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ANXIETY-DEPRESSIVE DISORDERS AND COGNITIVE IMPAIRMENT IN PATIENTS WITH THE CONSEQUENCES OF TRANSFERRED ACUTE CEREBROVASCULAR ACCIDENT. FEATURES OF EARLY DIAGNOSIS AND TREATMENT
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The frequency of acute cerebrovascular disorders in economically developed countries is on an average 150 per 100 000 of population. In Ukraine, 283.2 MI were registered in 2010, in 2012 - 297.8 MI per 100 000 of the population, during 2019 about 150 000 people experienced acute cerebrovascular accident. Persistent neurological focal deficiency is observed in 27–33% of people who have suffered stroke, 18-27% of patients lose language skills, 30-47% - cognitive functions. A quarter of patients after stroke develop cognitive impairment as well as anxiety and depressive disorders. Recent studies suggest that neuropsychiatric complications of acute cerebrovascular disorders, regardless of phenomenology (emotional, behavioral and cognitive) negatively affect not only social functioning but also the overall quality of life.

Objective: to increase the effectiveness of comprehensive medical care for anxiety and depressive disorders that occur against the background of acute cerebrovascular disorders, as well as early diagnosis and correction of cognitive impairment, which aims to improve quality of life and reduce the risk of disability in this group of patients, and to improve the schemes of treatment, diagnosis and prevention.

Research objectives: to investigate the frequency of anxiety and depressive disorders against the background of experienced acute cerebrovascular accident; to investigate the frequency of cognitive deficiency in patients with experienced acute cerebrovascular accident; to develop an algorithm for early diagnosis of cognitive disorders that occur against the background of transferred acute cerebrovascular accident; to investigate the correlation between personality characteristics and the occurrence of anxiety and depressive disorders in the post-stroke period; to investigate the relationship between the occurrence of cognitive deficiency after stroke and the presence of provoking factors in the anamnesis; assess the level of social support and quality of life in patients with anxiety and depressive disorders and cognitive impairments against the background of experienced acute cerebrovascular accident; to develop and evaluate the effectiveness of the program of a comprehensive therapy of anxiety-depressive disorders and cognitive deficiency arising against the background of experienced acute cerebrovascular accident in accordance with clinical routes and local protocols.

Research material: clinical and psychopathological structure, individual psychological characteristics of patients that correlate with the emergence of anxiety and depressive disorders and the formation of cognitive deficiency against the background of acute cerebrovascular accident, early diagnosis algorithms, development of a comprehensive therapy program.

Research methods: clinical-psychopathological, statistical, experimental-psychological (methods of diagnosing Leonhard-Schmischek character accentuations, Spielberger's scale of personal and reactive anxiety, Tsung's depression scale, to determine the severity of depression, anxiety - Anxiety and Stress Scale, for the definition of cognitive impairment - MMSE (Mini-Mental State Examination). Novelty: the scientific results that will be obtained during the work will allow at the current scientific level to make early diagnosis of cognitive deficiency and the occurrence of anxiety and depressive disorders after experienced acute cerebrovascular accident.

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COMORBIDITY OF MIGRAINE AND PSYCHIATRIC DISORDERS
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Migraine is common, with an estimated lifetime prevalence of 7-17%. The latest studies have reported an association between various psychiatric conditions and migraine.

Objective: to determine the prevalence of various psychiatric conditions in association with migraine; describe the patterns of association of these comorbidities with a variety of health-related outcomes.

The prevalence of physician-diagnosed migraine was 15.2% for females and 6.1% for males. Migraine was most common in those between ages 25 and 44 years and in those of lower income. Migraine was associated with major depressive disorder, bipolar disorder, panic disorder, and social phobia, all occurring more than twice as often in those with migraines compared with those without. Migraine was not associated with drug, alcohol, or substance addiction. The higher prevalence of psychiatric disorders in migraineurs was not related to sociodemographic variables. Psychiatric disorders were less common in those over 65 years, in those who were in a relationship, and in those of higher income whether migraine was present or not. Health-related outcomes were worse in those with both migraines and a psychiatric disorder and moderate in those with either condition alone.

Migraine is associated with major depressive disorder, bipolar disorder, panic disorder, and social phobia. Migraine in association with various mental health disorders results in poorer health-related outcomes compared with migraine or a psychiatric condition alone. Understanding psychiatric correlations of migraine is important in order to adequately manage this patient population and to guide public health policies regarding health services utilization and health-care costs.

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DEPRESSION AND ANXIETY WITH MULTIPLE SCLEROSIS
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The aim of the present study was to investigate the relationship between involvement of specific areas of the brain and occurrence of depression and anxiety in patients with multiple sclerosis (MS). 55 patients were examined (32 women and 23 men, mean age 39.5 years) with definite MS, 47 patients (25 women and 22 men, mean age 40.7) suffering from chronic rheumatoid diseases and 50 healthy subjects (31 women and 19 men, mean age 40.1). Disability, independence, cognitive performances, depressive and anxiety symptoms were assessed. The diagnosis of major depression was made according to the DSM-IV.

The patients with multiple sclerosis underwent a 1.5 Tesla magnetic resonance examination including T1 and T2 weighted images. Calculation of regional and total lesion loads and brain volumes were performed. The number (%) of subjects with the diagnosis of major depression was 11 (20) among MS cases, 8 (17) among controls with chronic disease (p=NS), and 2 (4) among healthy volunteers (p < 0.0001). The Hamilton Depression and Anxiety rating scales median scores were 5 and 18, respectively in the MS patients, 5 (p= NS) and 14 (p= NS) with chronic rheumatoid diseases controls, and 3 (p= < 0.0001) and 6 (p= < 0.0001) in the healthy controls.

Both severity of depressive symptoms and diagnosis of major depression correlated with right frontal lesion load (r=0.22, p=0.035, and r=0.23, p=0.026, respectively) and right temporal brain volume (r=0.22, p=0.005 and r=0.22, p=0.036, respectively). The severity of depression was related significantly also with total temporal brain volume (r=0.26, p=0.012), right hemisphere brain volume (r=0.25, p=0.015), disability (r=0.30, p=0.003) and independence of MS cases (r=−0.26, p=0.01).

Anxiety did not correlate significantly with any of the measures of regional and total lesion loads and brain volume or with any of the considered clinical variables. The similar frequency of depression and severity of depressive symptoms in MS patients and in chronic disease patients, a significant difference in this respect with the normal controls, and a significant correlation between depression and the disability measures would suggest a psychological reaction to the impact of the disease but the relationship between depression and the alterations in the frontal and temporal lobes of the right hemisphere supports, on the contrary, a causative role of organic brain damage.