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Psychoemotional Disorders Developing on the Basis of Somatic Diseases, Their Consequences and Integrative Approaches to the Treatment

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Abstract:

Anxiety disorders are widespread in general medical practice, causing people to seek medical help from doctors of various specializations. Certain difficulties in making a diagnosis and developing patient management tactics are caused by the variety of clinical manifestations of anxiety disorders. They are often associated with somatic manifestations. A limitation to their use is adverse events, the risk of which increases in older people. Modern pharmacology pays special attention to the safety of drug therapy, which makes choosing a drug a responsible step. For subclinical anxiety disorder with somatic manifestations, in outpatient practice, herbal calming preparations based on them are used, which have a favorable safety profile with sufficient effectiveness. In order to reduce the level of anxiety, psychological rehabilitation and the herbal preparation Bodrin were used. The possibilities of their use are discussed in the given clinical observations.

Keywords: stress, somatic manifestations of anxiety disorder, stroke, hypertension, psycho-emotional disorders, treatment, herbal preparations, hypericum extracts, psychological rehabilitation, bodrin.

Anxiety disorders are widespread in general medical practice, in 10% of cases being the reason for seeking medical help from doctors of various specializations [1,2]. Certain difficulties in making a diagnosis and developing patient management tactics are caused by the variety of clinical manifestations of anxiety disorders. Physiological anxiety is an adequate response of an individual to the appearance or development of a threatening situation and lasts until the end of the influence of the causing factor. Pathological anxiety occurs out of connection with a real threat, the degree of

its severity is not adequate to the existing situation, and its duration is not limited by the duration of the causing cause. The individual psychological feature of frequent experiences of anxiety for minor reasons is designated by the term “anxiety.” Anxiety disorders are caused by stressful situations or personal characteristics and are classified as neurotic conditions [3]. Anxiety disorders include generalized anxiety disorder, adjustment disorders and a number of somatoform disorders [4]. The development of anxiety disorders can be provoked by both real reasons and factors that do not pose a significant threat. Somatically, anxiety can manifest itself as cardialgia, extrasystole, tachycardia, lability of blood pressure, lack of air, dry mouth, nausea, feeling of heat or chills, hyperhidrosis [5, 6]. Disorders such as irritability, anxiety, and depression are observed in all age groups, reaching 25–30% in elderly people, 50% in patients with comorbid somatic pathology, and 53–86% in patients with neurological diseases [7– 12]. Anxiety disorders in neurological patients are detected in 43.4% of stroke survivors and in 65% of patients with cerebrovascular disease. At the same time, older patients, females and single people suffer significantly more often.[13]. Anxiety disorders in older people are more often manifested by concerns about deteriorating health, changes in appearance, concerns about worsening mental and physical incapacity, and the emergence of fear of loneliness and the inevitability of death. Most often, elderly patients use the following descriptors to describe anxious feelings: irritability, impatience, worry about little things, a feeling of internal tension, deterioration of memory and concentration, and sleep disturbances. In the study by A.P. Sidenkova 2017 showed that, in proportion, complaints are distributed as follows: pain in the heart - 61.1%, increased blood pressure - 57.3%, pain in the limbs - 26.1%, pain and tension in the neck and back – 19.4%, dizziness – 22.7%, shortness of breath – 37.9%, disturbance sleep – 87.7% [14]. In most cases, patients tend to explain their own feelings as manifestations of a somatic disease, which makes it difficult to diagnose alarming symptoms. In this regard, elderly patients with manifestations of anxiety visit a cardiologist 6 times more often, a rheumatologist 2.5 times more often, a neurologist 2 times more often, a urologist, gastroenterologist and otolaryngologist 1.5 times more often, often insisting on inpatient treatment[15]. It should be taken into account that anxiety disorders increase the likelihood of developing heart diseases by 5.9 times, gastrointestinal tract diseases by 3.1 times, respiratory diseases and migraines by 2.1 times, arterial hypertension, infections and skin diseases - by 1.7 times, joint diseases - by 1.6 times, kidney diseases - by 1.5 times, metabolism - by 1.25 times, allergic diseases - by 1.2 times, which was shown in the work of M.C. Harter et al . In 2003 [16].

Research materials and methods. In 2022-2023, in order to solve the scientific goals and tasks envisaged by our research work, 150 patients who were admitted and treated with the diagnosis of acute circulatory disorders in the brain, ischemic type and hypertonic crisis in the Bukhara branch of the Republican Emergency Medical Research Center, emergency neurology and emergency cardiotherapy departments the results of inspection and analysis are presented. Ischemic stroke patients in group I (main (MG)) consisted of 80 patients, the ratio of women and men was 1:1.1 and the average age was 62.3±6.2, group II (comparative, control (CG)) in anamnesis and examinations 70 people without a stroke, the gender ratio is 1:2.5 with a predominance of women and men, and the average age is 61.2±6.9.

Analysis and results. Both groups of patients were assessed for anxiety and agitation according to the Taylor scale after first aid and standard medical procedures were started, while they were conscious and had adequate hemodynamic parameters. Based on the age, gender, education and mental state of the patients, psychological rehabilitation activities were carried out in the methods of rational psychotherapy, emotional psychotherapy and psychological conversation. In patients aged 40-65, men and patients with higher education used the rational psychotherapy method, and in women of this age, the emotional psychotherapy method was used. Also, the patients were recommended the drug "Bodrin" 1 capsule 1 time for 2 months. 65-70-year-old patients were provided psychological support regardless of gender and education. Based on the pathologies of the patients' somatic state, delays in starting psychological rehabilitation and changes in their mental

state before and after the start of rehabilitation measures were evaluated in the group of patients after hypertensive crisis and differences with the control group.

Table-1. Periods of starting psychological rehabilitation.

Indicator	MG		CG	
	n=80	%	n=70	%
1-2 days	52	65,0±5,3	49	70±5,5
20-24 days	20	25±4,8	18	26±5,2
57-60 days	8	10,0±3,4	3	4±2,4

In the study groups, from 1 day without delays, MG n=52, 65.0±5.3%, CG n= 49, 70±5.5%. After 20-243 days MG n=20, 25±4.8%, CG n=18, 26±5.2%, after 20 days BG n=8, 10.0±3.4%, CG n=3 , made 4±2.4%. As can be seen from the above results, significant delays were observed in MG patients compared to CG (Table 1).

Psychological rehabilitation was carried out in the following group of patients based on rational psychotherapy, emotional psychotherapy and psychological conversation methods, according to the patients. Most of the patients in both groups underwent psychological rehabilitation measures by the method of psychological interview. Due to the relatively large number of symptoms of MG discirculatory encephalopathy and the high level of anxiety of patients, the method of psychological interview was widely used (Fig. 1).

Fig-1.

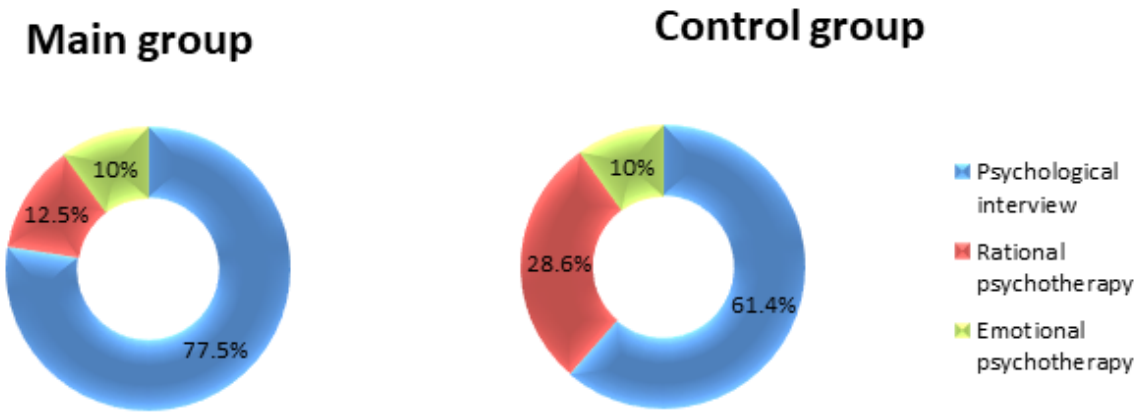

Fig-1. Indicators of the use of methods of psychological rehabilitation carried out in prohibition groups.

In the main group, psychological conversation method n=62, 77.5±4.6%, in the control group n=43, 61.4±5.45%, rational psychotherapy MG n= 10, 12.5±1.46%, CG n=20, 28.6±3.45% and emational psychotherapy method was used in MG n=8, 10±1.19%, n=7, 10.0±1.36% cases (Figure 1).

Level of anxiety Low level of anxiety according to Taylor scale before psychological rehabilitation and treatment MG n=1, 1.3±1.2%, CG n=3, 4.3±2.4%, after treatment MG n=3, 3, 8±2.1%, CG n=6, 8.6±3.3%, medium-low anxiety at baseline MG n=16, 20.0±4.5, CG n=20, 28.6±5 ,4%, at follow-up MG n=28, 35.0±5.3%, CG n=46, 65.7±5.7%, medium high level of anxiety before MG n=53, 66.3±5, 3%, CG n=45, 56.3±5.5 after psychological rehabilitation, MG n= 39, 55.7±5.9%, CG n=17 was 24.3±5.1%. High level of anxiety initially MG n=7, 8.8±3.2%, then n=5 6, 3±2.7%, CG before n=8, 11.4±3.8% after psychological rehabilitation n= 1.1.4±1.4%, very high level of anxiety was detected in MG initial examination n=3, 3.8±2.1% was not detected after psychological

rehabilitation, very high level of anxiety was detected in CG in initial and follow-up examinations (Table 2).

Table 2. Dynamic indicators of the level of anxiety according to the Taylor scal.

Days / Anxiety level	MG 1-2 days		MG 57-60 days		CG 1-2 days		CG 57-60 days	
	n=80	(%)	n=80	(%)	n=70	(%)	n=70	(%)
Low level	1	1,3±1,2	3	3,8±2,1	3	4,3±2,4	6	8,6±3,3
Medium low level	16	20,0±4,5	27	35,0±5,3	20	28,6±5,4	46	65,7±5,7
Medium high level	53	66,3±5,3	45	56,3±5,5	39	55,7±5,9	17	24,3±5,1
High level	7	8,8±3,2	5	6,3±2,7	8	11,4±3,8	1	1,4±1,4
Very high level	3	3,8±2,1	0	0	0	0,0	0	0

In the given data, it can be observed that very high, high and medium high anxiety levels are higher in MG patients compared to CG. On the basis of psychological rehabilitation measures and treatment with Bodrin drug, the number of patients with a decrease in the level of anxiety, low and medium low level of anxiety increased in both groups. If we pay attention to the final results, it can be observed that the level of anxiety is less decreased in MG patients compared to CG.

Fig-2.

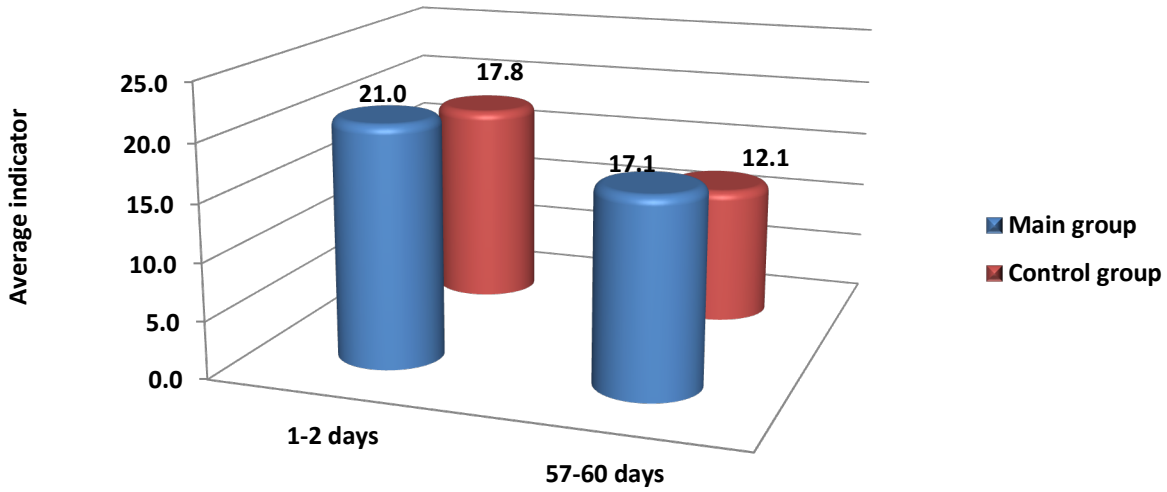

Figure-2. Dynamics of Taylor scale indicators.

From the diagram in Figure 2, it can be seen that in MG, n=80 patients, the average score before treatment was 21.0±0.86 and the average score after treatment was 17.05±0.63 (r<0.001), in CG, the average score before psychological rehabilitation was 17, 84±0.86 and the average after rehabilitation was found to be 12.7±0.63 (r<0.001). If we pay attention to the results, it can be observed that in both groups, as a result of psychological rehabilitation and treatment, the average indicator of the level of anxiety decreases, in the main group, it is possible to observe a smaller decrease in anxiety compared to the control group. This condition is explained by the impairment of cognitive functions as a result of ischemic stroke.

Bodrin drug is produced by Dr. Sertus company and has a composition consisting of natural plant components.

Composition 1 capsule contains: Dry extract of St. John's wort flowers (Hypericum perforatum) 300 mg; Dry extract of stems and leaves of motherwort (Leonurus cardiaca) 100 mg; Dry extract of peony roots (Paeonia lactiflora) 100 mg;

Bodrin has antidepressant and sedative effects. The drug improves mood, increases mental and physical performance, and normalizes sleep. The effect of the drug is determined by its constituent components.

Dry extract of St. John's wort flowers has antidepressant, anxiolytic and sedative effects. Inhibits the activity of monoamine oxidase, binds to benzodiazepine receptors, inhibits the reuptake of serotonin, norepinephrine and dopamine. It has a beneficial effect on the functional state of the central and autonomic nervous system. Improves mood, increases mental and physical performance, normalizes sleep. Has an antispasmodic effect.

Dry extract of the stems and leaves of motherwort has a sedative effect by reducing the process of excitation in the central nervous system. It also has a cardiotonic and diuretic effect. Dry extract of peony lactiflora roots has stress-protective, anxiolytic, anticonvulsant, membrane-stabilizing and antihypoxic properties.

Fig-3.

Conclusions.

1. It is important to reduce the level of anxiety in patients suffering from hypertension, after hypertensive crisis and after stroke, to restore damaged functions, to adapt patients to the environment, and to increase the effectiveness of treatment and rehabilitation measures.
2. Establishing a positive treatment environment for psychotherapeutic rehabilitation plays an important role in increasing the patient's personal responsibility for the patient's life prospects and treatment results.
3. As a result of using Bodrin drug together with psychological rehabilitation methods, the level of anxiety decreased and the treatment efficiency increased.
4. As a result of complex treatment measures, patients' psycho-emotional condition stabilized and quality of life improved.

References

1. Carta M.G., Balestrieri M., Murru A., Hardoy M.C. Adjustment Disorder: epidemiology, diagnosis and treatment. Clin Pract Epidemiol Ment Health. 2009;5:15. https://doi.org/10.1186/1745-0179-5-15.
2. Bandelow B., Michaelis S. Epidemiology of anxiety disorders in the 21 st century. Dialogues Clin Neurosci. 2015;17(3):327–335.

   https://doi.org/10.31887/DCNS.2015.17.3/bbandelow.

3. Semple D., Smyth R. Oxford handbook of psychiatry. 4 th ed. Oxford: Oxford University Press; 2019; 1200 p.
4. Andryushchenko A.V. Rasprostranennost i struktura psikhicheskikh rasstroystv v obshchey meditsine. Psychicheskie rasstroystva v obshchey meditsine. 2011;(1):14–27. The mode is friendly:https://con-med.ru/magazines/psikhicheskie_rasstroystva_v_obshchey_meditsine/psikhicheskie_rasstroystva_v_obshchey_meditsine011/rasprostranennost_i_struktura_psikhicheskikh_rasstroystv_v_obshchey_meditsine_.
5. Esin R.G., Esin O.R., Khakimova A.R. Stress-indutsirovannye rasstroystva. Journal of Neurology and Psychiatry. S.S. Korsakova. 2020;(5):131–137.

   https://doi.org/10.17116/jnevro2020120051131.
6. Esin R.G., Khaibullina D.Kh. Somatic mask of trevojnogo rasstroystva and vozmojnosti therapy. Medicinsky Soviet. 2022;(23):102–109. https://doi.org/10.21518/2079-701X-2022-16-23-1.
7. Esin R.G., Khaibullina D.K. Somatic masks of anxiety disorder and therapy opportunities. Meditsinskiy Sovet. 2022;(23):102–109. (In Russ.) https://doi.org/10.21518/2079-701X-2022-16-23-1.
8. Levin O.S., Chimagomedova A.Sh. Trevoga i agitation u pojilyx. Contemporary therapy and psychiatry and neurology. 2020;(3–4):13–20. The mode is friendly: https://www.elibrary.ru/item.

   asp?id=44451533&ysclid=lg21z9ovsf130570036. Levin O.S., Chimagomedova A.Sh. Anxiety and agitation in the elderly. Sovremennaya Terapiya v Psikhiatrii i Nevrologii. 2020;(3–4): 13–20. (In Russ.)
9. Smulevich A.B., Drobijev M.Yu. Depression and general medicine (opredelenie, rasprostranennost, klinika, lechenie). Serdtse: journal for practicing physicians.2007;(5):272–276.
10. Oganov R.G., Olbinskaya L.I., Smulevich A.B., Drobijev M.Yu., Shalnova S.A., Pogosova G.V. Depressii i rasstroystva depressivnogo spektra v obshchemeditsinskoy praktike. Result program KOMPAS. Cardiology. 2004;(1):48–54. The mode is friendly:
11. Goodnick P.J., Kumar A., Henry J.H., Buki V.M., Goldberg R.B. Sertraline in coexisting major depression and diabetes mellitus. Psychopharmacol Bull. 1997;33(2):261–264. Available at: https://pubmed.ncbi.nlm.nih.gov/9230640.
12. Tabeyeva G.R., Veyn A.M. Pharmacotherapy for depression. Psikhiatriya i Psikhofarmakoterapiya. 2000;(1):15–18. (In Russ.) Available at: https://paininfo.ru/articles/consilium_medicum/3522.html.
13. Simon G.E., VonKorff M., Piccinelli M., Fullerton C., Ormel J. An internation-al study of the relation between somatic symptoms and depression