Individual Psychological Profile of Women with Gestosis

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Introduction: Pregnancy (leading to the immune conflict) and gestosis, which often appears as multiple organ dysfunction syndrome (MODS), cause the formation of an encephalopathy, and as a result, changes of the psychological peculiarities of a person. Their appraisal is very important while preparing pregnant women for delivery.

Methods: The psychological peculiarities were investigated with the help of the scale of alarm displays (J.Taylor) and the test of H. Eysenck. Twenty-four patients with severe level of gestosis were examined (age 18–36 years old). The patients were classified into two groups: Group I were treated with nootropil per os for 10 days (mid-day dose = 1,200 mg); and patients in Group 2 did not receive nootropil. The investigation was carried out in two stages: (1) on admission of the patient to the maternity home; and (2) at 10 days after operative delivery.

Results: At the first stage of a severe level of alarm (32.4 ±3.4 grades), high level of psychological instability: neuroticism, 19.3 ±1.6 grades) and introvertiveness, 5.4 ±0.9 grades); and a high level of psychotism, 13.8 ±1.5 grades) were detected. After the treatment, the level of alarm decreased to 22.1 ±2.8 grades, but without treatment, it remained elevated, 28.6 ±3.0 grades (p <0.05). The level of neuroticism in Group I reached a middle level (15.3 ±0.9 grades), but in Group II, it remained high (18.8 ±1.3 grades; p <0.05). In both groups, introvertiveness scores 6.2 ±0.8 grades and 5.9 ±0.4 grades in Groups 1 and 2 respectively were preserved. Psychotism in Group 1 was 11.4 ±2.1 grades, but in Group 2, they were greater than the average level (12.9 ±1.5 grades).

Conclusion: The psychophysical peculiarities of patients with gestosis that were revealed require prophylaxis and therapy including psychocorrection, a balanced diet, and noothropiltherapy.

Key words: alarm; gestosis; neurosis; pregnancy; profile; psychologic; psychosis; treatment
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Prehosp Disast Med 2001;16(2):s25.

Neuropsychological Status of Patients with Peritonitis

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Introduction: Neuropsychological changes have been observed in some patients who have peritonitis. The nature and etiology of the changes have not been documented.

Methods: The neuropsychological status of 32 patients with peritonitis was studied by: (1) testing the attention (Shoolte), (2) testing the short-term and long-term memory using methodic “memory on shape”, and (3) studying auditory-vocal memory, and testing mental abilities (IC Raven). Thirty-two patients with peritoneal intoxication in the stage of decapsulation (age 18–46 years) were evaluated. Patients were separated into two groups: Group I had treatment for detected changes using nootropil administered for 21 days (mid-day dose = 1,200 mg); Group II did not receive nootropil therapy. Examination was carried on in two stages: (1) at the time of admission to the maternity home, and (2) at 21 days after the beginning of the treatment.

Results: Patients with decompensating endogenic intoxication showed weakness of attention. Short-term and auditory-vocal memory decreased to nonexistent and mental ability decreased (2.6 ±0.4 grades). After the treatment, attention was restored, and increasing memory and of mental abilities were demonstrated (to 5.4 ±0.7 grades) (p <0.05). In Group II, the second stage thinking decreased reaching 4.1 ±0.5 grades, and improvement of memory and attention were uncertain.

Conclusion: Neuropsychological deviations required, in addition to main methods of treatments, specific therapy (psychocorrection, vasoactive, noothropic therapy) in cases of patients with endogenic intoxication in peritonitis.

Key words: attention; decompensation; intoxication; memory; mental abilities; nootropil; peritonitis; therapy; vasoactive