

ОҢТҮСТІК-ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery		044-56/11Б
Методические рекомендации для самостоятельной работы обучающихся		1стр. из 26

METHODOLOGICAL RECOMMENDATIONS FOR INDEPENDENT WORK OF STUDENTS

DISCIPLINE: PSYCHIATRY AND NARKOLOGY

DISCIPLINE CODE: PN 5307

EP NAME: 6B10101 «GENERAL MEDICINE»

STUDY HOURS / CREDITS: 90 HOURS (3 CREDITS),

COURSE AND SEMESTER OF STUDY: 5 COURSE, 10 SEMESTER

INDEPENDENT WORK: 18/42 HOURS

SHYMKENT, 2023

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Methodological recommendations for independent work of students were developed in accordance with the work program of the discipline (syllabus) «PSYCHIATRY AND NARKOLOGY» and discussed at a meeting of the department

Protocol № 1 dated 28.08.2023

Head of Department



Zharkinbekova N.A.

<p>ОҢТҮСТІК-ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
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SIW № 1

1. Topic: History of psychiatry as a science. Contribution to psychiatry of foreign, Soviet, Kazakhstani scientists.

2. Purpose: to provide direction to students for independent study of the history of psychiatry.

3. Tasks:

1. Introduction. The subject and objectives of psychiatry.
2. The main directions in psychiatry: a short historical sketch.
3. Pre-nosological period of psychiatry.
4. Emil Kraepelin and his taxonomy.
5. New directions - biological and social psychiatry.
6. Features of the development of Russian and Soviet psychiatry.
7. Features of the development of German, French and American psychiatry.
8. Development of psychiatry in Kazakhstan.

4. Execution / evaluation form. SRO verification is carried out during the SROP:

1. Work with educational and additional literature.
2. Solution and preparation of test tasks for a clinical case developed by a student.
3. Analysis of scientific medical articles, work with a search database (PubMed, MEDLINE, Web of Science, etc.).

5. The criteria for fulfilling the SRO: * are given in Appendix 1.

6. Terms of delivery: 1st day of classes.

7. Literature:

Main:

1. Zharikov N.M., Tyulpin Yu.G. Psychiatry: Textbook. - M., Medicine, 2007. -532p.
2. Ivanets N.N., Tyulpin Yu.G. Psychiatry and narcology: textbook. - M., GEOTAR-Media, 2006 .-- 832s.

Additional:

1. Korkina M.V., Lakosina N.D., Lichko A.E., I.I. Sergeev. Psychiatry: A Textbook for Medical Students. - M., MEDress-inform, 2004.-576s.
2. Subkhanberdina A.S. Textbook. Narcology. - Almaty, 2009, 387s.

Psychiatry and narcology in the Kazakh language

main:

1. Ilesheva R.G. Psychiatry. - Almaty, "Sanat". - 1998.-245 b.

Electronic resources:

1. Physician consultant. Neurology. Version. 1. 2 [Electronic resource]: manual. - Electronic text data. (127 Mb). - M.: GEOTAR - Media, 2009.

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2. Neurosurgery [Electronic resource]: textbook / S.V. Mozhaev [and others]. - 2nd ed., Rev. and add. - Electron. text data. (50.3 Mb). - M.: Ed. group "GEOTAR-Media", 2009.
3. Nervous diseases for general practitioners [Multimedia]: textbook / ed. I.N.Denisova. - Electron. Dan. (105 Mb). - Almaty: ATRG Kazakhstan with the participation of Cordis & Medio, 2006.
4. Physiology of higher nervous activity [Electronic resource]: methodical rivers. for students honey. fac. / comp. D. A. Adilbekova - Electron. text data. (388 Kb). - Shymkent: B. and., B. g. - e-mail. wholesale disc (CD-ROM).
5. Electrony derekter basalars

№	Name	Link
1	Electronic library	http://lib.ukma.kz
2	Electronic catalog	http://10.10.202.52 http://89.218.155.74
3	- for internal users	http://rmebrk.kz/
4	- for external users	http://www.studmedlib.ru
5	Republican interuniversity electronic library	https://online.zakon.kz/Medicine
6	Electronic library of the Medical University "Student Advisor"	https://zan.kz
7	"Paragraph" information system "Medicine" section	https://elibrary.ru/
8	"Law" is an electronic source of legal information	http://www.booksmed.com
9	Scientific electronic library	http://apps.webofknowledge.com
10	Electronic library "BooksMed"	https://www.sciencedirect.com
11	Web of Science (Thomson Reuters)	www.scopus.com
12	Science Direct (Elsevier)	https://www.ncbi.nlm.nih.gov/pubmed

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8. Control:

Question 1. Subject and objectives of psychiatry.

Question 2. Historical sketch of the formation of the main directions in psychiatry.

Question 3. The development of psychiatry in Western European countries.

Question 4. Development of psychiatry in Russia and Kazakhstan.

Question 5. Emil Kraepelin and his taxonomy.

Question 6. Branches of psychiatry: child, geriatric, biological, social, military and forensic psychiatry. Psychopharmacology, what does each of the branches of psychiatry study, its tasks?

Question 7. Development of psychiatry in the Middle Ages of the Renaissance, what is the contribution of F. Platter (1536-1614) P. Zacchia (1584-1659)?

Question 8. Tell us about the contribution of K. Bonhoeffer (1909) to the doctrine of mental illness.

Question 9. Tell us about the achievements of psychiatry.

SIW № 2

1. Topic: Epidemiological features of mental and behavioral disorders (diseases).

2. Purpose: To consolidate students' knowledge about the prevalence of mental and behavioral disorders (diseases). The concept of "health and norms" in psychiatry and narcology.

3. Tasks:

1. The ratio of biological and social in the structure of personality in health and disease.

2. Basic concepts: morbidity, morbidity.

3. Research using the epidemiological method in psychiatry.

4. Tasks solved by epidemiological research.

5. The prevalence of certain nosological forms.

6. The role of the epidemiological method in the development of problems associated with suicide.

7. Correlation of mental illness with somatic one.

4. Form of execution:

1. Work with educational and additional literature

2. Solution and preparation of test tasks for a clinical case developed by a student.

3. Analysis of scientific medical articles, work with a search database (PubMed, MEDLINE, Web of Science, etc.).

5. Performance criteria: * are given in Appendix 1.

6. Due date: 2nd day of classes

7. Literature:

Main:

1. E.I. Gusev Neurology and neurosurgery. In 2 t. T. 1. Neurology: textbook / E. I. Gusev, A. N. Konovalov, V. I. Skvortsova. - 4th ed. add. ; Min. education and science of the Russian Federation. Recommended by IM Sechenov First Moscow State Medical University. - M.: GEOTAR - Media, 2015.

Additional: 1. Neurology. National leadership. Short edition:

manual / ed. Guseva E.I. - M.: GEOTAR - Media, 2016. Kurmanova K.B., Duisenova A.K.,

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Brucellosis. Clinical aspects A, 2002

Electronic resources:

1. Consultant physician. Neurology. Version. 1. 2 [Electronic resource]: manual. - Electronic text data. (127 Mb). - M.: GEOTAR - Media, 2009.
2. Neurosurgery [Electronic resource]: textbook / S.V. Mozhaev [and others]. - 2nd ed., Rev. and add. - Electron. text data. (50.3 Mb). - M.: Ed. group "GEOTAR-Media", 2009.
3. Nervous diseases for general practitioners [Multimedia]: textbook / ed. I.N.Denisova. - Electron. Dan. (105 Mb). - Almaty: ATRG Kazakhstan with the participation of Cordis & Medio, 2006.
4. Physiology of higher nervous activity [Electronic resource]: methodical rivers. for students honey. fac. / comp. D. A. Adilbekova - Electron. text data. (388 Kb). - Shymkent: B. and., B. g. - e-mail. wholesale disc (CD-ROM).
5. Electrony derekter basalars

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4	- for external users	http://www.studmedlib.ru
5	Republican interuniversity electronic library	https://online.zakon.kz/Medicine
6	Electronic library of the Medical University "Student Advisor"	https://zan.kz
7	"Paragraph" information system "Medicine" section	https://elibrary.ru/
8	"Law" is an electronic source of legal information	http://www.booksmed.com
9	Scientific electronic library	http://apps.webofknowledge.com
10	Electronic library "BooksMed"	https://www.sciencedirect.com
11	Web of Science (Thomson Reuters)	www.scopus.com
12	Science Direct (Elsevier)	https://www.ncbi.nlm.nih.gov/pubmed

8. Control:

Question 1. What are the tasks of epidemiological studies?

Question 2. Give the definition that we understand under the concepts - disease and disease?

Question 3. What research methods are used to study epidemiology in psychiatry?

Question 4. What is the role of social conditions in the development of different mental illnesses?

Question 5. Distribution of basic mental illnesses in different countries.

Question 6. The role of somatic diseases in the development of mental disorders.

SIW № 3

1. Topic: Features of the etiopathogenesis of mental and behavioral disorders (diseases) in the age continent.

1. Christmas: to give students a self-study of the peculiarities of the etiopathogenesis of mental and behavioral disorders (illnesses) in different age groups.

3. Tasks:

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1. Etiological factors of the emergence of mental pathology.
2. Biological and social in the genesis of mental illness.
3. Premorbid features of personality as a risk factor for the development of mental and behavioral disorders.
4. Critical age periods in the recovery of mental illness.
5. Involutionary mental pathology.
6. Features of the development of mental and behavioral disorders in children and adolescents.

4. Form of performance:

1. Work with educational and supplementary literature.
2. Solution and preparation of test tasks for the student developed in the clinical case.
3. Analysis of scientific medical articles, work with the search database (PubMed, MEDLINE, Web of Science, etc.).
5. Criteria of performance: * assigned to the application 1.

6. Deadline: 3rd day of classes

7. Literature:

Basic:

1. E.I. Gusev Neurology and Neurosurgery. In 2 t. T. 1. Неврология .: учебник / Е. И. Гусев, А. Н. Коновалов, В. И.Скворцова. - 4th ed. dop .; I am. education and science of the Russian Federation. Recommended by GBOU VPO "First Moscow State Medical University named after IM Sechenov". - М .: GEOTAR - Media, 2015.

Additional:

1. Neurology. National leadership. Short edition: leadership / ed. Guseva EI .. - М .: GEOTAR - Media, 2016. Kurmanova KB, Duissenova AK, Brucellosis. Clinical aspects A, 2002

Electronic resources:

1. Doctor's consultant. Neurology. Version. 1. 2 [Electronic resource]: manual. - Electronic text texts. (127 MB). - М. : GEOTAR - Media, 2009.
2. Нейрохирургия [Electronic resource]: учебник / С.В. Mozhayev [et al.]. - 2nd ed., Processing. and the ball. - Electron. text data. (50.3 MB). - М .: Izd. group "GEOTAR-Media", 2009.
3. Nervous diseases for general practitioners [Multimedia]: textbook / ed. И. Н. Denisova. - Electron. from. (105 MB). - Almaty: ATRG Kazakhstan with the participation of Cordis & Medio, 2006.
4. Physiology of higher nervous activity [Electronic resource]: methodical rec. for students med. fact. / сост. D. A. Adilbekova.- Electron. text data. (388 Kb). - Shymkent: В. and., б. г. - эл. opt. disk (CD-ROM).

5. Electronic databases

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4	- for external users	http://www.studmedlib.ru
5	Republican interuniversity electronic library	https://online.zakon.kz/Medicine

6	Electronic library of the Medical University "Student Advisor"	https://zan.kz
7	"Paragraph" information system "Medicine" section	https://elibrary.ru/
8	"Law" is an electronic source of legal information	http://www.booksmed.com
9	Scientific electronic library	http://apps.webofknowledge.com
10	Electronic library "BooksMed"	https://www.sciencedirect.com
11	Web of Science (Thomson Reuters)	www.scopus.com
12	Science Direct (Elsevier)	https://www.ncbi.nlm.nih.gov/pubmed

8. Control:

Question 1. The role of exogenous and somatogenic effects in the development of mental pathology.

Question 2. Name the etiological factors in the emergence of mental and behavioral disorders.

Question 3. What premorbid features of the personality often lead to the recurrence of these or other mental illnesses.

Question 4. Peculiarities of mental disorders in childhood and adolescence.

Question 5. Involutionary mental disorders.

Question 6. Personality disorders and behavior in adults.

Question 7. The role of biological, psychological and social factors in mental and behavioral disorders (diseases).

SIWN[№] 4

1. Topic: Paraclinical methods of examination. Experimental-psychological research. Electroencephalography, rheoencephalography, computed tomography, magnetic resonance therapy - the possibility of diagnosis.

2. Purpose: to direct students to self-study of the basic methods of research applied in psychiatry.

3. Tasks:

1. Experimental-psychological research. Basic tasks.

2. Types of experimental and psychological research.

3. Basic tests used in experimental and psychological research.

4. Electroencephalographic study in case of various mental disorders.

3. Magnetoencephalography, the significance of the results of this method in the diagnosis of mental disorders.

4. Reencephalography, angiography, computed tomography - sematoneurological and physiological methods of research, their role in psychiatric examination.

5. Indications for conduct.

4. Form of performance:

1. Work with educational and supplementary literature.

2. Solution and preparation of test tasks for the student developed in the clinical case.

3. Analysis of scientific medical articles, work with the search database (PubMed, MEDLINE, Web of Science, etc.).

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5. Criteria of performance: * assigned to the application 1.

6. Deadline: 4th day of classes.

7. Literature:

Basic:

1. E.I. Gusev Neurology and Neurosurgery. In 2 t. T. 1. Неврология .: учебник / Е. И. Гусев, А. Н. Коновалов, В. И.Скворцова. - 4th ed. dop .; I am. education and science of the Russian Federation. Recommended by GBOU VPO "First Moscow State Medical University named after IM Sechenov". - М .: GEOTAR - Media, 2015.

Additional:

1. Neurology. National leadership. Short edition: leadership / ed. Guseva EI .. - М .: GEOTAR - Media, 2016. Kurmanova KB, Duissenova AK, Brucellosis. Clinical aspects A, 2002

Electronic resources:

1. Doctor's consultant. Neurology. Version. 1. 2 [Electronic resource]: manual. - Electronic text texts. (127 MB). - М. : GEOTAR - Media, 2009.

2. Нейрохирургия [Electronic resource]: учебник / С.В. Mozhayev [et al.]. - 2nd ed., Processing. and the ball. - Electron. text data. (50.3 MB). - М .: Izd. group "GEOTAR-Media", 2009.

3. Nervous diseases for general practitioners [Multimedia]: textbook / ed. И. Н. Denisova. - Electron. from. (105 MB). - Almaty: ATRG Kazakhstan with the participation of Cordis & Medio, 2006.

4. Physiology of higher nervous activity [Electronic resource]: methodical rec. for students med. fact. / сост. D. A. Adilbekova.- Electron. text data. (388 Kb). - Shymkent: B. and., b. г. - эл. opt. disk (CD-ROM).

5. Electronic databases

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3	- for internal users	http://rmebrk.kz/
4	- for external users	http://www.studmedlib.ru
5	Republican interuniversity electronic library	https://online.zakon.kz/Medicine
6	Electronic library of the Medical University "Student Advisor"	https://zan.kz
7	"Paragraph" information system "Medicine" section	https://elibrary.ru/
8	"Law" is an electronic source of legal information	http://www.booksmed.com
9	Scientific electronic library	http://apps.webofknowledge.com
10	Electronic library "BooksMed"	https://www.sciencedirect.com
11	Web of Science (Thomson Reuters)	www.scopus.com
12	Science Direct (Elsevier)	https://www.ncbi.nlm.nih.gov/pubmed

8. Control:

Question 1. Tasks of experimental-psychological research.

Question 2. Types of experimental and psychological research. The role of EPO in diagnosis.

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Question 3. What tests are used in experimental and psychological research.

Question 4. The role of electroencephalographic examination in psychiatric examination.

Question 5. Indications for conducting electroencephalographic examination.

Question 6. Reencephalography, angiography, computed tomography are prescribed for what purpose.

Task № 1. Patient R. For 14 years he complained of headaches, weakness in the left extremities, depression of vision, convulsions with loss of consciousness. The disease developed acutely, the first attack with convulsions in the left arm and leg, with the subsequent loss of consciousness, the bite of the tongue, involuntary urination. There are no meningeal symptoms. There is a fall of the left half of the field of vision, the left corner of the mouth falls behind when the teeth are exposed, swallowing is not violated. Deviation of the language to the left. Reduction of muscle strength in the left extremities, muscle tone without changes, tendons and periosteal reflexes to the left. Babin's left reflex. EEG - the focus of epileptic activity in the frontal region of the right hemisphere. CT, MRI of the brain was not performed.

Indicate pathological syndromes.

Determine the localization of the pathological process.

Task № 2. At the age of 6 years, the child suddenly regained consciousness, high temperature up to 39 °C, head pain, double vomiting. Throughout the day he became sluggish, deaf, hard-working and in contact. Received in the nervous department in 2 days after the onset of the disease in a severe state with a temperature of 39.5 °C, in the sop. When examining a child, lie down with the legs bent and restrained head, expressed rigidity of the occipital muscles. Sharply positive symptoms of Kernig and Brudzinski (upper and lower), tendon reflexes are evenly reduced, there are no pathological reflexes. In the blood: leukocytosis up to 25 thousand, sticks - 16%, segmental nuclei - 75%, ESR - 35mm / hour. Spinal-cerebrospinal fluid is muddy, leaks under elevated pressure, Pandi reaction - +++++, protein - 4.5 g / l, Cytosis 20 thousand / 3, 80% - neutrophils, 20% - lymphocytes, sugar - 1.5 mol / l, chlorides in the norm. In bacterioscopic and bacteriological studies of cerebrospinal fluid were found diplococcus-meningococcus.

Make a diagnosis, what pathological syndrome is detected?

Evaluate the liquor.

Determine the tactics of the patient.

Task № 3. Hospital A., 6 months ago in the pediatric neurology department on the first day of illness. With the words of the mother, fell ill, the temperature rose to 39.5 °C, there was vomiting, clonic - tonic convulsions in the extremities, consciousness is preserved. Objectively: the condition is heavy, sopor. Pale skin, pale, gray, cyanosis, edema. There is rigidity of the occipital muscles, the symptom of Kernig is weakly expressed from 2 - x side, placed with - m suspension, the large rod is strained, pulsates, the head is blocked backwards. The right eyelid is lowered, resembling the right eyelid of the right, the right eye is the left eyelid. Motivational disturbances are noted, especially during diapering. Tendon reflexes are low, slightly above the left. At lumbar puncture received muddy cerebrospinal fluid: neutrophilic pleocytosis, protein 1.2 g / l, isolated pneumococcus.

Call pathological syndromes.

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Establish a clinical diagnosis.

Task № 4. The child was delivered to the hospital from school 9 years after the convulsion with loss of consciousness, recovered suddenly during the lesson. The baby grew and developed normally. The first convulsive seizure with involuntary urination was noted by parents a year ago. Similar attacks have been repeated 4 times in the long run. Before the attack, there was increased excitement and irritability. In the reception room the attack was repeated: the child got up, shouted, then suddenly fell down, lost consciousness. There was a tonic tension in the muscles of the torso and extremities, shortness of breath. The face became obtuse, cyanotic, the eyes open, the eyeballs turned upside down. Through 30 sec. Tonic convulsions were replaced by clonic, shortness of breath became hoarse, isolated from the mouth appeared penile saliva, stained with blood. Involuntary urination was observed. The convulsions stopped in 30 minutes. After the attack, the child was silenced, disoriented, and then slept. Symptoms of focal lesions of the nervous system are not detected. The bottom of the eye has not changed. Bilateral discharge complexes "peak-wave" with a frequency of 3 per second are registered on the EEG.

Establish a diagnosis.

Explain the tactics of patient management

Task № 5. "Ambulance" delivered to the boy 10 years old in connection with the emerging hours of recurrent epileptic seizures, in the intervals between which the patient does not come to consciousness. With the words of relatives, epileptic seizures began to appear a year ago after a skull-brain injury.

At examination: the patient in a comatose state. Periodically, clinical and tonic convulsions appear. Tachycardia -100 beats / min. The stiffness of the occipital muscles is revealed, a symptom of Kernig. Zrachki broad, not react to light, mouse

CPC № 5

1. Topic: Practical tasks of pathopsychology, types of diagnostic and expert activities.
2. Purpose: to provide students with self-study of pathopsychology, types of diagnostic and expert activities. Strengthen theoretical knowledge and practical skills.

3. Tasks:

1. The concept of pathopsychological syndrome.
2. The structure of the syndrome, examples of syndromes with different mental disorders.
3. The meaning of the concept of the syndrome in pathopsychological research.
4. Definition and subject of pathopsychology.
5. Comparison of foreign and domestic traditions of pathopsychology.
6. Specifics of pathopsychological approach to the study of mental disorders.

4. Form of performance:

1. Work with educational and supplementary literature.
2. Solution and preparation of test tasks for the student developed in the clinical case.
3. Analysis of scientific medical articles, work with the search database (PubMed, MEDLINE, Web of Science, etc.).

5. Criteria of performance: * assigned to the application 1.

6. Deadline: 5th day of classes.

7. Literature

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Basic:

1. Zharikov NM, Tulpin Yu.G. Psychiatry: Textbook. - M., Medicine, 2007. -532p.
2. Ivanets NN, Tulpin Yu.G. Psychiatry and narcology: textbook. - M., GEOTAR-Media, 2006. - 832p.

Additional:

1. Korkina MV, Lakosina ND, Lichko AE, II Sergeev. Psychiatry: A textbook for medical students. - M., MEDress-inform, 2004. -576p.
2. Subhanberdina A.S. Textbook. Narcology. - Almaty, 2009.387p.
1. Ilesheva RG Psychiatry. - Almaty, "Category" .- 1998.-245 p.
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5. Kaplan, G.I. Clinical psychiatry: textbook. - method. manual / G.I. Каплан, Б. J. Sedok. Moscow: Medicine, 1998. 1998 p.
6. Bleicher, W.M. Explanatory dictionary of psychiatric terms: reference book / V.M. Bleicher, IV Hook. Rostov on Don: Phoenix, 1996. 921 p.
7. Clinical protocols MZ RK

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1. <https://openwho.org>
2. <https:kibidv-ukgfa.usite.pro>
3. <http://base.ukgfa.kz>

№	Name	Cілтеме
1	Electronic library	http://lib.ukma.kz
2	Electronic catalog	http://10.10.202.52 http://89.218.155.74
3	- for internal users	http://rmebrk.kz/
4	- for external users	http://www.studmedlib.ru
5	Republican interuniversity electronic library	https://online.zakon.kz/Medicine
6	Electronic library of the Medical University "Student Advisor"	https://zan.kz
7	"Paragraph" information system "Medicine" section	https://elibrary.ru/
8	"Law" is an electronic source of legal information	http://www.booksmed.com
9	Scientific electronic library	http://apps.webofknowledge.com
10	Electronic library "BooksMed"	https://www.sciencedirect.com
11	Web of Science (Thomson Reuters)	www.scopus.com
12	Science Direct (Elsevier)	https://www.ncbi.nlm.nih.gov/pubmed

8. Control:

1. The definition of immutability includes:
 - a) medical and only intellectual aspect of the legal criterion
 - b) medical criteria and volitional aspect of the legal criterion
 - c) legal criteria with intellectual and volitional aspects
 - d) medical and all legal criteria

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2. In the neurasthenic stage of atherosclerosis dysmnestic disorders are expressed
 - a) in an elective violation of reproduction
 - b) in the weakening of memories
 - c) in episodes of inaccurate chronological orientation
 - d) in all enumerated

3. The law of interest is:
 - a) anterograde amnesia
 - b) confabulation
 - c) fixation amnesia
 - d) recurrent amnesia
 - e) perforated amnesia

4. What diseases can be the cause of Korsakov's syndrome:
 - a) poisoning by carbon monoxide
 - b) an attempt at self-determination
 - c) chronic alcohol intoxication
 - d) hysterical neurosis
 - e) severe atherosclerosis of the brain

5. The most common masks of manic states in adolescents are:
 - a) increase in body mass
 - b) weight loss
 - c) endurance to physical loads
 - d) low susceptibility to infections
 - e) behavioral (psychopathological) violations

6. The patient declares that he experiences in relation to his mother love and attachment, and at the same time unmotivated malice and hatred. The described frustration is called:
 - a) polypragmasia
 - b) weakness
 - c) ambivalence
 - d) dysphoria
 - e) senestopathy

7. Apatabolic syndrome corresponds to:
 - a) anaesthesia psychica dolorosa
 - b) emotional stupidity
 - c) viscosity of thinking
 - d) all enumerated above
 - e) nothing from the above

8. Identify the following complex psychopathological syndrome
 - a) manic
 - b) depressive-paranoid
 - c) catatonic
 - d) paraffin
 - e) neurotic

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9. Obsessive-compulsive disorder dominates the clinical picture:

- a) schizophrenia
- b) hysterical neurosis
- c) affective psychoses
- d) neurosis of obsessive-compulsive disorder
- e) alcoholic psychoses

10. Paranoid syndrome refers to a group of syndromes:

- a) affective
- b) impaired consciousness
- c) neurotic
- d) bredovykh
- e) amnestic

11. Paranoid syndrome includes:

- a) predominance of figurative representations, scattering
- b) the construction of a system of delusions on the chain of evidence, revealing the subjective logic
- c) uninterrupted internal work on the content of deception
- d) extreme one-sided interpretation of the facts and ignoring the facts that contradict the concept of deception
- e) increased activity

12. Productive symptoms are observed when:

- a) by deafness
- b) sopore
- c) to whom
- d) catatonic stupor
- e) marazme

13. Hysterical conversion syndrome:

- a) can be marked at any age - from childhood to old age
- b) more often observed in women
- c) the level of prevalence among all recipients of medical assistance can reach 20-25%
- d) is more common among the representatives of higher socio-economic groups
- e) is given to many types of treatment

14. For hysterical syndrome characteristic:

- a) the ability to show warm feelings (sympathy, empathy) to other people
- b) dramatization, theatricality, exaggerated expression of emotions
- c) striving to be in the center of attention, to recognize the side around them
- d) striving to manipulate the environment to satisfy their needs
- e) altruism, neglect of their interests in favor of others

15. A man of 39 years, alarmed, can not sleep, shows his wife on the flowers, painted on the wallpaper, claims that it is a spider.

- a) Lipman's symptom
- b) palimpsest

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- c) reflex hallucinations
- d) pareidolic illusions
- e) passive obedience

SIW № 6

1. Topic: Positive psychopathological syndromes.
2. Purpose: to direct students to self-study of diagnostic questions, prognosis, differential diagnosis, positive psychopathological syndromes.
3. Tasks:
 1. Neurotic and neuro-like syndromes.
 2. Psychopathic and psychopathological syndromes.
 3. Affective syndromes.
 4. Depersonalization-derealization syndrome. Confusion.
 5. Hallucinatory-delusional and delusional syndromes. Syndromes of motor disorders.
 6. Syndromes of blurred consciousness (syndromes of disturbed consciousness).
 7. Syndromes of organic lesions of the brain.

4. Form of performance:

1. Solution of situational tasks.
2. Demonstration of practical skills.
5. Criteria of performance: * assigned to the application 1.

6. Deadline: 6th day of classes.

7. Literature:

Basic:

1. E.I. Gusev Neurology and Neurosurgery. In 2 t. Т. 1. Неврология .: учебник / Е. И. Гусев, А. Н. Коновалов, В. И.Скворцова. - 4th ed. dop .; I am. education and science of the Russian Federation. Recommended by GBOU VPO "First Moscow State Medical University named after IM Sechenov". - М .: GEOTAR - Media, 2015.

Additional:

1. Neurology. National leadership. Short edition: leadership / ed. Guseva EI .. - М .: GEOTAR - Media, 2016. Kurmanova KB, Duissenova AK, Brucellosis. Clinical aspects A, 2002

Electronic resources:

1. Doctor's consultant. Neurology. Version. 1. 2 [Electronic resource]: manual. - Electronic text texts. (127 MB). - М. : GEOTAR - Media, 2009.
2. Нейрохирургия [Electronic resource]: учебник / С.В. Mozhayev [et al.]. - 2nd ed., Processing. and the ball. - Electron. text data. (50.3 MB). - М .: Izd. group "GEOTAR-Media", 2009.
3. Nervous diseases for general practitioners [Multimedia]: textbook / ed. И. Н. Denisova. - Electron. from. (105 MB). - Almaty: ATRG Kazakhstan with the participation of Cordis & Medio, 2006.
4. Physiology of higher nervous activity [Electronic resource]: methodical rec. for students med. fact. / сост. D. A. Adilbekova.- Electron. text data. (388 Kb). - Shymkent: B. and., b. г. - эл. opt. disk (CD-ROM).

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5. Electronic databases

№	Name	Link
1	Electronic library	http://lib.ukma.kz
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3	- for internal users	http://rmebrk.kz/
4	- for external users	http://www.studmedlib.ru
5	Republican interuniversity electronic library	https://online.zakon.kz/Medicine
6	Electronic library of the Medical University "Student Advisor"	https://zan.kz
7	"Paragraph" information system "Medicine" section	https://elibrary.ru/
8	"Law" is an electronic source of legal information	http://www.booksmed.com
9	Scientific electronic library	http://apps.webofknowledge.com
10	Electronic library "BooksMed"	https://www.sciencedirect.com
11	Web of Science (Thomson Reuters)	www.scopus.com
12	Science Direct (Elsevier)	https://www.ncbi.nlm.nih.gov/pubmed

8. Control:

Task 1. Patient S., 30 years. Went to a psychiatric hospital soon after birth. Looks pale, depleted, dry lips, baked. The mental state is extremely volatile. Excited by the times, he sleeps in bed, sneezes with himself, takes passionate poses. The expression of the face is disturbing, confusing, attention is fixed on random objects. The speech is incoherent: "You took away my crutch .. Shame ... You think you live with Vaney, but you need God ... I am a devil, but not a god ... You do everything with your mind ... I have braking. .. Aminazin, and then in the store ... »and t. e. From separate excerpts can be understood that the patient hears the voices of relatives, going downhill, cries and cries of children. Together with that, easily irritated, threatens to pierce the eye. The state of excitement is unexpectedly replaced by deep prostration. The patient is silent, helplessly lowers his head on the pillow, with longing and scattering looks at the sides. At this time it is possible to enter into contact with him, to receive answers to simple questions. It turns out that the patient does not know where he is, can not name the current date, the month, confuses the time of year, can not give almost any information about himself and his family. In a short-term conversation, it quickly runs out and ceases to answer questions.

Questions for the task: 1. Identify the main clinical syndrome. 3. Formulate a preliminary diagnosis.

Answers to the task № 1: 1 Amentive syndrome. 2. Postpartum psychosis. Amentive syndrome

Task 2: Patient Sh., 26 years old, engineer. The disease began quite sharply. Anxious, excited, locked himself in his room, drew a window, claimed that he was being watched from the opposite house, cut into pieces of his shirt and nosy handkerchiefs. The psychiatric ward is tense, suspicious, and terrified. He hears from behind the window and through the wall some voice, a knock, music, closes his ears. The doctor looks skeptical, ugly. Seba considers himself healthy, requires statements. He claims that "everything is arranged" around him, the doctor takes care of the famous film actress, sick - for the artists of the Russian folk choir: "Here is some masquerade, all pretend to be sick, and they are artists!" In the words of the surroundings you hear "hints", threats at your address. All around acquired a special meaning for his patient: a carpet path - a path to the cemetery ("This means - soon die!"); deer, depicted on the picture,

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mean "lazy" - consequently, it is considered lazy; The conversation with the doctor is perceived as a sign that he is considered a spy.

Questions for the task: 1. Identify the main clinical syndrome. 2. Formulate a preliminary diagnosis

Answers to task 2: 1. Hallucinator-paranoid syndrome. 2. Schizophrenia paranoid, period of observation less than a year. Hallucinatory paranoid syndrome.

Task 3: Patient N., 35 years old, locksmith. In the course of several months does not work, constantly turns to various doctors for help. Pity the weakness, lack of appetite, insomnia. Notices in himself a mass of unpleasant sensations in all parts of the body: does not suffocate the breath, the heart "literally melts what is hot" and it is torn apart. It feels like some kind of heat, in the head "perchit", the head, as it were, "spelled", the blood stagnates in the veins, on the whole body "needles pass". During the examination of the patient pathological changes with the internal organs were not identified. Ignoring negative data studies, the patient remains anxious, suspecting himself of some serious illness.

Questions for the task: 1. Identify the main clinical syndrome.
2. Formulate a preliminary diagnosis.

Answers to task 3: 1. Hypochondriac syndrome. 2. Somatoform disorder, hypochondriac syndrome.

Task 4: Patient K., 19 years. In the behavior of the patient is observed excessive mobility, but the movements carry an unnatural character - manners, fancy. Marked grimace, curling. The background of the mood is often elevated. There is an expressive excitement with ridiculous utterances, flat jokes, neologisms, impulsive shouts. Periodically, the patient begins to moan, giggle, sing, squeal, distract others, sometimes the movements are reminiscent of animal movements. Fragmentary hallucinations and delusions are noted. The whole behavior is characterized by its unproductiveness and arrogance.

Questions for the task: 1. Identify the main clinical syndrome.
2. Formulate a preliminary diagnosis.

Answers to Task 4: Catatonic Syndrome (Catatonic Excitement). 2. Schizophrenia catatonic, uninterrupted flow. Catatonic excitement.

Task 5: At the most gates of the doctor's office meets a young woman. She is alive, the mood is uplifted, the eyes are shining. The top of the hospital gown is dressed in a variegated blouse decorated with a bright bow. The hair is in disarray, but also covered with a bright ribbon. The lips are densely decorated, the eyes are subdued. Everything together creates the impression of something cute and tasteless

Answers to task 5: 1. Manic syndrome. 2. Manic episode. Mania without psychotic symptoms.

Task 6: Bolnoy K., 36 years old, police officer. He was delivered to the forensic psychiatric ward of the hospital from the pre-trial detention cell. He was always an executive, hard-working and disciplined man. Once in the morning, as usual, gathered at work, took up arms, but suddenly with a desperate cry: "Bey bandits!" ran to the street. Neighbors saw him with a pistol in his hand, continuing to shout something, ran for a quarter of an hour. There were also shots fired. Concerned, neighbors called the police. The patient was delayed in the neighboring quarter,

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while there was a violent confrontation. He was aroused, pale, and continued to shout threats at the address of the "bandits". After about an hour, the patient appeared in the police station. He could not believe for a long time that he had committed a heinous crime. He remembered that there was a house, but the subsequent events completely fell out of his memory. Convinced of the reality of the events that took place, gave the reaction of deep despair, rebuked himself in soda, tried to end his life of selfishness.

Questions for the task: 1. Identify the main clinical syndrome.
2. Formulate a preliminary diagnosis.

Answer to task 6: 1. Twilight observation of consciousness. 2. Twilight observation of consciousness.

Task 7: Patient K., 36 years old, police officer. He was delivered to the forensic psychiatric ward of the hospital from the pre-trial detention cell. He was always an executive, hard-working and disciplined man. Once in the morning, as usual, gathered at work, took up arms, but suddenly with a desperate cry: "Bey bandits!" ran to the street. Neighbors saw him with a pistol in his hand, continuing to shout something, ran for a quarter of an hour. There were also shots fired. Concerned, neighbors called the police. The patient was delayed in the neighboring quarter, while there was a violent confrontation. He was aroused, pale, and continued to shout threats at the address of the "bandits". After about an hour, the patient appeared in the police station. He could not believe for a long time that he had committed a heinous crime. He remembered that there was a house, but the subsequent events completely fell out of his memory. Convinced of the reality of the events that took place, gave the reaction of deep despair, rebuked himself in soda, tried to end his life of selfishness.

Questions for the task: 1. Identify the main clinical syndrome.
2. Formulate a preliminary diagnosis.

Answer to task 7: 1. Outpatient automation. Trans. 2. Twilight observation of consciousness. Outpatient automation. Trans.

SIW № 7

1. Topic: Negative (deficient) psychopathological syndromes.
2. Purpose: to direct students to self-study of diagnostic questions, prognosis, differential diagnosis, clinic of negative syndromes.
3. Tasks:
 1. Reactive lability. Psychopath-like personality movement.
 2. Asthenic personality movement.
 3. Wall type of personal changes.
 4. Reduction of energy potential.
 5. Lowering the level of personality.
 6. Personality regression.
 7. Amnestic syndrome.
 8. Weakness
4. Form of performance:

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1. Work with educational and supplementary literature.
2. Solution and preparation of test tasks for the student developed in the clinical case.
3. Analysis of scientific medical articles, work with the search database (PubMed, MEDLINE, Web of Science, etc.).
4. Independent curation of patients, writing a textbook on the history of the disease.
5. Criteria of performance: * assigned to the application 1.

6. Deadline: 7th day of classes.

7. Literature:

Basic:

1. E.I. Gusev Neurology and Neurosurgery. In 2 t. T. 1. Неврология .: учебник / Е. И. Гусев, А. Н. Коновалов, В. И.Скворцова. - 4th ed. dop .; I am. education and science of the Russian Federation. Recommended by GBOU VPO "First Moscow State Medical University named after IM Sechenov". - М .: GEOTAR - Media, 2015.

Additional:

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5	Republican interuniversity electronic library	https://online.zakon.kz/Medicine
6	Electronic library of the Medical University "Student Advisor"	https://zan.kz
7	"Paragraph" information system "Medicine" section	https://elibrary.ru/
8	"Law" is an electronic source of legal information	http://www.booksmed.com
9	Scientific electronic library	http://apps.webofknowledge.com
10	Electronic library "BooksMed"	https://www.sciencedirect.com
11	Web of Science (Thomson Reuters)	www.scopus.com
12	Science Direct (Elsevier)	https://www.ncbi.nlm.nih.gov/pubmed

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8. Control:

Task 1. Patient B., 28 years old, teacher of mathematics. Turned to the doctor with complaints of periodic headaches, exacerbated during mental work, a feeling of constant weakness and increased fatigue. Execution of ordinary work began to require great stress on the spiritual and physical forces. In the morning it is difficult to force yourself to get up from bed, to take care of ordinary things. Sitting behind a book, but after reading the pages, he notices that he mechanically runs his eyes through the lines, and thinks somewhere far away. In the second half of the working day "works", the head becomes fresher, but in the evening it feels itself completely broken. For the last time he became irritable, lost his usual restraint. During the lesson, the student was rudely shouted at, after which he or she fell inside, he could not calm down for a long time, and presented himself with the possible consequences of this action. The house takes everything out of itself, annoys the radio, the noise of a five-year-old daughter. Someone even hit her, and she was upset to tears, asked her daughters to say goodbye. It irritates even the touch on the body of clothes: "I feel like that, as if to me vlasyanitsa!". During the conversation with the doctor, the patient is excited, his face is covered with red spots, his voice trembles, tears roll down his eyes. She is ashamed of it, she tries to hide her excitement; inclined to pessimistic assessment of future treatment results.

1. Identify the underlying clinical syndrome.
2. Formulate a preliminary diagnosis.

Task 2. Patient R., 24 years old, disabled 1st group. For many years he has been in a psychiatric hospital almost continuously. In the department is completely passive, most of the time no one is busy, sitting on a chair, looking at one point. The expression of the face is dull, indifferent, the mouth is half-open. Sometimes at the invitation of other patients sit down to play chess. Only plays without interest, always loses, gets up and goes to his place. Extremely reluctant, does not follow his appearance, washes and hairstyles only at the request of the staff of the department. On a date with the mother goes out reluctantly. Not congratulating him, he immediately climbs into the bag, gets the products brought and lightly nods his head, goes to his room. There is a lot and with greed, eats everything - sour, sweet, salty. In one day, the patient was given a lecture on psychiatry for student demonstrations. Entered with complete indifference, the village did not even look at the audience. He answers the questions reluctantly, simply, looks at this on the side. Here is an example of a conversation with a patient: Professor: How do you feel about yourself? What are you worried about? Sick: No, nothing. I am healthy. Professor: Why are you in the hospital? Sick: I don't know ... The treatment is not over yet. Professor: What is the treatment if you are healthy? The patient is silent, does not answer the question. Professor: I heard that a few years ago you jumped out of a window on the 3rd floor, broke your leg. Why did you do that? Sick: So ... I wanted to shake up. Professor: It's been many years. You lie in the hospital. You did not want to return home, to do something? Sick: No, I don't want to. I will stop here...

1. Identify the underlying clinical syndrome.
2. Formulate a preliminary diagnosis.

Task 3. The patient is 45 years old, has suffered a myocardial infarction. The post-infarction period lasted without complications. During the load test - a severe vegetative reaction with a heart attack. After that, refuses to expand the engine mode, fears to leave without medical personnel. Experiences the fear of "heart stops". Understanding the insignificance of insurance, declares that it is impossible to overcome them. The appearance of insurance is accompanied by heart palpitations, a feeling of congestion of the heart, sweating.

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1. Give the qualification of the patient.
2. What appointments will be adequate to the patient's condition

Task 4. Sick N. 39 years, suffers hr. gastroduodenitis. The next exacerbation was accompanied by abdominal pain, decreased appetite, weight loss, nausea. Dressed with increased fatigue and reduced ability to work, there were thoughts about oncopathology. Insistently asked the doctor about the additional examination. In the process of treatment, the pain syndrome was stopped, the previous weight was restored, the severity of asthenia was reduced. However, the dangers of "cancer rebirth" are preserved. In case of actualization, the insurance will become boring. At the time of divorce, he agrees with the unfounded fear, stating that he himself can not "think thoughts about cancer."

1. Give the qualification of the patient.
2. What is the most effective in the treatment of this psychopathological syndrome

Task 5. Against the background of a long-lasting mental illness, the patient gradually became sarcastic, petty, pedantic. There was a definite originality in the character: he was kind, friendly, kind and sweet, he was mean and aggressive.

It is marked by a tendency to sudden outbursts of anger, malice.

1. At what state does the speech go:
2. What is the most informative method for diagnosing this disease?

Task 6. A 44-year-old patient has suffered a massive myocardial infarction. Before the heart attack, I did not feel pain in my heart, I considered myself practically healthy. By the decision of the MSEC, he was assigned the 2nd disability group. Sent for consultation with a psychiatrist in connection with suicidal statements.

On examination: orientation saved. The mood background is lowered. When talking about illness, x tears in the eyes. He considers himself seriously ill, gets tired quickly, complains of memory loss, difficulty concentrating, evaluates his life prospects pessimistically, does not believe in recovery. Declares that "it is a shame to be a dependent in the family."

Motor and ideatorial inhibition is not determined, asthenized. delirium and hallucinations are not present. He denies suicidal intentions ("said this out of stupidity"). Seeks sympathy, empathy.

1. Give the qualification of the patient's condition.

Form of control	Evaluation	Evaluation criteria
Solving and preparing test tasks based on a clinical case developed by a student	Excellent Corresponds to the ratings: A (4,0; 95-100%); A- (3,67; 90-94%)	Test tasks contain at least 10 questions. Delivered on time. The basis of the test is meaningful. The test tasks are formulated clearly, correctly, and concretely. Similar and adequate variants of answers. There is a response algorithm. The correct responses are marked correctly.
	Good Corresponds to	Test tasks contain at least 10 questions. Delivered on time. The basis of the test is informative. The test tasks

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	estimates: B+ (3,33; 85-89%); B (3,0; 80-84%); B- (2,67; 75-79%).	are formulated clearly, correctly, and concretely. Not the same type of answers. There is a response algorithm. Correct answers are marked correctly.
	Satisfactory Corresponds to estimates C+ (2,33; 70-74%); C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,0; 50-54%)	Test tasks contain at least 10 questions. Delivered on time. The basis of the test is not meaningful. There are test tasks that are formulated vaguely, incorrectly, and incompletely. Different types of answers. There is a response algorithm. Not all correct answers are marked correctly.
	Unsatisfactory FX(0,5; 25-49%) F (0; 0-24%)	Test tasks contain less than 10 questions. The test basis is meaningless, and the question is not clearly stated. Different types of answers. There is no response algorithm. More than 50% of correct answers are incorrectly marked.

Form of control	Evaluation	Evaluation criteria
Analysis of scientific medical articles, work with the search database (PubMed, MEDLINE, Web of Science, etc.)	Excellent Corresponds to the ratings: A (4,0; 95-100%); A- (3,67; 90-94%)	Conducting an analysis of a scientific article: he familiarized himself with the article, paid special attention to the headings, visual material; determined the main topic of the text; then I analyzed the text in detail, highlighted the main thoughts of the author; marked paragraphs that carry the main semantic load; I defined the information, formulated the meaning of each marked paragraph in one sentence. Conducting a review of a scientific article: highlighted the main conclusions and results of the study; He noted the positive, strong aspects of the work, gaps and contradictions.
	Good Corresponds to estimates: B+ (3,33; 85-89%); B (3,0; 80-84%); B- (2,67; 75-79%).	Conducting an analysis of a scientific article: I got acquainted with the article in the abstract, paid special attention to the headings, visual material; I did not always determine the main topic of the text; I did not analyze the text in detail, but highlighted the main thoughts of the author; marked paragraphs that carry the main semantic load; identified the information. Conducting a review of a scientific article: I did not highlight all the main conclusions and results of the study; He noted not all the positive, strong aspects of the work,

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		gaps and contradictions.
	Satisfactory Corresponds to estimates C+ (2,33; 70-74%); C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,0; 50-54%)	Conducting an analysis of a scientific article: read the article in the abstract, did not pay attention to the headings, visual material; did not determine the main topic of the text; did not highlight the main thoughts of the author; I didn't always mark paragraphs that carry the main semantic load; I didn't formulate the meaning of each marked paragraph in one sentence. Conducting a review of a scientific article: I did not always highlight the main conclusions and results of the study; I failed to note the positive, strong aspects of the work, gaps and contradictions.
	Unsatisfactory FX(0,5; 25-49%) F (0; 0-24%)	I did not conduct an analysis and review of the scientific article.

Form of control	Evaluation	Evaluation criteria
Writing an educational medical history	Excellent Corresponds to the ratings: A (4,0; 95-100%); A- (3,67; 90-94%)	Compliance with the basic requirements of writing and registration of educational medical history, detailed collection of all types of anamnesis, plausibility of neurological examination, compliance of the obtained clinical and paraclinical data with age standards, correctness of evaluation of laboratory and functional studies.
	Good Corresponds to estimates: B+ (3,33; 85-89%); B (3,0; 80-84%); B- (2,67; 75-79%).	Compliance with the basic requirements of writing and registration of educational medical history, detailed collection of all types of anamnesis, plausibility of neurological examination, not full compliance of the obtained clinical and paraclinical data with age standards, not always correct assessment of laboratory and functional studies.
	Satisfactory Corresponds to estimates C+ (2,33; 70-74%); C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,0; 50-54%)	Not basic requirements of writing and execution of educational history, no fee of some kinds of history, not a complete neurological examination, not a full compliance of the obtained clinical and laboratory data age standards, not the correct evaluation of laboratory and functional studies.
	Unsatisfactory	The medical history is clearly copied from each other and / or torn from someone else's text (mainly from the

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	Corresponds to estimates: FX(0,5; 25-49%) F (0; 0-24%)	Internet) pieces of text. The medical history was not submitted, or it was submitted at the wrong time.
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Criteria for evaluating the method of scientific projects:

№	Position	Criteria	The maximum score
1.	Innovation, uniqueness	The presence of a certain degree of novelty in the scientific project; the unique quality and principle of innovation	10
2.	Relevance	Reflection of the significance of the project of the studied problem, the relevance and significance of the results	20
3.	Quality and accessibility of the description	Accessibility, completeness, quality of systematization of materials, style and culture of presentation	20
4.	Publications and external presentation of the project	Availability of publications on the research topic, reports and participation in conferences	10
5.	Implementation experience	The presence of positive experience in the practical implementation of the project, with confirmation of the achievement of the planned properties	10
6.	Well conceived	Deep and comprehensive development of a scientific project, forecasting risks and ways to overcome them	10
7.	Social impact	Significance and scale of potential positive social changes in the replication of a scientific project	20
	Total		Max - 100

Form of control	Evaluation	Evaluation criteria
The decision of situational tasks.	Excellent Corresponds to the ratings: A (4,0; 95-100%); A- (3,67; 90-94%)	The solution of situational tasks conducted with a detailed description of basic and additional methods of examination, differential diagnosis, diagnosis justification, in terms of etiology and pathogenesis, are able to effectively make rational treatment plan as a result of full awareness of the etiology, pathogenesis of the disease, determined the forecast. Has a pronounced clinical thinking. He is able to defend his point of view and offer an alternative method of treatment in cases where it is not possible to conduct classical methods of treatment.
	Good	The solution of the situational problem was carried out

	Corresponds to estimates: B+ (3,33; 85-89%); B (3,0; 80-84%); B- (2,67; 75-79%).	with a detailed description of the main and additional methods of examination, differential diagnosis, diagnosis, is able to make a treatment plan, using data on the etiology, pathogenesis of the disease, determined the prognosis. Has good clinical thinking.
	Satisfactory Corresponds to estimates C+ (2,33; 70-74%); C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,0; 50-54%)	The solution of situational tasks conducted with basic description and partial description of additional methods of examination, partly read out differential diagnosis and diagnosis is treatment plan together with the teacher, using not completely accurate data on etiology, pathogenesis of the disease, determined the forecast. Has weak clinical thinking.
	Unsatisfactory FX(0,5; 25-49%)	The solution of the situational problem was carried out without describing the main and without describing additional methods of examination, announced the wrong differential diagnosis and diagnosis, makes a treatment plan only together with the teacher, uses not accurate data on the etiology, pathogenesis of the disease, determined the prognosis. Does not have clinical thinking.

Form of control	Evaluation	Evaluation criteria
Reception of practical skills	Excellent Corresponds to the ratings: A (4,0; 95-100%); A- (3,67; 90-94%)	He performed the correct practical work, showed deep knowledge of the equipment and modern methods of physiological research. Presented a full report on the practical work.
	Good Corresponds to estimates: B+ (3,33; 85-89%); B (3,0; 80-84%); B- (2,67; 75-79%).	He performed the correct practical work, showed good knowledge of the equipment and modern methods of physiological research. In the report there are not fundamental errors and inaccuracies.
	Satisfactory Corresponds to estimates C+ (2,33; 70-74%); C (2,0; 65-69%); C- (1,67; 60-64%);	I performed the practical work correctly, resorted to the help of a teacher. There are fundamental errors and inaccuracies in the report.

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	D+ (1,0; 50-54%)	I was poorly oriented when doing practical work. Completed late. The report contains fundamental inaccuracies and gross errors.
	Unsatisfactory Corresponds to estimates: FX(0,5; 25-49%) F (0; 0-24%)	

Answers to topic number 7.

Task № 1:

Asthenic syndrome.

Neurasthenia.

Task № 2.

1. Schizophrenic severe apathy-abulic defect.

2. Schizophrenia, continuous course, undifferentiated form.

Task № 3.

Phobic syndrome.

Task № 4.

Phobic syndrome

Psychotherapy

Task № 5.

Epileptic personality changes

Electroencephalography

Task № 6.

Astheno-depressive syndrome