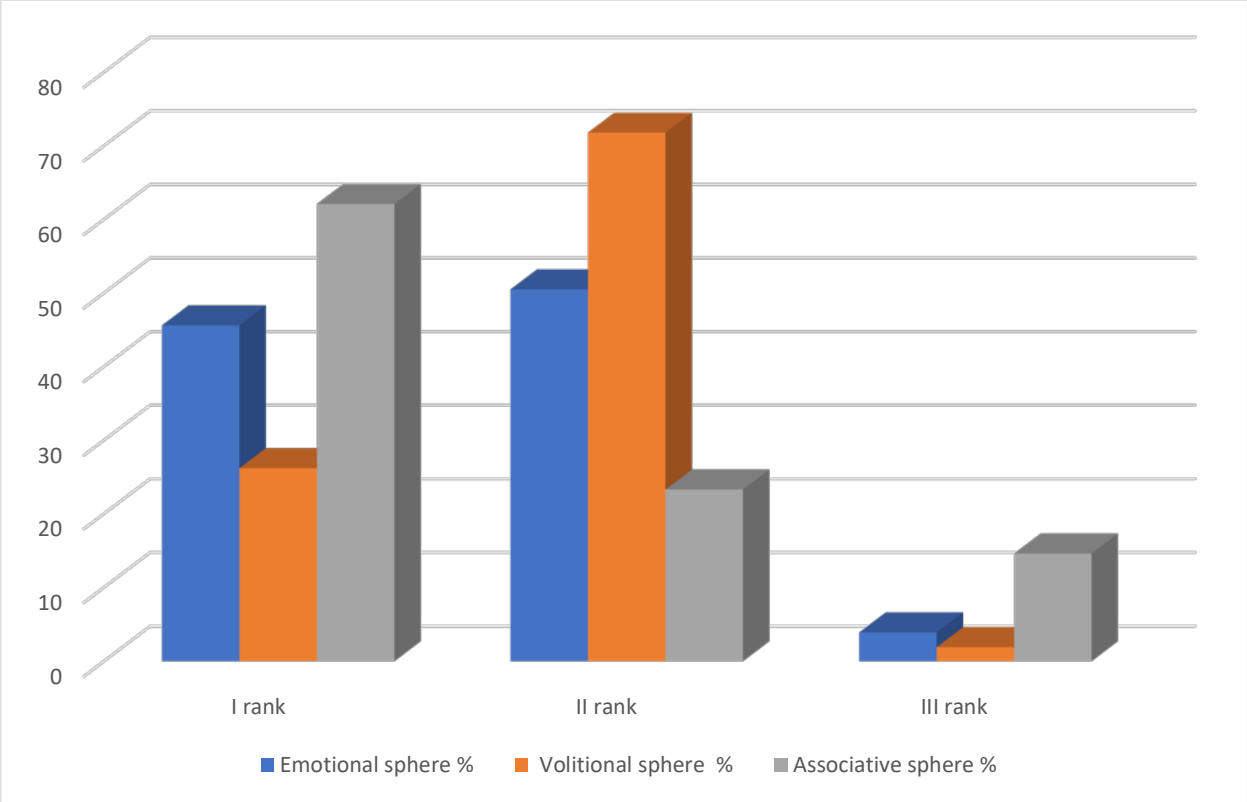

Figure 3. Ranking Negative Disorders in Persons with Post-Schizophrenic Depression

When studying a ratio of post-schizophrenic depressions with a stage of schizophrenic process the following distribution is revealed: in the anamnesis 1 psychotic attack — 61.2% ($p < 0.01$), 2 attacks — 14.6%, 3 attacks - 13.0%, 4 attacks — 7.8%, 5 attacks - 1.0%, 7 attacks — 1.0%, 10 attacks — 1.0%.

In the dynamics of the disease, in addition to the increase in negative symptoms, there was a change in the structure of psychological defense mechanisms with the predominance of earlier, primitive defenses: splitting, in which all external objects were divided into "absolutely good" and "absolutely bad", with sudden transitions from one extreme to another.

When studying a ratio of prescription of a disease with development of a post-schizophrenic depression it was revealed that is reliable more often a post-schizophrenic depression (80.6%, $p < 0.001$) it was diagnosed in the first decade of incidental paranoid schizophrenia. Average duration from the moment of the demonstration before emergence of symptoms of a post-schizophrenic depression was 5.6±1.0 years. In 33.0% of cases symptoms of a post-schizophrenic depression already took place in the anamnesis.

The most common triggers of post-schizophrenic depression were mixed (46.6 %) and reactive personality (42.7 %). In the context of the personality-reactive hypothesis, post-schizophrenic depression was considered as a psychological response to the fact of schizophrenia, with the progression of which its social and psychological consequences occurred, negative emotional experience accumulated, a sense of inferiority, dissatisfaction with oneself and life developed, self-esteem decreased, despair and hopelessness arose. If there was no reconciliation with the changes that had occurred, then the depressive attitude gradually replaced the ability to perceive life positively.

Consideration of dynamic characteristics of a post-schizophrenic depression showed that the average duration of all for the first time of the revealed post-schizophrenic depressions was 9.9±1.4 weeks, is reliable more often (53.4%, $p < 0.05$) they developed as an independent affective attack; the post-psychotic depression was recorded in 37.9% of observations. In most cases (79.6%, p

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<0.01) the post-schizophrenic depression proceeded recurrently; at the same time dynamics "as a cliche" authentically was more often observed (52.4%, p <0.01). Recurrence of depressive symptoms occurred both under the influence of psychogenic and somatogenic hazards, and autochthonously.

Assessment of the intellectual-mnestic sphere. Attention disorder is a disorder of focused attention, manifested in a lack of concentration, increased distractivity, difficulty concentrating, maintaining, switching attention to new objects. The severity is evaluated based on observation of the patient during the conversation. When studying attention using Schulte tables, the following was revealed: in the study group, 7 (14.5%) showed a sufficient concentration of attention, and 11 (22.9%) showed insufficient concentration on the object. Sustained attention had 3 (6.25%) and unstable 6 (12.5%) patients. Also present were patients in whom attention was characterized as exhausted - 21 (43.7%).

Memory is the mental process of capturing (remembering), preserving and reproducing past experiences. Memory disorders in mental and somatic diseases are manifested by a violation of the ability to memorize, hold and reproduce acquired material. It is possible to reduce the ability to memorize against the background of impaired attention during the development of overwork conditions, as well as during convalescence after somatic diseases. During the examination it was determined that the intellectual-mnestic abilities of patients with paranoid schizophrenia with concomitant viral hepatitis are characterized by inertia with signs of exhaustion, a weakening of voluntary attention, a decrease in the level of generalization and distraction, abstract thinking. It was found that in most patient's neurocognitive impairment was present before the development of productive symptoms of schizophrenia and persisted during periods of remission of positive symptoms. Significant (p <0.01) differences between the 1st and 2nd group of patients; the indicators of attention, spatial orientation, motor coordination, long-term memory, verbal associative productivity, logical thinking, and violations in the lexical system also differed significantly (p <0.05).

Conclusions

Post-schizophrenic depressions were observed in the presence of 1-4 psychotic episodes in the anamnesis (97.1%) and an experience of a disease of incidental paranoid schizophrenia till 10 years (80.6%) authentically more often. A clinical picture of post-schizophrenic depressions it is reliable more often (68.9%, p <0.001) corresponded to moderate weight of frustration; heavy depressions are noted in 27.2% easy for a depression — in 3.9%. Average duration for the first time of the revealed depressive episode was 9.9±1.4 weeks. In 79.6% of cases (p <0.01) the post-schizophrenic depression proceeded recurrently.

LIST OF REFERENCES:

1. Addington J. Duration of untreated psychosis: impact on 2-year outcome // Psychol. Med. 2004. - Vol.34, №2.- P. 277-284.

2. Цупрун В. Е. Суицидальное поведение и шизофрения: биопсихосоциальный подход в диагностике, лечении и профилактике //Суицидология. – 2013. – Т. 4. – №. 3 (12).

3. Абдуллаева В. К. Структура психопатологических расстройств у больных при постшизофренической депрессии //Theoretical & Applied Science. – 2018. – №. 3. – С. 134-137.

4. Антохин Е. Ю., Будза В. Г., Крюкова Е. М., Паляева Р. И. Постприступная депрессия при первом эпизоде шизофрении: исследование перфекционизма// 2017. – Том 3, 38 – 46 ст.

5. Fenton W.S. Depression, suicide and suicide prevention in schizophrenia // Suicide and life-Threatening Behavior. - 2000. - № 30. - P. 34-49.

6. Конева О. В. Постшизофреническая депрессия: клинические, адаптационные и реабилитационные аспекты : дис. – ГУ" Научно-исследовательский институт психического здоровья Томского научного центра Сибирского отделения РАМН", 2009.

7. Melle I. Early detection of the first episode of schizophrenia and suicidal behavior // Am. J. Psychiatr. - 2006. - Vol. 163, № 5. - P. 800-804.

8. Бабарахимова С. Б., Искандарова Ж. М. Особенности поведенческих нарушений у

ISSN: 2181-1954. EISSN2181-1962

подростков с депрессивными расстройствами //Сборники конференций НИЦ Социосфера. – 2013. – №. 53. – С. 18-21.

9. Ирмухамедов Т. Б., Абдуллаева В. К., Хамраев М. М. Психопатологическая дифференциация тревожно-фобических расстройств невротического уровня //Общая психопатология: традиции и перспективы [электронный. – 2017. – С. 134.

10. Рогов А. В. Когнитивные расстройства у больных с параноидной шизофренией, коморбидной с вирусными гепатитами //Антология российской психотерапии и психологии. – 2019. – С. 158-158.

11. Matete A. Depressive symptoms in schizophrenia // The Medicine Journal. - 2001. - P. 2.

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VIOLATIONS OF THE PLANNING STRATEGY IN PATIENTS WITH PARANOID SCHIZOPHRENIA WITH RELATED VIRAL HEPATITIS

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Resume

The purpose of the study is to study the effects of chronic viral hepatitis on the skills that determine problem-solving behavior in patients with paranoid schizophrenia. Materials and methods of the study the experimental part included: the assessment of the psychopathological status was carried out using the Positive and Negative Syndrome Scale (PANSS) scale. The problem-solving function of the neurocognitive pool was estimated as follows: solving the "Pyramid of Hanoi" problem. It was found that patients with paranoid schizophrenia with concomitant chronic viral hepatitis, showed significantly lower productivity in the performance of the problem compared with patients with paranoid schizophrenia without concomitant somatic pathology.

Keywords: *neurocognitive deficiency, paranoid schizophrenia, problem-solving behavior*

НАРУШЕНИЯ СТРАТЕГИИ ПЛАНИРОВАНИЯ У ПАЦИЕНТОВ С ПАРАНОИДНОЙ ШИЗОФРЕНИЕЙ С СОПУТСТВУЮЩИМИ ВИРУСНЫМИ ГЕПАТИТАМИ

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Резюме

Целью исследования является изучение влияния хронического вирусного гепатита на навыки, которые определяют поведение при решении проблем у пациентов с параноидальной шизофренией. Материалы и методы исследования экспериментальной части включали: оценка психопатологического статуса проводилась с использованием шкалы позитивного и негативного синдрома (PANSS). Функция решения нейрокогнитивного пула оценивалась следующим образом: решение проблемы «Ханойская пирамида». Было установлено, что пациенты с параноидальной шизофренией с сопутствующим хроническим вирусным гепатитом, показали значительно более низкую производительность при выполнении задачи по сравнению с пациентами с параноидальной шизофренией без сопутствующей соматической патологии.

Ключевые слова*: нейрокогнитивный дефицит, параноидная шизофрения, проблемно-решающее поведение.*

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