

ROLE OF PSYCHOTHERAPY IN TREATMENT OF ANXIETY-PHOBIC DISORDERS

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✓ Resume

The article discusses modern approaches to psychotherapy of anxiety disorders of the neurotic level (anxiety-phobic, panic and generalized anxiety disorders) based on the study of evidence-based studies.

The degree of evidence of the effectiveness of the application of specific psychotherapeutic methods and the strength of recommendations are indicated.

Key words: psychotherapy, anxiety disorders, clinical typology.

РОЛЬ ПСИХОТЕРАПИИ В ЛЕЧЕНИИ ТРЕВОЖНО-ФОБИЧЕСКИХ РАССТРОЙСТВ

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✓ Резюме

В статье рассмотрены современные подходы к психотерапии тревожных расстройств невротического уровня (тревожно-фобических, панического и генерализованного тревожного расстройств) на основе изучения доказательных исследований.

Указаны степень доказательности эффективности применений конкретных психотерапевтических методов и сила рекомендаций.

Ключевые слова: психотерапия, тревожные расстройства, клиническая типология.

HAVOTIRLI-VAIMALI BUZILISHLARNI DAVOLASHDA PSIXOTERAPIYANING O'RNI

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Maqolada isbotli tadqiqotlarni o'rganish asosida nevrotik darajadagi tashvishli buzilishlari (tashvishli-fobik, vahima va xavotirli buzilishlar) psixoterapiyasining zamonaviy yondashuvlari muhokama qilinadi.

Muayyan psixoterapevtik usullarni qo'llash samaradorligining aniq tavsiyalari ko'rsatilgan.

Kalit so'zlar: psixoterapiya, tashvishli buzilishlar, klinik tipologiya.

Relevance

Anxiety disorders are among the most common mental health problems in the world. In addition, among all medical problems, anxiety also holds the leading position in terms of prevalence. In the framework of epidemiological studies, it is customary to talk about two variants of the prevalence of any condition - one year, that is, an assessment of this indicator in a short time span (12-month prevalence), and lifelong - the proportion of people who have experienced this condition at least once. For the entire group of anxiety disorders, studies show a 12-month prevalence of > 15% and a lifetime of > 20%.

Analysis of data from the World Health Organization suggests that this group of mental health problems is the 6th most common cause of disability in high-income, middle and low-income countries, including Ukraine. For every 100,000 people on earth, anxiety disorders account for 390 years of disability. Among women, anxiety disorders are responsible for 65% of all lost (disabled) years of life among all causes [1,5].

Among anxiety disorders, generalized anxiety disorder occupies a special place, which is characterized by excessive anxiety and worries in relation to a large number of events or types of

activity (for example, work), accompanied by severe anxiety, fatigue, irritability, difficulty concentrating, muscle tension and sleep disturbance [3,6].

This state of affairs leads to significant distress and difficulties in social, work, or even normal day-to-day functioning. For example, anxiety makes it difficult to perform work duties, which can lead to job loss or provoke conflict in the family.

Sleep disturbance that accompanies anxiety can be a serious problem in itself, since anxiety-provoked insomnia is usually long-term and thus poorly controlled by benzodiazepines or benzodiazepines, since they are not recommended for long-term use. Another serious problem that deserves attention is a significant decrease in the quality of life of patients with anxiety [2,4].

Studies have shown that anxiety is associated with a significant decrease in the quality of life, especially if we take into account the widely used scale for assessing the quality of life SF-36. To a greater extent, the deterioration concerns the psychological and some characteristics of the somatic component of the quality of life. Thus, anxiety is associated with a worsening of indicators on such a somatic scale as pain intensity [5]. This may be due to the fact that patients with anxiety are often diagnosed with conditions associated with pain, such as chronic tension headache, nonspecific back pain, and a number of others.

According to the data obtained in our country, 19.7% of patients with anxiety or depression noted chronic pain over the past 12 months (Tsang A. et al., 2008). Thus, one in five patients with anxiety disorder also needs pain relief therapy.

Purpose of the study. The aim of the work was to develop principles and algorithms for the psychotherapeutic treatment of neurotic level anxiety disorders (anxiety-phobic, panic and generalized anxiety disorders) based on evidence-based studies.

Material and methods

The study was conducted in 115 patients who were divided into 3 groups. Group I - 27 patients with panic disorder (PR) (episodic paroxysmal anxiety (f41.0). Group II - 21 patients with generalized anxiety disorder (GAD) (f41.1). Group III - 67 patients with mixed anxiety-depressive disorder (STDR) (f41.2).

Research results. The survey data became the basis for the development of a conceptual approach and the construction of a pathogenetically grounded system of

psychotherapy for patients with anxiety disorders of the neurotic register, taking into account emotional and personality-typological characteristics. The principles of conducting psychotherapy were:

1. Partnership between psychotherapist and patient.
2. Stages of impacts and complication of the applied methods.
3. Appeal to positive personality traits.
4. The use of cognitive-behavioral therapy (CBT) as a basic one.
5. Teaching the skills of autoregulation of emotions of the negative spectrum: anxiety, depression.
6. Correction of social attitudes.

7. Teaching rational coping strategies. The main method of psychotherapeutic correction of emotional disorders in the form of phobic-depressive and anxiety-depressive disorders was cognitive-behavioral therapy according to A. Beck.

Group psychotherapy was used to form social attitudes and rational coping strategies. It was combined with elements of rational, suggestive and family psychotherapy. The psychotherapy system was implemented in 4 stages.

Stage I "Assessment of the psychoemotional state" - began from the moment the patient was admitted to the hospital and was aimed at determining the state of the emotional sphere and the targets of psychocorrection (1 session).

Stage II "Formation of Compliance" - included activities for the formation of compliance, the initial establishment of psychological contact and the formation of positive motivation for treatment (2 sessions).

Stage III "Psychotherapy and psychocorrection" - included individual and group psychotherapy aimed at forming an active life strategy, changing self-perception by realizing the meaning of life and its quality, having an important strategic goal (10 sessions).

Stage IV "Supporting psychological support" - included 4 sessions of individual psychotherapy with elements of family psychocorrection.

Evaluation of the effectiveness of the conducted system showed the following. Patients of all 3 groups showed positive clinical dynamics. Decreased subjective experiences of the anxiety spectrum and somatovegetative symptomatology.

According to the pathopsychological study, the most positive dynamics was achieved in terms of reactive anxiety in all 3 groups of patients. In general, significant improvement was achieved in 72% of patients in group I, in 68% of patients in group II and in 78% of patients in group III.

Conclusions

Thus, the choice in favor of one or another drug in the treatment of anxiety disorders should be based on evidence-based medicine, taking into account the effectiveness and tolerability of the drug, the presence of comorbidities and the individual characteristics of the patient.

Psychological therapies should also be added to medications, which will not only help reduce the intensity of the disorder's symptoms, but will also improve the quality of life, social and work functioning and patient compliance.

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