

4 lines

«Investigate patient with epilepsy»

A patient has collection of complaints and anamnesis information

1. To collect complaints for a patient with epilepsy (2 min.)
2. To collect anamnesis for a patient with epilepsy (to pay a regard to beginning and ran across disease, displays of disease in childhood, presence of concomitant pathology, inherited anamnesis). (2 min.).
3. To collect anamnesis for the exposure of etiology of convulsive attacks (2 min.).
4. To collect anamnesis of attacks for a patient with epilepsy (2 min.)
5. To collect complaints at an aura for a patient with epilepsy (2 min.)
- 6 To name criteria for establishment of diagnosis „epileptic status” (2 min.)
- 7 To collect complaints and anamnesis in patient with disorders of personality of patient on epilepsy (2 min.)

clinical-psychopathology research

- 1 A patient with has research of features of psychical status epilepsy (2 min.)
- 2 Diagnostic criteria of large convulsive attack (2 min.)
- 3 Diagnostic criteria of small convulsive attack (2 min.)
- 4 Differential diagnostics is with a hysterical attack (2 min.)
- 5 To probe an aphronia for a patient with epilepsy (2 min.)
- 6 To probe violation of personality for a patient with epilepsy (2 min.)
- 7 To probe violation of emotions for a patient with epilepsy (2 min.)
- 8 To appoint antiepileptic therapy at small attacks (2 min.)
- 9 To appoint antiepileptic therapy of grand attacks (2 min.)
- 10 To appoint antiepileptic therapy at epileptic status (2 min.)
- 11 To render the first aid at a large convulsive attack (2 min.)

Interpretation of results of laboratory instrumental methods of inspection

- 1 Interpretation of electroencephalogram is in patients with epilepsy (2 min.)
- 2 To probe by experimentally psychological methods violation of memory that mobility of psychomotor functions for patients with epileptic retardation. (2 min.)
- 3 To probe an aphronia and intellect by experimentally psychological methods (2 min.)

**Diagnostic criteria of large convulsive attack.**

- 1.It was a patient has an aura before an attack (there is a head stomach-ache, change of mood, unpleasant smells, photopsias, numbnesses, narrowing or expansions of pupils, unpleasant feelings, vomiting)?
- 2.Did a patient have a loss of consciousness after an aura?
- 3.Did a patient have tonicspastic reductions of all of muscles of trunk duration of 20-40sec.?
- 4.Presence of turning up eyes, opening of mouth, turn of head on a side?

5. Were there changes of face colour going pale, in course of time dark blue, then darkly?
6. Whether there were clonic cramps: rhythmic reductions of tensor and extensor, by duration of 1,5-2 min.
7. Was there involuntary urination, act of defecation after the loss of consciousness?
8. Was there a patient in the comatose state after an attack?
9. Did a patient have passing of comma to sopor, stunning, sleep after which a patient woke up with sense of brokenness, general weakness?
10. Amnesia for a patient attack?

#### Diagnostical criteria of small convulsive attack

1. Present for a patient sudden exception of consciousness?
2. Present for a patient change of tone of separate groups of muscles (person, neck, overhead extremities)?
3. Did an attack last 2-5sec or anymore?
4. Present at sick frozen with an absent look, breaking of current activity, vegetative symptoms?
5. Did an attack make off for a patient suddenly disappeared so as well as appeared?
6. Was amnesia after an attack?
7. Did a patient have the sudden falling?
8. Present turning of eyeballs up?
9. Was an attack accompanied incontinence of urine?
10. Was an attack accompanied a cough, sneeze?

#### Differential diagnostics of epileptic attack is with hysterical

Epileptic attack	Hysterical attack
1. Pops up, suddenly	1. A psychogenic factor is preceded an attack.
2. The so-called initial scream of epileptic is possible	2. It is not.
3. Falls, where was not, often with damages	3. Falls softly.
4. A sharp pallor of person is with next increasing blue	4. It is not
5. Pupils are wide, on light irresponsive	5. The photoharmose of pupils is stored.
6. Often bite of language, cheeks	6. It is not.
7. Involuntary urination (often) of, рідко is an act of defecation	7. It is not.
8. Clear sequence of seizure: loss of consciousness, falling, tonic, clonic cramps, coma, sopor, amnesia of attack.	8. It is not.
9. Pyramid signs are during an attack.	9. It is not.
10. attack from 0,5 – 2-3min.	10. Duration is large.
11. faint.	11. As a rule, is not.

#### To name criteria for establishment of diagnosis „epileptic status”

Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

#### Informing about the results of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

Epileptic status is the state when, when convulsive attacks repeat oneself after each other and the state of clear consciousness does not come between separate attacks.

- Criteria:
- 1) convulsive attacks repeat oneself after each other
  - 2) the state of good consciousness does not come between

To collect anamnesis of attacks for a patient with epilepsy

1. When first did a epileptic attack appear for you?
2. How is a epileptic attack?
3. Can something provoke a epileptic attack?
4. How often for you are epileptic attack?
5. Do you lose consciousness during an attack?
6. Do you have feeling of the different sickly phenomena immediately in front of by the exception of consciousness? (aura)
7. How much time does a epileptic attack last?
8. Did attacks become more frequent lately?

To collect complaints for a patient patient with epilepsy

1. What complaints does have on the whole?
2. Do you have complaints about the decline of memory?
3. Do you have weight at jump from one idea on other?
4. Do you have complaints on talking in dreams?
5. How often are there epileptic attacks?
6. How many times do epileptic attacks last?
7. Do you lose consciousness during an attack?
8. Do you have complaints about the unpleasant feelings (aura) before the loss of consciousness?
9. Do you have complaints about enhanceable crabbiness?
10. Do you have complaints about the suddenly bursts of anger?

To collect complaints and anamnesis for a patient with disorders of personality for a patient with epilepsy

Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

Informing about the results of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. When did the first signs of illness appear first?
2. Do you have complaints about memory?
3. How hardiness to distinguish basic you from second-rate?
4. How hardiness commuted you from an idea to according to?
5. Do you have complaints about enhanceable crabbiness?
6. How often do you have unreasonable bursts of anger?
7. Do you have inclination to enter into disputes?
8. Whether is for you spiteful, or gloomy mood with an enhanceable sensitiveness
9. Do you count itself exact and pedantic?
10. Do think you itself a sick man?

To collect complaints at an aura for a patient patient with epilepsy

Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

#### Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

#### Informing about the results of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. Do you have feeling of the different sickly phenomena immediately in front of by the exception of consciousness? (aura)
2. Do you have visions before the exception of consciousness? (visual aura)
3. Do not you hear some sounds before the exception of consciousness? (acoustic aura)
4. Do you have specific smells (mainly unpleasant) before the exception of consciousness?
5. Do the unpleasant feelings appear in a company before the exception of consciousness?
6. Do not you have being in sudden seizurelike pain in a stomach before the exception of consciousness? (visceral aura)
7. Do not you have attacks of nausea and vomit before the exception of consciousness? (visceral aura)
8. Do not you have sudden different motions before the exception of consciousness (motive aura)?
9. Do not you have grinding, motions teeth before the exception of consciousness (psychical aura)?
10. Do not you have feeling of beatitude or ecstasy before the exception of consciousness (psychical aura)?

To collect anamnesis for a patient patient with epilepsy

#### Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

#### Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing

4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

#### Informing about the results of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. When did first signs of your illness show up?
2. How did the first signs of illness show up?
3. It was for you sleepwalking, sleep talking in childhood?
4. How often do you have epileptic attacks?
5. What can provoke epileptic attack?
6. Do you have before the loss of consciousness?
7. How many times does epileptic attack?
8. How often do you have suddenly bursts of anger?
9. What concomitant diseases do you have?
10. Were in your family people with epileptic illness?

To collect anamnesis for the exposure of etiology of convulsive attacks

#### Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

#### Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

#### Informing about the results of examination

1. Friendly facial expression and smile.

2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. Do you have execution of consciousness during an attack?
2. Do you have amnesia, head pain, crabbiness, stunning after an attack?
3. Do you have biting of language, shock or urination during a convulsive attack? (phase of clonic cramps)
4. How many times does an attack last?
5. Do you have an attack which is begun with a sudden fainting fit, falling, general tension of muscles (phase of tonic cramps)?
6. It is so, that convulsive attacks repeat oneself after each other without becoming in consciousness (epileptic status)?

#### Psychic state in patient with epileptic diseases

##### Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

##### Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

##### Informing about the results of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations

## 7. Conversation accomplishment

1. what for you so many problems?

Patients with epilepsy, as a rule, explosive- excited quickly, burst

2. Make an attempt a bit shorter to tell me essence of this problem

Patients with epilepsy feel like sticking – much attention spare little meaningful things, hardness commuted on other object, theme

3. Do you have periods with a without cause spiteful mood

Dysphoria -- periods with a without cause spiteful.

4. do you have feeling that hardness you to think?

For patients with epilepsy there is characteristic slow thought and sticking

5. For patients with epilepsy characteristic pedantry in relation to an order

6. Do you have problems with memory?

For patients with epilepsy, on the late stages of illness, observed problems with memory

7. do you love yourself ?

For patients with epilepsy there is characteristic egocentricity

8. rancorous?

For patients with epilepsy there is a characteristic rancour

9. it is so that you humiliate someone?

Patients with epilepsy feel like acts cruelties, and aggressive actions

10. Do you need rest quickly?

For patients with epilepsy there is a characteristic asthenia, rapid fatigueability

Inspection sick for the exposure of changes of personality at epilepsy

Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.

2. Gentle tone of speech.

3. Greeting and introducing

4. Find a contact with a patient, try to gain his/her confidence

5. Correct inquest, listening to the patient's explanation.

6. Conversation accomplishment.

Physical methods of examination

1. Friendly facial expression and smile.

2. Gentle tone of speech.

3. Greeting and introducing

4. Find a contact with a patient, try to gain his/her confidence

5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent

6. Explain to the patient examination details, its safety and possible sensations

7. Prepare for the examination (clean, warm hands, etc.)

8. Explain to the patient results of his/her tests correctly and accessibly

9. Conversation accomplishment.

Informing about the results of examination

1. Friendly facial expression and smile.

2. Gentle tone of speech.

3. Greeting and introducing

4. Interpretation of test results

5. Calm a patient in the case of presence of pathological changes, inform about the following actions

6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations



## 7. Conversation accomplishment

1. Pay a regard to such character sick traits: exactness which can collect the type of ludicrous pedantry in relation to the clothes is underline, meticulous order at home, on a workmount.
2. Economy.
3. Obstinacy.
4. Persistence.
5. Attempt to please all.
6. Courtesy which can collect the type of sweetness in intercourse.
7. Infantilism is immaturity of judgements, special overvalued attitude toward native, special religiousness.
8. Combination of enhanceable sensitiveness, wickedness, ill-will, explosivity.

## Inspection sick for the exposure of aphonia at epilepsy

### Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

### Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

### Informing about the results of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

## 1. Ask a patient to tell about the illness.

If a patient tells, repeatedly repeating the same facts, there is viscosity of thought.

2. If a patient decides on many unimportant details, torpidity of thought on details.
3. If a patient begins the answer with clarification of many circumstances which do not have concrete attitude toward essence of question, torpidity of thought.
4. If a patient gives an answer for your question with some delay, . deceleration of thought.

5. Pay a regard to impossibility to distinguish main from second-rate.
  6. Ask a patient to tell about the family.
- If hardness to be commuted a patient on a new theme, . weight of switching of attention.
7. If a patient erects any theme on the recital of the illness,. narrowing of interests round illness.

#### Inspection sick for the exposure of violation of emotions at epilepsy

##### Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

##### Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

##### Informing about the results of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. If hardness to be commuted a patient from one emotion on other, . affect viscosity.
2. If a patient in the story especially „chews” negative experience, stuck on the negative experiencing.
3. If easily to show a patient out of itself, explosiveness in reply to an easy irritant.
4. If for a patient mainly depressed spiteful mood, it is a dysphoria.
5. If a patient is easily impressionable, it sensitivity.
6. If a patient is irritated by bright light, noise, loud talks, the present is enhanceable irritate.
7. If a mood is in a patient unsteady, a patient whining, емоційна instability.

#### Inspection sick for the exposure of changes of personality at epilepsy

##### Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing

4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

#### Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

#### Informing about the results of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

9. Pay a regard to such character traits: exactness which can collect the type of ludicrous pedantry in relation to the clothes is underline, meticulous order at home, on a workmount.
10. Economy.
11. Obstinacy.
12. Persistence.
13. Attempt to please all.
14. Courtesy which can collect the type of hypocrisy is underline, sweet in intercourse.
15. Infantilism is immaturity of judgements, special superimportant attitude toward native, special religiousness.
16. Combination of enhanceable sensitiveness, rudeness, wickedness, ill-will, explosivity.

1. To appoint antiepileptic therapy at small attacks:

simple absanse - suksylep, topiramamat, lamotrigine

difficult absanse - depacine, clonazepam, topiramamat, lamotrigine.

2. To appoint antiepileptic therapy at large attacks:

Valproats (depacine), finlepsine (karbamazepine, tegretol), phenobarbital, benzonal, difenin, lamotrigine, mixture of Sereyskogo.

3. To appoint antiepileptic therapy at epileptic status:

- à) removal of cramps (sibazone, litic mixture, to oxybutirat sodium);
- â) providing of communicating of respiratory tracts, warning of asphyxia (from the axsufflation of mucus or falling back of language);
- â) support of cardiac activity (corglikoni, strophanthin);
- ã) a fight is against the edema of brain (furosemid, mannitol, urea, glycerin, corticosteroids).

Patients with have interpretation of information of EEG epilepsy.

1. To define the presence of convulsive readiness of cerebrum.
2. To estimate and interpretate the height of threshold of excitability of neurons.
3. To define the presence of local changes of electric activity of cerebrum.
4. What EEG- sighth testify to the presence of convulsive readiness of cerebrum.

To probe by experimentally - psychological methods of aphronia and intellect for patients with epileptic mental retardation.

1. Who is the president of our country?  
 What capital of the USA?  
 Transfer the months of year?  
 Knowledge of tablet of increase.
2. Understanding of maintenance of with a plot pictures.
3. Story for to the pictures with next development of subject.
4. Comprehension of story.
5. Pictures and texts are with nonsenses.

To probe by experimentally - psychological methods of violation of memory that mobility of psychomotor reactions for patients with epileptic mental retardation.

Complaints and anamnesis taking in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

Physical methods of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the nessesity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, ets.)

8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

#### Informing about the results of examination

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. To probe brief memory: memorize words which I will name: son, smoke, tea, mushroom, elk, oak, blood, swarm, laughter, pair. What did you memorize? (a researcher marks the amount of remembering words after a maiden attempt and after the followings two)
2. Name the days of week in a back order.
3. Consider from 1 to 20 skipping every third number.
4. After the table of Shulte – find numbers from 1 to 25 one after another, specifying on them a pencil and naming them loud (a researcher marks time, outlaying on the job processing here. Repeats an experiment on next tables).

#### 4 lines

#### Psychiatry

#### – «Investigation patient with schizophrenia»

#### Collection of complaints and anamnestic information of patient

6. To collect complaints for a patient with the simple form of schizophrenia (2 min.).
7. To collect complaints for a patient with the catatonic form of schizophrenia (2 min.).
8. To collect complaints for a patient with the hebephrenic form of schizophrenia (2 min.).
9. To collect complaints for a patient with the simple form of schizophrenia (2 min.).
10. To collect anamnesis for a patient with the paranoid form of schizophrenia (2 min.).
11. To collect anamnesis for a patient with the catatonic form of schizophrenia (2 min.).
12. To collect anamnesis for a patient with the hebephrenic form of schizophrenia (2 min.).
13. To collect anamnesis for a patient with the paranoid form of schizophrenia (2 min.).

#### Clinic-psychopatological research

1. To probe breaking up of psyche at first level for a patient with schizophrenia (2 min.).
2. To probe breaking up of psyche at second level for a patient with schizophrenia (2 min.).
3. To probe breaking up of psyche at third level for a patient with schizophrenia (2 min.).
4. To probe the presence of syndrome of Candinsky-Clerambo (2 min.).
5. To probe the presence of high-quality imperceptions (2 min.).
6. To probe the presence of quantitative imperceptions (2 min.).
7. To probe the presence of aphonias for a patient with schizophrenia (2 min.).
8. To probe the presence of catatonic syndrome (catatonic stupor) (2 min.).
9. To probe the presence of catatonic syndrome (catatonic excitation) (2 min.).

10. To probe the presence of oneiroid syndrome (2 min.).
11. To probe the presence of apato-abulic deformation of personality for a patient with schizophrenia (3 хВ)
12. To probe the presence of paranoid syndrome for a patient with schizophrenia (2 min.).
13. To probe the presence of paraphrenic syndrome for a patient with schizophrenia (2 min.).
14. To probe the presence of violations of emotions for a patient with schizophrenia (2 min.).
15. To probe the presence of deformation of personality of patient with schizophrenia (2 min.).

#### Interpretation of results of laboratory instrumental methods of inspection

1. To estimate information of experimentally psychological research for a patient with schizophrenia (5 min)
2. Interpretation of hallucinations (true, pseudohallucinations) (5 min)
3. To estimate a aminazin-eozynophil test. (5 min)

### **To collect complaints for a patient patient with the simple form of schizophrenia**

11. When did first озаки of your illness show up?
12. How did the first signs of illness show up?
13. Do you have complaints about an unwillingness to do something?
14. To take interest you by surrounding events how did take interest before?
15. Does it like you to spend time on loneliness?
16. Do you like to be in private with itself, by the opinions, than in society of other people?

### **To collect anamnesis for a patient patient with the simple form of schizophrenia**

1. When did first signs of your illness show up?
2. How did the first signs of illness show up?
3. Do you have a desire to do something?
4. To take interest you by surrounding events how did take interest before?
5. Does it like you to spend time on loneliness?
6. You like to be in private with itself, by the opinions, than in society of other people

### **To collect complaints for a patient patient with the paranoid form of schizophrenia**

1. Do you complain on feeling of groundless alarm? (delusion of following)
2. Do you have feeling of that something inevitable must happen? (delusion of following)
3. Do you have the unpleasant feelings in different organs, and you are sure что something or someone influences on it? (sensory automatism)
4. Do you have feeling of that someone can read your ideas, or you можете to read opinions of other people? (ideator automatism)
5. Do you have an out of control flow of ideas, that disturb you? (mentism)

### **To collect anamnesis for a patient with the paranoid form of schizophrenia**

1. When did first озаки of your illness show up?
2. How did the first signs of illness show up?
3. Do you have feeling of groundless alarm? (delusion of following)
4. Do you have feeling of that something inevitable must happen? (delusion of following)
5. Do you have the unpleasant feelings in different organs, and you are sure что something or someone influences on it? (sensory automatism)
6. Do you have feeling of that someone can read your ideas, or you can read opinions of other people? (ideatoric automatism)
7. Do you have an out of control flow of ideas, that disturb you? (mentism)

### **To collect complaints for a patient patient with the catatonic form of schizophrenia**

1. When did the first signs of your illness show up?
2. How did the first signs of illness show up?
3. Do you have complaints about feeling of muscle and linguistic stupor?

### **To collect anamnesis for a patient patient with the catatonic form of schizophrenia**

1. When did the first signs of your illness show up?
2. How did the first signs of illness show up?

3. Do you have feeling of muscle and linguistic stupor?
4. Do you have unpurposeful very rampage? (executioner. excitation)
5. Were in your family people with alike illness?

**To collect complaints for a patient patient with the hebephrenic form of schizophrenia**

1. When did first signs of your illness show up?
2. How did the first signs of illness show up?
3. It follows to pay a regard to conduct of patient, whether it answers his age. A patient is difficult of access a contact. Conduct of patient of funny, child. Observed splitting of psyches at third level (when breaking up of psyche comes when dissociation of psychical processes comes in the field of psyche).

**To collect anamnesis for a patient patient with the hebephrenic form of schizophrenia**

1. When did first озаки of your illness show up?
2. How did the first signs of illness show up?
3. It follows to pay a regard to conduct of patient, whether it answers his age. A patient is difficult of access a contact. Conduct of patient, funny, child. Observed splitting of psyches at third level (when breaking up of psyche comes when dissociation of psychical processes comes in the field of psyche).

**Levels of splitting up of psyche:**

**Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

**Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the nessesity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, ets.)
8. Explain to the patient results of his/her tests correctly and accesibly
9. Conversation accomplishment.

**Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of precense of pathological changes, inform about the following actions



6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations

7. Conversation accomplishment

1 level: breaking up of unity between internal I and by outward things.

A basic display is increasing autism, that emotional indifference is in everything.

In a talk it is necessary to mark the followings complaints: to «me all indifferently», «me in actual fact walks» around nothing, does not «feel in itself life», only «emptiness in itself and round itself», «can not neither love nor hate». During conversation to pay attention on hypomimic, decline or loss of sense of humour, lacking initiative, absence of plans on the future, decline or loss of the personal interest to native, friends, that which takes a place in family, at work, in the state, stereotypes in broadcasting and conduct, absence of emotional or some other reaction on an interlocutor (does not look, does not answer a question, does not execute instructions or executes vice versa). Feeling, that to the patient not to «knock until someone answers».

Examples of questions:

What are you engaged in? Who is a prime minister presently? How many do guard loaf of bread of bread?

2 levels: breaking up is between functioning of different spheres of psyche («a game of symphonic orchestra is without a bandleader»).

A patient can talk one, feel other, and to do something third.

Examples of such irrelevances:

«I want to find itself a girl, to create family!»( thus a patient whole days looks a television set and shows no initiative, to carry out planned is breaking up between thought and will).

«I know that повишусь on a tree, when I will be 33 years»( a patient declares it with a glad mien – breaking up between thought and emotions, parathymia) ago.

3 levels: breaking up of psyche is into one of spheres.

The followings clinical phenomena can appear thus:

- 1) symptom of «positive» or «negative twin». It costs to ask, whether the patient of near and unknown people knows;
- 2) Symbolism of thought (for example, a patient tells, that can not socialize with women in red clothes, because it means «FEET», as on a traffic-light);
- 3) Resonerstic and appearance of neologisms
- 4) Paralogichnist' of thought, when judgement does not answer deduction. For example, a «airplane flies, because passengers are expected by their relatives».
- 5) Tear of thought, when a language consists of casual words and combinations of words. For example, «what sense in valency of structures has the had a drink kilogram of flour».
- 6) Ambivalence, that simultaneous presence in consciousness of patient of opposite opinions, emotions or motives. Example: «you so like me, that I hate you»

### **Syndrome of Candinsky-Clerambo**

#### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing

4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

It is needed to discover a student presence of pseudohallucinations, mentism and loony. automatism (what are included in composition of syndrome of Candinsky-Clerambo).

For this purpose it follows to put the proper questions.

1. Do you have ideas which you can not manage? (mentism)
2. Do you have out of control ideas which interfere with you and torment you? (mentism)
3. Do you feel sometimes extraneous influence on Your thought? (ideatoric automatism)
4. Not give up you, that someone stops you independently thinking? (ideatoric automatism)
5. Do not you feel that someone violently puts thoughts into your head? (ideatoric automatism)
6. )
7. Do not you have the different feelings (e.g. different heartburns, pains in different organs) and sure that it is influence of extraneous force? (sensory automatism)
8. Do not you feel extraneous physical influence on Your feelings? (sensory automatism)
9. Not give up you, that Your motions are stuck you some extraneous force? (agile automatism)
10. It is so, that it seems to you that Your actions and acts of are made by some force you? (agile automatism)
11. It is so, that you feel different „voices” which sound in Your head or other areas of body?

### **Patients with have disorders of perception schizophrenia**

#### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.

3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. Do you feel as for you under a skin something climbs?

Senestopathy is the complex unusual feelings in a body, with experiencing of transfusion, moving, crossflow

2. It is so that you sit in an empty room and hear as someone talks?

A hallucination is perception of object or sensory appearance, which arises up without the presence of the real object, but accompanied a confidence in that this object exists. In this case-hearing.

3. It is so that in your head someone talks?

Pseudohallucinations are perception of object or sensory appearance, which arises up without the presence of the real object, but accompanied a confidence in that this object exists. Arises up feeling getting on, inlaid. In this case - auditory.

4. It is so, that seems to you that the world changed, became lifeless, unreal?

A derealization have is in a change:

- to the color
- sizes and form
- to the rate and time

5. It is so, that seems to you that you became some other, not such, can empty, can unreal?

**Depersonalisation is** in the followings symptoms:

— the changes of «I», original feelings of transformation of own person, are more frequent negative, that accompanied fear to get off from a mind, experiencing of own lack of need, emptiness, loss of desires.

- are changes of chart of body, lengthening, shortening of extremities
  - it is breaking up of «I», which shows up in feeling of presence in itself two and more persons
6. Do not you have feeling that you it already was somewhere seen?

Symptom «already seen» - the first seen seems to the acquaintances  
7. Do not you have feeling that you it already was somewhere heard?  
Symptom «already audible» - the first heard seems to the acquaintances

### **Patients with have disorders of memory of patients with schizophrenia**

Not violated

#### **There are disorders of thinking of patients with schizophrenia**

1. It is for you such that ideas disappear suddenly?

Shperung is a sudden, brief stop of flow of ideas.

2. It is for you such that you have a lot of ideas, presentations, whatever of you can stop?

A mentism is an involuntary, continuous, out of control influx of ideas, appearances, presentations which have burdensome character

3. Explain to me, please, why you got in a hospital

Resonerstic - reasons of patient are not based on the real facts, a patient talks sterile, not lighting up essence of question

4. Tell me what relations in your family.

Paralogism thought – appears violation of logic of utterance. Concepts are replaced characters and signs, clear only to the patient. Looks as senseless conclusions are groundless.

5. Tell me about the family.

Thought is torn – shows up the loss of semantic connections between concepts, grammatical and syntactic bases of suggestion are stored although.

6. Tell what you constantly think about.

Thought of autistic – thought is torn off from reality. Associations arise up on the basis of ideas, presentations, feelings, related to the sickly dominant experiencing. Patients are reserved, stick to aside, with anybody does not communicate.

7. Tell who wants to poison you.

Raving ideas of poisoning – a patient is convinced, that it is wanted to poison him. Not added persuasion.

8. Tell about the invention.

Raving ideas of invention - a patient is sure of that he did a large invention which will help humanity.

9. Tell, who for you infused with.

Delussions of obsession – a patient is convinced that in his body infused with someone, some mythical creatures, perfumes, certain animals.

10. Tell who influences on you.

Raving ideas of influence – a patient is convinced that reason of changes in his organism is someone, that on him influence rays, vehicles, hypnosis.

#### **Protocol of inspection sick is for an exposure catatonic stupor and excitation**

##### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. Ask the patient to walk on a chamber.

If a patient does not move and does not answer, it can be catatonic stupor.

2. Make an attempt bend the hand of patient.

If it did not succeed you, increase of muscular tone.

3. Make an attempt heave up the leg of patient.

If he overtook in such pose, it *ступор* with waxen flexibility (catalepsy).

4. Incline a chairman sick in a right side.

If a patient inclined it in counter-clockwise, it *ступор* with negativism.

5. If a patient overtook in an embryo pose and does not move – make an attempt unbend him.

If it did not succeed you, it *ступор* with a stupor.

6. Watch after a patient.

If he sings, declaims poems, accepts theatrical poses, cries out appeals, dances, it is extatic excitation.

7. If a patient hurries somewhere, lays about circumferential, then suddenly overtakes and again begins to hurry, it is impulsive excitation.

8. If a patient does grimaces, banter trivial, becomes suddenly aggressive, it is hebephrenic excitation.

9. If the actions of patient have aggressive, destructive character, he makes resistance, selfinjuries, but is here quiet, it is mute excitation.

### **Protocol of inspection sick is for the exposure of oneiroid**

#### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. Ask a patient: „What do you see?“

If a patient describes being carried away trips, space flights, stay in ancient civilizations and others like that, it can testify to oneiroid.

2. Ask a patient: „Who are you presently?“

If a patient describes itself the participant of these events, feels reincarnate for other creatures, it can testify to oneiroid.

3. Ask a patient: „What does take a place in course of time?“

If a patient talks that time „overtook“, „goes irregularly“ or „moves in opposite direction“, it can testify to oneiroid.

4. Ask a patient: „Where are you presently?“

If a patient talks that simultaneously and here and there or describes the residence in obedience to visions, it can testify to oneiroid.

5. If a patient is irresponsive on you, is in the state stupor or catatonic excitation, it is a peak of oneiroid.

6. After an exit sick from this state ask: „Do you remember, that took a place with you?“

If a patient remembers the fantastic experiencing, this was oneiroid.

7. Ask a patient: „Do you remember, that with you was in reality?“

If a patient remembers partly or remembers nothing, this was oneiroid.

### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent

6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

### **Protocol of inspection sick is for the exposure of apato-abulic deformation**

#### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

#### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

#### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. Ask a patient: „Do you want to be written from a hospital?“  
If it interests a patient little, it testifies to passivity, absence of initiative.
2. Ask a patient: „Does that which takes a place with you interest you?“  
If no, interest to circumferential is lost.
3. Ask a patient: „How gladly do you walk in fabrica?“
4. Ask a patient: „Who is presently a president?“

If does not know, it is a decline of intellectual activity.

5. Ask a patient to tell an anecdote.

If does not can, sense of humour suffers.

6. Ask a patient to describe landscape after a window.

If describes, solidly, without emotions, it can be the symptom of apato-abulic syndrome.

7. Ask a patient: „Good for you appetite?“

8. Ask a patient: „Do beautiful women attract you?“

If no, decline of potency.

9. Ask a patient: „How a long ago are ill you?“

If 6-15 years, it can be apatho-abulic defect.

### **Paraphrenic syndrome**

#### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

#### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

#### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

It is needed to find out a student a presence

1. Delusion of following
2. Grangiose delusion
3. Fantastic fabrications
4. Euphoria.

**For this purpose it follows to put the proper questions.**

#### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing



4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. Not give up you, that after you watch? (delusion of following)
2. Not give up you some time, that you are pursued by unknown people? (delusion of following)
3. Does not consider itself more important for other people? (delusion of grandeur)
4. Do not you consider, that have the special mission on earth? (delusion of grandeur)
5. Does not consider itself more clever than other people? (delusion of grandeur)
6. Does consider itself the special man? (Delirium of grandeur)
7. Do you think that considerably differ from other people? (delusion of grandeur)
8. How can you estimate the mental abilities?
9. What unusual was in your life? (Fantastic fabrications)
10. Do you have an enhanceable mood? How often? (Euphoria).

### **Patients with have disorders of emotions schizophrenia**

1. What is represented on a picture ?

Emotional decreasing is irreversible increasing insufficiency of brightness of emotional displays, loss of experiencing, coldness, devastated in an emotional sphere.

2. What does interest you in life ?

Apathy is the state of emotional dullness, indifference, thoughtlessness. Nothing for a patient causes interest, emotions.

3. How do you behave to the father ?

Ambivalence of emotions – a patient is simultaneously penetrated two opposite senses

4. Why were you such merry, when entered permanent establishment ?

A parathymia is sense, which does not answer reason (to quantitative and high-quality ) which stipulated him

## **Protocol of inspection sick is for the exposure of deformation of personality at schizophrenia**

### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient's explanation.
6. Conversation accomplishment.

### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

1. Ask a patient: „Did not you begin lately tired more than usually, you help native in a home-work?”

If a desire to execute work which executed before tired and is, it is easy changes of personality, what characteristic for patients on the remote stages of шизоафективного disorder.

2. Ask a patient: „How do you behave to the mother?”

If the patient of unemotionally describes the relation or in general irresponsible on your question, it testifies to emotional impoverishment, autism, which can be observed in remissions of schizophrenia.

3. Object a patient. For example, a patient talks that he is the world possessor, and you answer „No, in actual fact you are a patient and are in a hospital”

If a patient defends the assertion aggressively, it can be psychopatholike defect.

4. Ask a patient: „Do you have feeling, that you „became other”?”

5. Ask a patient: „Do you communicate with neighbours on a chamber, like to deepen in the reflections?”

6. Ask a patient: „Did you learn for some reason to new in latter days?”

7. Ask, that a patient described the ordinary day and does he adhere to this order daily?

If so, stereotypilisation of the vital mode.

8. Ask a patient: „Do you can independently to come to the doctor, to discuss the features of treatment?”

If no, there are the phenomena of psychical infantilism.

9. Watch after a patient. Did not you notice eccentric clothes, , gestures?

10. Ask a patient: „What presently month?”

If an answer is not on the topic, for example: „Today revolution” or patient began something mumbles and on you irresponsive, it can testify to the expressed changes of personality at the eventual states of резидуальної schizophrenia.

### **To estimate information of experimentally psychological research of thought patient with schizophrenia:**

#### **Complaints and anamnesis taking in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Correct inquest, listening to the patient’s explanation.
6. Conversation accomplishment.

#### **Physical methods of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Find a contact with a patient, try to gain his/her confidence
5. Explain to the patient the necessity of the examination and its aim, get his/her informed consent
6. Explain to the patient examination details, its safety and possible sensations
7. Prepare for the examination (clean, warm hands, etc.)
8. Explain to the patient results of his/her tests correctly and accessibly
9. Conversation accomplishment.

#### **Informing about the results of examination**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing
4. Interpretation of test results
5. Calm a patient in the case of presence of pathological changes, inform about the following actions
6. Assure in positive changes and favourable prognosis at implementation of all of the medical recommendations
7. Conversation accomplishment

**1. Generalization:** name in a one word: cow, horse, donkey, pig;

**2. exclusion:** eliminate a word which does not answer a family concept: bold, brave, wicked, decisive, brave;

**3. Determination and distinction:** testify, what difference between a child and hop-o'-my-thumb; by the river and lake.

**4. Classification:** Take 40 cards with the images of clothes, animals, green-stuffs and other objects. Decompose cards on groups with images so that there were homogeneous objects in every group.

**5. Understanding of portable maintenance of proverbs and metaphors:** explain, as you understand the phrase of „gold hand ’, „apple from an apple-tree has kittens not far ’.

**6. Research of comprehension:** a comprehension of story, picture is with nonsenses.

**7. Memorizing is mediated ( method of icons):** I will name words which you must memorize. For the facilitation of memorizing do picture of every concept, however to mark a concept numbers or letters it is not desirable: merry holiday, hungry child, bold act, toothless grandfather, happiness, victory, enmity, riches, dream, mind, boredom, hope.

### **Differential diagnostics of true and pseudohallucinations:**

Visual modality:

1. Do you see sometimes things, inaccessible for other people?
2. What exactly do you see?
3. Where these offenses are in relation to your body: out of his limits or inwardly?
4. Does anybody can to see other these offenses?
5. Is the origin of these appearances accompanied feeling of abuse
6. Is vision of these appearances accompanied by some your actions?

Auditory modality:

1. Do you hear sometimes sounds, but does not see an object, which creates them?
2. What exactly do you hear?
3. Where a sound which you hear is from: from outside or from your head or body?
4. Do you feel, that your ideas sound aloud and anybody can hear them except for you?
5. Does someone can intentionally to compel you to listen these sounds?
6. Do other people hear these sounds?

Taste, olfactory, haptic, to visceral modality:

1. Do you feel sometimes unpleasant or unusual taste or smell?
2. How always do you know where he takes a place from?
3. Do other people feel it?
4. Do you feel the feeling on your skin?
5. Does seem to you, that your internalss changed? How exactly?
6. Do you feel, that someone intentionally compels you to feel these feelings?

*Kinesthetic* modality:

1. Do you feel sometimes, that motions of your body take a place regardless of your will, under external influence?
2. Do you feel sometimes you talk things, does not want to talk which, but some external force compels you to do it?

### 5. Aminazin-eozynophil test.

For a patient in the morning determine the amount of eozynophil in perypheral blood on an empty stomach, and then through 30 min.. After intramuscle injection of 1 ml 2,5 % to solution of aminazine. An increase of general amount of eozynophils is more than on 30 % with a large degree authenticity testifies about BD, and at schizophrenia – vice versa, increase on 30 % and more.