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AUTODESTRUCTIVE ASPECTS OF MYOCARDIAL INFARCTION

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Combination of the individual patient's life as suicidal activity (thoughts, intentions, attempts) and of severe physical illness (eg myocardial infarction) show complex psychological, physiological and psychiatric interactions between them. If the majority of cardiac patients with a high probability can establish a self-destructive tendencies in the past, the role suicidology intentions expressed in these patients, their interaction with the pathogenesis of cardiac pathology is not so obvious.

In this study, we paid attention to such cases as the identification of interaction suicidology and psychosomatic phenomena in these patients will allow a more accurate understanding of key aspects of development, and therefore – and as suicide prevention activities as well and myocardial infarction. It examined 48 patients with myocardial infarction (closest to 3 weeks after emergence), which to varying degrees has been expressed suicidal mood – from occasional

suicidal thoughts at altitudes life crisis, expressed suicidal intent of suicide attempts.

The key research tool in this regard, we chose Columbia Suicide The difficulty rating scale (C-SSRS). In conjunction with the study follow-up and anamnestic information about the patient, identifying key behavioral coping strategies in difficult situations and immediate conditions of myocardial given the estimated scale made it possible to compare suyitsydolnichnu and psychosomatic implementation autoahresynnoyi behavior one person at different times. Through this approach, we found that these behavioral strategies and motivation to help the individual overcome suyitsydolni thoughts and intentions, proved ineffective in the case of myocardial infarction. Also found some quantitative and qualitative relationship between the severity of suicidal tendencies in the past and of myocardial infarction.