

PULMONARY TUBERCULOSIS AND MENTAL DISORDERS

Kenzhaeva Nozima Akhtamovna

Bukhara State Medical Institute Uzbekistan, Bukhara.

✓ Resume

Mental and behavioral disorders, as well as tuberculosis, are included in the list of socially significant diseases. The leading tasks of modern psychiatry are preventive measures aimed at preventing the onset and development of mental (narcological) disorders. The main group consisted of 30 patients with pulmonary tuberculosis with mental illness. Control group - 70 patients, pulmonary tuberculosis without mental pathology. This category of persons includes patients with mental illness, alcoholism and drug addiction, since tuberculosis occurs in them several times more often than among people who are not burdened with these concomitant diseases. Patients with a combination of tuberculosis and mental (narcological) diseases are one of the main reservoirs of tuberculosis infection.

Key words: tuberculosis, mental disorders, psychogenic reactions, the course of mental disorders

ТУБЕРКУЛЕЗ ЛЕГКИХ И ПСИХИЧЕСКИЕ РАСТРОЙСТВА

Кенжаева Нозима Ахтамовна

Бухарский государственный медицинский институт
Узбекистан, Бухара

✓ Резюме

Психические расстройства и расстройства поведения, а также туберкулез включены в перечень социально значимых заболеваний. Ведущими задачами современной психиатрии являются профилактические меры, направленные на предупреждение возникновения и развития психических (нарколологических) расстройств. Основную группу составляли 30 больных туберкулёзом легких с психическими заболеваниями. Контрольная группа – 70 больных, туберкулёз легких без психической патологии. В эту категорию лиц входят больные психическими заболеваниями, алкоголизмом и наркоманией, так как туберкулез у них встречается в несколько раз чаще, чем среди людей, неотягощенных этими сопутствующими заболеваниями. Больные с сочетанием туберкулеза и психических (нарколологических) заболеваний являются одним из главных резервуаров туберкулезной инфекции.

Ключевые слова: туберкулёз, психическая расстройства, психогенные реакции, течение психических нарушений.

O'PKA TUBERKULYOZI VA RUHIY BUZILISHLAR

Kenjaeva Nozima Axtamovna

Buxoro davlat tibbiyot institute. O'zbekiston, Buxoro.

✓ Rezyume

Ruhiy va xulq-atvor buzilishlari, shuningdek sil kasalligi ijtimoiy ahamiyatga ega kasalliklar ro'yxatiga kiritilgan. Zamonaviy psixiatriyaning etakchi vazifalari aqliy (narkologik) buzilishlarning paydo bo'lishi va rivojlanishining oldini olishga qaratilgan profilaktika choralaridir. Asosiy guruh ruhiy kasalliklarga chalingan 30 o'pka tuberkulyozi bilan kasallangan. Nazorat guruhi - 70 bemor, aqliy patologiyasiz o'pka sil kasalligi. Ushbu toifadagi shaxslar ruhiy kasalligi, alkogolizm va giyohvandlikka chalingan bemorlarni o'z ichiga oladi, chunki sil kasalligi bu kasallik bilan kasallanmagan odamlarga qaraganda bir necha marta tez-tez uchraydi. Sil va

ruhiy (narkologik) kasalliklarning kombinatsiyasi bo'lgan bemorlar sil kasalligining asosiy suv omborlaridan biri hisoblanadi.

Kalit so'zlar: sil kasalligi, ruhiy kasalliklar, psixogen reaksiyalar, psixik buzilishlar jarayoni

Relevance

In turn, the study of population groups with an increased risk of tuberculosis is one of the urgent problems of modern phthisiology. Patients with a combination of tuberculosis and mental (narcological) diseases are one of the main reservoirs of tuberculosis infection. With a combination of tuberculosis and mental illness, as well as chemical addictions, there are considerable difficulties in the implementation of rational antibiotic therapy [1,2,3].

The disease of tuberculosis can be accompanied by mental changes, the occurrence of which depends on various reasons; psychogenic reactions, mental disorders, mental disorders [4,5].

Mental and behavioral disorders, as well as tuberculosis, are included in the list of socially significant diseases. The leading tasks of modern psychiatry are preventive measures aimed at preventing the onset and development of mental disorders [6,7,8].

In turn, the study of population groups with an increased risk of tuberculosis is one of the urgent problems of modern phthisiology.

Objective of the study: to study the clinical course of pulmonary tuberculosis in persons with psychogenic reaction, mental disorders, mental disorders, timely detection and prevention of tuberculosis in combined pathology.

Material and methods

Mental disorders in patients with tuberculosis, in the history of which there is no indication of mental illness before. Pulmonary tuberculosis in mental patients. Group 1 consists of 30 people - patients with mental illness and group 2 - 70 patients with pulmonary tuberculosis without mental changes, who were treated in inpatient treatment in the center of phthisiology and pulmonology of Bukhara region. All patients underwent clinical laboratory, radiological and fluorographic, bacterioscopic and bacteriological research methods.

Result and discussion

Mental disorders in patients with tuberculosis, in the history of which there is no indication of mental illness before, dividing into the following groups: psychogenic reactions

arising in connection with the diagnosis of tuberculosis disease or with the presence of physical or cosmetic defects; mental disorders caused by tuberculous intoxication, mental disorders associated with the intake of certain specific antibacterial drugs.

The individuals of this group showed the occurrence of reactions in the form of:

- 1) requirements for oneself of increased attention;
- 2) requirements for the immediate fulfillment of any requests and wishes;
- 3) emphasizing the severity of one's own condition, intolerance of experiences;
- 4) a constant description of all available sensations;
- 5) hypochondriacalism and endless repetition of complaints in order to evoke sympathy.

When tuberculosis was detected, psychogenic reactions were noted, possibly in the presence of the following main situational factors:

- diagnosis of the disease with the prospect of long-term inpatient treatment;
- the potential for disability;
- possible loss of work due to the duration of the incapacity for work;
- the inability to do what you love for some time, to lead the usual way of life;
- improper behavior of the patient's relatives, who do not show adequate sympathy, attention and care to the patient;

- manifestation of undisguised disgust on the part of relatives, rudeness, alienation;
- the possible prospect of the breakup of the family.

possible in the presence of the following main situational factors:

- diagnosis of the disease with the prospect of long-term inpatient treatment;
- the potential for disability;
- possible loss of work due to the duration of the incapacity for work;
- the inability to do what you love for some time, to lead the usual way of life;
- improper behavior of the patient's relatives, who do not show adequate sympathy, attention and care to the patient;

- manifestation of undisguised disgust on the part of relatives, rudeness, alienation;
- the possible prospect of the breakup of the family.

A group of patients with mental disorders caused by the tuberculous process itself may be associated with: general intoxication of the body; with local damage to certain organs and systems. Mental disorders are especially pronounced in miliary tuberculosis, tuberculous meningitis, subacute disseminated and advanced fibro-cavernous tuberculosis.

Mental disorders caused by the use of antibacterial drugs are manifested in the form of irritability, irascibility, tearfulness, fatigue, and poor sleep. In other cases, severe psychotic disorders are observed: syndromes of confusion, impaired sensory synthesis, severe affective disorders. Side effects from antibacterial drugs usually occur during treatment with tubazide (isoniazid), ethionamide and cycloserine.

Mental disorders associated with tuberculosis usually correspond to the severity and duration of the course of the disease (the degree of intoxication, the prevalence and nature of local lesions). At the same time, there is a significant differentiation of mental disorders depending on the form of the disease: mild and, as a rule, transient disorders in infiltrative tuberculosis; polymorphic, massive, with a tendency to chronic course and progression - with fibrous-cavernous tuberculosis.

Conclusion

The study showed the need to organize in all anti-tuberculosis dispensaries a full-fledged record of patients with pulmonary tuberculosis with this combined pathology with the involvement of specialists: psychiatrists, narcologists. The ways of identifying persons suffering from mental illness and drug addiction among patients with pulmonary tuberculosis are shown, and for the first time both their number in the structure of I and groups of registration of an anti-tuberculosis dispensary and the number of patients with respiratory tuberculosis among the contingents of patients with mental illness and drug addiction have been established. The complete clinic-dispensary characteristics of patients with combined pathology at the present stage are presented.

The clinical manifestations and the course of recurrent tuberculosis of the respiratory organs in patients with the indicated combined diseases, as well as the effectiveness of complex treatment of patients with pulmonary tuberculosis and mental diseases in a hospital in a psychiatric hospital, have been studied, and the results of therapy for patients with drug addiction in a hospital with a special regimen (compulsory treatment).

Currently, the combination of pulmonary tuberculosis with mental illness and drug addiction is observed quite often, and the epidemiological danger of such patients is great. Patients with mental illness and drug addiction are the contingent with an increased risk of tuberculosis. The detection of pulmonary tuberculosis in patients with these diseases has certain difficulties, which can be reduced by systematic fluorographic examinations, a thorough clinical examination of such persons and the search for mycobacterium tuberculosis by the method of bacterioscopy and culture.

LIST OF REFERENCES:

1. Shilova M.V. Epidemic situation on tuberculosis in the Russian Federation // Handbook of a paramedic and midwife. 2015. No. 9. P.10-18.
2. Yudin S.A., Barkanova A.S., Borzenko A.S., Delarue V.V. Complementarity of medical, social and psychological care in phthisiology. Tuberculosis and lung diseases. 2015.
3. Mirzoeva F.O., Bobokhodzhaev O.I. Comparative analysis of the epidemiological situation of tuberculosis in different regions of the world 2016.
4. Mordyk A.V., Lysov A.V., Ivanova O.G., Puzyreva L.V., Kazakov A.V. Identification and correction of psychovegetative disorders in patients with tuberculosis 2015.
5. Pankratova L.E. Clinical picture and treatment of pulmonary tuberculosis in newly diagnosed patients with borderline neuropsychiatric disorders: Author's abstract. dis. Cand. honey. sciences. M.: 1988.
6. Valiev R.Sh. Deviations in the neuropsychic sphere in patients with pulmonary tuberculosis and their correction in the course of treatment. Kaz. honey. zhurn. 1988; 4: 288-290.
7. Valiev R.Sh. Treatment of patients with pulmonary tuberculosis, taking into account the characteristics of their personality and attitude to the disease. Probl. tub. 1999; 2: 27-31.
8. Chaulet P. Observed treatment of tuberculosis patient in ambulatory conditions. Rev. Mal. Respir. 1986; 3: 65-66.

Entered 09.05.2021