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CLINICAL TYPOLOGY OF THE PERSONALITY OF PATIENTS WITH INCOMPLETE SUICIDES AND ALGORITHM FOR PREVENTING REPEATED SUICIDAL ACTIONS

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✓ ***Resume,***

Auto-aggressive behavior, one of the manifestations of which is suicidal actions, in recent decades has significantly spread in most countries of the world, which puts this problem at one of the leading places in modern psychiatry.

For effective psychoprophylactic work among adolescents who have committed suicidal attempts, it is advisable to organize crisis assistance centers in educational institutions (schools and technical schools) to carry out coordination work on early detection, urgent correction, subsequent rehabilitation and prevention of suicidal behavior.

Depending on the suicidal activity of adolescents, the centers should be created in each specific educational institution or one for several according to the principle of territorial expediency.

Key words: clinical typology, incomplete suicide, personality changes, suicidal actions, prevention.

КЛИНИЧЕСКАЯ ТИПОЛОГИЯ ЛИЧНОСТИ ПАЦИЕНТОВ С НЕЗАВЕРШЕННЫМИ СУИЦИДАМИ И МЕТОДЫ ПРОФИЛАКТИКИ ПОВТОРНЫХ СУИЦИДАЛЬНЫХ ДЕЙСТВИЙ

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✓ ***Резюме,***

Аутоагрессивное поведение, одним из проявлений которого являются суицидальные действия, в последние десятилетия значительно распространилось в большинстве стран мира что выдвигает указанную проблему на одно из ведущих мест в современной психиатрии.

Для эффективной психопрофилактической работы среди подростков, совершивших суицидальные попытки, целесообразно организовывать в учебных заведениях (школах и техникумах) центры кризисной помощи для осуществления координационной работы по раннему выявлению, ургентной коррекции, последующей реабилитации и профилактике суицидального поведения.

В зависимости от суицидальной активности подростков, центры должны создаваться в каждом конкретном учебном заведении или один на несколько по принципу территориальной целесообразности.

Ключевые слова: клиническая типология, незавершенный суицид, изменения личности, суицидальная дейтствия, профилактика.

TUGALLANMAGAN SUITSIDLARNI AMALGA OSHIRGAN SUITSIDENTLARDA SHAXSLARNING KLINIK TIPOLOGIYA VA ULARDA QAYTA SUITSIDAL URINISHLARNING OLDINI OLISH USULLARI

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✓ ***Rezyume***

Suicid ko'rinishlaridan biri bo'lgan avtoagressiv xatti-harakatlar so'nggi o'n yilliklarda dunyoning aksariyat mamlakatlarida sezilarli darajada tarqalib ketdi, bu esa ushbu muammoni zamonaviy psixiatriyada etakchi o'rinlardan biriga qo'ydi.

O'z joniga qasd qilishga uringan o'spirinlar o'rtasida samarali psixoprofilaktik ish olib borish uchun o'z joniga qasd qilish xatti-harakatlarini erta aniqlash, shoshilinch ravishda davolash, reabilitatsiya qilish va oldini olish bo'yicha muvofiqlashtirish ishlarini olib borish uchun yordamchi markazlarini tashkil etish maqsadga muvofiqdir.

O'smirlarning o'z joniga qasd qilish faoliyatiga qarab, markazlar har bir aniq ta'lim muassasasida yoki bir nechta uchun hududiy maqsadga muvofiqligi printsipiga muvofiq tuzilishi kerak.

Kalit so'zlar: klinik tipologiya, to'liq bo'lmagan o'z joniga qasd qilish, shaxsning o'zgarishi, o'z joniga qasd qilish harakati, oldini olish.

Relevance

Currently, for most states, suicide continues to be one of the most acute medical and social problems. According to modern concepts, a combination of various factors - biological, personality-psychological, social-environmental, ethnocultural, stressful, psychopathological - is involved in the genesis of suicidal behavior, which allows us to consider suicidology a multidisciplinary field of knowledge [4,8].

In developed countries (USA, Great Britain, Germany, etc.), suicide ranks third among the causes of death of the most able-bodied population after cardiovascular and oncological diseases. The problem of suicide among adolescents is also acute, since among persons aged 15-19, suicide is the third cause of death among girls and the fourth among boys [1,9].

Despite the fact that prevention plays a significant role in the prevention of suicidal behavior, it remains important to provide direct medical and psychological assistance to persons who have attempted suicide.

Research on the mental health of suicides has attracted unrelenting attention. According to some authors, persons with non-psychotic forms of mental disorders predominate among suicides, who, after committing a suicidal attempt, are usually not hospitalized in a psychiatric hospital and remain without timely provision of psychiatric care [11].

Long-term studies of this problem allowed us to develop a model for the differentiated prevention of suicidal behavior. When creating it, we were based on the modern concept of medical prevention of the World Health Organization, which distinguishes its three main forms - universal, selective and indicative. Taking into account the peculiarities of suicidal behavior, we have identified four levels of prevention: universal, selective, anti-crisis and indicative.

Universal prophylaxis is focused on the general population and has a medico-social character [10]. Its purpose is to prevent the primary occurrence of suicidal behavior by influencing the main "targets" of the risk of its development.

Selective prevention is selective in nature, being aimed at actively identifying individuals in suicidal risk groups and providing them with adequate preventive care in order to prevent the onset or further development of the suicidal process [2,3,6].

Anti-crisis prevention is carried out in the pre-suicidal and immediate post-suicidal periods. Its tasks are: prevention of the implementation of suicidal intentions (actually suicidal actions) in the pre-suicidal period, as well as stopping suicidal intentions in persons who have committed an incomplete suicide, in the next (first week after the attempted murder) post-suicidal period. This form of prevention includes a complex of medicinal and psychotherapeutic effects, taking into account the nature of clinical manifestations and the type of suicidal process [4,8].

Indicative prophylaxis begins in the late post-suicidal period (more than one week after the attempt) and lasts for at least one year. Its purpose is to prevent recurrence of suicidal behavior and repeated suicidal actions. The main tasks of indicative prevention include: strengthening the anti-suicidal barrier of the suicidal personality; psychocorrectional work with his closest microsocial environment, as well as dynamic observation and treatment of a suicide in case of mental illness [7,9].

Thus, today the prevention of suicide is one of the least developed problems in psychiatry and suicidology. There is a high need to determine the clinical, personality-psychological and social determinants, typology and dynamics of suicidal behavior in order to create effective methods for its primary prevention and prevention of repeated suicidal actions in persons who have committed suicide attempts. All this determines the theoretical and practical significance of this study.

Purpose of the study. The purpose of this study is to study the patterns of formation and dynamics of the development of suicidal behavior caused by mental disorders, to analyze the features of the provision of suicidological care and to develop effective therapeutic, prophylactic and psychosocial measures to prevent suicide.

Material and methods

Will be studied 150-200 patients aged 18 to 50 years (100-150 main group, 50 control group (healthy people - volunteers, workers, office workers, students).

To solve the set tasks, persons who were after a suicide attempt in the toxicological, neuro-intensive care and burn departments of the Andijan branch of the RCEM will be examined, as well as according to the archival data of forensic medical examinations.

Result and discussion

The study of the features of the pre-suicidal period in persons suffering from mental disorders showed:

The pre-suicidal period was predominantly affectively tense (90.2%) and was more common in patients with neurotic and personality disorders, organic brain damage. The affectively reduced variant of pre-suicide (9.8%) was recorded in suicides with endogenous mental pathology.

The revealed predominance of the chronic pre-suicidal period (58.4%>) against the acute (38.5%) and subacute (3.1%) course indicates insufficient prevention of suicidal behavior, especially since 34.3% of suicides sought help to a psychiatrist within a year on the eve of the JV.

In the pre-suicidal period, all suicides had anti-vital experiences, a conscious desire to commit SP and a loss of the role of anti-suicidal factors.

In contrast to the SHG group, in the STS group the following prevailed: unwillingness to live (40.6% versus 10.5%>), failure to take measures to preserve life (47.8%) and 15.8%), a pronounced desire to commit SP (92 , 1% and 59.6%), persistent desire for death (36.3%) and 19.3% "), engulfment in suicidal ideas (53.6% and 19.3%), the desire to put an end to their suffering (53, 6% and 15.8%).

In the SHG group, the outcome of suicidal actions was not predicted more often (11.2% versus 47.8%) in the HNS group), control over suicidal thoughts remained (40.4%) and 72.5%), avoidance and manipulation prevailed (78 , 9% and 46.4%), there was a perception of the constraining circumstances from SP (15.9%, and 84.1%).

The study of the characteristics of suicidal attempts makes it possible to assess the severity of the suicidal act, the degree of suicidal risk, and to predict the dynamics of the course of suicidal behavior.

Self-injury (39.1%), typical for men and self-poisoning (33.4%), typical for women, prevailed among the SP methods. Self-hanging (19.9%), falling from a height (5.1%), and self-drowning (1.9%) were less common.

Self-poisoning was more common at 26-30 years old (23.6%), self-hanging - at 31-35 years old (23.8%), self-injuries at 16-20 years old (17.7%) and 21-25 years 25.7%), falls from a height - at 56-60 (38.9%) and 16-20 years (27.8%), self-drowning in equal proportions are presented at 16-20 and 56-60 years.

In patients with organic brain damage and personality disorders, self-injuries prevailed (81.8 and 47.3%), with affective and neurotic disorders, self-poisoning (44.4 and 43.1%, respectively). In schizophrenia, the entire spectrum of the studied methods of SP was found, with a predominance of self-injuries (25.0%) and self-poisoning (21.7%).

Self-injuries prevailed in the SHG group (47.3%). Self-poisoning (24.6%) and self-hanging (21.1%) were half as common. Self-poisoning (43.3%) and self-injuries (30.0%), often of a penetrating and fire-like nature (9.7%), prevailed in the STS group. When self-hanging (18.7%), most of the patients required resuscitation.

38.8% of suicides reported their intentions long before the implementation of the suicidal act. In 40.1% of cases, suicidal actions were performed in the presence of other persons, of which 96.9% were from the SHG group. 36.2% of the STS group and 12.3% of SHGs concealed their intentions as much as possible. Most of the suicides of each of the groups, upon detection of suicidal intentions by their closest associates, retreated in the implementation of their intentions - 61.4% from SHG and 56.5% from STS.

With a high suicidal risk, tricyclic antidepressants turned out to be preferable, and from the SSRI group - drugs with a pronounced anti-anxiety effect (fluvoxamine, paroxetine). Atypical antipsychotics (clozapine, olanzapine, paliperidone, quetiapine), which have a serotoninergic effect, have shown a good therapeutic effect.

With a low suicidal risk, it is preferable to prescribe atypical antipsychotics, selective antidepressants with a moderate thymoanaleptic effect, a minimum number of adverse drug events that do not require dose titration, without pronounced sedative and anxiolytic effects.

In prophylactic psychopharmacotherapy (prescription of antidepressants and normotimics) 70% of suicides need. With a high degree of suicidal risk, the duration of therapy should be from 6-8 months to a year or more, with a low suicidal risk - from 3-4 weeks to 6-8 months.

Typical mistakes in the supervision of suicides were revealed: underestimation of changes in the patient's mental status, rare examinations of suicides, incorrect assessment of suicidal risk,

inadequate psychopharmacotherapy, underestimation of undesirable drug phenomena (hypersedation, akathisia), premature cancellation of strict supervision of the patient while maintaining suicidal tendencies

Conclusions

The data obtained proved the importance of taking into account a complex of anamnestic information, social conditions, and personal characteristics, which allows, along with clinical features, to determine the risk of developing suicidal behavior in persons suffering from mental disorders.

The revealed patterns of formation, dynamics and structure of the post-suicidal period formed the basis for determining the therapeutic and social prognosis.

The proposed approaches to the organization of suicidological care contribute to the optimization of therapy, prevention and rehabilitation measures.

LIST OF REFERENCES:

1. Abramova N.M. Study of the personality of suicides using Ammon's self-structural test // Bulletin of psychotherapy. 2004. -No. 12 (17) .- p. 91-96.
2. Bacherikov A. N., Brovina N. N., Matuzok E. G. et al. Some characteristics of mentally ill who have committed suicide // Ukrainian Bulletin of Psychoneurology. 2005.- T. 13. - Issue. 4. -C. 43-46.
3. Vasiliev V.V. Socio-demographic and clinical characteristics of women with mental disorders and suicidal behavior // Russian Psychiatric Journal. 2009. - No. 6. - S. 39-45.
4. Dzholdygulov GA Structure and dynamics of depressive syndrome with behavioral "masks" in endogenous mental disorders in adolescence // Abstract of the thesis. dis. ... Cand. honey. nauk.-M., 2005.-25 p.
5. Kinkulkina MA Depression in various mental illnesses: Author's abstract. dis. ... dr. honey. sciences. M., 2008 .-- 46 p.
6. Kornetov N.A. Organizational and educational approaches to the identification of depressive disorders with the prevention of suicidal behavior // Materials of the XV Congress of Russian Psychiatrists. M .: Publishing House "Medpraktika-M", 2010. - P. 343.
7. Sokolova E. T., Sotnikova Yu. A. The problem of suicide: clinical and psychological perspective // Questions of psychology. 2006. - No. 2. -S. 103-115.
8. Besnier N., Gavaudan G., Navez A. et al. Clinical features of suicide occurring in schizophrenia (I). Risk-factors identification // Encephale. -2009. Vol. 35, No. 2. - P. 176-181.
9. Galfalvy H., Huang Y. Y., Oquendo M. A. et al. Increased risk of suicide attempt in mood disorders and TPH1 genotype // J. Affective Disorders. 2009. Vol. 115, No. 3 - P. 331-338.
10. Pompili M., Serafini G., Innamorati M. et al. Suicidal behavior and alcohol abuse // Int. J. Environ Res. Public Health. 2010. - Vol. 7, No. 4. -P. 1392-1431.
11. Zhang J., McKeown R. E., Hussey J. R. et al. Low HDL cholesterol is associated with suicide attempt among young healthy women: the Third National Health and Nutrition Examination Survey // J. Affective Disorders. 2005. - Vol. 89, no. 1-3. - P. 25-33.

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