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| **Донецький національний медичний університет** | **MINISTRY OF HEALTH OF UKRAINE**  **Donetsk National Medical University**  **international medical faculty**  **Department of Psychiatry, Psychotherapy, Addiction and Medical Psychology**  **PSYCHIATRY. ADDICTION PSYCHIATRY** |
| **SYLLABUS** | |
| Health care 22 | «Field of study» |
| Specialty 221 | « Dentisty » |
| Educational program | «Medicine» |
| Educational level | the second (master's) level of higher education |
| Discipline status | normative |
| Developers | **G.G. Putyatin** - Associate Professor, Ph.D., Head of the Department of Psychiatry, Psychotherapy, Narcology and Medical Psychology;  **O.I. Osokina** - Professor, Dr. Med. Sciences, Professor of Psychiatry, Psychotherapy, Addiction and Medical Psychology;  **S.G. Ushenin -** Associate Professor, Ph.D., Head of the Department of Psychiatry, Psychotherapy, Narcology and Medical Psychology;  **O.V.Mishina** assistant Head of the Department of Psychiatry, Psychotherapy, Narcology and Medical Psychology;  **T.M.Panchenko**- assistant Head of the Department of Psychiatry, Psychotherapy, Narcology and Medical Psychology;  **O.G.Kochubej**- assistant Head of the Department of Psychiatry, Psychotherapy, Narcology and Medical Psychology; |
| Approval | by the decision of the department, protocol № 3 from 12.10.2021  methodical commission on disciplines, protocol № 3 from 05.11.2021  Academic Council of the Faculty…, protocol № from |
| Sighting | Head of the department \_\_\_\_\_\_\_\_\_\_\_\_\_ G.G. Putyatin  Guarantor OP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ V.G. Tsentilo  Dean of the Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S.I. Prisyazhna |

**CONTENT**

**1. FOREWORD. ………………………………………………………………..3**

**2. ANNOTATION TO THE COURSE……………………………………………….4**

**3. COURSE POLICY ………………………………………………………………..4**

**4. PRECISIONS AND POST-PRICES……………………………………………….5**

**5. DESCRIPTION OF THE COURSE AND PROGRAM RESULTS……………..5**

**6. CONTENT OF THE COURSE…………………………………………………10**

**7. EDUCATIONAL-METHODICAL MAP OF THE DISCIPLINE ……………..12**

**8. SAMPLES OF TESTS AND SITUATIONAL TASKS ………………………..13**

**9. TASKS FOR INDIVIDUAL AND INDEPENDENT WORK …………………….16**

**10. CONTROL QUESTIONS FROM THE DISCIPLINE……………………………17**

**11. MONITORING AND EVALUATION OF LEARNING ACHIEVEMENTS…….19**

**12. RECOMMENDED SOURCES ………………………………………………………20**

**13. EDUCATIONAL GLOSSARY………………………………………………………23**

PREFACE

***The syllabus*** is a curriculum in the discipline, which is a "map" and a guide for higher education, which presents an annotation, purpose (expected competencies), course content, recommendations for independent work and evaluation of work results (current and final control) and others.

***A syllabus is*** a "contract" that contains a course policy that provides for the mutual responsibility of the student and the teacher***, based on the principles of academic integrity, transparency and mutual respect in the student-teacher relationship.***

The indicator of readiness for successful professional activity is ***the general and professional competencies*** acquired in the process of training, which consist of knowledge, skills and practical skills, ways of thinking, professional, ideological and civic qualities, moral and ethical values ​​of the future doctor.

Information about teachers of the discipline "Psychiatry, drug addiction

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| Teachers of the discipline | Information |
| Putyatin Gennadiy Gennadiyovych | Associate Professor, Candidate of Medical Sciences, Head of the Department of Psychiatry, Psychotherapy, Narcology and Medical Psychology.  E-mail: <g.g.putyatin@dnmu.edu.ua> |
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| **Website of the Department** of Psychiatry, Psychotherapy, Narcology and Medical Psychology: <http://kafedrapsichiatrii.dsmu.edu.ua/>  **Contact mobile phones:** +38 (050) 988-48-29; +38 (050) 817-58-70;  **Information resources of the discipline** **"Psychiatry, Addiction"** is a learning platform Google Class, which hosts:  1. Author's multimedia lectures.  2. Methodical recommendations for conducting seminars and practical classes.  3. Tests and situational tasks for current and final control of knowledge.  4. E-textbooks, manuals, training videos, etc. |

**ANNOTATION TO THE COURSE «PSYCHIATRY, ADDICTION PSYCHIATRY»**

Psychiatry is a medical discipline that studies the principles of diagnosis, treatment, as well as the etiology, pathogenesis, prevalence of mental illness and the system of psychiatric care, and is an integral part of medicine, which is organically linked to all its sections. The development of psychiatry is influenced by such medical disciplines as medical psychology, neurology, neurosurgery, psychotherapy, therapy, and this influence is mutual. The need to study psychiatry in the course of medical education is due to the fact that doctors of all specialties will deal with a person with mental disorders who has certain individual characteristics that may affect the outcome of examination and treatment of the underlying disease. The physician must be able to identify this effect and take it into account when assisting the patient. Therefore, the study of the discipline "Psychiatry, Addiction" by dentists is relevant and promising for further use of this knowledge in practice.

The object of psychiatry *is a person with a mental disorder.*

The subject of psychiatry and narcology *are mental disorders*. At the same time, various problems of medical psychology are considered around the main task - to ensure the optimal system of psychological care for the patient, which unites the "*doctor-patient*" system.

The purpose of studying the discipline "Psychiatry, Addiction" is to provide students with a set of modern theoretical and practical knowledge of primary diagnosis, treatment, prevention of mental disorders, psychosocial rehabilitation of patients with mental disorders, including due to the use of psychoactive substances required at the primary level .

Methods, techniques, technologies of psychiatry, narcology - anamnestic, clinical, laboratory, medical-psychological and functional methods of diagnosis, treatment and prevention of human mental health.

Why study the discipline "Psychiatry, Addiction"?

*The study of the discipline will provide an opportunity to:*

* *know the prevalence, conditions of occurrence, nosological structure and clinical features of mental illness;*
* *understand the etiology and pathogenesis of mental illness;*
* *acquire skills in the treatment and prevention of mental disorders, have knowledge of social and occupational rehabilitation of patients;*
* *know the basics of labor, forensic and military medical experts;*
* *to carry out sanitary-educational and psycho-hygienic measures among the population.*

**COURSE POLICY**

1. Academic integrity.

According to the Law of Ukraine on Education (Article 42, Section V "On Quality Assurance in Education"), academic integrity is considered as a set of ethical principles and rules defined by law, which should guide participants in the educational process during teaching, teaching and conducting scientific (creative) activities. trust in learning outcomes and / or scientific (creative) achievements. Therefore, students are obliged to adhere to the principles of academic integrity, to be aware of the consequences of its violation.

***Academic integrity includes:***

* independent performance of educational tasks, tasks of current and final control of learning outcomes;
* links to sources of information in the case of using borrowed ideas, statements, information;
* providing reliable information about the used research methods and sources of information;
* inadmissibility of writing off and plagiarism.

**2. Attendance** is an important part of learning. It is expected that all students will attend classroom practical classes of the course, as well as classes on the learning platform Google Class, to which each student has access.

*Attendance is a mandatory component of the assessment for which points are awarded.*

*Works that are submitted in violation of deadlines without good reason are evaluated at a lower grade.*

**3. Missed practical classes** must be completed no later than one week before the test session in contact hours at face-to-face consultations of the teacher and online. The schedule is posted on the website of the department[: http://kafedrapsichiatrii.dsmu.edu.ua/.](:%20http:/kafedrapsichiatrii.dsmu.edu.ua/)

Rearrangement takes place according to the norms defined in Donetsk National Medical University.

* ***When organizing the educational process at Donetsk National Medical University, students, teachers and administration act in accordance with the regulatory framework for the organization of the educational process (see the website https://dnmu.edu.ua/).***

**PRECISIONS AND POST-PRICES**

*Prerequisites.* The effectiveness of mastering the content of the discipline "Psychiatry, Addiction" will increase significantly if the applicant has previously mastered the material of medical biology, human anatomy, biological and bioorganic chemistry, physiology, microbiology, pathophysiology, radiology, pharmacology, medical psychology, neurology, dermatology, dermatology

*Postrequisites.* Acquisition of competencies by applicants will allow to apply knowledge in psychiatry and narcology of further study of disciplines: internal medicine, obstetrics, specialized dental, pediatric, pharmacological disciplines. The discipline "Psychiatry, Addiction" lays the foundations for the study of students of clinical disciplines, which involves the integration of teaching with these disciplines and the formation of skills to apply knowledge of psychiatry and addiction in further education and professional activities; basics of a healthy lifestyle and prevention of mental disorders in the process of life.

**Description of the academic discipline**

*The description of the discipline is given in table 1.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| parameter name | Characteristics of the discipline by form of study | | | |
| Daytime | | extramural | |
| PSYCHIATRY. ADDICTION PSYCHIATRY | | | | |
| discipline status | required | | | |
| the language of teaching, learning, and assessment | English | | | |
| Total amount: credits / hours | 1/30 | | | |
| Course | 4 | - | |  |
| Semester | 7 | - | |  |
| Number of content modules by distribution | 2 | - | |  |
| Volume of loans | 3 | - | |  |
| The amount of hours, including | 30 | - | |  |
| Classroom | 20 | - | |  |
| Final modular control | - | - | |  |
| Individual work | 10 | - | |  |
| Form of semester control | test | - | |  |

Note: 1 ECTS credit - 30 hours.

Classroom load - 67%, IWS - 33%

**Program results: acquired abilities (competencies)**

*Discipline ensures that students acquire the following competencies*

|  |  |
| --- | --- |
| **INTEGRAL COMPETENCES** | *- ability to solve typical and complex specialized tasks and practical problems in professional activities in the field of health care, or in the learning process, which involves research and / or innovation and is characterized by complexity and uncertainty of conditions and requirements.* |
| **GENERAL COMPETENCES** | *- ability to abstract thinking, analysis and synthesis;*  *- ability to learn and master modern knowledge;*  *- ability to apply knowledge in practical situations;*  *- knowledge and understanding of the subject area and understanding of professional activity;*  *- ability to adapt and act in a new situation;*  *- ability to make informed decisions;*  *- ability to work in a team;*  *- interpersonal skills;*  *- ability to communicate in the state language;*  *- skills of using information and communication technologies;*  *- determination and persistence in terms of tasks and responsibilities;*  *- ability to act socially responsibly and consciously;*  *- the desire to preserve the environment;*  *- ability to act on the basis of ethical considerations (motives).* |
| **PROFESSIONAL COMPETENCES** | *- skills of interviewing and clinical examination of the patient;*  *- ability to determine the necessary list of laboratory and instrumental studies and evaluate their results;*  *- ability to establish a preliminary and clinical diagnosis of the disease;*  *- ability to determine the required mode of work and rest in the treatment of diseases;*  *- the ability to determine the nature of nutrition in the treatment of diseases;*  *- ability to determine the principles and nature of treatment of diseases;*  *- ability to diagnose emergencies;*  *ability to determine the tactics of emergency medical care;*  *- skills of providing emergency medical care;*  *- skills of performing medical manipulations;*  *ability to carry out preventive measures;*  *ability to determine the tactics of management of persons subject to dispensary supervision;*  *ability to keep medical records.* |

***The result of the applicants' training is to KNOW:***

* subject, tasks of psychiatry and narcology;
* the main stages of development of psychiatry and the achievements of domestic scientists;
* structure of psychiatric and narcological care, psychiatric hospital and dispensary;
* principles of care for the mentally ill;
* main etiopathogenetic mechanisms of mental pathology development;
* legal principles of psychiatric care, modern concept of mental health care in Ukraine;
* the role of the somatic doctor in providing medical care to patients with symptomatic mental disorders;
* first and emergency care for patients with mental disorders, the main indications for hospitalization;
* methods of clinical and psychopathological research;
* the concept of psychopathological symptom, syndrome and disease, the characteristics of the registers of mental disorders, syndromological and nosological classification of mental pathology;
* principles and methods of treatment of mental illnesses and disorders;
* principles and methods of psychosocial rehabilitation of the mentally ill and prevention of mental illness, psychoeducation;
* classification and definition of disorders of sensations and perceptions;
* classification and definition of memory disorders;
* classification and definition of disorders of thinking and intelligence;
* classification and definition of emotional disorders;
* classification and definition of effector sphere disorders;
* syndromes of depression and darkening of consciousness;
* features of care, observation, transportation of patients with impaired consciousness;
* non-psychotic syndromes: asthenic, neurotic (neurasthenic, obsessive-phobic, dysmorphophobic, hysterical), depressive, hypochondriac, somatoform;
* psychotic syndromes: depressive, manic, paranoid, paranoid, dysmorphomanic, catatonic, hebephrenic, delirium, oneiroid, amentive, asthenic confusion of consciousness, twilight state of consciousness, hallucinations;
* defective-organic syndromes: psychoorganic, Korsakovsky amnestic, oligophrenia, dementia, mental insanity;
* main psychopathological syndromes of childhood: childhood autism, hyperdynamic, children's pathological fears, infantilism.
* main clinical forms of somatogenous psychoses;
* basic principles of therapy, rehabilitation and prevention of mental disorders in endocrine and somatic diseases;
* classification of mental disorders in acute and chronic infections;
* mental disorders in HIV-infected people;
* principles of treatment of mental disorders in acute and chronic infections;
* mental disorders due to traumatic brain injury, their treatment and prevention;
* clinical features of mental disorders in acute poisoning and chronic intoxication;
* features of mental disorders that are caused by environmentally unfavorable factors;
* prevention and treatment of mental disorders due to industrial, domestic, drug intoxications and environmental adverse effects;
* concepts, psychoactive substances, phenomena of addiction and dependence, drug syndrome;
* simple alcohol intoxication, its degree, individual features, diagnosis, pathological alcohol intoxication, medical care for acute alcohol poisoning;
* alcoholism, its criteria, stages, diagnosis of alcohol withdrawal, medical care;
* metal-alcoholic psychoses: diagnosis of initial manifestations, prevention of further development, treatment;
* alcoholic encephalopathies;
* organization of drug treatment;
* clinical features of mental disorders due to the use of opiates, cannabinoids, sedatives and hypnotics, cocaine and other psychostimulants, hallucinogens, volatile solvents, nicotine, caffeine-containing products;
* the concept of psychogenic disorders, classification of neurotic and stress-related disorders;
* clinical features of emotional-stress and adaptive reactions, neuroses: neurasthenia, anxiety disorders, obsessive-compulsive disorder, dissociative disorders, depressive and somatoform disorders, post-traumatic stress disorder;
* prevention and treatment of neurotic and stress-related disorders;
* schizophrenia: definition, main clinical forms and types of schizophrenia;
* principles of treatment of schizophrenia;
* clinical picture of affective disorders, bipolar affective disorder and recurrent depressive disorder;
* principles of therapy of patients with affective disorders;
* suicidal behavior in mental illness, antisuicidal therapy, psychoprophylaxis of suicidal behavior;
* epilepsy, classification, mental disorders in patients with epilepsy, principles of treatment of patients with epilepsy and mental disorders;
* status epilepticus and treatment measures to remove the patient from this condition;
* personality and behavioral disorders in adults, factors that contribute to their development, the basic principles of therapy, rehabilitation and prevention of personality and behavioral disorders in adults;
* disorders of mental development, principles of therapy, correction, examination, rehabilitation, organization of educational and labor process;
* autism spectrum disorders, clinical manifestations, diagnosis, treatment, principles of rehabilitation and prevention;

**The result of training applicants is TO BE ABLE:**

* conduct a clinical examination of the patient and describe the mental status;
* analyze the data of clinical and paraclinical research and make a preliminary diagnosis of mental or psychosomatic disorder;
* determine the psychotic or non-psychotic level of mental disorder in the patient;
* determine the presence of the patient's indications for immediate hospitalization;
* solve the clinical problem of diagnosing and providing emergency care (for psychomotor agitation, status epilepticus, complications of treatment with psychotropic drugs, refusal to eat, stupor);
* solve a clinical problem by determining the tactics of managing a patient with a mental disorder or addiction;
* determine the level of social danger, the risk of autoaggression of the mentally ill, give a referral to a psychiatrist;
* prescribe one of the adequate condition of the patient psychotropic drugs in doses appropriate to the patient's age;
* give psycho-educational recommendations to the patient and his relatives.

**CONTENT OF THE COURSE**

The course will be presented in the form of lectures and practical classes (60 hours) and the organization of independent work of applicants (30 hours).

*Consultations* - individual, group.

*The following teaching methods are used during practical classes*: verbal, visual, practical; explanatory-illustrative, reproductive, partial-search, research; independent work of applicants on comprehension and mastering of new material of work, on application of knowledge in practice and development of abilities and skills, methods of the organization and realization of educational and cognitive activity; stimulation and motivation of training, control, self-control.

Students are encouraged to keep records of practical classes.

Table 2.

**STRUCTURE OF THE SUBJECT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the topic** | **Lectures (hrs.)** | **Practical classes / seminars/ laboratory classes**  **(hrs.)** | **Individual work of the student**  **(hrs.)** | **Extracurricular work**  **(hrs.)** |
| **Content module I. General issues of psychiatry: subject and tasks of psychiatry and narcology, history of development. Organization of care for patients with mental disorders. Features of the structure of a psychiatric hospital. Methods of psychiatric research. Classification of mental disorders (ICD-10). General principles of treatment, rehabilitation and examination of mental disorders. Violation of cognitive processes, emotions and motor-volitional sphere.** | | | | |
| Topic 1. Subject and tasks of psychiatry and narcology, history of development. Organization of care for patients with mental disorders. Features of the structure of a psychiatric hospital. | - | 1,0 | 0,5 | 1,5 |
| Topic 2. Methods of psychiatric research. Classification of mental disorders (ICD-10). General principles of treatment, rehabilitation and examination of mental disorders. | - | 1,2 | 0,5 | 1,7 |
| Topic 3. Violation of cognitive processes, emotions and motor-volitional sphere (psychopathological symptoms). | 0,5 | 1,3 | 0,5 | 2,3 |
| Together on the content module 1. | 0,5 | 3,5 | 1,5 | 5,5 |
| **Content module 2. Syndromes of the psychotic register. Schizophrenia and disorders of the schizophrenic spectrum. Affective disorders** | | | | |
| Topic 4. Syndromes of the psychotic register. | 0,5 | 1,0 | 0,5 | 2,0 |
| Topic 5. Schizophrenia, schizotypal and delusional disorders (classification, diagnosis, clinical symptoms, types of course, treatment). | 0,5 | 1,5 | 1,0 | 3,0 |
| Topic 6. Affective disorders (classification, main clinical symptoms, principles of therapy) | 0,5 | 1,0 | 1,0 | 2,5 |
| Together on the content module 2. | 1,5 | 3,5 | 2,5 | 7,5 |
| **Content module 3. Defect-organic and syndromes of non-psychotic register. Organic mental disorders. Mental and behavioral disorders due to the use of surfactants. Neurotic and somatoform disorders. PTSD.** | | | | |
| Topic 7. Defect-organic syndromes. | 0,5 | 0,5 | 0,5 | 1,5 |
| Topic 8. Organic (including symptomatic) mental disorders. Exogeny. Mental disorders in old age. Epilepsy. Classification, clinic, types of course, treatment. | 0,5 | 1,0 | 0,5 | 2,0 |
| Topic 9. Mental and behavioral disorders due to the use of psychoactive substances. Classification, pathogenesis, clinic, diagnosis, treatment, psychological rehabilitation. | 0,5 | 1,0 | 0,5 | 2,0 |
| Topic 10. Syndromes of nonpsychotic register. | 0,5 | 0,5 | 0,5 | 1,5 |
| Topic 11. Neurotic and somatoform disorders. Reaction to severe stress and maladaptation. Post-traumatic stress disorder. | 0,5 | 0,5 | 1,0 | 2,0 |
| Together on the content module 3. | 2,5 | 3,5 | 3,0 | 9,0 |
| **Content module 4. Mature personality disorders. Child psychiatry.** | | | | |
| Topic 12. Disorders of mature personality and behavior in adults. | 0,5 | 1,0 | 1,0 | 2,5 |
| Topic 13. Mental retardation (clinical forms, diagnosis, treatment, rehabilitation). Autism spectrum disorders. | 0,5 | 1,0 | 1,0 | 2,5 |
| Topic 14. Behavioral disorders that begin in childhood and adolescence. Hyperkinetic disorders. | 0,5 | 1,5 | 1,0 | 3,0 |
| Together on the content module 3. | 1,5 | 3,5 | 3,0 | 8,0 |
| Together with the discipline. | 6 | 14 | 10 | 30 |

**Educational and methodical card of the discipline**

THEMATIC PLAN OF LECTURES

|  |  |  |
| --- | --- | --- |
| **№** | **Name of the topic** | **Amount of hours** |
| 1. | General psychopathology (psychopathological symptoms and syndromes). | 2 |
| 2. | Schizophrenia. Disorders of the schizophrenic spectrum. Affective disorders. Mental and behavioral disorders due to the use of psychoactive substances. Personality disorders. Mental retardation Organic (including symptomatic) mental disorders. Somatogenous mental disorders. Exogeny. Mental disorders in old age. Epilepsy. Classification, clinic, types of course, treatment. | 2 |
| 3. | Organic (including symptomatic) mental disorders. Somatogenous mental disorders. Exogeny. Mental disorders in old age. Epilepsy. Classification, clinic, types of course, treatment. Neurotic disorders. Somatoform disorders. Reaction to severe stress and maladaptation. Post-traumatic stress disorder. Classification, clinic, types of course, treatment. | 2 |
|  | **Total hours:** | 6 |

THEMATIC PLAN OF PRACTICAL CLASSES

|  |  |  |
| --- | --- | --- |
| **№** | **Name of the topic** | **Amount of hours** |
| 1. | Subject and tasks of psychiatry and narcology, history of development. Organization of care for patients with mental disorders. Features of the structure of a psychiatric hospital. Methods of psychiatric research. Classification of mental disorders (ICD-10). General principles of treatment, rehabilitation and examination of mental disorders. Disorders of cognitive mental processes, emotions and motor-volitional sphere. | 3,5 |
| 2. | Psychotic register syndromes. Schizophrenia, schizotypal and delusional disorders (classification, diagnosis, clinical symptoms, types of course, treatment). Affective disorders (classification, main clinical symptoms, principles of therapy). | 3,5 |
| 3. | Defect-organic syndromes. Organic (including symptomatic) mental disorders. Somatogenous mental disorders. Exogeny. Mental disorders in old age. Epilepsy. Classification, clinic, types of course, treatment Neurotic disorders. Somatoform disorders. Reaction to severe stress and maladaptation. Post-traumatic stress disorder. Classification, clinic, types of course, treatment. | 3,5 |
| 4. | Disorders of mature personality and behavior in adults. Mental retardation (etiology, pathogenesis, clinical forms, differential diagnosis, treatment and correction measures, examination issues). Early childhood autism. Hyperkinetic disorders in children and adolescents. Etiology, pathogenesis. Clinical manifestations. Diagnosis. Treatment. Prevention | 3,5 |
|  | **Total hours:** | 14 |

**SAMPLES OF TESTS AND SITUATIONAL TASKS**

Current, intermediate and final test control is carried out using tests of format A "Choose the correct answer" and format B "Provide an answer to the proposed situational task (case)".

|  |  |
| --- | --- |
| **Scale** | **Characteristics of answers** |
| А | over 90% correct answers |
| В | 85-90% of correct answers |
| С | 75 -84% correct answers |
| D | 68-74% of correct answers |
| Е | 60-67% of correct answers |
| FX | 31-59% correct answers |

*Examples of test tasks*

***Task №1***

Patient V., 32 years old, who suffered a severe traumatic brain injury, about 1 week ago began to hear "voices" commenting on his actions. What perception disorder did he have?

A. Illusions

B. Senestopathy

\*WITH. Hallucinations

D. Synesthesia

E. None of the above

***Task №2***

Patient P., 24 years old, states: "My thoughts and feelings seem to have changed, become different from the former, I myself have changed, changed internally, become a different person." What is the patient's disorder?

A. Real hallucinations

\*В. Mental depersonalization

C. Pseudohallucinations

D. Visceral hallucinations

E. Derealization

***Task №3***

Patient V., 28 years old. Behavior is disordered, mood is high, sleeps 2-3 hours a day, annoying, restless. Constantly offers his help to medical staff, roommates, speaks a lot, loudly, quickly, hoarse voice, the patient often changes the topic of conversation. What is the thinking disorder in this case?

A. Broken thinking

\*B. Accelerated thinking

C. Paralogical thinking

D. Incoherent thinking

E. Reasoning

***Task №4***

Patient M., 32 years old, sought medical help from a psychiatrist after the death of his mother from cancer. In recent months, he constantly finds himself thinking that he may also suffer from the same disease or other pathology, so he began to often consult a family doctor with a request for additional examination. The patient emphasizes that he understands the absurdity of his behavior, but the efforts of the will can not get rid of the idea that, perhaps, during the examination, doctors did not see something, and the disease progresses. What is the most likely thinking disorder in this patient?

A. Valuable ideas

\*B. Obsessive-compulsive disorder

C. Delusional ideas

D. Reasoning

E. Paralogical thinking

***Task №5***

Patient K., 34 years old, consulted a district psychiatrist and reported that she was in danger. She "understood" this when she left the store, and young people passed by and laughed out loud. What is the patient's thinking disorder?

A. Rupture

B. Obsession

C. Reasoning

D. Valuable ideas

\*IS. Delirium

*Examples of situational tasks (cases)*

***Task №1.***

Patient T., 35 years old, has been observed by a psychiatrist for 18 years due to a mental disorder. With the deterioration of his mental state, he began to note that he was both in his room and in the spaceship. The day before, he began to feel an influx of vivid images: he saw "two large planets: white and black, flying to the moon, it's very cold there." Sometimes focused on inner experiences, sometimes willingly talks about them. What syndrome of impaired consciousness is observed in the patient?

Answer: Oneiroid

***Task №2.***

Patient M., 21 years old. While studying at a higher educational institution, the patient's relatives began to notice the deterioration of his mental state: for no apparent reason he became lethargic, lost interest in learning, communication with acquaintances, art and music, with which he previously "only lived", began to read religious literature. attended church daily. Over time, auditory pseudo-hallucinations, delusions of persecution, and hypnotic effects emerged. He stated that his thoughts were "read by other people." He was practically inactive and indifferent, almost constantly expressing absurd ideas of various contents. He has no criticism of his condition. Identify the psychopathological syndrome.

Answer: Kandinsky-Clerambo syndrome

***Task №3.***

Patient V., 21 years old, has a heavy heredity: her grandmother and aunt (paternal line) suffer from a mental disorder. A year ago, for no apparent reason, the patient's behavior changed - she burned her documents, began to treat her parents aggressively, and did not look after herself. She became suspicious, believing that she was being watched on the street, at the university. I stopped using public transport because "there are people there who are stalking me, giving signals to each other by coughing and sneezing." Sometimes the patient's emotional tension is replaced by inadequate laughter, mischief. During the examination by a psychiatrist, she said that she heard "voices in the middle of my head" being harassed by unknown people who "put their thoughts in my head", "their voices are in my head", "they make me sing, laugh, forbid me to eat". He believes that experiments are being conducted on it. There is no criticism of his condition. Diagnose the disease.

Answer: Paranoid schizophrenia

***Task №4.***

Patient V., 29 years old, has been suffering from a mental disorder for 7 years. When the condition worsened, she was examined by a psychiatrist: contact, correctly oriented in place, time and personality. Excited, can't sit still. She constantly says that "the grandmothers she went to are to blame for her poor condition," that "a voice in her head repeats that she misbehaved." The patient focuses on her painful experiences. There is no criticism of his condition. Which drug should be prescribed to the patient as the main one?

Answer: Neuroleptic

***Task №5.***

Patient P., 19 years old. As a child she developed normally, studied well, but had no close friends. Mental disorders began at age 18. After the mother was diagnosed with cancer, the patient became anxious, complained, like her mother, of abdominal pain, general weakness. She stopped sleeping, refused to eat, was constantly within bed. She stated that she had "electric current in her head, the room was entangled in an electric wire." Subsequently, there was mutism, active and passive negativism, waxy flexibility. During feeding, resists, grits his teeth, spits. Sometimes he covers his head with a blanket or bathrobe. Sloppy. Determine the preliminary diagnosis.

Answer: Catatonic schizophrenia

**THEMATIC PLAN OF THE INDIVIDUAL WORK**

*Tasks for independent work. They include preparation for practical classes, self-study of topics of the discipline that are not included in the plan of classroom classes and preparation for the final control (credit). Doing independent work is an integral part of a successful course and is assessed separately.*

**THEMATIC PLAN OF THE INDIVIDUAL WORK**

|  |  |  |
| --- | --- | --- |
| **No.** | **Name of the topic** | **Amount of hours** |
| 1. | History of psychiatry and narcology. Regulatory documents governing the work of the psychiatric service. | 1 |
| 2. | The current state of the problem of schizophrenia and disorders of the schizophrenic spectrum. | 1 |
| 3. | Suicidal behavior in patients with mental disorders | 1 |
| 4. | Non-drug methods of treatment of patients with mental disorders. Rehabilitation and examination of mental disorders | 1 |
| 5. | Side effects of psychopharmacotherapy. | 1 |
| 6. | Mental disorders in HIV / AIDS. Mental disorders in radiation sickness. Mental disorders in acute and chronic intoxications. | 1 |
| 7. | Age and gender features of the use of surfactants | 1 |
| 8. | Anorexia nervosa. Bulimia nervosa .. Somatovegetative manifestations of depressive disorders. Somatized (masked, larval) depression | 1 |
| 9. | Primary psychotic episode. Clinical manifestations and modern methods of treatment. | 1 |
| 10. | Disorders of sexual identification and sexual behavior. | 1 |
| **Together** | | **10** |

***Tasks for individual work***

Performing individual work involves writing a medical history based on the results of clinical and psychopathological examination of a patient with mental disorders during the entire period of study of the discipline.

*The scheme of writing a HISTORY OF THE DISEASE is given according to the following plan:*

1. Passport data (information).

2. Complaints of the patient.

3. Life history (according to the patient).

4. History of the disease (according to the patient).

5. Objective anamnesis (according to people who know the patient).

6. The patient's condition at the time of examination:

a) somatic;

b) neurological;

c) mental.

7. Conclusions on the materials of the initial examination, preliminary syndromic diagnosis.

8. Data of the subsequent supervision and inspection of the patient.

9. Carrying out differential diagnostics.

10. Establishing a final diagnosis.

11. Prescribing treatment.

12. Definition of the forecast and social and labor recommendations

**CONTROL QUESTIONS FROM THE DISCIPLINE**

**"PSYCHIATRY, NARCOLOGY"**

*The list of questions that the applicant must master when studying the discipline.*

* Subject, tasks of psychiatry and narcology.
* The main stages of development of psychiatry and the achievements of domestic scientists.
* Structure of psychiatric and narcological care, psychiatric hospital and dispensary.
* Principles of care for the mentally ill.
* The main etiopathogenetic mechanisms of mental pathology.
* Legal principles of psychiatric care. Modern concept of mental health care in Ukraine.
* The role of the somatic physician in providing medical care to patients with symptomatic mental disorders.
* First and emergency care for patients with mental disorders, the main indications for hospitalization.
* Methods of clinical and psychopathological research.
* The concept of psychopathological symptom, syndrome and disease, characteristics of registers of mental disorders, syndromological and nosological classification of mental pathology.
* Principles and methods of treatment of mental illness and disorders.
* Principles and methods of psychosocial rehabilitation of the mentally ill and prevention of mental illness. Psychoeducation.
* Classification and definition of disorders of sensations and perceptions.
* Classification and definition of memory disorders.
* Classification and definition of disorders of thinking and intelligence.
* Classification and definition of emotional disorders.
* Classification and definition of effector sphere disorders.
* Syndromes of depression and darkening of consciousness.
* Features of care, observation, transportation of patients with impaired consciousness.
* Non-psychotic syndromes: asthenic, neurotic (neurasthenic, obsessive-phobic, dysmorphophobic, hysterical), depressive, hypochondriac, somatoform.
* Psychotic syndromes: depressive, manic, paranoid, paranoid, dysmorphomanic, catatonic, hebephrenic, delirium, oneiroid, amentive, asthenic confusion, twilight state of consciousness, hallucinations.
* Defect-organic syndromes: psychoorganic, Korsakovsky amnestic, oligophrenia, dementia, mental insanity.
* The main psychopathological syndromes of childhood: childhood autism, hyperdynamic, children's pathological fears, infantilism.
* The main clinical forms of somatogenous psychoses.
* Basic principles of therapy, rehabilitation and prevention of mental disorders in endocrine and somatic diseases.
* Classification of mental disorders in acute and chronic infections.
* Mental disorders in HIV-infected people.
* Principles of treatment of mental disorders in acute and chronic infections.
* Mental disorders due to traumatic brain injury, their treatment and prevention.
* Clinical features of mental disorders in acute poisoning and chronic intoxication.
* Features of mental disorders that are caused by environmentally unfavorable factors.
* Prevention and treatment of mental disorders due to industrial, domestic, drug intoxications and environmental adverse effects.
* Concepts, psychoactive substances, phenomena of addiction and dependence, drug syndrome.
* Simple alcohol intoxication, its degree, individual features, diagnosis, pathological alcohol intoxication, medical care for acute alcohol poisoning.
* Alcoholism, its criteria, stages, diagnosis of alcohol withdrawal, medical care.
* Alcoholic psychosis: diagnosis of initial manifestations, prevention of further development, treatment.
* Alcoholic encephalopathies.
* Organization of drug treatment.
* Clinical features of mental disorders due to the use of opiates, cannabioids, sedatives and hypnotics, cocaine and other psychostimulants, hallucinogens, volatile solvents, nicotine, caffeine-containing products.
* The concept of psychogenic disorders, classification of neurotic and stress-related disorders.
* Clinical features of emotional-stress and adaptive reactions, neuroses: neurasthenia, anxiety disorders, obsessive-compulsive disorder, dissociative disorders, depressive and somatoform disorders, post-traumatic stress disorder.
* Prevention and treatment of neurotic and stress-related disorders.
* Schizophrenia: definitions, main clinical forms and types of schizophrenia.
* Principles of treatment of schizophrenia
* Clinical picture of affective disorders. Bipolar affective disorder and recurrent depressive disorder.
* Principles of therapy of patients with affective disorders.
* Suicidal behavior in mental illness. Antisuicidal therapy. Psychoprophylaxis of suicidal behavior.
* Epilepsy. Classification. Mental disorders in patients with epilepsy. Principles of therapy of patients with epilepsy and mental disorders.
* Status epilepticus and treatment measures to remove the patient from this condition.
* Personality and behavior disorders in adults, factors contributing to their development. Basic principles of therapy, rehabilitation and prevention of personality and behavioral disorders in adults.
* Disorders of mental development Principles of therapy, correction, examination, rehabilitation. Organization of educational and labor process.
* Autism spectrum disorders. Clinical manifestations. Diagnosis. Treatment. Principles of therapy and rehabilitation, prevention.

**MONITORING AND EVALUATION OF LEARNING ACHIEVEMENTS**

Assessment of current educational activities includes control of theoretical and practical training in the discipline. The teacher who conducts the discipline evaluates the success of each applicant in each class on a four-point (traditional) scale, taking into account the standardized generalized criteria for assessing the knowledge of applicants.

*Methods of control:* oral control, written control, test control, self-control, practical check, final control is carried out in the form of a test.

*Forms of final control of applicants' success:*

- current control is carried out during the practical

classes in the form of oral and express questioning, testing with Google Forms, practical tasks, independent work and aims to check the level of readiness of applicants to perform specific work. The level of theoretical knowledge, independence and completeness of solving practical problems, activity and systematic work in the classroom are assessed;

- intermediate control is carried out after studying the program material of each content module in the form of testing using Google Forms, performing situational tasks, interviews (oral communication), preparation of individual work. A rating assessment from the content module is set, which contains the grades obtained during all types of classes and independent work of each content module;

- final control is carried out in the form of a test with the calculation of the arithmetic mean for all classes of the discipline, converted into a 200-point system. This is a form of final certification for the mastering of theoretical and practical material, the implementation of all types of work in the discipline for the semester.

The quantitative learning outcome obtained on a 200-point scale is converted into a traditional four-point system and the ECTS system (see Table 7).

|  |  |  |
| --- | --- | --- |
| Score in the 200-point system | Score in the traditional four-point scale | ECTS system score |
| 180-200 | 5 | A |
| 164-179 | 4 | B |
| 150-163 | C |
| 135-149 | 3 | D |
| 120-134 | E |
| <120 | 2 | FX |

**Recommended literature**

**Main literature:**

1. Medical Psychology: Textbook / Osokina OI, Putyatin GG, Ivnev BB etc.; under the general ed. prof. OI Osokina. - Kramatorsk - Kyiv: Slovyansk, 2021 - 204 p.
2. O.Osokina, G.Putyatin PSYCHIATRY AND ADDICTION PSYCHIATRY Methodical directions for medical students. – Kyiv: 2020. – 37 p.
3. Medical Psychology: Textbook / Edited by prof. Osokina OI Kramatorsk - Kropyvnytskyi - Mariupol, 2019 - 226 p.
4. Psychiatry and addiction: a textbook / G.T. Dream Interpretation, OK Napreenko, P86 AM Skripnikov, LV. Zhivotovskaya, Н.Ю. Napreenko; for order. OK. Napreenka. - 3rd ed., Ed. - К.: ВСВ «Медицина», 2017. - 424 с.
5. Prib GA Social Psychiatry and Addiction: A Textbook. - К .: ІПК ДСЗУ, - 2016. - 255 с.
6. ICD-11 International Classification of Diseases 11th revision - Global Standard for Diagnostic Medical Information. - 2019 - https://icd.who.int/en
7. Skripnikov AM, Zhivotovskaya LV, Bodnar LA, Dream Interpretation GT. Psychiatry and Addiction. Training manual - K .: Publishing House "Medicine", 2021 - 224 p.
8. Diagnostic criteria with DSM-V. - K., Abris, 2016. - 272 p
9. Fundamentals of psychiatry and addiction: textbook. way. / head ed ..: N. Prophet. Vol. 1. Kyiv, 2018. 208 p.

**Additional literature:**

1. P. Harrison, Ph. Cowen, T. Burns, M. Fazel Shorter Oxford Textbook of Psychiatry – 7 ed., - 2018. – 897 p.
2. Post-traumatic stress disorder: a manual / Wenger OP, Yastremskaya SO, Rega NI and others. - Ternopil: TSMU, 2016. - 264 p.
3. Ghaffarzadegan, N., Ebrahimvandi, A., & Jalali, M. S. (2016). A Dynamic Model of Post Traumatic Stress Disorder in life-changing situations. Plos ONE, 11 (10), 1–17. DOI: 10.1371 / journal.pone.0161405

**9. Informational resources**

1. <https://cdn.website-editor.net/30f11123991548a0af708722d458e476/files/uploaded/DSM%2520V.pdf>
2. <file:///C:/Documents%20and%20Settings/User/%D0%9C%D0%BE%D0%B8%20%D0%B4%D0%BE%D0%BA%D1%83%D0%BC%D0%B5%D0%BD%D1%82%D1%8B/Downloads/Kaplan_and_Sadock_s_Review_in_Psychiatry.pdf>
3. <https://mu-plovdiv.bg/wp-content/uploads/2016/12/Psychopathology-Madjirova.pdf>
4. <http://www.psychiatry.ru/siteconst/userfiles/file/englit/%5BHE_Adams,_PB_Sutker_(Eds.)%5D_Comprehensive_Handboo(BookFi.org).pdf>
5. <https://www.pdfdrive.com/shorter-oxford-textbook-of-psychiatry-seventh-edition-d60128061.html>

**Educational glossary**

**A**  
[Addiction](https://www.priory.com/gloss.htm#addiction):[Adjustment Disorder:](https://www.priory.com/gloss.htm#adjust) [Affect:](https://www.priory.com/gloss.htm#affect) [Agnosia](https://www.priory.com/gloss.htm#agnosia) :[Agoraphobia](https://www.priory.com/gloss.htm#agoraphobia): [Akathisia](https://www.priory.com/gloss.htm#akathisia): [Amnesia](https://www.priory.com/gloss.htm#Amnesia): [Anorexia nervosa](https://www.priory.com/gloss.htm#anorexia) : [Anxiety](https://www.priory.com/gloss.htm#anxiety) : [Asthenia](https://www.priory.com/gloss.htm#asthenia)

**B**  
[Bulimia nervosa](https://www.priory.com/gloss.htm#bulimia)

**C**  
[Compulsion](https://www.priory.com/gloss.htm#compulsion) : [Confabulation](https://www.priory.com/gloss.htm#confabulation) : [Cyclothymia](https://www.priory.com/gloss.htm#cyclo)  
**D**  
[Dejà vu](https://www.priory.com/gloss.htm#deja) : [Delirium](https://www.priory.com/gloss.htm#delirium) : [Delusion](https://www.priory.com/gloss.htm#delusion) : [Delusional Mood](https://www.priory.com/gloss.htm#delusional) : [Delusional Perception](https://www.priory.com/gloss.htm#delperception) : [Dementia](https://www.priory.com/gloss.htm#dementia) : [Depersonalisation](https://www.priory.com/gloss.htm#depersonalisation) : [Depression](https://www.priory.com/gloss.htm#depression) : [Derealisation](https://www.priory.com/gloss.htm#derealisation) : [Dyskinesia](https://www.priory.com/gloss.htm#dyspraxia): [Dyspraxia](https://www.priory.com/gloss.htm#dyspraxia)  
**E**  
[Echolalia](https://www.priory.com/gloss.htm#echolalia) : [Echopraxia](https://www.priory.com/gloss.htm#echopraxia)  
**F**  
[First Rank Symptoms](https://www.priory.com/gloss.htm#first) : [Flight of Ideas](https://www.priory.com/gloss.htm#flight) : [Frontal Lobe Syndrome](https://www.priory.com/gloss.htm#frontal)  
**H**  
[Hallucination](https://www.priory.com/gloss.htm#hallucination) : [Hypomania](https://www.priory.com/gloss.htm#hypomania)  
**I**  
[Illusion](https://www.priory.com/gloss.htm#illusion) : [Insight](https://www.priory.com/gloss.htm#insight)  
**J**  
[Jamais vu](https://www.priory.com/gloss.htm#jamais)**K**  
[Korsakoff's Syndrome](https://www.priory.com/gloss.htm#Korsakoff)  
**M**  
[Made phenomena](https://www.priory.com/gloss.htm#made) : [Mania](https://www.priory.com/gloss.htm#mania)  
**N**  
[Neologism](https://www.priory.com/gloss.htm#neologism) : [Neuroleptic Malignant Syndrome](https://www.priory.com/gloss.htm#nms)  
**O**  
[Obsession](https://www.priory.com/gloss.htm#obsession)  
**P**  
[Parietal lobe signs](https://www.priory.com/gloss.htm#parietal) : [Passivity phenomena](https://www.priory.com/gloss.htm#passivity) : [Perseveration](https://www.priory.com/gloss.htm#perseveration)  
**S**  
[Schizophasia](https://www.priory.com/gloss.htm#schizophasia) : [Seasonal Affective Disorder](https://www.priory.com/gloss.htm#seasonal)  
**T**  
[Tardive dyskinesia](https://www.priory.com/gloss.htm#tardive) : [Thought blocking](https://www.priory.com/gloss.htm#blocking) : [Thought broadcasting](https://www.priory.com/gloss.htm#broadcasting) : [Thought disorder](https://www.priory.com/gloss.htm#disorder) : [Thought echo](https://www.priory.com/gloss.htm#echo) : [Thought insertion](https://www.priory.com/gloss.htm#insertion) : [Thought withdrawal](https://www.priory.com/gloss.htm#withdrawal)  
**W**  
[Word Salad](https://www.priory.com/gloss.htm#word)

## 

**Addiction**

An organism's psychological or physical dependence on a drug, characterised by tolerance and withdrawal.

**Adjustment disorder**

A pathological psychological reaction to trauma, loss or severe stress. Usually these last less than six months, but may be prolonged if the stressor e.g. pain or scarring is enduring.

#### Affect

A person's affect is their immediate emotional state which the person can recognise subjectively and which can also be recognised objectively by others. A person's mood is their predominant current affect.

#### Agnosia

An inability to organise sensory information so as to recognise objects (e.g. visual agnosia) or sometimes even parts of the body, (e.g. hemisomatoagnosia).

**Agoraphobia**

Fear of the marketplace literally; taken now to be a fear of public of public places associated with panic disorder.

#### Akathisia

An inner feeling of excessive restlessness which provokes the sufferer to fidget in their seat or pace about.

**Amnesia**

A partial of complete loss of memory. **Anterograde** amnesia is a loss of memory subsequent to any cause e.g. brain trauma. Retrograde amnesia is a loss of memory for a period of time prior to any cause.

#### Anorexia nervosa

Anorexia nervosa is an eating disorder characterised by excess control - a morbid fear of obesity leads the sufferer to try and limit or reduce their weight by excessive dieting, exercising, vomiting, purging and use of diuretics. Sufferers are typically more than 15% below the average weight for their height/sex/age. Typically they have amenorrhoea (if female) or low libido (if male). 1-2% of female teenagers are anorexic.

#### Anxiety

Anxiety is provoked by fear or apprehension and also results from a tension caused by conflicting ideas or motivations. Anxiety manifests through mental and somatic symptoms such as palpitations, dizziness, hyperventilation, and faintness.

#### Asthenia

Asthenia is a weakness or debility of some form, hence neurasthenia, a term for an illness seen by dctors around the turn of the century, a probable precursor to chronic fatigue syndrome and myalgic encephalomyelitis (ME).

#### Bulimia nervosa

Described by Russell in 1979, bulimia nervosa is an eating disorder characterised by lack of control. Abnormal eating behaviour including dieting, vomiting, purging and particularly bingeing may be associated with normal weight or obesity. The syndrome is associated with guilt, depressed mood, low self-esteem and sometimes with childhood sexual abuse, alcoholism and promiscuity. May be asociated with oesophageal ulceration and parotid swelling (Green's chubby chops sign).

#### Compulsion

The behavioural component of an obsession. The individual feels compelled to repeat a behaviour which has no immediate benefit beyond reducing the anxiety associated with the obsessional idea. For instance for a person obsessed by the idea that they are dirty, repeated ritual handwashing may serve to reduce anxiety.

#### Confabulation

Changing, loosely held and false memories created to fill in organically-derived amnesia

#### Cyclothymia

A variability of mood over days or weeks, cycling from positive to negative mood states. The variability is not as severe in amplitude or duration as to be classified as a major [affective](https://www.priory.com/gloss.htm#affect) disorder.

#### Dejà vu

Haven't you been here before?  
An abnormal experience where an individual feels that a particular or unique event has happened before in exactly the same way.

#### Delirium

An acute organic brain syndrome secondary to physical causes in which consciousness is affected and disorientation results often associated with illusions, visual hallucinations and persecutory ideation.

#### Delusion

An incorrect belief which is out of keeping with the person's cultural context, intelligence and social background and which is held with unshakeable conviction.

#### Delusional mood

Also known as *wahnstimmung*, a feeling that something unusual is about to happen of special significance for that person.

#### Delusional perception

A normal perception which has become highly invested with significance and which has become incorporated into a delusional system, e.g. 'when I saw the traffic lights turn red I knew that the dog I was walking was a Nazi and a lesbian Nazi at that'.

#### [Dementia](https://www.priory.com/dem.htm)

An chronic organic mental illness which produces a global deterioration in cognitive abilities and which usually runs a deteriorating course.

#### Depersonalisation

An experience where the self is felt to be unreal, detached from reality or different in some way. Depersonalisation can be triggered by tiredness, dissociative episodes or partial epileptic seizures.

#### [Depression](https://www.priory.com/dep.htm)

An affective disorder characterised by a profound and persistent sadness.

#### Derealisation

An experience where the person perceives the world around them to be unreal. The experience is linked to [depersonalisation](https://www.priory.com/gloss.htm#depersonalisation).

**Dyskinesia**

Abnormal movements as in tardive dyskinesia a late onset onet of abnormal involuntary movements. Tardive dyskinesia is conventionally thought a late side effect of first generation antipsychotics, but some abnormal movements were seen in schizophrenia before the introduction of antipsychotics.

#### Dyspraxia

A dyspraxia is a difficulty with a previously learnt or acquired movement or skill. An example might be a dressing dyspraxia or a constructional dyspraxia. Dyspraxias tend to indicate cortical damage, particularly in the parietal lobe region.

#### Echolalia

A speech disorder in which the person inappropriately and automatically repeats the last words he or she has heard. Palilalia is a form of echolalia in which the last syllable heard is repeated endlessly.

#### Echopraxia

A movement disorder in which the person automatically and inappropriately imitates or mirrors the movements of another.

#### First rank symptoms

Schneider classified the most characteristic symptoms of schizophrenia as first-rank features of schizophrenia. These included third person auditory hallucinations, thought echo, thought interference (insertion, withdrawal, and broadcasting), delusional perception and [passivity phenomena](https://www.priory.com/gloss.htm#passivity).

#### Flight of ideas

In [mania](https://www.priory.com/gloss.htm#mania) and [hypomania](https://www.priory.com/gloss.htm#hypomania) thoughts become pressured and ideas may race from topic to topic, guided sometimes only by rhymes or puns. Ideas are associated though, unlike thought disorder.

#### Frontal lobe syndrome

This follows frontal lobe damage or may be consequent upon a lesion such as a tumour of infarction. There is a lack judgement, a coarsening of personality, disinhibition, pressure of speech, lack of planning ability, and sometimes apathy. Perseveration and a return of the grasp reflex may occur.

#### Hallucination

An abnormal sensory experience that arises in the absence of a direct external stimulus, and which has the qualities of a normal percept and is experienced as real and usually in external space. Hallucinations may occur in any sensory modality.

#### Hypomania

An affective disorder characterised by elation, overactivity, an insomnia.

#### Illusion

An abnormal perception caused by a sensory misinterpretation of and actual stimulus, sometimes precipitated by strong emotion, e.g. fear provoking a person to imagine they have seen an intruder in the shadows.

#### Insight

In psychotic mental disorders and organic brain syndromes a patient's insight into whether or not they are ill and therefore requiring treatment may be affected. In depression a person may lack insight into their best qualities and in mania a person may overestimate their wealth and abilities.

#### Jamais vu

An abnormal experience where an individual feels that a routine or familiar event has never happened before. (See [Dejà vu](https://www.priory.com/gloss.htm#deja)).

**Korsakoff's Syndrome**

A syndrome of amnesia and [confabulation](https://www.priory.com/gloss.htm#confabulation) following chronic alcoholism. Short-term memory is particularly affected.Named after the Russian psychiatrist Korsakoff.

#### Made experiences

See '[Passivity phenomena](https://www.priory.com/gloss.htm#passivity)'.

#### Mania

An affective disorder characterised by intense euphoria, overactivity and loss of insight.

#### Neologism

A novel word often invented and used in schizophrenic thought disorder.

#### Neuroleptic Malignant Syndrome

A syndrome ascribed to neuroleptics. The syndrome includes hyperpyrexia (temperature over 39 degrees Celsius), autonomic instability and muscular rigidity. The syndrom is not dose related and appears to be related to a very wide variety of substances including antidepressants, antipsychotics and lithium. There is a significant risk of mortality. Whether the syndrome is a variant of the lethal catatonia syndrome (described **before** the advent of modern neuroleptics) is a debated point.

#### Obsession

An unpleasant or nonsensical thought which intrudes into a person's mind, despite a degree of resistance by the person who recognises the thought as pointless or senseless, but nevertheless a product of their own mind. Obsessions may be accompanied by compulsive behaviours which serve to reduce the associated anxiety.

#### Parietal Lobe signs

Parietal lobe signs include various agnosias (such as visual agnosias, sensory neglect, and tactile agnosias), dyspraxias (such as dressing dyspraxia), body image disturbance, and hemipareses or hemiplegias.

#### Passivity phenomena

In these phenomena the individual feels that some aspect of themselves is under the external control of another or others. These may therefore include 'made acts and impulses' where the individual feels they are being made to do something by another, 'made movements' where their arms or legs feel as if they are moving under another's control, 'made emotions' where they are experiencing someone else's emotions, and 'made thoughts' which are categorised elsewhere as thought insertion and withdrawal.

#### Perseveration

Describes an inappropriate repetition of some behaviour or thought or speech. Echolalia is an example of perseverative speech. Talking exclusively on one subject might be described as perseveration on a theme. Perseveration of thought indicates an inability to switch ideas, so that in an interview a patient may continue to give the same responses to later questions as he did to earlier ones. Perseveration is sometimes a feature of frontal lobe lesions.

#### Schizophasia

A severe form of thought disorder.

#### Seasonal Affective Disorder (SAD)

A form of depressive illness only occurring during winter months, associated with overeating and sleepiness. Responsive to antidepressants and phototherapy. Little researched and scientifically controversial.

#### Tardive dyskinesia

An abnormal involuntary movement disorder which may manifest as lipsmacking bucco-lingual movements or grimacing, truncal movements or athetoid limb movements.

#### Thought blocking

The unpleasant experience of having one's train of thought curtailed absolutely, often more a sign than a symptom.

#### Thought broadcasting

The experience that one's thoughts are being transmitted from one's mind and broadcast to everyone.

#### Thought disorder

A disorder of the form of thought, where associations between ideas are lost or loosened.

#### Thought echo

Where thoughts are heard as if spoken aloud, when there is some delay these are known as echo de la pensée and when heard simultaneously, Gedankenlautwerden.

#### Thought insertion

The experience of alien thoughts being inserted into the mind.

#### Thought withdrawal

The experience of thoughts being removed or extracted from one's mind.

#### Word salad

A severe form of [thought disorder](https://www.priory.com/gloss.htm#disorder).