



AFFECTIVE DISORDERS AS A WEIGHTENING FACTOR IN ALCOHOL DEPENDENCE THERAPY

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ABSTRACT

this article describes the aggravating effect of affective disorders, in particular depressive disorders, on the course of alcohol dependence, their influence on the frequency of relapses during the therapy of alcoholism, the formation of suicidal behavior in patients with a combined course of alcohol dependence and affective disorders in a comparative aspect with patients with alcohol dependence. burdened with affective disorders. The article describes the fact that treatment carried out without psychopharmacotherapy not only often does not cure the patient, but also leads to persistent refusal of patients from treatment.

Approximately 55% of patients with bipolar affective disorder with a pronounced cyclical affective seizures suffer from alcohol dependence. Bipolar affective pathology often determines the cause of the formation of suicidal behavior in patients with alcohol dependence [1, 3, 6]. Over the course of their lives, 81% of patients with alcohol dependence in the presence of depressive disorders are prone to committing suicide. The presence of an apathetic component in the clinical picture of depression reflects a tendency towards an increase in its severity, especially the anhedonic component, predetermines a significant decrease in all indicators of social functioning and is correlated with an increase in cognitive impairment [2, 4].

Morphometric signs specific for apathy were a decrease in the volume of the caudate nucleus on the right, atrophy of the dorsal striatum, a decrease in the thickness of the cortex in the rostral part of the middle frontal gyrus on the left and right, as well as in the superior frontal gyrus on the left, morphological changes in the globus pallidus, which are also characteristic of apathy in the structure of other psychoneurological diseases [7]. Excessive polymorphism of clinical symptoms and the basic principle and specificity of neurotic and pathocarcinological reactions of interacting pathogenetic factors, conditions, development at a later age, which explains the relevance of taxonomy, differential diagnosis and prognostic assessment of



painful events [9]. The relationship between endogenous and exogenous factors in diabetes is not well understood. Psychosomatic features are determined by the severity and importance of the clinical manifestations of diabetes mellitus, the duration of the course, severity, age of patients, personal characteristics and the nature of psychosocial stress [8].

Purpose: Optimization of anti-relapse therapy using psychopharmacotherapy.

Materials and research methods. The total number of patients included in the study was 72 people. All patients were on inpatient treatment, and were also observed on an outpatient basis in the Samarkand Regional Narcological Dispensary. Of these, 45 suffered from alcohol dependence, with impaired affective sphere, aged 23 to 48 years, mean age 41.4 ± 3.8 years. With non-alcoholic addiction associated with affective disorders - 27 people aged 18 to 37 years, the average age was 26.7 ± 6.7 years. All patients were male. When choosing combined personality traits, Gannushkin P.B., Leonhard K., Lichko A.E. character accentuation classification was used. The severity of disorders of the affective zone in the premorbid was determined by pathognomonic symptoms and was excluded from the study in accordance with the criteria, thereby determining the criteria for the norm or accentuation of signs.

Characteristic aspects were analyzed on the basis of objective and subjective anamnesis, psychological status, as well as additional data from a psychological examination using the MMPI test. To control mood disorders: Hamilton Anxiety Rating (HARS), Hamilton Depression Rating (HDRS), Montgomery-Asberg Depression Scale

(MADRS), Beck Depression Self-Reported Rating, Sheehan Anxiety Rating.

Results of the study: In the analysis of affective disorders in alcoholics mentioned above, the following types of affective disorders were identified in accordance with the leading psychopathological syndromes. 1 - group (N = 45) depressive 11.0%; anxious and depressed 27.0%; scared 28.7%; depressive-hypochondriac 15.0%; asthenic-depressive 17.0%. 2 - group (N = 27) depressive 4.8%; anxious and depressed 12.2%; frightening 13.7%; depressive-hypochondriac 6.0%; asthenic-depressive 10.0%. To describe the level of anxiety, all examined patients of the 1st and 2nd groups were tested on the Spielberger-Khanin self-assessment scale. The method revealed a high level of personal problems. Situational concern was also high. In the course of non-specific therapy, the level of personal anxiety did not decrease significantly, and high-level anxiety remained at level II - moderate anxiety. A similar pattern was identified as warning signs of the situation. The data of the Spielberger-Khanin methods in pharmacotherapy in patients with alcohol dependence showed that during the treatment the level of personal and situational anxiety in the 1st group remained relatively high, and in the 2nd group the level of individuality and pre-alcohol dependence was determined. Concerns about the performance situation have subsided. Types of affective disorders were identified according to the leading psychopathological disorders: depressive, anxiety-depressive, anxious, depressive-hypochondriac, asthenic-depressive [5]. It should be noted that the identified disorders were characterized by atypicality,



uncertainty, diversity, low structure, lack of stability, cyclicity, instability, blurring between objectively expressed disorders and their subjective assessment by patients. The development of true somatogenic depression is characteristic, that is, syndromic exogenous depression caused only by somatogenic factors. In the symptom complex of somatic, psychogenic and personal factors of the genesis of depressive disorders, the share of each of them differs mainly at all stages of the disease development, and the demographic and socio-psychological aspects of patients are important [8].

Among the affective disorders observed in both groups of patients, anxiety and dysthymia were often noted. With an increase in the vascular process, affective reactions appeared for an insignificant reason, they were scattered, generalized.

Psychogenic experiences are dominated by a sense of loss of the status of the “head of the family” and conflict relations in the family, such as disobedience to relatives and friends [9].

Conclusion: Psychopharmacotherapy of affective disorders in patients with alcohol dependence is of great importance, because often the entire prognosis and success of treatment depends on how the anxiety disorder is managed. The use of psychopharmacotherapy in drug treatment is aimed at suppressing the main link in the addiction syndrome - pathological withdrawal. Increased pathological craving, along with affective disorders, is the main cause of the uncomfortable course of drug addiction, making it impossible or ineffective to use psychotherapeutic methods of treatment.

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