Specific Features of Psychoemotional Disorders in Functional Disorders of Gastrointestinal Activity

1. Rustamov U. T.

Abstract: The study included data on the prevalence depressive disorders in patients with functional pathology of the gastrointestinal tract, features of the structure, notazologic attachment and the degree of depression depending on the severity of the disease. The widespread prevalence of depressive or psychopathological disorders determines the polymorphic nature of this disease. In our study, weight levels of depression using HADS scale were studied.

Key words: functional disorders of the gastrointestinal tract, depressive disorders, psychodezadaptation, melancholic depression.

Introduction. At the moment, one of the pressing problems of gastroenterology is the functional disorders of the gastrointestinal tract (GIT). Much of the spread of this pathology is due to the fact that it is difficult to establish a differential diagnosis and the effectiveness of treatment for patients of this category is insufficient[1, 2]. The results of the study show that from 30 to 70 percent of patients who turned to gastroenterologists suffer from functional disorders, and almost half of them found that there are types of disorders in their mental state [3, 4]. A number of studies have been conducted on the study of psychopathological characteristics of patients with pathology of the gastrointestinal tract, the types of mental disorders are associated with an abundance of factors provoking the disease, differing in each individual by the degree of severity of the disease [5], but the clinical manifestations and structure of comorbid relations are still not well studied[6, 7]. Increasing patients' enthusiasm for treatment is one of the topical areas of modern medicine [7]. Currently, about 250 factors are known to treat patients with diseases of the stomach and duodenum, which indicates the complexity of the determination of the RUC-emotional state of patients with this disease[8]. In our study, it consists in monitoring and detecting psychoemotional disorders in patients with functional disorders of the stomach and duodenum, according to the severity of the disease.

Purpose of the study:

To examine the effect of functional disorders of gastrointestinal activity on the structure and prevalence of depressive disorders, and their corresponding diseases.

Materials and methods: in the gastroenterological department of Bukhara regional multidisciplinary hospital, a conversation was held with 89 patients treated with stationary. The study was conducted using a survey method that included sociodemographic data, Anamnesis data and clinical part with...
characteristics of psychopathological syndromes according to the criteria of MCB-10 and DSM-IV. Of our patients, 34 were male and 55 were female (mean age 42.9 ± 12.9 years). In our study, we used the HADS scale, which was created by Gamilton in the description of depression.

Results and discussion
Among controlled patients 38.2% of men, 61.8% of women. In the group of patients with gastroenterological pathology, mainly working people (77.5%) were preferred. Non-working patients accounted for 22.5%. 49.3 percent of those employed identified a decrease in adaptation to Labor (inability to keep the pace and rhythm of work, work in different shifts, violation of labor discipline).

The origin of social conflicts, for example, loss of previous interests, indifference, lack of initiative, violation of family relations or, conflict, etc., was determined in 38.2 percent of the control. Psychodezadaptive episodes in childhood were detected in 52.8 percent of patients: violations of the organic type (headache, fear at night, walking in his sleep, etc.), excessive evaluation (body dysmorphic disorder, neurosis, anorexia), affective disturbances (fear, depressive reactions, excitability). As a factor contributing to the emergence or recurrence of the underlying disease, stress was shown in 59.6% of patients. Almost all patients received somatic complaints that were not specific (a violation of appetite, weight loss, weakness, nausea, etc.), which they were worried about the presence of a serious disease, most often stomach cancer. Many scattered types of psychoemotional disorders were detected in 88.4 percent of patients, and 75.4 percent revealed concomitant diseases. Among patients undergoing examination, symptoms of depressive disorder were detected in 78.7% of cases. Severe depression was detected in 43.8% of patients, while the predominance of severe depression (23.6%) mild depressive appearance (11.3%) was detected in patients. Patients complained of fatigue (61.8%). As a factor contributing to the emergence or recurrence of the underlying disease, stress was shown in 59.6% of patients. In 52.8 percent of the observations, complaints of fatigue or loss of strength were detected almost every day, while 47.2 percent of the Surveyors showed a depressed mood, which lasted for most of the day and almost every day. 42.7% of depressed patients noted weight loss at a level not related to diet. In 38.2 percent of patients, cognitive disorders were detected (decreased ability to think and take offense, repeated thoughts about death). In 35.9 percent of patients with depression, a significant decrease in interest or loss of pleasure in all types of activities was detected. In one third (14.6%) of respondents, depressive disorders are combined with a sense of self-worthlessness and a feeling of unreasonable guilt. The manifestation of anxiety in the composition of depression, patients complained of excessive anxiety and anxiety, obsessive thoughts about anticipation of something bad, anxiety, impatience, irritability, sleep disorders in the form of frequent awakenings, difficulty sleeping, impending death. Fear disorder is characterized by the inability to relax, the inability to relax, pain and discomfort in the epigastric sac and throughout the intestine, a feeling of tension in the abdominal cavity, as well as the symptoms listed in the gastrointestinal tract often take the first place among the complaints of the patient, which significantly reduced the quality of life of patients. In 76.9% of cases, depressive disorders were accompanied by phobic (specific, social and agrophobia) and panic disorders. It is noteworthy that the patient often felt unpleasant sensations from the gastrointestinal tract, which were in the hospital for panic attacks: (pain or burning sensation behind the buttock, a feeling of satiety, swelling in the epigastric sac). Melancholic or melancholic depression (12.4%) in patients with functional disorders of the gastrointestinal tract is characterized by a feeling of depression, melancholic and frustration. Patients with melancholic depression were indifferent, those who were not interested in the results of resuscitation, diagnostic studies, were not interested in the data on their diseases. Senestoipochondric depression (5.6%) was diagnosed when complaints of unpleasant, painful sensations from internal organs prevailed against the background of an expressively expressed depressive mood. Senestopathic perception is sometimes directed by nature to a specific meaning. Patients felt "full swelling" in the stomach area, "trembling in the hands", "pain in the throat", "pain in
the intestines ", often felt migratory sensations along the intestines.According to the International Classification MCB-10 depressive syndrome repeated depression dysthymia (20.5%), depressive episode (7.7%), bipolar affective disorder (5.1%) occurred within 38.5% of cases depressive syndrome was associated with neurotic condition, stress and somatoform disorders (somatized disorder, adaptation disorder, post-traumatic stress disorder). In 7.7 percent of the studies, it was determined within the framework of non-organic affective psychotic depression disorder. In the course of the study, it was found that, despite the widespread prevalence and severity of psychopathological disorders, 62.9% of respondents never admitted to a psychiatrist during their lifetime. 37.1% of patients admitted to a psychiatrist, psychologist or psychologist, as a rule, without long-term observation, one consultation olishgan. So among the ralanians, individuals with low adherence to therapy were preferred. According to the results of the test, 62.9 percent of the surveyed did not meet the requirements, 23.6 percent of patients entered the risk group and only 13.5 percent responded to the requirements.

Conclusion

In the majority of patients with functional disorders of the gastrointestinal tract, during the examination and during their lifetime, mental health problems arose, and we were witnessing insecurity and apathy in obtaining the necessary recommendation and treatment from a psychiatrist, psychotherapist. Most of the respondents suffered from mental disorders. Extensive prevalence of mental disorders and polymorphism in patients with Functional Gastrointestinal pathology emphasize the need for long-term observation. In such cases, the need for psychiatric counseling in our patients who are treated in stationary and outpatient settings can help correct the mood, reduce the duration of treatment, form a stable remission and improve the quality of life of patients.

Literature: