

**Breaking ground in cross-cultural research on
the fear of being laughed at (gelotophobia):
A multi-national study involving 73 countries**

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Abstract

The current study examines whether the fear of being laughed at (gelotophobia) can be assessed reliably and validly by means of a self-report instrument in different countries of the world. All items of the GELOPH

(Ruch and Titze 1998; Ruch and Proyer 2008b) were translated to the local language of the collaborator (42 languages in total). In total, 22,610 participants in 93 samples from 73 countries completed the GELOPH. Across all samples the reliability of the 15-item questionnaire was high (mean alpha of .85) and in all samples the scales appeared to be unidimensional. The endorsement rates for the items ranged from 1.31% through 80.00% to a single item. Variations in the mean scores of the items were more strongly related to the culture in a country and not to the language in which the data were collected. This was also supported by a multidimensional scaling analysis with standardized mean scores of the items from the GELOPH<15>. This analysis identified two dimensions that further helped explaining the data (i.e., insecure vs. intense avoidant-restrictive and low vs. high suspicious tendencies towards the laughter of others). Furthermore, multiple samples derived from one country tended to be (with a few exceptions) highly similar. The study shows that gelotophobia can be assessed reliably by means of a self-report instrument in cross-cultural research. This study enables further studies of the fear of being laughed at with regard to differences in the prevalence and putative causes of gelotophobia in comparisons to different cultures.

Keywords: Cross-cultural comparisons; gelotophobia; humor; laughter; multi-national study.

1. Introduction

Laughter is an innate emotional expression in human beings, having a distinct facial and vocal pattern (Ruch and Ekman 2001). Therefore, it is a reasonable assumption that laughing at others will also be a known phenomenon across all cultures and regions of the world. There is empirical data that people get laughed at for a broad variety of reasons. In a recent study, Proyer, Hempelmann, and Ruch (this issue) identified 102 different reasons for being laughed at. By means of a corpus study, they reviewed written records of what actually happened to people when they got laughed at (based on newspaper reports, books, etc.).

Although these reasons were extracted from sources in the German language, it can be assumed that a comparable number of reasons exist in different regions of the world. Thus, it can be predicted that forms of good- and bad-natured laughter exist all over the world. Hence, it is a



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Psychological assessment of cancer patients with chronic pain

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Abstract

This study examined assessment of pain and psychological status in patients with cancer. Pain measure developed to determine psychological factors which make an impact on pain intensity among cancer patients. Methods: Pain intensity Questionnaire, Life Satisfaction scale, Anxiety Scale, Beck Depression Inventory, Anger Scale. The Pain Questionnaire was administered to 48 cancer patients with pain. To elucidate the relationship between pain and psychosocial variables, several domains have been identified: life satisfaction; anxiety, depression and anger. The occurrence of anger in cancer patients with chronic pain was assessed, and the association with socio-demographic variables, pain variables, and affective component was investigated. © 2010 Elsevier Ltd. All rights reserved.

Keywords: Depression; anger; anxiety; pain intensity; life satisfaction.

1. Introduction

Pain is said to be one of the most feared and distressing symptoms of cancer (Bruera & Kim, 2003; Foley, 1999). Pain is the end product of a complex process that may involve emotional, cognitive, and sensory components (Chapman, 1998). Gerbershagen et al. (2008) measured quality of life in prostate cancer patients with and without pain. They found that depressive symptoms are significantly more frequent in pain patients than in patient without pain. Another study compared patients with and without pain who were matched by site and progression of disease (Ahles et al. 1983). Patients with pain scored higher on measures of depression as well as anxiety, hostility, and somatization.

Cancer pain is best described as a multidimensional model. Pain, and especially cancer pain, is not only a physical experience, but involves affective, cognitive, behavioral, and socio-cultural dimensions. Cancer pain has characteristics of chronic and of acute pain. Acute cancer pain is directly associated with tissue damage. When cancer pain persists it can serve as a sign of the progression of disease, and can produce feelings of hopelessness and emotional distress, and might have a negative impact on coping techniques. The cognitive dimension refers to the way patients think of their pain and what the pain means for them, in terms of thoughts, beliefs, attitudes, and self-efficacy expectations. Beliefs and emotions about pain are assumed to play an important role in the process of coping by influencing both the initiation of coping strategies and a person's level of adjustment. The way a patient copes with pain is influenced by the thoughts about their pain and what the pain means for them. Although the role

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Pain sensitivity among women with low estrogen levels

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Abstract

The purpose of study is to investigate estrogen influence on sensitivity of pain among menopausal women with estrogen deficiency, suffering from low back pain (LBP). Patients (n=108) completed questionnaires to identify pain severity, anxiety and life satisfaction. The data collected included socio-demographic characteristics and plasma estrogen level (PEL) measurements, health and reproductive status. Significant differences were observed with severity of LBP between women with low estrogen and women with normal PEL. There was a significant, negative association between PEL and anxiety. A conclusion suggests that in women PEL as a hormonal and reproductive factor is associated with LBP.

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Keywords: Pain sensitivity, women, low back pain, estrogen, menopause.

1. Introduction

There are many evidences that estrogen have a significant role in modulating endogenous opioid neurotransmission and associated psychophysical responses to a pain stressor in humans (Smith et al., 2006). Estrogens seem to play an important role in inducing antinociception in animals in conditions of experiment (DawsonBasa & Gintzler, 1998). These analgesic effects can be related to the fact that estrogens regulate the transcriptional control of opioid synthesis and of delta and kappaopioid receptors in lamina II of the spinal cord (Amandusson & Blomqvist, 2001) On the other hand the present findings suggest that the decrease in pain sensitivity induced by estradiol could not be explained by its effect on opioid receptors. The previously reported effects of estradiol on brain levels of β -endorphin and met-enkephalin may contribute to the analgesic effect of this steroid (Gordon & Soliman, 1996). Administration of estrogen in women increases paininduced μ -opioid receptor binding in the brain, suggesting that exogenous estrogen enhances functioning of the endogenous opioid system (Smith et al., 2006). In addition to their antinociception role, estrogens also seem to play a role in inducing hyperalgesia and pain (Dao & LeResche, 2000; Lanlua et al., 2001).

It has become increasingly apparent that women suffer a disproportionate amount of pain during their lifetime compared to men (Leveille et al., 2005; Craft, 2007). Women reported higher rates of chronic pain conditions and

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Pain and Social Activity in Colorectal Cancer PATIENTS.

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Background: Colorectal cancer is among leading causes of cancer related deaths in men and women in many countries. This investigation was carried out to examine the contribution of pain to decreased social activity in colorectal cancer patients. Thirty two (32) patients were examined. The mean age of patients was 64.1 years (SD = 10.6). 56% were male, 52% did not know their cancer diagnosis which was related to colon (42%) and rectum (58%). The second research group consisted of twenty eight (28) patients with chronic low back pain. All patients were assessed based on clinical standards (physical examination, laboratory results, histological diagnosis and analysis of medical records). The methods used were Visual Analogue Scales (VAS), Cold pressure test, standardized interviews and self-questionnaires – Back Depression Inventory and State-Trait Anxiety Inventory for Adults. 29 patients experienced pronounced anxiety because of their pain and 23 patients expressed depressive pain-associated symptoms. We found significant differences between cancer and non-cancer groups in level of functional activity decreasing especially mental functioning and social activities.

Refbacks

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BAND 32

Weiterbildung zur „Gerontologischen Fachkraft“ – Realisierung und Evaluation

Evgenyia Hristakieva & Miroslava Petkova

Die Zukunft beginnt heute, Leben heißt denken und handeln, denken und handeln aber heißt verändern (James Allen).
Untersuche die Vergangenheit, vervollkomme die Gegenwart, bereite die Zukunft vor! (Bogomil Beron)

1. Das transnationale Projekt

Die vielfältigen sozialökonomischen Veränderungsprozesse, die in Bulgarien tief in die Sozialstrukturen und Versorgungssysteme des Gesundheitswesens einwirken, zwingen zu einem neuen Pflegeverständnis und zur Notwendigkeit neuer Formen der Ausbildung in pflegerischen Kompetenzfeldern. Dazu gehören:

- Die demographische Entwicklung, die durch die Zunahme des Anteils alter Menschen und sehr alter Menschen gekennzeichnet ist. Mehr als 12% der bulgarischen Bevölkerung ist heute schon über 60 Jahre alt.
- Die Anzahl der langfristig Pflegebedürftigen und Kranken wächst sehr stark an.
- Ebenfalls anwachsend ist die Zahl der dementiell erkrankten Menschen.
- Die Reformen im Gesundheitswesen und die Zunahme ambulanter Behandlungen ebenso wie Defizite in Krankenhausstrukturen lassen Lücken für chronisch kranke und alte Patienten entstehen.
- Die Teile der Sozialstruktur, die die Altenpflege und die Behandlung chronisch Kranker regeln, sind noch nicht voll ausgebildet.
- Die materiellen Bedingungen für pflegebedürftige Menschen sind in Bulgarien auf sehr niedrigem Niveau.



PAIN PERCEPTION TO THE COLD PRESSOR TEST IN REPRODUCTIVE-AGE WOMEN: RELATION TO MENSTRUAL PHASE AND COMPARISON WITH MEN

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ABSTRACT

PURPOSE. To evaluate the response to cold pressor pain in normally menstruating women during the two phases of the menstrual cycle and in comparison to men. **METHOD.** 60 volunteers, separated in two groups of women (in follicular phase - gr. 1, n = 18; and in luteal phase - gr. 2, n = 21) and men - gr.3 (n = 21), were subjected to cold pressor test. Latency to first feel pain (pain threshold) and latency to withdraw the arm from the icy water (pain tolerance) were recorded. Participants completed questionnaires assessed health, anger and stress state. **RESULTS.** The data revealed statistically significant differences ($F = 8.12, p < 0.001$) between women in two groups, and men, in pain tolerance. Women reported significantly more pain symptoms than did men. Women in follicular phase displayed longer pain tolerance than did women - in luteal. **CONCLUSIONS.** 1. Men tolerated more pain than women. Moreover, attitudes and role expectations are likely to play key roles in this difference, since no gender difference was found for pain threshold. 2. The menstrual phase difference assessed seems to be dependent on the serum concentration of estrogen as far as possible that this hormone level is high in follicular phase.

Key words: cold pressor test, pain tolerance, pain threshold, sex differences, menstrual phase

INTRODUCTION

The most current human findings regarding sex differences in experimental pain indicate greater pain sensitivity among females compared with males for most pain modalities (1). Compared with men, women display enhanced sensitivity to most forms of experimentally induced pain.

The majority of studies show that women are more sensitive than men to experimentally induced cold pain as evidenced by lower pain tolerance (2, 3).

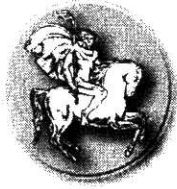
The aim of the study was to compare perception of pain, induced by the cold pressor test in women and men and women's response to cold

nociceptive irritant in dependence of menstrual cycle. We decided to examine and compare our data with these of Hellström & Lundberg (4) and several other investigators (5, 3).

METHODS

Subjects. Sixty healthy volunteers: 39 female - students, aged between 19 and 37 years, with regular menstrual cycle (28 ± 4 days), without hormonal treatment during the past 12 months, separated in two groups: gr.1. - in follicular phase and gr. 2. - in luteal phase and 21 men, aged 27 (SD = 4) years) were included. Exclusion criteria were use analgesics, and for women not taken oral contraceptives. In all the study, we strongly observed the rules of the the local ethical committee at Trakia University and the principles of the Declaration of Helsinki (1964). An informed consent was obtained from all participants before initiation of the experimental procedures. They were informed

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PSYCHOLOGICAL FACTORS OF CORRELATION BETWEEN PAIN TOLERANCE, PAIN THRESHOLD AND OBESITY

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ABSTRACT

The obesity is a significant social and medical problem for children and adults. Many recent studies suggests that genetic, physiological, environmental and behavioral factors contribute to it. In addition many articles support the idea that there is a strong relationship between obesity and pain. **PURPOSE:** The purpose of this study is to explore relationship between pain tolerance, pain threshold and obesity. **METHODS:** The present study was carried out on 60 volunteers of which 19 subjects with BMI>30kg/m² and 41 subjects with BMI<30kg/m² (non-obese). **RESULTS:** Pain detection and pain tolerance thresholds to cold were determined. The influence of gender age, BMI, bodily symptoms of stress, anger and optimism were analyzed. **CONCLUSIONS:** The study results suggests the presence of correlation between pain tolerance and obesity which is affected by behavioral and personality factors.

Key words: optimism, cold pressure test, acute pain, stress

Overweight and obesity are chronic conditions with great social and economic importance. They both are a consequence of an energy imbalance over a period of time. The cause of this energy imbalance can be a result from combination of several different factors and varies from one person to another. Environmental factors, individual behaviors, and genetics contribute to the complexity of the obesity nowadays. An *energy imbalance* arises when the number of calories consumed is *not equal* to the number of calories used by the body. *Weight gain* when the people consuming too many calories and not expending enough through physical activity. Excess energy is stored in fat cells, which enlarge or multiply. Enlargement of fat cells is known as *hypertrophy*, whereas multiplication of fat cells is known as *hyperplasia*. During kind of period of time the excesses in energy storage lead to obesity. Body mass index (BMI) is a

(kg)/ height squared (m²). It is used to describe an individual's relative weight for height, and is mathematical ratio which is calculated as weight

significantly correlated with total body fat content. Obesity is associated with significantly impaired quality of life. Higher BMI values are associated with greater health risk for the any individual. There are several differences between man and women in the medical and especially social consequences of obesity. For example, obese women appear to be at a greater risk for psychological dysfunctions. This may be due to the social impact on women to be thin. On the other hand the weight loss has been consistently associated with improved quality of life among both women and man. Obese patients who lost more than 30 kg through gastric bypass demonstrated improved quality of life scores to such an extent that their post-weight loss scores were equal to or even better than population norms (1).

A number of studies have positively correlated the experience of pain with an increase in body mass index (BMI) (2, 3). The causal relationship between the two remains unclear. It is not known whether obesity causes chronic pain, chronic pain causes obesity or some other factor causes both concurrently. Obesity is hypothesized to lead to pain because of excess mechanical stresses and its pro inflammatory state. Chronic

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Original Contribution

PSYCHOLOGICAL ASSESSMENT OF ANGER AND AGGRESSION

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ABSTRACT

Risk assessment linked to anger management difficulties is important for clarifying criminal behaviour and reducing aggression. Poor anger management may result in physical and mental ill health of the individual. An assessment interview, psychometric methods and self-monitoring were offered to make psychological evaluation of anger and aggression. 32 murderers and sex offenders and 38 healthy individuals as a control group were investigated. Significant differences in anger expression between both groups by sex and age were found. Anger management difficulties were discussed as significant signs of aggression in criminal behaviour.

Key words: risk assessment, anger management, criminal behaviour, aggression.

INTRODUCTION

In the beginning of the 20th century, Canon (1915) stated that the stimuli causing emotions lead to activation of two independent systems in the human body. The first one is the vegetative nervous system that causes a rise in the physiological activity of the organism. The second one is the perceptual system, given that the brain interprets the external events, which leads to the appearance of different emotional states [1]. The reactions "fight or flee" to the emotionally activating events can be connected to the emotional responses to anger or anxiety.

In the 1960s of the 20th century a special attention is paid to the cognitive mediation of the emotional states and the cognitive estimate of the events becomes a central point of the contemporary theories of the emotions [2, 3, 4].

FUNCTIONS AND CHARACTERISTICS OF ANGER

The most prominent figure in the development of anger control is R. Navaco. A central part of his work on anger control involved the

understanding of the functions of anger. According to him, anger serves 6 functions: 1) energising; 2) destructive; 3) expressive; 4) defending; 5) arising; 6) differentiating [5].

Navaco and Welsh [6] developed the notion of anger by including the assessment of the processes of social acquiring. They think that the episodes of provocation can be understood better using the terms of the perceptual mistake.

Anger is a secondary emotion. It can arise as a reaction to other emotions as fear, insecurity, anguish and other tormenting emotions. If someone concentrates on the negative emotion instead of the primary, there is no way for him to deal with that primary emotion. That way he will not cope with the negative emotional condition and will stay stagnated. In this way, the personal development stops and what remains is anger.

EXPRESSING ANGER

It is very important to make a distinction between experiencing and expressing anger [7]. Anger is one of the emotions, characterised by high levels of activation and specific cognitive models. Anger is often constructively motivated. People share that the reason for their anger has been the aim to

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Original Contribution

DEPRESSIVE SYMPTOMS IN SCHIZOPHRENIA AMONG OLDER ADULTS

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ABSTRACT

OBJECTIVE: The authors assessed the presence and severity of depressive symptoms, as well as their associations with other clinical measures, in a group of mid- to late-life patients with schizophrenia who were not in a major depressive episode or diagnosed with schizo-affective disorder. **METHOD:** Sixty outpatients with schizophrenia between the ages of 45 and 79 years and 60 normal comparison subjects without major neuropsychiatric disorders, proportionately matched for age and gender, were studied. Depressive symptoms were rated primarily with the Beck Depression Inventory. Standardized instruments were also used to measure global psychopathology, positive and negative symptoms, abnormalities of movement, and global cognitive status. **RESULTS:** Depressive symptoms were more frequent and more severe in schizophrenic patients than in normal comparison subjects; 20% of the women with schizophrenia had a Beck Depression scale score of 21 or more. Severity of depressive symptoms correlated with that of positive symptoms but not with age, gender, negative symptoms, extrapyramidal symptoms, or neuroleptic dose. **CONCLUSIONS:** Depressive symptoms are common in older patients with schizophrenia. They may be an independent, core component of the disorder or, alternatively, may be a by-product of severe psychotic symptoms.

Key Words: depression, positive symptoms of the schizophrenia, negative symptoms of the schizophrenia

INTRODUCTION

According to data of American Psychiatric Association (APA) during the last 30 years the number of patients above 54 years old suffering from schizophrenia has risen by a factor of 2. That generation spends less time in the psychiatric institutions compared to the younger patients and has specific medical and social needs. MEDLINE and PsychInfo claim that only 1% of the articles on schizophrenia focuses on the older adults. Moreover, more than 85% of the patients with schizophrenia develop the disorder before their 45th year and age with it.

Where can we find patients with schizophrenia?

According to epidemiological data the patients with schizophrenia are 3% of the population above 65 years old. The majority of them live in the community and this poses corresponding requirements in out-patient psychiatric care and the home care

How does the schizophrenia change the life cycle?

The interpretation of the literature on aging and schizophrenia requires taking into account the bio-psycho-social perspective. That implies that the changes that come during the life cycle of the people with schizophrenia should be integrated with the normal changes of aging (in the neuro-endocrine system, the cognitive abilities, the psychic health and the adaptation).

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EFFECTS OF ESTROGEN ON PAIN-INDUCED BEHAVIORAL RESPONSES IN OVARIECTOMIZED RATS

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ABSTRACT

PURPOSE. To evaluate the effect of estrogen in the response by female rats to nociceptive stimulation, we measured the effects on formalin-induced responses in ovariectomized rats. **METHOD.** Two groups of female rats were subjected to ovariectomy and sham surgery. The persistent pain in all the animals was induced by a subcutaneous injection of dilute formalin (50 µL, 10%) in the dorsal hind paw. The formalin-induced responses (licking duration, flinching frequency and flexing duration of the injected paw) were recorded for 60 min. **RESULTS.** Estradiol absence resulted in significantly longer duration of formalin-induced licking in ovariectomized rats than in nontreated intact rats. **CONCLUSIONS.** The depletion of estrogen in female rats modulates the pain-induced behavioral responses related to supraspinal neural circuits (licking of the injected paw) rather than more spinally mediated responses such as formalin-induced flinching.

Key words: estradiol, pain, ovariectomy

Experimental and clinical data have reported a clear antinociceptive role of estrogens (1, 2). For instance, in experiments using female and male rats subjected to phasic painful stimulation (i.e. thermal pain), it was demonstrated that estrogens have acute antinociceptive effects when administered i.p. or s.c. (3, 4). It is well known that in humans, menopause causes depletion of estrogens, while in experimental animals ovariectomy is a common method to deplete animals of their gonadal hormones (4). Ceccarelli et al. (2003) used the method to induce tonic, long-lasting pain, a formalin test, to record different behavioral responses mediated at different levels of the CNS (i.e. flinching, a phasic short contraction of the leg, present also in spinalized animals; flexing, a tonic contraction of the injected paw; licking, mediated at higher supraspinal levels) (5).

The aim of the study was to compare intact female rats to OVX ones to determine if long-term hormonal depletion could significantly modify the behavioral responses to persistent nociceptive stimuli.

MATERIAL AND METHODS

Subjects

Twenty-two adult female Wistar rats, weighing 280–320 g on arrival, were used. The animals were housed in a temperature- and humidity-controlled room with a light-dark cycle (lights on at 19.00 h, off at 07.00 h) and with free access to food and water. In all experiments, we strongly observed the rules of the European Communities Council Directive (86/609/EEC) and the Ethical Guidelines for investigation of experimental pain in conscious animals issued by the ad-hoc Committee of the International Association for the Study of Pain (6).

Surgery

One weeks after their arrival, half of the rats (n=11) were bilaterally ovariectomized (OVX) under pentobarbital anesthesia (40 mg/kg, i.p.) by removal of the ovaries with a dorsal incision. The other rats were sham

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OBESITY AND LOW BACK PAIN IN POSTMENOPAUSAL WOMEN

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Summary

Both low back pain (LBP) and obesity are common public health problems, yet the relationship between them remains controversial. Twice as many postmenopausal women suffer from LBP, as compared to pre-menopausal women. AIM: To investigate the association between body mass index (BMI) and the prevalence of LBP in postmenopausal women, aged 51-63 years who have sought help from their GPs in Pleven and the specialized clinics of the University Hospital Stara Zagora. METHODS: Chronic pain patients were divided into three weight categories, based on body mass index (BMI): normal (BMI < 25 kg/m²), overweight (BMI between 25 kg/m² and 30 kg/m²), and obese (BMI > or = 30 kg/m²). The data collected included socio-demographic characteristics, anthropometric measurements, LBP, medical and reproductive history, health status and menopausal status. The women completed questionnaires designed to measure pain severity. RESULTS: 23.7% of the investigated women reported chronic LBP and 73.5% of these women were obese and overweight. For menopausal women, among all weight-related factors, only waist circumference and waist-to-hip ratio were related to LBP. CONCLUSIONS: Obese postmenopausal women often suffer from LBP. We found that in a population of postmenopausal women the abdominal obesity might increase the risk of LBP.

Key words: obesity, low back pain, postmenopausal women, waist-hip ratio, body mass index

Introduction

Low back pain (LBP) is one of the most common problems nowadays. Obesity, together with overweight, which means a higher body mass index (BMI), correlate with worsening of life-quality and muscle-skeleton functioning. Obese people often look for medical help in relation to their complaints of back muscle pains [1]. Based on such data, many authors draw the conclusion that there is a correlation between obesity and low back pain/overweight [1, 2, 3, 4]. This problem becomes even more pronounced in postmenopausal women [5, 6]. During this period of women's life, the likelihood of increasing the weight and manifestation of LBP increases due to the changes of

PREDICTORS OF PAIN INTENSITY AND LIFE SATISFACTION IN CHRONIC PAIN PATIENTS

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Abstract. *The relationship between anxiety, depression and pain intensity among patients with different levels of life satisfaction was examined. Previous studies have supported the idea that anxiety and depression play a significant role in chronic pain, but the relationship between anxiety, depression and pain intensity in connection to patient's life satisfaction has not been adequately explored. The sample was 82 patients with chronic pain who were dividing into two groups – with high and with low levels of life satisfaction. Data were collected through individual interviews, using a 10-point numerical pain rating scale, Spielberger Anxiety Scale, Beck Depression Inventory and Life Satisfaction Scale. In addition, demographic data were identified from the medical records. The average anxiety and depression levels of the participants were 41.46 (SD 9.02) and 13.89 (SD 7.12) – higher than the normal levels. The levels of anxiety and depression were significantly positively correlated with pain intensity ($r = 0.471$, $p < 0.0005$) and was also a significant predictor of pain intensity. There were finding significant differences between groups with high and low life satisfaction. The results showed that anxiety and depression are not only associated with pain intensity but that they also predict it and decrease patient's life satisfaction.*

Keywords: *pain intensity, anxiety, depression, life satisfaction, chronic pain*

INTRODUCTION

The improvements in the medical treatment and care of individuals with chronic pain in recent decades has prolonged the lifespan of these individuals. Since the basic, hard-core medical issues for long-term survival have been brought

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PERSONALITY FACTORS IN OBESITY AND CHRONIC PAIN

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Summary

Objective: To evaluate obesity and some personality factors (optimism, pessimism, gelotophobia) as markers for increased pain severity and psychological distress in mixed chronic pain patients. Seventy-two chronic pain patients were divided into two weight categories, based on body mass index (BMI): normal (BMI < 25 kg/m²) and overweight and obese (BMI ≥ 25 kg/m²). The patients completed questionnaires to identify pain severity, anxiety, optimism, pessimism, gelotophobia and life satisfaction. Pain severity and days per week with pain were similar in the weight groups. Gelotophobia is defined as the pathological fear to appear as an object of ridicule to social partners. Gelotophobia at its extreme involves a more or less pronounced paranoid tendency, a marked sensitivity to offence, and social withdrawal. Gelotophobia was related to increasing weight, and increased BMI was associated with more days per week with reduced activity. Anxiety scores also correlated to the weight category, with an average Spielberger Anxiety Inventory score of 31.62 ± 5.25 in normal, and of 43.78 ± 11.04 in overweight and obese patients. Optimism and pessimism are general expectancies for the occurrence of positive or negative events in the future or an explanatory style, attributing positive or negative events to internal, stable, and global causes. Optimism was also reduced in relation to weight. Weight is associated with anxiety, gelotophobia and reduced life satisfaction in chronic pain patients. This study found that pessimism may positively or negatively influence efforts to increase health-promoting behaviors. Calculation of the BMI should become a routine part of the screening evaluation for chronic pain patients, with an additional screening for personality and psychologic distress in patients with elevated BMIs.

Key words: personality, anxiety, gelotophobia, life satisfaction, chronic pain

Introduction

Obesity has significant consequences for health and is a leading cause of a number of chronic illnesses [1] such as diabetes, hypertension and coronary disease. There are an increasing number of researches showing that there is a correlation between obesity and pain [2]. The correlation between obesity and lower back pain is not direct. There are factors that



HEALTH LOCUS OF CONTROL AND PAIN TOLERANCE AMONG GROUPS WITH DIFFERENT SOCIO-CULTURAL CHARACTERISTICS

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ABSTRACT

A number of studies have positively correlated the experience of pain with socio-cultural factors. These studies are a part of a not enough developed area of researcher's demands to identify factors that might contribute to the individual's pain experience. These could include somatic (physical) and psychological factors, as well as contextual factors, such as situational and cultural considerations. These articles have discussed several socio-cultural factors that contribute to individual differences in pain perception, including ethnicity, sex and psychological variables (health locus of control). These factors have been discussed in the context of the biopsychosocial model of pain, which posits that pain perception is influenced by interactions among biological, psychosocial, and socio-cultural factors. 62 students were involved in this investigation as volunteers. 30 students self defined their ethnicity as Turkish and 32 self defined their ethnicity as Bulgarian. Cold pressure test and Health locus of control questionnaire were used. Cold pressure test was used to identify pain tolerance toward experimentally induced pain. The result of investigation suggests that health locus of control correlated with ethnicity. In addition, pain tolerance ranged within different socio-cultural groups. Finally, the scientific implications of individual differences in pain are discussed.

Key words: health locus of control, pain tolerance, ethnicity

INTRODUCTION

Ethnicity designates a group of people who share same social environment, distinguished by behavior, culture, history, beliefs and traditions. According to some authors, combination of biological, psychological and socio-cultural factors is associated with differences in pain perception (1-4). As ethnicity refers to biological, social, psychological and cultural characteristics of the individual, it may be a factor contributing to differences in pain perception (5).

Several studies explore the relation between ethnicity and perception of experimentally induced pain. Walsh and colleagues (1989) found out that pain tolerance to cold pressor test in the groups of African-Americans and Hispanic-Americans is lower, compared to

non-Hispanic White Americans (6). Other studies examined cold pain threshold and pain tolerance of Americans from different ethnic backgrounds (7-10) or explore tolerance only (11-12).

Results of these studies indicate moderate differences in threshold and significant differences in tolerance to experimentally induced pain between ethnic groups. In all studies African Americans show lower thresholds and tolerance to cold pain, compared to Latinos or non-Hispanic Whites. Another study found a lower threshold and tolerance to experimentally induced pain in Asian-Americans than European Americans (13). Annie Y. Hsieh (2010) explored cold-pressor pain experience of Chinese and European Canadian students (14). The study found differences in pain tolerance, as Chinese Canadians have lower tolerance to cold pain, compared to their European colleagues. In general, studies find significant differences in tolerance and none or moderate differences in

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THE EFFECT OF ANGER ON EXPERIMENTALLY INDUCED PAIN

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ABSTRACT

The purpose of the present research is to find out the effect of anger on experimentally induced pain. Persons examined: 60 volunteers at the Trakia University, age between 19 and 61 years. Man – 21, female - 39. Methods: State-Trait Anger Expression Inventory (Spielberger); Cold Pressor Test. The results show that a reverse correlation exists between the anger as a personality trait and the pain tolerance ($r = -0,341$; $p = 0,03 < 0,05$). The anger as a behavior appears more to men and to individuals over 50 years old. Higher results of the anger as a personality trait imply less tolerance to experimentally induced pain.

Key words: cold pressor test, pain threshold, pain tolerance, anger-in, anger-out

INTRODUCTION

The term anger is used to designate an emotion which varies in its intensity from annoyance to rage. The anger is characterized with a physiological excitement, a typical facial expression and an impulse to aggression. It is generally accepted as a transitional state occurring in response to an attitude or damage perceived to be unfair. The reactions of anger could be adaptive, especially when expressed in a constructive manner, but the chronic ones are often non-adaptive because they result in interpersonal conflicts and chronic sympathetic excitement (1).

The two main strategies for regulating the emotions are suppression or direct expression (2). In the context of the emotion anger, these two regulating strategies are specified as: outwardly expressed anger and held-in anger (3). The expressed anger represents the trend to regulate anger through direct verbal or physical act and in more extreme cases it could include verbal aggression, sarcasm, dispute, physical act such as shutting or slamming doors and

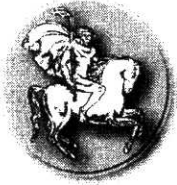
generally “to lose your temper” (3). The outwardly expressed anger is related to the sensitivity of the person to severe and chronic pain (4).

When exploring pain, various authors point out that it is related to the emotional states, including depression, anxiety, fear and anger. The studies in most cases have found out that the higher levels of negative emotions are connected with more intensive, severe and chronic pain (10-12). The way to deal with anger is related to severe and chronic pain at the same time (13). Recent studies suggest that the way to deal with the outwardly expressed anger may influence the sensation of severe pain and that effect could be strongly seen with provoked anger (13).

During the review of the bibliography, it turned out that the trend to deal with anger through direct verbal or physical expression (outwardly expressed anger trait) is related to increased sensitivity to severe and chronic pain (14).

The effects of outwardly expressed anger trait on experimentally induced pain on healthy people were studied in few publications. The high results were related to the considerably lower pain tolerance during cold pressor test (15). In other studies, the examined people were not

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CORRELATION BETWEEN OPTIMISM AND EXPERIMENTALLY INDUCED PAIN

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ABSTRACT

Purpose: The purpose of the present study is to estimate the connection between optimism and negative expectations with the pain threshold and the pain tolerance toward experimentally induced pain. **Subjects:** Sixty healthy individuals participated in the study. **Methods:** Cold pressor test, Optimism and negative expectations Inventory and Subjective health assessment scale have been used. **Results:** Positive and significant correlation between optimism and the level of stress, as well as between optimism and stress symptoms have been found. No correlation between optimism and pain tolerance threshold have been found. No significant differences in pain threshold and pain tolerance between optimist and negative expectation groups have been found. **Conclusions:** Age influences on optimism, stress and pain tolerance. Pain tolerance increases with age. Optimism supposes better adjustment toward stress.

Key words: cold pressor test, pain tolerance, pain threshold, optimism and negative expectations

INTRODUCTION

The sensitivity of pain is completely individual and severely modified by psychological factors. In the scientific literature it has been suggested that optimism may positively influence the course and experience of pain. A number of clinical trials show that the optimism suggests better adjustment towards the chronic pain (1-8). Researches on optimism and chronic pain among heterogeneous groups of patients show that optimists usually report about less pain and react toward the treatment better. For example, optimism is associated with lower intensity of the pain, reported from patients with different types of cancer (2, 9, 10) and musculoskeletal pain (11-13). There is data that optimists recover more successfully and declare about less postoperative pain in comparison with patients who have negative expectations (14). These findings lead to increase researches on influence of optimism but not only among patients with acute and chronic pain but as well as experimentally induced pain and healthy people.

Results from cold pressor test with healthy volunteers show the optimists have lower intensity of pain in comparison with the people with negative expectations as well as lower cardio-vascular reactivity and they feel less distress as a result of the experiment (15). Another research proves that the optimism is associated with lower grades of intensity of the pain in answer to the cold pressor test among healthy people (16). An experiment to reveal the character of the connection between optimism and pain is induction of optimism before the test and it leads to lower intensity of pain in the experimental group in comparison with the control group. This is the first research which proves experimentally cause-and-effect relationship of optimism and reactions to the pain (17). But all researches don't prove these results, for example Snyder et al. don't recover influence of individual differences in optimism over pain threshold and pain tolerance (18).

The purpose of the present study is to estimate the connection between optimism and negative expectations with pain threshold and tolerance toward experimentally induced pain.

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COMPETENCES IN THE FIELD OF HEALTH AND SOCIAL PROFESSIONS RELATED TO CARE, ACCOMPANYING AND CONSULTING ELDERLY PEOPLE

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ABSTRACT

The present piece of work examines the main competences which the students from specialties Nurse and Social Activities should have with respect to care, accompanying and consulting elderly people. The curriculums of students from specialties Nurse and Social Activities as well as the analysis of the results from the work of the experts of DUCOM Project have been used. The obtained data have been divided into general competences and attitude competences. The students from specialties Nurse and Social Activities, who are trained to work with elderly people, should have knowledge of the aging and its pathology as a process. They should be able to work with the biography of the patient and to assess the functional condition, especially, with respect to physical and psychological aspects. Should be able to develop and track a plan for care and services; use various sources of documentation as well as to use group interventions with elderly people and their families. Moreover, they should be able to work in a multi-disciplinary team; to show respect regarding race, ethnicity, religion; to create emphatic relation with the patient and his/her family. They should be able to use various techniques to overcome stress and techniques for effective communication.

Key words: students, elderly people, curriculum, competences, mental health.

INTRODUCTION

People well advanced in age predominate worldwide. This tendency has also been observed in Bulgaria. About 4% of the people above 65 and 20% of those at the age of 85 are with some kind of dementia. It becomes more frequent with the advancing of the age and is more frequent in women (1). A great number of people with dementia (80%) live in the community (2) which provides the abundance of literature on that matter.

As Jenny Powell points out, the accompanying and the care for people with dementia could be hard. But if attention is paid to the understanding and getting to know the communication difficulties, this could improve the quality of life of the elderly people (5).

There are many elderly people who are in good

mental and physical health and could be useful for the society, their families and themselves. But the number of the lonely and sick elderly people is also big. There is a considerable increase in the life expectancy. This is due to the increased living standard, the achievements in the medicine and the various social and cultural factors.

The psychological examinations show that most of the people in advanced age preserve their working capability, their competence and intellectual potential (3).

Generally, the centenarians preserve their interest to social and political life and show active civil position. They are also interested in the achievements in the various aspects of science, culture, machinery and sport. The information regarding their health condition is of significant importance and this provokes observation of the daily regime (sleep, nourishment, physical activity, rest). Increased mental readiness for thorough fulfillment of recommendations, having personal meaning (4), is present.

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FACTORS OF MOTIVATION FOR LANGUAGE LEARNING IN MEDICAL SPECIALTIES

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ABSTRACT

The study has theoretical and applied character. The aim of this paper is to examine the attitudes of students in medical specialties: Medicine, Social Work, Nursing, Midwifery (Faculty of Medicine) and Rehabilitation (Medical College) to the relevant motivational factors involved in language learning. The methods used are: teacher observation, inquiry and mathematical statistics. The results obtained from questionnaires, justify the role of both external and internal motivational factors in language learning. It was found that there is no absolute identity in motivational factors among Bulgarian and foreign students. Findings are displayed: 1. External factors of motivation for students of medical specialties are poorly expressed. In the training process under the influence of the teacher external factors can be transformed into internal factors with a significant personal meaning. 2. Intrinsic motivation dominates students from different medical specialties studying foreign languages. For foreign students, socio-cultural interest is very high. 3. For triggering the intrinsic motivation the role and personality of the teacher is essential.

Keywords: external factors, internal factors, training, role of teacher.

INTRODUCTION

It is known that every language is a communication tool. Using a language people enrich their cognitive and social experiences, express thoughts, feelings and share their emotions, they store their knowledge for the next generations. In our modern society learning foreign languages is a necessity. Not surprisingly, in the program documentation of all universities is language learning is well supported. Students from all medical specialties learn a foreign language from the first year of their studies - English, French, German and Bulgarian language (for foreign students).

Success in the language training is associated with a motivation that is a set of objectives and reasons to make the student study. Motivational factors determine the strategy of the individual in the learning process and stimulate his / her activity.

Motivation according to Herzberg (1966) is determined by two types of factors - external

(hygiene) and internal (motivational), which he first distinguished in the work environment. He connects these factors with dissatisfaction and satisfaction, stressing that the hygiene factors strengthen and stabilize the staff and motivational factors provoke interest in training with a distinct motivation. External motivation more often influences dissatisfaction but it may satisfy the individuals through, for example, financial incentives or due to improved working conditions. It creates satisfaction, but only as an estimate of the others to a particular person. Intrinsic motivation is closely linked with clear self-definition of goals and achieving results, which tested their satisfaction as perceived need, having a personal value. (1)

In 1972, Gardner and Lambert, whose ideas are directly oriented to the social and psychological aspects, first distinguish two basic types of motivation for mastering a foreign language – instrumental and overall motivations. They link Instrumental motivation with the practical reasons for learning a language such as: fulfilling educational requirements, social recognition, economic benefits etc. In these cases, the language is a

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MOTIVATION AND LANGUAGE ACHIEVEMENTS WITH FOREIGN LANGUAGE STUDENTS

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ABSTRACT

This paper reveals the role of motivation as the most important factor in foreign language learning, which influences the amount of effort and the final results of the students from different specialties in the Faculty of Medicine. The authors define of the concept of motivation in conscious human activity and clarify the nature of motivational factors for second or third foreign language learning for specific purposes. They determine two types of motivation (integrative and instrumental), observe the role of gender in language learning, the correlation "motivation – academic achievements", pragmatic strategies and techniques for increasing motivation in foreign language training.

Key words: instrumental and integral motivation; results; pragmatic strategies and approaches; results

INTRODUCTION

Motivation is one of the most - important factors in language learning, which affects the efforts, results and achievements of students. Foreign language teachers are looking for new pragmatic approaches, strategies and procedures to maintain interest, motivation and aspirations of their students.

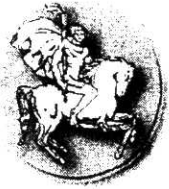
This report summarizes the results of a poll conducted by 164 students of the Medical Faculty of Trakya University in 2012. All the data are based on responses to questions given by Bulgarian and foreign students of Medicine / 53 people / Social Work / 44 people / Nurse / 52 people / and Midwifery / 15 people / studying English as a Foreign Language. The questionnaire covers a wide range of topics, much of which aim to clarify the motives of students for foreign language learning and commit those reasons to the results of their efforts. It is important to stress that language learning is compulsory in MF. In this sense,

students are not faced with the dilemma to choose or not this discipline. Students of Medicine, Nurses and Midwives learn English during the first and second semesters classes / 60 hours /; students of Social Work study English during the four semesters / 120 hours/. The survey consists of questions on the two main types of motivation – instrumental and integral - with 5 response options: strongly disagree; disagree, no opinion, I agree, I totally agree and the open question: "Are you more or less motivated to learn a foreign language now, compared to the time when you were a student in high school. Why?". The question is important in order to determine the predominant type of motivation in language learning and possible expectations for better achievements of the students in this field. An important aspect is the question of self-assessment of language competencies students in various stages of learning.

To summarize the results and conclusions of the inquiry is important to **define** and clarify **the nature of the concept of motivation**.

The study of motivation in learning a foreign language as a second language began in 1959 with the work in sociolinguistics by Gardner and Lambert (1972)

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ASSESSMENT AND SELF-ASSESSMENT OF LANGUAGE SKILLS IN LATIN FOR STUDENTS OF DIFFERENT MEDICAL PROGRAMMES

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ABSTRACT

The purpose of the present study is to compare the average success rate in Latin with the self-assessment mark of medical students doing different medical programmes in order to optimise the process of education. The methods used in the course of this study are: pedagogical observation, a survey and mathematical statistics for the analysis of the survey results. The results are processed according to programme of study using three criteria: career, general education and self-assessment. They are compared and summarised. Students' motivation for studying Latin is analysed, as is the correlation between their own assessment of their knowledge and the professor's mark. The conclusions drawn from the analysis of the survey results refer to the practical aspects of the motivation for studying the subject which prevail over the subject's general education value. They also regard the slightly lower self-assessment results. This information enables the professor to analyse the positive and negative factors in the process of education and adjust it in accordance with students' needs and expectations.

Key words: motivation, career, general education, correlation.

INTRODUCTION

In the context of education, assessment is a systematic method of receiving feedback about the impact and the effectiveness of the things learned. It is 'a measure of the extent to which the learners have achieved the goals they have been set'. (1) Self-assessment, on the other hand, is learners' appraisal of their own effort. By analysing their own knowledge and skills students become intellectually demanding and form a judgment of the strengths and weaknesses of their work. Assessment and self-assessment are essential elements of the process of education. Objective self-assessment is closely linked with assessment. Examination and the assessment of the acquired knowledge, skills and study habits are of great importance as it is through them that the student 'forms important elements of their self-awareness, develops self-assessment

criteria, compares the social and psychological value of their achievements with those of others'. (2)

Assessment and self-assessment in foreign language teaching can be analysed from a philosophical, pedagogical and psycholinguistic point of view. There is a dialectic unity of the rational and the emotional in learning a foreign language and its acquisition. 'The need to know, the thirst for knowledge is never an entirely rational phenomenon and is often associated with powerful emotions caused by personal experience'. (3) **Foreign language acquisition has an emotional aspect which determines to a considerable extent the amount learned and the quality of learning. From a pedagogic point of view, 'there are some requirements towards assessment in foreign language teaching, such as a requirement for objectivity (uniform assessment criteria should apply to all students), validity (it should match the object under examination, e.g. knowledge of grammar or vocabulary, reading, listening, speaking or writing skills, reading, listening, etc. strategies employed), reliability (the assessment results**

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INFLUENCE OF PERSONALITY AND DEMOGRAPHIC VARIABLES ON THE MOTIVATION OF STUDENTS FROM VARIOUS SPECIALTIES

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ABSTRACT

The report presents data from a research whose purpose was to find out the influence of the demographic and personality variables on the motivation for learning a foreign language. A questionnaire for examining the motivation for studying English, a questionnaire for examining the motivation for studying Latin, a questionnaire for examining the motivation for achievements and a demographic questionnaire were used. The results for the motivation for learning a foreign language, instrumental and integral motivation, the motivation for achievement are discussed in connection with sex, age, place of residence, specialty and course of education of the students. It is pointed out as a conclusion that motivation is a driving force in learning a foreign language. The instrumental motivation is the leading one. It is higher for students from first course and above 25 years of age, for students living in the capital and more frequent among women than men. Women aim to improve more the things around themselves and have better contacts with leaders. Women are more ambitious than men.

Key words: students, foreign language, motivation for achievement, instrumental motivation, integral motivation.

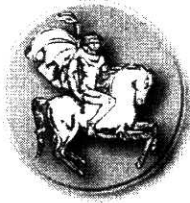
INTRODUCTION

Motivation refers to internal states of the organism which lead to provoking, stubbornness, energy ensuring and direction of behavior (1). Motivation is a dynamic state whose final result is always of subjective significance to the individual. E. Maslow forms the idea that there is a hierarchy of the human motivation (2). He accepts that the first four levels of the hierarchy refer to the so called deficiency needs which act on the principle of instincts reduction. These are the physiological needs, the need of security, the need of affiliation and love, the need of self-assessment. When these needs are satisfied, the cognitive and the aesthetic need follow. The need on the top, according to E. Maslow, is that of "self-update" or realization of our own unique potential (3). Within the personality

structure, the motives are considered as the most important determinants of the human behavior (4). The motives, also called "needs" by some researchers, such as "need of achievement", for example, do not influence on all people the same way. A considerable part of the motives are interpreted as personality dispositions, which influence on the accepting of decisions concerning the relationships, the behavior and the activity (5, 6). Within this meaning, the motivation field is interpreted as a relevant accumulation of internal motives and it covers endogenous mental factors which are result of genetic susceptibility, upbringing, education, priorities of values, level of personality maturity, intuition, abilities, accumulated experience (5, 7).

First Gardner and Lambert differentiate two main types of motivation when learning a foreign language: integral and instrumental (8). The first one refers to the willingness of the people learning the language in order to learn more about the cultural community; in

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Original Contribution

**APPLICATION OF TECHNIQUES ASSISTING THE COMMUNICATION
WITH DEMENTIA PATIENTS BY STUDENTS – SOCIAL WORK**

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ABSTRACT

A review of the results from the work of students – Social works - with dementia patients is made in the present piece of work. 46 students of the Medical Faculty, Thracian University, Stara Zagora, participated in the study. The study methods included: a Clipper-questionnaire of Jennie Powell (1), which served for a detailed analysis of the behavior of dementia patients, a case study on an algorithm prepared in advance for the purposes of the study and a questionnaire prepared for the purposes of the study, with which the students evaluated their work with the patients. The obtained results describe the most frequently encountered activities, in which the people with dementia took part, and the techniques, which the students applied while working with them. The most frequently used techniques assisting the communication with dementia patients were: preparing an individual life profile; communication by using albums with memories; assisting the communication through old memories and versatile knowledge of life; non-verbal communication.

Key words: Dementia; Social work; Communication skills

INTRODUCTION

The dementia is an acquired disease, which progressively affects the memory, the intellect and the personality of the sick person, as it influences the social and the professional activities. As stated by the World Health Organization, a sufficient condition for a diagnosis is mainly the decline of the memory and the thinking, which results in a deterioration of performing personal daily activities (2). Besides the memory, the orientation, the visual-spatial perception of the surroundings, the speech, the motive abilities, the executive functions (planning, organization, and consistency), the emotions and the behavior are considerably affected.

The most frequent types of dementia are the Alzheimer's disease, cerebrovascular and

Parkinson's dementia, as well as a series of other states, caused by exchange, toxic, mental and other brain damages. "Alzheimer, the most frequent form of dementia, with 600 000 newly-diagnosed cases per year, exceeds even the newly-found cases of diabetes (500 000)". (3).

Around 4% of the people above 65 and 20% of people who have turned 85 are with some form of dementia. It becomes more frequent with the advance of the age and it is more frequent in women (4).

The great number of people with dementia (80%) lives in the society (5), which provides the abundance of literature on this matter.

Since 1980 the psychologists have announced the results of their work with dementia patients and with the people, who take care of them. They have emphasized the psychological aspects of the dementia, the importance of the cares and the techniques, which are applied (6).

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ACHIEVEMENT MOTIVATION AND BEHAVIOR

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ABSTRACT

The achievement goal approach and its components are examined in this study. Three different types of achievement goals are described: a performance-approach goal, a performance-avoidance goal, and a mastery goal. **PURPOSE:** **METHODS, RESULTS, CONCLUSION**The aim of the study is to explore the connection between different achievement goals and teaching behavior among students in the area of the public health. **METHODS:** The achievement motivation scale was used for measurement of students motivation for achieve success or for escaping failure. Medical students were assessed by questionnaire in their first and second years regarding attitudes about medical school, and career plans and about achievement motivation and fear of success. **RESULTS,** The results of the study are consistent with the hypothesis generated from the trichotomous achievement goal framework. Each of the three achievement goals displays an unique predictive profile. Expectations for success are such crucial for obtaining high grade in exams as well as achievement motivation is. **CONCLUSIONS:** Balance of both - achievement approach and avoidance motivation may lead to a more well-rounded and successful individual.

Key words: achievement motivation, behavior, performance-approach goal, performance-avoidance goal, public health

Motivation is driving force behind all the actions of an individual. The influence of an individual's needs and desires both have a strong impact on the direction of their behavior. Motivation is based on emotions and achievement-related goals. There are different forms of motivation including extrinsic, intrinsic, physiological, and achievement motivation.

Achievement motivation is need for success or the attainment of excellence. Individuals will satisfy their needs through different means, and are driven to succeed for varying reasons both internal and external.

Following Atkinson's Theory of Achievement Motivation (1, 2), the strength of the intrinsic motivation to strive for success in an achievement task (Ts) is a multiplicative

function of the individual need for achievement or motive to succeed (Ms), the probability of success (Ps) – representing the difficulty of the task - and the anticipated incentive value of success (Is; assumed to be equal to 1-Ps) or $Ts = f(Ms \times Ps \times Is)$. The content of the achievement task, the type of abilities required for task accomplishment and the type of criteria used to evaluate an achievement outcome (e.g., unique accomplishment, outperforming someone else; performing better than the previous time) as a success (or failure) are not taken into consideration to calculate the strength of the motivation to strive for success. This does however not mean that they would not affect the quantity of motivation (3).

The original theory of achievement motivation (2) distinguished two uncorrelated goals in achievement situations: the goal to be successful and the goal not to fail.

Motivational researchers have promoted a hierarchal model of approach and avoidance achievement motivation by incorporating the two prominent theories: 1). The achievement

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DRAWINGS AS METHODS OF PSYCHOLOGICAL EVALUATION OF CHILDREN WITH HEARING DISTURBANCES

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ABSTRACT

Many investigators have demonstrated that children's drawings can reflect self-concept, attitudes, wishes, and concerns (Golomb, 1992; Burns, 1982; Klepsch & Logie, 1982). In such contexts, children's drawings have been used for a variety of assessment purposes, including intellectual development (Harris, 1963), learning disabilities (Cox & Howarth, 1989), personality (Prout, 1983; Wade, Baker, Morton & Baker, 1978), and emotional adjustment (Koppitz, 1968). The purpose of this study was to assess depression and aggression among children with hearing disturbances. The surveyed 109 children were divided into groups as follows: 28 children with hearing disturbances, 26 children with mental retardation, 23 children with other somatic disease and a control group of 32 healthy children. This research activity was conceived as a qualitative data collection process as well as an educational process--for children to learn about feelings and ways to appropriately express them. The results of investigation show that children with hearing disturbances are more aggressive and have more difficulties in the social environment than other children do.

The study conclusions suggest that this drawing activity is a useful educational and evaluative technique. If used as a component of a multi-modal design, childhood program evaluators can compare the projective drawing activity findings with other assessment sources. This allows a richer and more sensitive assessment of a program's efficiency, as well as a better understanding of the children which participate in education programs.

INTRODUCTION

For childhood prevention programs that hope to include children's attitudes and feelings into the evaluative process, evaluators often must be creative in their search for methods that are developmentally appropriate and valid.

Unfortunately, program evaluators traditionally have struggled with how to incorporate children's perceptions into evaluation plans. Research has shown that evaluation plans and instruments that are not appropriate for their audience can yield results which are tenuous and often unusable (Cronbach, 1982). The projective drawing technique described here to aid in children evaluation is based in part on the work of Koppitz (1983). She believes that drawing is a natural mode of expression for young children: "During the elementary school years, boys and girls can express their thoughts and feelings often better in visual images than in words" (p. 2).

In addition, this technique also reflects the work of others, including Buck (1948), Machover (1949), Burns and Kaufman (1970), and Knoff and Prout (1985), who have developed conceptual frameworks to interpret children's drawings. Many investigators have demonstrated that children's drawings can reflect self-concept, attitudes, wishes, and concerns (Golomb, 1992; Burns, 1982; Klepsch & Logie, 1982; Koppitz, 1968).

Although art activities have long been associated with children's programming, little has been written about using drawings as an evaluation tool of children's programs. Several authors (Koppitz, 1983; Rubin, 1984; Burns, 1982; Allan, 1978) have developed methods with which to interpret information from children's art work and drawings. These methods, as well as the use of other projective techniques have been used mainly for individual diagnostic purposes in clinical or educational settings. In such contexts, children's drawings have been used for a variety of assessment purposes, including intellectual development (Harris, 1963; Goodenough, 1926), learning disabilities (Cox & Howarth, 1989), personality (Prout, 1983; Wade, Baker, Morton & Baker, 1978; Hulse, 1951; Machover, 1949), and emotional adjustment (Koppitz, 1968).

The drawing activity described here, while conceptually linked to such individual diagnostic purposes, focuses on assessment of children with hearing problems especially in connection of their less possibilities to express their thoughts and feelings. This activity is one element of a multi-modal psychological evaluation that includes qualitative and quantitative components in an effort

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Ausbildung von Studenten und Freiwilligen für die Anwendung des "Clipper- Instruments"

aus der Handreichung „Care to Communicate. Helping the Older Person with Dementia“

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Die Entwicklung der medizinischen Ausbildung führt zur Vergrößerung des Volumens der Kenntnisse über die psychischen und sozialen Aspekte der medizinischen Praxis, die immer mehr an Bedeutung gewinnen (1). Das gilt insbesondere bei der Schulung über Komplexe Krankenpflege für alte an Demenz erkrankte Menschen (2,3). Sie soll derart organisiert werden, dass der Kranke auf weniger Stress und auf eine optimale Anzahl neuer Reize stößt (4,5).

Die Qualität der komplexen medizinischen und psychologisch-sozialen Betreuung der Demenzkranken kann auch durch Befragung, Schulung und Beratung der Pflegenden sichergestellt werden (6). Es werden einige Schlüsselstrategien eingesetzt, die die verschiedenen Bedürfnisse der Pflegenden zufrieden stellen können:

) Schulung für Pflegende und Familienangehörige mit Hilfe eines Programms, das folgendes beinhaltet: Wesen der Krankheit Demenz, Auswirkungen der Krankheit auf den Patienten, optimale Organisation der Krankenpflege und angemessene Reaktion auf die Symptome (7).

) Beratung und Verhaltensunterstützung der Pflegenden und der Familienangehörigen, einschließlich individueller und Familienberatung, Ermutigung der Pflegenden zur Beteiligung an Selbsthilfegruppen, Telefonberatung, soweit notwendig (6).

) Verbesserung der sozialen Unterstützung und Reduzierung der familiären Konflikte, damit die Pflegenden mit der Last der Krankenpflege zurechtkommen können und den Familienangehörigen bewusst wird, wie sie dabei behilflich sein können (8).

Im Jahr 2005 startete ein von der Robert-Bosch-Stiftung gefördertes Projekt "Internationale Schulpartnerschaft Bulgarien – Spanien - Deutschland Zusammenarbeit in der Pflegeausbildung". Ziel des Projekts war, in drei Partnerschulen, der Thrakia-Universität mit der Medizinischen Fakultät und dem Medizinischen Kolleg, Stara-Zagora, Bulgarien, dem Institut für angewandte Sozialforschung (ISPA) in Barcelona, und der AWO-Altenpflegeschule in Kassel – die internationale Zusammenarbeit bei der Weiterentwicklung von Lehrplänen und Lehrmaterial für die Verbesserung der Arbeit mit Demenzkranken. Gegenstand des Projekts war die Umsetzung und Anpassung des Arbeitsmaterials „Care to Communicate. Helping the Older Person with Dementia“, auf deutsch "Türen öffnen zum Menschen mit Demenz" von Jennie Powell in die jeweilige Landessprache und die Kultur des Landes. Dieses Arbeitsmaterial stellt ein sehr gut angepasstes Hilfslehrwerk dar, das die Vermittlung der angeführten Problematik erleichtern kann. Der Fragebogen zur Beurteilung Clipper – individuelles Lebensprofil" in der Broschüre ermöglicht eine Systematisierung der Beobachtungen durch die Pflegenden und eine Anpassung des Umgangs mit dem Demenzen sein eigenes kognitives und emotionales Leistungsvermögen.

МУСКУЛНА ДИСФУНКЦИЯ ПРИ СТАРЕЕНЕ

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AGE-RELATED MUSCLE DYSFUNCTION

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SUMMARY

In recent years a rapid evolution in the development of ideas for changes in muscle aging occurred. In an effort to be accurate and comprehensive, scientists use different definitions for the status of muscle dysfunction in the elderly in order to reach the most appropriate diagnostic arrangement according to the rules of traditional medicine. This overview presents the chronology of the main concepts, their nature and role, contributing to the diagnosis of muscle disorders in aging.

Keywords: *muscle dysfunction, aging, definitions*

Старенето на мускулите е процес, който се предизвиква от физиологични и патологични механизми(3,25). Стареещите мускули се характеризират с намаляване на броя, атрофия и постепенно увеличаване на разкъсаните напречноабраздени и цитохром С-оксидазонегативните влакна. Наблюдава се генерализирана загуба на мускулна тъкан и увеличаване на вътремускулните мазнини. Степента на тези промени много варира индивидуално и не винаги ясно може да се отдиференцира нормалната възрастовопредизвикана слабост от клинично значимо мускулно заболяване(6). Мускулната маса е строго свързана с възрастта, като физиологично между 20 и 80 годишна възраст човек губи до 50% от нея.

Саркопенията (на гръцки термин *Sarx* - тяло, плът + *Penia* - намаление) е синдром на прогресивна и генерализирана загуба на мускулна маса, който води до инвалидност, лошо качество на живот и последваща смърт(2,4). Дължи се на намалена синтеза на мускулни белтъци, поради ниската физическа активност и намаления внос на аминокиселини. Саркопенията е състояние, което се приема като нормален белег на промените в мускулите при възрастни. Тя е част от естественото стареене на организма(17,24). Нейното началото е около 65 годишна възраст. Патофизиологията на саркопенията и включването на неврологични и мускулни промени са резултат от множество фактори(4,5). Саркопенията не включва кахексия и промените в мускулите в резултат на периферносъдови болести. Изследва се с денситометър тип двойноенергийна абсорбциметрия на цяло тяло, биоелектричен импеданс, магнитнорезонансен метод, компютърна томография, изследване обиколката на крайниците(горен и/или долен), ултразвуково изследване(16).

Скрининг на саркопенията: Включва Всички лица над 60-годишна възраст, които:

1. Често падат
2. Чувстват намалена скорост на ходене
3. Имат чести хоспитализации
4. Залежават
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ГЕЛОТОФОБИЯ – СТРАХ ОТ ОСМИВАНЕ

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GELOTOPHOBIA - THE FEAR OF BEING LAUGHED

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The present paper outlines the phenomenology and behavioral manifestations of Gelotophobia - the fear of being laughed at. Gelotophobia is defined as the pathological fear to appear to social partners as a ridiculous object. The concept is examined empirically (N = 192 clinical and non-clinical participants). Statistical analysis demonstrates that Gelotophobia depends on sex, age, chronic illness and educational status. Overall, it can be concluded that Gelotophobia is a distinct new concept.

Keywords: Gelotophobia, laughter, ridicule, mobbing, bullying

Човешката на човечеството има много примери за това как хората са се присмивали на по-слабите. Например, преди няколко века е било прието хората да се развличат през уикенда като посетители в местата, в които са били затворени психично болни, за да ги гледат и да им се смеят. Съвременните формиранни хора са били показвани като атракция от пътуващи циркови трупи. Човешката им форма могат лесно да се забележат на много места – в училищния двор, в театралния в предавания като скрита камера и др.

...presentation of the study material in medical specialties using the method of cognitive patterns
...the cognitive function of the text to transfer and stores essential or new knowledge in the mode

...we can infer the following:

...attached text requires a specific approach to its analysis and study regardless of the sign
...to create it.

...patterns used in the presentation starting from large units and proceeding to small
...units and vice versa can be applied for semantic interpretation of the text or text fragments.
...analysis is relevant here but it is dependent on the macroanalysis.

...is performed in the direction of the context of the respective subject.

...studies should investigate the applicability of the described method elsewhere because the
...texts cohabit one and the same empirical area but differ in their academic status, aims,
...procedures of acceptability and in the very concept of the text they are derived from and
...create [6].

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ВЛИЯНИЕ НА ТРЕВОЖНОСТТА ВЪРХУ ПЕРЦЕПЦИЯТА НА ХРОНИЧНАТА БОЛКА

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IMPACT OF THE ANXIETY AMONG CHRONIC PAIN PERCEPTION

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Objective: To determine the impact of anxiety among chronic pain perception. **Methods:** Data on 32
patients (20 women and 12 men) were gathered from a survey. Statistical analyses were conducted on a
clinical and psychological variables: general disability, chronic pain, depression, helplessness, and
anxiety. The last was measured with the pain subscale. All variables were measured with the Spilberger Anxiety Scale.
A series of multiple regression analyses revealed that the anxiety is one of the among predictors of pain
perception. **Conclusion:** The results of this study have implications for the overall management of chronic pain
patients.

...studията се посветила на изследване на влиянието на тревожността върху перцепцията на хроничната болка. Интересът към тези
...изследвания е особено голям поради връзката между тревожността и хроничната болка от мястото и в човешката психология.



ЕСТРОГЕНИ И ХРОНИЧНА БОЛКА

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ABSTRACT

The aim of the research is to analyze the psychological correlations of the chronic pain in women in perimenopause with chronic pain syndrom, as well as the relation with estrogen levels. 46 women with chronic pain symptoms were investigated. They were selected by age (45-52 years old), subjective well being, serum levels of the sex steroids and symptoms. A questionnaire containing strategies for coping with pain, depression, subjective rate of the overall health and pain intensity was used. The results show that there is a significant correlation between the decreased levels of estrogen, coping strategy and the pain intensity ($r=0,53$; $p<0,05$).

Key words: estrogen, chronic pain, coping strategies

Хроничната болка засяга хора от всички възрасти и от двата пола. Тя представлява сериозен социален и здравен проблем като понижава качеството на живот, води до трудности в психологичното приспособяване, депресия, безсилие, инвалидност и намаляване на доходите. Икономическата цена на хроничната болка за обществото е голяма като тук влизат разходите за лечение, отсъствията от работа, инвалидизирането, зависимостта от медицински грижи. Редица епидемиологични, клинични и експериментални изследвания установяват с категоричност, че хроничната болка представлява по-сериозен проблем за жените в сравнение с мъжете. По данни на СЗО от 2000г. 16% от популацията над 12-годишна възраст страда от хронична болка (14% - мъже, 18% - жени). Честотата на хроничната болка като проблем нараства с възрастта. Около 1/5 от американките между 45 и 65г страдат от болки в кръста (Cohen et al, 2001). Интензивността на болката е приблизително еднаква и при двата пола. Депресивните състояния се срещат два пъти по-често при хора с хронична болка в сравнение с тези, които нямат този проблем.

Напоследък се натрупаха достатъчно научно обосновани данни относно ролята на естрогените като модулатори на активността в различни мозъчни области (Küppers et al, 2001). Това даде възможност за обяснение на редица техни въздействия върху

когнитивните процеси, настроението и други аспекти на поведението при жените, включително и поведенческите им реакции при редица болестни процеси Rubinow et al(1998). Съвременните научни данни отреджат ролята на естрогените като модулатори на болковата сетивност, посредством влиянието им върху аминергичната трансмитерна система в мозъка и в по-малка степен - върху опиоидните механизми на развитие на толеранс/зависимост [1]. Връзката между понижените естрогенови нива, характеристиката на болката и последиците ѝ върху психосоциалното функциониране на жената е актуален и недостатъчно изследван проблем. Особено изразени са корелациите между физическото и психично функциониране на жени във възрастта, в която започва проявяването на последиците от яйчниковата хипофункция, означавана още като перименопауза. Въпреки че болката се счита най-вече за сензорно преживяване, тя значимо корелира и с редица психологични фактори като депресия, чувство за безпомощност, личностово утвърдени стратегии за справяне със стреса (Brown GK & Nicassio PM, 1987). Стратегиите за справяне с болката и убежденията на пациентите с хронична болка значимо влияят върху степента на изразеност на споделяните от тях физически оплаквания и психосоциални проблеми (Turner et al., 2000). Пациентките в перименопауза с болков

Естрогени и афективни разстройства при жените. Диагностични и терапевтични възможности

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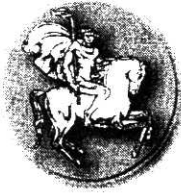
Ключови думи: естрогени, депресия, менопауза,
хормонозаместителна терапия, пременоструален
синдром, перименопаузна депресия

Резюме: Представен е обширен литературен преглед на ролята на естрогените за психологичното функциониране при жените. Разгледани са възможностите за използването на естроген при т. нар. заместващо лечение, както и при лечението на афективните разстройства. Отделено е внимание на съвременното разбиране за преценката на хормонозаместителната терапия при жени в менопауза на фона на последните публикувани научни данни.

Увод

За ролята на естрогените като модулатори на невро-психичните функции се заговори в последното десетилетие на XX век, когато се натрупаха достатъчно данни относно наличието и разпределението на естроген-свързващите рецептори в мозъка и ролята на естрогените в относителния дял на депресиите сред жените в репродуктивна възраст в сравнение с мъжете. Същевре-

менно в резултат на дългогодишни проучвания се изясни въпросът за собствената клинична характеристика на т. нар. обусловени от репродуктивната ендокринна система афективни разстройства у жените - пременоструален синдром (ПМС) и перименопаузна депресия (ПМД), две заболявания с пряка връзка между симптоматиката им, непременно съдържаща афективна компонента, и нарушенията във флуктуационните изръвания на половите стероиди (3). Това логично доведе и до опитите за



ЗНАЧЕНИЕ НА КОМПЛЕКСНИТЕ ЕКСПЕРТИЗИ ПРИ ДЕЛА, ОБРАЗОВАНИ ВЪВ ВРЪЗКА СЪС ЗАКОНА ЗА КОНТРОЛ НА НАРКОТИЧНИТЕ ВЕЩЕСТВА И ПРЕКУРСОРИТЕ

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ABSTRACT

The Law of Narcotic Substances and Precursors was published in 30th issue of the State Gazette on 2 April 1999. This law stipulates the structure, authorities, and objectives of the governing bodies performing the control over the production, processing, distribution, usage, storage, import, export, transition, transportation and reporting of narcotic substances and precursors. The law determines the measures against the misuse of these substances, as well as the guidelines of the scientific and expert activities. The authors summarize the accumulated experience in the performance of the complex medical, psychiatric, and psychological court appraisals in relation to lawsuits regarding this law. They establish a strict succession of the clinical assessment and chemical analysis, as well as a module for the preparation of the expert appraisal reports.

Приемът, злоупотребата и особено зависимостта към психоактивни вещества е сериозен медицински проблем, свързан с тежки последици за болния и неговото семейство. Приемът на психоактивните вещества и субстанции е пряко свързан с действащите нормативни уредби и законови актове, които понастоящем намират израз в Закона за контрол на наркотичните вещества и прекурсорите, обнародван в ДВ брой 30 от 02.10.1999 с последно изменение от брой 56 от 20.06.2003 година [1]. Целта на този закон е да уреди обществените отношения, свързани с контрола върху наркотичните вещества и прекурсорите и в съответствие с изискванията на международните договори, по които Република България е страна. Връзката между медицинските служби и правното регламентиране намира място в изграждането на съдебно-медицински експертизи. Съдебно-медицинската експертиза е особен вид дейност, която води до промяна на професионалната роля на лекаря. Професионалното поведение на лекаря-експерт е различно от терапевтичното поведение на лекаря-лечител т.е. неутрален

анализ и оценка на поведението на индивида и неговото здравословно състояние без изграждане на емоционална свързаност. Целта на медицинските експертизи се определя от конкретните задачи поставени от правните органи, но като цяло е свързана с точна оценка на състоянието на индивида и неговото поведение, наличието или не на злоупотреба, зависимост, както и на съпътстващите коморбидни разстройства. По тази причина изготвянето на съдебно-медицинска експертиза е комплексен процес за оценка на състоянието на индивида в соматичен, неврологичен и психичен аспект. Това поставя въпроса, както за наличието на екипност и съдействие между лекари от различни специалности и клинични психолози, така и извършване на необходимите клинично-лабораторни изследвания за доказване приема или злоупотребата с психоактивни субстанции. Изготвянето на съдебно-медицинска експертиза е свързано с детайлен анализ на данните от анамнезата, снета както от лицето обект на експертизата, така и от свидетелските показания. Необходимо е

РОЛЯ И МЯСТО НА ХОРМОНАЛНИТЕ ИЗСЛЕДВАНИЯ В СЪВРЕМЕННИЯ ПОДХОД ПРИ ДИАГНОСТИКАТА НА БЕЗПЛОДИЕТО

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ROLE AND SITE OF THE HORMONAL TESTS IN THE MODERN APPROACH TO DIAGNOSIS OF INFERTILITY

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SUMMARY: *The most important goal of fertility investigation is to identify the cause of infertility and to prescribe adequate therapy. After taking of detailed history and complete physical examination of both partners, the standardized and comprehensive approach to investigation of infertility included the hormonal profile as unitary part of the diagnosis.*

KEY WORDS: *Infertility, hormonal tests, fertility diagnosis.*

Плодовитостта или нормалната фертилна способност като фактор на репродуктивното здраве е една от най-важните медико-демографски характеристики за оценка на здравето. Обратно - безплодието е такова нарушение на здравето, което дава сериозно отражение върху социалното функциониране (1,8,13). Влиянието му се уславя и от факта, че инфертилитетът е проблем и на двамата партньори, дори когато е диагноза само на единия от тях (13).

Съвременното определение на състоянието "безплодие" или инфертилитет, независимо от някои терминологични различия е утвърдено от изследователите, работещи по проблема, като са въведени и международни критерии и подходи при оценката му. Стандартната дефиниция е невъзможност на двойката да постигне зачеване след ≥ 1 или ≥ 2 г. без използване на антиконцепция и при адекватна честота на половете контакти (4,6,9,10,11). Становището на СЗО, Американският Конгрес (12,6) и повечето автори е, че честотата на безплодието се изяснява още след навършване на първата година от редовния полов живот без предпазване.

През 1995 г. в САЩ е имало между 5,1 и 5,3 млн. жени с безплодие, което е около 8,4% от американските жени между 15- и 44-годишна възраст (11). Прогнозата на специалистите е, че и през 2020 г. тези жени ще са между 4,8 и 5,9 млн., т.е. тези съотношения няма да се променят чувствително, независимо от напредъка на технологиите на асистиранията репродукция (7,11).

Според различни автори, безплодието в България е средно около 9% (1), като се колебае между 10-15% и 5-6%, а приблизителният брой на бездетните семейства се преценява между 55-60 хил. и 350 хил. (2,4,5,1). На фона на отрицателния естествен прираст, който за 1998 е -6,4 на хил. (3), продължаващото години наред преобладаване на абортите спрямо ражданията - с 3 хил. аборта повече за 1998 г. (3), трайното снижение на раждаемостта 7,9 на хил. за 1998 г. (3) и високото ниво

на детска смъртност (14,4 на хиляда за с. г.), общозначимата важност на борбата с безплодието е повече от ясна.

Често откриването на точната причина за безплодието е много трудно и дори невъзможно. За участниците в триъгълника - съпруг, съпруга, лекар, в който от изключителна важност е ролята и поведението на лекаря (8,13), предстои един дълъг и труден път, изискващ време, психически и финансови усилия от страна на партньорите, които преминава през поредица от задължителни стъпки, свързани с диагностиката на безплодието и едва след това би могло да се достигне до дискутирането на едно бъдещо терапевтично поведение и предвиждането за краен успех.

Въпреки че понятието задължителност е условно, в повечето публикации, сред които и на изследователите от Центъра за изследване на човешките репродуктивни нарушения към СЗО, се дискутира определен брой такива стъпки, които да бъдат извършени и в определена последователност (6,10). *История на заболяването, общ и специализиран медицински преглед, сериозно ниво на прогестерона в средата на лутеалната фаза или индо-метриална биопсия, хормонален профил, трикратна спермосалпингография и лапароскопия* са примерните стъпки за двойката с инфертилитет, като хормоналните изследвания са намерили своето място веднага след рутинните методики на анамнеза и преглед. Така хормоналният профил измества или се дублира с измерването на базалната температура, което е въведено като косвен метод за оценка на хормоналните промени, когато не е имало възможност за точни хормонални определяния, а и в него има много субективизъм.

Може да се заключи, че ендокринната оценка е необходима, за да се премине към следващите нива на оценка, а именно оценка на тубооперитонеалния, утеринния и цервикалния фактор, т.е. - до използването на хистеросалпингографията, ендометриалната биопсия и лапароскопията (6).

ГНЯВ, ДЕПРЕСИЯ И БОЛКА ПРИ ПАЦИЕНТИ С ОНКОЛОГИЧНИ ЗАБОЛЯВАНИЯ

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Резюме: Цел на настоящото изследване е да бъдат оценени гнева и депресията при пациенти с онкологични заболявания, както и влиянието им върху интензивността на болката. Методика на изследването: State-Trait Anger scale и Beck depression inventory. Изследвани са 63 пациенти. Средните равнища на гнева при изследваната група пациенти с онкологични заболявания са 31.6 (SD = 7.5), а на депресията – 9.9 (SD = 3.6). Общо при 37.2% от изследваните пациенти бяха измерени високи равнища на двата фактора – гняв и депресия. За сравнение беше включена и група пациенти с болка, които не страдат от онкологични заболявания. Сравнението между двете групи показа, че при пациентите с болка и онкологични заболявания се установяват значимо по-високи равнища на гняв в сравнение група пациентите с болка, които не страдат от онкологични заболявания. Беше установено и наличие на по-висок риск от интензивна болката при наличие на гневна предиспозиция.

Abstract: The aim of investigation was to examine anger and depression in pain patients – cancer and non-cancer and to investigate whether the anger and depression affect their pain intensity. Anger and depression were measured using the State-Trait Anger scale and Beck depression inventory. 63 patients were studied. The mean anger score was 31.6 (SD = 7.5) and for the depression this was 9.9 (SD = 3.6). Overall 37.2% of patients scored high on both anger and depression. In comparison to cancer patients investigation was involved a second group – non-cancer patients with pain. Cancer patients with pain showed a significant higher degree of anger mean. It was found a greater risk in pain intensity in the presence of anger.

ВЪВЕДЕНИЕ

Онкологичните заболявания оказват значимо влияние върху соматичното и емоционалното функциониране както на пациентите, така и на техните семейства. Въпреки сериозния биомедицински прогрес в лечението на това заболяване, ракът все още в съзнанието на много хора е синоним на смърт, болка и страдание [25]. Наред с това, ракът не е просто отделно събитие с несъмнен край, а едно перманентно състояние, характеризиращо се с растяща несигурност, късни последици както от болестта, така и от нейното лечение, и не на последно място – сериозни психологични резултати [36]. Редица изследвания доказват наличието на повишена заболеваемост от психични разстройства при пациенти с рак [1,12]. В изследвания, които изучават депресията и тревожността при пациенти с гастроинтестинален рак се показва, че 17% от тях страдат тревожност, а 21% – от депресия. Освен това, оказва се, че пациентите с рак на стомаха са по-уязвими от психологичния дистрес, свързан с диагнозата в сравнение с пациентите, страдащи от колоректален рак [18,19]. Тези изследвания показват, че в хода на времето пациентите демонстрират много малки промени в равнищата си на емоционално благополучие [20]. Важно е да се отбележи също, че удовлетвореността от живота се влияе значимо от равнищата на тревожност и депресия при изследваните пациенти [21]. По-съвременните изследвания показват, че тревожността е по-често срещана при по-младите пациенти, а депресията – при тези, които са имали дълги хоспитализации [16].

Колоректалният карцином представлява вторият по честота карцином при мъжа (след белодробния и преди стомашния) и третият при жената (след карцинома на млечната жлеза и матката). Честотата му непрекъснато нараства. 90% от болните с рак на дебелото черво са над 50 години. Заболеваемостта е най-висока в САЩ, Канада, Австралия, Нова Зеландия. В африка и Югоизточна Азия тя е най-малка. Според данни на СЗО заболеваемостта е повече от 940 000 новооткрити случая на година, а смъртността е над 500 000 случая. Честотата е еднаква при мъже и жени [29].

Официалните статистически данни у нас показват, че колоректален карцином е най-честото злокачествено заболяване на гастро-интестиналния тракт. През 2002 г. в България са регистрирани 252,2/100 000 случая, от които 49,1/100 000 са новооткрити. През 2003 г. броят на регистрираните случаи нараства на 269,0/100 000 случая, като новооткритите са 48,3/100 000 случая. Увеличението на новооткритите случаи се наблюдава както за рака на колона, така и за рака на ректума и ануса. Това определя значимостта и социалните щети, които търпи обществото от това заболяване.

ЛОКАЛИЗАЦИЯ НА КОНТРОЛА И ЗДРАВНО ПОВЕДЕНИЕ

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LOCUS OF CONTROL AND HEALTH BEHAVIOUR

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ABSTRACT

The relationship between locus of control, depression and coping strategies among patients with various disorders was examined. Survey respondents were 28 patients with refractory epilepsy and 75 with other somatic disorders. The result of investigation suggests that internal locus of control and refractory epilepsy are strong predictors of high level of depression and passive coping strategies. More practical issue concerns whether locus of control beliefs can be altered by educational or therapeutic interventions.

Key words: locus of control, refractory epilepsy, depression, coping strategies

Локализацията на контрола е конструкт, който е въведен от Rotter (1966) и който се базира на теорията за социалното учене. Съществуват два основни вида интерпретации, които човек може да направи за причинно-следствените си взаимоотношения с околната среда. Първата, която Rotter определя като "външна локализация на контрола" се основава на убеждението, че не съществува пряка връзка между поведението на индивида и получените резултати. Вторият вид интерпретации, наречен от Rotter "вътрешна локализация на контрола" се базира на убеждението, че събитията са подвластни на поведението на индивида, както и на неговите качества и способности. Двата типа интерпретации формират обобщени очаквания за утвърждаване и личен контрол, които са важен регулатор на поведението на личността (Величков и съавт, 1987).

Конструктът "Локализация на контрола" показва големи обяснителни и прогностични възможности, което го прави приложим в много области на психологията. Изключително обширно той се прилага по отношение на здравните атитюди и поведение. В литературата по въпроса се цитират повече от 30 скали, специфично свързани с локализацията на контрола по отношение на различни аспекти на здравното поведение или стила на боледуване. Големият брой конструирани инструменти за измерване и проведени изследвания се дължи най-вече на установените зависимости между локализацията на контрола и особеностите в приемането, преработката и използването на информацията, равнището на самооценка, депресивните изживявания и невротизма (Raine et al., 1982).

Влиянието на локализацията на контрола може да се разбере най-добре като се изследват случаите на загуба на контрол в конкретни ситуации, както и като се анализира заучената безпомощност. Тя е състояние на организма, предизвикано от продължително излагане на негативни въздействия, които не се поддават на контрол. След възникването на такова състояние се формира ориентация към пасивно поведение и се развиват емоционални разстройства. Пациентите, които се намират в състояние на заучена безпомощност използват неефективни стратегии за справяне и по-трудно се приспособяват към социалната среда. Дезорганизацията, която се наблюдава при заучена безпо-

АФЕКТИВНИ РАЗСТРОЙСТВА ПРИ ПАЦИЕНТИ С ЕПИЛЕПСИЯ

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AFFECTIVE DISORDERS AMONG EPILEPSY PATIENTS

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ABSTRACT

Purpose: To investigate the prevalence of affective disorders among epilepsy patients and connection with specific seizure type.

Method: A clinical observation and assesment of 139 patients with epilepsy, age 18-60 years during period of 5 years was made. Clasification of the seizures was done via classification of ILAE and affective disorders was assessed according to the diagnostical requirements of ICD-10.

Results: 16 patient with epilepsy have had concomitant depressive episodes. In group of other 123 patient there was no anamnestic or clinical evidence of affective disorders. The highest rate of affective disorders was found among patients with refractory and partial seizures.

Conclusion: Affective disorders are often comorbide condition among patients with epilepsy. The most affected patients are those with refractory and partial seizures

Психиатричните разстройства и особено разстройствата на настроението са чести и значими коморбидни състояния при пациентите с епилепсия. /Hermann BP et al. 2000; Harden C, et al 2002/ Разпределението на афективните разстройства при тях зависи от наблюдаваните болни респективно от тежестта на епилепсията, която се определя от честотата на пристъпите. Това е и причина за трудно установяване на точната превалентност. Проучванията на някои автори установяват при пациенти с неконтролирани или частично контролирани епилептични пристъпи от 9 до 22% превалентност на депресивните разстройства, докато при болни с добре контролирани епилептични пристъпи се установява само 4 %. /Eden J et al.1990; Eden J,et al. 1987; Jacoby A.1996;/

При пациенти в стационарни условия с тежки рефрактерни пристъпи други автори установяват висока превалентност на депресивни оплаквания вариращи от 27 до 58 %. /Victoroff JJ et al. 1990; Indaco A, et al.1992;/ Депресията се случва при около 2-9 % от жените и 1-3 % от мъжете в основната популация. Така разгледана превалентността на депресивните разстройства при болните с епилепсия е по-висока отколкото при основната популация.

Фактори влияещи върху развитието на депресивни разстройства

Неврологичните фактори са свързани с промени в дейността на определени мозъчни структури участващи активно в състоянието на емоционалната сфера, което е и свързано с промяна в настроението на пациента. Интерикталната депресия е по-честа при пациенти с епилепсията на темпоралния дял и при парциални епилепсии отколкото при генерализираните такива. /Lambert MV, et al 1999/ Въпреки, че връзката между депресията и темпоралната епилепсия /парциалните епилепсии/ изглежда обяснима на базата на

ПОВЕДЕНЧЕСКИ ПРОБЛЕМИ И РОДИТЕЛСКИ КОНТРОЛ

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BEHAVIORAL PROBLEMS AND PARENTAL CONTROL

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ABSTRACT

The research is based on the hypothesis that there is a weak attachment in the families with high conflict. That often leads to weak parental control and can relate to deviant behavior. Forty-eight children between 10 and 18 years were investigated; of them 29 boys and 19 girls. A semi-standardized interview is done with one of the parents containing questions about the child's behavior, the family atmosphere, the social functioning of the child and its parents, and the parental control. The results show that there is a deviant behavior more often when more conflicts, weak attachment, and inadequate parental control are present. The parental control is considered the most important for the deviant behavior in the teenagers.

Key words: parental control, family relationships, attachment, conflict, and deviant behavior

Интерперсоналните взаимоотношения влияят върху индивидуалното развитие през целия жизнен цикъл на човека (Stouffe, 1989). Връзките с най-близкото обкръжение през ранното детство формират убежденията и очакванията на детето както по отношение на самото себе си, така и по отношение на околните, а така също и цялостното му разбиране за света (Bowlby, 1982). Изследванията на редица автори показват, че лошото качество на грижи през ранното детство предполага развитие на негативни модели за самопредставяне (Cicchetti, 1991), които водят и до негативни поведенчески изяви (Stouffe, 1997). Ранните грижи и преживяванията на детето във връзка с тях имат важно значение за развитието на Аз-концепцията.

Редица емпирични изследвания установяват, че качеството на взаимоотношенията между родители и деца влияе значимо върху самооценката и социалната компетентност на децата. През ранните години близостта на детето с родителите предопределя индивидуалните различия

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в личностното ртне, включително настойчивостта и ентузиазма в справянето с проблеми, представата и приемането на собственото тяло, както и развитието на способността за вътрешно преработване и осмисляне на социалните стимули (Veeghly&Cicchetti, 1994). Качеството на взаимоотношенията с родителите корелира със социалната компетентност така, че деца, които имат слаба и несигурна връзка с родителите си са по-малко харесвани и приемани от връстници и учители (Cohn, 1990) и са по-малко популярни в училищна възраст (Bohlin, Hagekull&Rydell, 2000). Изследванията показват, че поведението на родителите и близостта с тях са значимо свързани с самооценката през юношеството (Arbona&Power, 2003). Симонс и Робертсон (1989) установяват, че родителското отхвърляне води до по-ниска самооценка през юношеството, която от своя страна е предпоставка за повишен риск от употреба на наркотици. Във връзка с това може да се направи извода, че самооценката и социалната компетентност опосредстват връзката между негативните взаимоотношения родители-деца и поведенческите проблеми.

Като фактори, влияещи върху поведението на децата през ранното детство се отчитат качеството на брака и социално-икономическия статус на родителите. Добре известно е че поведенческите проблеми през ранното детство често биват последвани от подобни проблеми през юношеството и зрялата възраст. Наред с това, когато децата с поведенчески проблеми порастнат терапията, целяща корекции в проблемното поведение става по-слабо ефективна, отколкото когато бъде проведена в раннодетска възраст. Резултатите от проведено от Бигли и Чичети (Veeghly & Cicchetti, 1994) лонгитудно изследване показват, че според майките поведенческите проблеми на децата зависят съществено от качеството на брака им. Според бащите поведението на детето зависи най-вече от социално-икономическия статус на семейството и едва на второ място е качеството на брака между родителите. Наред с това се установява слаба зависимост между взаимоотношенията родители-деца и поведенческите проблеми на децата в раннодетска възраст.

При семействата с висока степен на конфликтност се наблюдава и ниска степен на свързаност между членовете. Това от своя страна води до по-слаб родителски контрол и до улесняване на връзките между децата и техни връстници с девиантно поведение. Тези обстоятелства могат да се превърнат в предпоставка за поява на поведенчески проблеми при тях като дисоциално поведение, злоупотреба с наркотични вещества, злоупотреба с алкохол, тютюнопушене, влошаване на успеха в училище и рисково сексуално поведение.

Редица автори (Cicchetti, 1991) изтъкват доказателства в полза на тезата, че при децата от разстроени семейства има повишен риск от поява на поведенчески и социални проблеми в сравнение с децата, произхождащи от стабилни семейства. На лице е висока честота на разстройствата във вниманието и депресивните епизоди при децата, зложени на семейни рискови фактори като проблеми във

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ПСИХОЛОГИЧНО ИНТЕРВЮ С ПАЦИЕНТИ, СТРАДАЩИ ОТ ОНКОЛОГИЧНИ ЗАБОЛЯВАНИЯ

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PSYCHOLOGICAL INTERVIEW WITH PATIENTS SUFFERING FROM ONCOLOGICAL DISEASES

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SUMMARY

The article gives information for what the psychological interview with patients with oncological diseases represents and for the problems which were most frequently met in the course of interviewing. The psychological interview was applied on thirty patients with oncological diseases. The thesis that the patients with cancer have typical features of anxiety, depression and "reticence" after they understand their diagnosis is supported. According to literature data, among 25 and 30% of all people with cancer become sick of depression or of various fear disturbances. The reached conclusions highlight that it is very important the patients to have psychological and social support in the struggle with the disease and not to let their life quality decrease.

Key words: Psychological interview, Patients, Oncological diseases, Anxiety, Depression

ВЪВЕДЕНИЕ

Съществуват много литературни данни, които посочват че симптомите на тревожност и депресия се срещат често при пациенти с онкологични заболявания (D.Stark, M.Kiely, A.Smith, G.Velicova, A.House, P.Selby, 2002).

След първоначалната травма от научаването на диагнозата, психологичните симптоми могат да започнат да се проявяват, като особено място сред тях заемат депресията и тревожността. Сред наскоро диагностицирани пациенти с диагноза рак, преобладаването на сериозно депресивно заболяване е 5-6 % (Davidson, 2001).

Предразполагащите фактори, свързани с депресивното настроение са: смущения в настроението; история на алкохолна злоупотреба; лечението на рака е свързано с видимо загрозяване; млада възраст; слаба социална подкрепа; слаба надежда за ефективен резултат от лечението; присъствието на тежък дистрес; свързани и едновременно стресиращи събития от живота.

Ключови симптоми са : загуба на апетит; липса на енергия; слабо либидо; загуба на тегло; ниско самочувствие; безсъние; суицидни мисли.

Признаците на тревожност са лесни за разпознаване и генерализираното тревожно разстройство е нормално да се очаква при повече от 10 % от пациентите с рак (Davidson, 2001).

За да имаме диагноза тревожност, трябва да са проявени най-малко три от следните поведенчески и соматични симптоми:

1. безпокойство
2. умора
3. трудно концентриране
4. раздразнителност

ПОЛОВИ ХОРМОНАЛНИ НИВА ПРИ ДЕЦА ОТ ЖЕНСКИ ПОЛ, ПРЕЖИВЕЛИ СЕКСУАЛНО НАСИЛИЕ

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SEX HORMONE LEVELS AMONG FEMALE CHILDREN SEXUAL ABUSE

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ABSTRACT. The aim of the paper was: to investigate the hormonal levels of prolactin, follicle-stimulating hormone (FSH) and luteinizing hormone (LH), and ovarian steroids – estradiol and progesterone among female children – victims of sexual abuse. The serum hormonal levels have been assessed by immunochemiluminometric assay equipment and kits of ACS® Bayer Co. Subjects: 28 female after sexual abuse aged between 15 and 18. The changes in hormonal levels, to connect with psychological stress not have been discovered. The conclusions are that a longitudinal investigation and psychological functioning have to be performed.

Key words: Children sexual abuse, sex hormone levels.

Редица изследователи през 80-те и 90-те години на 20 в. изградиха хипотезата за връзката между стреса и репродуктивните нарушения, имайки предвид водещата роля на хипоталамуса в поддържането на хомеостазата в отговор на промените в околната среда. Според създателите и привържениците на т. нар. "Репродуктивен филтърен модел" [3,5,6,7], чийто най-ярък представител е S. Wasser много е вероятно наличието на естествена селекция на психологични механизми, които временно да супресират репродуктивните процеси

посредством хипоталмо-хипофизарно-овариалата ос [7,8,9]. Тези изводи се подкрепят и от доказателствата на много други автори, че повечето познати форми на репродуктивни нарушения, причинени от въздействие на околните условия, се медиатират чрез невроендокринната система, включвайки хипоталмо-хипофизарно-овариалата ос [1,2,3,4,9]. Несъмненото наличие на психотравма и стрес у жертвите на сексуално насилие и изложените по-горе съображения за връзката между стреса и опосредстваната от хипоталамуса репродуктивна ендокринна продукция ни насочиха към идеята за проследяване на промените в нивата на репродуктивните хормони у момичета, преживели сексуално насилие. Целта на настоящото изследване е да се изследват серумните нива на репродуктивните хормони – пролактин, фоликулостимулиращия (ФСХ) и лутенизиращия (ЛХ) хормон на хипофизата и на овариалните стероиди – естрадиол и прогестерон у деца от женски пол, претърпели сексуално насилие.

МАТЕРИАЛИ И МЕТОДИ.

ИЗСЛЕДВАНИ ЛИЦА. Изследвани са 28 девойки на възраст между 15 и 18 години, освидетелствани в кат. "Съд. Медицина" на Мед. Факултет за периода от началото на 2001 до септември 2002. Възрастовото разпределение на изследваните беше както следва: на 15 навършени години – 4 лица, на 16г. – 5, на 17г. – 11 и на 18г. – 8.

МЕТОДИКА НА ХОРМОНАЛНОТО ОПРЕДЕЛЯНЕ.

Хормоналните определяния на серумните нива на хормоните LH, FSH, пролактин, естрадиол и прогестерон бяха извършени по имунохемилюминисцентен метод, използвайки за количествен анализ китове и апаратура ACS:180® (автоматични хемилуминисцентни системи) на Вауег Со в Централна клинична лаборатория на Университетска болница – Стара Загора.

Пробите кръв бяха събирани по следния начин: Пробите се събираха венозно сутрин, като за FSH и LH се вземаше трикратно кръв през 30-минутни интервали, след което пробата се обединяваше и от нея се правеше еднократно определяне. За определяне на пролактина и естрадиола използвахме първата взета проба.

ПРИЛОЖЕНИЕ НА МЕТОДИ ЗА РАБОТА В ГРУПА И ПРЕПОДАВАНЕТО НА МЕДИЦИНСКА ПСИХОЛОГИЯ

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ки че значимостта на екипната работата нараства все повече за модерната медицина, то на умения за лидерство и работа в екип все още не намира ясно определено място в то образование у нас. В настоящото изследване се прави преглед на основни методи з група, прилагани в рамките на курса по медицинска психология за студенти-медици ртия семестър от обучението им. Описват се началните упражнения, стимулиращи разви- упов процес, както и методи, въвличащи студентите в придобиването на собствен опит и у тях умения за преценка на емоционални състояния, необходимост от психологично и др. Направено е и сравнение между ефекта от груповите методи и от традиционно- яне на учебния материал по медицинска психология. Изследвани лица: 32 студенти от еминали през традиционно обучение, и 43 студенти от 6 групи, участвали в групова зреме на практическите упражнения по тази учебна дисциплина, всички от Медицински а Тракийски университет, Стара Загора. Резултатите показват, че студентите, които са чени в групова психологична работа, в края на курса споделят по-висока удовлетворе- бния процес и засилен интерес към психологичните аспекти на медицинската практика. зводът, че описаните методи за работа в група са подходящо начало за по-нататъшното : на умения за работа в екип през всички етапи на обучението по медицина.

gh the importance of group work in the modern medicine is growing, there is no specific ming a particular spot for that part of the education in Bulgaria. In the present study, a review methods for group work applied in the fourth semester of the medical education is being eefing exercises stimulate the development of the group process as well as the methods ng the students in acquiring experience and developing skills for estimate of the emotional ssary for psychological consultation. A comparison is being made between the effect of the ods and of the traditional introduction of the educational material for clinical psychology. eople were studied- students from 4 groups that have undergone traditional education and from 6 groups that have participated in group work during practical classes in the present in the Medical faculty of the Thracian University, Stara Zagora. The results show that the t have been incorporated in psychological group work are more satisfied from the educational he end of it and have higher interest in the psychological aspects of the medical practice. The being made is that the described methods for group work are a appropriate beginning for ing of skills for group work in all the levels of the course of medical education.

ето на медицинското образование предполага нарастване на обема и значимостта на значи- хосоциалните аспекти на медицинската практика [6]. Тази тенденция произтича от факта, че в медицина работата в екип заема все по-съществено място в дейността на лекарите и умения- явяване на лидерство и работа в екип се нареждат сред значимите за всички лекари професи- я. В най-голяма степен това важи за общопрактикуващите лекари, които са в близък контакт е и в същото време представляват свързващо звено между тях и лекарите-специалисти [4]. в комуникативни умения, базиращо се на формиране на знания и умения за наблюдение и а обективното поведение на пациента, придобива все по-голяма важност за медиците. Все ни стават и обучението в умения за активно слушане и за задълбочено изучаване и разбира- оналните аспекти на взаимоотношенията лекар-пациент [5].

и посочените дотук, ясно очертани тенденции в съвременните медицинско образование и ичинската психология, която дава на студентите знания и умения за психосоциалните аспекти ската практика, присъства в учебните планове на медицинските факултети у нас с ограни- и недостатъчна обезпеченост. Това поставя още по-високи изисквания за възможно най- гизиране на учебния процес по тази учебна дисциплина, защото именно тя представлява в утвърждаването на психологията като наука и на психолозите като необходими за меди- ционалисти.

иците на либералния подход в обучението приемат, че груповата работа е по-ефективен

ТРЕВОЖНИ РАЗСТРОЙСТВА ПРИ БОЛНИ С ЕПИЛЕПСИЯ

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ANXIETY DISORDERS IN PATIENTS WITH EPILEPSY

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ABSTRACT

Epilepsy is a chronic disease of the Central Nervous System which shows multiple etiology and clinical manifestation. High co-morbidity with psychiatric and behavioral disorders is often observed in epilepsy, which additionally influences its manifestation and treatment resistance. Anxiety disorders in paroxysmal conditions which are diagnostically difficult to differentiate from epileptic seizures. By determining the characteristics of patients with anxiety and prevent the biopsychosocial consequences of the disease at early stages of treatment.

Key words: anxiety disorders, epilepsy, Differential Diagnose

Тревожността при пациентите с епилепсия може да се разглежда в три направления: като иктален феномен, в интерикталните епизоди или като част от съответстващо тревожно разстройство

При пациентите с епилепсия на темпоралния дял Trimble et al. /1996/ установяват, че 19 % от болните са със съответстващо тревожно разстройство. Eden and Toon намират, че пациентите с темпорална форма на епилепсия са с по-висока честота на тревожност, отколкото пациентите с първостепенна форма на епилепсия /Eden and Toon, 1987/. Goldstein и сътр. изтъкват, че пациентите с висока честота на пристъпите са с по-ниска честота на тревожни разстройства и по-ниско ниво на тревожност, отколкото тези с ниска честота на пристъпите /Goldstein MA, et al., 1999/.

Изследванията на някои автори показват, че пристъпите могат да доведат до симптоми, трудно разграничими от тези на първичните тревожни разстройства /Goldstein and Harden, 2000/. Страхът и тревожността често са асоциирани с прости парциални пристъпи. Totta and Keller /1999/ установяват, че страхът се наблюдава като аура при 15 % от пациентите. Същите автори намират, че страхът е една от най-честите негативни емоции.

Разграничаването между спонтанния страх и реактивния страх /реакция на очакването на поява на пристъп/ може да бъде трудно

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1.4. Меминция, Катянина биология, биохимия, физиология, приложна фармакология, Въртеши и професионални болести, хирургия, съдебна медицина, Психология, неонатология, социална медицина

Goldstein and Harden, 2000/. Паническите пристъпи могат да доведат до симптоми, трудно разграничими от епилептичните феномени, което създава трудности при диференцирането им при болни с епилепсия. Тревожността може да съпровожда и често съпровожда неепилептичните пристъпи. Има данни, че 66% от пациентите с епилепсия споделят интериктална тревожност /Totta and Keller, 1999/. Предполагат се два основни механизма, които стоят в основата на този психологичен механизъм: страхът от появата на нов пристъп и състоянието свързано с докуча на контрол /Goldstein and Harden, 2000/.

Установено е, че тревожността при пациенти с епилепсия е с по-висока честота, отколкото в останалата популация и може да бъде свързана с поява на специфични симптоми като паническо разстройство, агорафобия, генерализирана тревожност, обесивно-компулсивно разстройство /Mitjan and Locke, 1982 /. Наблюдаваната връзка между парциалните пристъпи и епизодите с ескалация на тревожност при някои тревожни разстройства, поставя въпроса за включването на някои патофизиологични механизми при тях /Totta and Keller, 1999/. Някои изследвания посочват повишена честота на тревожност при пациенти с темпорална форма на епилепсия и то по-често с левостранна локализация /Robertson M, et al., 1987/. Други изследвания не намират значима ескалация на тревожността и депресията при болни с епилепсия, като това е до голяма степен зависещо от наблюдавания контингент, предвид разнообразната етиология, както и многообразието на пристъпите /Altschuler et al., 1990/. Тревожни разстройства също така се наблюдават и при пациенти с първично генерализирани пристъпи /Devinsky and Vazquez., 1993/.

Фобийни тревожни разстройства

Група разстройство, при които тревожността се провокира само или предимно от някои добре определени ситуации или обекти /външни за лицето/, които не представляват опасност понастоящем. Като резултат, тези ситуации или обекти се избягват или се понасят със страх. Фобийната тревожност обикновено е неразграничима субективно, психологически и поведенчески от другите видове тревожност и може да варира по сила от слабо неспокойствие до ужас /МКБ-10, рубрика F-40-48/. Фобийните /специфични/ са ограничени до строго специфични ситуации, свързани с ирационален страх, водещ до избягващо поведение спрямо обекта или ситуацията, водеща до него. Фобийте са едно от най-често срещаните психични разстройства, засягащи до 5-10 % от популацията. При някои пациенти се наблюдава страх от поява на пристъп, като рядко се развива истинска фобия от самите пристъпи /Newson Davis et al., 1998/. Такава фобия може да доведе до нежелание да се излезе от къщи с последваща социална дезадаптация, свързана с това поведение. При някои случаи може да се наблюдава съответстваща тревожността хипервентилация, която от своя страна да доведе и до увеличаване на честотата на пристъпите и оттам до ескалация на страха от тях /Betts T., 1981/.

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1.4. Меминция, Катянина биология, биохимия, физиология, приложна фармакология, Въртеши и професионални болести, хирургия, съдебна медицина, Психология, неонатология, социална медицина

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ВРЪЗКА МЕЖДУ АЛКОХОЛНА ЗАВИСИМОСТ И ЛИЧНОСТОВИ РАЗСТРОЙСТВА

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CONNECTION BETWEEN THE ALCOHOL DEPENDENCE AND THE PERSONALITY DISORDERS

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ABSTRACT

The purpose of this article is to make a short review of the literature for the connection between the alcohol dependence and the personality disorders. The study has been made by means of a search in an electronic database by using ScienceDirect. The opinion which prevails in the science literature is that the problematic use (abuse and dependence) of alcohol is broadly spread among people with personality disorders. The problem with the alcohol dependence is a serious challenge for the society. On the other hand, the personality disorders are connected with worsen social functioning and they hinder the treatment of disorders with use of substances (L.Reich & A.I.Green, 1999; V.H.Thomas et al., 1999). Despite the growing interest in problems related to alcohol, it remains difficult to precisely determine the connection between personality disorders and alcohol dependence. Therefore, the data available at the moment is contradictory and unconvincing. The knowledge obtained in the present review will be of use for a future, more profound work on the problem.

Key words: alcohol dependence, personality disorders

ВЪВЕДЕНИЕ

Злоупотребата с алкохол е третата най-честа причина за заболявания, причиняващи ранна смърт и заболяване в Европейския съюз, след тютюнопушенето и високото кръвно налягане (P. Anderson, B. Vaumberg, 2006). Повече от 60 отделни категории заболявания в МКБ, 10-та ревизия, са били идентифицирани като потенциално причинени от злоупотребата с алкохол (J.Rehm, T.K. Greenfield, 2008).

ТРЕВОЖНОСТ И ЛОКУС НА КОНТРОЛ ПРИ ЖЕНИ С БЕЗПЛОДИЕ

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ANXIETY AND LOCUS OF CONTROL IN INFERTILE WOMEN

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ABSTRACT

The purpose of the present study is to estimate the relationship between anxiety and locus of control in infertile women. 25 women with infertility being at the different stages of their treatment are investigated. Spielberger State and Trait Anxiety Inventory (STAI) and Rotter's Locus of Control Scale are used. It is found positive and significant correlation between locus of control and both trait anxiety and state anxiety. No correlation between duration of infertility and anxiety, as well as between duration of infertility and locus of control is found.

Keywords: infertility, anxiety, locus of control

ВЪВЕДЕНИЕ

Безплодието е свързано с психологически дистрес у жените с безплодие (Henning and Strauss, 2002; Greil et al., 2010). Най-често срещаните емоционални реакции при безплодие са тревожност, депресия, неудовлетвореност и гняв (Berg and Wilson, 1990; Crick et al., 1997). Психологически последици от безплодието са негативна идентичност, чувство за безпомощност и загуба на персонален контрол, гняв, депресия, тревожност, социална изолация (Williams ME, 1997). Лечението на безплодието е продължително, разстройва семейните отношения и сексуалния живот, включва физическо страдание и води до емоционални разстройства при пациентите с безплодие (Kopitzke et al., 1991). Несигурността в изхода на лечението е източник на тревожност в безплодните двойки. (Berg and Wilson, 1991). Нивата на депресия и тревожност при безплодни жени са еквивалентни на нивата при пациенти с ХИВ, раково болни и пациенти със сърдечни заболявания, (Domar et al., 1993; Domra et al. 2000) и по-ниски само в сравнение с пациенти с хронична болка (Domar et al., 1993).

Редица изследвания потвърждават, че чувството за загуба на контрол е едно от често срещаните при пациенти с безплодие и осъзнаването на тази липса на контрол, може да увеличи преживяването на психологически дистрес (Mahlstedt, 1985; Matthews and Matthews, 1986; Sandelowski and Jones, 1986; Aydinel. S., 1991; Williams ME, 1997).

Цел на настоящото изследване е да бъдат оценени тревожността и локализацията на контрол при жени с безплодие и да се изследва връзката между тревожността и локализацията на контрол.

МЕТОДИКА НА ИЗСЛЕДВАНЕ

Изследвани лица

Изследвани са 25 жени с безплодие, диагностицирано от специалисти, което е повод за насочването им към дейности по асистирана репродукция. Изследваните лица са на възраст

СТУДОВИЯТ ПРЕСОРЕН ТЕСТ КАТО МОДЕЛ ЗА ЕКСПЕРИМЕНТАЛНО ИЗУЧАВАНЕ НА БОЛКАТА

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THE COLD PRESSOR TEST AS A MODEL OF EXPERIMENTAL PAIN INVESTIGATION

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ABSTRACT

Experimental pain models offer the possibility to explore the pain system under controlled settings. Standardized stimuli of different modalities (i.e., mechanical, thermal, electrical) which applied to the skin used for a differentiated and comprehensive assessment of various pain pathways and mechanisms. Human experimental pain models are essential in understanding the pain mechanisms and appear to be ideally suited to test analgesic compounds. The value of human experimental pain models is to link animal and clinical pain studies, providing new possibilities for designing successful clinical trials. The purpose of the present paper is to review the literature on the cold pressor test (CPT) and to discuss the ways in which these investigations have pointed toward a model of experimental pain. The CPT is a cardiovascular test performed by immersing the hand into an ice water container and measuring changes in blood pressure and heart rate. Other measures can also be obtained from the CPT such as pain threshold and pain tolerance. The research employing the CPT as pain model includes studies of psychosomatic illness, psychological factors influencing pain response, the relationship between psycho-social, demographic, constitutional factors and pain responsivity. Knowledge obtained from this review can help design experimental pain studies and clinical practice to assess the effectiveness of interventions for pain.

Key words: Cold pressor test, experimental pain.

ВЪВЕДЕНИЕ

Болката е сред най-честите причини пациентите да търсят медицинска помощ. По литературни данни 9 от 10 американци на възраст над 18 години страдат от болка поне веднъж месечно (Watkins et al., 2008), а 42% от тях изпитват болка ежедневно (Blay et al., 2007). По данни на Американския институт по медицина от хронична болка са засегнати повече от 110 милиона американци (2011).

Международната асоциация за изследване на болката (IASP) я дефинира като: „Неприятно сензорно и емоционално възприятие, свързано със съществуваща или потенциална увреда на тъканите“ (Bonica, 1979). Тази дефиниция поставя болката в човешкото битие като значимо житейско събитие включващо интерпретирането на болковото усещане като сигнал за увреждащо събитие и въздействащо върху емоциите, възприятията, паметта, взаимоотношенията и социалната сфера, и други фактори (Merskey and Bogduk, 1994). Редица изследвания доказват, че болковото усещане зависи от емоционални, ситуационни и когнитивни фактори (Turk and Flor, 1999). Познат е триерархичния концептуален модел,

ПСИХОЛОГИЯ И МЕДИЦИНА

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PSYCHOLOGY AND MEDICINE

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ABSTRACT

The importance of psychology for modern medicine was analyzed. This study provides a single, integrated overview of the psychology that is relevant to medicine and by considering how this can be used in medical practice. Different levels of cognitive evaluation of health were presented in connection of their importance for treatment process organization. The arguments for usefulness of psychological assessments comparing to common sense was presented. In addition, arguments supported benefits of psychology for diagnostics and therapy were described as well as necessity for medical professionals to understand psychological symptoms deeply and competent.

Key words: Medical psychology, medicine, health, medical professionals, psychological symptoms

Психологията има своето място в съвременната медицина така както теми от психологията неизменно присъстват в учебните програми на Медицинските висши училища. В много държави понастоящем се правят усилия за все по-голямо присъствие на психологични и социални науки в медицинското обучение (White, KL; Connelly JE, 1992). Това е така, защото вече съществуват значими доказателства за това, че психологичните фактори играят важна роля по отношение на много аспекти на соматичното и психично здраве. Наред с това все още са налице редица бариери пред студентите-медици да изучават психологията, а именно:

Първо, на психологията все още се гледа като на „странична“ за медицината наука. Второ, психологията е широко-обхватна дисциплина, която включва множество раздели. В резултат на това много малко студенти и завършили лекари имат възможността и времето да се запознаят с достатъчен обем от достъпните психологични теории.

В Табл. 1 са показани различни направления на психологията и примери как те могат да бъдат приложими в медицината. Широкият обхват на психологичните теории прави за много медицински специалисти труден избора на подходящи за клиничната практика идеи и методи на приложението им. Трето, огромното предлагане на материали за психиката в пресата прави трудно отсяването на популярните факти от базираните на доказателства данни. Допълнително предизвикателство е намирането на границата, където свършват медицинските грижи и къде започват психологичните и социалните такива. Друга немалка трудност е липсата на учебни помагала, които да синтезират всички важни за медицината аспекти на психологията и които изяснят приложимостта им в клиничната практика.