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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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www.bsmi.uz

https://newdaymedicine.com E:

ndmuz@mail.ru

Тел: +99890 8061882

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CLINICAL ASPECTS AND ALCOHOL DEPENDENCE

Khusenov Olim Nutfilloevich <https://orcid.org/0000-0003-3300-4289>

Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan, Bukhara, st. A. Navoi. 1
Tel: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ *Resume*

The formation of alcohol dependence in adolescence is determined by the influence of clinical and psychological factors. Adolescence is dangerous for the occurrence of various diseases, including addiction to psychoactive substances. The risk is especially high when physiological and personality changes are combined with an altered microsocial environment.

Key words: emotional tension, stress, discomfort, self-regulation

КЛИНИЧЕСКИЕ АСПЕКТЫ И АЛКОГОЛЬНАЯ ЗАВИСИМОСТЬ

Хусенов Олим Нутфиллаевич

Бухарский государственный медицинский институт имени Абу Али ибн Сины, Узбекистан,
г. Бухара, ул. А. Навои. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ *Резюме*

Формирование алкогольной зависимости в подростковом возрасте определяется влиянием клинических и психологических факторов. Подростковый возраст опасен возникновением различных заболеваний, в том числе пристрастия к психоактивным веществам. Риск особенно высок, когда физиологические и личностные изменения сочетаются с изменившимся микросоциальным окружением

Ключевые слова: эмоциональное напряжение, стресс, дискомфорт, саморегуляция

KLINIK JIHATLAR VA SPIRTL ICHIMLIKLARGA QARAMLIK

Xusenov Olim Nutfilloevich

Abu Ali ibn Sino nomidagi Buxoro davlat tibbiyot instituti, O'zbekiston, Buxoro sh.
A. Navoiy kochasi 1 Tel: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ *Rezyume*

O'smirlik davrida spirtli ichimliklarga qaramlikning shakllanishi klinik va psixologik omillarning ta'siri bilan belgilanadi. O'smirlik turli kasalliklarning, shu jumladan psixoaktiv moddalarga qaramlikning paydo bo'lishi uchun xavflidir. Fiziologik va shaxsiy o'zgarishlar o'zgargan mikrosotsial muhit bilan birlashganda xavf ayniqsa yuqori bo'ladi

Kalit so'zlar: hissiy taranglik, stress, noqulaylik, o'zini o'zi boshqarish

Relevance

In recent years, there has been a significant increase in interest in issues related to the introduction of adolescents to the use of psychoactive substances. Alcohol consumption is quite widespread among young people. Early (or adolescent) alcoholism is formed at the age of 13 to 18 years. To date, the problem of psychological dependence has turned out to be one of the priorities in modern society. There is a tendency to reduce the age of initiation to alcohol. To study the psychological aspects of adolescence and assess alcohol dependence.

Materials and methods

Domestic scientists indicate that the level of alcohol consumption among university students is much lower than in high schools, institutions of primary vocational education. The average age of the beginning of alcohol consumption is 14 years. The group of students who drink alcohol ranges from 46.6% to 80.8% among boys and from 27.6% to 42.2% among girls. From 0.2% to 7% - weekly. Koshkina E.A. et al. It is noted that adolescents who abuse alcohol make up 33.3% of boys and 12.4% of girls. Scientists define adolescence as the most vulnerable to the negative effects of the environment, subject to stressful and conflict situations (Egorov A.Y., 2005). According to Navaytis G., psychological difficulties of an adolescent can arise not only because of physical and sexual maturation, but also because of a personality crisis or a conflict in communication with a loved one. As Remschmidg H. notes, experiencing a crisis can cause various forms of behavior characterized by a decrease in the adaptability of adolescents: deviant behavior, addictive behavior. There are various approaches to determining the risk factors for the development of alcohol dependence in adolescence. According to M. V. Bulgakova, the deviant behavior of a minor has biopsychosocio-spiritual prerequisites.

In the presence of biopsychosocio-spiritual prerequisites, there are factors that determine the nature of deviant behavior and the degree of social disadaptation. Studies have made it possible to identify a number of mechanisms that affect the formation of alcohol dependence in adolescence. Kaplan G. I. believes that the genetic factor plays a significant role in the development of alcoholism. There is a certain physiological sensitivity to the effects of alcohol. It has been established that children of alcoholics have a special physiological vulnerability, or intolerance to alcohol. Studies by foreign scientists have shown that adolescents brought up in families where parents suffer from alcohol addiction are more at risk of drinking alcohol, and are more likely to drink alcohol alone than in the company of peers [1]. According to N. A. Sirota and V. M. Yaltonsky, the process of formation of various types of deviant behavior is influenced by personal and environmental factors. Personal factors include features of the cognitive sphere, self-concept, internal locus of control, affiliation, empathy, value-motivational structure. Environmental resources are represented by the environment in which the adolescent lives.

Kopyt N.Y. and Sidorov P.I. believe that the antisocial behavior of parents, psychological tension and conflicts, low level of education and inadequate upbringing in the family are factors of high risk for the development of alcohol abuse. The type of accentuation has a significant impact on the motivation for alcohol consumption. Studies by Western scientists determine the emotional background of a teenager as a significant factor. Some adolescents (especially girls) tend to drink alcohol against the background of emotional discomfort in order to cope with negative emotions [2]. We find confirmation of these results in the works of Sokh W. M., Klinger E., where it is indicated that families in which parents suffer from alcoholism, adolescents use alcohol to cope with stress and negative emotions. The results of other foreign studies determine the social motive of conformity as the leading factor in alcohol consumption (especially for men) [3]. According to a number of authors, adolescents who drink alcohol are characterized by certain personal characteristics. The determinants of drug addiction and addictivity in general include the presence of basic difficulties in self-esteem, relationships, self-care, and self-regulation of feelings [2].

Leonova L.G. and Bochkareva N.L. identify the features of adolescence that are risk factors for the formation of addictive behavior. These included increased egocentrism; craving for resistance, stubbornness, protest, struggle against educational authorities; ambivalence and paradox of character; the desire for the unknown, the risky; heightened passion for growing up; the desire for independence and separation from the family; immaturity of moral convictions; painful reaction to pubertal changes and events, inability to accept one's emerging sexuality; a tendency to exaggerate the degree of complexity of problems; identity crisis; depersonalization and derealization in the perception of oneself and the surrounding world; negative or unformed self-concept; hypertrophied behavioral reactions: emancipation, grouping, hobbies, sexual behavioral reactions, children's reactions (refusal of contacts, games, food, imitation, compensation and hypercompensation); low tolerance of difficulties; the predominance of passive coping strategies in overcoming stressful situations. V. Burian defined such a personality trait as alexithymia as a significant factor influencing the initiation of adolescents to psychoactive substances. The author of the theory believed that alexithymia occurs in early childhood, in the process of communicating with the mother. During this period, the somatic expression of affect

is the only form of communication between mother and child. Most mothers perceive it as a demand for support. At the same time, they contribute to the formation of the child's skills of self-observation and verbal reporting of his emotions. The child becomes more patient with his experiences. If the interaction of mother and child is disturbed, then affect is verbalized inadequately, remains undifferentiated and perceived as threatening, increases the danger of infantile dreams. Such an affect is especially dangerous in adolescence, when the infantile connection with parents must cease and be replaced by mature ties with other people. The break in closeness with parents causes, as a rule, depressive experiences in a teenager, and non-verbalization and undifferentiation make this depression difficult to bear; He may begin to fight it with alcohol and drugs. Burian V. emphasizes that psychoactive substances, having replaced the adolescent's mother as an object of attachment, are, like the mother, ambivalent: on the one hand, they provide support, on the other hand, they pose a danger. Thus, in Burian's theory, violations of the process of perception and expression of emotions in communication between mother and children, non-verbalized affect are a decisive factor in the formation of addiction and initiation into the use of psychoactive substances [3]. The causes of abnormal, destructive development, as a rule, are: the child's inability to productively get out of the situation of difficulty in satisfying vital needs; lack of formation and ineffectiveness of methods of psychological protection of a teenager, which allows him to cope with emotional stress; the presence of a psychotraumatic situation from which the adolescent does not find a constructive solution [4].

Belokrylov I.V. and Darensky I.D., analyzing the personal characteristics of adolescents in the premorbidity of alcoholism, note that such persons are characterized by subclinical manifestations of dissociative symptoms (disturbances of self-consciousness, boundaries of the Self; phenomena of alienation of vitality, activity, emotions). Korolenko Ts. P. refers to the factors influencing the development of adherence to a reduced tolerance of difficulties, which is due to the presence of a hedonistic attitude (the desire for immediate < pleasure, satisfaction of one's desires). This is combined with increased touchiness, suspicion, which entails frequent conflicts. The latent inferiority complex inherent in the addictive personality is reflected in frequent changes of mood, avoidance of situations in which their abilities can be objectively tested. The superficial nature of sociability and its limitation in time is combined with a heightened desire to make a positive impression on others. In addition, addicts are characterized by stereotyping and repetition of behavior. Sometimes passivity, lack of independence, the desire to receive support, anxiety, and the presence of basic difficulties in self-regulation are observed [5].

It can be assumed that for such personalities alcohol is a means of compensation that facilitates the process of adaptation in society, even in such a destructive way. Maksimova N. Y., analyzing the factors that determine the addictive behavior of minors, emphasizes that the subjunctive mood should be used in relation to adolescents. This is due to the fact that none of the factors is fundamental. Difficult life circumstances, improper family upbringing, low educational and cultural level of the surrounding social environment affect many children, but not all adolescents placed in these conditions become Alcoholics. At the same time, unfavorable psychophysiological prerequisites (psychopathies, character accentuations, psychopathic personality development, brain dysfunctions and organic brain lesions, hereditary burden) are also not fatal and, without combination with social factors, cannot become the main determinant of chemical dependence. An important role is played by how these factors are refracted in the child's psyche, how life events and various circumstances are perceived by him. As the author notes, the adolescent's craving for the use of psychotropic substances is a sign of a deeper personal ill-being [6]. We find confirmation of this in the works of Russian scientists. Thus, V. Moskalenko D. points out that in the etiology and genesis of addictions to psychoactive substances, a complex of biological, psychological and social factors is taken into account. Domestic and foreign scientists attribute an important role in the formation of alcoholic behavior of adolescents to family factors. Milusheva G.A. and Naydenova N.G. indicated that unfavorable conditions of the social microenvironment, including the structure of the family, the nature of intra-family relations and the wrong factors of upbringing, lead to a violation of the formation of the personality of a teenager. They determine the deviant behavior of an adolescent by the mechanism of the formation of pathocharacterological reactions. In the formation of psychological mechanisms of personality deviation in adolescents, an important role is played by depressive experiences of reactive genesis with the subsequent motivation for taking psychoactive substances, aimed at eliminating negative experiences

and facilitating the realization of the need to communicate with peers. For the formation of deviant behavior in adolescents who have consumed toxic substances and alcohol, not only formal indicators of the family structure (its completeness or incompleteness, the presence of a stepfather, etc.) are important, but also the qualitative characteristics of family relationships (parents' lifestyle, intra-family relations, features of conflicts, the presence or absence of emotional warmth, etc.). Orudzhev N. Y. and Zhigunova O. A. in their study revealed the existence of a relationship between the alcoholism of both parents and the presence of pronounced premorbid psychopathological traits (especially the excitable circle) and the development of gross maladaptation in adolescents who abuse alcohol, manifested by the asocial and antisocial orientation of actions and lifestyle in general. Among other significant factors influencing the process of social maladaptation of this group of minors, the authors note somatic diseases in anamnesis, the early age of alcohol abuse from six months to 2 years, the presence of altered forms of alcoholic intoxication, upbringing in conditions of neglect (hypoguardianship) and unsatisfactory living conditions. Orudzhev N.Y. emphasizes that an incomplete family, hypoguardianship or upbringing in a boarding school are accompanied by pronounced maladaptation children who abuse psychoactive substances. Psychoanalyst Wursmer L. believed that the basis of the formation of addiction is the violation of family relationships.

Results and discussions

The author notes the main factors of emotional communication disorders and, accordingly, the types of families where these disorders of communication between mother and child are manifested: 1) families "with traumatization of children". People who experienced violence in childhood can then identify with either the aggressor or the victim. Feelings of pain, shame, horror, helplessness after violence can become the causes of alcohol and drug abuse in adolescence; 2) "obsessive" family. Parents impose themselves on the child, they obsessively control his behavior, which causes shame and anger in him. Parents in such a family often have grandiose, unrealistic expectations for their children. In such conditions, a mask of false identity, hypocritical roles that children use for protection may arise. False identifications, inconsistency with one's true self, can compensatorily lead to the use of alcohol and drugs; 3) a "deceitful" family. As a result of constant lying, shame becomes the dominant emotion in the child, depersonalization occurs, and the sense of reality is lost. Growing alienation, falsity of relationships in the family can become one of the factors of initiation and consumption of psychoactive substances; 4) "inconsistent, unreliable" family. In such a family, what is approved today is condemned tomorrow, as a result of which the stability of the super-ego is violated. This can be one of the causes of impaired socialization of the child and substance abuse [7]. In their works, Portnov A.A., Pyatnitskaya I.N. point to the importance of the microcommunity in which the child is, the customs of the immediate environment play an important role in the beginning of alcohol consumption. Sukhareva G.E. also identifies factors that play a significant role in the genesis of subsequent behavioral disorders: improper upbringing of the child, the duration of exposure to an unfavorable environment. Dmitrieva T.N. and V.A. Suchkov draw attention to the repetition of the life scenario of parents by drinking teenagers. And although the significant role of parents in the alcoholization of adolescents is known, studies have found that adolescents are able to learn destructive patterns of behavior not only from parents, but also when interacting with siblings [8]. Alcohol consumption by siblings and peers can have an even greater impact than parental alcohol consumption [9]. We find confirmation of this in the works of domestic scientists. Moskalenko V.D. conventionally divides risk factors into two groups: family and individual. The author notes that the most powerful predictor of addiction to psychoactive substances is the presence of addiction in the family anamnesis. both alcoholism and drug addiction in adult children. At the same time, it is necessary to attach importance not only to the fact of family burden, but also to the number of sick relatives. It is also necessary to take into account the presence of addiction among the patient's brothers and sisters, which is also a sign of family burden.

Such family factors as early death of the father, divorce of parents, intra-family relationships, lack of emotional attachment and cohesion between family members, constant conflict in relationships, tolerant attitude of parents to the use of psychoactive substances by children or to deviant behavior, violation of the family way of life, non-observance of traditions and rituals were also recorded as risk factors. According to the results of the study, it was concluded that the sex of the sick parent has a certain importance for the formation of alcohol dependence. Thus, the presence of alcoholism in the father

equally increases the risk of addiction in sons and daughters, the presence of alcoholism in the mother is more significant in this regard for daughters. Individual factors include those that can be found in an individual's history or status, provided that these factors are reliably more likely to be associated with the development of substance dependence than in a group of individuals without such factors, all other things being equal. This group includes: psychopathic personality structure with a tendency to aggression, antisocial actions, impulsive actions, unjustified risk; male gender; hyperactivity syndrome in childhood; low intelligence or weak motivation to study, which resulted in a poverty of interests; emotional disconnection from parents; behavioral deviations (absenteeism, poor discipline at school), adolescent delinquency. However, as the author points out, in addition to family and individual risk factors for addiction to psychoactive substances, it is necessary to attach importance to the individual's ethnic and cultural affiliation, the prevalence of alcohol or drug traditions in his environment, the average amount of alcohol per capita in a given society, and the attitude of others to the use of psychoactive substances [5]. In some modern foreign works, it is noted that the formation of alcohol addiction in adolescence can be influenced by the parents' rights, high socio-economic status, insufficient emotional closeness of family members and such emotional states as depression and anxiety.

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Confirmation of the significant role of psychological trauma in the process of alcohol consumption by adolescents can be found in foreign sources. It is noted that adolescents who drink alcohol often had experience of physical and sexual violence. Shitov E. A., dwelling on the problem of the influence of early childhood mental trauma on the clinic and dynamics of alcohol dependence, indicates that adults with alcohol dependence and adolescents who abuse alcohol note more often in their anamnesis early

childhood mental trauma compared to control groups [8]. The factors of the need for the use of psychotropic substances in minors, according to Trofimova N.M., are: an unfavorable macrosocial situation of development, deviations in the functioning of higher nervous activity, age characteristics. In the event that the adverse influence of these factors, thanks to the intervention of adults, is eliminated or compensated, abuse is stopped without traditional treatment and the use of medications. And, on the contrary, no medications, threats and punishments will help if there are no conditions for satisfying the vital social needs of the adolescent, frustrated by these factors. However, it should be pointed out that in terms of the emergence and development of addiction to psychoactive substances, the family and the immediate environment of the adolescent sometimes play a fatal role. This is also a qualitative difference between adolescent alcoholism and adult alcoholism.

For example, if an adult can choose his or her macrosocial environment and resist harmful influences, such freedom of action is most often impossible for an adolescent. Getting into a company where alcohol is consumed, a teenager follows its alcoholic customs, and not in accordance with his well-being, as an adult does. Since it is customary to drink alcohol in large quantities in such companies, this leads to the fact that the body's control over the amount of alcohol consumed is suppressed from the very beginning. In other words, the stages of intoxication are perverted from the very beginning, which leads along the shortest path from abuse to disease, and signs of alcoholism can be observed before the disease is finally formed [7]. It should be noted that various factors at certain stages of ontogenesis play a leading role in the formation of addictive behavior. In families where parents are prone to the use of alcohol and other psychoactive substances, the primary factor contributing to the emergence of addiction in children is the abuse of psychoactive substances, and the violation of emotional communication - conflicts, hypoguardianship - are secondary [6]. Sidorov P. I. points out that social factors and conditions in the development of alcoholism and drug addiction play a leading role mainly at the prenosological stages of use and abuse. Thus, foreign scientists and researchers note that the use of alcohol by adolescents is influenced by the factors of family relationships, relationships with peers, individual characteristics, environmental conditions, maturation processes that accompany adolescence. It is the social context of alcohol consumption that becomes more important [5]. In the works of Knyazeva T.M. and Shapiro Y.G. it is shown that the earlier alcohol dependence is formed, the more it is caused by hereditary factors and upbringing, while at an older age it is caused by a lack of education and culture [9].

Thus, the problem of alcoholism in adolescents is multifactorial. The analysis of literary sources allows us to systematize and designate the following aspects that affect the formation of alcoholism in adolescents: social, psychological, medical and biological. The social aspects of alcohol consumption include the influence of cultural characteristics, traditions adopted in a group of peers, family, in society as a whole, and a disturbed social microenvironment. Unfavorable family conditions are a risk factor for alcoholism in adolescents. The personality of a teenager is influenced by the style of family upbringing, psychological tension, conflict in the family, alcohol consumption by one of the parents.

Parents directly influence the assimilation of behavioral patterns. Often, the behavioral reactions of adolescents are assimilated without conscious elaboration according to the mechanism of imitation, which can serve as a source of alcoholism. Peers play an important role in adolescent alcoholism. An adolescent whose reference group is a group of peers, getting into an asocially-oriented group, is forced to obey the norms and principles of this group. Summarizing the empirical data, it is necessary to single out the psychological factors that influence the psychogenesis of alcoholism. Adolescence itself acts as a risk factor for initiation to alcohol, defined as critical in terms of socialization. Psychological difficulties of a teenager can arise not only as a result of physical and sexual maturation, but also as a consequence of a personality crisis or a conflict in communication with a loved one. The reasons may be the complexity of self-consciousness (self-determination), perception and assessment of one's own capabilities, inferiority complex, identification problems, dysfunctional experience. A significant role in the process of alcohol consumption by adolescents is played by the experience of experiencing psychological traumas. It has been revealed that adolescents who drink alcohol often have experienced psychological trauma. Thus, psychological factors include: moral immaturity of the personality, individual psychological characteristics of the personality, difficulties of puberty, crisis of personality formation. The medical and biological aspects include the genetic factor (it is noted that children whose parents drink alcohol are more likely to be at risk of alcoholism), behavioral disorders, and mental disorders. It is noted that in adolescents who drink alcohol, mental disorders can accelerate the formation

of addiction. The physiological features of age-related crises of puberty are a kind of favorable ground on which alcohol can give a rapid development of the disease. It is believed that alcoholism develops more often in adolescents in cases where their personality is changed after brain injury, organic damage to the central nervous system, etc. Under the influence of alcohol, pathological character traits are "aggravated", and these children easily resort to alcohol in any difficult life situations.

Conclusion

The formation of alcohol dependence in adolescence is determined by the influence of clinical and psychological factors. Adolescence is dangerous for the occurrence of various diseases, including addiction to psychoactive substances. The risk is especially high when physiological, personal changes are combined with a disturbed microsocial environment.

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