



3 months after basic therapy there is activation of lipid peroxidation and protein and inhibition of the state of the blood antioxidant system. 6 months after treatment, these figures hardly differ from the corresponding parameters the patients had before taking the treatment. When taking basic treatment accompanied by MD and TTZ, there is activation of lipid peroxidation and protein and inhibition of the state of the blood antioxidant system only 6 months after the therapy, indicating the need to undertake re-treatment. Further research in this area will significantly improve the treatment of diabetic patients complicated by neuropathy.

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#### **EARLY CLINICAL EXPERIENCE**

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Reform of higher education in Ukraine necessitates the development of mechanisms of higher educational institution (HEI), one aspect of which is the problem of effective selection of applicants and their further adaptation to the characteristics of education in the university that will provide high-quality training.

The specifics of the process of adaptation of students in high schools is determined by the difference in the methods of teaching in secondary and high schools. It takes a lot of time before the student adapts to the new requirements of education at universities. As a result there are significant differences in learning outcomes of one and the same person at school and university. There is a problem of learning new activities that would ensure the necessary degree of adaptation to specific conditions of high school.

During the last years universities worldwide have introduced medical students to patient contact, communication skills and clinical examination earlier than before. These courses are often entitled "Early Clinical Experience" or "Early Patient Contact" and usually employ general practitioners (GPs) as facilitators. From both student and facilitator perspectives, the need to evaluate these innovations in early medical education is apparent. A common contemporary view in medical education is that the teacher's task is to activate students in order to learn; to be a facilitator of student learning and to arrange and provide learning opportunities for students. This is clearly the case in early clinical experience courses. Here, the facilitator plays a central role in involving and encouraging students to learn from encounters with doctors, patients and personnel in health care. Students in early medical education are curious and motivated to learn from clinical practice. Besides focus on student learning conditions, facilitator working conditions and perceptions also should be considered as well.

In the present study we approached the overall learning climate created through teachers' interactions with students. The learning climate can be hard to study per se. It is difficult, but it is important and appropriate.

Students are involved in clinical work with the doctor and his staff at the clinic. A group of six students was scheduled to meet with the tutor for year. 1 year consisted of eight evenly distributed days of clinical tasks. There were four groups (24 students, average age 17-21). The tutors were 7, average age 30 - 62. Students attended a mandatory seminar every month on the following topics: medical ethics and deontology, especially communication in the medical environment, professional burnout, types of response to illness, the psychological characteristics of patients in various clinical diseases. A list of interesting literature and movies were suggested. Continuity was ensured in the teacher-learner relationship.

In September 2016, students and facilitators were given an anonymous questionnaire at a mandatory seminar at the end of the course. They were informed that the survey was a part of the research evaluation of the course and that participation was anonymous and voluntary.

The Early Professional Contact course was the first early clinical introduction course. According to evaluations of the EPC Course Questionnaire, both students and facilitators were satisfied with the course. The students found the course interesting and beneficial. They reported increased confidence when meeting patients and were inspired by their future work as doctors. Facilitators experienced a greater workload, less reasonable demands and less support than students. Thus, a discrepancy was observed.

Good courses need good facilitators. It seems important that facilitators are well educated and prepared for their task and are provided with adequate support, time and encouragement from hospital authorities and colleagues.

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#### **CLINICAL AND PSYCHOPATHOLOGICAL FEATURES OF NONPSYCHOTIC MENTAL DISORDERS OF RHEUMATOID ARTHRITIS AND COMPREHENSIVE CORRECTION**

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Rheumatoid arthritis is a chronic progressive autoimmune connective tissue disease that affects up to 2% of adults in developed countries during working age and is characterized by chronic erosive arthritis of mainly small joints and internal organs. Rheumatoid arthritis is in 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% (Abramkyn A.A., 2016). The problem of the relationship of rheumatoid arthritis and mental disorders, according to current research, causes the interest. 60-70% of these patients have mental disorders (Korshunov N.I., 2015). This problem becomes important because population is



under the influence of stress factors. Psychological stress affects the disease in 80% of cases, and every 3rd patient considers the emotional factor as the main cause of the disease (Leblanc-Trudeau C., 2015). About 90% of patients relapse or associate debut of illness with acute or traumatic situation, and 10% - from chronic.

There were 60 patients with the diagnosis of rheumatoid arthritis reliable under our supervision. The group consisted of 53 women (88%) and 7 men (12%) of II and III level of process activity. According to the age the patients were distributed in the following way: 5 patients 21-30 years (8%), 31-40 years - 16 patients (27%), 41-50 - 18 patients (30%), 51-60 - 15 patients (25%) and 61-70 - 6 patients (10%). By educational level the patients were distributed: with secondary education - 15 patients (25%), vocational - 31 (52%), the higher - 14 (23%), by marital status: 43 (72%) patients were married, 10 (17%) - single, 5 (8%) - spouses and 2 (3%) - divorced. By occupational criterion: 8 people did not have a specific profession (13%), 22 - were workers (37%), 7 - civil servants (12%), 4 - entrepreneurs (7%) 2 - research workers (3%) and 17 - retirees (28%). Disability group included 17 people (28%), 14 (24%) - the third and 3 (4%) - the second). The lowest RA disease duration (1-5 years) was observed in 24 patients (40%), 6-10 years - in 5 patients (8%), 11-15 years - 14 patients (23%), 16-20 years - 15 patients (25%) 20 years and over - in 2 patients (3%). Joint-visceral form of RA motion was found in 25 patients (42%), 35 (58%) - impressions of the internal organs. Functional disorders of joints (FBS) I degree were detected with 10 (17%), II-III degree - 50 (83%) patients.

This patient population was examined in several stages. There were conducted phase studies of emotional state and personality characteristics of patients with RA and their degree of adaptation by means of reduced research of individual mini-cartoon methods, and then conducted a survey on the methods of diagnosis character accentuations by Leonhard-Shmishec to identify the type of character accentuations, considered as extreme variants of normal was conducted. We used diagnostic techniques of social frustration by L.I. Wasserman in modification of V. Boyko at the final stage of examination of these patients, which captures the degree of dissatisfaction major achievements. At the final stage, it was performed a comparison of the leading psychopathological syndrome bordered with mental disorders of patients RA was performed, scales describing personality traits which were studied and the level of frustration. It showed individual psychological predictors of forming non-psychotic mental disorders in these patients.

According to the studies, patients inherited a personal profile. Thus, 42 (70%) patients experienced higher scoring scales for hypochondria, depression, psychasthenia, schizoid. These changes indicate the presence of psychopathological personality changes (hipostenic type of response, depressive and anxiety disorders, hypochondriacal tendencies of anxiety somatization). 18 (30%) patients' personal profile was within the regulatory curve (T less than 70 points), which may indicate a lack of sufficient psychopathological changes and social adaptation of patients. Premorbid individually-typological features of individual patients with RA appear as accentuations and were found in 36 patients (60%).

There were identified the following types of accentuations: disturbing - 7 patients (19%), emotional - 6 (17%), distimic - 5 (14%), pedantic - 4 (11%), demonstrative, stuck and exciting - 3 (8%) and hipertym and ecstatic - 2 (6%). Social frustration of L.I. Wasserman method in V. Boyko's modification is found in 42 patients (70%), namely, a high level of frustration - 25 patients (60%); increased level of frustration - 9 (20%); moderate level of frustration 8 (20%). Nonpsychotic mental disorder that included emotionally labile (asthenic) was found with 36 patients (60%), anxiety, depressive disorders, which are characterized by the following syndromes: antenna-depressive, anxiety and depression and hypochondria (Roubille C., 2015). Among non-psychotic mental disorders more common are: emotionally labile (asthenic) disorders of 18 people (48%), anxiety disorders - 11 (32%), depression - 7 (20%).

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#### THE ISSUE OF NEUROPROTECTION IN TREATMENT OF ENCEPHALOPATHIES CAUSED BY ENDOCRINE DISORDERS

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Diabetic encephalopathy is a complex multi-pathological process, which is involved in the formation of various components. But the pathogenesis of these components has a number of common units. The pathogenesis of diabetic encephalopathy includes current metabolic changes, circulatory disorders, autoimmune processes, endocrine effects, leading to effects at the level of neuron damage to their death, which is the basis of diabetic encephalopathy.

The continuous research found that the processes of free radical oxidation of lipids in the body is controlled by a complex multifactorial antioxidant system (AOS), which includes a variety of enzymatic and non-enzymatic levels of protection. Lack of a mechanism of antioxidant protection can lead to peroxidation syndrome, imbalance between oxidative stress system and antioxidant protection. The research of some indices of antioxidant protection (superoxide dismutase, catalase, peroxidase) in patients with various forms of stroke has been performed. However, when studying this issue inconsistent data makes it difficult to conduct a comprehensive analysis of the nature of changes in the system POL - AOS with hemorrhagic and ischemic stroke, studies some of the individual indicators of antioxidant and lipid peroxidation in the specific forms of insufficient cerebral blood flow in patients.

Nowadays, neuropharmacology is experiencing the fastest development in its history. It is due primarily to the increasing number of progressive neurological disorders, it's further mainstreaming as one of the leading factors of morbidity, disability and mortality. According to the WHO, more than 30% of world population uses some or other neurotropic medications, and if we take into account only the EU and North America, this figure reaches 45-50%.