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**EXPRESS METHOD OF REHABILITATION POTENTIAL
IDENTIFYING IN DRUG-ADDICTED PATIENTS IN CLINICAL
PSYCHOLOGY**

Statistics on remissions duration in addiction patients are heterogeneous and show wide fluctuations limits. The average remission is considered in the world to be 5-8 months; from 7 to 10% of patients are capable for annual remission; from 3 to 7% are longer remissions capable, depending on the length and intensity of rehabilitation.

Due to such a spread in remission terms in the russian addiction science tradition it's usual to talk about the "rehabilitation potential", using T.N. Dudko's term.

This complex characteristic includes: criticality on own actions of patient, cognitive processes preservation (especially thinking and reflection), the social motives for recovery presence, and subjectively evaluated relatives's support.

There are also controversial points in calculating the length of remission methods for.

For example, in the Moscow scientific and practical center for addictions, known as one of the largest clinics in the world with 5 thousand beds fund, the number of 3 years and more remissions was calculated from the number of full treatment course underwent cases. That is a 21-28 days detoxification and primary psychotherapy intervention course and 45 days in the social rehabilitation department, which uses a modified 12-step method.

This way of calculation leads to about 40% of long-term remissions discovery! However, no more than 10-15% of the total sufferers' number had passed underwent the hole therapy course. So, real effectiveness is 4-6%, like in other worlds' clinics.

Own results of neuropsychological tests performance in patients with chronic alcoholism and opioid addiction analysis showed that tasks for primary processing of auditory, visual and tactile information were near the norm.

The alcoholics' neuropsychological syndrome could be characterized by functions decrease in prefrontal cortex, left hemisphere temporalis-parietalis-occipitalis zone and diencephalic structures. Opioid addicts typically have a combination of left posterior-frontal and middle temporal cortex dysfunctions.

Analysis of the neurocognitive deficits types allowed to create the following classification:

- a) gross personality defect with relatively preserved cognitive processes;
- b) remarkable violation in cognitive processes with a secondary personality disorder;
- c) difficulties in cognitive processes regulating combining the pronounced personality crisis;
- d) harmonious personality and cognitive abilities degradation.

Supposingly, selected psychic deficit types do not occur at the same time during the addiction development.

Thus, the earliest probable type is "b". Then, depending on individual coping strategies, there is an "a" or "b" radical deficit formation. At the terminal disease stage, type "g" is oftenly detected.

At the first stage of empiric work, 69 opioids' dependent addictis from an outpatient rehabilitation department were tested. All group had drug use experience for at least 5 years (average 7.5). Remission with no opiates and other drug use immune markers for at least 1 year.

The main used methods were psychopathological interviews, the method of 10 words memorizing by A. R. Luria, serial counting by E. Kraepelin, the methods of "counting", "finding numbers", "pictograms", and the verbal intelligence test by H. Eysenck.

In the emotional sphere, the affect flattening, decrease in empathy, and anhedonia were identified. The majority of patients were found to have "drug parabolia" in the volitional sphere (executive functions). This is a combination of extreme willpower in the obtaining and using the drug behavior. And abulia in relation to everything else. In the ideatory sphere opiate-related super-valuable ideas performed as thinking disorders.

Using the methods of clinical psychology, no significant intellectual sphere, memory, and attention violations were discovered. The average H. Eysenck's test IQ was 105 (normal).

Presumably, cognitive disorders of the acute intoxication period and the remission beginning are associated with general disorganization of mental activity. That is accompanied by craving exacerbation and asthenic phenomena.

Perhaps, while overall cognitive productivity maintaining normal, the functions' integration decreases. The main vector is relations with executive functions reduction. A "switching" of control between the prefrontal cortex, its connections with postcentral large hemispheres parts and diencephalic structures. Deficit compensation way is unconscious tasks fulfillment.

This hypothesis allows to explain quantitative parameters preserved intelligence with obviously disturbed emotional and volitional processes combination.

For the second empirical research stage an original personal-cognitive coding study method was created.

The method combined three tasks. First consisted of two storyline pictures. A contour image of a unisex style person leads a dog on a leash. Second picture, the same person is holding a leash with an empty collar. But the dragon's head opposites him in the air. Instructions: write what happened here.

Second task is to write what extreme sports and lotteries have in common and how they differ. Third task: "draw any fragrance as you imagine it."

All of them give an opportunity to evaluate: image-verbal coding (1); verbalization of personal drives and motives (2); a long chain of re-coding (a word into an object image; an image in an object composition; combinations of objects in a drawing motor program) (3).

An assessment of criticism of own patient's behavior, logic in thinking, sufficiency of argumentation, integration of heterogeneous cognitive processes can take place in such short testing.

All these signs are classic in psychopathology.

The sample of the second empirical stage consisted of 48 patients (24 women and 24 men) undergoing detoxification therapy in the "Dr. Lazarev's clinic" (St. Petersburg, Russia), suffering from opioid addiction (24 people) and chronic alcoholism (24 people). Age varied from 26-57 years old, averagely of 33.4 years.

Groups with underwritten phenomena were revealed:

- 1) gaps in thinking such as sperrung (13 patients);
- 2) simplified, partly to a quite primitive level judgments (20 people);
- 3) disruption of any cognitive activity (4 people);
- 4) prone to long judgments and moralizing (7 patients);

5) mixed type of disorders (4 patients).

These groups significantly look like the previously identified types of deficits (see above).

More than a half of patients belong to the first two groups. That corresponds to the second stage of both addiction types. This is the withdrawal symptoms formation stage, when sufferers seek detoxification. The rehabilitation potential is highest in group 4.

The depicted frequencies' distribution indirectly confirms the efficiency of the proposed method. Authors hope it would be useful for colleagues!