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CLINICAL PROGNOSIS OF ASSOCIATED FORMS OF ALCOHOLISM WITH CO-MORBID BRAIN IMPAIRMENT

N.A. Bokhan

Addictive States Department, Mental Health Research Institute, Tomsk, Russia Objective: Identification of clinical differences of formation and prognosis of severity of associated forms of alcoholism in relevant variants of co-morbid brain impairment. Material and methods: With clinical-psychopathological method we examined inpatient samples with stage 2 alcoholism with co-morbid traumatic (group I, n=105); hypertensive (group II, n=45) and vertebrogenic (spinal cord artery syndrome) (group III, n=37) brain impairment. Control - 30 patients with alcoholism without co-morbid pathology. Results: In group I alcoholism is forming at early age in persons with pre-morbidly problematic social adaptation - in 62,2% conditioned by presence of excitable traits of the character. Dominance of dysphoria in intoxication and in alcohol withdrawal syndrome (AWS) predetermines formation of psychopath-like degradation with total and persistent social disadaptation. Beyond AWS, reactive lability, lingering asthenic-sub-depressive states with inclusion of dysphoric, hysteric-excitable components remain during low quality of remission. In group II later formation of alcoholism in 26,7% of cases was preceded by psychodisadaptive disturbances conditioned by pre-morbidly anxious constitution of personality. In structure of AWS anxious-phobic modality of depressive disorders against the background of cardiovascular manifestations of toxicogenic effects of ethanol determines development of torpid asthenic-depressive states (with cardiophobic and hypochondriac components). For patients from group III we have identified intermediary tempo of increasing of progression of alcoholism with obligate diencephalic psychovegetative, psychosensory and severe psychoorganic cognitive disorders against the background of asthenic, more seldom dysphoric variants of change of the personality.

Conclusion: Prognosis of associated forms of alcoholism is various in distinguished variants (traumatic, hypertensive, vertebrogenic) comorbid brain impairment.