

ОҢТҮСТІК-ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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METHODOLOGICAL RECOMMENDATIONS FOR PRACTICAL CLASSES

Discipline: Psychiatry and Narcology

Discipline Code: PN 5304

EP: 6B10101 «General Medicine»

Hours/credits: 90 hours (3 credits)

Course and Semester of Study: 5th year, 10th semester

Practical (seminar) classes: 25 hours

Shymkent, 2023.

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Methodological recommendations for practical training were developed in accordance with the working curriculum (syllabus) of the discipline «Psychiatry and Narcology» and were discussed at a meeting of the Department.

Protocol № 1 dated 28.08.2023

Head of Department



Zharkinbekova N.A.

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Class #1

1. **Topic:** The subject, tasks and content of psychiatry. Its place among other disciplines. Basic methods of research of mentally ill patients. Legal issues of psychiatry. Forensic psychiatric expertise.
2. **Objective:** to acquaint students with the early clinic, epidemiological diagnostics of mental and behavioural disorders (diseases), with the structure of the mental health centre, rules of admission and discharge of psychiatric patients, the scheme of keeping medical history and other documentation, registration of refusals to hospitalisation; registration for involuntary treatment, principles of compulsory treatment, treatment of patients at the pre-hospital stage and in hospital; organisational, preventive measures at the psychiatric site.
3. **Learning objectives:**
 - Formation of students' knowledge about the rules of hospitalisation of patients with mental and behavioural disorders, device and regime of mental health centres, peculiarities of psychiatric patients' supervision;
 - - formation of skills providing clinical and laboratory diagnostics of psychiatric diseases.
4. **The main issues of the topic:**
 1. Basic data on statistics on mental disorders.
 2. Principles of classification of mental disorders in accordance with the International Classification of Diseases 10th revision (ICD-10).
 3. Organisation of psychiatric care for the population. General regularities of the dynamics of mental diseases.
 4. Etiology and pathogenesis of mental disorders. Assessment of the role of exogenous and endogenous factors in the origin of mental illnesses.
 5. Psychohygienic and psychoprophylactic aspects of psychiatry. The concept of primary, secondary and tertiary prevention. The main organisational forms of psychohygiene and psychoprophylaxis.
 6. Features of care and supervision of the mentally ill.
 7. The scheme of compiling a medical history in a psychiatric hospital, peculiarities of its maintenance and registration.
 8. Clinical, psychological, paraclinical methods of research of mentally ill patients and their importance in the recognition of mental illness. Psychotic and non-psychotic (neurotic) levels of mental disorders, their differentiation.
 9. Rights of mental patients. Provision of medical and social assistance to persons suffering from mental disorders (Chapter 20. Code of the Republic of Kazakhstan from 18 September 2009 "On the health of the people and the health care system").
 10. Examination for mental health. Involuntary treatment. Involuntary hospitalisation, indications, procedure, registration.
 11. Procedure for appointment of expertise.
 12. The concept of sanity and insanity, legal capacity, and incapacity. Medical and legal criteria of insanity and incapacity.
 13. Compulsory treatment. Guardianship, social assistance and custody.
5. **The main forms/methods/techniques of learning to achieve the final objectives of the discipline:** glossary, thematic discussion, brainstorming, use of digital educational resources.
6. **Types of control to assess the level of achievement of the final Learning Outcomes of the discipline:** testing, oral and written questioning, interviewing, essay.

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7. Literature:

Main:

1. Psychiatry and narcology: textbook / N. N. Ivanets [et al]. - ; Rek. UMO for medical and pharmacy education of universities of Russia. - Moscow : GEOTAR-Media, 2012. - 832 c.
2. Tsygankov, B. D. Psychiatry: textbook / B. D. Tsygankov, S. A. Ovsyannikov ; Ministry of Education and Science of the Russian Federation. - ; Rek. State Budgetary Educational Institution of Higher Professional Education "First Moscow State University named after I. M. Sechenov". - Moscow : GEOTAR-Media, 2012. - 496 c.
3. Psychopathological features of childhood, adolescence and adolescence : a textbook / N. Sh. Akhmetova. - 3rd ed. - Karaganda : АҚҒҮП, 2019. - 140 c. Instances: total: 25 - CZ-2(2), CZ-3 (1), AUL (22)
4. Neznanov, N. G. Psychiatry: textbook / N. G. Neznanov. - ; Rek. I. M. Sechenov Moscow Medical Academy. - Moscow : GEOTAR-Media, 2010. - 496c.
5. Tsygankov, B. D. Psychiatry: textbook for universities / B. D. Tsygankov. - Rek. Educational-methodical association for medical and pharmaceutical education of Russian universities. - Moscow : GEOTAR-Media, 2009.

Additional:

1. V.D. Mendelevich. Psychiatric propaedeutics: a practical manual / V.D. Mendelevich. - 5th ed., revision and add. - M. : GEOTAR - Media, 2012. - 576 c.
2. Arndt, P. Psychosomatics and psychotherapy. Reference book: reference book / P. Arndt, N. Klingen ; Per. from German. - Moscow : Medpress-Inform, 2014. - 368 c. : ill.
3. Geisler, E. V. Psychiatry: lecture notes / E. V. Geisler, A. A. Drozdov. - Moscow : Eksmo, 2007. - 159 c.

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4. Electronic database

№	Title	Reference
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2	Republican Interuniversity Electronic Library	http://rmebrk.kz/
3	Student Consultant	http://www.studmedlib.ru/
4	Open University of Kazakhstan	https://openu.kz/kz
5	Law (access in the reference and information sector)	https://zan.kz/ru
6	Paragraph	https://online.zakon.kz/Medicine/
7	Scientific electronic library	https://elibrary.ru/
8	Open Library	https:// kitap.kz/
9	Thomson Reuters	www.webofknowledge.com
10	ScienceDirect	http://www.sciencedirect.com/
11	Scopus	https://www.scopus.com/

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8. Control (questions, tests, tasks, etc.).

1. The functions of psychiatric and drug addiction day care centres do NOT include the provision of treatment care for patients with:

- a) status epilepticus
- b) Traumatic cerebrosthenia
- c) Alcoholic delirium
- d) Sluggish schizophrenia
- e) drug addiction

2. The tasks of the district psychiatrist do NOT include:

- (a) forensic psychiatric examinations
- (b) Initial examinations
- (c) Outpatient treatment
- (d) Dispensary treatment of patients
- (e) Diagnosis

3. Conditions NOT requiring mandatory emergency admission to a psychiatric hospital:

- (a) Hysterical neurosis
- (b) Epileptic patient with convulsive seizures
- (c) Paranoid syndrome
- (d) Commenting hallucinations
- (e) Twilight disorder of consciousness

4. There is no need to organise emergency psychiatric care for:

- (a) psychosensory disorders
- (b) status epilepticus
- (c) Coma
- (d) Psychomotor agitation
- (e) Alcoholic delirium

5. The indications for hospitalisation of patients in a psychiatric hospital do NOT include:

- (a) forensic psychiatric evaluation
- (b) Alcoholism
- (c) poisoning with alcohol surrogates
- (d) Toxicomania
- (e) Drug addiction

6. Social rehabilitation institutions include:

- (a) therapeutic labour workshops
- (b) Homes for the psycho-organic disabled
- (c) Schools for the deaf-mute
- (d) Boarding schools for mentally retarded children
- (e) Schools for the blind

7. Mental illness is NOT used to study mental illness:

- (a) fibrogastroscopy
- (b) Computerised tomography
- (c) Clinical examination
- (d) Catamnesis
- (e) electroencephalography

8. Patients are subject to strict supervision in inpatient settings:

- (a) treatment of psychiatric patients
- (b) Identification of somatic patients

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- (c) Identification of alcoholics
- (d) Identification of drug addicts
- (e) Identification of substance abuse patients
- 9. The main task of psychiatric inpatient units is:
 - (a) treatment of psychiatric patients
 - (b) Identification of somatic patients
 - (c) Identification of alcoholics
 - (d) Identification of drug addicts
 - (e) Identification of substance abuse patients
- 10. The indications for hospitalisation of patients in a narcological hospital do NOT include:
 - (a) forensic narcological expertise
 - (b) alcoholism
 - (c) Poisoning by alcohol surrogates
 - (d) Substance abuse
 - (e) Drug addiction
- 11. The main task of narcological inpatient centres is to
 - (a) treatment of patients with drug addiction
 - (b) Identification of somatic patients
 - (c) Identification of patients with alcoholism
 - (d) Treatment of psychiatric patients
 - (e) Identification of substance abuse patients
- 12. The principles of work of a narcological dispensary do NOT include:
 - (a) Treatment of mental disorders in the acute period of cranial trauma
 - (b) Compulsory treatment if the patient refuses treatment
 - (c) Territoriality
 - (d) Continuity with other medical institutions
 - (e) Dynamic monitoring of drug addicts
- 13. The indications for emergency hospitalisation do NOT include:
 - a) ineffectiveness of outpatient treatment
 - (b) Suicide attempts
 - (c) Danger to others
 - (d) Aggressive tendencies
 - e) psychomotor agitation
- 14. The principles of drug treatment services do NOT include:
 - (a) selectivity
 - (b) Free of charge
 - (c) Public accessibility
 - (d) continuity
 - (e) Scheduling
- 15. The clinical method of investigation is:
 - (a) clinical-catamnestic
 - (b) MRI of the brain
 - (c) Blood and urine analysis
 - (d) Electroencephalography
 - (e) X-ray

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Class #2.

1. Topic: Disorder of sensation and perception.

2. Objective: To introduce students to the symptoms of mental and behavioural disorders, namely disorders of sensation, perception and representation.

3. Learning objectives:

- Formation of skills of correct diagnostics of symptoms of sensation, perception and representation disorders.
- Formation of the ability to differentiate the nosological belonging of these symptoms.

4. The main issues of the topic:

1. Hyperesthesias, hypesthesias.
2. Senestopathies: thermal, algic, kinaesthetic.
3. Illusions. Types of illusions.
4. Hallucinations: visual, auditory, tactile, olfactory, gustatory, vestibular, visceral. Functional, reflex, psychogenic hallucinations. True and pseudohallucinations, differentiation criteria, types.
5. Psychosensory disorders: metamorphopsia; body schema disorders; depersonalisation; derealisation; dysmorphophobia or dysmorphomania.
6. Peculiarities of the course of these types of disorders in childhood and adolescence, as well as in various diseases. Гиперстезии, гипостезии.

5. Learning and teaching methods: glossary, TVL, thematic discussion, and use of digital educational resources.

6. Assessment methods: testing, oral and written questioning, interviewing, working with didactic material, and solving situational tasks.

7. Literature:

Main:

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4	Open University of Kazakhstan	https://openu.kz/kz
5	Law (access in the reference and information sector)	https://zan.kz/ru
6	Paragraph	https://online.zakon.kz/Medicine/
7	Scientific electronic library	https://elibrary.ru/
8	Open Library	https:// kitap.kz/
9	Thomson Reuters	www.webofknowledge.com
10	ScienceDirect	http://www.sciencedirect.com/
11	Scopus	https://www.scopus.com/

8. Control (questions, tests, tasks, etc.).

1. The classic description of pseudohallucinations belongs to:
 - a) V.H.Kandinsky
 - b) I.M.Balinsky
 - c) V.P.Osipov
 - d) S.S.Korsakov
 - e) I.P.Pavlov.
2. Signs NOT characteristic of true hallucinations:
 - (a) The experience of being made, set up
 - b) real projection
 - c) identification with a real object
 - (d) External projection
 - e) brightness, vividness of images
3. The patient hears threats and insults in the conversation of strangers, name the disorder:
 - a) auditory hallucinations
 - b) commenting hallucinations
 - (c) Neutral hallucinations
 - (d) Reflex hallucinations

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- e) episodic hallucinations
- 4. Senestopathies are:
 - (a) unpleasant, burdensome sensations
 - b) parasthesia
 - c) hypoaesthesia
 - d) anaesthesia
 - e) distorted perception of reality
- 5. Diseases in which true hallucinations are rarely observed:
 - (a) endogenous psychoses
 - (b) Alcoholic psychoses
 - (c) Hashish psychoses
 - (d) Brain tumours
 - (e) reactive psychoses
- 6. Disease NOT characterised by pseudohallucinations:
 - (a) cranial trauma
 - (b) Brain tumours
 - (c) Endogenous psychoses
 - (d) Schizophrenia
 - (e) symptomatic psychosis
- 7. In derealisation, there are:
 - (a) false perception of the environment
 - (b) A feeling of alteration, unreality
 - c) perception without a real object
 - (d) Alienation of the surrounding world
 - e) distorted perception of the environment
- 8. Categories NOT characteristic of true hallucinations:
 - a) the experience of being made, of being set up
 - b) real projection
 - c) identification with a real object
 - d) external projection
 - e) vividness, vividness of images
- 9. Disorders other than sensation disturbance:
 - (a) abulia
 - (b) parasthesia
 - c) anaesthesia
 - (d) hypoaesthesia
 - (e) Senestopathy
- 10. Perceptions without a real object in a given place and time are:
 - (a) hallucinations
 - (b) Senestopathies
 - (c) illusions
 - (d) Metamorphopsias
 - (e) dysmorphopsias
- 11. Delusional hallucinations are characteristic of:
 - (a) schizophrenia
 - (b) intoxication psychosis
 - (c) delirium
 - (d) reactive psychosis

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(e) psychopathy

12.The difference between visceral hallucinations and senestopathies is:

- a) sensation of an object in an organ
- (b) Imagery and clarity of localisation
- (c) Absence of an objective reason for the occurrence
- (d) Migrating
- e) flamboyance

13.Criteria of pseudohallucinations:

- (a) have no real projection outwards
- (b) Have a real projection outwards
- (c) Appear when falling asleep
- (d) Appear on awakening
- e) are located outside the field of vision

14.Derealisation is most common in:

- (a) schizophrenia
- (b) epilepsy
- (c) depression
- (d) psychopathy
- (e) neuroses

15. Simple hallucinations include:

- (a) photopsies
- (b) Hypnagogic hallucinations
- (c) Hypnopompic hallucinations
- (d) Extracampine hallucinations
- (e) Charles Bonnet-type hallucinations.

16.Pseudohallucinations are NOT characterised by:

- (a) intensification in the evening and at night
- (b) Symptom of being done
- c) internal projection
- (d) Reality, vividness of images
- (e) Absence of arbitrary variability

17.Psychosensory disorders do NOT include:

- a) senestopathies
- (b) metamorphopsias
- (c) macropsies
- (d) body schema disorder
- (e) micropsias

18.Senestopathies are NOT characterised by:

- a) pleasant subjective sensations
- (b) Burdensome sensations
- (c) No cause for the occurrence
- (d) pain in different parts of the body
- e) uncertain localisation

19.Depersonalisation is a disorder of:

- a) sensations and perceptions
- b) memory
- (c) self-awareness
- d) thinking

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e) intellect

20. Objective signs of hallucinations do NOT include:

- a) change in the timbre of the voice
- (b) Covering the ears with the hands
- (c) Talking to oneself
- (d) Clamping the nose with the fingers
- (e) Covering the eyes with the hands.

Class #3.

1. Topic: Thinking disorders.

2. Objective: To familiarise students with thinking disorders, which are divided into two groups: formal thinking disorders and content thinking disorders.

3. Learning objectives:

- Formation of skills of correct diagnosis of thinking disorders.
- Formation of the ability to differentiate different types of thinking disorders, as well as the nosological belonging of these disorders.

4. The main issues of the topic:

- 1. Disorders of the associative process or formal thought disorders
- 2. Disorders of thinking by content:
Delirium, criteria of delirium according to Jaspers. Classification of delirium by content. Forms of delirium by mechanism of development: primary delirium, secondary delirium, periods of formation.
- 3. Supervaluable ideas, differentiation with delusions.
- 4. Compulsive ideas (obsessions), types. Compulsive fears (phobias), main variants. Compulsive urges. Compulsive actions. Relationship of obsessions and compulsions.
- 5. Nosological specificity of these types of disorders.

5. Learning and teaching methods: glossary, thematic discussion, role play, use of digital educational resources.

6. Assessment methods: testing, oral and written questioning, essay, work with didactic material. асстройства ассоциативного процесса или формальные расстройтва мышления

7. Literature

Main:

- 1. Psychiatry and narcology: textbook / N. N. Ivanets [et al]. - ; Rek. UMO for medical and pharmacy education of universities of Russia. - Moscow : GEOTAR-Media, 2012. - 832 с.
- 2. Tsygankov, B. D. Psychiatry: textbook / B. D. Tsygankov, S. A. Ovsyannikov ; Ministry of Education and Science of the Russian Federation. - ; Rek. State Budgetary Educational Institution of Higher Professional Education "First Moscow State University named after I. M. Sechenov". - Moscow : GEOTAR-Media, 2012. - 496 с.
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5. Tsygankov, B. D. Psychiatry: textbook for universities / B. D. Tsygankov. - Rek. Educational-methodical association for medical and pharmaceutical education of Russian universities. - Moscow : GEOTAR-Media, 2009.

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6	Paragraph	https://online.zakon.kz/Medicine/
7	Scientific electronic library	https://elibrary.ru/
8	Open Library	https:// kitap.kz/
9	Thomson Reuters	www.webofknowledge.com
10	ScienceDirect	http://www.sciencedirect.com/
11	Scopus	https://www.scopus.com/

6. Control (questions, tests, tasks, etc.).

1. The patient's speech, consisting of fragments of phrases and separate words, is characteristic of thinking:
 - (a) incoherent
 - (b) disconnected
 - (c) Resonant
 - (d) Paralogical
 - (e) amorphous
2. incoherent (incoherent) thinking occurs in:
 - (a) amnesia
 - (b) delirium
 - (c) Oneiroid
 - (d) Twilight disorder of consciousness
 - (e) numbness
2. Thought disorder characteristic of epilepsy

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- (a) Pathological thoroughness
- (b) paralogical
- (c) Resonance
- (d) Disjointed
- (e) Perseveration
- 3. Criteria for delirium do NOT include:
 - (a) critical attitude
 - (b) Compulsive nature of ideas
 - (c) Pathological content of ideas
 - (d) Inaccessibility of logical correction
 - (e) distorted reflection of reality
- 4. Mentism is more often observed in the syndrome of:
 - (a) mental automatism
 - (b) paranoid
 - (c) Manic
 - (d) Korsakian
 - (e) Hypochondriacal
- 5. Agglutination is:
 - (a) a fusion of several distant perceptions
 - (b) New and unusual concepts
 - (c) Empty, fruitless speculation
 - (d) An influx of burdensome thoughts
 - (e) Stopping the flow of thoughts
- 6. Paralogical thinking is more often noted in patients suffering from:
 - (a) schizophrenia
 - (b) psychopathy
 - (c) Epilepsy
 - (d) Neuroses
 - (e) Involutionary psychoses
- 7. Obsessions do NOT include:
 - (a) abulia
 - (b) claustrophobia
 - (c) cardiophobia
 - (d) dysmorphomania
 - (e) syphilophobia
- 8. Supervaluable ideas, as opposed to delusions:
 - (a) are correctable
 - (b) Are painful
 - (c) There is no criticism
 - (d) Do not correspond to the truth
 - (e) are disproportionately dominant in the mind
- 9. Paranoid delusions are NOT characterised by:
 - (a) A slender system of "evidence"
 - (b) Combination with hallucinations
 - (c) Impossibility of logical correction
 - (d) Mental automatisms
 - (e) Impossibility of correction
- 10. Fruitless wisecracking is:

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- a) resonance
 - (b) perseveration
 - (c) incoherence
 - (d) discontinuity
 - (e) mentism
11. Obsessive compulsive fears cannot include
- (a) dysmorphomania
 - (b) syphilophobia
 - (c) thanatophobia
 - (d) Claustrophobia
 - (e) cardiophobia
12. A pronounced acceleration of thought activity is called:
- (a) leap of ideas
 - (b) mentism
 - (c) Resonerism
 - (d) Verbigeratio
 - (e) Perseveration
13. Pathological thoroughness is NOT characteristic of:
- (a) neurasthenia
 - (b) traumatic encephalopathy
 - (c) vascular diseases of the brain
 - (d) epilepsy
 - (e) brain tumour
15. Involuntary onset of thoughts is:
- (a) mentism
 - (b) perseveration
 - (c) Sperrung
 - (d) Resonerism
 - (e) intrusive thoughts
16. A disorder of the associative process by slenderness does NOT include:
- a) symbolism
 - b) discontinuity
 - (c) paralogism
 - d) incoherence
 - (e) Verbiguity
17. Disorders of thinking by pace do NOT include:
- a) thoroughness
 - (b) mentism
 - (c) Sperrung
 - d) acceleration
 - (e) deceleration
18. Acceleration of thinking is NOT characterised by:
- (a) low productivity
 - (b) Increased number of associations
 - (c) Distractibility
 - (d) Pathological thoroughness
 - (e) Involuntary influx of thoughts

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19. Delusions of grandeur of large-scale fantastic content are characteristic of the syndrome of:

- (a) paraphrenic
- (b) hallucinatory
- (c) paranoid
- (d) Paranoid
- (e) Kandinsky-Clerambault

20. Involuntary thoughts arising involuntarily against desire and with criticism are called:

- (a) obsessive
- (b) delusional
- (c) supravalent
- (d) mentism
- (e) incoherent thinking

Class # 4.

1. Topic: Memory, Attention and Intellectual Disorders.

2. Objectives: To familiarise students with memory disorders, attention disorders, and intellectual disorders.

3. Learning objectives:

- Formation of skills of correct diagnosis of disorders of memory, attention, and intelligence.
- Formation of the ability to differentiate different types of these disorders.
- Formation of definition of clinical diagnoses in which memory, attention and intellectual disorders are the leading ones.

4. The main issues of the topic:

1. 1.Memory disorders : anterograde amnesia, retrograde amnesia, palimpsest, pseudoreminiscences, confabulations.
2. Concept of intelligence. Pathology of intellect as intellectual deficiency. Mental retardation (congenital dementia or oligophrenia), degrees of mental retardation.
3. Dementia, clinical manifestations. Dementia in Alzheimer's disease. Vascular dementia. Senile dementia. Dementia in other diseases. Differential diagnosis.
4. Psycho-organic syndrome, etiological factors, variants (asthenic, explosive, euphoric variant, apathetic), clinical manifestations.
5. Korsakovsky syndrome (amnesic syndrome), clinical manifestations.
6. Pseudoparalytic syndrome, etiology, variants.

5. Learning and teaching methods: glossary, Case-study, use of digital educational resources.

6. Assessment methods: testing, oral and written questioning, essays, solving situational tasks.

7. Literature

Main:

1. Psychiatry and narcology: textbook / N. N. Ivanets [et al]. -; Rek. UMO for medical and pharmacy education of universities of Russia. - Moscow : GEOTAR-Media, 2012. - 832 c.
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8	Open Library	https:// kitap.kz/
9	Thomson Reuters	www.webofknowledge.com
10	ScienceDirect	http://www.sciencedirect.com/
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8. Control (questions, tests, tasks, etc.).

1. Memory and intellectual disturbances are NOT characteristic of:
 - a) epilepsy

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b) progressive paralysis

c) cerebral atherosclerosis

(d) schizophrenia

2 Amnesia of current events is called:

(a) fixation

(b) retrograde

(c) anterograde

(d) progressive

(e) ekmnesia

3. Confabulations are NOT observed in:

(a) neurosis

(b) traumatic brain injury

(c) vascular lesions of the brain

(d) syphilis of the brain

e) alcoholic encephalopathy

4 Amnesia is NOT characteristic of:

a) neurosis

(b) Korsakovsky psychosis

(c) Consequences of cranial trauma

(d) Brain tumour

(e) dementia

5. Korsakoff's syndrome does NOT include:

(a) Acceleration of the associative process

(b) Progressive amnesia

(c) Fixation amnesia

(d) Confabulations or pseudoreminiscences

(e) Disorientation in time and place

6. Progressive amnesia does NOT occur in:

(a) manic-depressive psychosis

(b) Senile psychosis

(c) Pick's disease

(d) Progressive paralysis

(e) Atrophic brain diseases

7. Quantitative memory disorders do NOT include:

(a) confabulations

(b) hypermnesia

(c) hypomnesia

(d) amnesia

(e) Progressive amnesia

8. Qualitative memory impairment does NOT include:

(a) anterograde amnesia

(b) pseudoreminiscences

c) confabulations

(d) paramnesia

(e) cryptomnesia

9. Complete memory loss is:

(a) amnesia

(b) apathy

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- (c) apraxia
- (d) aphasia
- (e) abulia
- 10. Amnestic psychosis in alcoholism was described by:
 - (a) S.S. Korsakov
 - (b) Alzheimer
 - (c) E.Krepelin
 - (d) O.V.Kerbikov
 - (e) V.P.Serbsky
- 11. Memory disorder does NOT include:
 - (a) mentism
 - (b) hypomnesia
 - (c) retrograde amnesia
 - (d) cryptomnesia
 - (e) amnesia
- 12. Persistent cognitive decline with loss of previously acquired knowledge and practical experience is called:
 - (a) dementia
 - (b) Oligophrenia
 - (c) Pseudodementia
 - (d) amnesia
 - (e) Mental infantilism
- 13. Congenital dementia syndrome is:
 - (a) oligophrenia
 - (b) partial dementia
 - (c) Pick's disease
 - (d) Dementia
 - (e) Alzheimer's disease
- 14. Aprosecia, hypoprosecia, hypermetamorphosis refer to the pathology of
 - (a) attention
 - (b) memory
 - (c) sensation
 - (d) will
 - (e) perception
- 15. Pseudodementia occurs in:
 - (a) hysterical psychosis
 - (b) Senile dementia
 - (c) Korsakovsky syndrome
 - (d) Psycho-organic syndrome
 - (e) Paralytic dementia
- 16. In epileptic dementia, disorders are more pronounced:
 - (a) thinking
 - (b) Memory
 - (c) attention
 - (d) Emotions
 - (e) urges
- 17. In schizophrenic dementia, there is NOT:
 - (a) diminished memory and intelligence

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- (b) Disconnected thinking
- (c) Emotional impairment
- (d) abulia
- (e) Apathy
- 18. Treatment of oligophrenia:
 - (a) remedial and educational work
 - (b) Electroconvulsive therapy
 - (c) Malaria therapy
 - (d) Insulin therapy
 - (e) Atropine coma therapy
- 19. Ambivalence of emotions is:
 - (a) simultaneous manifestation of opposite feelings
 - b) feeling inadequate to the situation
 - c) intemperance of emotions
 - d) easy transition from complacency to irritability
 - (e) Emotional lability

Class # 5.

1.Topic: Disorders of emotional and volitional sphere.

2.Objective: To familiarise students with disorders of emotions, feelings and moods; disorders of urges and forms of impulsive urges. To study the issues of movement disorders and disorders of will.

3. Objectives:

- Formation of skills of correct diagnostics of disorders of emotions, disorders of urges, motor disorders and disorders of will.
- Formation of skills to differentiate different types of these disorders.
- Formation of definition of clinical diagnoses, in which the leading are disorders of emotions, feelings and moods; disorders of urges and forms of impulsive urges

4. The main questions of the topic:

1. Feelings, affects, mood - definition. Affective disorders. Depressive, manic disorders. Distinctive features (Jaspers triad), classification, clinical manifestations.
2. Dysphoria. Apathy. Ambivalence of emotions.
3. Physiological affect. Affect pathological.
4. Forms of impulsive urges: dromomania, kleptomania, dipsomania, suicidomania.
5. Impulsive urges in the form of sexual perversions.
6. Anorexia nervosa. Bulimia.
7. Motor disorders: disinhibition, psychomotor agitation, stupor. Catatonic syndrome - diagnostic criteria, catatonic stupor and catatonic agitation.
8. Hypobulia, hyperbulia, abulia, parabulia - diagnostic criteria.
5. **Learning and teaching methods:** glossary, thematic discussion, use of digital educational resources.

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6. Assessment methods: testing, oral and written questioning, interviewing, essays, work with didactic material.

7.Literature

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8	Open Library	https:// kitap.kz/

9	Thomson Reuters	www.webofknowledge.com
10	ScienceDirect	http://www.sciencedirect.com/
11	Scopus	https://www.scopus.com/

8. Control (questions, tests, tasks, etc.).

1. An irresistible urge to commit arson is called:

- a) dromomania
- b) pyromania
- (c) dipsomania
- (d) Suicidomania
- (e) Kleptomania

2. Impulsive urges do NOT include:

- (a) bulimia
- (b) dipsomania
- (c) dromomania
- (d) kleptomania
- (e) pyromania

2. An irresistible urge to vagrancy is:

- (a) dromomania
- (b) anorexia
- (c) bulimia
- (d) pyromania
- (e) kleptomania

4. Decreased or absent sex drive in men is:

- (a) impotence
- (b) frigidity
- (c) Satyriasis
- (d) exhibitionism
- (e) sodomy

5. Kleptomania is:

- (a) lack of appetite
- (b) Pathological voracity
- (c) A passion for stealing
- (d) Pathological thirst
- (e) Vagrancy

6. The patient, 32 years old, was locked in a stopped lift, experienced a strong fright, fear of death. The described phenomena passed as soon as she got out of the lift. At subsequent attempts to use the lift, the same condition occurred. Define the patient's condition:

- (a) hysteria
- (b) depression
- (c) sociophobia
- (d) Erythrophobia
- (e) claustrophobia

7. Patient, 27 years old, diagnosed with a simple form of schizophrenia since the age of 18. He has not worked for the last 3 years, is indifferent to his fate. Indifferent to parents, does not

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communicate with former friends, completely inactive. Determine the pathology of emotions in the patient:

- a) paralysis of emotions
- (b) Apathy
- (c) Weakness
- (d) lability of emotions
- (e) Emotional dullness

8. Pathological affect is:

- a) a violent motor reaction with obscuration of consciousness
- b) a violent motor reaction without mental confusion under the influence of external influence
- (c) Increased activity against the background of high mood
- (d) Unmotivated goofy mood
- (e) Short-term mental confusion

9. Physiological affect is:

- a) a violent motor reaction without disturbance of consciousness
- b) a violent motor reaction with mental confusion under the influence of psychic trauma
- (c) A gloomy mood with a sense of discontent
- (d) Emotional weakness
- (e) Ecstasy

10. Disorders of food craving do NOT include:

- (a) pyromania
- (b) coprophagia
- (c) bulimia
- (d) polydipsia
- (e) anorexia

11. The patient's character is shy and anxious. He studied well at school and entered an institute. At the professor's lecture question, the patient was confused (although he knew the answer), stood there feeling afraid. In other institutions, where there are a lot of people, blushed, there are urges to vomit. What is the emotional state of the patient:

- (a) claustrophobia
- (b) sociophobia
- (c) agoraphobia
- (d) Thanatophobia
- (e) Erythrophobia

12. Movement disorder does NOT include:

- (a) psychomotor agitation
- (b) catalepsy
- (c) stupor
- (d) echopraxia
- (e) mutism

13. The type of psychomotor agitation does NOT include:

- (a) manic
- (b) hebephrenic
- (c) stupor
- (d) catatonic
- (e) deliriosis

14. A characteristic of catatonia does NOT include:

- (a) negativism

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(b) stupor

(c) mutism

(d) amnesia

(e) catalepsy

15. Disorders of the will do NOT include:

(a) apathy

(b) parabulia

(c) abulia

(d) hypobulia

(e) hyperbulia

16. A patient suffering from atherosclerosis of cerebral vessels cannot hold back tears of joy or cries easily from offence is:

(a) emotional inadequacy

(b) Emotional stupidity

(c) Ambivalence of feelings

(d) Apathy

(e) weakness of mind

17. The loss of the patient's ability to empathise, love for loved ones, is called:

a) emotional inadequacy

(b) emotional stupidity

(c) apathy

(d) Emotional instability

(e) emotional lability

18. In a patient after craniocerebral trauma in the remote period, elevated mood with carelessness, blissfulness, without psychomotor activity prevails. Diagnose the condition:

(a) moribundity

(b) euphoria

(c) mania

(d) ecstasy

(e) hypomania

19. Dysphoria is:

(a) inadequacy, low mood

(b) A bad mood followed by complacency

(c) Depressed with fear and suspicion

(d) Depressed with anger and aggressiveness

(e) Increased anxiety and agitation

20. Hyperthymic disorders do NOT include:

(a) ecstasy

(b) mania

(c) moria

(d) hyperkinesia

(e) euphoria

Class # 6.

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1. Topic: Pathology of attention and consciousness.

2. Objective: To familiarise students with attention disorders. Pathology of attention in somatic diseases. Syndromes of obscuration of consciousness (or syndromes of disturbed, upset consciousness).

3. Learning Objectives:

- Formation of skills of correct diagnosis of attention pathology in various nosologies.
- Formation of skills of correct diagnosis of syndromes of disturbed consciousness.
- Formation of skills to differentiate different types of these disorders. Формирование навыков правильной диагностики патологии внимания при различных нозологиях.

1. The main issues of the topic:

1. Attention, definition of the concept. Pathology of attention: exhaustibility, distractibility, aprosexia (inability to focus attention).
2. Pathology of attention in somatic diseases.
3. Consciousness, definition. General prizaks of disturbance of consciousness according to Jaspers.
4. Syndromes of reduced level of consciousness: stun (obnubilation, somnolence), sopor, coma.
5. Syndromes of mental confusion: delirium, oneiroid, amenia, twilight mental confusion.
6. Differential diagnosis of syndromes of disturbed consciousness.

5. Learning and teaching methods: glossary, TVL, thematic discussion, use of digital educational resources.

6. Assessment methods: testing, oral and written questioning, essays, work with didactic material.

7. Literature

Main:

1. Psychiatry and narcology: textbook / N. N. Ivanets [et al]. - ; Rek. UMO for medical and pharmacy education of universities of Russia. - Moscow : GEOTAR-Media, 2012. - 832 c.
2. Tsygankov, B. D. Psychiatry: textbook / B. D. Tsygankov, S. A. Ovsyannikov ; Ministry of Education and Science of the Russian Federation. - ; Rek. State Budgetary Educational Institution of Higher Professional Education "First Moscow State University named after I. M. Sechenov". - Moscow : GEOTAR-Media, 2012. - 496 c.
3. Psychopathological features of childhood, adolescence and adolescence : a textbook / N. Sh. Akhmetova. - 3rd ed. - Karaganda : AKHYP, 2019. - 140 c. Instances: total: 25 - CZ-2(2), CZ-3 (1), AUL (22)
4. Neznanov, N. G. Psychiatry: textbook / N. G. Neznanov. - ; Rek. I. M. Sechenov Moscow Medical Academy. - Moscow : GEOTAR-Media, 2010. - 496c.
5. Tsygankov, B. D. Psychiatry: textbook for universities / B. D. Tsygankov. - Rek. Educational-methodical association for medical and pharmaceutical education of Russian universities. - Moscow : GEOTAR-Media, 2009.

Additional:

1. V.D. Mendelevich. Psychiatric propaedeutics: a practical manual / V.D. Mendelevich. - 5th ed., revision and add. - M. : GEOTAR - Media, 2012. - 576 c.
2. Arndt, P. Psychosomatics and psychotherapy. Reference book: reference book / P. Arndt, N. Klingen ; Per. from German. - Moscow : Medpress-Inform, 2014. - 368 c. : ill.

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3. Geisler, E. V. Psychiatry: lecture notes / E. V. Geisler, A. A. Drozdov. - Moscow : Eksmo, 2007. - 159 с.

E-resources:

1. Psychiatry and narcology [Electronic resource]: textbook / N. N. Ivanets [et al.]. - Electron. text dan. (56,5 Mb). - Moscow: GEOTAR-Media, 2012. - 832 с. electronic optical disc (CD-ROM).
2. Neznanov, N. G. Psychiatry [Electronic resource] : textbook / N. G. Neznanov. - Electronic text data. (35.9 MB). - Moscow : Publishing group "GEOTAR-Media", 2010. - 496 с. electronic optical disc (CD-ROM).
3. Doctor's consultant. Psychiatry. Version 1.1 [Electronic resource] : manual. - Electronic text data. (110 Mb). - Moscow: Publishing Group "GEOTAR-Media", 2009. - electronic optical disc (CD-ROM).
4. Electronic database

№	Title	Reference
1	SKMA Repository	http://lib.ukma.kz/repository/
2	Republican Interuniversity Electronic Library	http://rmebrk.kz/
3	Student Consultant	http://www.studmedlib.ru/
4	Open University of Kazakhstan	https://openu.kz/kz
5	Law (access in the reference and information sector)	https://zan.kz/ru
6	Paragraph	https://online.zakon.kz/Medicine/
7	Scientific electronic library	https://elibrary.ru/
8	Open Library	https:// kitap.kz/
9	Thomson Reuters	www.webofknowledge.com
10	ScienceDirect	http://www.sciencedirect.com/
11	Scopus	https://www.scopus.com/

8. Control (questions, tests, tasks, etc.).

1. The criteria for mental confusion do NOT include:
 - a) detachment from the real world
 - (b) Asthenic state
 - c) partial or complete amnesia
 - (d) Disorientation in place and time
 - (e) Disorder of thinking
2. State the distinguishing feature of dysphoria from crepuscular disorder of consciousness:
 - (a) Tendency to aggression
 - (b) Angry and dreary affect
 - (c) Paroxysmal onset
 - (d) Disorientation in place and time
 - (e) Possibility of occurrence in epilepsy
3. Common features of impaired consciousness do NOT include:
 - (a) disturbances in thinking
 - (b) psychomotor agitation
 - c) detachment
 - (d) Disorientation in place, time and identity

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- (e) Difficulty in remembering events that are taking place
4. A syndrome of disturbed consciousness in which psychomotor agitation is NOT noted:
- (a) delirium
 - (b) Twilight disorder
 - (c) Syncope
 - (d) amnesia
 - (e) Oneiroid
5. A crepuscular disorder of consciousness is NOT seen in:
- (a) schizophrenia
 - (b) infectious psychosis
 - (c) alcoholism
 - (d) epilepsy
 - (e) reactive states
6. Soporotic disturbance of consciousness is NOT characterised by:
- a) preservation of motor and facial reactions to strong stimuli
 - (b) Orientation in personality
 - (c) Disorientation in time
 - (d) Disorientation in place
 - (e) Impossibility of verbal contact
7. A disturbance of consciousness with an influx of fantastical dream-like visions is characteristic of:
- (a) oneiroid
 - (b) delirium
 - (c) Twilight disorder of consciousness
 - (d) amnesia
 - (e) Amenity-delirium disorder of consciousness
8. Type of motor excitation in amenia:
- (a) hallucinatory
 - (b) Manic
 - (c) Monotonous, confined to a small area
 - (d) Delusional
 - (e) Catatonic
9. The disturbance of consciousness of the self as a whole, the experience of inner discord, splitting is called:
- (a) somatopsychic disorientation
 - (b) Autism
 - (c) Allopsychic disorientation
 - (d) delirium
 - (e) Self-awareness disorder
10. After undergoing amenia, patients most commonly experience:
- (a) asthenia
 - (b) Euphoria
 - (c) Dysphoria
 - (d) Depression
 - (e) hypomania
11. painful misunderstanding by the patient of the surrounding world, his state, impaired ability to concentrate on something is called:
- a) disorientation

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(b) derealisation

(c) amnesia

(d) Confusion

(e) depersonalisation

12. Derealisation and depersonalisation belong to the group of syndromes:

(a) neurotic

(b) blackouts

(c) Self-awareness disorders

(d) Hallucinatory delusions

(e) Affective

13. In contrast to oneiroidal blackout, delirium does NOT involve:

(a) allopsychic disorientation

(b) Fantastic nature of the experience

(c) True visual hallucinations

(d) Motor agitation

(e) Partial amnesia

14. In a state of clouded consciousness, the patient performs a number of occupational acts is:

(a) trance

(b) orientated oneiroid

(c) ambulatory automatism

(d) Mussitic delirium

(e) occupational delirium

15. A syndrome of qualitative obscuration of consciousness:

(a) coma

(b) stunned

(c) delirium

(d) soporus

(e) Syncope

Class # 7.

1. Topic: Personality disorders.

2. Objective: To introduce students to the different types of personality and behavioural disorders in adults, children and adolescents.

3. Learning Objectives:

- Formation of skills for proper diagnosis of personality disorders.
- Formation of skills to differentiate different types of these disorders.

4. Main issues of the topic:

1. Premorbid (constitutional) personality traits.

2. Immaturity of personality (infantilism), characterological and pathocharacterological reactions.

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3. Development and formation of personality, pathological character traits.
4. Disorders of personality and behaviour in adults. Classification of psychopathies.
5. Changes in personality: defect, degradation, marasmus.
6. Neurosis-like and psychopathy-like syndromes.

5. Learning and teaching methods: glossary, TVL, use of digital educational resources.

6. Assessment methods: testing, oral and written questioning, interviewing, essays, work with didactic material.

7. Literature

Main:

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4	Open University of Kazakhstan	https://openu.kz/kz
5	Law (access in the reference and information sector)	https://zan.kz/ru
6	Paragraph	https://online.zakon.kz/Medicine/
7	Scientific electronic library	https://elibrary.ru/
8	Open Library	https:// kitap.kz/
9	Thomson Reuters	www.webofknowledge.com
10	ScienceDirect	http://www.sciencedirect.com/
11	Scopus	https://www.scopus.com/

8. Control (questions, tests, tasks, etc.).

1 Asthenic syndrome is characterised by all of the following except:

- a) physical exhaustion
- b) mental exhaustion
- c) fixation amnesia
- d) affective lability

2. Asthenic syndrome after somatic disease is characterised by all of the following except for

- a) affective lability with predominance of low moods
- b) increased fatigue and exhaustion
- c) hyperesthesia
- d) disturbance of consciousness
- e) somato-vegetative disorders

3 Asthenic syndrome as a consequence of craniocerebral trauma is characterised by all of the following except

- a) manifestations of irritable weakness
- b) affective lability
- c) manifestations of "fatigue, not seeking rest"
- d) mentism
- e) headaches and vegetative disorders.

4. The asthenic syndrome in atherosclerosis is characterised by all of the following, excluding

- a) sharply pronounced fatigue
- b) loss of ability to prolonged mental and physical exertion
- c) restoration of efficiency after prolonged rest
- d) mild disturbances of consciousness in the form of obnubilisation
- e) ease of transition from low mood with tearfulness to complacency and euphoria.

5. The classical depressive triad is characterised by all but

- a) a lowered background mood
- b) motor inhibition
- c) ideatory inhibition
- d) all of the above
- e) none of the above

6. The depressive triad is characterised by all of the following except for

- a) affect of longing
- b) motor inhibition
- c) melancholic raptus

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- d) ideatory inhibition
- e) depressive content of thinking
- 7. Simple variants of the depressive syndrome include all of the following except for
 - a) asthenic depression
 - b) anxious depression
 - c) stupor depression
 - d) depression with delusions of judgement
 - e) depression with delusions of self-incrimination.
- 8. Simple variants of manic syndrome include all of the following except for
 - a) anger mania
 - b) cheerful mania
 - c) confusional mania
 - d) mania with sensual delusions
 - e) unproductive mania
- 9. The manic triad is characterised by
 - a) elevated mood
 - b) acceleration of associations
 - c) motor agitation
 - d) all of the above
 - e) none of the above
- 10. Manic ideatory excitation can be expressed by all of the above signs, excluding
 - a) hypermnesia
 - b) confabulations
 - c) acceleration of associations
 - d) phenomena of fascination with a jump in id
 - e) ideatorial "confusion".
- 11. obsessive syndrome is characterised by
 - a) the emergence of feelings, thoughts, memories, urges, motor acts, etc., beyond desire
 - b) consciousness of morbidity, critical attitude towards them
 - c) powerlessness in confrontation, overcoming debilitating suffering
 - d) all of the above
 - e) none of the above