



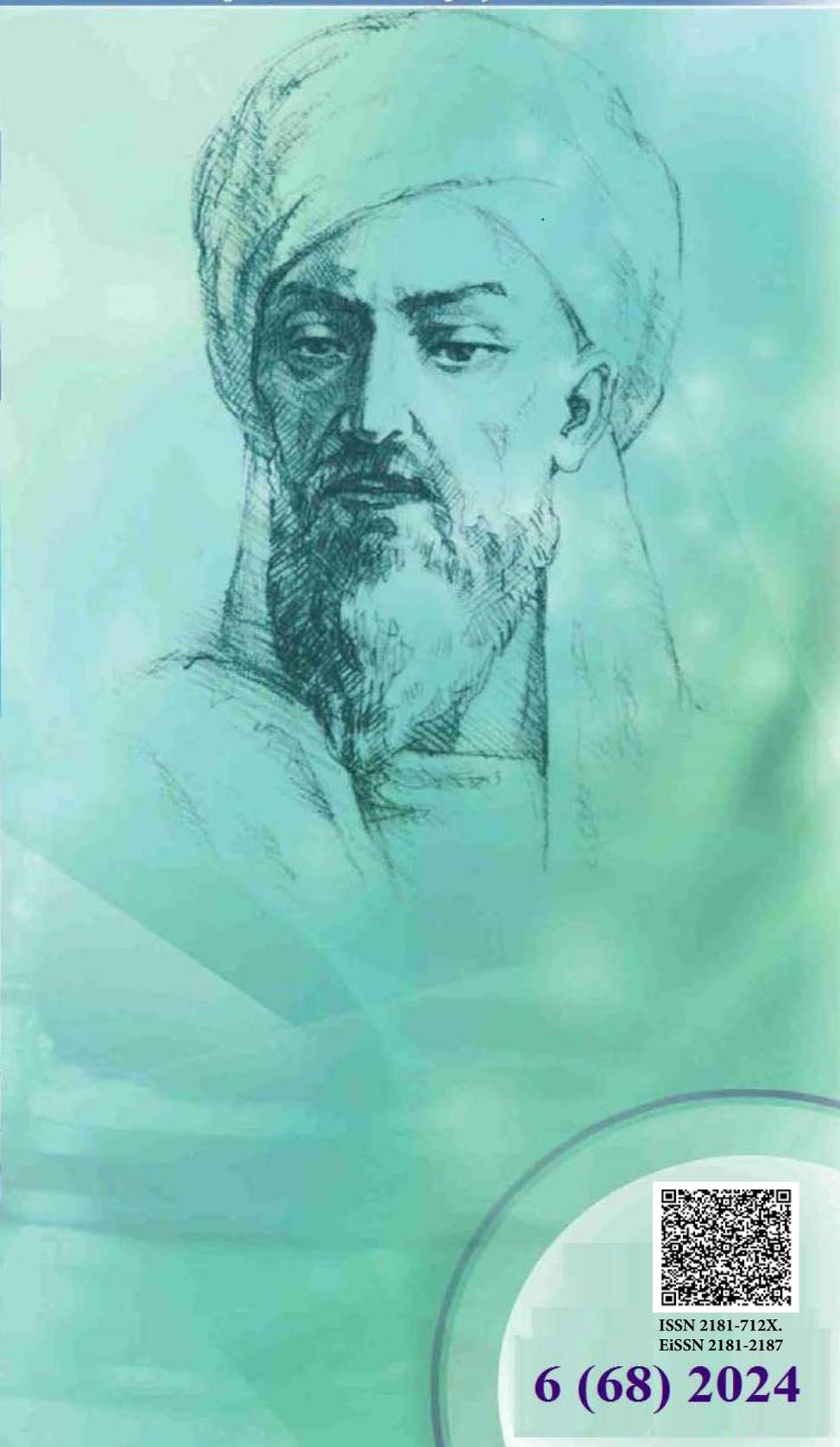
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## FEATURES OF THE FORMATION OF PATHOLOGICAL INTERESTS IN PATIENTS ON THE SPECTRUM OF SCHIZOPHRENIA

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### ✓ Resume

*In the past, specialized literature suggested that schizophrenia affects about 1% of the population, but recent large-scale studies have estimated it to be 0.4–0.6% of the population. Men and women are affected equally often, but schizophrenia usually develops later in women. The highest rate of disease in men is 20-28 years old, in women 26-32 years old. Often, people with schizophrenia cannot continue their work and education. At the same time, the onset of the disease, as a rule, occurs at a young age, when a person experiences the greatest independence and begins a productive career.*

*Along with genetic and epigenetic factors, environmental factors are also important in the development of the disease. Thus, the risk of schizophrenia increases when a person grows up in an urban environment compared to living in a rural area (odds ratio ≈2), being a migrant (odds ratio 2–5) and using cannabinoids (odds ratio 1.5–2.0). In addition, risk factors include obstetric and gynecological complications (premature birth, fetal hypoxia), infectious diseases and insufficient nutrition of the mother at the beginning of the first and second trimester of pregnancy, infectious diseases during pregnancy - influenza, rubella, toxoplasmosis, herpes (odds ratio 3 .06), as well as early childhood psychological trauma (odds ratio 5.94).*

*Modern medicine has a hard time identifying the exact causes that led to the development of schizophrenia. Studying the mechanisms of the disease for a long time did not allow to identify specific stimuli for the deterioration of mental health.*

*Keywords: paranoid schizophrenia, pathological hobbies, psychosocial factors.*

## ОСОБЕННОСТИ ФОРМИРОВАНИЯ ПАТОЛОГИЧЕСКИХ ИНТЕРЕСОВ У БОЛЬНЫХ ШИЗОФРЕНИЧЕСКОГО СПЕКТРА

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### ✓ Резюме

*Раньше в специальной литературе предполагалось, что шизофренией страдает около 1% населения, но недавние крупномасштабные исследования показали, что она составляет 0,4–0,6% населения. Мужчины и женщины болеют одинаково часто, но у женщин шизофрения обычно развивается позже. Самый высокий уровень заболеваемости у мужчин – 20–28 лет, у женщин – 26–32 года. Часто люди, больные шизофренией, не могут продолжать свою*

работу и образование. При этом начало заболевания, как правило, приходится на молодой возраст, когда человек испытывает наибольшую самостоятельность и начинает продуктивную карьеру.

Наряду с генетическими и эпигенетическими факторами в развитии заболевания важное значение имеют и факторы окружающей среды. Таким образом, риск развития шизофрении возрастает, когда человек растет в городской среде по сравнению с жизнью в сельской местности (отношение шансов  $\approx 2$ ), будучи мигрантом (отношение шансов 2–5) и употребляющим каннабиноиды (отношение шансов 1,5–2,0). Кроме того, к факторам риска относятся акушерско-гинекологические осложнения (преждевременные роды, гипоксия плода), инфекционные заболевания и недостаточное питание матери в начале первого и второго триместра беременности, инфекционные заболевания во время беременности - грипп, краснуха, токсоплазмоз, герпес. (отношение шансов 3,06), а также психологическая травма раннего детства (отношение шансов 5,94).

Современная медицина с трудом идентифицирует точные причины, приведшие к развитию шизофрении. Изучение механизмов заболевания долгое время не позволяло выявить конкретные стимулы ухудшения психического здоровья.

**Ключевые слова:** параноидальная шизофрения, патологические увлечения, психосоциальные факторы.

## SHIZOFRENIYA SPEKTRIDAGI BEMORLARDA PATOLOGIK QIZIQISHLARI SHAKLLANISHINING XUSUSIYATLARI

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### ✓ Rezyume

*Ilgari ixtisoslashgan adabiyotlarda shizofreniya aholining taxminan 1 foiziga ta'sir qilishi ta'kidlangan edi, ammo yaqinda o'tkazilgan keng ko'lamli tadqiqotlar aholining 0,4 – 0,6 foizini tashkil etdi. Erkaklar va ayollar bir xil darajada tez-tez kasal bo'lishadi, ammo ayollarda shizofreniya odatda keyinroq rivojlanadi. Erkaklarda kasallikning eng yuqori darajasi 20-28 yoshda, ayollarda 26-32 yoshda. Ko'pincha shizofreniya bilan og'rikan odamlar o'z ishlarini va ta'lim faoliyatini davom ettira olmaydilar. Shu bilan birga, kasallikning boshlanishi, qoida tariqasida, inson eng katta mustaqillikni boshdan kechirgan va samarali karerasini boshlagan yoshligida sodir bo'ladi.*

*Kasallikning rivojlanishida genetik va epigenetik omillar bilan bir qatorda atrof-muhit omillari ham muhim ahamiyatga ega. Shunday qilib, shizofreniya xayfi odam shahar sharoitida o'sgan hollarda, qishloq joylarida yashash bilan solishtirganda ortadi (koeffitsient nisbati  $\approx 2$ ), migrant (koeffitsient nisbati 2-5) va kannabioidlardan foydalanadi (koeffitsient nisbati 1,5–2,0). Bundan tashqari, xavf omillari orasida akusherlik va ginekologik asoratlar (erta tug'ilish, xomilalik gipoksiya), yuqumli kasalliklar va homiladorlikning birinchi va ikkinchi trimestrining boshida onaning etarli darajada ovqatlanmasligi, homiladorlik paytida yuqumli kasalliklar – gripp, qizilcha, toksoplazmoz, herpes (koeffitsientlar nisbati 3,06), shuningdek erta bolalik psixologik shikastlanishi (munosabatlar imkoniyat 5,94).*

*Zamonaviy tibbiyot shizofreniya rivojlanishiga sabab bo'lgan aniq sabablarni aniqlashda qiynalmoqda. Kasallik mexanizmlarini uzoq vaqt davomida o'rganish ruhiy salomatlikning yomonlashishi uchun o'ziga xos stimullarni aniqlashga imkon bermadi.*

*Kalit so'zlar:* paranoid shizofreniya, patologik sevimli mashg'ulotlar, psixososyal omillar.

### Relevance

athological hobbies are often "metaphysical intoxication, the first symptoms of the onset of schizophrenia in the syndrome (Savino M., 2005; Evans C. E, Bowman CH, Turnbull OH, 2005; Grube M., 2002; Stinbauer M., Taucher J., 2001). Schizophrenia is a severe progressive disease and is the most common cause of disability in mental patients, which affects not only the well-being of the patient's family, but also the field of medical and social care and society as a whole (Mosolov SN, 2002) Schizophrenia is considered chronic, its course is characterized by disturbances in the emotional, mental and intellectual spheres. Schizophrenia symptoms are observed in 1% of the population, and the disease is one of the most difficult diseases of the human psyche. The disease shortens a person's life by about 15 years, with such a diagnosis, suicide It happens in 5% of cases.

**Purpose of the study:** To study the path morphological basis of the peculiarities of the formation of pathological interests in patients with the schizophrenia spectrum.

### Materials and methods

45 patients with paranoid schizophrenia aged 24-53 were examined by clinical and psychopathological method. All patients were examined using a specially developed scheme of medical history reflecting the characteristics of ongoing development. Assessment of premorbid personality characteristics was carried out on the basis of anamnestic data obtained from the words of the patient and his relatives. In addition to clinical methods of examination, the results of experimental psychological research were taken into account: elimination of the fourth excess, separation of important features, test for classification, sign. The use of the PANSS scale made it possible to assess the severity of psychopathological, mainly negative symptoms.

### Result and discussions

We found that the preferred age for the onset of pathological hobbies in patients with paranoid schizophrenia is under 25 years (76.6%). Of these, 12.0% had developmental interests in preschool, 23.0% in elementary school, 36.8% in adolescence and young adulthood, and only 12.8% in adulthood. In the remaining 13.3% of observations, pathological hobbies appeared after 24 years. The obtained data are consistent with the generally accepted opinion about the characteristics of Hobby formation in childhood and adolescence. In one third of the examined patients, the duration of abnormal hobbies was from 20 to 40 years, and in 9.8% of patients it was more than 40 years. And only 7.3% of abnormal cases.

In addition to the characteristics of the age of onset and duration of the studied pathological hobbies, their interaction with the dynamics of schizophrenia spectrum disorders was evaluated separately. The distribution of patients according to the ratio of pathological hobbies and conditions of schizophrenic frame disorders showed that in half of the observations, pathological hobbies appeared in close connection with schizophrenic frame disorders: shortly before the onset of the main disease (22.9% ), at the same time (7.1%) or shortly after the onset of schizophrenia (26.4%). In 34.8% of cases, abnormal hobbies were formed long before the manifestation of schizophrenia spectrum disorders. And only 9.3% of patients had abnormal interests against the background of the long duration of the main disease.

These results confirm the generally accepted relationship between the onset of schizophrenia and the formation of abnormal interest. Analysis of the genetic burden of mental disorders did not find a connection between the existing dysfunctional inheritance and the formation of abnormal interests. Loaded psychopathological inheritance had a greater influence on the development of the underlying disease than abnormal hobbies. To clarify the conditions for the formation of unusual hobbies, indicators are generally convenient and taken into account immediately before their start. These include: premorbid personality traits, concomitant somatic and neurological deviations, features of social and family status, psychotraumatic events. Retrospective analysis made it possible to distinguish three factors contributing to the emergence of pathological hobbies: biological, characterological and psychosocial. It includes the presence of biological factors.

Patients with current, gross organic diseases of the central nervous system were excluded from the study. Organic deficiency was an additional factor that contributed to the emergence of such personality traits as rigidity, thoroughness, pedantry, a tendency to long, strong affective reactions, which indirectly facilitated a highly valuable fixation on the object of interest. 63.1% of the patients became radical from early childhood or later in the characteristic warehouse. 15.9% of patients had chronic somatic diseases

(congenital heart disease, gastric ulcer, bronchial asthma, rheumatism, chronic bronchitis) during the compensation phase. It was difficult to assess the influence of somatic pathology on the emergence of abnormal hobbies. Premorbid characteristics of patients are distributed as follows: schizoid (34.2%), epileptoid (21.7%), hyper-optimal (13.8%), hysterical (19.8%), mixed (5.1%), unstable (4.7%) and paranoid (2.7%).

The onset of abnormal hobbies associated with 9-16 years, long before the debut of schizophrenia spectrum disorders. In addition to unusual hobbies, there were typical and normal interests. Autism and imagination, uniqueness, multifaceted volitional activity, "art", scientific interests, "spiritual" development and collection are related to a kind of field, his interests are characterized by one side. This is because this group of patients is characterized by a close relationship with developing pathological interest in metaphysical intoxication. Schizoid patients prefer to secretly isolate themselves from others in their unproductive, unusual hobbies. Despite the weak emotional intensity, indifference to the state of interest, they devoted their free time for many years without long breaks. The duration of pathological hobbies in schizoid patients is on average up to 7 years. They always have, for decades. Patients with epileptoid premorbid did not tolerate the interference of others in their personal activities favorite thing, giving a dysphoric reaction. The duration of abnormal passions was up to 8 years. Hyperthymic individuals, mainly women, were dominated by creative, scientific and sports children's hobbies, which eventually disappeared and turned into a pathological condition. Abnormal interest, hobby most often appeared simultaneously with the onset of schizophrenia. There was a lot of exercise, including strong, inactivity hypertime, which was easily changed, stressing especially art and sports. The unstable, emotionally intense anomalous interests of hyperthymic warehouse patients were highly effective and unusual. The average duration of pathological hobbies was 8 years.

In premorbid individuals with anger, often female, popular creative, scientific and sports activities in childhood often become pathological later, joy. Abnormal interests are mainly formed in early childhood or combined with the development of the underlying disease. The extraordinary hobby hysteria in the field of creativity and self-improvement allowed them to attract the attention of others. It was noted in relation to normal interests. The sick Hobby was marginal by nature, unusual, extravagant, bright emotionally strong, unstable. The duration of pathological hobbies in patients with hysterical hoarding was up to 8 years.

Patients mixed personal storage, mostly men, in childhood mainly scientific, less sports hobbies, age gradually decreases. Their pathological interests appeared within 12 years, mainly long before the debut of the main disease. Patients with unstable personal characteristics, male, are often interested in collecting sports games, which is often the basis for pathological girlhood. The preferred period for placement of painful interests was 7-11 years and shortly before the debut of the main disease. Patients with unstable participation easily focused on others in different classes when choosing a team exercise. Following the hedonistic attitude, he preferred gambling. Their unusual hobbies are effective, traditional.

In childhood, men of the paranoid type are actively engaged in research and self-development, which later turn into paranormal interests. The characteristic period of the onset of pathological hobbies was from 7 to 21 years, often closely related to the time of manifestation of schizophrenia spectrum disorder. Patients of the paranoid type quickly mastered the field of science.

Thus, the premorbid effect is, first of all, a reflection of nature, the content of pathological girlhood. Their psychosocial well-being is the most frequent factor (26.5%) of the influence of the immediate family and social environment on the development of anomalous interest. A very important condition for the emergence of pathological hobbies was the influence of the immediate environment (13.1%) - its socio-professional level (7.5%) or existing hobbies (19.6%). Contrary to the assumptions, parents' occupation, their social status rarely directly contributed to the formation of certain pathological girlhood (in 9.5% of cases). Most often, the social and educational level of the family helped the patients to choose higher education, relevant activities (32.4% of cases). In such families, at least one of the parents had a higher education.

Attracting the last money spent on refilling "valuable kits" to all patients. The interest in music led to the need for days not to leave the room, composing their own abstract, cacophonous musical compositions. In other cases, interests cultivated by relatives have disappeared or turned into mere hobbies as the patient grew older. The influence of the social environment for the formation of special interest was not important: friends, neighbors, colleagues (in 8.4% of cases). Trauma was the second

most common psychosocial factor that directly or indirectly provoked the onset of abnormal interests (6.7% of cases). In addition to the above, special attention was paid to the subjective explanation of the causes of abnormal Hobby from the patient's words.

The motivation described by the patients helped to choose a certain type of activity and supported continuous involvement in unusual hobbies. The most frequent variant of motivation when choosing a hobby (49.5% of cases) sounded "psychotherapeutic properties of the hobby", an increase in mood, distracted from problems, "helped to stir emotions in their compositions, reflect a part of their rich inner world "created an opportunity to communicate with others through creativity". The second reason for choosing the corresponding supernatural interest (in 47.3% of cases) was self-development with a thirst for knowledge, "the endless search for answers to the mysteries of life", "the desire to become a man". In 23.4% of patients, a pathological hobby was chosen as the main work of life. Based on the selection of anomalous hobbies, 14.2% of cases were to build physical strength, have opportunities for recreation, and improve appearance.

### Conclusions

Attention is paid to the conditional possibility of the influence of psychosocial factors on the development of abnormal interests. Biological factors contribute to the formation of affective stability, thoroughness, and make it easier to determine the scope of interest. Test psychosocial conditions are mainly referred to as signs, causing the appearance of abnormal hobbies. In contrast to these two factors, characterological premorbid features seem to be more important in the development of normal hobbies. Determination of individual diversity of patients, activity and motivational characteristics.

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