



**Savka S.D.**

## **DEPRESSION AND ANXIETY IN PATIENTS WITH RHEUMATOID ARTHRITIS**

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Rheumatoid Arthritis (RA) is a chronic progressive autoimmune disease, with a worldwide adult prevalence of 0.2 - 1.2%. Rheumatoid arthritis is 2-3 times more common in middle-aged women than in men. The spread of rheumatoid arthritis of women over 65 years old is about 5%. The problem of the relationship of rheumatoid arthritis and mental disorders, according to current research, causes the interest. We aimed to study evaluation of depression and its correlation with anxiety and duration of disease in patients with rheumatoid arthritis.

One hundred and twenty patients with a diagnosis of Rheumatoid arthritis, according to the criteria of International Classification Disease 10 (ICD), who attended clinics for follow-up visits, were included in this study. Patients with a diagnosis of RA and aged between 20 and 60 years were included. Exclusion criteria were as follows: age less than 20 years and over 60 years, trauma and/or history of a severe heart failure, malignancy, additional connective tissue disease, previously diagnosed peripheral nervous system involvement. According to the studies, patients are inherited two groups. Group one (GA) included participants with duration of RA 1-5 years, group two (GB) included those with duration of RA 5-10 years and group three control (GC) included people without mental and somatic pathology. The remaining demographic variables, age, sex, education, relationship status, place of residence were comparable among the two basic groups and group of control.

Mood status was evaluated using Hamilton Rating Scale for Depression (HRSD) and Hamilton Rating Scale for Anxiety (HRSA). HRSD and HRSA are both 35-questioned multiple-choice self-report inventories. For depression, 21 points and over are significant; for anxiety, 14 points and over are significant.

Of total, 160 patients, 131 were female and 29 were male; the mean age was  $37.9 \pm 1.82$  years; group A: 46 were female (83.6%) and 9 were male (16.4%); group B 52 were female (80.0%) and 13 were male (20.0%); group control: 33 were female (82.5%) and 7 were male (17.5%); the mean age was  $27.78 \pm 6.38$  years.

In group A depression included mild depressive disorders (34,5%), anxiety-depressive disorders (29,1%), anxiety-phobic disorders (20,0%), depressive-hypochondriac disorders (7,3%), emotional-labile (asthenic disorders) (18,2%); in group B included mild depressive disorders (6,2%), anxiety-depressive disorders (40,0%), depressive-hypochondriac disorders (18,5%), anxiety-phobic disorders (4,6%), emotional-labile (asthenic disorders) (36,9%).

Patients group A with duration of RA 1-5 years often had mild depressive disorders, anxiety-depressive disorders, anxiety-phobic disorders, but patients group B with duration of RA of RA 5-10 years often had emotionally labile (asthenic) disorders, depressive-hypochondriac disorders, anxiety-depressive disorders. Physicians should be aware of such findings and, therefore, apply proper treatment strategies.

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## **THE NEUROLOGIC MANIFESTATIONS PRESENTED IN THE ENDOCRINE DISORDERS**

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Diagnosing the endocrine disorder as the cause of the neurologic impairment is essential, as treating the underlying hormonal dysfunction will often rapidly reverse the neurologic symptoms. Better understanding of the interaction between the endocrine system and the nervous system, combined with the knowledge about the pathophysiology of the neurologic manifestations presented in the endocrine disorders might allow earlier diagnosis and better treatment of the endocrine disorders.

Headache may be a nonspecific sign, but it can be caused by pathologic conditions including idiopathic intracranial hypertension. Idiopathic intracranial hypertension (pseudotumor cerebri syndrome, PTCS) is the presence of elevated intracranial pressure in the setting of normal brain parenchyma and cerebrospinal fluid. Headache, vomiting, vision changes, abducens nerve palsy, and papilledema are commonly presented. If it is untreated, it may progress to optic atrophy and vision will be lost rapidly. Therefore, early diagnosis and treatment are crucial. The exact mechanism of PTCS is unclear, but it may occur associated with a variety of conditions, including various endocrine disorders such as adrenal insufficiency, diabetic ketoacidosis on treatment, hyperadrenalism, hyperthyroidism, and hypoparathyroidism.

Muscle weakness, pain, and stiffness are common symptoms of endocrine disorders. Systemic characteristic symptoms of specific endocrine disorders usually precede the onset of weakness, but muscle weakness may be the initial symptom. Endocrine myopathy should be considered as one of the etiology of muscle weakness, because specific treatment is available in endocrine myopathy.

Thyroid dysfunction, parathyroid disorders, and adrenal diseases may cause endocrine myopathies. Weakness is usually much more prominent in the legs than in the arms, and abnormal gait can be the initial symptom of either proximal or distal leg weakness. Electrolyte imbalances such as hyper- or hyponatremia, hyper- or hypokalemia, hypophosphatemia, hypocalcemia, and hypomagnesemia can all be the cause of myopathies accompanied with endocrine disorders. Deep tendon reflexes may be normal or diminished but generally not absent. The serum creatine kinase is usually normal. However it can be elevated which does not correlate with the severity of muscle weakness.



Muscle stiffness and spasms occur in myotonia, dystonia, and other movement disorders, but can be present in hypothyroidism or thyrotoxicosis when motor unit activity is continuous. In hypothyroidism, the stiffness gets worsen by activity and may be painful with the slowing of muscular contraction and relaxation in performing tendon reflexes.

Tone is functionally defined as resistance to passive movement. Therefore, hypotonia is indicated to decreasing resistance to passive movement. Profound hypotonia with obesity and variable degree of intellectual disability may suggest Prader- Willi syndrome (PWS), and hypothyroidism is one of considerable endocrine disease presenting hypotonia.

Movement disorders are the disorders causing involuntary movements such as chorea, athetosis or tremor. Many abnormal movements are paroxysmal or intermittent. Chorea, a rapid repetitive movement affecting any part of the body, is neither rhythmic nor stereotyped and can occur in hyperthyroidism. Athetosis, a slow and writhing movement of the limbs, is often associated with chorea. Choreoathetosis can occur in hyperthyroidism, Addison disease, hypernatremia, hypocalcemia and hypoparathyroidism. Tremor, an involuntary oscillating movement with a fixed frequency, may occur physiologically but hyperthyroidism should be considered as a potential cause.

In conclusion, endocrine disorders can be manifested by various neurologic symptoms and signs ranging from headache, myopathy to acute encephalopathy including coma.

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### **DEPRESSION AND STUDENTS**

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A lack of sleep, poor eating habits, and not enough exercise are a recipe for depression among college students. The stress that comes with academia - including financial worries, pressure to get a good job after school, and failed relationships - is enough to force some students to leave college or worse.

Many factors of college life contribute to risk factors of depression. Many students are unprepared for university life. Today's students face high debt. They also have fewer job prospects after graduation than previous generations. These added concerns can lead to depressive episodes in college students.

Depressed students are at a greater risk of developing problems such as substance abuse. Depressed college students are more likely to binge drink, smoke marijuana, and participate in risky sexual behaviors to cope with emotional pain than are their nondepressed peers.

Often, a breakup will precipitate a bout of depressive feelings. Risks of depression related to a breakup include intrusive thoughts, difficulty controlling those thoughts, and trouble sleeping. As many as 43 percent of students experience insomnia in the months following a breakup. Students that are most likely to become distressed after a breakup experienced neglect or abuse during childhood, had an insecure attachment style, felt more betrayed, and were more unprepared for the breakup.

Fortunately, the best therapy for depression precipitated by a breakup is time. Cognitive behavioral therapy, interpersonal therapy, and, especially, complicated grief therapy also have high success rates for helping to heal a broken heart.

In the Ukraine, suicide is the second leading cause of death among people aged 15-34 years. Among young adults aged 18-25 years, 8.3 percent have had serious thoughts of suicide. Depression is the biggest risk factor for suicidal youth. Other risk factors include: substance abuse; a family history of depression and mental illness; a prior suicide attempt; stressful life events; access to guns; exposure to other students who have died as a result of suicide; self-harming behaviors such as burning or cutting.

Diagnosing and treating depression in college students. University is a stressful environment for most young people, therefore it's especially important for parents, friends, faculty, and counselors to get involved if they suspect a student is suffering from depression. Students themselves are often reluctant to seek help due to social stigmas related to depression. A mental health evaluation that encompasses a student's developmental and family history, school performance, and any self-injurious behaviors should be performed to evaluate at-risk students before a treatment plan is made. The best treatments for college-aged students with depression are usually a combination of antidepressant medications and talk therapies such as cognitive behavioral therapy and interpersonal psychotherapy. Depressed students are also more likely to benefit from exercise, eating a healthy diet, and getting enough rest than many other groups.

**Блажіна І.Ю.**

### **АКТУАЛЬНІСТЬ ВИВЧЕННЯ ПРОБЛЕМИ КОГНІТИВНИХ ПОРУШЕНЬ У ПАЦІЄНТІВ, ЯКІ СТРАЖДАЮТЬ НА ЕПІЛЕПСІЮ**

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Епілепсія – це розлад мозкової діяльності, що характеризується стійкою схильністю до виникнення епілептичних нападів, а також нейробіологічними, когнітивними, психологічними і соціальними наслідками цього стану. Розповсюдженість епілепсії в розвинутих країнах складає 5-10 випадків на 1000 населення. В Україні налічується близько 100 000 хворих на епілепсію.