

ROLE OF NEUROLEPTICS IN EFFECTIVE TREATMENT OF PARANOID SCHIZOPHRENIA

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✓ Resume

According to statistics, the incidence of paranoid schizophrenia is about 1% of the total population. The debut, or the first bright episode of the manifestation of the disease occurs at the age of 30 years. It is important to understand that accompanying symptoms and signs can be observed for a long time before the first attack, but they must be recognized and classified in a timely manner. Schizophrenia itself appears without any external reason - it is believed that a hereditary factor plays an important role in this case.

Paranoid schizophrenia has a significant impact on the daily functioning, communication with others, personal life and working condition of the patient.

Key words: paranoid schizophrenia, antipsychotic therapy.

РОЛЬ НЕЙРОЛЕПТИКОВ В ЭФФЕКТИВНОМ ЛЕЧЕНИИ ПАРАНОИДНОЙ ШИЗОФРЕНИИ

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По статистике, уровень заболеваемости параноидной шизофренией составляет порядка 1% от общего количества населения. Дебют, или первый яркий эпизод проявления заболевания наступает в возрасте до 30-ти лет. Важно понимать, что сопутствующие симптомы и признаки могут наблюдаться в течение длительного времени до первого приступа, но их необходимо своевременно распознать и классифицировать. Сама шизофрения появляется без каких-либо внешних на то причин – считается, что большую роль в данном случае играет наследственный фактор.

Параноидная шизофрения достаточно сильно влияет на повседневное функционирование, общение с окружающими, личную жизнь и рабочее состояние пациента.

Ключевые слова: параноидная шизофрения, антипсихотическая терапия.

PARANOID SHIZOFRENIYANI SAMARALI DAVOLASHDA NEYROLEPTIKLARNING O'RNI

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Statistik ma'lumotlarga ko'ra, paranoid shizofreniya bilan kasallanish umumiy aholining taxminan 1% ni tashkil qiladi. Debyut yoki kasallikning birinchi yorqin epizodi 30 yoshida kuzatiladi. Birinchi xurujdan oldin hamroh alomatlar va belgilar uzoq vaqt davomida kuzatilishi mumkinligini anglash kerak, ammo ular o'z vaqtida aniqlaninishi va tasniflanishi kerak. Shizofreniya o'zi hech qanday tashqi sababsiz paydo bo'ladi - bu holda irsiy omil muhim rol o'ynaydi deb ishoniladi.

Paranoid shizofreniya bemorning kundalik faoliyati, boshqalar bilan muloqot qilish, shaxsiy hayoti va ish holatiga sezilarli ta'sir ko'rsatadi.

Kalit so'zlar: paranoidal shizofreniya, antipsikotik terapiya.

Introduction

Most modern standards for the treatment of schizophrenia are based on the idea that all

antipsychotics are equally effective (with the exception of clozapine) and that they differ only in

the spectrum of side effects [2,5]. Therefore, as drugs of choice it is proposed to use atypical antipsychotics of the new generation, which rarely cause neurological disorders [1,3]. Traditional antipsychotics are considered as second-line agents due to the frequent occurrence of movement disorders and a pronounced inhibitory effect. It is indicated that clozapine should only be used as a last resort (reserve drug) due to the potential for serious complications. Changing the neuroleptic is usually recommended when the previous therapy has failed.

It is assumed that during the transition to treatment with traditional drugs, the effectiveness of which is comparable to atypical antipsychotics, the improvement in the condition may be associated with a higher individual sensitivity of some patients to drugs in this group. The powerful antipsychotic effect of clozapine makes its use useful when other antipsychotics are ineffective in 30-60% of patients.

Despite the attractiveness of the idea underlying the proposed approach (high efficiency and good tolerance), the presented differentiated scheme of schizophrenia therapy has a number of disadvantages. They are associated with the "controversy" of some theoretical data that became the basis for its development, and with certain difficulties in its application in clinical practice. For example, in recent years, an opinion has been increasingly expressed about the "preliminary" research results, indicating the high efficiency of atypical antipsychotics [3,5].

When they are taken, side effects often develop that can pose a serious threat to the health of patients, significantly worsen the quality of life, lead to stigmatization and non-compliance with medical recommendations (metabolic and endocrine disorders, tachycardia) [4]. In the proposed scheme, there are no recommendations for a differentiated choice of atypical antipsychotics of the new generation.

It is indicated that the individual effectiveness of these funds can only be determined by the "trial and error" method [2]. Thus, in practice, the choice of therapy has to be made on the basis of the personal preferences of a specialist, which often leads to a long "busting" of various drugs without achieving the desired therapeutic effect.

Purpose of the study. Identification, analysis and determination of the importance of social and psychological factors in the formation of a complex of side effects of antipsychotic drug therapy in patients with paranoid schizophrenia.

Material and methods

The main research method was clinical and psychopathological using clinical observation, interviews, questionnaires, analysis of anamnestic information. In connection with the psychotic state, the patients received treatment with antipsychotic drugs, mainly in the form of their combinations, which correlates with the literature data.

Biopsychosocial determinants of attitudes towards mental and somatic illness, therapy in patients with paranoid schizophrenia.

There were 111 patients with paranoid schizophrenia with combined somatic pathology (acute pneumonia - 23.42% (n = 26); chronic non-structural bronchitis - 27.03% (n = 30); acute respiratory diseases - 24.32% (n = 27); gastric ulcer and duodenal ulcer - 25.22% (n = 28).

The choice of combined somatic pathology was determined by the fact that these disorders had an insignificant effect on the mental status of patients. Patients received therapy with various somatotropic drugs adequate to the diagnosed condition.

Research results. The study is based on the statement that in patients with schizophrenia, the attitude to treatment with antipsychotics often does not depend on the type of drug prescribed (Mosolov S.N., 1998). According to the RLBB scale, two groups were distinguished: with a predominance of negative (n = 71) and positive (n = 40) syndromes. We used a one-time assessment of the studied parameters by patients and the researcher. It was found that 77.48% (n = 86) of patients denied that they had a mental illness and considered themselves mentally healthy (scores of "5-7 points" on the Dembo-Rubinpgein scale as modified by TM Gabriyal, 1972).

Clinical and psychopathological research using RAIBB showed different degrees of severity of non-criticality to the disease, traced in 84.68% (n = 94) of patients. At the same time, 95.5% of patients (n = 106) admitted that they had certain painful symptoms.

Comparison of indicators of criticality to the disease in general and its individual manifestations reveals significant differences ($p < 0.05$). The difference in assessing the criticality of a psychopathological state from the standpoint of the patient and the doctor can be associated with both painful manifestations and dissimulation.

It was revealed that the symptoms characterizing predominantly "biological" manifestations of the disease that do not cause social stigmatization: headache, discomfort in the body, low mood, apathy, sleep disturbance were

highly rated by patients (5-7 points). Parallel assessment according to RA # 8 (scale of somatic concern, depression and passive-apathetic social withdrawal) did not reveal significant differences, which indicates a rather high criticality of patients.

Symptoms indicating impaired functioning of the individual in society, leading to stigmatization: impaired attention and memory;

hostility, irritability, irascibility, manifestations of aggressiveness, behavioral disturbances that do not fit into the framework of social normativity, deceptions of perception, automatism, received low scores in patients (1-3 points), according to RA ^ B (4-6 points), which indicates low criticality of patients to these violations.

Use of psychoactive substances by patients with paranoid schizophrenia for the correction of side effects of psychopharmacotherapy A questionnaire survey of 92 men with paranoid schizophrenia who underwent inpatient treatment for the second or more times was carried out. In addition to the above cohort, there were 17 patients who abused "chifir" during the period of neuroleptic therapy, as well as 22 patients who abused chifir and tranquilizers benzodiazepines.

4.35% of patients could cope with the side effects of psychopharmacotherapy without the use of drugs. According to the respondents, the use of anticholinergic correctors - 92.39%, benzodiazepine tranquilizers - 42% helped to get rid of the discomfort that arose in connection with the intake of psychopharmacological drugs. These funds were taken as prescribed by a doctor in 47.63% of cases, independently - in 41.3% of cases. Clinical manifestations of side effects, according to patients, decreased with intensive smoking - 46.74%, drinking strong tea -25%, drinking alcohol - 9.78%, staying in the fresh air - 7.61%, drinking plenty of mineral water, fruit juice - 5.43%, physical exercises - 3.26%.

The opinion about the need for constant intake of psychotropic drugs prescribed by the doctor was supported by 37% of patients, and the lack of prescription of anticholinergic correctors and benzodiazepine tranquilizers was emphasized by 42.39% and 27.17% of patients. 41.3% of respondents reported cases of simultaneous intake of psychotropic drugs and alcohol. A negative attitude towards limiting the use of tea and coffee in a psychiatric hospital was found in 57.61% of patients.

In 70.65% of cases, anxiety, emotional stress, anxiety contributed to an increase in the intensity of side effects of psychopharmacotherapy. In 42.39%, patients exchanged information on ways to correct side effects. 69.57% of patients, observing manifestations of side effects in other

patients, made their own judgments about the adequacy of the use of antipsychotic drugs.

The ideas of the mentally ill about their illness and society about the mentally ill are formed on the basis of individual psychological communicative interaction. Archetypal mythological ideas about psychopathology are projected onto the socio-psychological characteristics of the interaction of the mentally ill and society.

The analysis of the results obtained allows us to consider the complex of side effects of antipsychotic therapy, as a consequence of the interaction of psychopathological, individual psychological and social factors within the framework of the biopsychosocial concept of the development of pathological processes.

Conclusions

The essence of the work is due to the results of the study, which made it possible to concretize and systematize the ideas about the emergence of a complex of side effects of therapy with neuroleptics in patients with paranoid schizophrenia, to single out nonpharmacogenic factors of a psychosocial and morbid nature in their pathogenesis.

Biopsychosocial analysis of the etiopathogenesis of the side effects of antipsychotic therapy made it possible to substantiate and propose a method for the complex correction of the above disorders.

Data on the use of alcohol and other psychoactive substances by patients with paranoid schizophrenia in the form of self-prescription for the correction of side effects of psychopharmacotherapy necessitate the inclusion of questions about the sanogenic activity of patients in the algorithm for examining patients and take it into account in the therapeutic and diagnostic process.

Information about socially-mediated factors involved in the formation of the attitude of the population towards patients with paranoid schizophrenia and methods of their treatment can be used in the development of destigmatization programs.

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