



Personal Features of Patients with Affective Disorder

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Summary: The problem of affective, including schizoaffective, disorders in world and domestic psychiatry is one of the most complex and debatable in the literature of the last decade. This applies both to the place of schizoaffective disorder in the American and international classifications, which classify this type of mental pathology, respectively, in the group of mood disorders and in the group of schizophrenic spectrum disorders, as well as issues of differential diagnosis, prognosis and rehabilitation of this category of patients.

Keywords: affective disorders, anxiety, panic, depression, schizoaffective disorders.

The urgency of the problem. Mood disorders are one of the most common forms of mental illness. The prevalence of affective disorders in the population, according to various foreign epidemiological studies, ranges from 0.5 to 2% (on average, about 1% of BAD) (Hwu HG et al., 1989; Wittchen HU et al., 1992; Hirschfeld RMA et al., 2002, etc.), and taking into account subsyndromal forms, it can reach 12% (Angst J. et al., 2003).

The phasic nature of affective and affective-delusional episodes with distinct remissions, the minimum severity of deficiency symptoms determine the preservation of the social adaptation of patients throughout their lives, provided there is effective secondary prevention of relapses. This determines the particular importance of such therapy and the improvement of its methods.

Significant advances in the prevention of AR were achieved with the beginning of the use of lithium salts (Baastrup PC, 1964; Schou M. 1968), which have been found to prevent the development of manic and depressive episodes. In connection with such a bimodal action, it was proposed to designate the therapeutic effect of lithium salts as normotimic (Schou M., 1968). Data on the features of the action of these drugs in comparison with other anticonvulsants traditionally used as normotimics (VN, carbamazepine) remain controversial to date. The available literature also lacks data regarding the determination of individual clinical prognostic factors for the effectiveness of new anticonvulsants. This determines the relevance of studying the effectiveness of the preventive action of carbamazepine in comparison with traditionally used normotimics in AR, as well as searching for clinical predictors of their effectiveness.

The problem of schizoaffective disorder in world and domestic psychiatry is one of the most complex and controversial in the literature of the last decade. This concerns both the place of schizoaffective disorder in the American and international classifications, which classify this type of mental pathology as a group of mood disorders and a group of schizophrenic spectrum disorders, respectively, and issues of differential diagnosis, prognosis and rehabilitation of this category of patients [1]. The interaction of psychogenic factors, constitutional personality traits and schizoaffective disorder, as well as other disorders of the schizophrenic spectrum, remains at the present time one of the most difficult and controversial issues of clinical psychiatry [2]. In most modern sources, neurotic anxiety and phobic disorders are among the symptoms that complicate the

picture of psychosis and require correction in the therapy of periods of exacerbation [3]. However, in these cases, the role of disorders of the anxiety-phobic circle is not sufficiently highlighted as separate mental manifestations that determine the delay at the stationary stage of treatment of patients with schizophrenia and require targeted and specific therapy [4]. In this regard, an urgent problem is to study the role of anxiety-phobic disorders in case of an unreasonably long hospital stay in patients with schizoaffective psychoses in the stage of established remission with the availability of discharge from the hospital. Features of emotional response, diverse variants of anxiety-phobic disorders in women, taking into account personal characteristics, have always attracted the attention of researchers from both clinical and psychodynamic schools [5]. It has been established that the incidence of anxiety-phobic and depressive disorders occurs in women with schizoaffective pathology, depending on constitutional and personal characteristics, as well as in people with low socioeconomic status [6].

Objective of the study: to study the relationship between emotional disorders and personality disorders of the schizoaffective spectrum in patients in order to optimize psychopharmacotherapeutic tactics.

Materials and research methods. The study included 50 patients with anxiety-phobic and depressive disorders of the schizoaffective spectrum, who were hospitalized in a psychiatric hospital. The leading research methods were clinical psychopathological and clinical follow-up. During the study, the Hamilton Anxiety and Depression Scales (HDRS, HARS), the Spielberger-Hanin Anxiety Questionnaire were used to assess the severity of depression and anxiety, and the mini-cartoon questionnaire (MMPI) was used to determine personality traits.

Results and discussions. Of 50 patients with schizoaffective psychosis, which arose in combination with anxiety-phobic disorders, 40% were diagnosed with depressive type F-25.1, 45% of the examined patients had manic type F-25.0, and 15% had mixed type of schizoaffective disorder F-25.2. In the picture of schizoaffective states, the revealed affective delusional manifestations were more fragmented and unsystematic and often formed in parallel with anxiety-phobic and depressive disorders. In the surveyed group, as a result of testing using the Spielberger-Khanin questionnaire, the presence of anxiety-depressive disorders of varying severity was revealed in 98% of patients, while manifestations of anxiety were noted in 94% of the studied, depression of various degrees of severity in 55% of the examined; More than half of the patients had moderate anxiety manifestations (55%), 36% of the subjects had no clinically significant anxiety, and 10% of the patients had severe anxiety. In the group of patients under study, psychogenically caused anxiety-phobic disorders are found in 88% of cases. Occurring anxiety-phobic disorders, as a rule, do not go beyond depressive reactions, correlate with the intensity of schizoaffective pathology. In the study of constitutional and personal characteristics using the minimult questionnaire (MMPI), it was found that the personal characteristics of the examined patients did not reach the degree of psychopathy (personality disorder), however, in all cases, accentuations of certain character traits could be noted. Among all those examined, the demonstrative personality type was found in 5 patients (10%), the stuck personality type in 14 patients (28%), the dysthymic type was detected in 40% of cases (20 examined), anxious-fearful type in 6 patients (12%). , in 10% of cases the emotive personality type was revealed. According to the test results, it was revealed that the most frequent anxiety-phobic disorders occurred in persons with dysthymic and anxious-fearful personality types. Against the background of the impact of a traumatic situation, depressive disorders of severe and extremely severe degrees on the Hamilton scale easily arose. Depression of moderate severity was found in 25% of patients; their occurrence was associated with family conflicts. In persons with a stuck personality type, severe depression on the Hamilton scale was detected in 75% of cases, moderate and extremely severe depressive disorders were found in 12.5% of cases. Mild depressive disorder according to the Hamilton scale was detected in 2 patients with a demonstrative personality type. In other cases, individuals with a demonstrative personality type were found to have moderate depressive disorder.

With an anxious-fearful personality type, depression of moderate severity according to the Hamilton scale (80%) occurred more often, and only 2 patients were diagnosed with severe depression. Among

all those examined, the emotive personality type was found in 10% of cases, and these patients were characterized by the development of moderate depression. Depending on the personality type, the patients were characterized by such traits as insecurity, shyness, shyness, a tendency to feel guilty, low self-esteem, difficulties in contacts, lack of initiative, dependence on order and authority. Also, such a character trait was identified as a tendency to pathological fantasy and daydreaming (a demonstration of greater well-being than it really is), which, in turn, caused an overestimated self-esteem.

In patients with anxious, fearful and stuck personality type against the background of severe depression, the number of social contacts decreased, family relations worsened, which created additional experiences. The firm attitude in life characteristic of this personality type allowed maintaining a high level of general sense of well-being.

Patients with a demonstrative personality type in the presence of moderate depression subjectively noted a slight deterioration in social interaction and physical health, while objective data corresponded to the severity of affective disorders. In the presence of mild depression, women with a demonstrative personality type indicated deterioration in physical health and the ability to function in daily life. This picture is associated with the presence in women with a demonstrative personality type of pathological fantasies, overestimation of self-esteem, replacement of real life with a dream

Conclusions. Thus, the identification of the relationship between emotional disorders and constitutional-typological personality characteristics of patients with pathology of the schizoaffective register makes it possible to determine a deeper level of anxiety and the severity of depression, clinical polymorphism, is a factor in the prevention of an unfavorable prognosis of the disease, allows for a more differentiated implementation of treatment and rehabilitation care and optimization psychopharmacotherapeutic approach in the choice of methods of psychocorrective influence, taking into account personal characteristics.

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