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**CLINICAL PATHOGENETIC COMORBIDITY OF SOMATOFORM DISORDERS AND DEPENDENCE BEHAVIOUR IN ADOLESCENCE**

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**Introduction.** Somatoform autonomic dysfunction manifested as a syndrome of cephalgia (CE) or abdominal pain (AP) is a diagnosis which is common in teenagers.

The purpose of the research. Studying the clinical features of formation of comorbid combination of ADS with manifestations of chronic pain (CE and AP) and different kinds of addictive behavior in adolescents.

**Materials and methods.** 82 adolescents were examined: 48 girls (58.5 %) and 34 boys (41.5 %) aged 16–17. Differential diagnostic examination was conducted according to the diagnostic criteria ICD-10.

**Results of the research.** Most of all in adolescence the etiologic basis of CE and AP is different somatoform disorders (in 70.8 % of cases – in girls and in 58.8 % – in boys). In 32.9 % of examined patients the pain syndrome is formed on the basis of different neurotic disorders with anxiety-depressive symptoms. Somatoform autonomic dysfunction – is the most common cause of formation of CE and AP among adolescents. Among them cases of CE (68.8 % of cases – in girls, 58.8 % – in boys) significantly predominate over gastralgia (31.2 and 41.2 % cases respectively).

All examined patients were diagnosed with comorbid development of different kinds of behavioral and chemical addiction combined with CE and AP. Most of all there were recorded the emotional-dependent relationship with mother (67.1 %) and Internet-addiction (54.9 %). 23.9 % of adolescents on average had different variants of substance abuse or syndromes of chemical dependence.

**Key words:** somatoform disorders, cephalgia, abdominal pain, syndromes of chemical and behavioral dependence.

Different variants of somatoform disorders – are one of the most widespread types of mental disorders occurring now in adolescence in common somatic practice. A great amount of the pathology is presented by autonomic dysfunction syndrome (ADS). Clinical pathogenetic basis of ADS – is a dysregulation of suprasegmental vegetative structures, developing as a systemic reaction of higher nervous and mental activity on acute or chronic emotional stress. So, ADS manifests as vegetative disorders, various emotional and cognitive and behavioral disorders, in which intrapersonal psychological conflict is not expressed by psychopathological symptoms, but by somatic equivalents – somatoform neurotic complex of symptoms. Adolescence is characterized by polymorphic clinical picture of ADS. But almost all the variations of ADS in adolescents are accompanied by functional disorders of cardiovascular system and gastrointestinal tract, as well as pain. Most commonly, symptoms of chronic pain manifest in adolescents in the form of syndromes of cephalgia (CE), cardialgia (CA) and abdominal pain (AP). Psychosocial nature – is the basis of this cluster of psychopathological disorders, when somatic symptoms become the main manifestation of emotional and interpersonal problems in adolescents. One can attribute psychophysical infantilism, destructive parenting styles, alexithymia to psychological qualities and characteristics of personality, which condition the formation of ADS in adolescence [1–3,6,7].

Due to the whole complexity of pathogenesis ADS is often the basis for the development of comorbid mental and behavioral pathology.

Therefore, early diagnosis and effective treatment of ADS in adolescence – is the major problem of modern psychiatry,

as the complexity of their differential diagnosis and therapy is connected with the fact that an important pathogenetic role in the development of psychopathologic disorders is played by psychological mechanisms and social factors [1–5].

The purpose of the research. Studying the clinical features of formation of comorbid combination of ADS with manifestations of chronic pain (CE and AP) and different kinds of addictive behavior in adolescents.

**Materials and methods**

Within the research, 82 adolescents were examined: 48 girls (58.5 %) and 34 boys (41.5 %) aged 16–17. All teenagers were students of senior high school. The reason for seeking psychiatric help was badly jugulated pain or failure to jugulate pain without identification of any serious somatic disease that can cause similar pain. Differential diagnostic examination of patients was conducted according to the diagnostic criteria for mental and behavioral disorders within the ICD-10 [8], statistical data processing – by methods of variation statistics using Microsoft Excel.

**Results of the research**

The table 1 shows the distribution of adolescents according to sex, as well as according to identified psychopathological nosologies and in accordance with presence of headache syndrome or gastralgia. It was found out that somatoform vegetative dysfunction with cephalgia syndrome (F 45.30) was most frequently observed in the group of examined adolescents –

**Table 1. Distribution of adolescents according to gender, nosological entities disorders and a leading pain syndrome (CE and AP), absolute amount (%)**

Nosological forms of disorders	Examined patients				Total in groups
	boys, N = 34		girls, N = 48		
	CE	AP	CE	AP	
Somatoform vegetative dysfunction with CE, F 45.30	6** (30.0)	–	13** (39.4)	–	19 (23.2)
Hypochondriacal disorder, F 45.2	1 (5.0)	3* (21.4)	2 (6.1)	6** (40.0)	12 (14.6)
Panic disorder, F 41.0	3* (15.0)	–	7* (21.2)	–	10 (12.2)
Slight depressive episode with somatic symptoms, F 32.01	2 (10.0)	3 (21.4)	3 (9.1)	2 (13.3)	10 (12.2)
Chronic pain disorder, F 45.4	2 (10.0)	4* (28.6)	1 (3.0)	3* (20.0)	10 (12.2)
Somatoform autonomic dysfunction with AP, F 45.31	–	4** (28.6)	–	4** (26.7)	8 (9.8)
Adjustment disorder: depressive reaction with CE, F 43.21	2 (10.0)	–	5* (15.2)	–	7 (8.5)
Asthenic organic disorder of CNS with CE, F 06.6	4* (20.0)	–	2 (6.1)	–	6 (7.3)
Total % of the total number of patients)	20 (24.3)	14 (17.1)	33* (40.2)	15 (18.3)	82 (100)

\*  $p < 0.05$ ; \*\*  $p < 0.01$ .

23.2 % of cases. In general, among the examined patients, more than in half of cases ADS was the leading clinical manifestation of various somatoform disorders (60.9 %) in 29 girls (60.4 %) and 20 boys (58.8 %). Anxiety and depressive symptoms within various disorders in the whole were recorded in 32.9 % of cases: in 17 girls (35.4 %) and 10 boys (29.4 %). Asthenic symptoms within organic disorder of CNS were less likely to cause the formation of ADS, which were predominantly detected in boys. CE prevailed among both girls and boys considerably, in comparison with the number of cases, in which abdominal pain was presented as the leading complaint. But if the number of cases of CE in boys was in 17.7 % higher than the number of patients with AP ( $p < 0.05$ ), among the girls this difference was already 37.5 % – that is almost twice as much ( $p < 0.01$ ). An important result was the data that in both girls and boys in identifying hypochondriacal disorder (F 45.2) and chronic pain disorder (F 45.4) AP remarkably prevailed over CE ( $p < 0.05$ ).

As it is known and mentioned above, ADS is somatoform expression of affective reaction to experiencing chronic or acute emotional stress. So ADS is considered as the conversion of unresolved intrapersonal and interpersonal conflicts. The results of diagnostic examination of adolescents showed that acute or chronic stressful situations occurred in each of the examined patients. Data, obtained during the diagnostic interview of patients, are presented in the Table 2. Overall, each of the adolescents talked about combination of different problematic areas, stressors in their lives. The greatest number of combined traumatic factors was identified in the subgroup of girls with CE and it reached 139.1 % in relation to the total number of patients in this subgroup. In other subgroups level of stressors was considerably lower and did not exceed 90 % ( $p < 0.01$ ). The obtained results showed that among girls experiencing psycho-traumatic factors was notably stronger than among boys. The

**Table 2. Distribution of adolescents according to gender, the leading pain syndrome (CE and AP), presence of intrapersonal and interpersonal problems, absolute amount (%)**

The content of the problems	Examined patients				Total in groups
	boys, N = 34		girls, N = 48		
	CE, N = 20	AP, N = 14	CE, N = 33	AP, N = 15	
Overprotection by parents	5 (25.0)	9** (64.3)	27 (81.8)	13 (86.7)	54 (65.9)
Psychological loneliness	12 (60)	10 (71.4)	8 (24.2)	12 (80.0)	42 (51.2)
Frequent conflicts with parents	11* (55.0)	5(35.7)	16** (48.5)	6 (40.0)	38 (46.3)
Fear of the future	4 (20.0)	11 (78.6)	13 (39.4)	9 (60.0)	37 (45.1)
Misunderstanding with parents	7 (35.0)	7 (50.0)	12 (36.4)	10* (66.7)	36 (43.9)
Fear not to meet expectations	4 (20.0)	6 (42.9)	15 (45.5)	11 (73.3)	36 (43.9)
Meaninglessness	8* (40.0)	4 (28.6)	6 (18.2)	4 (26.7)	22 (26.8)
Conflicts with teachers	8 (40.0)	4 (28.6)	5 (15.2)	2 (13.3)	19 (23.2)
Unsubstantiated claims of parents	6 (30.0)	4 (28.6)	6 (18.2)	3 (20.0)	19 (23.2)
Conflicts with close friends	3 (15.0)	2*(14.3)	5 (15.2)	2 (13.3)	12 (14.6)
Total (% of total patients)	68 (82.9)	62 (75.6)	113** (139.1)	72 (87.8)	82 (100)

\*  $p < 0.05$ ; \*\*  $p < 0.01$ .

least influence of stressful factors was found in boys with AP.

The most common problem among the examined adolescents was the sense of being over-protected by parents (65.9 % of cases). At the same time there was remarkable difference in such style of parent-child relationships in boys and

girls. Among girls, suffering from CE, and AP, overprotection by parents was observed in almost equal numbers of cases and in more than 80 % of patients. And among boys with AP such style of parental behavior was detected in 2.6 times more frequently ( $p < 0.01$ ).

An important indicator of increased stress vulnerability of the examined adolescents was the second most common among them prevalence of feelings of psychological loneliness. More than half of the patients reported that they felt such feeling (51.2 % of adolescents in general). Psychological loneliness was mostly experienced by patients with AP – both boys and girls. Girls of the subgroup with AP considerably more frequently experienced psychological loneliness as compared to patients of other subgroups ( $p < 0.01$ ).

Almost half of the examined adolescents called frequent conflicts with parents and fear of the future as traumatic effects – in whole in 46.3 and 45.1 % respectively. Constant conflicts with parents considerably were more often detected in boys with CE, and fear of the future – in young men and women with AP ( $p < 0.05$ ). Patients of both sexes with AP also considerably more often called a sense of constant misunderstanding of their experiences and condition by parents, as well as anxiety and fears about inability to meet the expectations of relatives as a psychogenic stressor ( $p < 0.05$ ). These psychogenic factors were not so significant for adolescents, suffering from CE.

Rather important result was the data that almost every fourth teenager (overall 26.8 % of cases) had a sense of meaninglessness in relation to his/her own life, which directly correlated with the severity of depressive symptoms in patients, as shown in the Tables 2 and 3. Specific feature of these disorders is that in girls with CE (18.2 %) and AP (26.7 %) they were less common. At AP among both boys and girls meaninglessness was experienced by every fourth patient. The fact that boys with CE experienced meaninglessness significantly more frequently indicates a high probability of comorbid transition of ADS to depressive pathology. This thesis was confirmed by the data that 40.0 % of boys with CE had constant conflicts with teachers at school. The majority of patients in this subgroup had constant conflicts with parents (in 55.0 % of cases), experienced sense of psychological isolation (60.0 %) and suffered more often than others (30.0 % of cases) from unsubstantiated claims, accusations from parents. These data support the conclusion that CE in boys cor-

relate with severe affective (depressive symptoms) and behavioral disorders (oppositional protest behavior).

An important factor in understanding the nature of psychogenic basis in the formation of CE and AP in the examined adolescents was that conflicts with close friends were considered by the patients as the most significant psycho-traumatic impact most rarely – overall in 14.6 % of cases and in almost equal proportions in all subgroups. Consequently, availability of problems in family relationships and depressing intrapersonal experiences have more significant pathogenetic sense in the development of neurotic (somatoform) and behavioral disorders in adolescence. These results were confirmed by rather low importance of conflict situations at school, with teachers for adolescents (overall in 23.2 % of cases).

In patients, in whom the leading manifestation of ADS was CE, minimum level of depression was recorded at asthenic organic CNS disorder with CE (F 06.6), and the maximum one – at the depressive reaction with CE (F 43.21), chronic pain disorder (F 45.4) and mild depressive episode with somatic symptoms (F 32.01). Severity of depression in girls considerably prevailed in all kinds of nosological disorders (p <0.05). The exception was only mild depressive episode, at which maximum severity of depressive symptoms was recorded in young men (24.8 %). The same tendency of notable prevalence of depressive experiences among girls was observed in patients with AP. Only at chronic pain disorder (F 45.4) in boys and girls the highest level of depression was recorded. The fact that at chronic pain disorder and mild depressive episode the highest level of depressive symptoms was observed indicates that these types of mental pathology are subjectively most severely suffered by teenagers. All the adolescents (11 boys and 9 girls), who were diagnosed with these types of pathology, had reported troublesome relationships in family and school during a long time. However, they did not associate their mental state with interpersonal problems, experienced by them.

### Conclusions

Thus, it was found out during the research that among the examined patients-adolescents who were diagnosed with CE remarkably prevailed over those who had AP. Leading etiological basis of pain syndrome in adolescence are different variants of somatoform disorders. Significant contribution to the genesis of CE and AP is also made by affective neurotic disorders.

Chronic stressful situations were experienced by each of the examined patients. Each of the teens noted combination of stress problems in their lives. Overall among girls influence of psycho-traumatic impact on formation of ADS was considerably stronger than among boys. The largest number of combined psycho-traumatic factors was identified in the subgroup of girls with CE. The least stressful influence of psycho-traumatic factors was observed in young men with AP.

The widespread common problem among the examined adolescents was a sense of being overprotected by parents (65.9 % of cases). At the same time there was considerable

**Table 3. Distribution of adolescents according to gender, leading pain syndrome (CE and AP), nature of addictive behavior, absolute amount (%)**

Characteristics of addictive behavior	Examined patients				Total in groups
	boys, N = 34		girls, N = 48		
	CE, N = 20	AP, N = 14	CE, N = 33	AP, N = 15	
Emotionally dependent relationship in the family	6 (30.0)	9 (64.3)	26 (78.8)	14 (93.3)	55 (67.1)
Internet addiction of social networking	8 (40.0)	6 (42.9)	26 (78.8)	7 (46.7)	47 (57.3)
Gaming Internet addiction	17 (85.0)	10 (71.4)	7 (21.2)	9 (60.0)	43 (52.4)
Occasional use of drugs	12 (60.0)	5 (35.7)	3 (9.1)	–	20 (24.4)
Nicotine Addiction	13 (65.0)	6 (42.9)	–	–	19 (23.2)
Emotionally addictive relationship with a partner	4 (20.0)	–	6 (18.2)	2 (13.3)	12 (14.6)
Abuse of alcohol (beer)	8 (40.0)	2 (14.3)	–	–	10 (12.2)
Cannabinoid addiction	6 (30.0)	–	–	–	6 (7.3)
Food addiction (anorexia)	–	–	–	5 (33.3)	5 (6.1)
Total (% to number of patients in group)	70 (350.0)	38 (271.4)	68 (206.1)	37 (246.7)	82 (100)

difference in similar style of parent-child relationships in boys and girls. 51.2 % of teens said they felt sense of psychological isolation, that is the most typical for patients with AP. Overall in 46.3 and 45.1 % of the examined adolescents frequent conflicts with parents and fear of the future were called as traumatic effects. In boys CE was correlated with severe affective and behavioral disorders.

The study of depression level according to A. Beck depression inventory found out that all the examined patients had at least moderate severity of depressive symptoms. Patients with CE had maximum depression level, recorded in the depressive reaction with CE (F 43.21), chronic pain disorder (F 45.4) and mild depressive episode with somatic symptoms (F 32.01). Severity of depression in girls notably prevailed at almost all kinds of nosological disorders (p <0.05). The highest level of depression in both boys and girls was observed at chronic pain disorder (F 45.4).

It is important to note that all the examined patients did not consult psychiatrist timely, as the main complaints among adolescents were headache or abdominal pain, masked mental disorders. Consequently, ADS accompanied by severe pain in adolescence – is a pathogenic complex and combined mental disorders, requiring adequate psychopharmacological and psychotherapeutic intervention.

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## КЛИНИКО-ПАТОГЕНЕТИЧЕСКАЯ КОМОРБИДНОСТЬ СОМАТОФОРМНЫХ РАССТРОЙСТВ И ЗАВИСИМОГО ПОВЕДЕНИЯ В ПОДРОСТКОВОМ ВОЗРАСТЕ

О.В. Чернышев

Соматоформная вегетативная дисфункция, проявляемая в виде синдрома цефалгии (СЦфал) или абдоминалгии (САбдал), часто встречаемый диагноз у подростков.

Цель исследования. Изучить клинические особенности формирования коморбидного сочетания соматоформной вегетативной дисфункции с проявлениями хронической боли (СЦфал и САбдал) и различных вариантов зависимого поведения у подростков.

Материалы и методы исследования. Было обследовано 82 подростка: 48 девушек (58,5 %) и 34 юноши (41,5 %) в возрасте 16 – 17 лет. Дифференциально-диагностическое исследование проводилось, согласно диагностическим критериям МКБ-10.

Результаты исследования. Чаще всего в подростковом возрасте этиологической основой СЦфал и САбдал являются различные соматоформные расстройства (в 70,8% случаев у девушек и в 58,8% – у юношей). У 32,9% обследованных пациентов болевой синдром развивается вследствие различных невротических расстройств с тревожно-депрессивной симптоматикой. Соматоформная вегетативная дисфункция – наиболее распространенная причина формирования СЦфал и САбдал среди подростков. Среди подростков случаи СЦфал (68,8% случаев – у девушек, 58,8% – у юношей) существенно преобладают над САбдал (соответственно 31,2 и 41,2% случаев).

У всех обследованных пациентов было диагностировано коморбидное развитие различных видов поведенческой и химической зависимости в сочетании с СЦфал и САбдал. Чаще всего фиксировались эмоционально-зависимые отношения с матерью (67,1 %) и интернет-зависимость (54,9%). В среднем, у 23,9% подростков наблюдались различные варианты злоупотребления психоактивными веществами или синдромы химической зависимости.

**Ключевые слова:** соматоформные расстройства, цефалгия, абдоминалгия, синдромы химической и поведенческой зависимости.

## КЛИНИКО-ПАТОГЕНЕТИЧНА КОМОРБИДНІСТЬ СОМАТОФОРМНИХ РОЗЛАДІВ ТА ЗАЛЕЖНОЇ ПОВЕДІНКИ У ПІДЛІТКОВОМУ ВІЦІ

О.В. Чернишов

Соматоформна вегетативна дисфункція, що проявляється у вигляді синдрому цефалгії (СЦфал) чи абдоміналгії (САбдал), є діагнозом, котрий часто зустрічається у підлітків.

Мета дослідження. Вивчити клінічні особливості формування коморбидного сполучення соматоформної вегетативної дисфункції з проявами хронічного болю (СЦфал і САбдал) та різних варіантів залежної поведінки у підлітків.

Матеріали й методи дослідження. Було обстежено 82 підлітків: 48 дівчат (58,5 %) і 34 юнака (41,5 %) у віці 16 - 17 років. Диференційно-діагностичне дослідження проводилося, відповідно до діагностичних критеріїв МКБ-10.

Результати дослідження. Найчастіше в підлітковому віці етіологічною основою СЦфал та САбдал є різні соматоформні розлади (в 70,8% випадків у дівчат і в 58,8% – у юнаків). У 32,9% обстежених пацієнтів основою синдром болю формується на підґрунті різних невротичних розладів з тривожно-депресивною симптоматикою. Соматоформна вегетативна дисфункція – найпоширеніша причина формування СЦфал та САбдал серед підлітків. Серед підлітків випадки СЦфал (68,8% випадків – у дівчат, 58,8% – у юнаків) істотно переважають над гастралгією (відповідно 31,2 і 41,2% випадків).

У всіх обстежених пацієнтів був діагностований коморбидний розвиток різних видів поведінкової та хімічної залежності у сполученні з СЦфал і САбдал. Найчастіше фіксувалися емоційно-залежні відносини з матір'ю (67,1%) і інтернет-залежність (54,9%). В середньому 23,9% підлітків мали різні варіанти зловживання психоактивними речовинами або синдроми хімічної залежності.

**Ключові слова:** соматоформні розлади, цефалгія, абдоминалгія, синдроми хімічної та поведінкової залежності.

## СУДОВА ПСИХІАТРІЯ

УДК 616.895.8-082.4/.6:340.63-039.76

А.М. Кушнір

## КЛІНІКО-ПСИХОПАТОЛОГІЧНА ХАРАКТЕРИСТИКА ХВОРИХ НА ШИЗОФРЕНІЮ З НЕГАТИВНО-ОСОБИСТІСНИМ МЕХАНІЗМОМ РЕАЛІЗАЦІЇ СУСПІЛЬНО НЕБЕЗПЕЧНИХ ДІЯНЬ

Державний заклад «Українська психіатрична лікарня з суворим наглядом МОЗ України», м. Дніпропетровськ

**Ключові слова:** шизофренія, клініко-психопатологічна характеристика, суспільно небезпечні діяння проти життя особи, механізм реалізації особливо небезпечних діянь.

У статті наведено результати аналізу проявів шизофренії у хворих, що становлять особливу суспільну небезпеку та здійснили делікти за негативно-особистісним механізмом їх реалізації. На прикладі вичерпної популяції таких хворих в Україні виділено та описано характерні риси їх психічного статусу. Оцінено можливість використання зазначених ознак у лікувально-реабілітаційному процесі, а також як прогностичних показників ризику повторних злочинів у даного контингенту хворих.

**Актуальність проблеми.** Сучасний підхід до визначення суспільної небезпеки осіб з психічними та поведінковими розладами, сформульований Ф.В. Кондратьєвим, ґрунтується на уявленнях про тріаду основних її детермінант: «синдром–особистість–ситуація». Не випадково, що саме «синдром», тобто наявна психопатологія, в зазначеній тріаді посідає перше місце, адже численними дослідженнями показано, що вираженість та специфіка наявного психопатологічного синдрому має найбільший вплив на ризик вчинення та характер суспільно небезпечних діянь (СНД) особами, що належать до контингенту, про який йдеться.

Відомо, що СНД вчиняються хворими на шизофренію за одним із механізмів його реалізації: продуктивно-психотичним, негативно-особистісним або змішаним [1]. Результати наукових досліджень вказують на те, що найчастіше повторні СНД реалізуються за негативно-особистісним механізмом, що визначає його значущість для судово-психіатричної практики [2, 3].

Метою дослідження стало встановлення типових клініко-психопатологічних характеристик хворих на шизофренію з негативно-особистісним механізмом реалізації особливо суспільно небезпечних діянь.