Introduction. Brain tumors are clinically characterized by cerebral organic, focal symptoms, which are manifestations of local pathology. There is a definite connection between the psychotic state and the localization of tumors. Mental disorders can occur in the postoperative period. The prognosis of mental disorders in tumors depends on the tumor histology, localization, stage of the disease, the correctness of the topical diagnosis, operability, age and somatic state of the patient.
Aim of the study. The aim of this work is to study the classification of brain tumors, as well as mental problems (symptoms, syndrome and clinical picture), depending on the location and metastasis of the tumor.
Materials and methods. a literature review was studied (20 sources, published mainly over the past 2 years), devoted to the symptoms and syndromes of mental problems associated with brain tumors, as well as the classification of brain tumors.
Results. as a result of the study, the classification of brain tumors, the prognosis depending on their location and metastasis, as well as the clinical picture, symptoms and syndromes that can be found in patients with mental problems with brain tumors were studied. In addition to cerebral symptoms (increased intracranial pressure, head pain, nausea, vomiting, displacement of brain tissue) and focal neurological symptoms in brain tumors and specific symptoms are observed, depending on the location and structure. We studied transient, persistent mental disorders, as well as acute postoperative psychoses. Among transient mental disorders, there were: convulsive seizures, hallucinations, insane violations, syndrome of depersonalization and derealisation, metamorphopsia, disruption of speech, thought, memory and consciousness. Persistent mental disorders (sleep and memory disturbances, Korsakoff syndrome, retrograde amnesia), affective disorders (dreary and anxious depression, euphoria, moria), long-term disturbances of consciousness, productive and negative symptomatology, anorexia nervosa were also studied. The clinic of postoperative psychoses with and without impaired consciousness (hallucinatory-delusional, oneiric states, Korsakoff syndrome with euphoria, akinetic mutism with stupor was studied.
Conclusions. The result of the study is the allocation of specific mental symptoms and syndromes in various brain tumors (depending on the name of the tumor, localization, metastasis). The specific symptoms are systematized depending on the location of the tumor in the brain and the histological structure.
Key words: brain tumors, mental disorders,metastasis,psychoses.

161. ETIOPATHOGENESIS OF THE FIRST PSYCHOTIC EPISODE

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Introduction. Issues about pathogenesis of schizophrenia-like disorders are quite complex and relevant, modern psychiatry is trying to solve them by summing up new information. The causes of psychoses are multifactorial, there are various hypotheses on the origin of psychoses, however, the issues of etiopathogenesis require further study.
Aim of the study. The main goal is to study the risk factors, etiology and pathogenesis of psychotic episodes giving a special attention to the debut period of psychoses.

Materials and methods. A review of 30 sources were studied based mainly on the etiology, pathogenesis of early psychotic manifestations, and risk factors.
Results. Among all the hypotheses, theories, risk factors, pathogenetic mechanisms that can trigger psychosis, the most significant are: genetic predisposition, neurotransmitter and hormonal imbalance, progressive neurodegenerative changes and environmental factors. Multiple genetic risk loci for schizophrenia have been identified by modern science. The neurotransmitter dopamine plays a critical role in the pathophysiology of schizophrenia. Other neurotransmitter systems (as serotonin, glutamate) are also involved in the pathophysiology of this disorder. Molecular, cellular, structural and behavioral disorders in schizophrenia are associated with a decrease in neurotransmission on the NMDA glutamate receptors in the brain. Polymorphism in several genes associated with glutamate significantly increases the risk of schizophrenia. Estradiol significantly interacts with dopaminergic, serotonergic and glutamatergic systems, giving it the properties of atypical antipsychotic drugs. The limbic system, tonsils, hippocampus, basal ganglia and many areas of the cerebral cortex are rich in estrogen receptors. Due to the genomic and non-genomic interactions, estrogens act as a "neuroactive steroid" and affects neurodegenerative processes in the central nervous system. Anatomical abnormalities of the brain in patients with schizophrenia are reported (a decrease in the amount of gray matter in the frontal, temporal, limbic, striatal and thalamic areas, ventricular dilatation and anomalies of the medial temporal lobe and prefrontal cortex, irregular synaptic organization, ectopic neurons). Shortfall of astrocyte function is associated with incorrect glucose utilization, oxidative stress in the cerebral cortex in people with schizophrenia. Activation of inflammatory mediators (including microglia) in utero in genetically predisposed individuals increases the risk of schizophrenia.
Conclusions. The etiology remains unknown, schizophrenia is considered a disorder of neural development with polymorphic clinical manifestations and widespread pathological changes in the forebrain that are the interaction results of many risk genes with environmental factors. Understanding the influence of risk factors leading to this pathology can reveal more effectiveness in pharmacological and behavioral interventions.
Key words: Etiology Psychoses. Neurotransmitters. Pathogenesis.

162. SCREENING AND MANAGEMENT OF POSTPARTUM DEPRESSION

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Introduction. According to statistics, postpartum depression occurs in every 7th woman. This is a current problem, which influences the mother-child relationship. Literary sources recommends screening for postpartum depression at least once in the postpartum period. Current screening tools for postpartum depression are: Edinburgh Postpartum Depression Scale (EPDS), Postpartum Depressive Screening Scale (PDSS), Healthy Patient Scale (PQ-9). Using all those screening tools makes the detection of postpartum depression (severity, clinical manifestations and differential diagnosis) much easier and it also helps in receiving better results of the psychological and medication therapy.
Aim of the study. The aim of the work is to study the assessment of specific symptoms in postpartum depression and the screening tools, as well as its management.