

heavier adaptation disorders with autoaggressive behavior. It is very perspective to use a cognitive behavioral therapy in the foundation of prevention of such disorders.

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HEBOID SYNDROME OF RESIDUAL-ORGANIC GENESIS AT PRELIMINARY PUPILS

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Heboid syndrome, being one of the list psychopathologic symthomo-complex is diagnosis at adolescent as a rule. Pathomorphose of mental diseases in now days led to significant rejuvenation of this syndrome. The early diagnostic and medical, psychological and pedagogical management of such children is going to be very actual, because of their aggressive and antidisiplinary behavior led to social disadaptation and affects the further personal development. There were examined 34 children (7–10 years old) with early Heboid syndrome of residual organic genesis that were inpatients at child mental wards. The investigation has been conducted by a set of methods (clinical-anamnestic, clinical-psychopathological, neurological and electrophysiological ones). The results showed that deviant behavior of examined group was explained by polymorph pathologic enforcement and perversion of drives that was associated with decompensation of organic symptoms at second critical period of age. Rudimental-aggressive drives were characterized by tendency to torment pets, offend those who is weak, and get pleasure while doing this. Such children often performed aggressive fantasies that manifested in games and pictures. Some of them had inclination for vagrancy (18), stealing (13) or dispose for pyromania (12). In this age most of pupils demonstrated episodes of abuse. School refuse, behavioral and hyperkinetic deviation defined the school maladjustment, where they distinguished by impulsiveness, irritability, conflicts that is the evidence of emotional disorders. So, Heboid syndrome at preliminary pupils within decompensation of residual-organic pathology exposed through dissocial behavior and allow to take them to "risk group" on abuse and delinquency. This problem needs further complex research.

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DYNAMIC OF PSUCHOMOTOR DISORDERS OF RESIDUAL ORGANIC GENESIS

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The problem of residual organic (RO) cerebral disorders in childhood and adolescents is still rather actual. It is associated with their high prevalence, with different approaches to diagnosis, wide specter of pathogenic factors and multiple clinical manifestations. The structure of RO psychosyndrome (F07.9) in childhood besides the other includes psychomotor disorders as the result of failed development of motor function (F82). The aim of investigation was to reveal appropriate and dynamic of psychomotor disorders in RO psychosyndrome in childhood. 48 children in the age of 1...15 with RO psychosyndrome were examined by clinical, psychological and electrophysiological methods. The criteria for exams were psychomotor disorders of organic genesis. One of the early manifestation (in the age up to 5) were some delay in formation of stato-kinetic functions, motor disability. Later tics, hyperactivity, dreamwalking and dreamtalking joined in 16 cases. At the age of 6...8 12 children showed-spelling and reed disability, epileptic paroxysms as simple and complex episodes were revealed

in 8 cases. at first group (18) all disorders were associated with decompensation of organic psychosyndrome at age crisis period. Polymorph and liability of symptoms were marked. At second group (20) different types of motor deviations were enforced and led to epileptic episodes. At the dynamic observation we revealed two variants of psychomotor disorders within RO psychosyndrome in childhood and adolescents. First was displayed by reactions of decompensation and the second was progredient with complicated and enforcing of disorders. Such dynamic approaches could be used for investigations of other variants of RO psychosyndrome in childhood.

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RSYCHOPHYSICAL MALDEVELOPMENT AS THE REASON OF DEVIANT BEHAVIOR IN CHILDHOOD

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The data of special literature evident that bad somathic health and organic damages of brain could be one of the reason of disordered behavior, or biological ground of deviation. 124 children in the age of 6–7 with the minimal brain dysfunction were exposed to clinical-psychopathological examination that showed significant particularities at early stages of their ontogenesis. They manifested weakness, nervous, uneasiness, with bad memory and attention. Headache caused by high brain hypertension marked at 43 cases (34.7%). They hardly stayed heat, stuff, riding transport. 78 (62.9%) showed impulsiveness, irritability, insomnia, indefinite fears, tics and other neurotic and neurotic-like disorders. Hyperdynamic syndrome, perversion of drive, weak attention, unmanagment behavior that come to deviant one (antidisiplinary, asocial, delinquent) appeared in more difficult cases 96 (77.4%). Processes of development and education damaged, reactions of negativism appeared. Particularities of development of the child with bad biologic ground determined the necessity of preventive emotional and secondary behavioral deviations, that manifested as various types of deviations. Complex appearance with joined efforts of physicians, teachers, psychologists, social workers and parents could be thought as an optimal variant of correction. So, the system of complex medical-social-psychological measures at the states of disordered psychophysical development can affect not single functions but social and common maladjustment and be a prevention of deviant form of behavior in child and adolescent.

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INDIVIDUAL SOCIAL AND LABOUR LONG-TERM PROGNOSIS IN ATTACK FORM SCHIZOPHRENIA

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Clinical and epidemiologic study of social and labour adaptation was performed in 245 patients with attack form of schizophrenia lasting over 25 years. In terms of social adaptation, on the 20th year 41.2% of the patients were highly adapted, 35.9% had lower adaptation level, and 22.9% were disadapted. Hereditary, genetic, clinical and environmental factors (a total of 16 variables in 79 positions) were tested as putative predictors. Most of these were shown to have different statistical values and correlation with prognosis that implies the necessity of individual approach to probabilistic social and labour prognosing based on the parameters accounted. Then, a clinico-epidemiologic research method combined with a multi-dimensional analysis was applied in patients suffering from attack-like schizophrenia. This made it possible to distinguish the most informative criteria for a long-term social and