


ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery		56/09Б
Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"		1page of 20

CONTROL AND MEASURING MEANS

Discipline: Psychiatry and Narcology

Discipline code: PN 5307

Name of the educational program: 6B10101 "General Medicine"

Total hours/credit: 90h./3 credits

Course and semester of study: 5 year/X semester

Shymkent 2024y.

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<p>Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"</p>		2page of 20

Questions of the program for border control 1

1. The subject and tasks of psychiatry. The main stages in the development of clinical psychiatry.
2. Apathic-abulic syndrome.
3. Psychopathological symptoms and syndromes. The concept of psychosis. Productive and negative symptoms. Diagnostic and prognostic meaning of these concepts.
4. Disorders of the motor-volitional sphere.
5. Disorders of perception (illusions, psychosensory disorders, true, pseudo-hallucinations).
6. Syndromes of lowering the level of consciousness.
7. Disorders of sensations. Clinical characteristics and diagnostic value.
8. Catatonic syndrome, its main symptoms.
9. Violation of associative activity (quantitative and qualitative disorders of the thinking process). The main symptoms, their diagnostic value.
10. True hallucinations and pseudo hallucinations.
11. Hallucinations. Objective signs of hallucinations. Clinical characteristics and diagnostic value.
12. Violations of the sexual instinct.

Compiled by: *Yesetova A.A.* assistant of the department Yesetova A.A.
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Protocol № 1 «29.08.2024» y.

Questions of the program for border control 2

1. Delusion (definition, clinical forms, diagnostic value, socially dangerous behavior of patients).
2. Twilight disorder of consciousness. Clinical characteristics
3. Overvalued ideas, their difference from nonsense.
4. Amentative syndrome. Clinical characteristic.
5. Main delusional syndromes (paranoid, paranoid, paraphrenic). Their dynamics, diagnostic value.
6. Syndromes of stupefaction.
7. Obsessive states (definition, varieties, diagnostic value). The difference between obsessions and delusions.
8. Violations of the food instinct.
9. Syndrome of mental automatism of Kandinsky-Clerambau.
10. Violations of attention.
11. Memory disorders. Their main types.
12. Clinical signs of impaired consciousness.

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<p>Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"</p>		3page of 20

Ticket questions for intermediate certification (examination session)

Examination ticket № 1

1. The subject and tasks of psychiatry. The main stages in the development of clinical psychiatry.
2. Apathic-abulic syndrome.
3. Situational task: a 45-year-old patient has been in the hospital for more than 6 months after suffering from delirium tremens. During a conversation, he correctly determines his last name, first name and patronymic, knows his age. However, he can't remember at all when he entered the reception room, he constantly answers: "Yesterday, probably." He assures that yesterday he was at home, and "transported furniture to another apartment," and recently returned.
 1. What is the name of this disorder?
 2. What mental functions are impaired in this disorder?

Examination ticket № 2

1. Psychopathological symptoms and syndromes. The concept of psychosis. Productive and negative symptoms. Diagnostic and prognostic meaning of these concepts.
2. Disorders of the motor-volitional sphere.
3. A 44-year-old patient was admitted to a psychiatric hospital with the same conditions for the fourth time. The mood is elevated, verbose, active, sleeps poorly and little. Reads Blok's poems and pages from Chekhov's works by heart with almost no errors, can be checked against the text. When such states pass, he remembers verses in fragments, but cannot reproduce prose.
 1. What is the name of this disorder?
 2. What mental functions are impaired in this disorder?

Examination ticket № 3

1. Disorders of perception (illusions, psychosensory disorders, true, pseudo-hallucinations).
2. Syndromes of lowering the level of consciousness.
3. Patient M., 78 years old, has been in a psychiatric hospital for a long time. Disoriented in time and place. During a conversation, she says that she was at work yesterday, selling movie tickets. When a doctor asked provoking questions, she claims that, when she was leaving work, she went to the store for shopping.
 1. What is the name of this disorder?
 2. What mental functions are impaired in this disorder?

Examination ticket № 4

1. Disorders of sensations. Clinical characteristics and diagnostic value.
2. Catatonic syndrome, its main symptoms.
3. A 62-year-old patient has been in a psychiatric hospital for a year. During the conversation, it turns out that she does not know the day, month, year. The doctor tells her the current date, after 2–3 phrases during the conversation, he cannot repeat the date given by the doctor. She says the doctor didn't tell her anything.
 1. What is the name of this disorder?
 2. What mental functions are impaired in this disorder?

Examination ticket № 5

1. Violation of associative activity (quantitative and qualitative disorders of the thinking process). The main symptoms, their diagnostic value.
2. True hallucinations and pseudo hallucinations.
3. Patient M., 25 years old, on the eve of defending his diploma at the institute, got into a traffic accident and received a severe brain injury. After a 1.5-month stay in the trauma department, he was transferred to a psychiatric hospital due to memory impairment. In the hospital, patient M. is disoriented in place and time. Does not remember the names of doctors, nurses, roommates. Declares that he recently, "a month ago", graduated from high school and is going to go to college. He does not

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<p>Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"</p>		4page of 20

remember that he is married, he has a 2-year-old daughter, that he is graduating from college. He explains everything by a misunderstanding: "I'm only thinking about this."

1. Assess and qualify mental disorders.
2. What mental functions are impaired in this disorder?

Examination ticket № 6

1. Hallucinations. Objective signs of hallucinations. Clinical characteristics and diagnostic value.
2. Violations of the sexual instinct.
3. Patient P., waking up in the morning, told her neighbors in the ward the contents of her dream: she dreamed that her mother, in her absence, handed over all her things to the pawnshop. Seeing her mother, who came to visit, the patient began to reproach her for the things handed over to the pawnshop. The patient was firmly convinced that this had actually happened.
1. Determine the violations of mental activity.
2. What mental functions are impaired in this disorder?

Examination ticket № 7

1. Delusion (definition, clinical forms, diagnostic value, socially dangerous behavior of patients).
2. Twilight disorder of consciousness. Clinical characteristics
3. Patient M., 33 years old. By nature, domineering, proud, self-confident with high self-esteem. She went to the clinic with complaints of loss of appetite, poor sleep, irritability, low mood. She said that recently there was a feeling of complete indifference to herself, to everyone around her and even to her closest ones, she became like a wooden, dumb, "I understand with my mind that I love children, that they need my affection, but there are no feelings", "the world is perceived dim, the sun does not please, shopping does not bring joy, the food has lost its taste, it has become insipid.
1. Qualify experiences.
2. In the structure of what syndrome do they occur?

Examination ticket № 8


1. Overvalued ideas, their difference from nonsense.
2. Amentative syndrome. Clinical characteristic.
3. Patient M., 39 years old. He is re-admitted to inpatient treatment. In the first days, against the backdrop of high spirits, she noted that she perceives the environment in bright colors, the people around her are all beautiful, smart, like actors. Later, in the hospital, everything was perceived acutely: ordinary light blinds, sounds deafen, the click of the lock is perceived as a shot. Everything is annoying.
1. Qualify condition
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 9

1. Main delusional syndromes (paranoid, paranoid, paraphrenic). Their dynamics, diagnostic value.
2. Syndromes of stupefaction.
3. Patient O. complains: "I feel empty, unable to think. Everything is perceived as if through cotton wool, life passes as if by. I feel that the body has become as if enormous. When moving the body, something hot overflows in the other direction.
1. What are these symptoms?
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 10

1. Obsessive states (definition, varieties, diagnostic value). The difference between obsessions and delusions.
2. Violations of the food instinct.
3. Patient V., 34 years old, has been abusing alcohol for 6 years. He told: "One day I drank vodka and went to bed. I woke up in the late afternoon and saw that in his room unfamiliar men and women were sitting, drinking at the table, talking about something. I heard their voices, but I couldn't make out the

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<p style="text-align: center;">Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"</p>		5page of 20

words. The mother was sitting at the table, knitting, not paying attention to the "guests". The patient was indignant, demanded from his mother to drive the guests away, to call the police.

1. What did the patient experience?
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 11

1. Syndrome of mental automatism of Kandinsky-Clerambault.
2. Violations of attention.
3. A mother who lost her child heard his voice outside the window on the day of the funeral. During the period of falling asleep, the patient clearly saw a man standing by the bed with a large head and burning eyes. When she opened her eyes, the vision disappeared.

1. What disorders are we talking about?
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 12

1. Memory disorders. Their main types.
2. Clinical signs of impaired consciousness.
3. The patient turned to the police department with a request to check whether a special apparatus was installed behind the wall, since at night, lying in bed, he clearly feels that his internal organs are burning with fire, they move, change places.

1. List the types of hallucinations according to the senses.
2. What is this sensation?

Examination ticket № 13

1. Korsakov's syndrome, definition, psychopathological content, diagnostic value.
2. Congenital form of mental retardation
3. Patient V., 33 years old. Abuses alcohol for a number of years. He told: "One day, I couldn't sleep after drinking. It was scary. Suddenly he felt someone pulling him by the shoulder, and heard the voice of his dead sister from behind: "Get up, let's go!". He got dressed and walked all night, obeying the orders of the voice of his sister, who told him where to go, what to do, scolded the patient, insulted him. "From time to time I heard not only the voice of my sister, but also some man who threatened. In the morning the "voices" became quieter." He himself went to the ambulance station and was hospitalized.

1. Qualify the nature of the pathology.
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 14

1. The concept of intelligence. Methods for assessing intelligence and the degree of its decline.
2. Catatonic syndrome, its main symptoms.
3. Patient R. says: "Everything around me has changed, acquired flatness, lost volume, the furniture in the room has decreased, the legs of the chairs have bent. I went out into the street and saw that the sun took on the form of an ellipse, people passing by were getting taller.

1. Qualify the state.
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 15

1. Disorders of the emotional sphere. Clinical characteristic.
2. Psychopathological symptoms and syndromes. The concept of psychosis. Productive and negative symptoms. Diagnostic and prognostic meaning of these concepts.
3. Subject Sh., 26 years old. Oriented correctly. Mood is good. Willingly demonstrates his abilities. So, the subject was given a fresh issue of the newspaper in order to exclude the possibility of home preparation. He looks through the newspaper and returns it. After that, he easily recalls from memory and retells verbatim any article, up to announcements. Unmistakably remembers the number of columns in articles, places of word wrapping. However, he has great difficulty in retelling the content

<p> ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ </p>		<p> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия» </p>
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<p>Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"</p>		6page of 20

of the article in his own words. The retelling looks like separate paragraphs and described episodes from the article. When asked to convey the main meaning of the article in a few phrases, he falls silent, then makes several unsuccessful attempts. Having failed to cope with the last task, he complains that he clearly remembers all the details of the seal, the place of each word and punctuation marks, but he cannot distract himself from the specific details of the text and the specific sequence of words. It turns out that abstract sciences were always difficult for him, although he could memorize any text, tables, easily memorized works of art, easily memorized rules and definitions. He always unmistakably retold poems and had excellent marks for it.

1. What is the name of this disorder?
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 16

1. Disorders of the will and drives, their diagnostic value.
2. True hallucinations and pseudo hallucinations.
3. Patient M., 23 years old, after a severe head injury was treated in the hospital for 6 months with memory impairment. At that time, he could not reproduce the events of five years ago. A year after discharge: calm. Willingly answers questions. Detects amnesia for the period preceding the injury. Does not remember the events after the injury, amnesias stay in the trauma department; months spent in a psychiatric hospital. He remembers that his parents "sometimes" came to visit him. He remembers well the day of discharge. I hardly remembered the names of doctors and medical personnel. He complains that he has a "bad memory": "everything has to be written down."

1. Qualify violations
2. What pathology of the mental sphere does this disorder belong to?


Examination ticket № 17

1. Apathic-abulic syndrome.
2. Disorders of sensations. Clinical Characteristics and Diagnostic Significance
3. A 32-year-old patient is admitted to a psychiatric hospital for the third time. The voice is hoarse, speaks quickly, without stopping, an example of a monologue: "My husband is the one who thinks I am sick. I'm not sick. I am absolutely healthy. The husband is sick. Husband ate pears. Look how he looks. Can't buy a tie. All me, yes me. I am the head of the family. And your tie (referring to the doctor) is also not fashionable. You have to dress in fashion. Really, I'm beautiful? Look! Can I be an actress? They say I have an artistic, photogenic face. I have already written to Moscow to take me to the cinema. The husband does not let me go to Moscow, he says: "I love you!". And love is like a bird. The bird of God knows neither care nor labor. Once - and flew away. I came to the clinic only for you, I like you. One or two days and - to Moscow.

1. What is the name of this disorder?
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 18

1. Catatonic syndrome, its main symptoms.
2. Hallucinations. Objective signs of hallucinations. Clinical characteristics and diagnostic value.
3. Patient 28 years old, driver. He says about himself: "Since childhood, he was kind of wonderful. The guys did not respect me, I was afraid of them. When I was in elementary school, it always seemed that my mother would die. I thought that if I had time to count to ten while my mother was pouring tea, then she would be alive, and if I did not have time, she would die. When I went to school, I was afraid that the boys would attack me. I held the briefcase with the buckle inside - this, as it were, meant that I was going with peaceful intentions, I did not want to fight. At school, the guys listen to the teacher, and I do some nonsense. For example: "What would happen if the best answer was given a one, and the worst mark was a five." I drive away these thoughts, listen to the teacher, and then imperceptibly get distracted again. Because of this, it is difficult to study, parents were called to school, scolded for my inattention.

<p> ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ </p>		<p> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия» </p>
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Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"		7page of 20

But still I graduated from school, served in the army, where I received the specialty of a driver. Everything was fine, but lately some stupid thoughts have begun to overcome me: all I think is that all my objects should be symmetrical, at home my wife swears because of this. At work, I need to repair cars, but I don't do business, but I lay out wrenches symmetrically. Recently there was an incident, which I am ashamed to tell: I went by train to my dacha, at one station I went to the toilet. I see two matches in the toilet. When I left the toilet, it seemed to me that it hit me - to return and put the matches symmetrically. Returned. It's disgusting to climb into the toilet, but I can't leave, even my heart began to beat, I was sweating all over. Still, he could not resist, climbed into the toilet with his hand and shifted the matches. And the train left at that time.

1. Qualify the state.
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 19

1. Memory disorders. Classification.
2. Disorders of perception (illusions, psychosensory disorders, true, pseudo-hallucinations).
3. Patient T., 13 years old, student. Since childhood, obedient, calm, balanced. He studies only "excellently", takes his classes seriously, devotes a lot of time to lessons. Likes to read "serious books", political reviews in newspapers.

He complained to his mother that thoughts arise contrary to his desire, repeat again and again, interfere with his studies. For example: "I solve the problem of a square, I go over the solution again, although I have already solved it. I think why a square, what will happen if it is a rectangle, a cylinder, and if it is a circle? Then, will it be the same square? Will the task be solved? I walk along the road and think why the brick lies here, and what would happen if it lay elsewhere? I was tempted to come back, to think and think about the brick again and again."

He constantly counts the windows of the second floor of buildings on the way to school, adds up the numbers, cars, and if the sum turns out to be less than 14, he cannot go further, he waits for a car to pass with the sum of the digits on the number above 14. He asks for help to get rid of his condition, so how it interferes with studying well, requires a "constant struggle". Painfully restless and anxious.

1. Determine the nature of violations
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 20

1. The subject and tasks of psychiatry. The main stages in the development of clinical psychiatry, the principles of the modern classification of mental illness.
2. Progressive amnesia.

3. Patient 25 years old, engineer. The disease began acutely. He became anxious, locked himself in his room, curtained the windows. He said that he was being watched from the opposite house. He cut his shirts and handkerchiefs into pieces.

In the hospital department, he was tense, suspicious, and fearful. I heard from behind the window and through the wall some voices, knocking, music. Plugs ears with cotton. He looks at the doctor incredulously. Gloomy.

He declares that "everything is rigged" around him, he takes the doctor for a famous film actress, the patients - for the artists of the Russian folk choir - "everything is rigged here, some kind of masquerade, everyone pretends to be sick, and they are artists." He hears threats, hints in his address in the words of others. Everything around him took on a special meaning. "The carpet path is the path to the cemetery (it means I will die soon), the deer depicted in the picture mean laziness, therefore, they consider him lazy." He perceives a conversation with a doctor as a sign that he is considered a spy.

1. Qualify the state.
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 21

1. Delusion (definition, clinical forms, diagnostic value, socially dangerous behavior of patients).

<p> ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ </p>		<p> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия» </p>
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<p>Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"</p>		8page of 20

2. Korsakov's syndrome.

3. Patient F., 39 years old, engineer. He is being treated at the clinic. She believes that a neighbor who lives in the same apartment with her is trying to force her out of the house and take over her room.

To this end, he spoils her things, prevents her from sleeping at night: knocking, shuffling, coughing. She wanted to change her apartment. She wrote statements to the local committee at her place of work, then to the local committee at her neighbor's place of work. The statements described "his art and bullying." She tried to threaten the administration "if they don't take action." She got her friends to support her at work, invited them to be witnesses in a comrades' court. Only two years later, the comrades realized that she was ill. They were convinced of this by the following statements by F.: "My neighbor has long been working on the invention of a special apparatus with which he can open any locks, even penetrate without opening the doors in order to harm her, poison her. Continues to spoil things, reduced the size of the dress, coat. She demanded that her friends take turns guarding her room. In male colleagues I saw ill-wishers, "drinking companions of a neighbor."

1. What is the name of this disorder?

2. What area of mental activity does this type of disorder belong to?

Examination ticket № 22

1. Violations of attention.

2. Dementia. Definition, types.

3. Patient 40 years old, accountant. By nature suspicious, impressionable, capricious. After an acute illness, she coughed for a long time, and the therapist suggested examining her lungs. For a long time I stood in line at the X-ray room, worried, afraid to hear the "worst". In the office, she overheard a conversation between a doctor and a technician "about a rounded shadow", burst into tears, asked "to tell the truth, do I have cancer or tuberculosis". Again she turned to the therapist, then to another, third. She insisted on a thorough examination. Showed blood and urine tests to various specialists.

I compared their statements, tried to convict them of lies. After the cough passed, she came to the conclusion that she had cancer. She figuratively imagined how the tumor grows, spreads "from the lungs to the stomach".

She searched for more and more confirmation of her imaginary illness, demanded appropriate treatment, did not believe in the conclusions of specialists, took tests again and again, compared them, looked for confirmation or "refutation" in the medical literature, in various reference books. She is dissatisfied with the psychiatrist's consultation, she is worried, there are tears in her eyes, she admits the possibility that she was mistaken in her conclusions, but asks to recommend "a major specialist and examine more fully."

1. What is the name of this thought disorder?

2. What area of mental activity does this type of disorder belong to?


Examination ticket № 23

1. Pathology of emotions.

2. Disorder of habits and drives: pyromania, dromomania, kleptomania, trichotillomania and others.

Pathological gambling.

3. Patient Sh., 34 years old, disabled person of the 1st group. For 10 years, he has been in a psychiatric hospital almost continuously. In the department, she is lethargic, passive, not busy with anything, she spends most of her time sitting on the same chair, looking at one point. He does not take part in the life of the department, at the suggestion of the patients he sits down to play dominoes, but does not think about the moves, often puts inappropriate "dice", loses, indifferently gives way to any patient. He does not show any interest in knitting and sewing and is not engaged. He does not take care of his appearance, he washes himself, fastens his clothes only at the request of the staff. He does not know any of the patients and staff, does not enter into conversations. The facial expression is monotonous, dull, indifferent, any messages are not reflected in her facial expressions. Gluttonous and sloppy in food. He goes on a date with his mother at the direction of the staff, does not ask anything; greedily,

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Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery		56/09Б
Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"		9page of 20

indiscriminately eats everything brought, leaving nothing for the next meal. Spontaneously does not contact anyone. He shows no interest in the conversation, answers in monosyllables, reluctantly, looks past the doctor.

1. Determine the syndrome.

Examination ticket № 24

1. Physiological and pathological affects.
2. Oneiroid syndrome. Clinical characteristic.
3. Patient B., 50 years old. In the department of a psychiatric hospital, he behaves self-confidently, speaks with aplomb, is angry, sometimes aggressive. He calls himself "field marshal", "ruler of the World". Hears "voices" coming from other worlds, talks to them. Declares that he can freely be transferred to the Moon, Jupiter, other planets, from where he controls the Universe, the movement of heavenly forces. He often smells of gasoline, alcohol, which are "put into his nose with the help of a special technique". At the same time, he gets irritated and demands that this disgrace be stopped immediately." He feels how, with the help of the apparatus, "protons", "perverse thoughts", "wind on the brain", from London they act with the help of electrons. With his eyes closed, he sees various animals, cancer, a scorpion, etc. He demands an immediate discharge, wants to go to Moscow, where he "will be given as much money as he wants." At the same time, when talking on abstract topics, he reveals sufficient prudence, gives accurate assessments to his employees who are sick in the department, is well versed in the essence of current political events, etc.

1. Define the syndrome.

Examination ticket № 25

1. Disorders of the motor-volitional sphere.
2. Violations of the food instinct.
3. Patient L., age 53, agronomist. His wife turned to the psychiatric dispensary. She said that over the past year, her husband had abandoned work, writing something all day and even at night and carefully hiding what was written. Called to the doctor, the patient said that he had invented the apparatus "L-2" for capturing thoughts at a distance. This invention should become the basis for a "new technical revolution" and is of great defense importance. He brought with him a lot of drawings, diagrams, a thick manuscript in which, using equations from elementary mathematics, simple laws of physics, he tries to substantiate his "hypothesis". He told the doctor that he had taken the first copy of the manuscript to Moscow, but the suitcase had been stolen along the way. I am absolutely sure that the theft was committed by agents of foreign intelligence. The patient talks about all this with a mass of the smallest details, with deep conviction, brushing aside the thought of the possibility of a mistake.

1. Define the syndrome.

Examination ticket № 26

1. Violations of desires. The main symptoms and syndromes of disordered drives.
2. Violations of the sexual instinct.
3. Patient K., age 33, foreman. The disease began in connection with conflicts at work. He began to write complaints against his employees to various authorities, accusing them of "anti-state policy", immoral behavior, etc. The idea arose that his wife had been in touch with the director of the enterprise before marriage. Her influence on the director is such that she can resolve all issues, up to sending employees on business trips abroad. He recalls how, at his request, the director returned to the shop several workers who had been temporarily transferred to another job. During the tour of the workshop, the director approached him and shook hands. All this, according to the patient, testifies to the connection of the director with his wife. Fearing exposure, the director wants to remove the patient from the factory. On his orders, employees "hint" the patient to be fired, neighbors record all his conversations with his wife and report them to the director, the attending physician was specially informed incorrectly, etc. The patient is full of thoughts about "persecution". Any conversation leads to the topic of what measures he took in his defense, where he wrote. Alludes to "influential friends",

<p> ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ </p>		<p> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия» </p>
<p>Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery</p>		56/09Б
<p>Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"</p>		10page of 20

without whom he "would have been in Kolyma a long time ago." Intends to continue the fight, "to expose who should be."

1. Determine the syndrome.
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 27

1. Clinical signs of impaired consciousness.
2. Disorders of the emotional sphere. Clinical characteristic.
3. Patient M., 22 years old, opera theater artist. In the department of the psychiatric hospital, he is in constant agitation, grimacing, fooling around, making faces, laughing loudly. He climbs onto the windowsill, onto the table, and with a loud belligerent cry jumps from there onto the bunks, crawls under the bed and growls, trying to grab the passing people by the legs. He calls himself Tarzan, says that he portrays a hunter in a wild forest and jumps from branch to branch. Left unattended for a minute, he will instantly do something: he will pull off the blanket from the patient, break the glass in the window, once he unscrewed the plugs from the heaters and lowered them into the toilet. At times, the excitement reaches the point of frenzy.

The patient becomes angry, swears obscenely (although he immediately apologizes), tries to drink his urine, smear himself with feces, attacks others.

1. Determine the syndrome.
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 28

1. Syndromes of lowering the level of consciousness.
2. Violation of associative activity (quantitative and qualitative disorders of the thinking process). The main symptoms, their diagnostic value.
3. Patient N., 36 years old. Comes again. In the first days, against the backdrop of high spirits, she noted that she perceives the environment in bright colors, passers-by on the street are all beautiful, elegant, like artists. At home and in the hospital, he perceives everything sharply: ordinary light blinds, sounds deafen, the click of a lock is perceived as a shot. Everything is annoying.

1. Qualify condition
2. What pathology of the mental sphere does this disorder belong to?

Examination ticket № 29

1. Syndromes of stupefaction.
2. Catatonic syndrome, its main symptoms.
3. Patient V., 33 years old. Abuses alcohol. One day I couldn't sleep. It was scary. Suddenly he felt someone pulling him by the shoulder, and heard the voice of his dead sister from behind: "Get up, let's go!". He got dressed and walked all night, obeying the orders of the voice of his sister, who told him where to go, what to do, scolded the patient, insulted him. From time to time I heard not only the voice of my sister, but also some man who threatened. In the morning the "voices" became quieter. He himself went to the ambulance station and was hospitalized.

1. Qualify the nature of the pathology.
2. What pathology of the mental sphere does this disorder belong to?

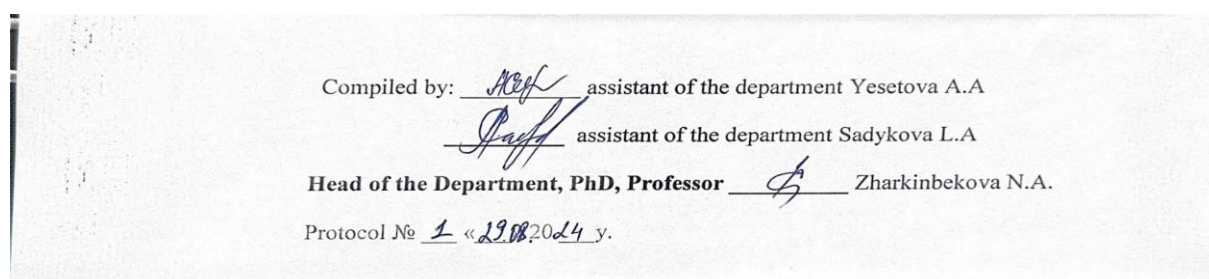
Examination ticket № 30

1. Delirious syndrome. Clinical characteristic.
2. Overvalued ideas, their difference from nonsense.
3. Patient K., 36 years old, police officer. He was taken to the forensic psychiatric department of the hospital from the pre-trial detention cell. He has always been a diligent, hardworking and disciplined person. One morning, as usual, I got ready for work, took a weapon, but suddenly with a desperate cry: "Beat the bandits!" ran out into the street. Neighbors saw him running along the block with a pistol in his hands, continuing to shout something. Shots rang out right there. Concerned about what had happened, the neighbors called the police. The patient was detained in the next quarter, while he

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<p>Control and measuring means for bachelor's degree in General Medicine in the subject "Psychiatry and narcology"</p>		11 page of 20

showed violent resistance. He was agitated, pale, continued to shout threats against the "bandits". Not far from him, three wounded lay on the ground - bystanders. About an hour later, the patient woke up at the police station. For a long time he could not believe that he had committed a serious crime. He remembered that he was at home, but subsequent events completely fell out of his memory. Convinced of the reality of the events, he gave a reaction of deep despair, reproached himself for his deed, tried to commit suicide.

1. Qualify the nature of the pathology.
2. What pathology of the mental sphere does this disorder belong to?



Test tasks for boundary control 1

<question> True hallucinations are not characterized by
<variant> experience of doneness, alignment
<variant> real projections
<variant> identification with a real object
<variant> external projections
<variant> brightness, liveliness of images
<question> Does not apply to violation of sensations
<variant> abulia
<variant> parasthesia
<variant> anesthesia
<variant> hypoesthesia
<variant> senestopathy
<question> Perceptions without a real object at a given place and time are
<variant> hallucinations
<variant> senestopathy
<variant> illusions
<variant> metamorphopsia
<variant> dysmorphopsia
<question> Painful sensations of burning, pressure, constriction

emanating from the internal organs are
<variant> senestopathy
<variant> hyperesthesia
<variant> dysmorphopsia
<variant> illusions
<variant> hypnogogic hallucinations
<question> Suggested hallucinations are characteristic of
<variant> schizophrenia
<variant> intoxication psychoses
<variant> delirium
<variant> reactive psychosis
<variant> psychopathy
<question> The distinguishing feature of visceral hallucinations from senestopathies is
<variant> sensation of an object in some organ
<variant> imagery and clarity of localization
<variant> lack of an objective reason for occurrence
<variant> migrate
<variant> pretentiousness

<question> Criteria for pseudo-hallucinations
<variant> have no real projection to the outside
<variant> have a real projection to the outside
<variant> appear when falling asleep
<variant> appear on awakening
<variant> are out of view
<question> Simple hallucinations include
<variant> photopsies
<variant> hypnogogic
<variant> hypnopompic
<variant> extracampal
<variant> hallucinations like Charles Bonnet
<question> Psychosensory disorders do not include
<variant> senestopathy
<variant> metamorphopsia
<variant> macropsia
<variant> body schema violation
<variant> micropsia
<question> The patient in the conversation of strangers hears threats and insults in

his address with ...
hallucinations.
<variant> auditory
<variant> commenters
<variant> neutral
<variant> reflex
<variant> extracampal
<question>
Depersonalization is a disorder... .
<variant> sensations and perceptions
<variant> memory
<variant> self-awareness
<variant> thinking
<variant> intellect
<question> A perceptual disorder refers to ... a syndrome.
<variant> hallucinatory
<variant> depressive
<variant> manic
<variant> catatonic
<variant> convulsive
<question> Asthenic symptoms, combined with increased attention to one's physical health, are characteristic of ... syndrome.
<variant> astheno - hypochondriacal
<variant> astheno - abulic
<variant> astheno - neurotic
<variant> astheno - depressive
<variant> apatico - abulic
<question> Thinking tempo disorders do not include
<variant> reasoning
<variant> ideas jump
<variant> sperrung
<variant> mentism
<variant> slow thinking
<question> The patient's speech, consisting of fragments of phrases and individual words, is typical for ... thinking.
<variant> rambling

<variant> broken
<variant> resonator
<variant> paralogical
<variant> amorphous
<question> Doesn't qualify as a delusion... .
<variant> critical attitude
<variant> obsessive nature of ideas
<variant> pathological content of ideas
<variant> logical correction not available
<variant> distorted reflection of reality
<question> Mentism is more common in ... syndrome.
<variant> mental automatism
<variant> paranoid
<variant> manic
<variant> Korsakovsky
<variant> hypochondriacal
<question> Paralogical thinking is more common in patients suffering from
<variant> schizophrenia
<variant> psychopathy
<variant> epilepsy
<variant> neuroses
<variant> involutional psychoses
<question> Obsession does not include
<variant> abulia
<variant> claustrophobia
<variant> cardiophobia
<variant> dysmorphomania
<variant> syphilophobia
<question> Suicidal thoughts and attempts are not typical for
<variant> dysmorphomania
<variant> hysteria
<variant> depression
<variant> hallucinosis syndrome
<variant> schizophrenia
<question> Obsessive fears are not
<variant> dysmorphomania

<variant> syphilophobia
<variant> thanatophobia
<variant> claustrophobia
<variant> cardiophobia
<question> Expressed acceleration of mental activity is called
<variant> ideas jump
<variant> mentism
<variant> reasoning
<variant> verbigeration
<variant> perseveration
<question> It does not apply to the pathology of thinking
<variant> cryptomnesia
<variant> acceleration
<variant> concrete-figurative thinking
<variant> slow down
<variant> reasoning
<question> Patients with ... hallucinations pose a social danger.
<variant> imperative
<variant> reflex
<variant> functional
<variant> elementary
<variant> hypnogogic
<question> Tempo is not a thinking disorder... .
<variant> thoroughness
<variant> mentism
<variant> sperrung
<variant> acceleration
<variant> slow down
<question> For speeding up thinking is not typical
<variant> low productivity
<variant> distractibility
<variant> pathological thoroughness
<variant> increase the number of associations
<variant> involuntary rush of thoughts
<question> Delusions of grandeur of large-scale fantasy content are

characteristic of the ...
syndrome.
<variant> paraphrenic
<variant> hallucinatory
<variant> paranoid
<variant> paranoid
<variant> Kandinsky-
Clerambault
<question> Fixation amnesia
is characteristic of the ...
syndrome.
<variant> Korsakovsky
<variant> psycho-organic
<variant> asthenic
<variant> depressive
<variant> manic
<question> Impairments of
memory and intelligence are
not characteristic of
<variant> neurasthenia
<variant> epilepsy
<variant> progressive
paralysis
<variant> cerebral
atherosclerosis
<variant> schizophrenia
<question> Confabulations
are not observed at
<variant> neurosis
<variant> traumatic brain
injury
<variant> vascular lesion of
the brain
<variant> brain syphilis
<variant> alcoholic
encephalopathy
<question> Korsakoff's
syndrome does not include ...
.
<variant> acceleration of the
associative process
<variant> progressive
amnesia
<variant> fixation amnesia
<variant> confabulation or
pseudo-reminiscence
<variant> disorientation in
time and place

<question> Progressive
amnesia does not occur with
... .
<variant> manic-depressive
psychosis
<variant> senile psychosis
<variant> Pick's disease
<variant> progressive
paralysis
<variant> atrophic diseases
of the brain
<question> Quantitative
memory impairment does not
include
<variant> confabulation
<variant> hypermnnesia
<variant> hypomnesia
<variant> amnesia
<variant> progressive
amnesia
<question> Qualitative
memory impairment does not
include
<variant> Anterograde
amnesia
<variant> Pseudo-
reminiscences
<variant> Confabulations
<variant> Paramnesia
<variant> Cryptomnesia
<question> Full memory loss
is
<variant> amnesia
<variant> apathy
<variant> apraxia
<variant> aphasia
<variant> abulia
<question> Amnesic
psychosis in alcoholism is
described
<variant> S.S. Korsakov
<variant> A. Alzheimer
<variant> by E.Krepelin
<variant> O.V.Kerbikov
<variant> by V.P.Serbsky
<question> Not related to
Korsakoff's syndrome... .
<variant> mentism
<variant> fixation amnesia
<variant> confabulation

<variant> self-disorientation
<variant> time disorientation
<question> Psychoorganic
syndrome does not include
... .
<variant> catatonia
<variant> weak judgment
<variant> incontinence
<variant> mentism
<variant> dysmnnesia
<question> Dementia does
not occur with
<variant> psychopathy
<variant> atrophic processes
of the brain
<variant> progressive
paralysis
<variant> obsessive
psychosis
<variant> skull injuries
<question> A persistent
decline in cognitive activity
with the loss of previously
acquired knowledge and
practical experience is
<variant> dementia
<variant> mental retardation
<variant> pseudodementia
<variant> amnesia
<variant> mental infantilism
<question> Congenital
dementia syndrome is
<variant> mental retardation
<variant> partial dementia
<variant> Pick's disease
<variant> dementia
<variant> Alzheimer's
disease
<question> For epilepsy, the
most characteristic is
<variant> thoughtfulness
<variant> ambitency
<variant> apathy
<variant> inadequacy
<variant> ambivalence
<question> Pathological
affect is not accompanied by
... .
<variant> abulia

<variant> violent motor manifestations
<variant> clouding of consciousness
<variant> amnesia
<variant> lower behavior control
<question> The structure of the depressive syndrome does not include
<variant> delusions of grandeur
<variant> longing
<variant> delusions of self-blame
<variant> mental retardation
<variant> memory reduction
<question> Emotional pathology does NOT apply to
<variant> abulia
<variant> parathymia
<variant> dysphoria
<variant> mania
<variant> alert
<question> An extreme form of psychological alienation, expressed in a person's withdrawal from contact with others, is
<variant> autism
<variant> apathy
<variant> abulia

<variant> stupor
<variant> negativism
<question> The patient has an increase in motives, mobility, increased activity, initiative during
<variant> mania
<variant> euphoria
<variant> dysphoria
<variant> Moria
<variant> hyperkinesia
<question> The kind of obsessions is
<variant> pyromania
<variant> gerontophilia
<variant> cancerophobia
<variant> pedophilia
<variant> agoraphobia
<question> With pathological intoxication, there is ... a violation of consciousness.
<variant> twilight
<variant> stunned
<variant> delirious
<variant> oneiroid
<variant> amental
<question> Deep indifference with no feelings is... .
<variant> apathy
<variant> adynamia
<variant> anesthesia

<variant> depression
<variant> dysphoria
<question> A pathological increase in the need for food is
<variant> bulimia
<variant> olidipsia
<variant> anorexia
<variant> euphoria
<variant> hypothymia
<question> Not related to attraction disorders
<variant> claustrophobia
<variant> anorexia nervosa
<variant> polydipsia
<variant> abulia
<variant> kleptomania
<question> Not related to craving disorders... .
<variant> mutism
<variant> dromania
<variant> fetishism
<variant> addiction
<variant> pyromania
<question> Weakening or lack of hunger is
<variant> anorexia
<variant> apraxia
<variant> abulia
<variant> negativism
<variant> apathy

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Protocol № 1 «29.08.2024» y.

Test tasks for boundary control 2

<question> When stunned, there is
<variant> difficulty concentrating
<variant> emotional lability
<variant> difficulty understanding the situation
<variant> fixation amnesia
<variant> weakening of cognitive activity
<question> Delirium occurs when
<variant> alcoholism
<variant> schizophrenia
<variant> acute vascular psychosis
<variant> hysterical psychopathy
<variant> acute traumatic psychosis
<question> Delirium is not typical of... .
<variant> immobility
<variant> drowsiness
<variant> frightening picture of visual hallucinations
<variant> mutism
<variant> disorientation in the environment
<question> Oneiroid is not peculiar to
<variant> true visual hallucinations
<variant> catatonic disorders
<variant> psychomotor agitation
<variant> antagonistic nonsense
<variant> disorientation in place, time, self
<question> Amentia is not characterized by
<variant> the ability to understand what is happening
<variant> bad forecast
<variant> incoherent speech

<variant> memory retention of painful experiences
<variant> profound confusion
<question> One of the options for twilight clouding of consciousness is
<variant> ambulatory automatism
<variant> absence
<variant> delirium
<variant> fugue
<variant> trans
<question> Does not apply to psychotic types of pathology of consciousness
<variant> sopor
<variant> obnubilation
<variant> delirium
<variant> twilight state
<variant> oneiroid
<question> Treatment for acute alcoholic psychosis is
<variant> stationary
<variant> at home
<variant> outpatient
<variant> in a day hospital
<variant> in a night hospital
<question> Derealization doesn't see
<variant> identity disorder
<variant> false perception of the environment
<variant> presence of a critical relationship
<variant> feeling of change, unreality
<variant> foreignness of the surrounding world
<question> Distortion of the perception of the shape, space and size of objects is called
<variant> metamorphopsy
<variant> true hallucinations
<variant> illusions

<variant> senestopathies
<variant> pseudo hallucinations
<question> The feeling in the stomach of a "living being" is... .
<variant> visceral hallucinations
<variant> senestopathy
<variant> true hallucinations
<variant> illusions
<variant> autometamorphopsia
<question> The criterion for true hallucinations is... .
<variant> sensual brightness of hallucinations
<variant> localization of hallucinations inside the head
<variant> "done" criterion
<variant> influence on mental "I"
<variant> the presence of criticism of the patient to his condition
<question> Illusions are... .
<variant> erroneous, false perception of real objects
<variant> imaginary perception of real objects
<variant> sensation of increased limb size
<variant> seeing images inside the head
<variant> erroneous thoughts
<question> Perseveration of thinking is
<variant> delay on the same views and responses
<variant> mentism
<variant> lack of logical connection in thinking
<variant> propensity for empty reasoning
<variant> lack of connection between individual thoughts

<question> For the relief of acute hashish psychosis, do not use

<variant> lithium salts

<variant> nootropil

<variant> vitamins

<variant> halopredol

<variant> detoxification therapy

<question> Neurological disorders in patients with cocaine addiction do not apply

<variant> pupil constriction

<variant> muscle

hypertonicity

<variant> hyperreflexia

<variant> headaches

<variant> hyperhidrosis

<question> The duration of intoxication psychosis in patients who use ephedron is

<option> 3-4 hours

<option> 1-2 days

<option> 1-2 weeks

<option> 3-4 weeks

<option> 2 months

<question> Alcoholism is not typical

<variant> pathological addiction to drugs

<variant> progradient flow

<variant> pathological craving for alcohol

<variant> occurrence of withdrawal syndrome when alcoholic beverages are stopped

<variant> development of somatoneurological disorders and mental degradation

<question> The main route of cocaine use is

<variant> inhalation

<variant> parenteral

<variant> per os

<variant> smoking

<variant> chewing

<question> A lethal dose of cocaine... .

<variant> 1000-1200mg

<variant> 700-900mg

<variant> 800-850mg

<variant> 500-700mg

<variant> 300-400mg

<question> Signs of acute hashish poisoning are not

<variant> aggression

<variant> boost mood

<variant> activity

<variant> excitability

<variant> euphoria

<question> Cocaine poisoning does not show

<variant> hypotension

<variant> hyperthermia

<variant> itchy eyes

<variant> cardiac arrhythmia

<variant> increased urination

<question> The unconscious appropriation of someone else's events is called

<variant> cryptomnesia

<variant> confabulation

<variant> amnesia

<variant> pseudo-

remenescence

<variant> ecmnesia

<question> Cocaine addicts do not have

<variant> intense tremor

<variant> depression and

suicidal risk

<variant> sleep disturbance

<variant> aggression

<variant> headaches

<question> With hashish withdrawal, there is no

<variant> drowsiness

<variant> yawn

<variant> jitter

<variant> tachycardia

<variant> mydriasis

<question> Duration of withdrawal in hashish addiction

<option> 1-3 days

<option> 3-5 days

<option> 7-12 days

<option> 5-7 days

<option> 10-15 days

<question> Specify the syndrome of amnesic disorders

<variant> Korsakovsky

<variant> Kandinsky-Clerambault

<variant> Catatonic

<variant> Hebeephrenic

<variant> Delirious

<question> Cases of suicide of patients are more common with ... syndrome.

<variant> depressive

<variant> paranoid

<variant> hallucinatory

<variant> catatonic

<variant> manic

<question> Depressive syndrome does not include

<variant> reassessment of one's own capabilities

<variant> longing or anxiety

<variant> movement

retardation

<variant> ideas of one's own inferiority

<variant> slow thinking

<question> Pathological affect is

<variant> violent motor reaction with clouding of consciousness

<variant> violent motor reaction without clouding of consciousness under the influence of external influence

<variant> increased activity against the background of increased mood

<variant> unmotivated goofy mood

<variant> short-term

clouding of consciousness

<question> Catatonic stupor does not include

<variant> muscle
 hypotension
 <variant> refusal to eat
 <variant> catalepsy
 <variant> negativism
 <variant> immobility
 <question> Catatonic
 syndrome is not
 characterized by
 <variant> fixation amnesia
 <variant> negativism
 <variant> mutism
 <variant> catalepsy
 <variant> echolalia
 <question> Not a type of
 psychomotor agitation
 <variant> stupor
 <variant> manic
 <variant> hebephrenic
 <variant> catatonic
 <variant> delirious
 <question> Disorders of the
 will do not apply
 <variant> apathy
 <variant> abulia
 <variant> parabulia
 <variant> hypobulia
 <variant> hyperbulia
 <question> An irresistible
 urge to wander is... .
 <variant> dromania
 <variant> anorexia
 <variant> bulimia
 <variant> pyromania
 <variant> kleptomania
 <question> It does not apply
 to psychotic types of
 pathology of consciousness

 <variant> nubs
 <variant> twilight
 <variant> amentia
 <variant> oneiroid
 <variant> delirium
 <question> There is no ...
 factor in the etiology of
 delirium.
 <variant> psychogenic
 <variant> alcoholic
 <variant> somatic

<variant> infectious
 <variant> toxic
 <question> The criteria for
 impaired consciousness
 syndromes are
 <variant> detachment from
 the real world
 <variant> a clear perception
 of the environment
 <variant> preservation of
 orientation in the
 surrounding space
 <variant> confabulation
 <variant> paranoid
 <question> Is a socially
 dangerous disorder of
 consciousness
 <variant> twilight
 <variant> amentia
 <variant> oneiroid
 <variant> coma
 <variant> stun
 <question> Disorder of
 consciousness for a few
 seconds is
 <variant> absence
 <variant> stun
 <variant> delirium
 <variant> amentia
 <variant> oneiroid
 <question> The pathogenetic
 treatment of alcoholism
 includes
 <variant> conditioned reflex
 therapy
 <variant> detoxification
 therapy
 <variant> insulin shock
 therapy
 <variant> vitamin therapy
 <variant> ect
 <question> Tolerance is... .
 <variant> minimum amount
 of alcohol to cause
 intoxication
 <variant> daily dose of
 alcohol
 <variant> alcohol intolerance
 <variant> morbid craving for
 alcohol

<variant> maximum amount
 of alcohol to cause
 intoxication
 <question> Blood alcohol
 content in mild intoxication

 <variant> 0.5 - 1.5%
 <variant> 1.8 - 2.5%
 <variant> 3-4%
 <variant> over 2.5%
 <variant> 2-4%
 <question> For the third
 degree of chronic alcoholism
 is not typical ...
 <variant> increasing
 tolerance
 <variant> pathological
 attraction
 <variant> withdrawal
 syndrome
 <variant> personality
 degradation
 <variant> reduced tolerance
 <question> Alcohol is not
 typical
 <variant> clouding of
 consciousness
 <variant> true hallucinations
 <variant> fear, anxiety
 <variant> motor excitation
 <variant> hallucinatory
 behavior
 <question> Pathological
 intoxication is
 <variant> acute transient
 psychosis
 <variant> severe alcohol
 intoxication
 <variant> predelirious state
 <variant> acute intoxication
 <variant> slightly
 intoxicated
 <question> Not
 characteristic of the first
 stage of opium addiction
 <variant> physical
 dependency
 <variant> systematic
 reception
 <variant> increase tolerance

<variant> mental addiction
<variant> state of mental comfort in intoxication
<question> The patient complains of unpleasant hard-to-describe sensations behind the sternum, similar to the fact that "acid corrodes the body" when
<variant> senestopathies
<variant> hyperesthesia
<variant> paresthesia
<variant> psychosensory disorders
<variant> pseudo-hallucinations
<question> Indications for immediate hospitalization are
<variant> imperative hallucinations
<variant> commenting hallucinations
<variant> scene-like hallucinations
<variant> senestopathy
<variant> pareidolia
<question> Hallucinations can't occur when... .
<variant> neurosis
<variant> epilepsy
<variant> schizophrenia
<variant> alcoholic psychoses
<variant> progressive paralysis

<question> Anesthesia acts as a symptom of a mental disorder in
<variant> hysteria
<variant> alcoholic delirium
<variant> hallucinosis
<variant> manic syndrome
<variant> obsessive-compulsive disorder
<question> There is no ... in the structure of the Kandinsky-Clerambault syndrome.
<variant> awareness of the morbid nature of existing disorders
<variant> pseudo hallucinations
<variant> delusional impact
<variant> mentism (influx of involuntary associations)
<variant> alienation of one's own mental processes
<question> Are not memory violations
<variant> mentism and sperrung
<variant> anterograde amnesia
<variant> pseudo-reminiscences
<variant> retrograde amnesia
<variant> confabulation
<question> Patients may refuse to eat when

<variant> delusions of poisoning
<variant> dysmorphomaniac delusion
<variant> catatonic delirium
<variant> manic syndrome
<variant> neurosopod syndrome
<question> Catatonic syndrome is characteristic of
<variant> schizophrenia
<variant> hysteria
<variant> alcoholism
<variant> manic-depressive psychosis
<variant> neuroses
<question> Most likely duration of delirium... .
<option> 3-5 days
<variant> from several minutes to several hours
<option> 2-3 weeks
<variant> more than a month
<variant> can continue as long as you want
<question> Most probable duration of twilight clouding of consciousness... .
<variant> from several minutes to several hours
<option> 3-5 days
<option> 2-3 weeks
<variant> more than a month
<variant> can continue as long as you want

Compiled by: Yesetova A.A. assistant of the department Yesetova A.A.

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Head of the Department, PhD, Professor Zharkinbekova N.A.

Protocol № 1 «29.08.2024 y.

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044-56/09

19стр. из 15

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20стр. из 15