

### 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 nothropiltherapy.

**Key words:** alarm; gestosis; neurosis; pregnancy; profile; psychologic; psychosis; treatment

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*Prehosp Disast Med* 2001;16(2):s 25.

### Treatment Methods of Disorders of Contracting Uterus Activity

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**Introduction:** The problem of treating the disorders of contracting uterus activity (DCUA) remains of topical interest in obstetrics.

**Methods:** In the first group consisting of 52 women (the age 16–40 years old) the correction of DCUA was carried out by injecting 20 mg of morphine intramuscularly. To the second group of 42 people (15–42 years old) epidural injections of 0.5 mg of morphine were given. The injections were prescribed after the diagnosis DCUA was confirmed.

The effectiveness of treatment was checked clinically. The effects were checked by investigating the reaction of adrenal glands (on the grounds of the level of eosinophils), the reaction of thyroid glands (on the grounds of the general metabolism), by determining the vegetative index Kerdo in stages when the diagnosis DCUA was confirmed, and 10 days after the injection of morphine was given.

**Results:** Epidural injections of morphine decrease the stress activity of the cardiovascular system. The duration of the birth act was reduced to 52%, the checkup of newborn babies according to the scale APGAR had better results, the frequency of operative delivery was reduced to 39%, and the related complications to 35%.

**Conclusion:** Epidural injections of morphine are more effective (in comparison with the intramuscular) method of correction of DCUA.

**Key words:** epidural; morphine; intramuscular; obstetrics; uterus contractile disorders

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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 decompensation (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 out 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, nootropic therapy) in cases of patients with endogenic intoxication in peritonitis.

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