

**FEDERAL STATE BUDGET EDUCATIONAL
HIGHER EDUCATION INSTITUTION
"ROSTOV STATE MEDICAL UNIVERSITY"
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION**

FACULTY OF TREATMENT AND PREVENTION

Appraisal Fund
in the discipline "Psychiatry, medical psychology"

Specialty 05/31/01 General Medicine

1. List of competencies formed by the discipline or in formation which discipline is involved:

professional (PC):

Code and name of professional competence	
PK-6	the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision.
PK-8	ability to determine tactics for managing patients with various nosological forms.

2. Types of assessment materials in accordance with the competencies being developed

Name competencies	Types of assessment materials	Number of tasks
PK-6	Closed tasks	25 with sample answers
	Open type tasks: Situational tasks Interview Questions	50 with standard answers 25 with standard answers
	Closed tasks	25 with sample answers
PK-8	Open type tasks: Situational tasks Interview Questions	50 with standard answers 25 with standard answers
	Closed tasks	25 with sample answers
	Open type tasks: Situational tasks Interview Questions	50 with standard answers 25 with standard answers

PK-6

Closed type tasks:

Task 1. Instructions: Choose one correct answer.

The set of behavioral, motivational and cognitive characteristics of the mental activity of patients, defined in psychological terms, is called:

- a) psychopathological symptom, b) psychopathological syndrome, c) pathopsychological syndrome, d) pathopsychological symptom, e) pathopsychological phenomenon.

Response standard: c) pathopsychological syndrome.

Task 2. Instructions: Choose one correct answer.

The patient is happy that she got sick, asserting: "I will be able to pay more attention to the children, I will not take them to kindergarten, I will make repairs in the apartment, I will read a little, I will do what I love."

What type of response to illness is this?

- 1) utilitarian,
- 2) euphoric,
- 3) harmonious,
- d) nosophilic,
- d) egocentric.

Response standard: d) nosophilic.

Task 3. Instructions: Choose one correct answer. Genetic methods for studying mental patients are used: a) for dynamic monitoring of the effectiveness of therapy,

b) to determine the degree of risk of mental illness in offspring, c) for all of the above,

d) to clarify the diagnosis, e) b) and d) are correct.

Response standard: e) true b) and d).

Task 4. Instructions: Choose one correct answer.

Abulia belongs to one of the following groups of mental disorders: a) productive disorders, b) negative disorders, c) positive disorders, d) unproductive disorders, e) dysgraphic disorders. *Response standard:* b) negative disorders.

Task 5. Instructions: Choose one correct answer. Memory disorders are all of the following except: a) dysmnesia,

- b) amnesia,
- c) confabulation,
- d) paramnesia,
- d) memories made.

Response standard: e) memories made.

Task 6. Instructions: Choose one correct answer. Derealization disorders manifest themselves in all of the following except:

- a) the fact that the environment is perceived as devoid of emotional resonance, lifeless, dead,
- b) inability to determine the year, month, day, season, day of the week,
- c) perception of the environment as ominous, mystically mysterious, unusually joyful, d) the emergence of a feeling that someone is nearby, with a simultaneous awareness of the fallacy of the emerging feeling,
- d) impairment of the ability to perceive in the form of the inability to establish connections between phenomena and understand the meaning of what is happening.

Response standard: d) the emergence of a feeling that someone is nearby, with a simultaneous special knowledge of the fallacy of the emerging feeling.

Task 7. Instructions: Choose one correct answer. Overvalued ideas are characterized by all of the following, except: a) the presence of

- judgments arising as a result of real circumstances,
- b) these judgments acquire a dominant place in the patient's consciousness, c) the presence of pronounced affective tension,
- d) a tendency, under certain conditions, to fade and disappear over time; e) completely erroneous, absurd conclusions.

Sample answer: d) completely erroneous, absurd conclusions.

Task 8. Instructions: Choose one correct answer. Asthenic syndrome is characterized by all of the following, except: a)

- physical exhaustion,
- b) mental exhaustion, c) fixation amnesia, d) affective lability, e) sleep disturbances.

Response standard: c) fixation amnesia.

Task 9. Instructions: Choose one correct answer.

Obsessive syndrome is characterized by:

- a) the emergence of feelings, thoughts, memories, drives, motor acts, etc. besides desires,
- b) awareness of their painfulness, a critical attitude towards them,
- c) difficulty in overcoming obsessions,
- d) all of the above,

d) a) and b) are correct.

Response standard: d) all of the above.

Task 10. Instructions: Choose one correct answer.

Hypochondriacal syndrome is manifested by all of the following, except: a) exaggerated attention to one's health, b) delusional belief in the existence of an incurable disease, c) depressed mood with senestopathies, d) confidence in the existing incurable disease, e) various, painful and painful sensations.
Sample answer: b) delusional belief in the existence of an incurable disease.

Task 11. Instructions: Choose one correct answer. The classic depressive triad is characterized by: a) all of the above in points b), c), d), b) motor inhibition, c) ideational inhibition, d) emotional inhibition, e) b) and c) are correct.

Sample answer: a) everything listed in points b), c), d).

Task 12. Instructions: Choose one correct answer.

Hallucinatory-paranoid syndrome is characterized by: a) a combination of delusions of persecution, influence, b) mental automatisms and pseudohallucinations, c) various hallucinations, d) all of the above,

e) a) and c) are correct.

Response standard: d) all of the above.

Task 13. Instructions: Choose one correct answer. Delirium syndrome is characterized by all of the following, except: a) catatonic inclusions, b) confusion, c) an influx of pareidolia and scene-like visual hallucinations, d) pronounced motor excitation, e) acute sensory delirium, affective disorders. *Response standard:* a) catatonic inclusions.

Task 14. Instructions: Choose one correct answer.

All of the following disorders are considered characteristic of schizophrenia, except: a) neurosis-like disorders, b) delusional disorders, c) hallucinatory-delusional disorders, d) convulsive syndrome,

e) a) and d) are correct.

Sample answer: d) convulsive syndrome.

Task 15. Instructions: Choose one correct answer.

The main types of bipolar affective disorder (BD) are: a) unipolar depressive, b) unipolar manic, c) bipolar, d) all of the above,

d) a) and b) are correct.

Response standard: d) all of the above.

Task 16. Instructions: Choose one correct answer. Down's disease is characterized by: a) the presence of an extra chromosome - the 21st chromosome, b) the absence of the 20th chromosome,

c) long limbs, short body, d) Mongoloid eye shape,

e) a) and d) are correct.

Response standard: e) a) and d) are correct.

Task 17. Instructions: Choose one correct answer. Exogenous type reactions were identified by: a) Karl Bonhoeffer,

b) S.S. Korsakov,

c) Emil Kraepelin,

d) V.Kh. Kandinsky,

e) Eugen Bleuler.

Response standard: a) Karl Bonhoeffer.

Task 18. Instructions: Choose one correct answer.

Traumatic illness is characterized by:

a) the occurrence of only nonconvulsive paroxysms,

b) the possibility of a combination of convulsive and non-convulsive paroxysms, c) the possibility of developing dysphoric states,

G) b) and c) are true

d) the possibility of developing personality changes of the paranoid type.

Response standard: G) b) and c) are true.

Task 19. Instructions: Choose one correct answer.

With influenza, all of the listed mental disorders are possible, except: a) asthenia,

b) derealization,

c) pathological development of personality, d) states of stupefaction, e) psychoses with confusion.

Response standard: c) pathological development of personality.

Task 20. Instructions: Choose one correct answer.

Alcohol withdrawal syndrome with mental disorders is characterized by all of the following, except:

a) depressive-anxious affect with fearfulness,

b) sleep disorder accompanied by nightmares, c) anxious-paranoid attitude,

d) verbal hallucinosis,

e) rudimentary visual hallucinations.

Response standard: d) verbal hallucinosis.

Task 21. Instructions: Choose one correct answer. During the acute stage of myocardial infarction, the following may develop: a) dementia,

b) any of the following syndromes c), d), e) c) delirium,

d) amentia,

d) depression.

Response standard: b) any of the following syndromes c), d), e).

Task 22. Instructions: Choose one correct answer. The category of borderline states includes: a) psychopathy,

b) reactive states and psychoses, c) neuroses,

d) all of the above,

e) a) and c) are correct.

Response standard: d) all of the above.

Task 23. Instructions: Choose one correct answer. Indications for insulin comatose therapy are: a) acute and subacute states of the schizoaffective structure, b) affective-paranoid states,

c) acute and subacute paranoid states, d) all of the above,

d) a) and b) are correct.

Response standard: d) all of the above

Task 24. Instructions: Choose one correct answer.

Psychotropic drugs include: a) psycholeptics,

b) psychoanaleptics,

c) psychodysleptics,

d) all of the above,

d) a) and b) are correct.

Response standard: d) all of the above.

Task 25. Instructions: Choose one correct answer. The

basic drugs for the treatment of psychosis are: a)

antipsychotics,

b) tranquilizers,

c) mood stabilizers,

d) all of the above,

e) a) and c) are correct.

Response standard: a) neuroleptics.

Open type tasks:

Exercise 1.

The patient is fussy and anxious. Attention is unstable and easily distracted. Orientation in the surrounding environment is preserved. There are abundant visual illusions, which the patient views with criticism. If the patient fixes his gaze on objects that have patterns, spots, cracks, then in their combinations and interweavings he sees kaleidoscopically changing images and figures. The patient complains of insomnia; when falling asleep and closing his eyes, he sees changing images on a dark background. The ensuing superficial sleep is interrupted by nightmares.

What are these symptoms?

Response standard:

- Anxiety.
- Absent-mindedness and distractibility of attention.
- Dyssomnia.
- Pareidolic illusions.
- Hypnogagic hallucinations.

Task 2.

The patient almost constantly experiences sensations of tingling, burning, crawling "goosebumps", vibrations throughout her body, "as if something is crawling" under the scalp. Perceives the size of his body in an unusual way: the left arm and leg, especially the heel, seem enlarged, the head is perceived as either distorted, egg-shaped, enlarged in size, or something foreign is felt in the frontal area on the left "as if something was stuck". At times, teeth appear large and there is a feeling that they do not fit in the mouth.

What are these symptoms?

Sample answer:

- Senestopathies.
- Autometamorphopsia (violation of the "body diagram").

Task 3.

The patient reported that he walked into a dimly lit room in the evening and saw a bandit hiding behind the door. When I turned on the light, I saw a rolled-up carpet leaning against the wall.

What is this symptom?

Sample answer:

- Affective visual illusion.

Task 4.

Patient A.T., 26 years old, was operated on a year ago in the neurosurgery clinic for a benign tumor in the left temporo-parietal region. Three months after the operation, a feeling of heaviness and an increase in the size of the right arm and the right half of the head appeared. The hand feels swollen, two or three times in size, while the fingers are thick, "like sausages." The right half of the head seems to be separated from the left, it feels a border running exactly along the bridge of the nose, sometimes it seems that half of the head is missing, it has disappeared. Such sensations most often arise in the dark, before falling asleep; as soon as you turn on the light and look in the mirror, the ideas about the body changing disappear. During a recent cold (flu) at high temperatures, these sensations intensified, and there was also a feeling that the room had decreased in size, the walls had moved, the ceiling had become "sloping" at an angle of 20-30°. He is critical of his condition and even tries to make fun of himself.

Identify the symptoms, establish the syndrome.

Sample answer:

- Autometamorphopsia (violation of the "body diagram").
- Metamorphopsia.

Syndrome: psychosensory disorders.

Task 5.

Patient A., 40 years old, was sent for consultation to the psychiatry clinic from the therapeutic department. Over the past three years, she has been constantly receiving treatment from internists, turning to healers and psychics, but they could not help her anywhere. Complaints of constant discomfort in the abdomen and chest, pressure, squeezing, numbness "at the border of the chest and abdomen", sometimes she feels paroxysmal sensations of a rush of heat to the internal organs, which the patient finds difficult to describe, calling them burning pains. At the height of these sensations, sometimes there is a feeling of itching and burning in the intestinal area. There are also complaints of decreased appetite (the patient has lost 11 kg over the past three years), restless sleep, anxiety, and constant thoughts about her health. She is sure that she is sick with "specific gastroenteritis", she assumes that all this can develop into cancer, and as evidence she cites statements read in the medical literature like: "a chronic gastric ulcer is a precancer." The patient seeks to receive appropriate therapeutic recommendations and prove the unjustified and unfounded treatment tactics followed by doctors in the past. She believes that she has a "difficult diagnostic case" and is sure that if she cannot be helped at the medical university clinic, then her only hope is in academic institutes in the capital.

She calmly agreed to a consultation with a psychiatrist, because she understands that due to a chronic somatic illness, her "nerves were running wild."

Identify the symptoms, establish the syndrome.

Sample answer:

- Senestopathies.
- Hypochondriacal idea (overvalued level) of nosomanic content.
- Introversio to one's feelings.
- Active in examination and treatment.
- Anxiety.

Syndrome: senesto-hypochondriacal.

Task 6.

Woman G. was admitted to a psychiatry clinic as planned.

Mental status. Consciousness is clear, correctly assesses the profile of the department. Behavior is correct, communicates with safe patients. Spends most of his time in bed, citing weakness and increased fatigue. Carefully monitors his appearance and bed.

She is polite in her interactions with staff and patients. She willingly talks with the doctor, talks in detail about herself, and is interested in her examination and treatment. Complains of almost constant headache, lethargy, weakness, increased fatigue, poor sleep. I am also concerned about memory loss and instability of attention. Almost constantly experiences tingling, burning, crawling sensations throughout the body, vibration and movement under the scalp. From time to time there is a feeling of an increase in the size of your head, left arm and leg, especially fingers. It often happens that the whole body seems very large or very small, light to the point of weightlessness or terribly heavy, filled with hot lead. The surrounding objects in the room are sometimes perceived as enlarged to gigantic sizes. This makes the room feel very crowded, anxiety arises, and you want to run out of the room into the street. In the middle of the day, an unusual perception of everything around you arises in fits and starts; objects are perceived as twisted and skewed. So, while eating, sometimes it seems that the table is tilting and the dishes may fall. The patient tries to hold the plate with her hand. Sometimes everything around you becomes lilac, crimson or turquoise. She understands that all these phenomena arise from illness, and is depressed by the fact that they persist.

Identify the symptoms, establish the syndrome.

Sample answer:

- Asthenic symptom complex.
- Cephalgia.
- Senestopathies.
- Autometamorphopsia (disturbances of the "body schema").
- Metamorphopsia (megalopsia, dysmetamorphopsia).

Syndrome: psychosensory disorders.

Task 7.

"Everything around me has changed, it has become flatter, photographic, and lost its volume. The sky became flat, the stars were frozen, not twinkling. The greenery lost its range of colors, became gray and merged with the houses and the same gray sky. The world stopped, lost its naturalness and mobility. People, as it were, put on masks and acquired the gait of mannequins, ceased to be plastically mobile, and became stilted automata. Their figures were distorted, and their unnaturally large, motionless eyes covered their entire face. The eyes multiplied, multiplied, the man's head turned into a crowd of empty and gray eyes, absolutely identical and soulless."

Identify the symptoms, establish the syndrome.

Sample answer:

- Derealization.
- Metamorphopsia (dysmegalopsia, macroopsia, polyopia).

Syndrome: derealization.

Task 8.

"We need to lead a correct lifestyle. I wake up every morning at the same time, not a minute earlier, not a minute later. A minute is a long time, requiring respect and understanding. Minutes make up hours, weeks, years. You can't stop the years, you can't bring them back. What is past is past. It's because of these little minutes that I always get up at the same time - at 6:35 am. I'm going to the toilet. Then exercise, jogging. Charging is required. The best thing is according to a system, I have my own system, magazines, books need to be read... That means exercise... Squats, walking, jogging. I can't bend over sharply, the doctors forbade me. Squats 20 times. I started with five, then seven, then 9-10. And after a week I reached 20. For three years I've been doing 20 squats every day. This is very important - the system. Walking. Knees higher - and off I went... I started walking for five minutes, then increased it by the minute..."

Identify the symptoms of thinking disorder by structure.

Sample answer:

- Diminutive expressions.
- Detailing.
- Thoroughness of thinking.
- Viscosity.

Task 9.

The patient talks about himself for a long time, with unnecessary details; when he is asked leading questions so that he speaks to the point, he does not react to this and continues to say his own thing. If he is abruptly and loudly interrupted, he looks at the interlocutor for a long time, not understanding.

Identify thinking disorders by structure.

Sample answer:

- Viscosity of thinking.

Task 10.

The patient expresses concern that she has stomach cancer, because... her friend died of cancer, and they often ate together. She was repeatedly examined by therapists and, although the results did not confirm the patient's fears, they did not completely reassure her. He understands that his fears are unfounded, but he cannot get rid of them.

What are these symptoms?

Sample answer:

- Obsessive fears (cancerophobia).
- Maintaining a critical attitude.
- The desire to get rid of your fears.

Task 11.

The patient expresses confidence that a group of people unknown to him wants to kill him. For this purpose, the pursuers stationed their agents in various places in the city. The patient becomes aware of their presence by special gestures that they make to each other as soon as they see him. The patient hides, is afraid to go out, stays at home more, and cannot be persuaded.

What is this symptom?

Sample answer:

- Delusions of persecution, suspicion.
- Lack of critical attitude.
- Delusional behavior (fear of going outside).

Task 12.

The patient declared that he would definitely turn "the factory-hell into a factory-garden"; for this he went to the executive committee, the district party committee, the administration of the plant and made proposals everywhere. At the same time, he made a number of critical remarks about the plant's products and its management, made his own proposals and demanded their implementation, otherwise he would write to Moscow.

What is this symptom?

Sample answer:

- Extremely valuable reform ideas.

Task 13.

Patient S., 32 years old, was hospitalized by ambulance due to her inappropriate behavior from the Sports Palace, where the next session of "White Magic" took place. Quite willingly talks about his experiences. For several years now he has been noticing that he is being followed by some powerful organizations, perhaps the secret services. They have special equipment that reads thoughts at a distance; whatever she thinks about, it immediately becomes known. They watch her every step, and her pursuers constantly instill their thoughts in her, give orders, and threaten her with violence. When she tries not to obey, then at a distance, using their power, they create melancholy or "crazy fun" or create unpleasant sensations in the body, most often in the genital area. She almost constantly hears different voices, male and female, in her head, and sometimes they seem to be familiar. Sometimes she is left alone for a while, but then her head works like a radio point, hears the conversations of these people among themselves (but all conversations always concern the patient). Sometimes the "voices" completely subjugate the patient to their will, making her a "robot," i.e. she carries out all their orders. During the magic session, she felt acute fear, realized that something was going to happen to her, that they would probably try to put her to sleep forever, so she decided to defend herself, especially since the "voices" pointed to several "disguised agents." To prove the reality of his experiences, he carries with him newspaper clippings with articles about the possibility of telepathy, telekinesis, and remote control of the human psyche.

Identify the symptoms, establish the syndrome.

Sample answer:

- Delusions of persecution.
 - Delirium impact.
 - Ideatorial automatism.
 - Senestopathic automatism.
 - Affective automatism.
 - Motor automatism.
 - Auditory pseudohallucinations.
- Syndrome: mental automatism (Kandinsky-Clerambault).

Task 14.

Patient M., 20 years old. He came to the clinic accompanied by his mother. She said that after finishing 10th grade, her son did not study further and did not go to work. Throughout the year, he spends his days inventing a perpetual motion machine. He approached various institutions with demands to help him build a perpetual motion machine. Day and night he locks himself in his room, writes and draws something. If he leaves home, he carefully hides what he has written. He demands that his mother give him money to build a model of a perpetual motion machine. He brought a lot of metal parts into the house, from which he plans to make his own installation. He constantly brings random acquaintances to his house, who promise to help build a perpetual motion machine, and gives them money. After another failure, he again asks his mother for money for a new model. At the clinic, he told the doctor that he had built a perpetual motion machine. Draws schematic diagrams based on a lever, cites the elementary laws of physics and mathematics to substantiate his idea. He does not accept objections, gets offended, draws again and tries to prove and convince, changing little essentially in his evidence. He said that he had sent his diagrams to scientific journals and was looking forward to a response.

Identify the symptoms, establish the syndrome.

Sample answer:

- Systematized, monothematic idea of invention (delusional level).
 - Isolation, lack of adequate social contacts.
 - Unproductive activities.
 - Suspiciousness.
 - Lack of criticism.
 - Disadaptation (personal and social).
- Syndrome: paranoid (delusional).

Task 15.

Patient N.N., 39 years old, is being treated in a psychiatry clinic for the 5th time, has been ill for 15 years. He is calm, unobtrusive, immersed in his experiences, but willingly talks with doctors. He believes that he is in the clinic to test his abilities, because... he is a great magician, sorcerer and psychic. He possesses these "inhuman superpowers" because he is an alien, the chosen one of God, who is located in a parallel universe at a distance of 100 million parsecs. Evil forces from the planet "Tron" are trying to interfere with him, acting on him with harmful biocurrents, but he has powerful protection, because... His parents and brother are robots from another, friendly planet from the constellation Alpha Centauri. Several times they tried to replace them, to put enemies into their shell, but then "divine voices" appeared in the head, warning the patient about this substitution, advising not to eat poisoned food, not to leave the house. "Friendly voices" told the patient that the fate of the Solar System and the Earth depended on his behavior and mood. He was hospitalized after an act of aggression towards his brother, because... I once again discovered a devil in his shell.

Identify the symptoms, establish the syndrome.

Sample answer:

- Megalomaniac fantasy nonsense.
- Delusions of grandeur.
- Delusions of a different origin.
- Delirium impact.
- Antagonistic delusion.
- Auditory pseudohallucinations.
- Delusions of special significance
- Delirium of poisoning.

- Capgras sign.
- Syndrome: paraphrenic.

Task 16.

A 17-year-old girl graduated from high school, outwardly she seemed to do everything that her peers did, she studied well, was friends with one friend, but she began to attend school events less, explaining that she did not have enough time to study. However, at home I spent a lot of time in front of the mirror and looked at my reflection. She complained to her mother that she was ugly, that she had protruding ears and a long nose, like Cyrano de Bergerac. "Who needs me like that? My appearance is disgusting to everyone. Why don't I see how people turn away from me with disgust?" She thought that her classmates simply felt sorry for her and did not talk about it directly; even her friend, probably out of a sense of compassion, pretended not to notice anything.

Identify the symptoms, establish the syndrome.

Sample answer:

- Overvalued ideas of physical disability.
 - "Mirror" symptom.
 - Hypotymia.
 - Sensitive ideas of attitude.
 - Reduce criticism.
- Syndrome: dysmorphomaniac (cosmetic variant).

Task 17.

Patient P., 33 years old, has been registered with a psychiatrist for about 5 years, but is admitted to the hospital for the first time at her own insistent request. Anxious and suspicious by nature, from childhood she periodically experienced fears of the dark and heights. She fell ill after a series of traumatic situations. Complaints of constant obsessive concerns, thoughts, fears. So often she fears that she forgot to turn off the tap at home, or did not slam the door, and is forced to return many times to check her actions. In the event of unfavorable alarming news, she performs a lot of ritual actions in a certain sequence (knocks on wood three times, spits over her left shoulder, crosses her fingers, and recently she has started humming a certain melody to herself). She is very embarrassed by her behavior, tries to perform rituals when no one sees her, but sometimes she is forced to do this in public, after which she worries for a long time, constantly returning to the thought of how others might think about it. Lately, he has been afraid of moving vehicles and crosses the road only after 6 white cars pass by. When you see a dog on the street, fear immediately arises that the dog might bite her daughter, the dog might turn out to be rabid, and then the daughter might also get this dangerous disease. She understands the absurdity of her fears, nevertheless, she never lets her daughter walk in the yard if there is a dog there, otherwise severe anxiety arises, she cannot do anything in the apartment, she always runs into the yard and takes the child home.

Identify the symptoms, establish the syndrome.

Sample answer:

- Obsessive thoughts (obsessions).
 - Obsessive fears (phobias).
 - Obsessive actions (rituals).
 - Anxiety.
 - Preservation of criticism.
- Syndrome: obsessive-phobic.

Task 18.

The patient has been in the hospital for more than a year, but very often states that this morning she was at the market, bought groceries, and treated her granddaughter to apples. The ill former housewife has a large family.

What is this symptom?

Sample answer:

- Pseudo-reminiscences.

Task 19.

The patient states that yesterday he was in Moscow, took part in the parade on Red Square and was awarded an order. In fact, he was in the hospital for a month. In the past, he was a participant in the Great Patriotic War, has medals, has never been to Moscow and has never taken part in parades.

What is this symptom?

Sample answer:

- Confabulation.

Task 20.

Patient G., 61 years old, is in a psychiatry clinic for inpatient treatment. Mental condition. She is oriented towards her own personality, but finds it difficult to determine her age; she knows that she is in a clinic. Finds it difficult to name the exact date and month, gives an approximate year, citing poor memory, and is embarrassed. He spends his time in the department passively and monotonously. He lies in bed a lot, sometimes sits in a circle of conscious patients, but only indifferently listens to their conversations. The patient is outwardly quite neat, clean, and treats others kindly. He willingly talks with the doctor, speaks in a quiet voice, but his modulations are lively. Facial expressions and gestures are stingy and poor, but correspond to the content of the conversation and the situation. The pace of speech is somewhat slow, the vocabulary is limited, the answers are monosyllabic, but to the essence of the questions asked. Complains of headache, dizziness, tinnitus, general weakness, fatigue, poor memory. The mood is even, but sometimes when talking about his illness he begins to cry, then quickly calms down. Experiences severe difficulty remembering past events. From his personal life, he remembers only a few dates that were emotionally vividly colored in the past (the death of his mother, a wedding, the birth of a child). He confuses the dates of events in social life, and has difficulty remembering some of them. Cannot remember the doctor's name and patronymic, the current date, despite repeated repetitions. Neuropsychological examination reveals a sharp depletion of active attention. Mechanical, semantic and associative memorization is grossly impaired. Understanding familiar tasks, familiar proverbs, understanding pictures, etc. without much difficulty. He has difficulty understanding new tasks, cannot comprehend them, and is very upset about this. Criticism of one's condition is preserved. She doesn't make specific plans for the future; she says with sadness in her voice that her goal is to live out her life in peace.

Identify the symptoms, establish the syndrome.

Sample answer:

- Asthenic symptom complex.
- Hyponesia for current events, difficulties in the chronology of events.
- Weakness.
- Increased fatigue and exhaustion.
- Preservation of criticism.

Syndrome: lacunar (dysmnestic) dementia.

Task 21.

Patient D., 18 years old, dysplastic physique, poor, inexpressive facial expressions. In behavior, he is passive, isolated, and treats excited patients with fear. In the department he stays close to the medical staff, is helpful, sometimes even obsequious, strives to help, willingly carries out simple tasks (take out the trash, bring food from the catering unit). He became especially attached to one of the older nurses, waited for her to go on duty, and was bored when she was gone; calls her "Aunt Valya." He willingly enters into conversations with doctors. He does not consider himself mentally ill and does not understand why he needs to be examined. Speech is slightly tongue-tied, vocabulary is small, horizons are narrow. He doesn't read books or newspapers; he likes to watch TV; his favorite programs are cartoons and "soap" Mexican melodramas. We are easily suggestible, which is why safe patients often make fun of him: he so easily believed that the heroine of one of his favorite films would soon come to Rostov, visit hospitals, primarily psychiatric ones, give out gifts, wrote her a letter (on the advice of the jokers), where he asked for a gift for himself - jeans and sneakers. He knows prices, knows how much a Mercedes costs in dollars, but cannot answer why this car is called that; he has absolutely no idea what an internal combustion engine is.

Identify the symptoms, establish the syndrome.

Sample answer:

- Primitiveness of judgments.

- Narrow outlook, poor vocabulary, low level of knowledge.
- Increased suggestibility.
- Concrete-figurative thinking. Syndrome: mild mental retardation.

Task 22.

Patient V., 84 years old, is in a psychiatry clinic for inpatient treatment. Mental condition. He has an inaccurate understanding of his own personality, knows his last name and first name, but finds it difficult to say his age, cannot say the date, month and current year, does not know his place of residence, home address, names, number of his children, first and last names of relatives. She is helpless in the department, does not find her room or bed on her own, and lies down on any bed even after repeated indications of her mistakes. Can't remember the name of his doctor. Most of the time she lies passively in bed, not showing any aspirations, indifferent, immersed in drowsiness. Sometimes she becomes fussy, aimlessly pulling the handles of closed doors. He takes apart the bedding and ties it into a knot. Personnel rises to eat and go to the toilet. Untidiness with urine and feces in bed is periodically observed, but the patient practically does not react to this. There is no feeling of modesty, he often undresses naked and wanders around the ward in this form. Productive contact with the patient is impossible, it is not possible to collect a subjective anamnesis, because the patient does not remember the dates and facts of her past life. He has no health complaints. Mood is defined as a state of indifference, indifference. Only occasionally, for an insignificant reason, unexpressed superficial and short-term emotional reactions arise; more often, a complacent and carefree background of mood is noted. It is not possible to conduct a neuropsychological study because the patient does not understand the tasks. He is indifferent to mistakes, there is no criticism of his condition.

Identify the symptoms, establish the syndrome.

Sample answer:

- Lack of productive contact due to severe memory impairment.
- Retroanterograde amnesia.
- Fixation amnesia.
- Amnesic disorientation.
- Apathy (indifference to one's own personality).
- Benevolently carefree mood background.
- Decrease in moral and ethical qualities of the individual (decrease in modesty, neatness)
- Lack of criticism.

Syndrome: total (global) dementia.

Task 23.

The patient, 57 years old, a pensioner, is in a psychiatry clinic for inpatient treatment. Heredity is not psychopathologically burdened, development in childhood is without any special features, she studied well at school. Calm and balanced in character. During my life I never suffered from anything serious. An accountant by profession, in the last years before retirement she did not cope well with her work responsibilities. Retired since age 55, lives with her husband. For the last 10 years he has been suffering from stage I-II hypertension. From the age of 56, forgetfulness began to noticeably manifest itself, which steadily increased, regardless of connection with the somatic state. She had trouble finding her bearings on the street, couldn't find her home, couldn't recognize her friends or neighbors. Gradually she stopped doing household chores, sat for long periods of the day doing nothing, was confused, and was periodically restless. She was examined twice at a neurosurgery clinic with a suspected brain tumor, but this diagnosis was rejected. Gradually she ceased to understand speech addressed to her, she lost basic practical skills, and could not take care of herself. She became completely helpless. She was admitted to the clinic to clarify the diagnosis.

Mental condition. Disoriented in place and time, calls herself correctly. In the department he cannot find a room, bed, etc. on his own. He recognizes the doctor's face, but cannot remember his name. She is inactive in the department, lies in bed, does not take care of herself, takes food from the hands of the staff, because... clumsily holds a spoon. When addressed to her, he begins to cry, shift from foot to foot, and rub his hands. Inaccessible to productive contact, does not understand many questions, answers inappropriately, monotonously: "yes", "no". Cannot name the objects presented: a watch, a pen, a seal he calls "cool", etc. Speech is slurred, fragmentary, and uses absurd words. So to the question: "What is your last name?" - answers: "Froverdin." "Compound

families?" - "Masha, grandma, quality." and so on. She cannot dress herself or comb her hair. She picks up a fountain pen correctly, but she couldn't place the paper comfortably for writing.

Identify the symptoms, establish the syndrome.

Sample answer:

- Difficulty in productive contact due to severe memory impairment.
- Retroanterograde amnesia.
- Fixation amnesia.
- Amnestic disorientation.
- Agnosia, aphasia (motor, sensory, semantic), apraxia.
- Lack of criticism.

Syndrome: total (asemic) dementia (Alzheimer's type dementia).

Task 24.

The patient, 17 years old, was admitted to the psychiatric department for the first time.

Mental status. She is completely oriented in time, situation and her own personality. In the department she is overly mobile, active, constantly strives to communicate with others, does not maintain distance in communication with older patients. During the hour of afternoon rest, he walks around the ward, tries to start a conversation with resting patients, and laughs loudly. She reacts adequately to the comments of others and becomes calmer, but for a short time. He takes a keen interest in his appearance and uses cosmetics excessively. In a conversation with a doctor, he willingly and quickly answers questions and laughs often. The face expresses cheerful carelessness, the eyes sparkle. Speech at an accelerated pace, with bright, lively intonations, is accompanied by rich facial expressions and gestures, which reflect an elevated, cheerful mood. He has no health complaints. The judgments are superficial, absences from school are going to be easily eliminated, although he studies "satisfactorily" in many subjects. With a laugh he declares that he is going to get married, and speaks with emphasized pride about his success with young people. An attempt to talk about the illness of a mother who is in serious condition almost does not cause a reaction of sadness in the patient. At the same time, the patient says with a smile: "I - optimist. Everything will be fine. Mother is strong, she will get better." He notices that her condition is unusual, that "she is too cheerful," but the patient likes it. In plans for the future, he imagines his life to be bright and filled with significant events. "I will definitely meet a handsome guy and get married. I will travel a lot, dress beautifully, I want to become famous."

Identify the symptoms, establish the syndrome.

Sample answer:

- Euphoria.
- Physical activity.
- Acceleration of the pace of thinking and speech.
- Increased distractibility, liveliness of facial and pantomimic reactions.
- Disinhibition of drives.
- Reassessment of one's own personality. Syndrome: hypomanic.

Task 25.

A 49-year-old patient was brought to the department by an ambulance, accompanied by her husband. She agreed to be examined to prove to her husband that she was absolutely healthy. The husband claims that the patient is behaving incorrectly: she buys unnecessary things, is going to celebrate her anniversary (50 years) in a grand manner, and has bought a lot of products that are impossible to process (2 days left before the holiday). In addition, at the same time she started renovating her apartment, but she obviously won't have time to finish this renovation by her birthday. Due to the fact that she began to do several things at once, she does not have time to do everything, gets angry, and demands that her husband help her. She stated that she was divorcing him and going to Moscow to join the trainee group of singers at the Bolshoi Theater (the patient sings at the People's Opera House at the Palace of Culture). Due to this behavior, as well as the fact that she hardly sleeps and is constantly in conflict, her husband called a psychiatric ambulance team. The patient claims that her husband exaggerates everything, that he is stingy and jealous, that he ignores her creative abilities. She is really going to go to Moscow to take part in a vocal competition to join the Bolshoi Theater trainee group. In the meantime, she wants to celebrate her 50th birthday, invite all her friends, and give a concert for them. Her husband didn't help her with this.

barks and wants to put him in the hospital, because considers her desires to be painful, and also due to stinginess to avoid expenses. She decided to renovate the apartment, but her husband does not help her with this. She is in a good mood, she is confident that she will achieve her goal. Previously, she had periods of depression and lack of confidence in her strength, but now she has finally recovered.

Identify the symptoms, establish the syndrome.

Sample answer:

- Hyperthymia.
- Anger.
- Motor disinhibition.
- Sleep disorders.
- Irritability.
- Ideas of re-evaluating one's own personality. Syndrome: manic (angry mania).

Task 26.

Patient V., 54 years old, has been ill for about 20 years, and has been repeatedly treated in a psychiatry clinic. In the department the patient is calm, unnoticeable, spends most of his time in bed, covering his head with a blanket. He is indifferent to his clothes and bed, and is reluctant to change his underwear and bed linen on "bath days." He hardly talks to his roommates. Fulfills the requirements of medical personnel and passively obeys. He smokes a lot, always finishing his cigarettes "before the filter," which is why he has permanent burns on his index finger and thumb. He always washes down his cigarettes with hot water from the tap (technical water). He is completely indifferent to his wife's arrival, takes the parcel, never thanks, and is indifferent to the story about his granddaughter's health. Occasionally he comes up with a stereotypical request to be discharged home; upon hearing a refusal, he turns around completely calmly and goes into the ward. He doesn't read books or watch TV, although he once lingered in front of the TV while watching a chess program, unexpectedly showing the right move for one of the grandmasters, revealing good chess knowledge (as it turned out, he had previously played chess well and was a candidate for master of sports). He refused the offer of one of the patients to play a game, because "There's no need."

Identify the symptoms, establish the syndrome.

Sample answer:

- Autism
 - Hypobulia (decreased motivational activity, hygiene skills, social activity).
 - Narrowing of emotional resonance (emotional coldness, callousness).
 - Apathy (indifference to the environment and one's own personality).
 - Parabulia (burns, drinking technical water).
 - Lack of criticism.
- Syndrome: apathetic-abulic.

Task 27.

Patient B., 27 years old, was admitted to a psychiatry clinic for the first time.

Consciousness is clear, he talks willingly, he behaves adequately. Complains of irritability, headaches and attacks of "bad mood". In the morning he wakes up in a good mood, goes to work, everything goes well. Suddenly, without any external reason, your mood suddenly drops, you become sad, everything starts to irritate you (you sat down wrong, you said it wrong), anger appears, you feel feverish, your hands tremble, you make comments to those around you, who are surprised to say that this is nothing. This irritates her even more, she begins to be rude, she can even use obscene language, even hit (which is not typical for her in her normal state). This state lasts for several minutes, sometimes about an hour, then also suddenly becomes normal, "as if someone had hit you on the head." These attacks of bad mood occur 2-3 times a week.

Identify the symptoms, establish the syndrome.

Sample answer:

- Irritability.
 - Hypotymia (sad and angry mood).
 - Tendency to act aggressively.
 - Paroxysmal nature of the change in condition.
- Syndrome: dysphoric (epileptiform).

Task 28.

The patient is 42 years old, has a higher education, has been sick since she was 20 years old. In the department she talks loudly, sings, makes noise, demands to give her free access to the street, because... feels stuffy in the room, has conflicts with the medical staff, and sleeps little. She herself defines her mood as wonderful, declaring: "Why should I be sad? The world is beautiful. I am an actress, I have a wonderful voice. I am a milling machine operator of the highest level. I have an excellent memory. I remember myself from the age of one and a half." She often laughs, flirts with the doctor, tries to sit closer during a conversation, and says that she is in love with him. The eyes are brightly made up, there is a lot of makeup on the face, the robe is half unbuttoned, exposing one leg. She speaks very quickly, sometimes without finishing her sentences, and she herself notices that her thoughts are ahead of her words. "I love you, red-haired, my son-in-law is red-haired, and my sister is fair-haired. The fair-haired mermaid was Russian; she took her love cheaply. Love me, I'm very healthy. I have blood type O, but you have a runny nose, it needs to be treated with hot water. Oh, how quickly thoughts run! My thoughts are overtaken by the wind! I am the one running on the waves. You can't overtake me, my son-in-law has a motorcycle."

Identify the symptoms, establish the syndrome.

Sample answer:

- Euphoria.
- Accelerating the pace of thinking.
- Idea jump.
- Hypersexuality.
- Ideas of re-evaluating one's own personality. Syndrome: manic.

Task 29.

Patient 40 years old, higher education, engineer. Periodically, the patient experiences states of sudden changes in mood, when the affect of intense irritability, anger, and gloominess quickly arises for no apparent reason. The patient becomes picky with his wife and children at home, as well as with employees at work. Outbursts of anger occur, destructive and even aggressive actions are possible, breaks furniture, throws things, and can hit. Orientation to the environment and one's own personality is preserved. The duration of such states ranges from 30-40 minutes to several hours. The mood spontaneously normalizes, sometimes after taking medications recommended by the doctor. After normalization of the condition, there is no amnesia.

Identify the symptoms, establish the syndrome.

Sample answer:

- Irritability, excitability.
 - Hypotymia (anger, sullenness).
 - Pickiness, anger.
 - Tendency to aggressive actions.
 - Paroxysmal nature of the disorders.
- Syndrome: dysphoric.

Task 30.

Patient N., 33 years old, was admitted to the psychiatry clinic by transfer from the toxicology department, where she was hospitalized after taking 50 Relanium tablets and 120 diphenhydramine tablets for suicidal purposes. She was in a comatose state for 10 hours, after emerging from which she was consulted by a psychiatrist. She told the doctor that she did not regret what happened, because... sees no meaning in life at all. She complains of a feeling of complete indifference to herself, to her children, to her husband, to the pleasures and joys of life. I am convinced that I gave birth to my two children in vain, because... She is an inferior person, the children are also inferior, because her son constantly suffers from sore throats, and her daughter is overweight. He looks older than his years, his eyes and facial expression are mournful, sad, his shoulders are drooping. His hair is unkempt, he doesn't wear makeup at all, he answers reluctantly and in monosyllables. Doesn't show any somatic complaints, refuses to eat because... food disgusts her, and she also believes that if she doesn't eat food, she will die faster. Sometimes anxiety arises, he begins to walk back and forth in the ward, wringing his hands. She doesn't sleep well at night, she was once noticed at night when she was "trying on" a new cellophane bag on her head. During the doctor's rounds, she stated that she was not sick and was taking someone else's place; she urgently needed to be transferred to prison.

Identify the symptoms, establish the syndrome.

Sample answer:

- Anhedonia.
 - Hypotymia.
 - Motor retardation with periods of agitation.
 - Ideas of self-blame and self-deprecation.
 - Suicidal thoughts, suicide attempts.
 - Decreased interest in one's appearance.
 - Decreased appetite, up to anorexia, aversion to food.
- Syndrome: severe depressive.

Task 31.

The patient, 17 years old, was admitted to the psychiatric ward as an ambulance. Verbal contact with the patient is impossible, she is in a state of complete immobility, lying on her side with her knees tightly brought to her stomach and her arms bent at the elbow joints and pressed to her chest. The fingers are tightly clenched into a fist. Does not show any reactions to the environment. Neither the environment of the observation room nor various influences bring the patient out of this state. The face is mask-like, frozen, greasy, the gaze is fixed on one point, stares for a long time without blinking. Doesn't pay attention to those around him. Does not follow instructions; when asked to open her mouth and show her tongue or change position, she remains indifferent and immobilized. An attempt to forcibly unclench the jaws and fingers causes even greater muscle tension. He does not accept food on his own and is fed through a tube. She does not respond to speech addressed to her; neither verbal nor facial responses can be obtained. Forcibly lifted out of bed to change linen (the patient performs natural functions in bed), she freezes in an uncomfortable position, and the patient's arms and legs can be given different bizarre positions, which she maintains for a long time. Pupillary, corneal, swallowing, and tendon reflexes were preserved.

Identify the symptoms, establish the syndrome.

Sample answer:

- Motor retardation (stupor).
- Fetal position.
- Maskiness, greasiness of the face.
- Passive and active negativism.
- Mutism.
- Waxy flexibility.
- Refusal to eat. Syndrome: catonic (stupor).

Task 32.

The patient is 36 years old, her consciousness is formally clear, she is correctly oriented in the environment and her own personality. The patient often experiences agitation in bed and sometimes tries to get up and leave the observation room. Excitement is of a chaotic, untargeted nature: scatters food, tears bed and underwear, jumps on the bed, lifts its legs up, makes grimaces, swears obscenely. She invites men passing by to enter into intimate relationships with her. Sometimes there is impulsiveness, unexpectedly attacks the staff, grabs hands, or a robe. Shows no interest in the examination. During a conversation without connection with the situation, he makes either a grimace of laughter, or a grimace of crying, or freezes with his mouth open. Sometimes she repeats word for word and with the same intonations the questions that the doctor asks her, sometimes she copies all his facial and pantomimic movements. The patient is unkempt, lacks modesty, exposes herself, does not take care of her appearance, and has lost basic hygiene skills. He takes food with the help of the staff, untidy, and greedily. He fails to attract the patient's attention and gives answers that are not relevant to the questions asked. He has no complaints and is not bothered by his stay in the clinic. Sometimes the patient covers her ears, or speaks spontaneously, as if talking to someone. At the same time, he turns as if to acquaintances, whom he calls by name and usually scolds. The patient's thinking is unproductive, her statements are unclear, and her speech often consists of a bunch of words. So, when asked about her well-being, she answered: "Wait, my dear daddy is telling me, I want her pretty little black fashionable borscht hat. Kolka drowned in the sea." There is no understanding of the disease.

Identify the symptoms, establish the syndrome.

Sample answer:

- Psychomotor agitation.
- Impulsivity.
- Sexual disinhibition.
- Parakinesia: echolalia, echopraxia, echomia.
- Auditory hallucinations.
- Disjointed thinking (logical).
- Lack of criticism.

Syndrome: catatonic (excitement).

Task 33.

Patient I., 23 years old, lies motionless in bed. Does not engage in conversation, does not answer questions, eyes are open, rarely blinks, gaze is fixed, facial expressions are monotonous, facial expression is frozen, does not react to the surroundings. The facial skin is greasy, the lips are drawn out, and there is discharge from the nose and mouth. Cyanosis of hands and feet. He doesn't allow himself to be examined, he resists, clenches his jaw, and closes his eyes. After examination, he freezes in an even awkward position. The muscle tone of the limbs is increased, and the "cogwheel" symptom is observed. The head raised above the pillow does not lower for a long time, it freezes in this position. She accepts food only after drug disinhibition, feeds from the hands of staff, and can be voracious.

Identify the symptoms, establish the syndrome.

Sample answer:

- Stupor.
- Mutism.
- Active negativism.
- Wax flexibility
- "Proboscis" symptom.
- Air cushion symptom.
- Cogwheel sign. Syndrome: catatonic (stupor).

Task 34.

The patient is 15 years old, a 9th grade student. By nature she is calm, balanced, diligent. Over the last six months she has become rude, irritable, and angry with her family. In class she was cocky, made faces, grimaced, and after making comments she simply left the class and wandered around somewhere. Started smoking. After my mother's comments, she stopped coming home. She stated that she was bored with her peers, "they are all funny fools," and pestered guys on the streets. While hospitalized in the department, he fools around, makes faces, imitates acrobatic movements, while being naked, lifting his robe, without embarrassing those around him. In response to the nurse's remark, he exposes himself even more, laughs loudly, and sticks out his tongue. Constantly grimaces, wrinkles his forehead, frowns. She is ridiculous in her actions: on a date with her family, she dumped all the food she brought into one plate, laughed, and began to pinch her in response to her mother's remark.

Identify the symptoms, establish the syndrome.

Sample answer:

- Goofiness.
- Grimacing.
- Psychomotor agitation.
- Disinhibition of drives.
- Impulsivity.
- The absurdity of actions.

Syndrome: hebephrenic (excitement).

Task 35.

The patient is 36 years old. The medical history indicates the disease with "systemic lupus erythematosus" for 3 years. The disease is currently worsening. She was admitted to a psychiatric clinic due to abnormal behavior. Physical condition: pale gray skin tone, looks exhausted, lips are pale, dry, constant low-grade fever. Mental state: upon admission, confused, excited, tossing about in bed, making continuous movements of the limbs and head; calms down for a short time and again becomes restless within the limits of

laid down. The orientation cannot be determined. The speech is inconsistent, incoherent: "Kroshka, ... okroshka ... spoon, ... give the cat ... crumbs" or consists of individual syllables and sounds. Doesn't appreciate the surroundings, doesn't recognize his family. It is not possible to enter into a conversation with the patient. The mood is extremely changeable: sometimes she is tearful, sometimes she smiles or laughs loudly, but she quickly becomes exhausted and becomes indifferent. The content of statements depends on changes in mood. In the evening, against the background of anxious affect, statements suggest the presence of verbal hallucinations. At the end of the exacerbation, complete amnesia of painful experiences was observed.

Identify the symptoms, establish the syndrome.

Sample answer:

- Detachment from reality.
 - Unavailability of contact.
 - Confusion.
 - Chaotic excitement within the bed.
 - Incoherent thinking and speech.
 - Mood variability.
 - Rapid exhaustion of mental processes.
 - Complete amnesia after recovery from a painful state.
- Syndrome: amentive.

Task 36.

The patient is 29 years old. While intoxicated, he fell asleep on the roadway, a motorcycle ran over him in the dark, as a result the patient received severe multiple fractures of the bones of both legs. In a state of shock, he was taken to a regional hospital, where he was operated on and plaster casts were applied to his legs. The general condition was assessed as moderate; the temperature was low-grade. At the end of the second day of stay in the trauma department in the evening, my mental state changed sharply: I could not fall asleep for a long time, I was restless, I asked not to turn off the light in the ward, because... under the beds I saw mice, then rats, then some dogs. Then he seemed to calm down, dozed off, and was left alone in the room. Soon loud screams and noise were heard from the ward, and a patient appeared at the door of the ward, moving with difficulty on his plastered legs. In his hands he held a needle for bone traction, waved it in front of him, lunging with it like a sword. At the same time, he shouted loudly that he would not allow himself to be killed, that he would cope with all the wolfhounds that were set against him, and loudly answered someone, as if to some questions. From fragmentary statements one could understand that he was in some kind of warehouse. At the sight of medical workers and other patients running towards him, he hobbled to the window and, breaking the glass and frame, jumped out of the window.

Identify the symptoms, establish the syndrome.

Sample answer:

- Allopsychic disorientation.
 - Anxiety,
 - Fear.
 - Insomnia.
 - True visual hallucinations.
 - True verbal hallucinations.
 - Delusions of persecution.
 - Behavior is determined by the content of hallucinations and delusions.
- Syndrome: delirious.

Task 37.

A 24-year-old patient, a student, was admitted to a psychiatry clinic with complaints of headaches, a feeling of emptiness in the forehead, and at times it seemed as if there was no head from the eyebrows up.

Mental condition. Orients himself correctly in the environment and his own personality. In the department he behaves calmly, communicates with conscientious patients, is outwardly neat, has adequate behavior, and shows interest in examination and treatment. Willingly talks about himself, his speech is consistent. Expresses the above-described complaints with a feeling of slight anxiety, concern for his health. One evening the patient experienced an unusual condition, about which he described the following: "I was lying in bed, not sleeping. Suddenly I felt the bed come off the floor and slowly begin to rise up. I don't know how she got through the ceiling and

began to fly into the sky. I looked down and saw the rooftops of the buildings receding. Soon I found myself in space. Stars floated by and comets flew by. The bunk was moving at incredible speed and soon began to descend. I saw a huge city below, skyscrapers, bright lights of advertisements, and heard jazz music. It was night. The cot gently lowered onto the square. Four figures dressed in black cloaks appeared near me. Two stood at the head, two at the feet. It became scary. After some time, the bed rose into the air and flew into outer space. I don't remember how I ended up in the room. But I know for sure that it was not a dream."

Identify the symptoms, establish the syndrome.

Sample answer:

- Headache.
- Autometamorphopsia (violation of the "body diagram").
- Anxiety.
- Fear.
- Allopsychic disorientation.
- Fantastic perception of the environment.
- Visual hallucinations.
- Preservation of memory for experienced events.

Syndrome: a special state of consciousness.

Task 38.

A 32-year-old patient spent most of his time in bed in the department, was indifferent to his surroundings, looked enchanted outwardly (his gaze was fixed on one point, sometimes he seemed to begin to follow something; in this case, his facial expressions changed - sometimes a smile slipped, sometimes - flying sadness). It was difficult to attract the patient's attention. It turned out that he did not know where or how long he had been. A month later, after coming out of this state, he became more active, more sociable, said that he lived in a world of fantastic dreams: he imagined himself in a fairy garden, where he was surrounded by magical maidens, transferred from one tent to another, treated to food, sang songs to him and danced. . Sometimes the maidens turned into terrible monsters and burned, destroyed the beautiful garden, the sick man fought with them, was beautiful and invincible. Often at the same time he perceived himself as a fearless giant hero. He could observe himself as if from the outside.

Identify the symptoms, establish the syndrome.

Sample answer:

- Allo- and autopsychic disorientation ("dual orientation").
- Detachment from the environment.
- Enchantment.
- Motor retardation.
- Fantastic pseudohallucinations.
- Fantastic delusional depersonalization, derealization.

Syndrome: oneiric.

Task 39.

The patient was brought to the emergency department after an accident, looks lethargic and lethargic, his facial expression is apathetic, sleepy. The patient is indifferent to his surroundings and does not exhibit spontaneous mental production. Perception is severely difficult. It is not possible to attract the patient's attention immediately, and it is easily exhausted. Associations are scanty, the patient answers questions in monosyllables and only after repeated repetitions. Reactions to all external stimuli arise slowly.

Identify the symptoms, establish the syndrome.

Sample answer:

- Lethargy.
- Lethargy.
- Drowsiness.
- Fatigue of attention.
- Poverty and monosyllabic speech.
- Responses after a latent pause.

Syndrome: deafness.

Task 40.

From the anamnesis it is known that the patient suffers from epilepsy with rare tonic-clonic seizures. However, from time to time, without any apparent external cause, conditions arise with unusual behavior for the patient. The change in the patient's condition occurs suddenly. In general, subsequent actions appear to be unmotivated - whether the behavior remains fairly orderly or is clearly inappropriate. The mood can be subject to unexpected fluctuations, the affect of intense anger or fear often predominates - and impulsive aggressive actions are possible. The patient is completely disoriented, confused, it is not possible to establish verbal contact with him, and his reactions to the environment are slow. Individual statements by the patient and inadequate answers to questions suggest the presence of hallucinations and a delusional interpretation of the patient's surroundings. This state lasts from several hours to a day. It goes away abruptly. The entire period of such a state is amnesic.

Identify the symptoms, establish the syndrome.

Sample answer:

- Paroxysmal nature of occurrence.
- Mood lability with a predominant affect of anger or fear.
- Impulsive aggressiveness.
- Delusional interpretation of the environment.
- Total congrade amnesia. Syndrome: twilight stupefaction.

Task 41.

The patient suddenly loses consciousness and falls - in any random situation. The skeletal muscles are tense, followed by jerky rhythmic twitching of the muscles. The face turns pale with the transition to cyanosis; There may be biting of the tongue, lips, inner surface of the cheeks, as well as loss of urine and defecation. There is no pain sensitivity, the pupils are wide and do not react to light. Amnesia for the entire period, starting from the moment of the fall.

Identify the symptoms, establish the syndrome.

Sample answer:

- Paroxysmal occurrence.
 - Switching off consciousness.
 - Tonic convulsions.
 - Clonic seizures.
 - Bite of lips, tongue.
 - Involuntary urination, defecation.
 - Amnesia during the attack.
- Syndrome: generalized tonic-clonic seizure.

Task 42.

Volodya is the most noticeable on the course. He is always in high spirits, cheerful and talkative. Energy oozes out of him, but he is not very reliable: he can promise and fail; does not like measured, monotonous, "boring" work - working with papers is not for him. He can get things going and study, but when they put pressure on him, he will quickly catch up with everything, not particularly caring about quality. As a rule, he himself does not notice his shortcomings, but everyone forgives him for his cheerful disposition. It is difficult with him in the family, but it is also difficult for him: he is always in search of communication, new extraordinary things, either rushing out of the house, or inviting more and more new friends into the house. He is full of plans and ideas, life is in full swing around him - outside of this cycle, Volodya easily wilts and withers. But not for long!

Determine the type of character accentuation.

Sample answer:

The type of accentuation is hyperthymic.

Task 43.

What does Angela not do to please everyone, to impress everyone: she dresses smartly and provocatively, she willingly speaks out on any topic, she is not averse to gossiping, boasting, even lying - for example, hinting at some acquaintances, connections and in general, on what sets her apart from those around her. Many of them consider Angela a kind and sensitive person - she knows how to listen and sympathize. True, this is more of an ostentatious interest and ostentatious sympathy, since she quickly loses interest in anyone (except herself, of course).

With each new person, Angela is different, she very subtly feels how they want to see her, and “regroups”: with one she is reasonable, with another she is impressive, with a third she is emphatically relaxed, with a fourth she is touchy. Her acting is so sincere that Angela herself believes that this is who she really is.

Determine the type of character accentuation.

Sample answer:

The type of accentuation is hysterical.

Task 44.

It is difficult for others to understand Galya's character. Her mood changes all the time. Either she is cheerful, friendly and active, the matter is in her hands. Otherwise, she suddenly withdraws, can't do anything, gets sad, gives up, and why – she doesn't even understand. But a week or two passes - and again everything is as before, Galya reaches out to people, and people reach out to her, she is kind, wise, and it's warm and cozy to be around.

Determine the type of character accentuation.

Sample answer:

The type of accentuation is cycloid.

Task 45.

Dina cannot be left without firm guidance from her parents - without their “hedgehog gloves” she quickly gets involved in various dubious companies and unpleasant situations. While she was at school and only moved along the “home-school” route, everything was fine: her academic performance was good, she was diligent, and in the evenings she only walked in the yard, returning home exactly at the time appointed by her mother. But then she moved to another city (enrolled in a university) - it was as if Dina had been replaced: she almost never appears at lectures, she spends her time in the company of cheerful friends. Broken, talkative. There are many such girls in the discotheques and bars where she often goes now. And she chose a friend from among these. “Look, Dinka, don't yawn,” she told her, “you only live once, remember.” You weren't afraid of some kind so that you could hide from people. And then everyone is like that - they just pretend so as not to spoil their career...” But then the parents came, saw what was happening - and soon moved to this city. My father began to strictly control visits to the institute and checked lecture notes. And Dina changed again - she became diligent, active at the institute, and was able to pass the exam successfully.

Determine the type of character accentuation.

Sample answer:

The type of accentuation is unstable.

Task 46.

It's always interesting to communicate with Marina: her knowledge is deep, her views are original, her judgments are independent. Answers in class are complete and erudite. The students respect Marina, but they are also afraid: it is difficult to find an approach to her, she is somehow incomprehensible, her actions are unpredictable, she can unexpectedly cut off her interlocutor, and get offended for no reason at all. Some consider her arrogant, others consider her a “cracker” - capable, but cold. She is serious beyond her age and prefers work to entertainment. She feels good in situations where her responsibilities are clearly outlined, but where an informal approach is needed, she easily gets lost. Given her pride, this greatly hurts Marina; she withdraws even more into her inner world - so deep, so rich and so calm - because she won't let anyone in there.

Determine the type of character accentuation.

Sample answer:

The type of accentuation is schizoid.

Task 47.

Igor is quiet, not very talkative. He is easily embarrassed, blushes, experiences failures for a long time, so scrupulously and conscientiously considers the options for his decisions at work, plans for so long how to approach the girl he likes, what words to say to her, that actually before making decisions it doesn't work out. He is a great rationalist, loves all sorts of schemes, and is constantly engaged in introspection. Since his contacts with people are not very intense, he is often busy with issues of his health, exhaustingly going through one option after another and accumulating them - significant and not significant - in his memory.

Determine the type of character accentuation.

Sample answer:

The type of accentuation is psychasthenic.

Task 48.

Yura is loud, pugnacious and stubborn from an early age. In anger he broke toys. At school, on the one hand, they note his neatness and extreme thrift with his things, but on the other hand, he is gloomy, spiteful, and prone to violent outbursts. Being the strongest among schoolchildren, he terrorizes and brutally persecutes his comrades. At the slightest provocation and for no reason, he beats the guys, hits them in the genitals, twists their arms. Loves to catch kids and torment them. One of them, who called him "long," dragged him onto the wardrobe, hung him by the collar of his coat on a hook and admired with pleasure how he fought, screamed and turned blue. At first he was obsequious to the teachers, but as the attitude towards him changed, he became embittered and threatened them with violence.

Determine the type of character accentuation.

Sample answer:

The type of accentuation is epileptoid.

Task 49.

The main thing in the character of 15-year-old Seryozha is increased fatigue, irritability and a tendency towards hypochondriacity. At the age of 12, his grandmother suddenly died of a heart attack in front of his eyes. Shortly after this, during a race in gym class, I felt pain in my heart. I was released from classes - the pain went away. A year later, he became a victim of harassment from a group of classmates - the pain in his heart resumed, he began to be afraid to go to school, and then even leave the house because of the pain in his heart. After treatment at the sanatorium, the pain disappeared again, but then recurred several times - after swimming in a cold river on a hot summer day, after returning to school and meeting with former offenders. Only now the pain was joined by irregular heartbeats and difficulty breathing. He spoke with his family only about his illness.

Determine the type of character accentuation.

Sample answer:

Type of accentuation – astheno-neurotic.

Task 50.

Roman is perceived by those around him as a little careless, sociable, but "too lively" and cannot organize himself. Wouldn't mind skipping a lecture with the group. When everyone goes to the lecture, he goes too, but he writes notes somehow and sits down to study just before the exam. In a general conversation, it is easy to notice that Roman does not have his own opinion, he is inclined to go "where the wind blows." He can consult first with one or another comrade, and, having received advice, then do nothing. He's not very independent.

Determine the type of character accentuation.

Sample answer:

The type of accentuation is conformal.

Task 51. Interview question.

Internal picture of illness: definition, types of personality reactions to illness (A.E. Lichko).
Pathological forms of response to disease.

Sample answer:

The internal picture of the disease is a purely individual system of sensations, emotional experiences and judgments that determine the patient's attitude towards health problems and related behavior.

Types of personality reactions to illness:

Normosomatosognosia is a type of personal response to a disease in which patients correctly assess their condition and prospects, their assessment coincides with the opinion of doctors. Hypersomatosognosia is the tendency of patients to overestimate the significance of both individual symptoms and the disease as a whole. Hyposomatosognosia is a patient's underestimation of the severity of the disease as a whole and its individual symptoms (as well as its consequences). Dissomatosognosia is the patient's denial of the presence of the disease and its symptoms.

Pathological forms of response to illness: depressive, phobic, hysterical, hypochondriacal and anosognosic.

Task 52. Interview question.

Conscious distortion of the assessment of the disease (aggravation, simulation, metasimulation, dissimulation): definition, significance for psychiatric and general medical practice.

Sample answer:

Aggravation is the deliberate strengthening and demonstration of signs of a real disorder in the hope of obtaining benefits. It is much more difficult to distinguish aggravation, since there are real signs of the disease, and only extensive professional experience and knowledge of this pathology can correctly assess the condition.

Simulation is an intentional and purposeful demonstration of signs of a non-existent disease. The simulation is always based on the desire to obtain a specific benefit: to avoid criminal liability, evade military service, get exemption from work or study, receive financial compensation or benefits.

Metasimulation is a conscious distortion of one's present state with the demonstration of symptoms that were observed in the patient during a previous painful condition. It is often observed in patients suffering from chronic alcoholism and other mental illnesses in a state of remission in order to obtain some benefit (to avoid punishment, get a prescription for potent drugs from the group of tranquilizers, sleeping pills).

Dissimulation is the deliberate concealment of existing disorders caused by fears for one's fate. Dissimulation is always based on anxiety and fear: losing a favorite or profitable job, fear of surgery, desire to be discharged from the hospital.

Task 53. Interview question.

Classification of mental disorders depending on the etiological factor. Exogenous and somatogenic factors: definition.

Sample answer:

Classification of mental illnesses by etiological factor.

- Endogenous,
- Exogenous,
- Psychogenic,
- Somatogenic (symptomatic).

Exogenous factors are external influences that cause structural damage to the brain (traumatic brain injury, infection, intoxication).

Somatogenic factors - the presence of a somatic disease that disrupts the homeostasis of the body (endocrine pathology, disorders of the excretory, cardiovascular system, gastrointestinal tract, etc.).

Task 54. Interview question.

Classification of mental disorders depending on the etiological factor. Endogenous factors: definition. Hereditary diseases and diseases with hereditary predisposition.

Sample answer:

Classification of mental illnesses by etiological factor.

- Endogenous,
- Exogenous,
- Psychogenic,
- Somatogenic (symptomatic).

Endogenous factors include:

- pathological heredity and hereditary predisposition,
- metabolic disorders,
- immune disorders,
- dysfunction of the endocrine glands.

Hereditary diseases: chromosomal and gene diseases (the development of such diseases is completely determined by hereditary factors; external factors in this case do not play a significant role, for example, Down's disease, phenylketonuria).

Diseases with a hereditary predisposition: multifactorial diseases, which for their development require, in addition to a hereditary predisposition, unfavorable effects of environmental factors (for example, schizophrenia, bipolar disorder).

Task 55. Interview question.

Sample answer:

Psychoactive substances (PAS) are substances that can artificially change a person's mental state: causing joy (euphoria), calmness (sedation), excitement and increased activity (stimulation), hallucinations and other mental disorders.

All surfactants can be divided into:

1. Alcohol-containing products (alcoholic drinks).
2. Non-alcohol-containing products -
 - narcotic drugs, incl. medicinal,
 - substance abuse drugs, incl. medicinal.
3. Psychotropic drugs.

The medical criterion corresponds to numerous diagnostic signs of the specific effect of a substance on the body: mental and physical dependence, a steady increase in tolerance, changes in the personality of the alcohol and drug user.

The social criterion corresponds to socially significant negative consequences of non-medical and addictive use of alcohol and drugs, material, economic, and psychological harm caused by the consumer to himself, family, and society.

Legal questions meet the legal criterion. There is a Law of the Russian Federation "On Narcotic Drugs and Psychotropic Substances", and it contains List 1, which includes substances recognized as narcotic substances. Thus, narcotic substances are distinguished from toxic substances precisely according to this criterion.

Task 56. Interview question.

Senestopathies: definition, main clinical characteristics. Differential diagnosis with paresthesia and somatogenic sensations.

Sample answer:

Senestopathies -indeterminate, often difficult to localize, often migrating, differential fuzzy, unpleasant, pointless, extremely painful sensations projected inside the bodily "I". Patients often resort to their figurative designation: they are designated as "tightening," "burning," "spill," "tickling," etc. According to the content, *senestopathies* are divided into pathological thermal sensations ("burns", "sears", "freezes"); pathological sensations of fluid movement ("pulsation", "transfusion", "uncorking and clogging of blood vessels", etc.); circumscribed (boring-tearing, burning-painful); sensations of movement, movement of tissues ("merging", "turning over", "delamination", etc.); pathological feeling of tension. Most often they are localized in the head and brain, less often in the chest and abdominal cavity, and rarely in the extremities. Often their localization changes, which is associated with the tendency of *senestopathies* to migrate.

Senestopathies should be distinguished from manifestations of somatic pathology and paresthesia. Unpleasant sensations due to pathology of internal organs are of peripheral origin and appear as a result of a breakthrough of interoception into consciousness. They are characterized by localization, stereotypical content, connection with the anatomical boundaries and topography of organs, projection into the corresponding Zakharyin-Ged zones, and often the occurrence of these sensations is pathogenetically determined.

Paresthesia is a sign of neurological or vascular damage. In neurological pathology, they, unlike *senestopathy*, are projected onto the surface of the skin (pathology of sensory nerves or dorsal roots), localized in the corresponding zone of innervation and combined with other neurological disorders in the same zone (hyper- or hypoesthesia). With dynamic circulatory disorders, paresthesia has unique conditions of occurrence, changes in color, skin temperature and pulse on the limb are noted.

Task 57. Interview question.

Disturbances in thinking by tempo and structure (form): varieties, clinical significance

Sample answer:

Thinking disorders by structure:

Incoherence – loss of the ability to form associative connections, a disordered set of words.

Discontinuity is a violation of the internal logical connection of associations, the connection in speech of heterogeneous elements, neologisms, a break in the integrity of thoughts. Options: grammatical, logical and schizoid.

Thoroughness – slowing down the formation of new associations due to the predominance of previous ones. Options: viscosity, stiffness, detail, labyrinth.

Reasoning is a tendency to empty, superficial, verbose reasoning “around and around the topic.”

Perseveration (stuckness) is a long-term predominance of one thought against the background of a general difficulty in the associative process.

Mentism is an involuntary, continuous and uncontrollable flow of thoughts, an influx of ideas, memories, images and ideas.

Sperrung (blockage) - an unexpected break in thoughts, a sudden loss of the topic of conversation (with clear consciousness).

Clinical significance: observed in schizophrenia, epilepsy and organic pathology of the brain.

Disturbances in thinking by tempo:

Acceleration of thinking - an increase in associations over a given period of time, facilitating their reproduction.

Slowing down of thinking – a decrease in the number of associations over a given period of time, making it difficult to reproduce them.

Clinical significance: observed in schizophrenia, depression, bipolar affective disorder and debilitating brain processes.

Task 58. Interview question.

Kandinsky-Clerambault syndrome: structure, clinical significance.

Sample answer:

This syndrome includes the following symptoms:

- delusions of influence,
- pseudohallucinations,
- mental automatisms.

Clinical significance: is specific for schizophrenia.

Task 59. Interview question.

Criteria for impaired consciousness according to K. Jaspers. Classification of syndromes of impaired consciousness.

Sample answer:

Criteria for impaired consciousness according to K.

Jaspers: 1. The patient is detached from reality.

2. The patient is disoriented in place, situation, time, surrounding persons, his own personality.

3. The patient's thinking is sharply upset, the associative process is simplified, speech becomes fragmented, inconsistent, and incoherent.

4. Various congenital memory impairments are noted.

Classification of syndromes of impaired consciousness:

1. Non-paroxysmal disturbances of consciousness –

- a) stupefaction: oneiroid, delirium, amentia; b) switching off: stupor, stupor, coma.

2. Paroxysmal disturbances of consciousness –

- a) clouding: twilight disturbance of consciousness, a special state of consciousness (aura); b) switching off: convulsive epileptic seizures.

Task 60. Interview question. Cognitive and personality changes in epilepsy. Sample answer:

Cognitive changes in epilepsy. Thinking disorders are characterized by rigidity (difficulty in switching), thoroughness, and a tendency to detail. The vocabulary is poor (oligophasia), what has already been said is often repeated (perseveration of thinking), and the use of formulaic ornate phrases is typical. Some patients develop a tendency to use diminutive suffixes in their speech (“little eyes”,

“little hands”, “doctor”). Reasoning is often observed, which has the character of a kind of compensatory “reasoning”.

Personal changes. A significant place in the picture of personality changes is occupied by the polarity of affect, i.e. torpidity, affective viscosity, a tendency to get stuck on certain, especially negative, affective experiences, on the one hand, and explosiveness, explosiveness, on the other. This is expressed in a combination of rancor, vindictiveness, egocentrism, malice, brutality (explosive traits) with exaggerated courtesy, flattery and servility, deference and affection in treatment, while increased sensitivity, timidity, timidity, vulnerability (defensive traits) are also observed). Also characteristic are the desire for hypersociality, love of truth, and emphasized caricatured pedantry.

Task 61. Interview question.

Psychoorganic syndrome: structure, variants, clinical significance.

Sample answer:

Characterized by the presence of a triad of symptoms:

- *Thinking disorders*(decrease in intelligence, pace, ability to assimilate new howl information, viscosity, stiffness),
- *Memory loss*(weakening, memory and reproduction disorders),
- *Emotional-volitional disorders*(weakening of will and affective lability). There are four main options: asthenic, explosive, euphoric and apathetic.

Clinical significance: observed in severe brain injuries (TBI), after suffering symptomatic psychoses, in diseases of addictive behavior associated with chemical dependence.

Task 62. Interview question.

Diseases of addictive behavior: the concept of chemical and non-chemical dependence.

Diseases of addictive behavior associated with chemical and non-chemical dependence: clinical forms.

Sample answer:

Dependence is a painful addiction to certain substances or activities, i.e. can be chemical or non-chemical.

“Disease of addictive behavior” (chemical dependence) is a chronic mental illness caused by the non-medical use of psychoactive substances (PAS).

Diseases of addictive behavior associated with chemical dependence: alcoholism, drug addiction, substance abuse.

Diseases of addictive behavior associated with non-chemical addiction: anorexia nervosa, bulimia nervosa, paraphilias, shopping addiction, Internet addiction, etc.

Task 63. Interview question.

Personality disorders (psychopathy): criteria P.B. Gannushkina, types of psychopathy.

Sample answer:

Criteria for psychopathy:

- 1) totality,
- 2) relative stability of pathological character traits,
- 3) severity to a degree that disrupts social adaptation. Forms (types) of psychopathy:

1. Asthenic.
2. Psychasthenic.
3. Hypotymic.
4. Hyperthymic.
5. Hysterical.
6. Excitable (epileptoid).
7. Paranoid.
8. Schizoid.

Task 64. Interview question.

Reactive mental disorders: definition, Jaspers criteria, classification.

Sample answer:

This is a group of painful mental disorders that arise under the influence of mental trauma and manifest themselves in the form of reactions and (or) states that reach a psychotic level.

Jaspers criteria:

- 1) the condition is caused by mental trauma (follows it in time);
- 2) a psychogenic-traumatic situation is directly or indirectly reflected in the clinical picture;

the essence of the disease, the content of its symptoms,

- 3) the condition ceases with the disappearance of the cause that caused it.

Classification:

1. Affective-shock psychogenic reactions (*Acute reaction to stress*).
2. Primitive hysterical psychoses (*Dissociative disorders*).
3. Protracted reactive psychoses -
 - A) Reactive depression,
 - B) Reactive delusional psychoses.
4. Post-traumatic stress disorder.

Task 65. Interview question.

Neuroses - etiology, main types of intrapersonal conflict (according to V.N. Myasishchev), clinical forms.

Sample answer:

The etiology of neuroses is chronic mental trauma.

There are three main types of neurotic conflicts (according to V.N. Myasishchev):

1) hysterical—inflated level of claims with underestimation of real conditions and the inability to inhibit desires (“I want and they don’t give”);

2) obsessive-psychasthenic—contradiction between desire and duty (“I don’t want, but must”);

3) neurasthenic—discrepancy between the capabilities and aspirations of the individual and inflated demands on oneself (“I want to and I can’t”).

Clinical forms:

1. Neurasthenia (asthenic neurosis).
2. Hysteria (hysterical neurosis).
3. Obsessive-compulsive disorder (obsessive-phobic neurosis or obsessive-compulsive neurosis).

Task 66. Interview question.

Larved (somatized, masked) depression: definition, classification according to V.F. Desyatnikov, place and role in general medical practice.

Sample answer:

Larved (somatized, masked depression) are endogenous depressive states in which somatic, vegetative and mental (phobia, drug addiction) manifestations are leading in the clinical picture, and the actual affective depressive disorders, being erased, recede into the background.

Classification of variants of somatized depression (according to V.F. Desyatnikov):

1. Algic-senestopathic: cephalgic, cardialgic, abdominal.
2. Agripnic.
3. Vegetovisceral.
4. Obsessive-phobic.
5. Drug addict.
6. With violations in the sexual sphere.

The place and role in general medical practice is that such patients mainly come to the attention of internists, who cannot always correctly make a differential diagnosis of masked depression and somatic pathology, as a result of which patients are treated for years for a non-existent somatic disease, without receiving recovery.

Task 67. Interview question.

Schizophrenia: definition, classification by E. Kraepelin, main and additional symptoms (E. Bleuler).

Sample answer:

Schizophrenia is a chronic mental illness characterized by disharmony and loss of unity of mental functions (thinking, emotions, motor skills), continuous or paroxysmal course and varying severity of productive (positive) and negative disorders leading to personality changes.

Classification of schizophrenia by form (E. Kraepelin): simple, catatonic, hebephrenic and paranoid.

In the clinical picture of schizophrenia, there are main (obligatory), specific symptoms, which can also be called "5A" symptoms (E. Bleuler): autism, apathy, abulia, associative thinking disorders, ambivalence-ambitendency. Additional symptoms include delusions and hallucinations.

Task 68. Interview question.

Recurrent (periodic) schizophrenia: developmental stereotype, types of attacks, personality changes.

Sample answer:

The term recurrent schizophrenia (recurrent) is associated with the main feature of the course, i.e. a high degree of probability of recurrence (recurrence) of the disease after the attack has passed, the peculiarity of which is a combination of symptoms characteristic of schizophrenia and severe affective disorders (BD).

The stereotype of the development of an attack includes 6 stages: affective, delusional affect, affective-delusional derealization-depersonalization, fantastic delusional derealization-depersonalization, illusory-fantastic derealization-depersonalization and true oneiric clouding of consciousness.

Types of seizures:

- affective (depressive, manic, mixed),
- affectively delusional,
- affective-paranoid,
- oneiroid,
- oneiric-catatonic,
- acute paranoid,
- acute paraphrenic.

Personality changes are relatively small and are expressed by phenomena such as mental weakness (exhaustion of mental activity, asthenization of the psyche).

Task 69. Interview question.

Treatment of mental disorders: basic methods.

Sample answer:

The entire set of methods for treating mental disorders can be divided into two groups:

1. Biological methods:

- Insulin comatose therapy (ICT),
- Electroconvulsive therapy (ECT),
- Pyrogen therapy,
- Methods of extracorporeal detoxification,
- Method of therapeutic fasting.

2. Psychopharmacotherapy (PPT).

Task 70. Interview question.

Antipsychotic (neuroleptic) drugs: classification (typical and atypical), mechanism of action, indications for use.

Sample answer:

Antipsychotics (neuroleptics) are drugs that relieve psychomotor agitation and have an antihallucinatory, antidelusional effect. Used in the treatment of mental disorders of the psychotic level.

Typical (dopaminergic): aminazine, tizercin, haloperidol, stelazine, chlorprothixene, eglonil, teraligen, neuleptil.

Atypical, acting on negative symptoms (serotonin): clozapine (Leponex), olanzapine (Zyprexa), risperidone (Rispolept), quetiapine (Seroquel), aripiprazole (Abilify).

Task 71. Interview question.

Antipsychotic (neuroleptic) drugs. Long-acting neuroleptics: indications for use.

Sample answer:

Antipsychotics (neuroleptics) are drugs that relieve psychomotor agitation and have an antihallucinatory, antidelusional effect. Used in the treatment of mental disorders of the psychotic level.

Long-acting neuroleptics –

A) *haloperidol - decanoate* 1.0 ml – administered once every 3 weeks, used for maintenance therapy during remission,

b) *clopixol - depot*– used for chronic psychosis,

V) *orap (semap)*– 1 tablet per week is taken, prescribed for a sluggish endogenous process, a pronounced stimulating effect is observed.

Task 72. Interview question.

Tranquilizers: classification, mechanism of action, indications for use. Sample answer:

Tranquilizers (anxiolytics, antiphobes) are drugs that have a calming effect, reducing fear, tension, and anxiety. Along with this, in some tranquilizers the sedative effect with inhibition predominates, while in others it is combined with activation and stimulation. Used in the treatment of neurotic, neurosis-like and psychopathic mental disorders.

1. Tranquilizers with a predominantly inhibitory component of action: *elenium, fenazepam, nozepam, nitrazepam (radedorm)*.

2. Tranquilizers with a stimulating effect: *mezepam*– daytime tranquilizer, increases mental performance, enhances attention, *Grandaxin (trioxazine)*– has a pronounced vegetative stabilizing effect, used in the treatment of mental disorders of the menopause.

3. Balanced action tranquilizers – *relanium (sibazon)*– well expressed and inhibitory and stimulating features, with the help of this drug it is possible to eliminate psychopathological disorders more successfully than with other tranquilizers.

Task 73. Interview question. Antidepressants: classification, indications for use. Sample answer:

Antidepressants (thymoleptics or thymoanaleptics) are drugs that can eliminate painfully low mood.

1. Non-selective monoamine reuptake inhibitors (TCAs):

• Amitriptyline - has a strong inhibitory effect, the most effective

for depression with anxiety, agitation, used for the treatment of depressive-paranoid states within the framework of schizophrenia and bipolar disorder.

• Imipromine (melipramine) - has a stimulating effect, indicated in the treatment of inhibited depression.

• Clomipramine (anafranil) - effective for endogenous depression, for involuntional and psychogenic depressive states; It is also indicated for neurotic depression, neurosis-like conditions and somatized depression.

2. Selective serotonin reuptake inhibitors (SSRIs): sertraline (Zoloft), fluoxetine (Prozac), paroxetine (Paxil), fluvoxamine (fevarin - has a pronounced thymoanaleptic, anxiolytic, sedative and vegetotropic effect, is used in the treatment of depression of any etiology and severity, as well as in the treatment of anorexia nervosa and bulimia, obsessive compulsive disorders, etc.), S-citalopram (Cipralext), vortioxetine (Brantellix).

3. Selective serotonin and norepinephrine reuptake inhibitors (SSRIs): velafaxine, duloxetine, milnacipran (Ixel).

4. Specific serotonergic antidepressants: trazodone (Trittico).

5. Melatonergic antidepressants: agomelatine (Valdoxan).
6. Selective serotonin and dopamine reuptake inhibitors (SSRIs): bupropion.
7. Reversible MAO inhibitors: moclobemide (Aurorix) - has a pronounced anti-depressive and stimulating effect, indicated in the treatment of atypical and resistant depressive states, depression accompanied by depersonalization, as well as social phobias.
8. Noradrenergic and specific serotonergic antidepressants (On SSA): mianserin, mirtazaline.

Task 74. Interview question.

Modern approaches and principles of dementia therapy in Alzheimer's disease and vascular dementia.

Sample answer:

Treatment for dementia includes the use of the following medications. Akatinol-memantine : Has a modulating effect on the glutamatergic system, being a non-competitive antagonist of NMDA receptors. It has a pathogenetic effect on degenerative processes in the central and peripheral nervous system. Regulates ion transport – blocks calcium channels. Has a neuroprotective effect. Normalizes membrane potential. Improves the process of nerve impulse transmission. Improves cognitive processes, memory and learning ability, increases daily activity.

Donepezil: Cholinesterase inhibitor. Slows down the progression of Alzheimer's disease, reduces the severity of cognitive symptoms, in some cases restores the daily activity of patients and facilitates their care. Corrects behavioral disorders, reduces apathy, hallucinations and mindless repetitive movements.

Task 75. Interview question.

Relief of various types of psychomotor agitation. Sample answer:

- Types of psychomotor agitation: 1. delusional, 2. hallucinatory, 3. excitement during clouding of consciousness, 4. catatonic, 5. manic, 6. depressive, 7. hysterical (psychogenic).

To relieve psychotic agitation, drugs from the neuroleptic group are used (Nos. 1-4 - aminazine, Nos. 5-6 - tizercin). To relieve psychogenic agitation, various tranquilizers are used depending on the patient's condition. All drugs are administered intravenously or by injection.

PC-8:

Closed type tasks:

Task 1. Instructions: Choose one correct answer.

The set of behavioral, motivational and cognitive characteristics of the mental activity of patients, defined in psychological terms, is called:

- a) psychopathological symptom, b) psychopathological syndrome, c) pathopsychological syndrome, d) pathopsychological symptom, e) pathopsychological phenomenon.

Response standard: c) pathopsychological syndrome.

Task 2. Instructions: Choose one correct answer.

The patient is happy that she got sick, asserting: "I will be able to pay more attention to the children, I will not take them to kindergarten, I will make repairs in the apartment, I will read a little, I will do what I love."

What type of response to illness is this?

- 1) utilitarian,
- 2) euphoric,
- 3) harmonious,
- d) nosophilic,
- d) egocentric.

Response standard: d) nosophilic.

Task 3. Instructions: Choose one correct answer. Genetic methods for studying mental patients are used: a) for dynamic monitoring of the effectiveness of therapy, b) to determine the degree of risk of mental illness in offspring, c) for all of the above, d) to clarify the diagnosis, e) b) and d) are correct.

Response standard: e) true b) and d).

Task 4. Instructions: Choose one correct answer.

Abulia belongs to one of the following groups of mental disorders: a) productive disorders, b) negative disorders, c) positive disorders, d) unproductive disorders, e) dysgraphic disorders. *Response standard:* b) negative disorders.

Task 5. Instructions: Choose one correct answer. Memory disorders are all of the following except: a) dysmnesia,

- b) amnesia,
- c) confabulation,
- d) paramnesia,
- d) memories made.

Response standard: e) memories made.

Task 6. Instructions: Choose one correct answer. Derealization disorders manifest themselves in all of the following except:

- a) the fact that the environment is perceived as devoid of emotional resonance, lifeless, dead,
- b) inability to determine the year, month, day, season, day of the week,
- c) perception of the environment as ominous, mystically mysterious, unusually joyful,
- d) the emergence of a feeling that someone is nearby, with the simultaneous awareness of a mistaken the intensity of the emerging feeling,
- d) impairment of the ability to perceive in the form of the inability to establish connections between phenomena and understand the meaning of what is happening.

Response standard: d) the emergence of a feeling that someone is nearby, with a simultaneous special knowledge of the fallacy of the emerging feeling.

Task 7. Instructions: Choose one correct answer. Overvalued ideas are characterized by all of the following, except: a) the presence of judgments arising as a result of real circumstances, b) these judgments acquire a dominant place in the patient's consciousness, c) the presence of pronounced affective tension, d) a tendency, under certain conditions, to fade and disappear over time; e) completely erroneous, absurd conclusions.

Sample answer: d) completely erroneous, absurd conclusions.

Task 8. Instructions: Choose one correct answer. Asthenic syndrome is characterized by all of the following, except: a) physical exhaustion, b) mental exhaustion,

c) fixation amnesia, d) affective lability, e) sleep disorders.

Response standard: c) fixation amnesia.

Task 9. Instructions: Choose one correct answer.

Obsessive syndrome is characterized by:

- a) the emergence of feelings, thoughts, memories, drives, motor acts, etc. besides desires,
- b) awareness of their painfulness, a critical attitude towards them,
- c) difficulty in overcoming obsessions,
- d) all of the above,

d) a) and b) are correct.

Response standard: d) all of the above.

Task 10. Instructions: Choose one correct answer.

Hypochondriacal syndrome is manifested by all of the following,

- except: a) exaggerated attention to one's health, b) delusional belief in the existence of an incurable disease, c) depressed mood with senestopathies, d) confidence in the existing incurable disease, e) various, painful and painful sensations.

Sample answer: b) delusional belief in the existence of an incurable disease.

Task 11. Instructions: Choose one correct answer.

The classic depressive triad is characterized by: a) all of the above in points b), c), d),

- b) motor inhibition, c) ideational inhibition, d) emotional inhibition, e) b) and c) are correct.

Sample answer: a) everything listed in points b), c), d).

Task 12. Instructions: Choose one correct answer.

Delirium syndrome is characterized by all of the following, except: a)

- catatonic inclusions, b) confusion, c) an influx of pareidolia and scene-like visual hallucinations, d) pronounced motor excitation, e) acute sensory delirium, affective disorders.

Response standard: a) catatonic inclusions.

Task 13. Instructions: Choose one correct answer.

Schizophrenia in adolescence is characterized by all of the following syndromes, except: a)

- anorexia nervosa, b) dysmorphomania, c) heboid syndrome, d) metaphysical intoxication, e) paranoid delusions with a high degree of systematization.

Sample answer: e) paranoid delusions with a high degree of systematization.

Task 14. Instructions: Choose one correct answer.

The main types of bipolar affective disorder (BD) are: a) unipolar depressive,

- b) unipolar manic, c) bipolar, d) all of the above,

d) a) and b) are correct.

Response standard: d) all of the above.

Task 15. Instructions: Choose one correct answer. Leading disorders in early childhood autism: a) psychoorganic syndrome,

- b) violation of higher cortical functions, c) weakness of impulses,
- d) low need to communicate with others, e) true c) and d).

Response standard: e) correct c) and d).

Task 16. Instructions: Choose one correct answer. Down's disease is characterized by: a) the presence of an extra chromosome - the 21st chromosome, b) the absence of the 20th chromosome,

- c) long limbs, short body, d) Mongoloid eye shape,

e) a) and d) are correct.

Response standard: e) a) and d) are correct.

Task 17. Instructions: Choose one correct answer. Exogenous type reactions were identified by: a) Karl Bonhoeffer,

- b) S.S. Korsakov,
- c) Emil Kraepelin,
- d) V.Kh. Kandinsky,
- e) Eugen Bleuler.

Response standard: a) Karl Bonhoeffer.

Task 18. Instructions: Choose one correct answer.

Traumatic illness is characterized by:

- a) the occurrence of only nonconvulsive paroxysms,
- b) the possibility of a combination of convulsive and non-convulsive paroxysms, c) the possibility of developing dysphoric states,
- G) b) and c) are true
- d) the possibility of developing personality changes of the paranoid type.

Response standard: G) b) and c) are true.

Task 19. Instructions: Choose one correct answer.

Alcohol withdrawal syndrome with mental disorders is characterized by all of the following, except:

- a) depressive-anxious affect with fearfulness,
- b) sleep disorder accompanied by nightmares, c) anxious-paranoid attitude,
- d) verbal hallucinosis,
- e) rudimentary visual hallucinations.

Response standard: d) verbal hallucinosis.

Task 20. Instructions: Choose one correct answer.

After suffering from tuberculous meningoencephalitis at the age of 7, the boy's behavior sharply worsened: he became excitable, irritable, impulsive, aggressive, left home, beat his mother, "became unscrupulous." The indicated clinical picture is typical:

- a) for excitable psychopathy,
- b) for disharmonious infantilism,
- c) for psychopathic-like syndrome of residual organic origin, d) for organic dementia,
- e) all of the above are incorrect.

Sample answer: for psychopathic-like syndrome of residual organic origin.

Task 21. Instructions: Choose one correct answer. During the acute stage of myocardial infarction, the following may develop: a) dementia,

- b) any of the following syndromes c), d), e) c)
delirium,
d) amentia,
d) depression.

Response standard: b) any of the following syndromes c), d), e).

Task 22. Instructions: Choose one correct answer. The category of borderline states includes: a) psychopathy,

- b) reactive states and psychoses, c)
neuroses,
d) all of the above,

e) a) and c) are correct.

Response standard: d) all of the above.

Task 23. Instructions: Choose one correct answer. Indications for insulin comatose therapy are: a) acute and subacute states of the schizoaffective structure, b) affective-paranoid states,

- c) acute and subacute paranoid states, d) all of the above,

d) a) and b) are correct.

Response standard: d) all of the above.

Task 24. Instructions: Choose one correct answer.

Psychotropic drugs include: a) psycholeptics,

- b) psychoanaleptics,
c) psychodysleptics,
d) all of the above,

d) a) and b) are correct.

Response standard: d) all of the above.

Task 25. Instructions: Choose one correct answer. The basic drugs for the treatment of psychosis are: a) antipsychotics,

- b) tranquilizers,
c) mood stabilizers,
d) all of the above,

e) a) and c) are correct.

Response standard: a) neuroleptics.

Open type tasks:

Exercise 1.

The patient is fussy and anxious. Attention is unstable and easily distracted. Orientation in the surrounding environment is preserved. There are abundant visual illusions, which the patient views with criticism. If the patient fixes his gaze on objects that have patterns, spots, cracks, then in their combinations and interweavings he sees kaleidoscopically changing images and figures. The patient complains of insomnia; when falling asleep and closing his eyes, he sees changing images on a dark background. The ensuing superficial sleep is interrupted by nightmares.

What are these symptoms?

Response standard:

- Anxiety.
- Absent-mindedness and distractibility of attention.

- Dyssomnia.
- Pareidolic illusions.
- Hypnagogic hallucinations.

Task 2.

The patient almost constantly experiences sensations of tingling, burning, crawling "goosebumps", vibrations throughout her body, "as if something is crawling" under the scalp. Perceives the size of his body in an unusual way: the left arm and leg, especially the heel, seem enlarged, the head is perceived as either distorted, egg-shaped, enlarged in size, or something foreign is felt in the frontal area on the left "as if something was stuck". At times, teeth appear large and there is a feeling that they do not fit in the mouth.

What are these symptoms?

Sample answer:

- Senestopathies.
- Autometamorphopsia (violation of the "body diagram").

Task 3.

The patient reported that he walked into a dimly lit room in the evening and saw a bandit hiding behind the door. When I turned on the light, I saw a rolled-up carpet leaning against the wall.

What is this symptom?

Sample answer:

- Affective visual illusion.

Task 4.

Patient A.T., 26 years old, was operated on a year ago in the neurosurgery clinic for a benign tumor in the left temporo-parietal region. Three months after the operation, a feeling of heaviness and an increase in the size of the right arm and the right half of the head appeared. The hand feels swollen, two or three times in size, while the fingers are thick, "like sausages." The right half of the head seems to be separated from the left, it feels a border running exactly along the bridge of the nose, sometimes it seems that half of the head is missing, it has disappeared. Such sensations most often arise in the dark, before falling asleep; as soon as you turn on the light and look in the mirror, the ideas about the body changing disappear. During a recent cold (flu) at high temperatures, these sensations intensified, and there was also a feeling that the room had decreased in size, the walls had moved, the ceiling had become "sloping" at an angle of 20-30°. He is critical of his condition and even tries to make fun of himself.

Identify the symptoms, establish the syndrome.

Sample answer:

- Autometamorphopsia (violation of the "body diagram").
- Metamorphopsia.

Syndrome: psychosensory disorders.

Task 5.

Patient A., 40 years old, was sent for consultation to the psychiatry clinic from the therapeutic department. Over the past three years, she has been constantly receiving treatment from internists, turning to healers and psychics, but they could not help her anywhere. Complaints of constant discomfort in the abdomen and chest, pressure, squeezing, numbness "at the border of the chest and abdomen", sometimes she feels paroxysmal sensations of a rush of heat to the internal organs, which the patient finds difficult to describe, calling them burning pains. At the height of these sensations, sometimes there is a feeling of itching and burning in the intestinal area. There are also complaints of decreased appetite (the patient has lost 11 kg over the past three years), restless sleep, anxiety, and constant thoughts about her health. She is sure that she is sick with "specific gastroenteritis", she assumes that all this can develop into cancer, and as evidence she cites statements read in the medical literature like: "a chronic gastric ulcer is a precancer." The patient seeks to receive appropriate therapeutic recommendations and prove the unjustified and unfounded treatment tactics followed by doctors in the past. Believes that she has a "difficult diagnostic

“sky case,” she is sure that if they cannot help her at the medical university clinic, then her only hope is in academic institutes in the capital.

She calmly agreed to a consultation with a psychiatrist, because she understands that due to a chronic somatic illness, her “nerves were running wild.”

Identify the symptoms, establish the syndrome.

Sample answer:

- Senestopathies.
- Hypochondriacal idea (overvalued level) of nosomanic content.
- Introversion to one’s feelings.
- Active in examination and treatment.
- Anxiety.

Syndrome: senesto-hypochondriacal.

Task 6.

Woman G. was admitted to a psychiatry clinic as planned.

Mental status. Consciousness is clear, correctly assesses the profile of the department.

Behavior is correct, communicates with staff and patients. Spends most of his time in bed, citing weakness and increased fatigue. Carefully monitors his appearance and bed. She is polite in her interactions with staff and patients. She willingly talks with the doctor, talks in detail about herself, and is interested in her examination and treatment. Complains of almost constant headache, lethargy, weakness, increased fatigue, poor sleep. I am also concerned about memory loss and instability of attention. Almost constantly experiences tingling, burning, crawling sensations throughout the body, vibration and movement under the scalp. From time to time there is a feeling of an increase in the size of your head, left arm and leg, especially fingers. It often happens that the whole body seems very large or very small, light to the point of weightlessness or terribly heavy, filled with hot lead. The surrounding objects in the room are sometimes perceived as enlarged to gigantic sizes. This makes the room feel very crowded, anxiety arises, and you want to run out of the room into the street. In the middle of the day, an unusual perception of everything around you arises in fits and starts; objects are perceived as twisted and skewed. So, while eating, sometimes it seems that the table is tilting and the dishes may fall. The patient tries to hold the plate with her hand. Sometimes everything around you becomes lilac, crimson or turquoise. She understands that all these phenomena arise from illness, and is depressed by the fact that they persist.

Identify the symptoms, establish the syndrome.

Sample answer:

- Asthenic symptom complex.
- Cephalgia.
- Senestopathies.
- Autometamorphopsia (disturbances of the “body schema”).
- Metamorphopsia (megalopsia, dysmetamorphopsia).

Syndrome: psychosensory disorders.

Task 7.

“Everything around me has changed, it has become flatter, photographic, and lost its volume. The sky became flat, the stars were frozen, not twinkling. The greenery lost its range of colors, became gray and merged with the houses and the same gray sky. The world stopped, lost its naturalness and mobility. People, as it were, put on masks and acquired the gait of mannequins, ceased to be plastically mobile, and became stilted automata. Their figures were distorted, and their unnaturally large, motionless eyes covered their entire face. The eyes multiplied, multiplied, the man’s head turned into a crowd of empty and gray eyes, absolutely identical and soulless.”

Identify the symptoms, establish the syndrome.

Sample answer:

- Derealization.
- Metamorphopsia (dysmegalopsia, macroopsia, polyopia).

Syndrome: derealization.

Task 8.

"We need to lead a correct lifestyle. I wake up every morning at the same time, not a minute earlier, not a minute later. A minute is a long time, requiring respect and understanding. Minutes make up hours, weeks, years. You can't stop the years, you can't bring them back. What is past is past. It's because of these little minutes that I always get up at the same time – at 6:35 am. I'm going to the toilet. Then exercise, jogging. Charging is required. The best thing is according to a system, I have my own system, magazines, books need to be read... That means exercise... Squats, walking, jogging. I can't bend over sharply, the doctors forbade me. Squats 20 times. I started with five, then seven, then 9-10. And after a week I reached 20. For three years I've been doing 20 squats every day. This is very important - the system. Walking. Knees higher - and off I went... I started walking for five minutes, then increased it by the minute..."

Identify the symptoms of thinking disorder by structure. What disease are they typical for?

Sample answer:

- Diminutive expressions.
- Detailing.
- Thoroughness of thinking.
- Viscosity.

Characteristic of epilepsy.

Task 9.

The patient talks about himself for a long time, with unnecessary details; when he is asked leading questions so that he speaks to the point, he does not react to this and continues to say his own thing. If he is abruptly and loudly interrupted, he looks at the interlocutor for a long time, not understanding.

Identify thinking disorders by structure.

Sample answer:

- Viscosity of thinking.

Task 10.

The patient expresses concern that she has stomach cancer, because... her friend died of cancer, and they often ate together. She was repeatedly examined by therapists and, although the results did not confirm the patient's fears, they did not completely reassure her. He understands that his fears are unfounded, but he cannot get rid of them.

What are these symptoms?

Sample answer:

- Obsessive fears (cancerophobia).
- Maintaining a critical attitude.
- The desire to get rid of your fears.

Task 11.

The patient expresses confidence that a group of people unknown to him wants to kill him. For this purpose, the pursuers stationed their agents in various places in the city. The patient becomes aware of their presence by special gestures that they make to each other as soon as they see him. The patient hides, is afraid to go out, stays at home more, and cannot be persuaded.

What is this symptom?

Sample answer:

- Delusions of persecution, suspicion.
- Lack of critical attitude.
- Delusional behavior (fear of going outside).

Task 12.

The patient declared that he would definitely turn "the factory-hell into a factory-garden"; for this he went to the executive committee, the district party committee, the administration of the plant and made proposals everywhere. At the same time, he made a number of critical remarks about the plant's products and its management, made his own proposals and demanded their implementation, otherwise he would write to Moscow.

What is this symptom?

Sample answer:

- Extremely valuable reform ideas.

Task 13.

Patient S., 32 years old, was hospitalized by ambulance due to her inappropriate behavior from the Sports Palace, where the next session of "White Magic" took place. Quite willingly talks about his experiences. For several years now he has been noticing that he is being followed by some powerful organizations, perhaps the secret services. They have special equipment that reads thoughts at a distance; whatever she thinks about, it immediately becomes known. They watch her every step, and her pursuers constantly instill their thoughts in her, give orders, and threaten her with violence. When she tries not to obey, then at a distance, using their power, they create melancholy or "crazy fun" or create unpleasant sensations in the body, most often in the genital area. She almost constantly hears different voices, male and female, in her head, and sometimes they seem to be familiar. Sometimes she is left alone for a while, but then her head works like a radio point, hears the conversations of these people among themselves (but all conversations always concern the patient). Sometimes the "voices" completely subjugate the patient to their will, making her a "robot," i.e. she carries out all their orders. During the magic session, she felt acute fear, realized that something was going to happen to her, that they would probably try to put her to sleep forever, so she decided to defend herself, especially since the "voices" pointed to several "disguised agents." To prove the reality of his experiences, he carries with him newspaper clippings with articles about the possibility of telepathy, telekinesis, and remote control of the human psyche.

Identify the symptoms, establish the syndrome.

Sample answer:

- Delusions of persecution.
 - Delirium impact.
 - Ideatorial automatism.
 - Senestopathic automatism.
 - Affective automatism.
 - Motor automatism.
 - Auditory pseudohallucinations.
- Syndrome: mental automatism (Kandinsky-Clerambault).

Task 14.

Patient M., 20 years old. He came to the clinic accompanied by his mother. She said that after finishing 10th grade, her son did not study further and did not go to work. Throughout the year, he spends his days inventing a perpetual motion machine. He approached various institutions with demands to help him build a perpetual motion machine. Day and night he locks himself in his room, writes and draws something. If he leaves home, he carefully hides what he has written. He demands that his mother give him money to build a model of a perpetual motion machine. He brought a lot of metal parts into the house, from which he plans to make his own installation. He constantly brings random acquaintances to his house, who promise to help build a perpetual motion machine, and gives them money. After another failure, he again asks his mother for money for a new model. At the clinic, he told the doctor that he had built a perpetual motion machine. Draws schematic diagrams based on a lever, cites the elementary laws of physics and mathematics to substantiate his idea. He does not accept objections, gets offended, draws again and tries to prove and convince, changing little essentially in his evidence. He said that he had sent his diagrams to scientific journals and was looking forward to a response.

Identify the symptoms, establish the syndrome.

Sample answer:

- Systematized, monothematic idea of invention (delusional level).
 - Isolation, lack of adequate social contacts.
 - Unproductive activities.
 - Suspiciousness.
 - Lack of criticism.
 - Disadaptation (personal and social).
- Syndrome: paranoid (delusional).

Task 15.

Patient N.N., 39 years old, is being treated in a psychiatry clinic for the 5th time, has been ill for 15 years. He is calm, unobtrusive, immersed in his experiences, but willingly talks with doctors. He believes that he is in the clinic to test his abilities, because... he is a great magician, sorcerer and psychic. He possesses these "inhuman superpowers" because he is an alien, the chosen one of God, who is located in a parallel universe at a distance of 100 million parsecs. Evil forces from the planet "Tron" are trying to interfere with him, acting on him with harmful biocurrents, but he has powerful protection, because... His parents and brother are robots from another, friendly planet from the constellation Alpha Centauri. Several times they tried to replace them, to put enemies into their shell, but then "divine voices" appeared in the head, warning the patient about this substitution, advising not to eat poisoned food, not to leave the house. "Friendly voices" told the patient that the fate of the Solar System and the Earth depended on his behavior and mood. He was hospitalized after an act of aggression towards his brother, because... I once again discovered a devil in his shell.

Identify the symptoms, establish the syndrome.

Sample answer:

- Megalomaniac fantasy nonsense.

- Delusions of grandeur.

- Delusions of a different origin.

- Delirium impact.

- Antagonistic delusion.

- Auditory pseudohallucinations.

- Delusions of special significance

- Delirium of poisoning.

- Capgras sign.

Syndrome: paraphrenic.

Task 16.

A 17-year-old girl graduated from high school, outwardly she seemed to do everything that her peers did, she studied well, was friends with one friend, but she began to attend school events less, explaining that she did not have enough time to study. However, at home I spent a lot of time in front of the mirror and looked at my reflection. She complained to her mother that she was ugly, that she had protruding ears and a long nose, like Cyrano de Bergerac. "Who needs me like that? My appearance is disgusting to everyone. Why don't I see how people turn away from me with disgust?" She thought that her classmates simply felt sorry for her and did not talk about it directly; even her friend, probably out of a sense of compassion, pretended not to notice anything.

Identify the symptoms, establish the syndrome.

Sample answer:

- Overvalued ideas of physical disability.

- "Mirror" symptom.

- Hypotymia.

- Sensitive ideas of attitude.

- Reduce criticism.

Syndrome: dysmorphomaniac (cosmetic variant).

Task 17.

Patient P., 33 years old, has been registered with a psychiatrist for about 5 years, but is admitted to the hospital for the first time at her own insistent request. Anxious and suspicious by nature, from childhood she periodically experienced fears of the dark and heights. She fell ill after a series of traumatic situations. Complaints of constant obsessive concerns, thoughts, fears. So often she fears that she forgot to turn off the tap at home, or did not slam the door, and is forced to return many times to check her actions. In the event of unfavorable alarming news, she performs a lot of ritual actions in a certain sequence (knocks on wood three times, spits over her left shoulder, crosses her fingers, and recently she has started humming a certain melody to herself). She is very embarrassed by her behavior, tries to perform rituals when no one sees her, but sometimes she is forced to do this in public, after which she worries for a long time, constantly returning to the thought of how others might think about it. Lately, he has been afraid of moving vehicles and crosses the road only after 6 white cars pass by. When you see a dog on the street, you immediately fear that the dog might be tempted.

If you give up her daughter, the dog may turn out to be rabid, and then the daughter may also get this dangerous disease. She understands the absurdity of her fears, nevertheless, she never lets her daughter walk in the yard if there is a dog there, otherwise severe anxiety arises, she cannot do anything in the apartment, she always runs into the yard and takes the child home.

Identify the symptoms, establish the syndrome.

Sample answer:

- Obsessive thoughts (obsessions).
- Obsessive fears (phobias).
- Obsessive actions (rituals).
- Anxiety.
- Preservation of criticism.

Syndrome: obsessive-phobic.

Task 18.

The patient has been in the hospital for more than a year, but very often states that this morning she was at the market, bought groceries, and treated her granddaughter to apples. The ill former housewife has a large family.

What is this symptom?

Sample answer:

- Pseudo-reminiscences.

Task 19.

The patient states that yesterday he was in Moscow, took part in the parade on Red Square and was awarded an order. In fact, he was in the hospital for a month. In the past, he was a participant in the Great Patriotic War, has medals, has never been to Moscow and has never taken part in parades.

What is this symptom?

Sample answer:

- Confabulation.

Task 20.

Patient G., 61 years old, is in a psychiatry clinic for inpatient treatment. Mental condition. She is oriented towards her own personality, but finds it difficult to determine her age; she knows that she is in a clinic. Finds it difficult to name the exact date and month, gives an approximate year, citing poor memory, and is embarrassed. He spends his time in the department passively and monotonously. He lies in bed a lot, sometimes sits in a circle of conscious patients, but only indifferently listens to their conversations. The patient is outwardly quite neat, clean, and treats others kindly. He willingly talks with the doctor, speaks in a quiet voice, but his modulations are lively. Facial expressions and gestures are stingy and poor, but correspond to the content of the conversation and the situation. The pace of speech is somewhat slow, the vocabulary is limited, the answers are monosyllabic, but to the essence of the questions asked. Complains of headache, dizziness, tinnitus, general weakness, fatigue, poor memory. The mood is even, but sometimes when talking about his illness he begins to cry, then quickly calms down. Experiences severe difficulty remembering past events. From his personal life, he remembers only a few dates that were emotionally vividly colored in the past (the death of his mother, a wedding, the birth of a child). He confuses the dates of events in social life, and has difficulty remembering some of them. Cannot remember the doctor's name and patronymic, the current date, despite repeated repetitions. Neuropsychological examination reveals a sharp depletion of active attention. Mechanical, semantic and associative memorization is grossly impaired. Understanding familiar tasks, familiar proverbs, understanding pictures, etc. without much difficulty. He has difficulty understanding new tasks, cannot comprehend them, and is very upset about this. Criticism of one's condition is preserved. She doesn't make specific plans for the future; she says with sadness in her voice that her goal is to live out her life in peace.

Identify the symptoms, establish the syndrome.

Sample answer:

- Asthenic symptom complex.
- Hyponesia for current events, difficulties in the chronology of events.
- Weakness.

- Increased fatigue and exhaustion.
 - Preservation of criticism.
- Syndrome: lacunar (dysmnestic) dementia.

Task 21.

Patient D., 18 years old, dysplastic physique, poor, inexpressive facial expressions. In behavior, he is passive, isolated, and treats excited patients with fear. In the department he stays close to the medical staff, is helpful, sometimes even obsequious, strives to help, willingly carries out simple tasks (take out the trash, bring food from the catering unit). He became especially attached to one of the older nurses, waited for her to go on duty, and was bored when she was gone; calls her "Aunt Valya." He willingly enters into conversations with doctors. He does not consider himself mentally ill and does not understand why he needs to be examined. Speech is slightly tongue-tied, vocabulary is small, horizons are narrow. He doesn't read books or newspapers; he likes to watch TV; his favorite programs are cartoons and "soap" Mexican melodramas. We are easily suggestible, which is why safe patients often make fun of him: he so easily believed that the heroine of one of his favorite films would soon come to Rostov, visit hospitals, primarily psychiatric ones, give out gifts, wrote her a letter (on the advice of the jokers), where he asked for a gift for himself - jeans and sneakers. He knows prices, knows how much a Mercedes costs in dollars, but cannot answer why this car is called that; he has absolutely no idea what an internal combustion engine is.

Identify the symptoms, establish the syndrome.

Sample answer:

- Primitiveness of judgments.
- Narrow outlook, poor vocabulary, low level of knowledge.
- Increased suggestibility.
- Concrete-figurative thinking. Syndrome: mild mental retardation.

Task 22.

Patient V., 84 years old, is in a psychiatry clinic for inpatient treatment. Mental condition. He has an inaccurate understanding of his own personality, knows his last name and first name, but finds it difficult to say his age, cannot say the date, month and current year, does not know his place of residence, home address, names, number of his children, first and last names of relatives. She is helpless in the department, does not find her room or bed on her own, and lies down on any bed even after repeated indications of her mistakes. Can't remember the name of his doctor. Most of the time she lies passively in bed, not showing any aspirations, indifferent, immersed in drowsiness. Sometimes she becomes fussy, aimlessly pulling the handles of closed doors. He takes apart the bedding and ties it into a knot. Personnel rises to eat and go to the toilet. Untidiness with urine and feces in bed is periodically observed, but the patient practically does not react to this. There is no feeling of modesty, he often undresses naked and wanders around the ward in this form. Productive contact with the patient is impossible, it is not possible to collect a subjective anamnesis, because the patient does not remember the dates and facts of her past life. He has no health complaints. Mood is defined as a state of indifference, indifference. Only occasionally, for an insignificant reason, unexpressed superficial and short-term emotional reactions arise; more often, a complacent and carefree background of mood is noted. It is not possible to conduct a neuropsychological study because the patient does not understand the tasks. He is indifferent to mistakes, there is no criticism of his condition.

Identify the symptoms, establish the syndrome.

Sample answer:

- Lack of productive contact due to severe memory impairment.
 - Retroanterograde amnesia.
 - Fixation amnesia.
 - Amnesic disorientation.
 - Apathy (indifference to one's own personality).
 - Benevolently carefree mood background.
 - Decrease in moral and ethical qualities of the individual (decrease in modesty, neatness)
 - Lack of criticism.
- Syndrome: total (global) dementia.

Task 23.

The patient, 57 years old, a pensioner, is in a psychiatry clinic for inpatient treatment. Heredity is not psychopathologically burdened, development in childhood is without any special features, she studied well at school. Calm and balanced in character. During my life I never suffered from anything serious. An accountant by profession, in the last years before retirement she did not cope well with her work responsibilities. Retired since age 55, lives with her husband. For the last 10 years he has been suffering from stage I-II hypertension. From the age of 56, forgetfulness began to noticeably manifest itself, which steadily increased, regardless of connection with the somatic state. She had trouble finding her bearings on the street, couldn't find her home, couldn't recognize her friends or neighbors. Gradually she stopped doing household chores, sat for long periods of the day doing nothing, was confused, and was periodically restless. She was examined twice at a neurosurgery clinic with a suspected brain tumor, but this diagnosis was rejected. Gradually she ceased to understand speech addressed to her, she lost basic practical skills, and could not take care of herself. She became completely helpless. She was admitted to the clinic to clarify the diagnosis.

Mental condition. Disoriented in place and time, calls herself correctly. In the department he cannot find a room, bed, etc. on his own. He recognizes the doctor's face, but cannot remember his name. She is inactive in the department, lies in bed, does not take care of herself, takes food from the hands of the staff, because... clumsily holds a spoon. When addressed to her, he begins to cry, shift from foot to foot, and rub his hands. Inaccessible to productive contact, does not understand many questions, answers inappropriately, monotonously: "yes", "no". Cannot name the objects presented: a watch, a pen, a seal he calls "cool", etc. Speech is slurred, fragmentary, and uses absurd words. So to the question: "What is your last name?" - answers: "Froverdin." "Family composition?" - "Masha, grandma, quality." and so on. She cannot dress herself or comb her hair. She picks up a fountain pen correctly, but she couldn't place the paper comfortably for writing.

Define symptoms, syndrome.

Sample answer:

- Difficulty in productive contact due to severe memory impairment.
- Retroanterograde amnesia.
- Fixation amnesia.
- Amnestic disorientation.
- Agnosia, aphasia (motor, sensory, semantic), apraxia.
- Lack of criticism.

Syndrome: total (asemic) dementia (presenile dementia of the Alzheimer's type).

Task 24.

The patient, 17 years old, was admitted to the psychiatric department for the first time.

Mental status. She is completely oriented in time, situation and her own personality. In the department she is overly mobile, active, constantly strives to communicate with others, does not maintain distance in communication with older patients. During the hour of afternoon rest, he walks around the ward, tries to start a conversation with resting patients, and laughs loudly. She reacts adequately to the comments of others and becomes calmer, but for a short time. He takes a keen interest in his appearance and uses cosmetics excessively. In a conversation with a doctor, he willingly and quickly answers questions and laughs often. The face expresses cheerful carelessness, the eyes sparkle. Speech at an accelerated pace, with bright, lively intonations, is accompanied by rich facial expressions and gestures, which reflect an elevated, cheerful mood. He has no health complaints. The judgments are superficial, absences from school are going to be easily eliminated, although he studies "satisfactorily" in many subjects. With a laugh he declares that he is going to get married, and speaks with emphasized pride about his success with young people. An attempt to talk about the illness of a mother who is in serious condition almost does not cause a reaction of sadness in the patient. At the same time, the patient says with a smile: "I - optimist. Everything will be fine. Mother is strong, she will get better." He notices that her condition is unusual, that "she is too cheerful," but the patient likes it. In plans for the future, he imagines his life to be bright and filled with significant events. "I will definitely meet a handsome guy and get married. I will travel a lot, dress beautifully, I want to become famous."

Identify the symptoms, establish the syndrome.

Sample answer:

- Euphoria.
- Physical activity.
- Acceleration of the pace of thinking and speech.
- Increased distractibility, liveliness of facial and pantomimic reactions.
- Disinhibition of drives.
- Reassessment of one's own personality. Syndrome: hypomanic.

Task 25.

A 49-year-old patient was brought to the department by an ambulance, accompanied by her husband. She agreed to be examined to prove to her husband that she was absolutely healthy. The husband claims that the patient is behaving incorrectly: she buys unnecessary things, is going to celebrate her anniversary (50 years) in a grand manner, and has bought a lot of products that are impossible to process (2 days left before the holiday). In addition, at the same time she started renovating her apartment, but she obviously won't have time to finish this renovation by her birthday. Due to the fact that she began to do several things at once, she does not have time to do everything, gets angry, and demands that her husband help her. She stated that she was divorcing him and going to Moscow to join the trainee group of singers at the Bolshoi Theater (the patient sings at the People's Opera House at the Palace of Culture). Due to this behavior, as well as the fact that she hardly sleeps and is constantly in conflict, her husband called a psychiatric ambulance team. The patient claims that her husband exaggerates everything, that he is stingy and jealous, that he ignores her creative abilities. She is really going to go to Moscow to take part in a vocal competition to join the Bolshoi Theater trainee group. In the meantime, she wants to celebrate her 50th birthday, invite all her friends, and give a concert for them. Her husband doesn't help her with this and wants to put her in the hospital, because... considers her desires to be painful, and also due to stinginess to avoid expenses. She decided to renovate the apartment, but her husband does not help her with this. She is in a good mood, she is confident that she will achieve her goal. Previously, she had periods of depression and lack of confidence in her strength, but now she has finally recovered.

Identify the symptoms, establish the syndrome.

Sample answer:

- Hyperthymia.
- Anger.
- Motor disinhibition.
- Sleep disorders.
- Irritability.
- Ideas of re-evaluating one's own personality. Syndrome: manic (angry mania).

Task 26.

Patient V., 54 years old, has been ill for about 20 years, and has been repeatedly treated in a psychiatry clinic. In the department the patient is calm, unnoticeable, spends most of his time in bed, covering his head with a blanket. He is indifferent to his clothes and bed, and is reluctant to change his underwear and bed linen on "bath days." He hardly talks to his roommates. Fulfills the requirements of medical personnel and passively obeys. He smokes a lot, always finishing his cigarettes "before the filter," which is why he has permanent burns on his index finger and thumb. He always washes down his cigarettes with hot water from the tap (technical water). He is completely indifferent to his wife's arrival, takes the parcel, never thanks, and is indifferent to the story about his granddaughter's health. Occasionally he comes up with a stereotypical request to be discharged home; upon hearing a refusal, he turns around completely calmly and goes into the ward. He doesn't read books or watch TV, although he once lingered in front of the TV while watching a chess program, unexpectedly showing the right move for one of the grandmasters, revealing good chess knowledge (as it turned out, he had previously played chess well and was a candidate for master of sports). He refused the offer of one of the patients to play a game, because "There's no need."

Identify the symptoms, establish the syndrome.

Sample answer:

- Autism
- Hypobulia (decreased motivational activity, hygiene skills, social activity).
- Narrowing of emotional resonance (emotional coldness, callousness).

- Apathy (indifference to the environment and one's own personality).
- Parabulia (burns, drinking technical water).
- Lack of criticism.

Syndrome: apathetic-abulic.

Task 27.

Patient B., 27 years old, was admitted to a psychiatry clinic for the first time.

Consciousness is clear, he talks willingly, he behaves adequately. Complains of irritability, headaches and attacks of "bad mood". In the morning he wakes up in a good mood, goes to work, everything goes well. Suddenly, without any external reason, your mood suddenly drops, you become sad, everything starts to irritate you (you sat down wrong, you said it wrong), anger appears, you feel feverish, your hands tremble, you make comments to those around you, who are surprised to say that this is nothing. This irritates her even more, she begins to be rude, she can even use obscene language, even hit (which is not typical for her in her normal state). This state lasts for several minutes, sometimes about an hour, then also suddenly becomes normal, "as if someone had hit you on the head." These attacks of bad mood occur 2-3 times a week.

Identify the symptoms, establish the syndrome.

Sample answer:

- Irritability.
 - Hypotymia (sad and angry mood).
 - Tendency to act aggressively.
 - Paroxysmal nature of the change in condition.
- Syndrome: dysphoric (epileptiform).

Task 28.

The patient is 42 years old, has a higher education, has been sick since she was 20 years old. In the department she talks loudly, sings, makes noise, demands to give her free access to the street, because... feels stuffy in the room, has conflicts with the medical staff, and sleeps little. She herself defines her mood as wonderful, declaring: "Why should I be sad? The world is beautiful. I am an actress, I have a wonderful voice. I am a milling machine operator of the highest level. I have an excellent memory. I remember myself from the age of one and a half." She often laughs, flirts with the doctor, tries to sit closer during a conversation, and says that she is in love with him. The eyes are brightly made up, there is a lot of makeup on the face, the robe is half unbuttoned, exposing one leg. She speaks very quickly, sometimes without finishing her sentences, and she herself notices that her thoughts are ahead of her words. "I love you, red-haired, my son-in-law is red-haired, and my sister is fair-haired. The fair-haired mermaid was Russian; she took her love cheaply. Love me, I'm very healthy. I have blood type O, but you have a runny nose, it needs to be treated with hot water. Oh, how quickly thoughts run! My thoughts are overtaken by the wind! I am the one running on the waves. You can't overtake me, my son-in-law has a motorcycle."

Identify the symptoms, establish the syndrome.

Sample answer:

- Euphoria.
- Accelerating the pace of thinking.
- Idea jump.
- Hypersexuality.
- Ideas of re-evaluating one's own personality. Syndrome: manic.

Task 29.

Patient 40 years old, higher education, engineer. Periodically, the patient experiences states of sudden changes in mood, when the affect of intense irritability, anger, and gloominess quickly arises for no apparent reason. The patient becomes picky with his wife and children at home, as well as with employees at work. Outbursts of anger occur, destructive and even aggressive actions are possible, breaks furniture, throws things, and can hit. Orientation to the environment and one's own personality is preserved. The duration of such states ranges from 30-40 minutes to several hours. The mood spontaneously normalizes, sometimes after taking medications recommended by the doctor. After normalization of the condition, there is no amnesia.

Identify the symptoms, establish the syndrome.

Sample answer:

- Irritability, excitability.

- Hypotymia (anger, sullenness).
 - Pickiness, anger.
 - Tendency to aggressive actions.
 - Paroxysmal nature of the disorders.
- Syndrome: dysphoric.

Task 30.

Patient N., 33 years old, was admitted to the psychiatry clinic by transfer from the toxicology department, where she was hospitalized after taking 50 Relanium tablets and 120 diphenhydramine tablets for suicidal purposes. She was in a comatose state for 10 hours, after emerging from which she was consulted by a psychiatrist. She told the doctor that she did not regret what happened, because... sees no meaning in life at all. She complains of a feeling of complete indifference to herself, to her children, to her husband, to the pleasures and joys of life. I am convinced that I gave birth to my two children in vain, because... She is an inferior person, the children are also inferior, because her son constantly suffers from sore throats, and her daughter is overweight. He looks older than his years, his eyes and facial expression are mournful, sad, his shoulders are drooping. His hair is unkempt, he doesn't wear makeup at all, he answers reluctantly and in monosyllables. Doesn't show any somatic complaints, refuses to eat because... food disgusts her, and she also believes that if she doesn't eat food, she will die faster. Sometimes anxiety arises, he begins to walk back and forth in the ward, wringing his hands. She doesn't sleep well at night, she was once noticed at night when she was "trying on" a new cellophane bag on her head. During the doctor's rounds, she stated that she was not sick and was taking someone else's place; she urgently needed to be transferred to prison.

Identify the symptoms, establish the syndrome.

Sample answer:

- Anhedonia.
 - Hypotymia.
 - Motor retardation with periods of agitation.
 - Ideas of self-blame and self-deprecation.
 - Suicidal thoughts, suicide attempts.
 - Decreased interest in one's appearance.
 - Decreased appetite, up to anorexia, aversion to food.
- Syndrome: severe depressive.

Task 31.

The patient, 17 years old, was admitted to the psychiatric ward as an ambulance. Verbal contact with the patient is impossible, she is in a state of complete immobility, lying on her side with her knees tightly brought to her stomach and her arms bent at the elbow joints and pressed to her chest. The fingers are tightly clenched into a fist. Does not show any reactions to the environment. Neither the environment of the observation room nor various influences bring the patient out of this state. The face is mask-like, frozen, greasy, the gaze is fixed on one point, stares for a long time without blinking. Doesn't pay attention to those around him. Does not follow instructions; when asked to open her mouth and show her tongue or change position, she remains indifferent and immobilized. An attempt to forcibly unclench the jaws and fingers causes even greater muscle tension. He does not accept food on his own and is fed through a tube. She does not respond to speech addressed to her; neither verbal nor facial responses can be obtained. Forcibly lifted out of bed to change linen (the patient performs natural functions in bed), she freezes in an uncomfortable position, and the patient's arms and legs can be given different bizarre positions, which she maintains for a long time. Pupillary, corneal, swallowing, and tendon reflexes were preserved.

Identify the symptoms, establish the syndrome.

Sample answer:

- Motor retardation (stupor).
- Fetal position.
- Maskiness, greasiness of the face.
- Passive and active negativism.
- Mutism.
- Waxy flexibility.
- Refusal to eat. Syndrome: catonic (stupor).

Task 32.

The patient is 36 years old, her consciousness is formally clear, she is correctly oriented in the environment and her own personality. The patient often experiences agitation in bed and sometimes tries to get up and leave the observation room. Excitement is of a chaotic, untargeted nature: scatters food, tears bed and underwear, jumps on the bed, lifts its legs up, makes grimaces, swears obscenely. She invites men passing by to enter into intimate relationships with her. Sometimes there is impulsiveness, unexpectedly attacks the staff, grabs hands, or a robe. Shows no interest in the examination. During a conversation without connection with the situation, he makes either a grimace of laughter, or a grimace of crying, or freezes with his mouth open. Sometimes she repeats word for word and with the same intonations the questions that the doctor asks her, sometimes she copies all his facial and pantomimic movements. The patient is unkempt, lacks modesty, exposes herself, does not take care of her appearance, and has lost basic hygiene skills. He takes food with the help of the staff, untidy, and greedily. He fails to attract the patient's attention and gives answers that are not relevant to the questions asked. He has no complaints and is not bothered by his stay in the clinic. Sometimes the patient covers her ears, or speaks spontaneously, as if talking to someone. At the same time, he turns as if to acquaintances, whom he calls by name and usually scolds. The patient's thinking is unproductive, her statements are unclear, and her speech often consists of a bunch of words. So, when asked about her well-being, she answered: "Wait, my dear daddy is telling me, I want her pretty little black fashionable borscht hat. Kolka drowned in the sea." There is no understanding of the disease.

Identify the symptoms, establish the syndrome.

Sample answer:

- Psychomotor agitation.
 - Impulsivity.
 - Sexual disinhibition.
 - Parakinesia: echolalia, echopraxia, echomia.
 - Auditory hallucinations.
 - Disjointed thinking (logical).
 - Lack of criticism.
- Syndrome: catatonic (excitement).

Task 33.

Patient I., 23 years old, lies motionless in bed. Does not engage in conversation, does not answer questions, eyes are open, rarely blinks, gaze is fixed, facial expressions are monotonous, facial expression is frozen, does not react to the surroundings. The facial skin is greasy, the lips are drawn out, and there is discharge from the nose and mouth. Cyanosis of hands and feet. He doesn't allow himself to be examined, he resists, clenches his jaw, and closes his eyes. After examination, he freezes in an even awkward position. The muscle tone of the limbs is increased, and the "cogwheel" symptom is observed. The head raised above the pillow does not lower for a long time, it freezes in this position. She accepts food only after drug disinhibition, feeds from the hands of staff, and can be voracious.

Identify the symptoms, establish the syndrome.

Sample answer:

- Stupor.
- Mutism.
- Active negativism.
- Waxy flexibility.
- "Proboscis" symptom.
- Air cushion symptom.
- Cogwheel sign. Syndrome: catatonic (stupor).

Task 34.

The patient is 15 years old, a 9th grade student. By nature she is calm, balanced, diligent. Over the last six months she has become rude, irritable, and angry with her family. In class she was cocky, made faces, grimaced, and after making comments she simply left the class and wandered around somewhere. Started smoking. After my mother's comments, she stopped coming home. She stated that she was bored with her peers.

Kami, "they are all funny fools," pestered guys on the streets. While hospitalized in the department, he fools around, makes faces, imitates acrobatic movements, while being naked, lifting his robe, without embarrassing those around him. In response to the nurse's remark, he exposes himself even more, laughs loudly, and sticks out his tongue. Constantly grimaces, wrinkles his forehead, frowns. She is ridiculous in her actions: on a date with her family, she dumped all the food she brought into one plate, laughed, and began to pinch her in response to her mother's remark.

Identify the symptoms, establish the syndrome.

Sample answer:

- Goofiness.
- Grimacing.
- Psychomotor agitation.
- Disinhibition of drives.
- Impulsivity.
- The absurdity of actions.

Syndrome: hebephrenic (excitement).

Task 35.

The patient is 36 years old. The medical history indicates the disease with "systemic lupus erythematosus" for 3 years. The disease is currently worsening. She was admitted to a psychiatric clinic due to abnormal behavior. Physical condition: pale gray skin tone, looks exhausted, lips are pale, dry, constant low-grade fever. Mental state: upon admission, confused, excited, tossing about in bed, making continuous movements of the limbs and head; calms down for a short time and again becomes restless in bed. The orientation cannot be determined. The speech is inconsistent, incoherent: "Kroshka, ... okroshka ... spoon, ... give the cat ... crumbs" or consists of individual syllables and sounds. Doesn't appreciate the surroundings, doesn't recognize his family. It is not possible to enter into a conversation with the patient. The mood is extremely changeable: sometimes she is tearful, sometimes she smiles or laughs loudly, but she quickly becomes exhausted and becomes indifferent. The content of statements depends on changes in mood. In the evening, against the background of anxious affect, statements suggest the presence of verbal hallucinations. At the end of the exacerbation, complete amnesia of painful experiences was observed.

Identify the symptoms, establish the syndrome.

Sample answer:

- Detachment from reality.
- Unavailability of contact.
- Confusion.
- Chaotic excitement within the bed.
- Incoherent thinking and speech.
- Mood variability.
- Rapid exhaustion of mental processes.
- Complete amnesia after recovery from a painful state.

Syndrome: amentive.

Task 36.

The patient is 29 years old. While intoxicated, he fell asleep on the roadway, a motorcycle ran over him in the dark, as a result the patient received severe multiple fractures of the bones of both legs. In a state of shock, he was taken to a regional hospital, where he was operated on and plaster casts were applied to his legs. The general condition was assessed as moderate; the temperature was low-grade. At the end of the second day of stay in the trauma department in the evening, my mental state changed sharply: I could not fall asleep for a long time, I was restless, I asked not to turn off the light in the ward, because... under the beds I saw mice, then rats, then some dogs. Then he seemed to calm down, dozed off, and was left alone in the room. Soon loud screams and noise were heard from the ward, and a patient appeared at the door of the ward, moving with difficulty on his plastered legs. In his hands he held a needle for bone traction, waved it in front of him, lunging with it like a sword. At the same time, he shouted loudly that he would not allow himself to be killed, that he would cope with all the wolfhounds that were set against him, and loudly answered someone, as if to some questions. From fragmentary statements one could understand that he finds

I'm in some warehouse. At the sight of medical workers and other patients running towards him, he hobbled to the window and, breaking the glass and frame, jumped out of the window.

Identify the symptoms, establish the syndrome.

Sample answer:

- Allopsychic disorientation.
 - Anxiety,
 - Fear.
 - Insomnia.
 - True visual hallucinations.
 - True verbal hallucinations.
 - Delusions of persecution.
 - Behavior is determined by the content of hallucinations and delusions.
- Syndrome: delirious.

Task 37.

A 24-year-old patient, a student, was admitted to a psychiatry clinic with complaints of headaches, a feeling of emptiness in the forehead, and at times it seemed as if there was no head from the eyebrows up.

Mental condition. Orients himself correctly in the environment and his own personality. In the department he behaves calmly, communicates with conscientious patients, is outwardly neat, has adequate behavior, and shows interest in examination and treatment. Willingly talks about himself, his speech is consistent. Expresses the above-described complaints with a feeling of slight anxiety, concern for his health. One evening the patient experienced an unusual condition, about which he described the following: "I was lying in bed, not sleeping. Suddenly I felt the bed come off the floor and slowly begin to rise up. I don't know how she passed through the ceiling and began to fly into the sky. I looked down and saw the rooftops of the buildings receding. Soon I found myself in space. Stars floated by and comets flew by. The bunk was moving at incredible speed and soon began to descend. I saw a huge city below, skyscrapers, bright lights of advertisements, and heard jazz music. It was night. The cot gently lowered onto the square. Four figures dressed in black cloaks appeared near me. Two stood at the head, two at the feet. It became scary. After some time, the bed rose into the air and flew into outer space. I don't remember how I ended up in the room. But I know for sure that it was not a dream."

Identify the symptoms, establish the syndrome.

Sample answer:

- Headache.
 - Autometamorphopsia (violation of the "body diagram").
 - Anxiety.
 - Fear.
 - Allopsychic disorientation.
 - Fantastic perception of the environment.
 - Visual hallucinations.
 - Preservation of memory for experienced events.
- Syndrome: a special state of consciousness.

Task 38.

A 32-year-old patient spent most of his time in bed in the department, was indifferent to his surroundings, looked enchanted outwardly (his gaze was fixed on one point, sometimes he seemed to begin to follow something; in this case, his facial expressions changed - sometimes a smile slipped, sometimes - flying sadness). It was difficult to attract the patient's attention. It turned out that he did not know where or how long he had been. A month later, after coming out of this state, he became more active, more sociable, said that he lived in a world of fantastic dreams: he imagined himself in a fairy garden, where he was surrounded by magical maidens, transferred from one tent to another, treated to food, sang songs to him and danced. . Sometimes the maidens turned into terrible monsters and burned, destroyed the beautiful garden, the sick man fought with them, was beautiful and invincible. Often at the same time he perceived himself as a fearless giant hero. He could observe himself as if from the outside.

Identify the symptoms, establish the syndrome.

Sample answer:

- Allo- and autopsychic disorientation ("dual orientation").
- Detachment from the environment.

- Enchantment.
 - Motor retardation.
 - Fantastic pseudohallucinations.
 - Fantastic delusional depersonalization, derealization.
- Syndrome: oneiric.

Task 39.

The patient was brought to the emergency department after an accident, looks lethargic and lethargic, his facial expression is apathetic, sleepy. The patient is indifferent to his surroundings and does not exhibit spontaneous mental production. Perception is severely difficult. It is not possible to attract the patient's attention immediately, and it is easily exhausted. Associations are scanty, the patient answers questions in monosyllables and only after repeated repetitions. Reactions to all external stimuli arise slowly.

Identify the symptoms, establish the syndrome.

Sample answer:

- Lethargy.
 - Lethargy.
 - Drowsiness.
 - Fatigue of attention.
 - Poverty and monosyllabic speech.
 - Responses after a latent pause.
- Syndrome: deafness.

Task 40.

From the anamnesis it is known that the patient suffers from epilepsy with rare tonic-clonic seizures. However, from time to time, without any apparent external cause, conditions arise with unusual behavior for the patient. The change in the patient's condition occurs suddenly. In general, subsequent actions appear to be unmotivated - whether the behavior remains fairly orderly or is clearly inappropriate. The mood can be subject to unexpected fluctuations, the affect of intense anger or fear often predominates - and impulsive aggressive actions are possible. The patient is completely disoriented, confused, it is not possible to establish verbal contact with him, and his reactions to the environment are slow. Individual statements by the patient and inadequate answers to questions suggest the presence of hallucinations and a delusional interpretation of the patient's surroundings. This state lasts from several hours to a day. It goes away abruptly. The entire period of such a state is amnesic.

Identify the symptoms, establish the syndrome.

Sample answer:

- Paroxysmal nature of occurrence.
- Mood lability with a predominant affect of anger or fear.
- Impulsive aggressiveness.
- Delusional interpretation of the environment.
- Total congrate amnesia. Syndrome: twilight stupefaction.

Task 41.

The patient suddenly loses consciousness and falls - in any random situation. The skeletal muscles are tense, followed by jerky rhythmic twitching of the muscles. The face turns pale with the transition to cyanosis; There may be biting of the tongue, lips, inner surface of the cheeks, as well as loss of urine and defecation. There is no pain sensitivity, the pupils are wide and do not react to light. Amnesia for the entire period, starting from the moment of the fall.

Identify the symptoms, establish the syndrome.

Sample answer:

- Paroxysmal occurrence.
- Switching off consciousness.
- Tonic convulsions.
- Clonic seizures.

- Bite of lips, tongue.
 - Involuntary urination, defecation.
 - Amnesia during the attack.
- Syndrome: generalized tonic-clonic seizure.

Task 42.

Boy I., 9 years old. Born at term with a weight of 4500 grams. after stimulation. Early development with delay: started at 1 year 2 months, first words appeared at 3 years, phrasal speech formed at 4.5 years. He attended kindergarten from the age of 4, but differed from other children in that he could not memorize poetry, could not distinguish colors for a long time, and confused counting fingers. At the age of 7 I went to secondary school. In the 1st grade, for a long time I could not master counting within 20, I counted on my fingers, wrote letters crookedly, mechanically rewriting them, I could not remember the alphabet, and in the 1st grade I never learned to read. Was retained for a second year. At the age of 8, he began to read the primer syllable by syllable, counted in a row to 100, and performed simple arithmetic operations. With difficulty, with the help of parents and teachers, I completed 1st grade. Sent to a medical commission to decide on transfer to a correctional school. At the time of examination, he is dysplastic, his ears are set low and large. Speech is tongue-tied, concrete thinking, difficulty in generalizing objects, does not understand the meaning of proverbs.

Identify symptoms, syndrome, establish a diagnosis.

Sample answer:

- Delayed physical development, delayed speech development.
 - Decreased memory ability, intellectual underdevelopment, concreteness thinking, low vocabulary.
 - Lagging behind peers, inability to master the general education curriculum schools.
- Oligophrenic syndrome.
Mild mental retardation without behavioral disorders.

Task 43.

Boy S. Age 3.5 years. According to the mother, the child's vocabulary is no more than 20 individual words consisting of two or three syllables. There are no phrases. The mother says that the child often has hysterics, is restless, and has difficulty falling asleep. During the examination, the doctor notices that the child does not look into the eyes, is constantly in motion, reacts with a cry if he is not given something or is forbidden, when the doctor tries to touch him. You can calm your child down only by giving him a mobile phone or tablet. Shows interest not in children's toys, but more in shiny pieces of furniture and interior design. Starting to play something, he quickly loses interest and switches to something else. From the mother's questioning, it turns out that the child is very selective in food, is not potty trained, wears diapers, and defecates only in diapers while standing. Has trouble falling asleep and waking up during sleep.

Identify symptoms, syndrome, establish a diagnosis.

Sample answer:

- Delayed speech development, increased excitability, restlessness.
 - Avoidance of eye contact, avoidance of body contact, autistic forms of behavior
- Denia, a kind of gaming interest,
- Selectivity to food, delay in the development of control over pelvic functions.
- Kanner's syndrome.
Autism spectrum disorder, a typical form of autism.

Task 44.

Patient M., 13 years old. Heredity is psychopathologically burdened. The pregnancy proceeded against the background of the threat of miscarriage. Delivery on time. He didn't scream right away. From early childhood he was lethargic, overly calm, and slept a lot. Early development: sitting from 7 months, started at 1 year, phrasal speech after 3 years. He attended kindergarten from the age of 3, was invisible, gloomy, practically did not communicate with other children, did not strive to communicate, and mostly played alone. I went to school at the age of 7. I coped with my studies and had no friends. In his free time he liked to draw; the drawings were mainly on military themes, depicting shooting, death of people, blood, fascist crosses, gallows. From the age of 11 he became even more gloomy, silent, and embittered. He began to torture animals, killed them, and "buried" them. I practically stopped talking to my mother. He began to skip classes at school, walked alone around the city for a long time or slept at home instead of classes. Academic performance has decreased. Stopped at age 13

went to school, did not communicate with anyone, lay down all day, did not wash, ate only one meal a day (ate bread or rolls, drank milk), refused to eat food prepared by his mother. At the insistence of his mother, he was examined by a psychiatrist. During the examination, he sits in a hood that covers his head and half of his face. Sloppy, greasy hair, uncut nails. Doesn't maintain eye contact. He makes contact with difficulty and answers questions in monosyllables. He only said that "the mother is not his own," and his real parents are different.

Identify symptoms, syndrome, establish a diagnosis.

Sample answer:

- Slight delay in speech development,
 - Premorbid characteristics in the form of isolation, lack of sociability, preference for single night games, unique interests (blood, death, etc.).
 - Fragmentary psychoproduative (delusional) symptoms ("refuses to eat food, prepared by the mother", "step-mother").
 - Character change from 11 years with the appearance of traits of cruelty, rudeness, increasing autism tions, decreased school performance, decreased volitional activity - "simplex syndrome".
- Childhood schizophrenia.

Task 45.

Girl O., 3 years old. Heredity is psychopathologically burdened. Born from the 5th pregnancy (1 - childbirth, 2, 4 - medical abortion, 3 - ectopic pregnancy), which occurred with toxicosis of 1 half and signs of intrauterine hypoxia. Delivery at term using a vacuum extractor. Early psychophysical development: started holding her head at 2 months, sitting at 6 months, crawling at 7 months, walking at 10 months, walking at 5 months, at this stage phonetic development slowed down. She never asked to be held, rarely cried, but from the age of 1 year she began to actively react with a cry to the touches of loved ones and did not respond to her mother's calls. At the age of 2, the mother independently turned to a psychiatrist due to the fact that the child's speech was limited to babbling, difficulties in establishing contact with the girl persisted (lack of reactions to requests, failure to follow instructions, lack of interest in children on the playground), excitability and irritability appeared. , hysterics, decreased appetite, became selective in food. A consultation with an audiologist-otorhinolaryngologist was carried out; no evidence of hearing pathology was identified. Upon examination, the girl does not react to spoken speech, does not speak, there is no pointing gesture, screams and falls to the floor if asked to do/not do something, makes faces, throws objects, eats selectively (only sweets), runs away, does not ask for help. toilet, drinks urine, eats paper, wood, hides from TV, avoids gaze, cries in sleep, is afraid of the dark, sleeps poorly, is hyperactive. Does not strive for contact and when trying to establish contact, removes his hand and fences himself off. Makes walking sounds.

Identify symptoms, syndrome, establish a diagnosis.

Sample answer:

- Retardation of speech development, avoidance of bodily contact, lack of reactions to ob-arrogance, lack of a pointing gesture, failure to follow instructions, lack of interest in children on the playground, selectivity in food.
 - increased excitability, autism, parabulia.
- Kanner's syndrome.
Autism spectrum disorder, a typical form of autism.

Task 46.

Boy S., 10 years old. Early psychophysical development: sat from 9 months, walked at 1.5 years, phrasal speech formed by 4 years. He attended a preschool, where he was restless, insubordinate, and broke toys. At the age of 7 I went to secondary school. He had difficulty adapting, could not sit through the lesson, could stand up and walk around in class, ran out the door without asking, and offended other children. He mastered the school curriculum with great difficulty, learned to read syllables, but did not memorize poetry, did not understand the meaning of proverbs and sayings, mathematics was difficult, and could not solve simple problems. Was formally transferred to home schooling. However, at home he also did not master the program, mocked the teacher who came to him (he put a dead mouse in his bag, pulled out a passport from the teacher's bag and painted on the photograph).

Identify symptoms, syndrome, establish a diagnosis.

Sample answer:

- Delayed physical development, delayed speech development, lagging behind peers, hyperactivity, behavioral disorders.

- Decreased memory ability, intellectual underdevelopment, concreteness thinking, inability to master the general education school curriculum.

Oligophrenic syndrome.

Mild mental retardation with behavioral disorders.

Task 47.

Patient K., 18 years old. He is in the psychiatric department for treatment. In the ward he walks from one end to the other or sits on the bed, rearranging toy soldiers. He recognizes the doctor, comes up on his own, and shows him the toys. Speech is slurred, with impaired sound pronunciation. Vocabulary is poor. Contact is difficult. Answers questions unclearly; it is not always possible to understand the meaning of what was said and with great difficulty. Says his name correctly. The answer to many questions is "I don't know" or "I can't". Concrete thinking. The background of the mood is labile, sometimes he smiles for no reason, sometimes he starts crying and asks to see his mother.

Identify symptoms, syndrome, establish a diagnosis. E

answer card:

- Delayed psycho-speech development, dysarthria, extremely poor vocabulary.
- Monotonous behavior with a tendency to motor stereotypies, emotional lability, desire to communicate.
- Concrete thinking, intellectual underdevelopment.
Oligophrenic syndrome. Mental retardation is moderate.

Task 48.

Patient A., 4 years old. Heredity is not burdened. The mother's pregnancy occurred with toxicosis in the 1st trimester, and childbirth was without pathology. In infancy he was restless. Early psychomotor and speech development is timely. He singled out his mother early. After a year I played with children and loved cars. By that time, the skills of neatness and self-service had already been formed. By the age of 2, he spoke in extended phrases and used first-person pronouns to refer to himself. At the age of 3, he enjoyed studying with his mother, learned all the letters, distinguished colors and shapes of objects, and asked him to read books to him. He loved order, and after playing he put the toys back in their place. At the age of 4, he autochthonously lost interest in activities, his memory deteriorated, and he became protestful. He began to talk about himself in the second and third persons, "he wants." He began to speak less, his phrases gradually became simpler, his answers became monosyllabic, and he began to resort to gestures. He used speech less and less as a means of communication with others, spoke to himself, and muttered sounds. He did not let his mother go, avoided the children, covered his ears if they turned to him with questions. There was a fear of cars. I sat in one place for a long time without playing.

Identify symptoms, syndrome, establish a diagnosis.

Sample answer:

- Regression, decreased interest in activities, decreased speech activity.
- Increasing autism, social maladjustment.
Asperger's syndrome.
Autism spectrum disorder, atypical autism (processual).

Task 49.

Patient S., 4 years. Heredity is psychopathologically burdened. Born from the 1st be-
period, which occurred with toxicosis in the first half. The birth is physiological, on time. Body weight at birth 2700 g. Early psychophysical development: sitting at 6 months, walking at 1 year. From 14 months suddenly, for no apparent reason, against the background of the already formed walking skill, he began to crawl again. By the age of one year he knew 10 words, then he fell silent and began to speak individual words at 2.5 years, simple phrases from the initial syllables of words - at 3.5 years. He grew up as a "comfortable child" for his mother, did not strive to be held, lay alone in the crib for hours, played with his fingers for a long time, and brought them close to his eyes. From the age of 1.5 he began to be afraid of the noise of cars, trains, TV, and vacuum cleaner. He did not strive for children, even if he was led to them, he did not notice them. The game remained primitive, monotonous, with household items. He leafed through the books, not paying attention to the pictures. More often he tore them into strips, threw them on the floor, knelt down and moved the strips of torn paper with his head. He used syllables of words only at moments of emotional stress. At the age of 4 he went to kindergarten, did not adapt well, did not let his mother go, and did not take part in classes. Stayed away from children. Speech activity was rare; more often he was silent or resorted to gestural speech. He couldn't stand confined spaces, he screamed, his face was distorted with a grimace of fear when the doors were closed. Once-

identified colors, mechanically counted to 20, put together cut-out pictures from 5-6 parts, mastered basic self-care skills (learned to brush teeth, wash, fasten buttons, eat independently, etc.). The mood was unstable, he was whiny, sat in the corner, not communicating with anyone, or ran back and forth around the room, shaking his hands, laughing at something. Couldn't stand physical contact.

Identify symptoms, syndrome, establish a diagnosis.

Sample answer:

- Regression, avoidance of physical contact, stereotypical monotonous non-role autistic logical games, games with non-game objects, social maladjustment.
- Almost complete absence of speech activity, spontaneous speech, phobias, stereotypes slow movements, lagging intellectual development.

Kanner's syndrome.

Autism spectrum disorder, a typical form of autism.

Task 50.

Boy Yu., 13 years old. Heredity is burdened, parents used alcohol and drugs. The father got into an accident and died when the mother was pregnant. The mother died 2 months after the birth of the child from a drug overdose. He was raised by his great-grandmother, who, due to her age, could not sufficiently care for the child and deal with his development. Early psychophysical development without deviations: sat at 5 months, walked at 1 year, phrasal speech was formed by 2 years. At preschool age he suffered from pneumonia. He did not attend kindergarten; he was at home with his great-grandmother, who suffered from severe hearing and vision impairments and had difficulty moving around the house. Until the age of 3-4 years, the child was underfed, fed porridge 1-2 times a day through a pacifier, did not eat enough, was malnourished, was afraid of water, and therefore practically did not bathe. At the age of 6, the child was handed over to a guardian. At the age of 7, during a commission before entering school, it turned out that the child did not know letters, could not read, write, and had a small and meager vocabulary.

Make a diagnosis.

Sample answer:

Borderline intellectual disability due to unfavorable upbringing conditions and pedagogical neglect.

Task 51. Interview question.

Internal picture of illness: definition, types of personality reactions to illness (A.E. Lichko). Pathological forms of response to disease.

Sample answer:

Internal picture of the disease– a purely individual system of sensations, emotional significant experiences and judgments that determine the patient's attitude to health problems and related behavior.

Types of personality reactions to illness:

Normosomatosognosia is a type of personal response to a disease in which patients correctly assess their condition and prospects, their assessment coincides with the opinion of doctors. Hypersomatosognosia is the tendency of patients to overestimate the significance of both individual symptoms and the disease as a whole. Hyposomatosognosia is a patient's underestimation of the severity of the disease as a whole and its individual symptoms (as well as its consequences). Dissomatosognosia is the patient's denial of the presence of the disease and its symptoms.

Pathological forms of response to illness: depressive, phobic, hysterical, hypochondriacal and anosognosic.

Task 52. Interview question.

Conscious distortion of the assessment of the disease (aggravation, simulation, metasimulation, dissimulation): definition, significance for psychiatric and general medical practice.

Sample answer:

Aggravation is the deliberate strengthening and demonstration of signs of a real disorder in the hope of obtaining benefits. It is much more difficult to distinguish aggravation, since there are real signs of the disease, and only extensive professional experience and knowledge of this pathology can correctly assess the condition.

Simulation is an intentional and purposeful demonstration of signs of a non-existent disease. Simulation is always based on the desire to obtain a specific benefit: to avoid crime

legal responsibility, evade military service, receive exemption from work or study, receive financial compensation or benefits.

Metasimulation is a conscious distortion of one's present state with the demonstration of symptoms that were observed in the patient during a previous painful condition. It is often observed in patients suffering from chronic alcoholism and other mental illnesses in a state of remission in order to obtain some benefit (to avoid punishment, get a prescription for potent drugs from the group of tranquilizers, sleeping pills).

Dissimulation is the deliberate concealment of existing disorders caused by fears for one's fate. Dissimulation is always based on anxiety and fear: losing a favorite or profitable job, fear of surgery, desire to be discharged from the hospital.

Task 53. Interview question.

Classification of mental disorders depending on the etiological factor. Exogenous and somatogenic factors: definition.

Sample answer:

Classification of mental illnesses by etiological factor.

- Endogenous,
- Exogenous,
- Psychogenic,
- Somatogenic (symptomatic).

Exogenous factors are external influences that cause structural damage to the brain (traumatic brain injury, infection, intoxication).

Somatogenic factors - the presence of a somatic disease that disrupts the homeostasis of the body (endocrine pathology, disorders of the excretory, cardiovascular system, gastrointestinal tract, etc.).

Task 54. Interview question.

Classification of mental disorders depending on the etiological factor. Endogenous factors: definition. Hereditary diseases and diseases with hereditary predisposition.

Sample answer:

Classification of mental illnesses by etiological factor.

- Endogenous,
- Exogenous,
- Psychogenic,
- Somatogenic (symptomatic).

Endogenous factors include:

- pathological heredity and hereditary predisposition,
- metabolic disorders,
- immune disorders,
- dysfunction of the endocrine glands.

Hereditary diseases: chromosomal and gene diseases (the development of such diseases is completely determined by hereditary factors; external factors in this case do not play a significant role, for example, Down's disease, phenylketonuria).

Diseases with a hereditary predisposition: multifactorial diseases, which for their development require, in addition to a hereditary predisposition, unfavorable effects of environmental factors (for example, schizophrenia, bipolar disorder).

Task 55. Interview question.

Psychoactive substances: definition, classification, legal, social and medical criteria.

Sample answer:

Psychoactive substances (PAS) are substances that can artificially change a person's mental state: causing joy (euphoria), calmness (sedation), excitement and increased activity (stimulation), hallucinations and other mental disorders.

All surfactants can be divided into:

1. Alcohol-containing products (alcoholic drinks).
2. Non-alcohol-containing products -
 - narcotic drugs, incl. medicinal,

- substance abuse drugs, incl. medicinal.

3. Psychotropic drugs.

The medical criterion meets numerous diagnostic signs of the digital effect of a substance on the body: mental and physical dependence, a steady increase in tolerance, changes in the personality of the alcohol and drug user.

The social criterion corresponds to socially significant negative consequences of non-medical and addictive use of alcohol and drugs, material, economic, and psychological harm caused by the consumer to himself, family, and society.

Legal questions meet the legal criterion. There is a Law of the Russian Federation "On Narcotic Drugs and Psychotropic Substances", and it contains List 1, which includes substances recognized as narcotic substances. Thus, narcotic substances are distinguished from toxic substances precisely according to this criterion.

Task 56. Interview question.

Senestopathies: definition, main clinical characteristics. Differential diagnosis with paresthesia and somatogenic sensations.

Sample answer:

Senestopathies -indeterminate, often difficult to localize, often migrating, differential fuzzy, unpleasant, pointless, extremely painful sensations projected inside the bodily "I". Patients often resort to their figurative designation: they are designated as "tightening," "burning," "spill," "tickling," etc. According to the content, senestopathies are divided into pathological thermal sensations ("burns", "sears", "freezes"); pathological sensations of fluid movement ("pulsation", "transfusion", "uncorking and clogging of blood vessels", etc.); circumscribed (boring-tearing, burning-painful); sensations of movement, movement of tissues ("merging", "turning over", "delamination", etc.); pathological feeling of tension. Most often they are localized in the head and brain, less often in the chest and abdominal cavity, and rarely in the extremities. Often their localization changes, which is associated with the tendency of senestopathies to migrate.

Seiestopathies should be distinguished from manifestations of somatic pathology and paresthesia. Unpleasant sensations due to pathology of internal organs are of peripheral origin and appear as a result of a breakthrough of interoception into consciousness. They are characterized by localization, stereotypical content, connection with the anatomical boundaries and topography of organs, projection into the corresponding Zakharyin-Ged zones, and often the occurrence of these sensations is pathogenetically determined.

Paresthesia is a sign of neurological or vascular damage. In neurological pathology, they, unlike senestopathy, are projected onto the surface of the skin (pathology of sensory nerves or dorsal roots), localized in the corresponding zone of innervation and combined with other neurological disorders in the same zone (hyper- or hypoesthesia). With dynamic circulatory disorders, paresthesia has unique conditions of occurrence, changes in color, skin temperature and pulse on the limb are noted.

Task 57. Interview question.

Disturbances in thinking by tempo and structure (form): varieties, clinical significance

Sample answer:

Thinking disorders by structure:

Incoherence – loss of the ability to form associative connections, a disordered set of words.

Discontinuity is a violation of the internal logical connection of associations, the connection in speech of heterogeneous elements, neologisms, a break in the integrity of thoughts. Options: grammatical, logical and schizoid.

Thoroughness – slowing down the formation of new associations due to the predominance of previous ones. Options: viscosity, stiffness, detail, labyrinth.

Reasoning is a tendency to empty, superficial, verbose reasoning "around and around the topic."

Perseveration (stuckness) is a long-term predominance of one thought against the background of a general difficulty in the associative process.

Mentism is an involuntary, continuous and uncontrollable flow of thoughts, an influx of ideas, memories, images and ideas.

Sperrung (blockage) - an unexpected break in thoughts, a sudden loss of the topic of conversation (with clear consciousness).

Clinical significance: observed in schizophrenia and organic pathology of the brain.

Disturbances in thinking by tempo:

Acceleration of thinking - an increase in associations over a given period of time, facilitating their reproduction.

Slowing down of thinking - a decrease in the number of associations over a given period of time, making it difficult to reproduce them.

Clinical significance: observed in schizophrenia, depression, bipolar affective disorder and debilitating brain processes.

Task 58. Interview question.

Kandinsky-Clerambault syndrome: structure, clinical significance.

Sample answer:

This syndrome includes the following symptoms:

- delusions of influence,
- pseudohallucinations,
- mental automatisms.

Clinical significance: is specific for schizophrenia.

Task 59. Interview question.

Criteria for impaired consciousness according to K. Jaspers. Classification of syndromes of impaired consciousness.

Sample answer:

Criteria for impaired consciousness according to K.

Jaspers: 1. The patient is detached from reality.

2. The patient is disoriented in place, situation, time, surrounding persons, his own personality.

3. The patient's thinking is sharply upset, the associative process is simplified, speech becomes fragmented, inconsistent, and incoherent.

4. Various congenital memory impairments are noted.

Classification of syndromes of impaired consciousness:

1. Non-paroxysmal disturbances of consciousness -

- a) stupefaction: oneiroid, delirium, amentia; b) switching off: stupor, stupor, coma.

2. Paroxysmal disturbances of consciousness -

- a) clouding: twilight disturbance of consciousness, a special state of consciousness (aura); b) switching off: convulsive epileptic seizures.

Task 60. Interview question. Cognitive and personality changes in epilepsy. Sample answer:

Cognitive changes in epilepsy (thought disorders) are characterized by stiffness (difficulty in switching), thoroughness, and a tendency to detail. The vocabulary is poor (oligophasia), what has already been said is often repeated (perseveration of thinking), and the use of formulaic ornate phrases is typical. Some patients develop a tendency to use diminutive suffixes in their speech ("little eyes," "little hands," "doctor"). Reasoning is often observed, which has the character of a kind of compensatory "reasoning".

Personal changes. A significant place in the picture of personality changes is occupied by the polarity of affect, i.e. torpidity, affective viscosity, a tendency to get stuck on certain, especially negative, affective experiences, on the one hand, and explosiveness, explosiveness, on the other. This is expressed in a combination of rancor, vindictiveness, egocentrism, malice, brutality (explosive traits) with exaggerated courtesy, flattery and servility, deference and affection in treatment, while increased sensitivity, timidity, timidity, vulnerability (defensive traits) are also observed). Also characteristic are the desire for hypersociality, love of truth, and emphasized caricatured pedantry.

Task 61. Interview question.

Psychoorganic syndrome: structure, variants, clinical significance.

Sample answer:

Characterized by the presence of a triad of symptoms:

- *Thinking disorders*(decrease in intelligence, pace, ability to assimilate new howl information, viscosity, stiffness),
- *Memory loss*(weakening, memory and reproduction disorders),
- *Emotional-volitional disorders*(weakening of will and affective lability). There are four main options: asthenic, explosive, euphoric and apathetic.

Clinical significance: observed in severe brain injuries (TBI), after suffering symptomatic psychoses, in diseases of addictive behavior associated with chemical dependence.

Task 62. Interview question.

Diseases of addictive behavior: the concept of chemical and non-chemical dependence.

Diseases of addictive behavior associated with chemical and non-chemical dependence: clinical forms.

Sample answer:

Dependence is a painful addiction to certain substances or activities, i.e. can be chemical or non-chemical.

"Disease of addictive behavior" (chemical dependence) is a chronic mental illness caused by the non-medical use of psychoactive substances (PAS).

Diseases of addictive behavior associated with chemical dependence: alcoholism, drug addiction, substance abuse.

Diseases of addictive behavior associated with non-chemical addiction: anorexia nervosa, bulimia nervosa, paraphilias, shopping addiction, Internet addiction, etc.

Task 63. Interview question.

Personality disorders (psychopathy): criteria P.B. Gannushkina, types of psychopathy.

Sample answer:

Criteria for psychopathy:

- 1) totality,
- 2) relative stability of pathological character traits,
- 3) severity to a degree that disrupts social adaptation. Forms

(types) of psychopathy:

1. Asthenic.
2. Psychasthenic.
3. Hypotymic.
4. Hyperthymic.
5. Hysterical.
6. Excitable (epileptoid).
7. Paranoid.
8. Schizoid.

Task 64. Interview question.

Reactive mental disorders: definition, Jaspers criteria, classification. Sample answer:

This is a group of painful mental disorders that arise under the influence of mental trauma and manifest themselves in the form of reactions and (or) states that reach a psychotic level.

Jaspers criteria:

- 1) the condition is caused by mental trauma (follows it in time);
- 2) a psychogenic-traumatic situation is directly or indirectly reflected in the clinical picture; the essence of the disease, the content of its symptoms,
- 3) the condition ceases with the disappearance of the cause that caused it.

Classification:

1. Affective-shock psychogenic reactions (*Acute reaction to stress*).

2. Primitive hysterical psychoses (*Dissociative disorders*).
3. Protracted reactive psychoses -
 - A) Reactive depression,
 - B) Reactive delusional psychoses.
4. Post-traumatic stress disorder.

Task 65. Interview question.

Neuroses - etiology, main types of intrapersonal conflict (according to V.N. Myasishchev), clinical forms.

Sample answer:

The etiology of neuroses is chronic mental trauma.

There are three main types of neurotic conflicts (according to V.N. Myasishchev):

- 1) hysterical—inflated level of claims with underestimation of real conditions and the inability to inhibit desires (“I want and they don’t give”);
- 2) obsessive-psychasthenic—contradiction between desire and duty (“I don’t want, but must”);
- 3) neurasthenic—discrepancy between the capabilities and aspirations of the individual and inflated demands on oneself (“I want to and I can’t”).

Clinical forms:

1. Neurasthenia (asthenic neurosis).
2. Hysteria (hysterical neurosis).
3. Obsessive-compulsive disorder (obsessive-phobic neurosis or neurosis obsessive states).

Task 66. Interview question.

Larved (somatized, masked) depression: definition, classification according to V.F. Desyatnikov, place and role in general medical practice.

Sample answer:

Larved (somatized, masked depression) are endogenous depressive states in which somatic, vegetative and mental (phobia, drug addiction) manifestations are leading in the clinical picture, and the actual affective depressive disorders, being erased, recede into the background.

Classification of variants of somatized depression (according to V.F. Desyatnikov):

1. Algic-senestopathic: cephalgic, cardialgic, abdominal.
2. Agripnic.
3. Vegetovisceral.
4. Obsessive-phobic.
5. Drug addict.
6. With violations in the sexual sphere.

The place and role in general medical practice is that such patients mainly come to the attention of internists, who cannot always correctly make a differential diagnosis of masked depression and somatic pathology, as a result of which patients are treated for years for a non-existent somatic disease, without receiving recovery.

Task 67. Interview question.

Schizophrenia: definition, classification by E. Kraepelin, main and additional symptoms (E. Bleuler).

Sample answer:

Schizophrenia is a chronic mental illness characterized by disharmony and loss of unity of mental functions (thinking, emotions, motor skills), continuous or paroxysmal course and varying severity of productive (positive) and negative disorders leading to personality changes.

Classification of schizophrenia by form (E. Kraepelin): simple, catatonic, hebephrenic and paranoid.

In the clinical picture of schizophrenia, there are main (obligatory), specific symptoms, which can also be called “5A” symptoms (E. Bleuler): autism, apathy, abulia, associative thinking disorders, ambivalence-ambitendency. Additional symptoms include delusions and hallucinations.

Task 68. Interview question.

Recurrent (periodic) schizophrenia: developmental stereotype, types of attacks, personality changes.

Sample answer:

The term recurrent schizophrenia (recurrent) is associated with the main feature of the course, i.e. a high degree of probability of recurrence (recurrence) of the disease after the attack has passed, the peculiarity of which is a combination of symptoms characteristic of schizophrenia and severe affective disorders (BD).

The stereotype of the development of an attack includes 6 stages: affective, delusional affect, affective-delusional derealization-depersonalization, fantastic delusional derealization-depersonalization, illusory-fantastic derealization-depersonalization and true oneiric clouding of consciousness.

Types of seizures:

- affective (depressive, manic, mixed),
- affectively delusional,
- affective-paranoid,
- oneiroid,
- oneiric-catatonic,
- acute paranoid,
- acute paraphrenic.

Personality changes are relatively small and are expressed by phenomena such as mental weakness (exhaustion of mental activity, asthenization of the psyche).

Task 69. Interview question.

Treatment of mental disorders: basic methods.

Sample answer:

The entire set of methods for treating mental disorders can be divided into two groups:

1. Biological methods:

- Insulin comatose therapy (ICT),
- Electroconvulsive therapy (ECT),
- Pyrogen therapy,
- Methods of extracorporeal detoxification,
- Method of therapeutic fasting.

2. Psychopharmacotherapy (PPT).

Task 70. Interview question.

Antipsychotic (neuroleptic) drugs: classification (typical and atypical), mechanism of action, indications for use.

Sample answer:

Antipsychotics (neuroleptics) are drugs that relieve psychomotor agitation and have an antihallucinatory, antidelusional effect. Used in the treatment of mental disorders of the psychotic level.

Typical (dopaminergic): aminazine, tizercin, haloperidol, stelazine, chlorprothixene, eglonil, teraligen, neuleptil.

Atypical, acting on negative symptoms (serotonin): clozapine (Leponex), olanzapine (Zyprexa), risperidone (Rispolept), quetiapine (Seroquel), aripiprazole (Abilify).

Task 71. Interview question.

Antipsychotic (neuroleptic) drugs. Long-acting neuroleptics: indications for use.

Sample answer:

Antipsychotics (neuroleptics) are drugs that relieve psychomotor agitation and have an antihallucinatory, antidelusional effect. Used in the treatment of mental disorders of the psychotic level.

Long-acting neuroleptics –

A) *haloperidol - decanoate* 1.0 ml – administered once every 3 weeks, used for maintenance therapy during remission,
 b) *clonazepam - depot*– used for chronic psychosis,
 V) *orap (semap)*– 1 tablet per week is taken, prescribed for a sluggish endogenous process, a pronounced stimulating effect is observed.

Task 72. Interview question.

Tranquilizers: classification, mechanism of action, indications for use. Sample

answer:

Tranquilizers (anxiolytics, antiphobes) are drugs that have a calming effect, reducing fear, tension, and anxiety. Along with this, in some tranquilizers the sedative effect with inhibition predominates, while in others it is combined with activation and stimulation. Used in the treatment of neurotic, neurosis-like and psychopathic mental disorders.

1. Tranquilizers with a predominantly inhibitory component of action: *elenium, fenazepam, nozepam, nitrazepam (radedorm)*.

2. Tranquilizers with a stimulating effect: *mezepam*– daytime tranquilizer, increases mental performance, enhances attention, *Grandaxin (trioxazine)*– has a pronounced vegetative stabilizing effect, used in the treatment of mental disorders of the menopause.

2. Balanced action tranquilizers – *relanium (sibazon)*– well expressed and inhibitory and stimulating features, with the help of this drug it is possible to eliminate psychopathological disorders more successfully than with other tranquilizers.

Task 73. Interview question. Antidepressants:

classification, indications for use. Sample answer:

Antidepressants (thymoleptics or thymoanaleptics) are drugs that can eliminate painfully low mood.

1. Non-selective monoamine reuptake inhibitors (TCAs):

- *Amitriptyline* - has a strong inhibitory effect, the most effective

for depression with anxiety, agitation, used for the treatment of depressive-paranoid states within the framework of schizophrenia and bipolar disorder.

- *Imipromine (melipramine)* - has a stimulating effect, indicated in the treatment of inhibited depression.

- *Clomipramine (anafranil)* - effective for endogenous depression, for involuntional and psychogenic depressive states; its action is associated with a predominant effect on the reuptake of serotonin; it is also indicated for neurotic depression, neurosis-like conditions and somatized depression.

2. Selective serotonin reuptake inhibitors (SSRIs): *sertraline (Zoloft)*, *fluoxetine (Prozac)*, *paroxetine (Paxil)*, *fluvoxamine (fevarin)* - has a pronounced thymoanaleptic, anxiolytic, sedative and vegetotropic effect, is used in the treatment of depression of any etiology and severity, as well as in the treatment of anorexia nervosa and bulimia, obsessive compulsive disorders, etc.), *S-citalopram (Cipralext)*, *vortioxetine (Brantellix)*.

3. Selective serotonin and norepinephrine reuptake inhibitors (SSRIs): *velafaxine*, *duloxetine*, *miliacipran (Ixel)*.

4. Specific serotonergic antidepressants: *trazodone (Trittico)*.

5. Melatonergic antidepressants: *agomelatine (Valdoxan)*.

6. Selective serotonin and dopamine reuptake inhibitors (SSRIs): *bupropion*.

7. Reversible MAO inhibitors: *moclobemide (Aurorix)* - has a pronounced anti-depressive and stimulating effect, indicated in the treatment of atypical and resistant depressive states, depression accompanied by depersonalization, as well as social phobias.

8. Noradrenergic and specific serotonergic antidepressants (On SSA): *mianserin*, *mirtazaline*.

Task 74. Interview question.

Modern approaches and principles of dementia therapy in Alzheimer's disease and vascular dementia.

Sample answer:

Treatment for dementia includes the use of the following medications. Akatinol-memantine : Has a modulating effect on the glutamatergic system, being a non-competitive antagonist of NMDA receptors. It has a pathogenetic effect on degenerative processes in the central and peripheral nervous system. Regulates ion transport – blocks calcium channels. Has a neuroprotective effect. Normalizes membrane potential. Improves the process of nerve impulse transmission. Improves cognitive processes, memory and learning ability, increases daily activity.

Donepezil: Cholinesterase inhibitor. Slows down the progression of Alzheimer's disease, reduces the severity of cognitive symptoms, in some cases restores the daily activity of patients and facilitates their care. Corrects behavioral disorders, reduces apathy, hallucinations and mindless repetitive movements.

Task 75. Interview question.

Relief of various types of psychomotor agitation. Sample answer:

- Types of psychomotor agitation: 1. delusional, 2. hallucinatory, 3. excitement during clouding of consciousness, 4. catatonic, 5. manic, 6. depressive, 7. hysterical (psychogenic).

To relieve psychotic agitation, drugs from the neuroleptic group are used (Nos. 1-4 - aminazine, Nos. 5-6 - tizercin). To relieve psychogenic agitation, various tranquilizers are used depending on the patient's condition. All drugs are administered intravenously or by injection.

CRITERIA for assessing competencies and rating scales

<p>Grade "unsatisfactory" (not accepted) or lack formation competencies</p>	<p>Grade "satisfactorily" (passed) or satisfy telial (threshold) level of development competencies</p>	<p>Grade "good" (passed) or sufficient level development competencies</p>	<p>Grade "Great" (passed) or high level development competencies</p>
<p>Learning disability living independently demonstrate knowledge when solving tasks, lack of independence in applying skills. No confirmation of availability formation of the company petition indicates negative results in mastering an academic discipline</p>	<p>Demon in Training self-striates efficiency in application development of knowledge, skills and abilities to solve educational assignments in full compliance with sample given teacher, by tasks, solution to which were shown teacher, follow-one can assume that competence has been formed to satisfy telny level.</p>	<p>Student demonstrates self worthwhile application lack of knowledge, ability knowledge and skills in solving tasks, similar images tsam, which confirmed waiting for availability formed competencies in bo- at a higher level. The presence of such a company petitions for access exact level of flu- talks about stably fixed practical com skill</p>	<p>Student demonstrates the ability ability to complete independence in choosing a method to re- non-standard sewing specific tasks within the discipline with using the knowledge knowledge, skills and abilities acquired as in the course of mastering this discipline, so and related disciplines damn, should be considered gain competence formed on high level.</p>

Criteria for assessing test control:

percentage of correct answers	Marks
91-100	Great
81-90	Fine
70-80	satisfactorily
Less than 70	unsatisfactory

Interview assessment criteria:

Mark	Descriptors		
	strength of knowledge	ability to explain the essence of phenomena, processes, do conclusions	logic and consistency importance of answer
Great	strength of knowledge, knowledge of the basic processes of the subject area being studied, the answer is distinguished by the depth and completeness of the topic; mastery of terminology; logic and consistency length of response	high ability to explain understand the essence of phenomena, processes, events, draw conclusions and generalizations, give arguments standardized answers, give examples	high logic subsequence veta
Fine	solid knowledge of the basic processes of the studied subject area, is distinguished by the depth and completeness of the topic; mastery of terminology; fluency in monologue speech, but one or two inaccuracies in the answer are allowed	ability to explain things ity, phenomena, processes, events, do conclusions and generalizations, give reasoned new answers, give examples; however, it is permissible repents of one or two inaccuracies in the answer	logic and consistency importance of answer
satisfactory strictly	satisfactory knowledge of the processes of the subject area being studied, an answer characterized by insufficient precise depth and completeness of the topic; knowledge of basic issues theories. Several errors in the content of the answer are allowed	satisfactory ability to give arguments standardized answers and give examples; satisfactorily formed skills ki analysis of phenomena, processes. Allowed several errors in the content of the answer	satisfactory lo- consistency and consistency answer strength
unsatisfactory strictly	poor knowledge of the subject area being studied, insufficient coverage of the topic; poor knowledge of basic theoretical issues, poor skills in analyzing phenomena and processes. Allowed serious errors in the content of the answer	inability to give argu- mented answers	lack of logic and consistency from veta

Criteria for assessing situational tasks:

Mark	Descriptors			
	understanding Problems	analysis situations	skills solutions situations	professional thinking
Great	full understanding Problems. All three claims, presenting assigned to the task, completed	high capacity property analyse situation, do conclusions	high way-ability to choose solution method Problems confident solution skills situations	high level professional thinking
Fine	full understanding Problems. All three claims, presenting assigned to the task, completed	ability analyze situation, de-draw conclusions	ability you-take the method of re-solving the problem confident solution skills situations	enough level professional thinking. Tolerance- there are one or two inaccuracies in the answer
satisfactory strictly	partial understanding solving the problem. Most three claims, presenting assigned to the task, completed.	Satisfy telno-property analyse situation, do conclusions.	Satisfy personal skills solutions to the situations	enough level professional thinking. Tolerance- there are more than two inaccuracies in the answer
unsatisfactory emphatically	misunderstanding about problems. Many requirements nia, presenting required for the task were not completed. No answer. Did not have attempts to solve task	Low capacity property analyse situation	Insufficient solution skills situations	Absent