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CHRONIC ALCOHOLISM AND ENDOCRINE DISORDERS

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Resume,

In recent decades there has been a significant increase in the prevalence of alcoholism in the Republic of Uzbekistan and other CIS countries. This is confirmed by the amount of alcohol consumed per capita, the increase in the number of alcoholic psychoses, the mortality from alcoholism and its complications.

Key words: endocrine disorders, alcoholism, alcoholic psychosis, degradation of the personality of alcoholism.

СУРУНКАЛИ АЛКОГОЛИЗМ ВА ЭНДОКРИН БУЗИЛИШЛАР

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Сўнги ўн йилликларда Узбекистон Республикасида ва бошка мамлакатларда алкоголизм хасталиги кўплаб учрамокда. Бунинг сабабини мутахассислар ахоли ўртасида спиртли ичимликни кенг истеъмоли билан түшүнтиришмоқда. Оқибатда беморларда алкоголли психозлар билан асоратланиш ва ўлим ортиб бормокда.

Калит сўзлар: эндокрин бузилишлар, алкоголизм, алкоголли психозлар, алкоголимдан шахс емирилиши.

ХРОНИЧЕСКИЙ АЛКОГОЛИЗМ И ЭНЛОКРИННЫЕ НАРУШЕНИЕ

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Резюме,

В последние десятилетия отмечается значительный рост распространенности алкоголизма в Республике Узбекистан и других странах СНГ. Это подтверждается количеством потребляемого алкоголя на душу населения, увеличением числа алкогольных психозов, смертностью от алкоголизма и его осложнений.

Ключевые слова: эндокринная нарушения, алкоголизм, алкогольный психоз, деградация личности алкоголизма.

Relevance

n recent decades there has been a significant increase in the prevalence of alcoholism in the Republic of Uzbekistan and other CIS countries. This is confirmed by the amount of alcohol consumed per capita, the increase in the number of alcoholic psychoses, the mortality from alcoholism and its complications. Abuse of alcohol ruins the dearest person - his mind. Alcoholism affects not only the drinking person, but also contributes to the emergence of diseases in others[1,4,8].

It is necessary to talk about how alcohol affects women, as women, who are the successors of the human race, are creating the health of future generations[2,6,7]. The growth of female alcoholism is increasing. The greatest number of both men and women with chronic alcoholism falls on the age of 25 to 39 years. At the same age, here is an upsurge in endocrine diseases[3,5].

The purpose of the study: to study the features of the course of alcoholism in patients with women with concomitant endocrine disorders.

Material and methods

In connection with this, we examined a group of women suffering from chronic alcoholism and endocrine disorders who are registered with the APSAP and endocrinology dispensary.

58 women aged 35 to 57 years were studied. All patients used alcoholic beverages for a long time in the form of systematic drunkenness. These patients were conditionally divided into 2 groups. The first group (34 patients, 58.6%) included patients with weighed heredity (relatives of patients suffering from endocrine or psychiatric diseases), aged 42-57 years, registered on the second and third stages of chronic alcoholism. The second group (24 patients, 41.3%) included patients with hereditary heredity, aged 35-54 years, registered on the second and third stages of chronic alcoholism.

Results and discussion

Development of alcoholism in women is promoted by microsocial conditions and among them, first of all,





work in the service sector (waitresses, saleswomen); significantly more frequent than in men, previous mental abnormalities in the form of psychopathies, neuroses, mental infantilism, debility; the beginning of alcohol abuse in the background of the psychotraumatic situation.

Constitutionally, the genetic factor in women is more important than in men. Of great importance are upbringing and, especially, socio-psychological factors and some long-term somatic diseases (chronic liver, respiratory and cardiovascular diseases.)

Based on the characterological features and depressive-affective disorders, it is possible to distinguish two types of alcoholism in women. To a type with malignant development of alcoholism are patients with pathological premorbid personality traits. From pubertal age, they periodically had erased depressive states. Regular drunkenness began against a background of depression. Rapidly there was a mental dependence, then the daily drunkenness with accruing doses of alcohol began

Characterological features of patients with a relatively benign development of alcoholism were determined with a tendency to mild affective disorders.

Mental changes in endocrine diseases, weighed down by alcoholism, are polymorphic. Almost all patients had "endocrine psychosyndrome", which was manifested by the following symptoms: a decrease in mental activity, a change in mood, a decrease or increase in sexual desire, manic or depressive states with malice, a sense of hatred, depressive-apathic states, asthenia, as well as states of fear and anxiety.

In the first group of patients (8 patients, 23.5%), there were psychiatric disorders in the form of psychoses (delirium, acute hallucinosis). The clinical picture of psychoses became heavier, the increased affective excitability, the brightness of emotional manifestations, the lability of mood, and the lengthening of the periods of psychosis came to the fore.

In the second group of patients acute hallucinosis was noted only in (2 women, 8.3%).

Acute psychoses develop against the background of the endocrine psychosyndrome and can occur at any stage of the disease. First of all, these psychoses are of the type of acute exogenous reaction (delirium, amenia, twilight confusion of consciousness) with predominance of affective disorders (depressive, depressive - paranoid syndromes). These psychoses often become protracted and arise repeatedly.

In the treatment of these patients, especially the first group, minimal doses of corrective hormone therapy were included in the complex treatment, in particular prednisolone 50-100 mg iv in 0.09% sodium chloride or pollortolone 40 mg per 0.09% sodium chloride or 5 % glucose solution.

As the clinical picture of alcoholism becomes heavier, progression of the endocrine psychosyndrome progresses, which gradually turns into a psycho-organic syndrome.

For the psycho-organic syndrome that was observed in them, memory disorders (amnesia, dysme-sia, Korsakov syndrome disorders) were characteristic, intellectual decline with a pronounced disregard for understanding and critical attitude toward one's condition: thinking slows down, features of emotional lethargy predominate, in severe cases, organic dementia syndrome developed.

Conclusion

In the presence of concomitant endocrine disorders and burdened heredity (mental or endocrine diseases), alcoholism in women is more malignant, alcoholic psychoses and personality changes are more often observed in the psycho-organic type. In the scheme of complex treatment of these patients it is recommended to include small doses of corrective hormonal therapy.

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