Moreover, it is often found that the patients with psychiatric symptoms are also those with the most disability and the least response to treatment, and are the most difficult to manage. They are also often the most frequent attendants in primary care services.

A multidisciplinary approach to disease management and education in primary care has been instrumental in managing the epidemic of psychiatric comorbidity in physical illnesses.

The current study aims to bridge this gap by investigating the prevalence of concurrent depression and anxiety symptoms among patients attending only neurology services at a local outpatient center offering both psychiatric and neurological services. The current study capitalizes on the availability of these conjoint services to determine the prevalence of mood and anxiety disorders in patients seeking only neurological services at the center. Moreover, the study looks at whether concurrent depressive and anxiety symptoms are detected by the attending neurologist based on patient self-report, the severity threshold at which referral to psychiatric services does occur, and whether referred patients attend these services.

Studies have shown that comorbidity between psychiatric disorders has been found to cause greater disability levels when compared to patients with a single psychiatric diagnosis. In a review by Hirschfeld, patients with concurrent depression and anxiety disorders responded to treatment longer, had slower recovery, utilized more medical resources, and had higher rates of recurrence and psychological disability than patients presenting with either disorder alone. Depressive symptoms and anxiety are found to overlap in many cases, and this necessitates careful discrimination between differences for a proper diagnosis and treatment plan. The current study highlights the need for proper and timely screening of psychiatric disorders at the neurological department.

**Savka S.D.**

## PSYCHOPHARMACOTHERAPY AND PSYCHOTHERAPY OF NONPSYCHOTIC MENTAL DISORDERS ASSOCIATED WITH RHEUMATOID ARTHRITIS

*S. M. Savenko Department of Nervous Diseases, Psychiatry and Medical Psychology*
*Higher State Educational Establishment of Ukraine*
*«Bukovinian State Medical University»*

The objective of the research is to study clinical and psychopathological, pathopersonological and psychosocial features of the formation of nonpsychotic mental disorders associated with rheumatoid arthritis, to develop the principles of their diagnosis and correction.

The first basic group (BG I) consisted of 55 patients with a duration of rheumatoid arthritis disease up to 5 years, the second basic group (BG II) consisted of 65 patients with a duration of rheumatoid arthritis disease from 5 to 10 years.

At the first stage a patient supervision, experimental-psychological, psychodiagnostic research, diagnosis and comparative characteristics of the main and control groups; determination of features of nonpsychotic mental disorders depending on the duration of the disease by rheumatoid arthritis were carried out. At the second stage a correction of nonpsychotic mental disorders using psychotropic drugs and psychotherapy was conducted. At the third stage, statistical analysis, generalization and establishment of the impact of psychopharmacological and psychotherapeutic treatment on the level of anxiety, depression and quality of life of patients, analysis and generalization of research results, drawing general conclusions and practical recommendations were performed.

The following disorders appeared to be prevalent among a wide range of NMD associated with RA: depressive disorder (35.0%), anxiety disorder (21.7%), emotional-labile (asthenic) disorder (19.2%), adaptation disorders (12.5%), anxiety-phobic disorder (11, 6%).

With prolongation of RA duration (more than 5 years), the number of people with depressive disorder increases (from 18.2% to 49.2%, $p<0.01$) and anxiety disorder (from 16.3% to 26.1%, $p < 0.05$) and the number of persons with anxiety and phobic disorder decreases (from 20.0% to 4.7%, $p<0.01$), emotionally-labile (asthenic) disorder (from 27.3% to 12.3% , $p<0.05$) and adaptation disorders (from 18.2% to 7.7%, $p <0.05$).

The patients with a total duration of RA up to 5 years are significantly more likely to experience asthenic-depressive and anxiety-phobic syndromes (47.3% vs. 21.5% and 20.0% vs. 4.6%, respectively, $p<0.05$). With the increase in the duration of RA in the structure of these forms of NMD, anxiety-depressive (47.7% vs. 23.6%, $p<0.01$) and depressive-hypochondrial syndromes (26.2% vs. 9.1%, $p<0,05$) significantly prevail.

The proposed program is a comprehensive approach to the treatment of NMD against RA with the use of psychopharmacotherapy and integrative psychotherapy approaches (rational psychotherapy, autogenic training, elements of cognitive behavioral and gestalt therapy).

The targets of a complex influence (psychopharmacological and psychotherapeutic) are pathological emotional state with concomitant cognitive imbalance, individual-psychological deviations, and social interaction.

Participation in the program made it possible to improve the effectiveness of the treatment of NMD in RA by achieving regression of psychopathological phenomena of anxiety-depressive response ($p<0.01$) and positive dynamics of quality of life in terms of physical and psychological functioning in comparison with patients in the control group. The conducted research has established that the inclusion of integrative psychotherapy in the complex of treatment of patients with NMD against the ground of RA enables to achieve significantly greater positive dynamics of psychopathological symptoms, as well as to improve the quality of life of patients and their social functioning.

**Vasylieva N.V.**

## CHRONIC CEREBRAL ISCHEMIA AND COGNITIVE IMPAIRMENT (AN EFFECT OF COMPLEX THERAPY)

*S. M. Savenko Department of Nervous Diseases, Psychiatry and Medical Psychology*
*Higher State Educational Establishment of Ukraine*
*«Bukovinian State Medical University»*

Cerebrovascular disease was of great interest in the 19-th and early 20-th centuries. Despite a fluctuating interest in stroke and cerebrovascular diseases from neurologists over the centuries, the number of physicians and researchers interested in stroke and its related technologies is currently on the rise, and the corresponding literature is expanding exponentially. From the early French neurologist, Max Durand-Fardel (1843) to Hachinski and colleagues (1974, 1975, 1987) a great deal was learned about vascular pathology and behavior. The last part of the 20-th century can be broadly characterized as the era of therapeutic revolution for stroke with the advent of new imaging techniques, stroke units, and thrombolysis. Although some investigators today believe that the future of stroke will be an age for new drugs, specifically for the acute phase or prevention, and an expansion of knowledge regarding endovascular interventions, stem cells, and genetic information, previous history has shown that the subject has often, and suddenly, developed in totally new directions.

The reviews of literature on vascular cognitive impairment (VCI) includes the diagnosis widely used in foreign neurological practice, as well as chronic cerebral ischemia (CCI) and dyscirculatory encephalopathy (DE), the common diagnoses in Ukrainian neurological practice. According to the etiology, risk factors, and manifestations, Stages I and II DE largely corresponds to moderate VCI; Stage III does to severe VCI.

The non-interventional observational program included the data of 123 outpatients with CCI who were on outpatient neurological treatment and received divaza, a combination of release-active antibodies to brain-specific protein and release-active antibodies to endothelial NO-synthase, in the dose of 2 tablets three times a day during 3 months.

Cognitive disorders were identified in 87.7% of patients (<26 MoCA scores). Cognitive functions were evaluated using the MoCA scale before and after 3 months of treatment. After treatment, the mean MoCA score increased from 17.58±5.13 to 22.67±4.21 ($p<0.001$), the number of patients with normal cognitive functions rate (≥26 scores) increased from 9.9 to 32.1%, the number of patients with marked cognitive impairment decreased. The drug was well-tolerated by