

## Characteristics of Neuropsychopathological Changes in Gynecological Oncological Problems in Women of Reproductive Age

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### Abstract:

World experience in neuropsychopathological changes in gynecological cancer in women of reproductive age shows that depression, anxiety, post-traumatic stress syndrome and other mental disorders are more common in women with cancer. The level and nature of mental disorders may vary depending on the type of cancer, stage of the disease and individual characteristics of patients. Psycho-oncology, which deals with the psychological, social and spiritual aspects of cancer, is recognized as an important part of comprehensive cancer care in many developed countries. Neurologists and psychiatrists around the world recognize that cancer causes emotional stress, depression, and naturally the psychopathological state is a ready-made condition for the development of neurocognitive disorders.

**Keywords:** *Reproductive, neuropsychopathological, cancer, stress, depression, neurocognitive disorders.*

### Introduction

Neurologists and psychiatrists around the world recognize that oncogynecological diseases in women of reproductive age cause neuropsychopathological changes, emotional stress, depression, and naturally, the psychopathological state is a ready state for the development of neurocognitive disorders. According to the World Health Organization (WHO), cancer kills almost 459,000 people in the Eastern Mediterranean region every year (2023). In the last five years, about 1.6 million cancer cases have been reported in the region. Approximately 734,000 elderly people are diagnosed with cancer each year, and by 2040, this disease is predicted to increase by approximately 50 percent. Deep changes are observed not only in the somatic, but also in the psychological state of a patient suffering from oncological diseases. A person who suddenly hears that he has cancer falls into a state of affect and suffers from depression or extreme anxiety. The most serious problem in these patients is that the psychopathological condition is chronically maintained and develops along with the main disease. Psychopathological condition is manifested by various clinical and

psychosomatic manifestations. In 2018, 18.1 million cancer cases were registered in the world, and the death rate reached 9.6 million. In 2023, approximately 20 million new cases were recorded and 10 million people died.

According to some data, up to 13% of cancer patients are diagnosed with depression through diagnostic interviews, and up to 49% through clinical assessment methods. Breast cancer is 29.7% in the 40-54 age group, and malignant breast and uterine tumors are not only dangerous, but also a disease that causes the loss of attractiveness, femininity belonging to a particular group, and a decrease in mood, self-esteem, loss of value. causes the development of a psychopathological state due to the feeling. Despite the fact that the psychopathological state has been studied among scientists in various somatic diseases and emotional changes, despite its serious impact on social and economic life, the quality of life, the degree of research, clinical and psychosomatic description of women's reproductive system in cancer is considered relevant due to the fact that it does not have enough information and needs in-depth analysis. . Study of clinical, psychosomatic disorders, neuropsychopathological changes of oncogynecological diseases in women of reproductive age and development of preventive measures.

Cancer is an important problem among, with a global annual incidence estimated at one million and a significant mortality. Over the last 30 years, oncology patients have not shared the improvement of cure rate obtained for the children with cancer and cancer still remains the leading cause of disease-death among people aged 15–24 years and the second among 25–39 years old. The reason of the distinct gap between survival outcomes of and younger age group seems to be multifactorial, due to the specific requirements of this group of age and their decreased enrollment in therapeutic clinical trials. Moreover, with cancer need tailored approaches and management according to their unique socio-demographic issues, behavioral patterns, the different tumor type, the distinctive physiological state.

The need for a personalized program of care should be considered from initial diagnosis to treatment and follow-up for female affected by gynecological cancer. Gynecological malignancies are rare within the pediatric and adolescent populations and they may originate mainly from the ovary, but also from uterus, cervix, vagina and vulva. Clinicians must be aware of the most current recommendations and clinical trials for chemotherapy, radiation and surgical therapy of gynecologic malignancies. Besides, they should be careful of the specific biological, sociodemographic and behavioral features of these patients. In addition, they have to consider and manage the possible impact of the treatment on patients' physical and social development, body image, ovarian function and fertility.

In this article, we reviewed the main malignant gynecological tumors that may occur, with a focus on the clinical signs at the diagnosis and the modality of treatment.

**Materials and methods:** The results of neurological, non-genic psychopathological analysis of women with oncogynecological disease of reproductive age, brain magnetic resonance tomography.

**Summary.** Thus, depression and stress caused by fighting cancer in women with oncogynecological diseases of reproductive age is not only the work of psychiatrists, neurologists and psychologists, but every specialist doctor gives the opportunity to give the patient the right advice and help them start treatment in time.

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