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Specific Features of Depression and Anxiety in Gastric and Duodenal Malignant Neoplasms

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Abstract: According to the results of epidemiological studies, somatogenic, psychogenic or mental disorders occur in almost half of tumor patients. Such combined forms of diseases require a comprehensive approach to diagnosis and treatment with the participation of an oncologist, a psychiatrist, and a psychotherapist. In practice, the advice of a psychiatrist in an oncology clinic is aimed at providing emergency care to patients with specific mental disorders - it is aimed at preventing somatogenic, reactive effects. Borderline disorders are often underdiagnosed and require individual attention.

Keywords: anxiety and depressive disorders, cancer, psychotherapy.

Enter. Gastric and duodenal cancer risk factors are relevant for many enumerated tumors. These include:

Chronic inflammatory diseases of the stomach and duodenum (gastritis, duodenitis);

bad habits - smoking and excessive alcohol consumption;

contains oils, dyes, preservatives, chemical compounds,

overweight, obesity, metabolic syndrome;

taking some medicines for a long time and irrationally. Additional provoking factors of stomach cancer are also characteristic. For example, for stomach cancer, it is common to have Helicobacter pylori - an acid-resistant bacteria that damages cells in the lining of the organ. One of the provoking factors for esophageal cancer is reflux disease - the constant flow of acid from the stomach leads to metaplasia of the epithelium and the onset of cancer.

Epidemiological studies show that almost half of patients with oncological diseases have somatogenic, psychogenic or combined mental disorders[8]. For the treatment of psychosomatic diseases, patients should be provided with 3 types of support: drugs, psychological and social. Medical care should be provided by general practitioners (therapists) with the help of narrow specialists (gastroenterologists, oncologists, surgeons). If the advice of psychologists, psychiatrists, psychotherapists is necessary to provide psychological support, then social support often includes paying attention to the patient's background, environment, and family situation. Borderline anxiety and depressive disorders are often detected in patients with a malignant tumor, and depression of various severity is detected in 20-30% of cases (between 1-77%) [2,5]. Worrying symptoms are observed in 24-38% of patients according to the conclusion of different authors. In addition, anxiety and depression have a high comorbidity, causing a mixed condition of 9.3 to 20.2 percent in different stages of cancer. Research results show that 30 to 70 percent of patients referred to gastroenterologists experience functional impairment, and half of them require mood-enhancing medication. [3, 4]. Concomitant anxiety and depressive disorders adversely affect the course and

prognosis of the main disease - reduce compliance to treatment, reduce the effectiveness of chemotherapy, inhibit the regression of the tumor process, and thereby prevent the recovery of the comorbid level of social adaptation, increase the risk of suicide and lead to early death [1 ,9]. The low assessment of mood-depressive state in cancer patients is caused by the fact that the patient and his family members have almost no information about mental disorders and the risk of their occurrence in oncological diseases. In addition, it should be said that oncologists pay less attention to the mental state of patients and less recommend psychotropic drugs.

Materials and methods. In 2019-2020, scientific research was conducted at the Bukhara branch of the Republican Scientific and Applied Medical Center of Oncology and Radiology. The object of the study was 104 patients, 95 of whom had stomach cancer and 9 of esophageal cancer, their age range was 48-64 (average age 56.5±11.5). Patients were selected according to the study criteria. Those who are diagnosed with gastric and duodenal cancer in stages III-IV and are treated with combined types of treatment (surgery, radiation) and drugs and psychotherapy are used. Informed consent was obtained from patients to participate in the study. The diagnosis was made based on the diagnosis "Malignant tumors of the stomach and duodenum" of the International Statistical Classification of Diseases and Problems of Health (10th revision, 1995). At the same time, Exceptions to the research criteria were identified and excluded: endogenous psychiatric disorders, severe somatic disorders during an attack. Clinical and psychological methods of direct patient research were applied to all patients: clinical interview, questioning method, dynamic observation and conversation. During the interview with the patient, their psychological status was studied, personal clinical observation and anamnestic data were analyzed. The following characteristics of the patient were taken into account when determining the interview indicators: age, intellectual level, marital status, prevalence of malignant tumor. During the research, there was a need to use the clinical interview method to examine the oncology patient. It should be noted that knowing how to use this method correctly will lead to successful results of experimental-psychological research. It is also necessary to take into account the fact that the need for surgery and the psychological examination are negative in most patients.

First of all, attention was paid to the mental activity of patients. The direction of the conversation did not change at different stages of the study, but its structure changed according to the course of the disease. Attention was also paid to the ability of patients to correctly assess premorbid personality characteristics and social-psychological adaptation. In the study of anamnestic and objective data, the presence of genetic predisposition in the family, the presence of concomitant somatic diseases, and family relationships were taken into account. During a detailed analysis of the direct interview, catamnetic data, clinical history, the clinical-diagnostic picture of the disease and the effect of the treatment were studied. The catamnetic period was characterized by a focus on the second part of the clinical interview. The goal was to get information about the recovery of labor activity.

In our study, each conversation with the patient was in a certain order and included psychocorrective elements (hope for effective treatment, restoration of previous social status). The clinical interview conducted with oncological patients was not limited to psychological research, but was used as a psychocorrective method during the patients' inpatient stay.

Psychodiagnostic methods were used to objectively evaluate the obtained data. "ZUNG scale for the detection of anxiety and depression" is an express screening method used to determine the level of anxiety and depression in general medical practice. It has high discriminant validity for the detection of anxiety and depression.

Result. As a result of our investigations, asthenovegetative disorders were noted in all of our patients before treatment (surgery, light), sleep disorders (34%), mood disorders, depressed mood (42%), fear-anxiety and synesto-hypochondria in the rest (24%) of our patients. violations detected. After surgery and radiation treatment, in addition to the effect of psychotropic drugs (tranquilizers, antidepressants), (54%) the patient's sleep improved, (34%) the patient's depressed mood was eliminated, (22%) the fear and anxiety of our patients were prevented. At the same time, patients used specific psychological defenses to alleviate their psychological trauma after learning about the

severity and mortality of their illness. We can include the following in the mentioned protection mechanisms:

Acceptance of the disease formed the attitude to its treatment: active in 46 (44.8%) patients, unstable in 45 (43.9%) patients, passive in 13 (11.3%) patients.

Anxiety, restlessness, emotional lability, and affectivity dominated the clinical manifestations of anxiety. On the basis of clinical and psychological examination, intergroup differences were determined according to the clinical manifestations of anxiety and depression. During the study of the dynamics of anxiety-depressive disorders according to the stage of the tumor, it was found that anxiety and depression are observed at all stages of cancer, and it gradually worsens from subclinical disorders in the diagnostic stage to the substupor state of psychotic depression in the terminal state. Loss of hope for recovery, increasing pessimism, depression, passivity, "resignation to fate" and indifference were observed in the preterminal and terminal stages of the disease. The stage of somatized depression lasts for a long time, characterized by "affective weakness", autonomic lability,

Summary. Somatogenic depression caused by oncopathology has a negative effect on the course of the disease and negatively affects the patient's vital signs. At the same time, sleep disturbance, fear, anxiety, panic, depression are considered to be unfavorable prognostic factor of oncological disease, and its effect increases in the last stages [6,7]. Primarily depression had a negative effect on primary disease patients and worsened 5-year survival. Depression, feelings of insecurity, hopelessness and pessimistic thoughts affect the development and prognosis of oncological disease, delay the first visit to the doctor and lead to low compliance. Depression due to oncological disease (e.g. due to cytokine activation) or antitumor treatment (e.g. it is necessary to take into account that it occurs due to side effects of immunologically active agents) and it cannot be an independent predictor. In this case, depression may be a sign of a worsening disease prognosis. It is obvious that the diagnosis and treatment of anxiety and depression disorders, which is an urgent problem in patients with malignant tumors, can be solved only in the conditions of scientific and practical integration of oncologists, psychiatrists and psychotherapists.

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