

The background of the slide is a painting depicting a man in a state of mental distress. He is lying on the floor, shirtless, with his arms outstretched. He appears to be in a dark, institutional setting, possibly a psychiatric hospital. Other figures are visible in the background, some looking on with concern. The overall tone is somber and dramatic.

# THERAPY

## Mental illness

# TREATMENT OF MENTAL DISORDERS

## OPTIONS

```
graph TD; A[OPTIONS] --> B[■ Biological therapy]; A --> C[■ Psychotherapy]; A --> D[■ Social rehabilitation]; B --> E["- Methods of therapeutic effects on biological processes"]; C --> F["- System of psychological methods of therapeutic effects on the psyche"]; D --> G["- a set of measures, aimed at maximum adaptation the mentally ill into society and their restoration professional functioning."];
```

### ■ Biological therapy

- Methods of therapeutic effects on biological processes

### ■ Psychotherapy

- System of psychological methods of therapeutic effects on the psyche

### ■ Social rehabilitation

- a set of measures, aimed at maximum adaptation the mentally ill into society and their restoration professional functioning.

# HISTORY OF THERAPY

## Trepanation



Jan van Hemessen (Jan Sanders van Hemessen)? "Removing the stones of stupidity." 1545-1550 gg.



# HISTORY OF THERAPY

## Straitjackets



# HISTORY OF THERAPY

## 'Shock' methods

***Electro-convulsive  
therapy (ECT)***

***The main indications:  
resistant depression  
Catatonic syndrome  
resistant  
schizophrenia***



***Insulin shock therapy - administration of increasing doses of insulin to the  
development of hypoglycemic com.***

***Indications: treatment-resistant schizophrenia.***

# HISTORY OF THERAPY

## Neurosurgical treatment

### **LOBOTOMY**

**INDICATIONS:**  
resistant depression,  
anxiety disorders,  
aggressive behavior in patients  
with schizophrenia.

### **Stereotactic brain surgery**

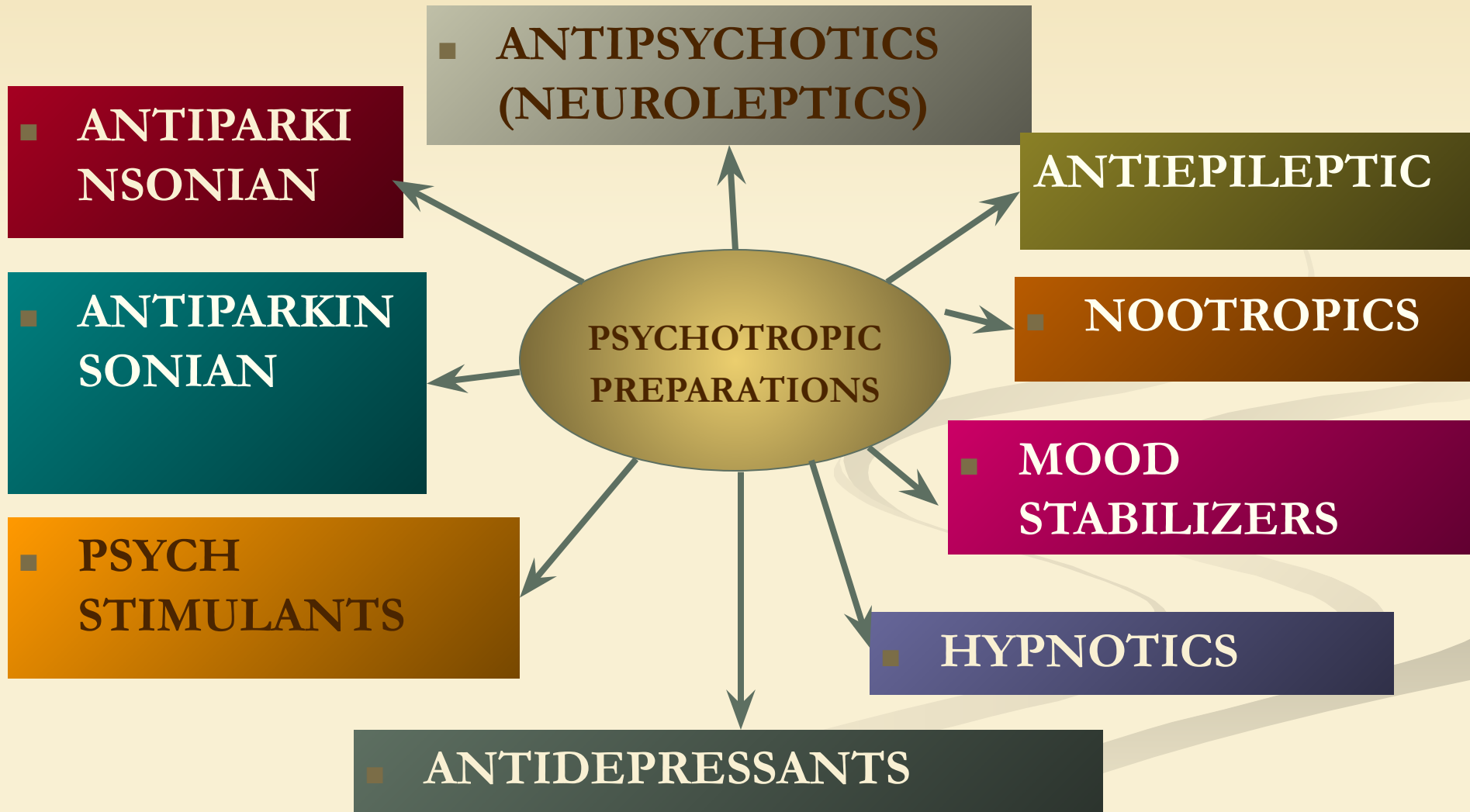
**INDICATIONS:**  
brain tumor  
epilepsy,  
resistant depression,  
obsessive-compulsive disorders,  
addiction.

# DRUG THERAPY OF MENTAL DISORDERS

## PSYCHOTROPIC (Psychopharmacological) FACILITIES

- a group of drugs that have a predominant influence on psychological processes.
- Psychotropic drugs are capable of regulating disturbed mental activity and are used to treat mental illness.

# PSYCHOTROPIC DRUGS: CLASSIFICATION





# ANTIPSYCHOTICS

- The main action - an antipsychotic (reduction of delusions and hallucinations?)
- The main mechanism of action of antipsychotic drugs - a blockade of postsynaptic dopamine receptors.
- The first neuroleptic - chlorpromazine (chlorpromazine), which is synthesized as an antihistamine in 1950; its efficacy has been found in 1952 year.

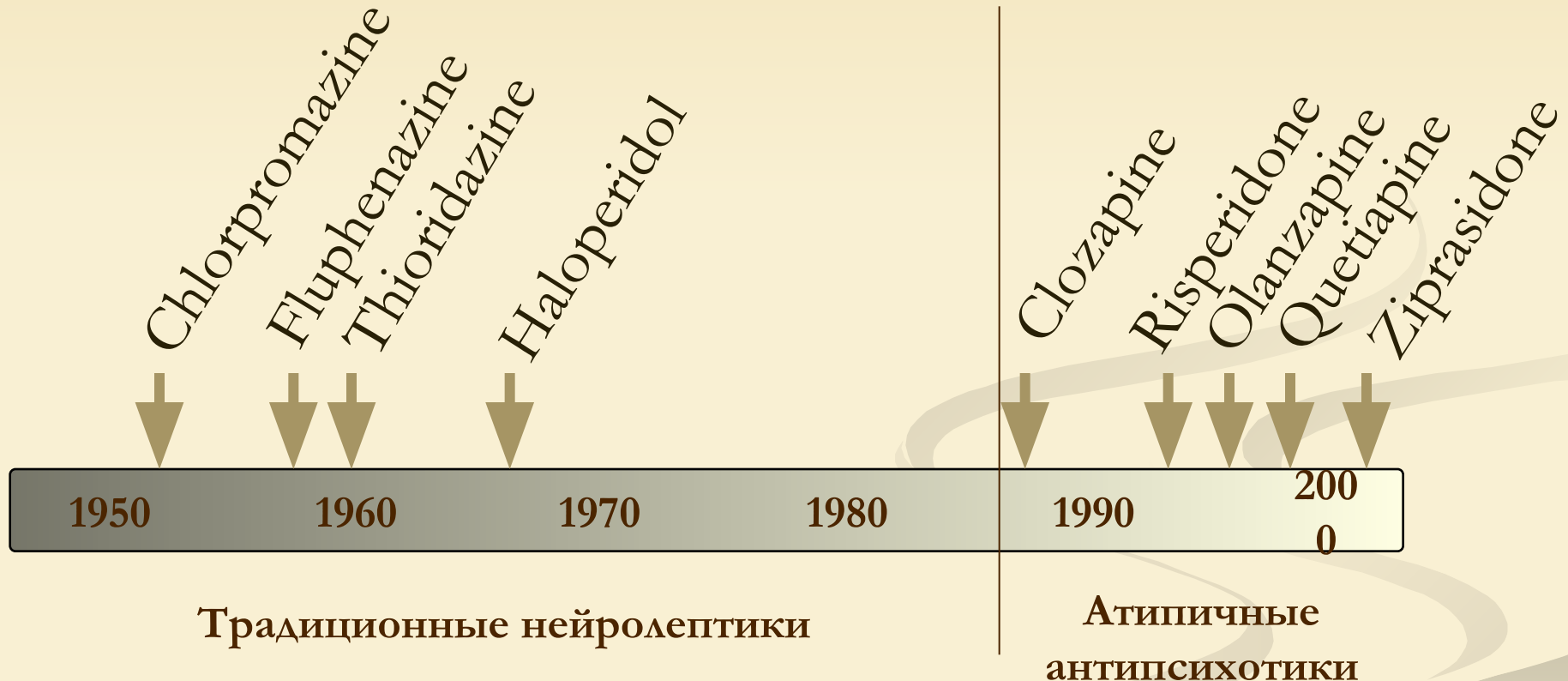
## CLASSIFICATION TYPICAL ANTIPSYCHOTIC

**MOSTLY WITH SEDATION**

**PREFERABLY WITH AN  
ANTIPSYCHOTIC  
ACTION**

# HISTORY

## antipsychotics



Jibson MD, Tandon R. *J Psychiatr Res* 1998;32:215–228;  
Lehmann HE, Ban TA. *Can J Psychiatry* 1997;42:152–162.

# CLASSIFICATION

## Antipsychotic

### ATYPICAL Antipsychotics

- Have fewer extrapyramidal disorders
- Effectiveness at the negative symptoms of schizophrenia
- They have minimal affinity for dopamine receptor and block the serotonin

for example

Clozapine (azaleptin, leponeks) -

Risperidone (rispolept, speridan)

Olanzapine (Zyprexa)

# CLASSIFICATION

## Antipsychotic

### FEATURE ATYPICAL ANTIPSYCHOTICS

**Do not induce  
extrapyramidal  
disorders**

sedation  
the impact on the  
cardiovascular  
system  
no sex disorders  
prolactinemia  
weight gain

- efficiency in positive symptoms
- efficiency in negative symptoms
- efficiency resistant cases



# PROLONGED FORMS OF ANTIPSYCHOTICS

**Specific dosage forms neuroleptics, which, after the / m is gradually released from the depot in the muscle and blood have a therapeutic effect for a long time (up to 1 month)**

## **Preparations:**

**Haloperidol decanoate**

**Klopiksol depot**

**Rispolept-Consta**

# SIDE EFFECTS

## TYPICAL ANTIPSYCHOTICS

Blockade of dopamine receptors:  
antipsychotic effect.  
hyperprolactinemia  
negative symptoms  
tardive dyskinesia

$D_2$

typical  
antipsychotics

Alpha 1

H1

M1

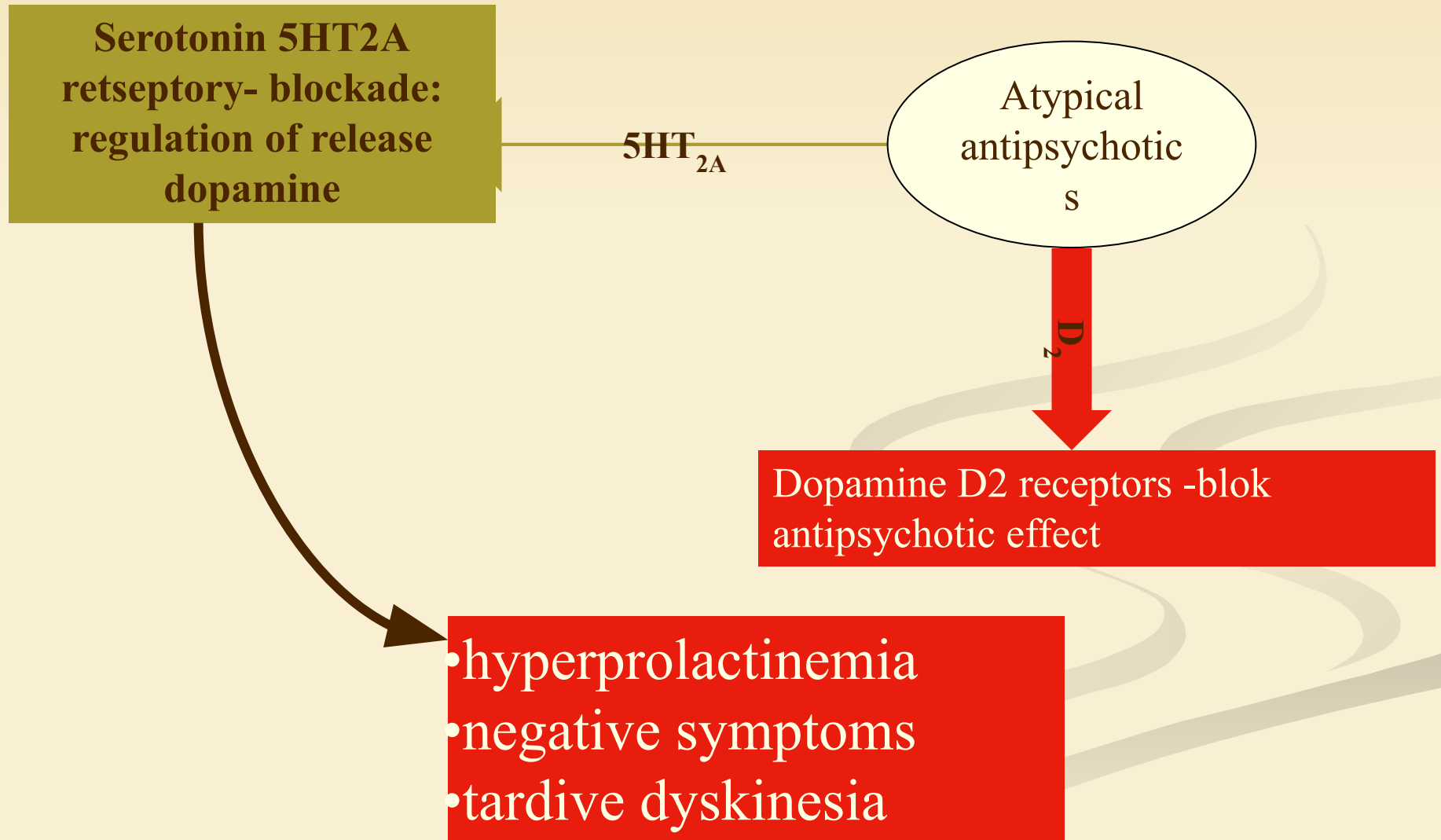
Alpha1-adrenergic receptors - the blockade:  
Lowering blood pressure  
Dizziness  
Drowsiness

H1-histamine receptors - the blockade:  
Weight gain  
Drowsiness

M1 receptors - the blockade:  
Constipation  
Dry mouth  
Drowsiness  
The narrowing of visual fields

# SIDE EFFECTS

## ATYPICAL ANTIPSYCHOTICS



# ADVERSE EFFECTS

## antipsychotics

### MALIGNANT neuroleptic syndrome

**SYMPTOMS:**  
muscle rigidity  
temperature rise  
trophic changes  
stupor.

**A LIFE-THREATENING  
CONDITION OF THE  
PATIENT!**

**TREATMENT:**  
hospitalization in an intensive care unit  
cancellation of neuroleptics  
infusion therapy and so forth.

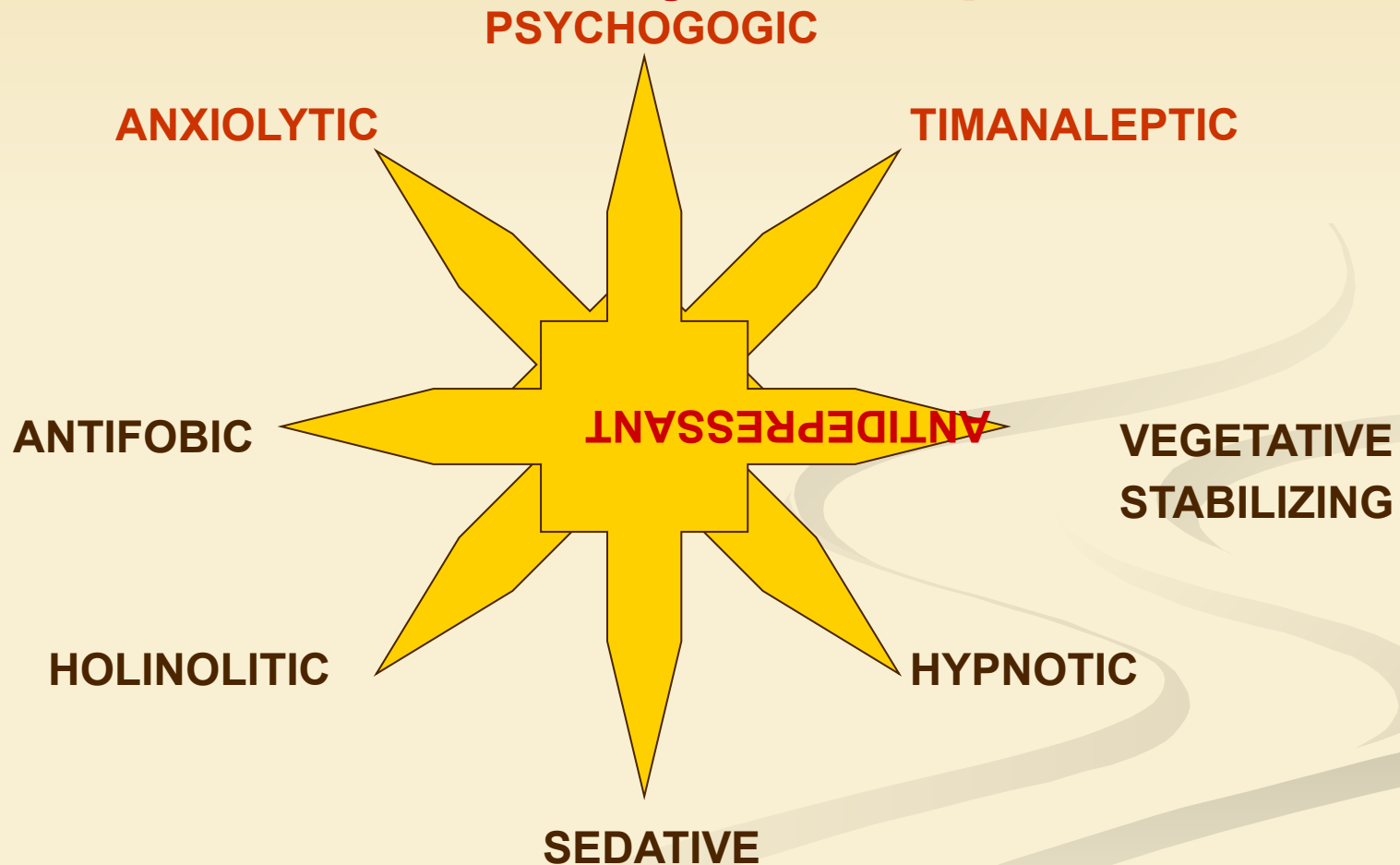


# USE OF NEUROLEPTICS IN MEDICAL PRACTICE

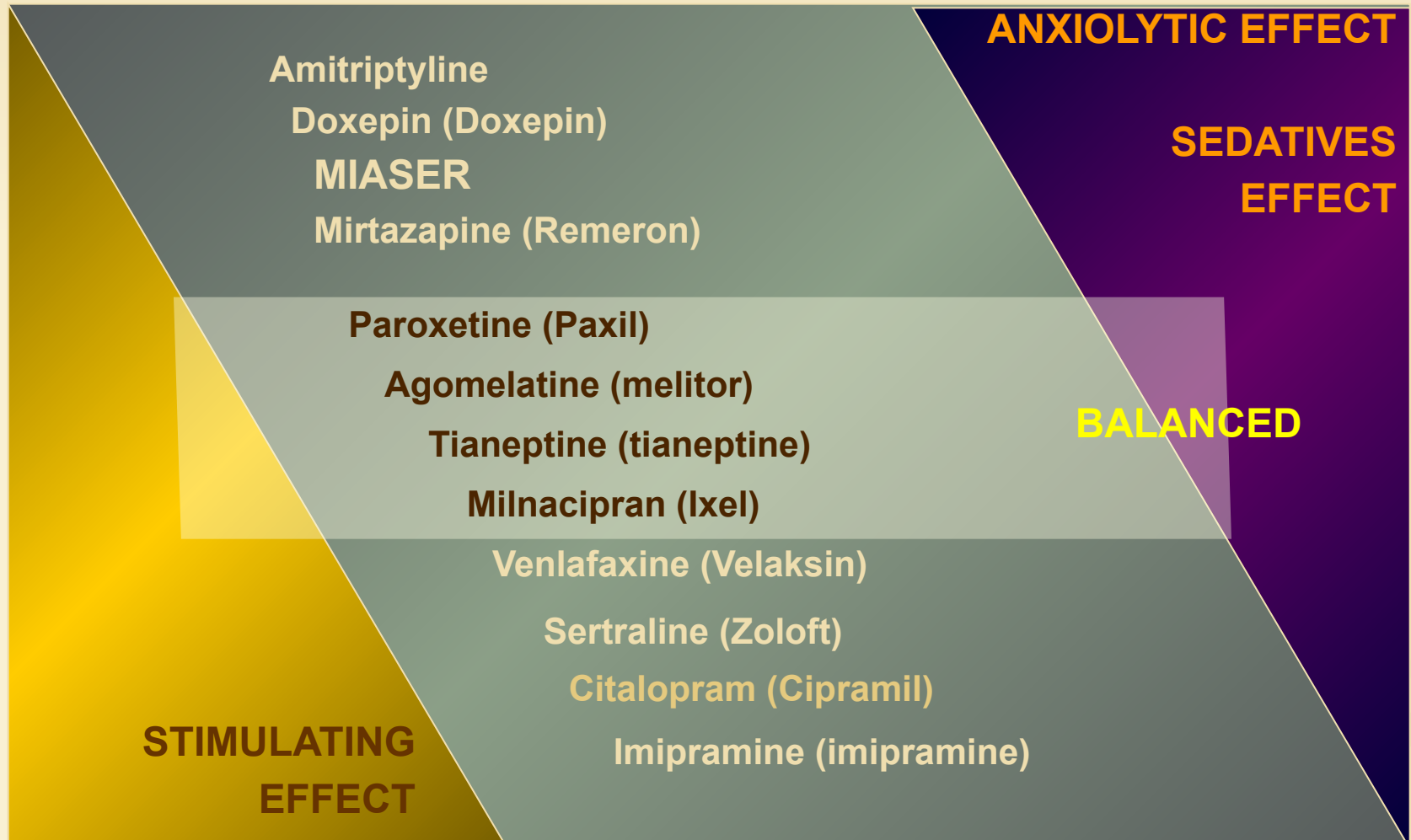
- The surgery - consisting of mixtures for artificial hypothermia (chlorpromazine).
- In anesthesiology and resuscitation - leptoanalgesia (droperidol), as part of some "political" mixtures.
- In dermatology - for the treatment of neurodermatitis, itching dermatoses (Tisercinum, sonapaks, etaperazin).
- In therapy - treatment of hiccups, nausea and vomiting due to inhibition of the vomiting center at the blockade of dopamine receptors (etaperazin).

# ANTIDEPRESSANTS

## effects caused by antidepressants

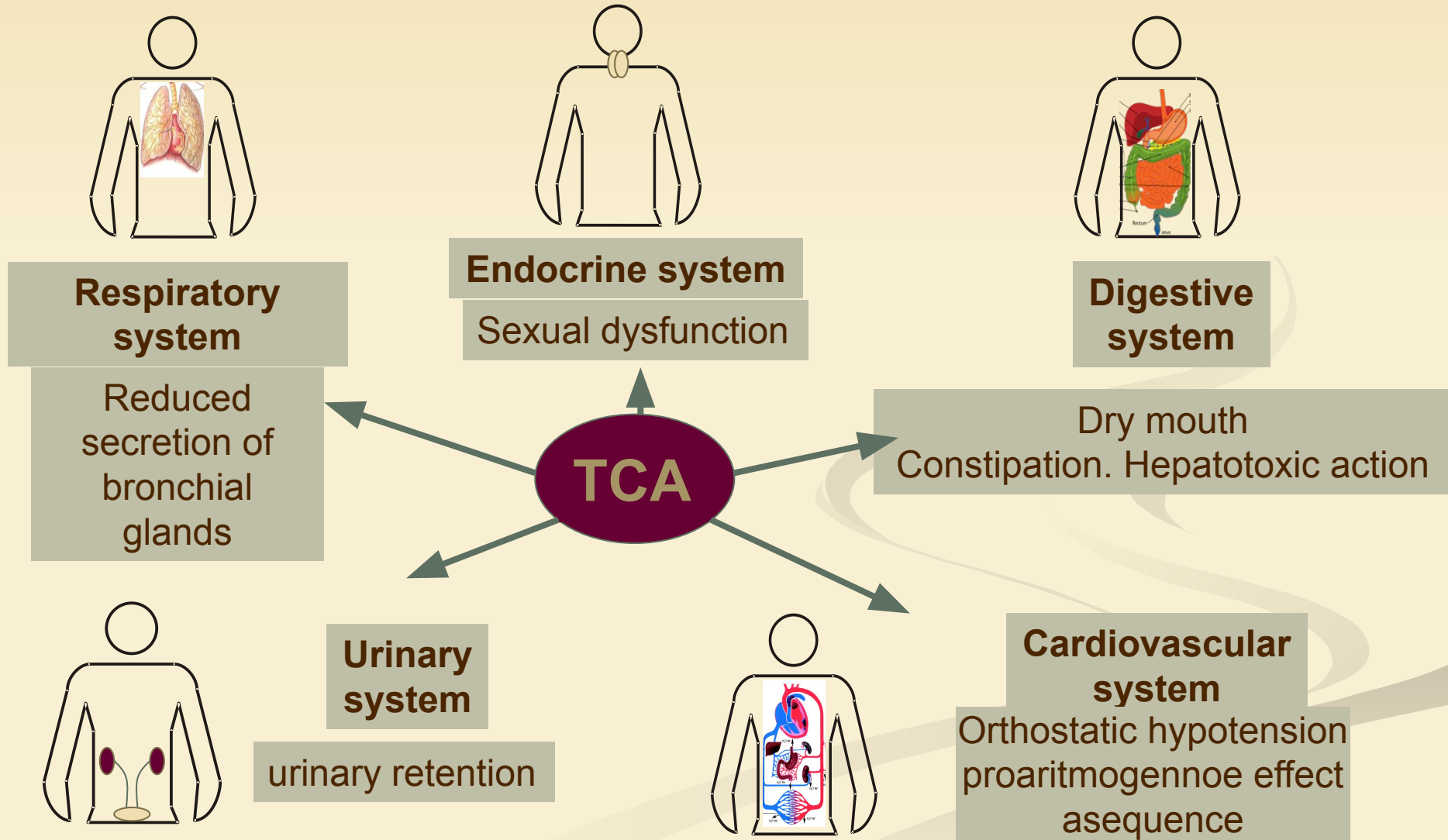


# CLASSIFICATION ANTIDEPRESSANTS DEPENDING ON THE CLINICAL EFFECT



# STH EFFECTS

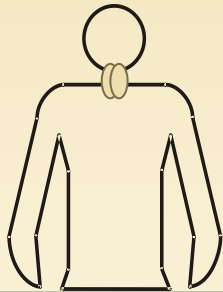
## TRICYCLIC ANTIDEPRESSANTS





# STH EFFECTS

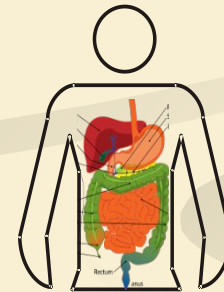
## SELECTIVE SEROTONIN REUPTAKE INHIBITOR



**Endocrine system**

Sexual dysfunction

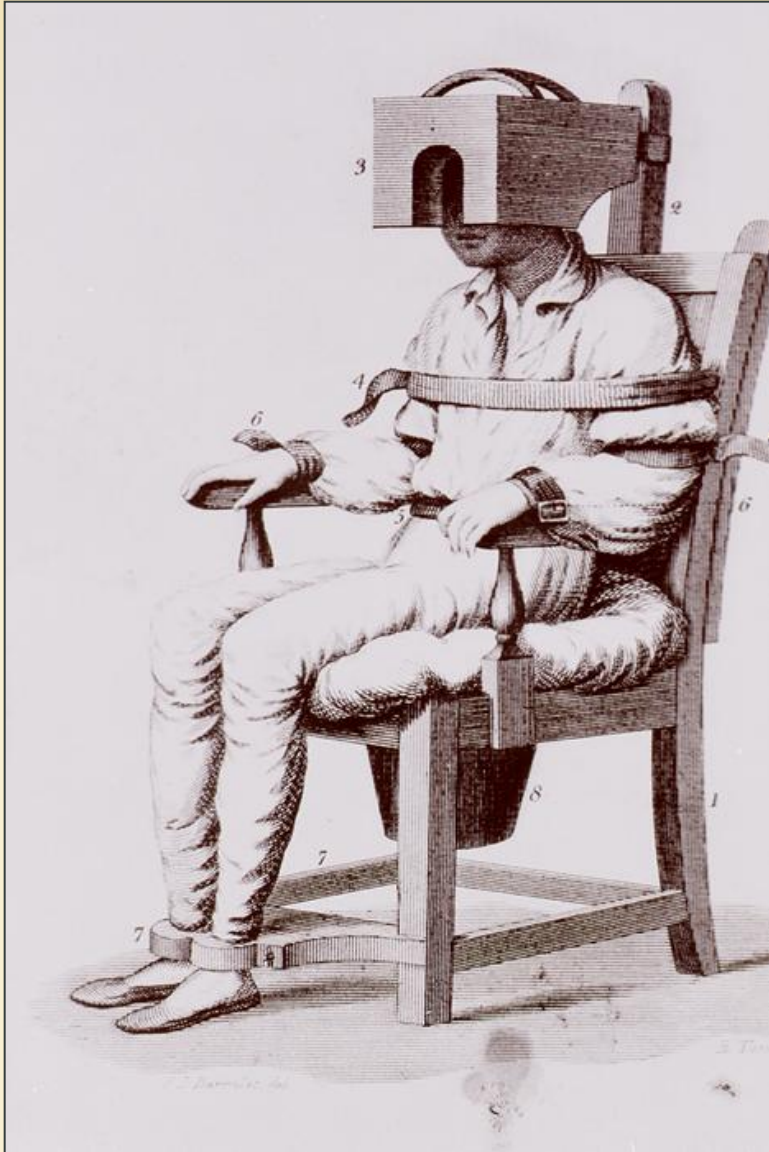
**SSRI**



**Digestive system**

Weight loss  
Reduced secretion of salivary glands  
Diarrhea  
Nausea

# TRANQUILIZER



The term "tranquilizer" (from the Latin tranquille -. To do a calm, serene) introduced the American psychiatrist C. Rush in 1810, naming them so designed wooden chair strait.

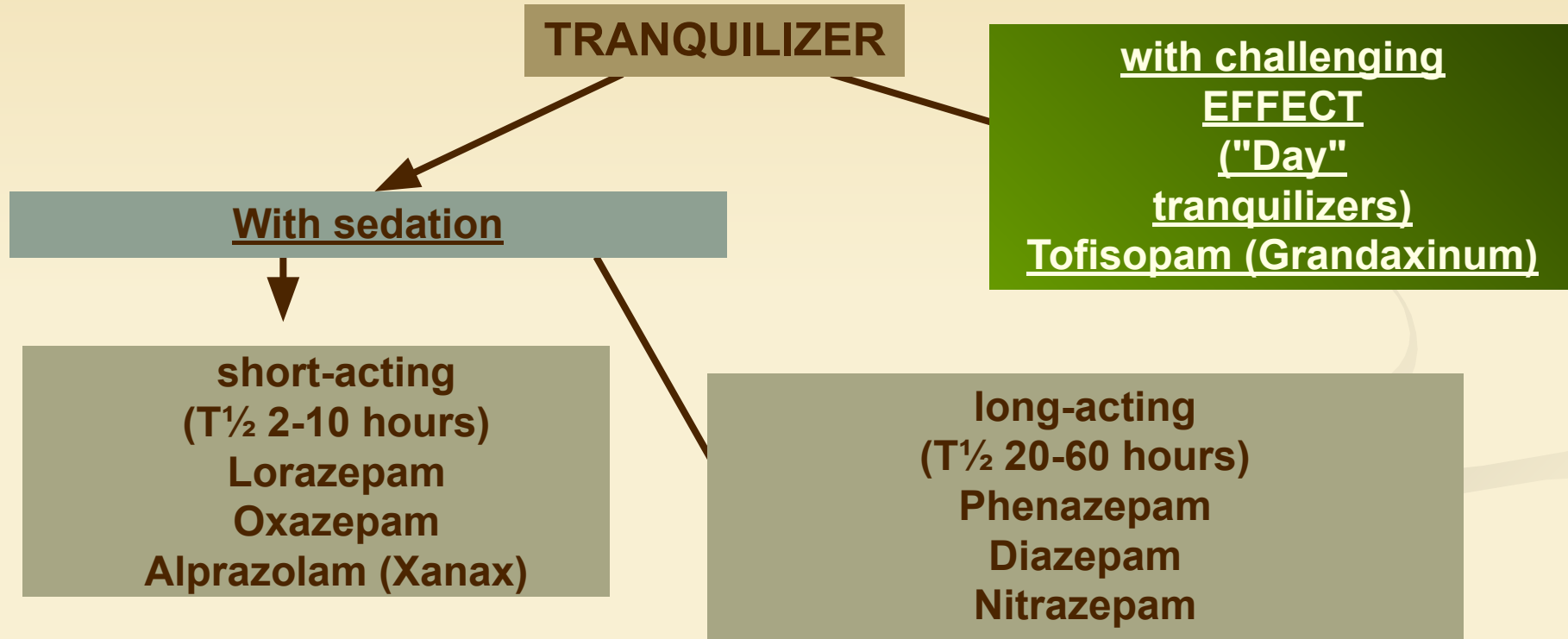
The main effect of tranquilizers

- anxiolytic
- tranquilizing

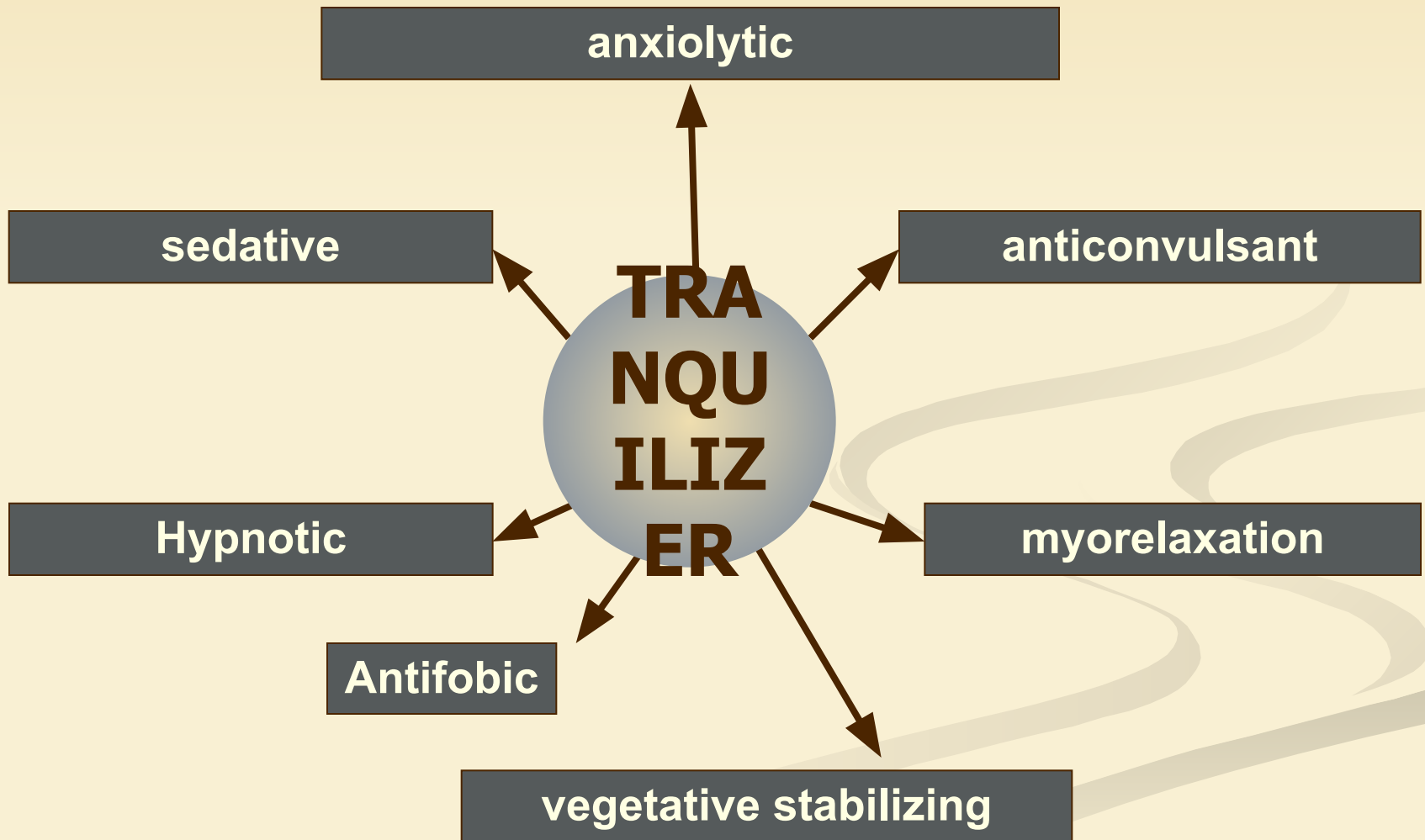
The first tranquilizers:

- chlordiazepoxide - 1959,
- diazepam - 1961.

# TRANQUILIZERS: CLINICAL CLASSIFICATION



# TRANQUILIZERS: THERAPEUTIC EFFECTS





# TRANQUILIZERS TESTIMONY

**Neurotic disorders**

**Personality disorder in the period of decompensation**

**Withdrawal symptoms and metaalkogol psychosis  
(on the background of detoxification therapy)**

**Sleep disorders (oxazepam, nitrazepam)**

**Spastic syndrome (clonazepam)**

# TRANQUILIZERS

## SIDE EFFECTS

Violation of attention, memory, speed reduction reaction, coordination of movements.

Drowsiness for drugs with a sedative effect.

Muscular weakness

Formation of dependence - according to WHO recommendations tranquilizers therapy should not exceed 2 weeks!

# **Sleeping pills (Hypnotic)**

## **1 GENERATION**

- Barbiturates (phenobarbital contained in korvalola, valokordin?)**
- Antihistamines, drugs containing bromine**

## **2 GENERATION**

- Benzodiazepines (oxazepam, nitrazepam)**

## **3 Generation**

**Zolpidem (Ivadal) and zopiclone (imovan)  
quick effect, short duration of action, few side effects.**

# GENERAL PRINCIPLES OF DRUG THERAPY

## SLEEP DISORDERS:

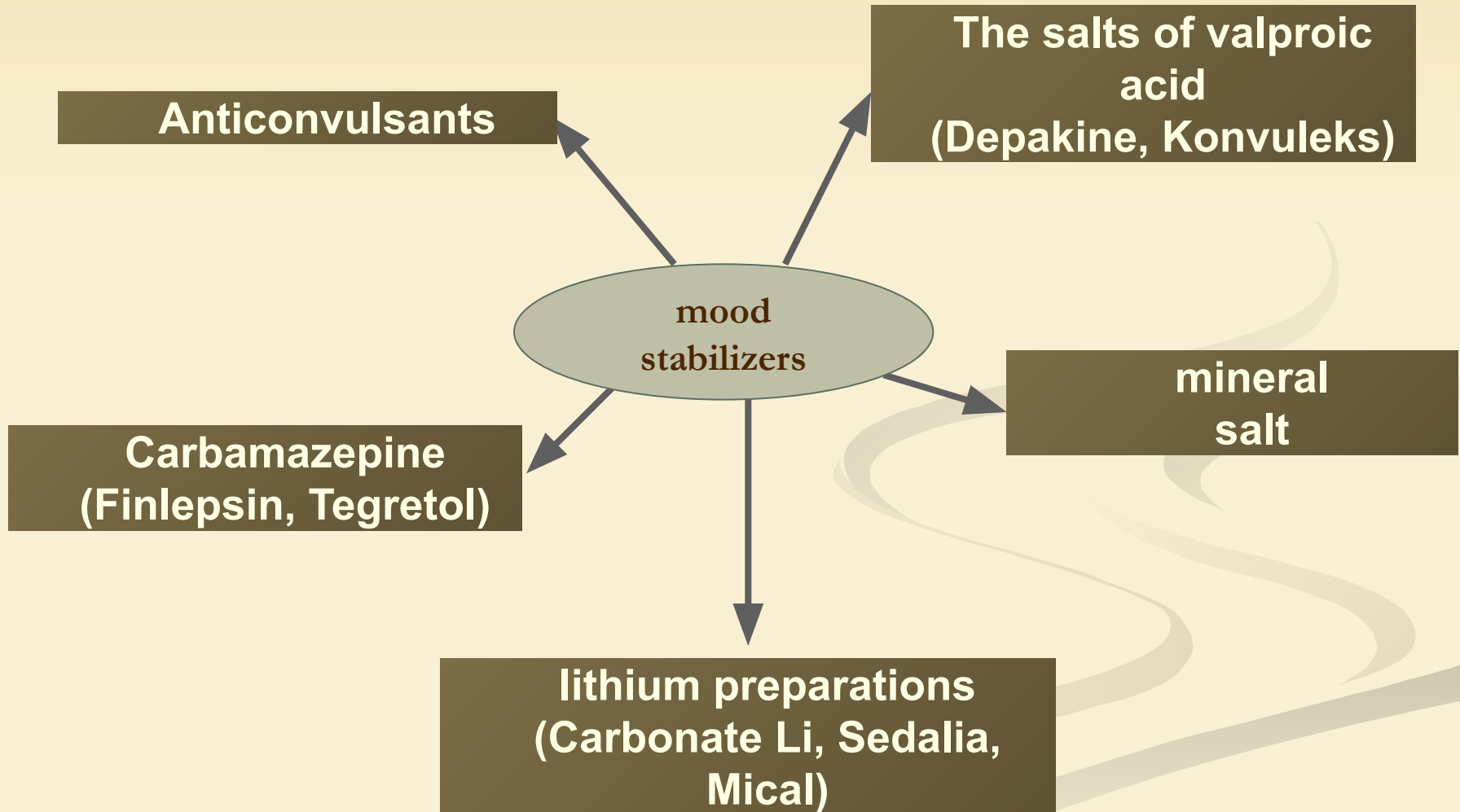
- Application of the minimum effective dose

- Short courses (no more than 2-3 weeks)

- Intermittent procedure (2-4 times per week)

- Phasing-out

# MOOD STABILIZERS



# PSYCHOSTIMULANTS

*Improve mediator transmission at synapses*

```
graph TD; A[Improve mediator transmission at synapses] --> B[It stimulates the central nervous system activity<br/>Take off drowsiness<br/>Strengthen mental and physical performance (briefly)<br/>Improve the ability to concentrate]; A --> C[improve storage<br/>Facilitate thinking and speech<br/>Increases activity, vigor<br/>Reduce the need for food<br/>Reduce the need for sleep];
```

It stimulates the central nervous system activity  
Take off drowsiness  
Strengthen mental and physical performance  
(briefly)  
Improve the ability to concentrate

**improve storage**  
**Facilitate thinking and speech**  
**Increases activity, vigor**  
**Reduce the need for food**  
**Reduce the need for sleep**

# PSYCHOSTIMULANTS

**CAFFEINE  
SIDNOKARB  
SIDNOFEN**

**side effects**

■ **Increased anxiety, fear**

■ **sleep disturbances**

■ **The dependence**

■ **In case of overdose - to the development of:**

■ **intoxication delirium,**

■ **mania,**

■ **depression**

■ **hyperkinesis**



# NOOTROPICS

**Nootropics or stimulants neyrometabolitic**  
- have a specific effect on the higher integrative brain function, stimulate learning and memory, im prove mental performance (efficiency) and increase resistance to brain damaging factors (stress tolerance), without the typical side effects of psychostimulants.

# NOOTROPICS

## CLINICAL EFFECTS

**Nootropic effect** (effect on the higher cortical functions).

**Mnemotropnoe** effect (effect on memory, learning).

Raising the level of consciousness, mental clarity.

**Adaptogenic** effect (effect on tolerance to various exogenous factors, including drugs, increasing the overall resistance of the organism to extreme factors).

**Antiaستنic** effects (effects on fatigue, weakness, exhaustion, mental and physical effects of fatigue).

**Psychoactive** effects (impact on apathy, hypobulia, aspontannost poverty motives, mental inertia, psychomotor retardation).

**The antidepressant action.**

**Sedation**, reducing irritability and emotional excitability.

**Vegetative** effects (effect on headache, dizziness).

# NOOTROPIL: TESTIMONY

- Psycho-organic syndrome and dementia of various origins
- asthenic conditions
- Chronic intoxication
- Neurological diseases
- To improve mental performance

**In pediatric practice:  
delayed speech and mental  
development,  
mental retardation,  
the effects of perinatal CNS,  
cerebral palsy,  
attention deficit disorder in children.**

**Side effects:  
sleep disorders,  
anxiety**

# CLASSIFICATION PSYCHOTHERAPEUTIC METHODS

**PSYCHOTHERAPY** is a system of complex therapeutic effects using psychological tools on the patient's psyche

## CLASSICAL METHODS

```
graph TD; A[CLASSICAL METHODS] --> B[suggestive]; A --> C[RATIONAL PSYCHOTHERAPY]; A --> D[PSYCHOANALYSIS]; A --> E[Behavioural]; B --> F[suggestion]; B --> G[Hypnotherapy]; B --> H[self-suggestion]; B --> I[Emotional stress]; B --> J[Placebo-therapy];
```

### suggestive

suggestion  
Hypnotherapy  
self-suggestion  
Emotional stress  
Placebo-therapy

### RATIONAL PSYCHOTHERAPY

### PSYCHOANALYSIS

### Behavioural

THANK YOU FOR  
ATTENTION