JOURNAL OF HEPATO-GASTROENTEROLOGY RESEARCH
ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

Kuchimova Charos Azamatovna,
Assistant of the Department of Psychiatry,
Medical Psychology and Narcology
Samarkand State Medical Institute
Samarkand, Uzbekistan
Kubaev Rustam Muradullaevich,
Assistant of the Department of Psychiatry,
Medical Psychology and Narcology
Samarkand State Medical Institute
Samarkand, Uzbekistan
Ochilov Ulugbek Usmanovich,
PhD, Head of the Psychiatry Course, Faculty of Postgraduate Education, Samarkand State Medical Institute,
Samarkand, Uzbekistan

ANALYSIS OF THE STRUCTURE OF ADOLESCENT DYSTHYMIA

ANNOTATION

The reason for the in-depth study of dysthymia, which occurs in adolescence, is that the disease is almost as common and it is difficult to identify this pathology in the early stages. Due to the difficulty of early diagnosis of dysthymia in adolescents, suicidal risk, prognostic evaluation, treatment and relevance of prophylaxis, this pathology is widely covered in foreign and our own literature. The nosological and Syndrome problems of adolescent dysthymia can be explained by the fact that fullness has not been studied, the tactics of choosing adequate therapy are difficult, this pathology is analyzed and studied psychopathologically in depth. Therefore, it requires a comprehensive in-depth study of clinical-pathogenic legislation, characteristic of this pathology. In addition, the atypical nature and specificity of the clinical picture of dysthymia in adolescents lead to an erroneous assessment of the pathology and even to the denial of this condition. Despite the fact that the available data confirm the genetic basis of major depression, there is no definite evidence of the genetic basis of dysthymia. Dysthymia can be one of the phenotypic manifestations of the underlying hereditary diseases or various syndromes that have common symptoms with major depression. The prevalence of dysthymia in children is 0.6-1.7%, in adolescents - 1.6-8%.

Keywords: dysthymia, structure, adolescent, subdepression, anxiety, fear, mechanism, syndrome

Кучимова Чарос Азаматовна,
Ассистент кафедры психиатрии, медицинской психологии и наркологии
Самаркандского государственного медицинского института
Самарканд, Узбекистан
Кубаев Рустам Мурадуллаевич,
Ассистент кафедры психиатрии, медицинской психологии и наркологии
Самаркандского государственного медицинского института
Самарканд, Узбекистан
Очилов Улугбек Усманович,
PhD, Заведующий курсом Психиатрии факультета последипломного образования Самаркандского государственного медицинского института, Самарканд, Узбекистан

АНАЛИЗ СТРУКТУРЫ ДИСТИМИИ У ПОДРОСТКОВ

АННОТАЦИЯ

Причина углубленного изучения дистимии, которая возникает в подростковом возрасте, заключается в том, что заболевание почти так же распространено и выявить эту патологию на ранних стадиях сложно. В связи со сложностью ранней диагностики дистимии у подростков, суицидальным риском, прогностической оценкой, лечением и актуальностью профилактики эта патология широко освещается в зарубежной и нашей собственной литературе. Нозологические и синдромные проблемы подростковой дистимии можно объяснить тем, что

полностью не изучена, тактика выбора адекватной терапии сложна, эта патология глубоко проанализирована и изучена психопатологически. Поэтому требуется всестороннее углубленное изучение клинико-патогенетического законодательства, характерного для данной патологии. Кроме того, нетипичный характер и специфичность клинической картины дистимии у подростков приводят к ошибочной оценке патологии и даже к отрицанию этого состояния. Несмотря на то, что имеющиеся данные подтверждают генетическую основу глубокой депрессии, нет никаких определенных доказательств генетической основы дистимии. Дистимия может быть одним из фенотипических проявлений основных наследственных заболеваний или различных синдромов, имеющих общие симптомы с глубокой депрессией. Распространенность дистимии у детей составляет 0,6-1,7%, у подростков - 1,6-8%.

Ключевые слова. дистимия, структура, подросток, субдепрессия, тревога, страх, механизм, синдром.

Кучимова Чарос Азаматовна,
Самарқанд давлат тиббиёт институти
психиатрия, тиббий психология ва
наркология кафедраси ассистентлари
Самарқанд, Ўзбекистон
Кубаев Рустам Муродуллаевич,
Самарқанд давлат тиббиёт институти
психиатрия, тиббий психология ва
наркология кафедраси ассистентлари
Самарқанд, Ўзбекистон
Очилов Улуғбек Усмонович,
PhD, Самарқанд давлат тиббиёт институти
дипломдан кейинги таълим факультети
психиатрия курси мудири, Самарқанд, Ўзбекистон

ЎСМИРЛАРДА ДИСТИМИЯНИНГ ТАРКИБИЙ ТАХЛИЛИ

АННОТАЦИЯ

Ўсмирлик даврида юзага келадиган дистимияни чуқур ўрганиш сабаби шундаки, касаллик деярли кенг тарқалган ва бу патологияни дастлабки босқичларда аниқлаш қийин. Ўсмирларда дистимияни эрта ташхислаш мураккаблиги, суицидал хавф, прогностик баҳолаш, даволаш ва олдини олишнинг долзарблиги туфайли бу патология хорижий ва ўз адабиётларимизда кенг ёритилган. Ўсмир дистимиясининг нозологик ва синдромик муаммоларини тулиқ ўрганилмаганлиги, адекват терапияни танлаш тактикаси мураккаб эканлиги, бу патология чукур тахлил қилиниб, психологик жиҳатдан ўрганилганлиги билан изоҳлаш мумкин. Шунинг учун бу патологияга хос клиник ва патогенетик қонуниятларни ҳар томонлама чуқур ўрганиш талаб этилади. Бундан ташқари, ўсмирларда дистимия клиник кўринишининг атипик табиати ва ўзига хослиги патологияни нотўғри баҳолашга ва ҳатто бу ҳолатни инкор этишга олиб келади. Мавжуд маълумотлар чуқур депрессиянинг генетик асосини тасдиқлашига қарамасдан, дистимиянинг генетик асослари ҳақида аниқ далиллар йўқ. Дистимия йирик ирсий касалликларнинг фенотипик кўринишларидан ёки чуқур депрессияга учраган умумий белгиларга эга бўлган турли синдромлардан бири бўлиши мумкин. Болаларда дистимиянинг тарқалиши 0,6-1,7%, ўсмирларда эса 1,6 - 8% ни ташкил этади.

Калит сўзлар: дистимия, структура, ўсмир, субдепрессия, вахима, куркув, механизм, синдром.

The actuality of the problem. Globally dysthymia occurs in about 105 million people a year (1.5% of the population). It is 38% more common in women (1.8% of women) than in men (1.3% of men). The lifetime prevalence rate of dysthymia in community settings appears to range from 3 to 6% in the United States. However, in primary care settings the rate is higher ranging from 5 to 15 percent. United States prevalence rates tend to be somewhat higher than rates in other countries. Dysthymia, also known as persistent depressive disorder (PDD), is a mental and behavioral disorder, specifically a disorder primarily of mood, consisting of the same cognitive and physical problems as depression, but with longer-lasting symptoms. The concept was coined by Robert Spitzer as a replacement for the term "depressive personality" in the late 1970s. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), dysthymia is a serious state of chronic depression, which persists for at least two years (one year for children and adolescents). Dysthymia is less acute than major depressive disorder, but not necessarily less severe. As dysthymia is a chronic disorder, sufferers may experience symptoms for many years before it is diagnosed, if diagnosis occurs at all. As a result, they may believe that depression is a part of their character, so they may not even discuss their symptoms with doctors, family members or friends. In the DSM-5, dysthymia is replaced by persistent depressive disorder. This new condition includes both chronic major depressive disorder and the previous dysthymic disorder. The reason for this change is that there was no evidence for meaningful differences between these two conditions.

The purpose of the study. The purpose of the study is to find out that the problems of dysthymia in adolescents and the polymorphism and atypia of the clinical picture of this condition are covered.

Research materials and methods. 86 adolescent patients were taken for the study and these

patients were selected according to the following criteria: the presence of a non-psychotic degree of depression; the disease began in adolescence (from 16 to 19 years of age); the duration of observation was not less than two years; For the research material, the following cases are excluded: the absence of organic diseases of the central nervous system in the investigated patients, chronic alcoholism, toxicomania, severe somatic diseases, mental and behavioral disorders caused by the intake of psychoactive substances, drug addiction, mental retardation, symptoms of dopol diphtheria schizophrenia, psychotic disorders. The evaluation of dysthymia in expression and mental state in dynamics is based on clinical observations and the use of evaluation scales.

Research results. Based on the conducted study, a number of prominent psychopathological features of dysthymia in adolescents were determined. They include: prominent polymorphism in the clinical landscape, fragmentation, variability of psychopathological symptoms, uncertainty of the formation of Tri Triada. The analysis showed that the dysthymia abscesses in the examined patients and its specificity are explained by the psychobiological factors pubertal and its formation, in which, in the first place, cognitive, behavioral, somatovegetative seizures characteristic of adolescents arise, this condition not only masks depression, but also makes it difficult to cope with the disease. In connection with this, affektiv, neurotic, non-depressive states, expressed by extremely valuable ideas and psychopathic hallucinations, cause difficulties. The link between the disease and teenage eTap ontogenesis is much more difficult. With a long analysis of dysthymia in adolescents, it becomes clear that the clinical picture approaches depression in adults, the classic depression triad and typical ideator and motor components are relatively different. Depressive syndrome in adolescents attracts attention to Uzi with a pronounced pronounced visual impairment of the structure, rudimentarization of the thymic component, the difference in the ratio of components in the clinic. Here, apato-adinamic component dominates (37,2%), less dysphoric (25,3%), panic (22,2%), sad (15,3%) components were observed.

Apato-adinamic component negativity is characterized by the predominance of signs. With a decrease in the tone of life in the clinical landscape, the diphthesis of the tendons dominates. Stored activity masks the defect that has arisen (the external form of life and the nature of activity practically does not change), but all actions are carried out "automatically", "according to the habit", as if the guyoki infected its internal meaning. Since the apathicektekt is expressed, it is observed with the impoverishment of mimicry, monotony of speech, slowing of behavior. Dysthymia is observed from the fullness with the loss of all available desires, the inability to connect with the surrounding people, the prevalence of interest in the result of one's own activities. Self-perception with a change is contrasted with the disease from tusat. In apathic dysthymia (in contrast to melancholy), Vital disorders are observed with alienation symptoms, as well as with a state of hyperesthetic symptoms. All the time also do not plan to dominate the internal dyskomfort character, turbulence, hopelessness, tension associated with weakness. The priority (even if under the guise of indifference to the events of the surrounding world) is changed, theektekt comes out with a crush associated with the awareness of events in life. Adinamic seizures are accompanied by a predominance of negativity in the phenomenon of inisiativa infection. In the clinical landscape is dominated by movement braking, adinemia, aspontanity, muscle stiffness. It is observed with an increase in muscle stiffness, weakness, burning desire and inclinations. When Apato-adinamik affekt prevails, the condition of patients is often misdiagnosed as apato-abulik syndrome in the debut of schizophrenia. In this case, unlike apato-abulic depression, motor braking, manifested in the eyes in patients, is not observed.

In the clinical picture, when dysphoric affekt dominates, a pessimistic mood is observed with stubbornness, discontent with respect to oneself and others around, irritability, rapid irritability, psychomotor convulsions, aggression, this condition resembles psychopathic and psychopathetic symptoms from the outside. Usually dysphoric depression is accompanied by behavioral disorders, with antisocial behavior, disguised as a reading-related and social degradation, which makes it difficult to identify it on time. Patients in this group often deny depression in themselves, and their complaints are much sluggish, which makes it difficult to diagnose. When panic attacks dominate the clinical picture of depression in adolescents, they are accompanied by irritability, accelerated speech, motion convulsions and agitation. Bunda in some patients, panic is felt physically, and it can be said that this is a Vital character. In addition, in most patients, there is a changing panic, which is often expressed in the second half of the day. When grief dominates in the clinical landscape of depression, in adolescents there is a decrease in tone, a decrease in energy, a feeling of discontent in the psyche. At the same time, ideas of low self-assessment, pessimistic evaluation of the future, remembering unpleasant events in his life, the idea of extinction of the goal in the existence of humanity are observed, which in turn creates the ground for the formation of an extremely valuable depressive system. Other distinctive features of the clinical landscape of dysthymia in adolescents are that movement braking is not observed. When assessing patients in a subset, there is some kind of divergence in their motor skills, an increase in movements. Motor braking slow down the pace of movement, mimic poverty, distress of facial expression only 10.5% of patients have migraines. In dysthymia in adolescents, again it is necessary to touch on ideator disorders. These disorders almost all patients with different manifestations of migraines. Along with this symptomatology, it also irritates patients with memory and attention disorders, which can trigger mental processes from braking as well. Of the specific aspects of adolescent dysthymia, high-frequency ideator seizures observed in pubertal crises are threeraydi.

Typology of dysthymia in adolescents. In the clinical landscape, depressive syndrome is observed clinical heterogeneity, which leads to a revision of the typology of the classification of tumors dysthymia. In this case, most researchers identified a syndromological classification of depressive states, which served as an adequate diagnosis, outcome, treatment of dysthymia in

adolescence [7,8,9,10]. The conducted study showed that almost all the syndrome symptoms of dysthymia were observed in adolescence and were nomadic in the following variants: asthenic, dysmorphobic, psychopathetic, psychostenic, depersonalization, senesto – ipohondric variants. In addition, the clinical variants of negativity, which surpassed positivity in dysthymia in adolescents, attracted attention.

1.Asthenic depression (exhausted depression, neurasthenic melancholia). Among these options is 31.4%. Asthenia is one of the symptoms of depression. The most characteristic sign in the clinical picture is the predominance of cognitive signs (ideator braking, high intellektual fatigue, a decrease in the concentration of attention in mental activity, inability to read). In most cases, asthenia affektiv becomes a prodromal sign of violations. In the clinical picture of asthenic depression, which is clearly visible, there is a very high state of exhaustion, decreased activity, nausea, crying, physical weakness, energy exhaustion. Any effort to overcome weakness does not lead to a feeling of satisfaction. The feeling of fatigue is felt even in a slight movement. In patients with mild depression, the performance of tasks will be preserved, but observed with exhaustion. The specificity of depressive fatigue differs from ordinary fatigue in that muscle weakness is observed with a general violation of body sensitivity. Asthenia is characterized by stagnation and non-dependence on bullying. In much more pronounced depressions, patients find it difficult to perform the usual morning movements (washing, dressing, combing their hair). These actions will overwhelm the patients and require more time than usual. Impulsive weakness and asthenic hyperesthesia are observed, patients can not bear external influences (loud sound, strong light), a variety of sensations are observed in physiological processes. Sof the characters of the net are limited, grief, panic, self-discrimination, blame ideas will not be specific.

2.In the dysmorphophobic variant (11,7%) of dysthymia in adolescents, there is a predominance of extremely valuable ideas, a lack of enthusiasm from the outside. In the overwhelming majority of cases, the ideas of a sensitiv relationship are predominant, which is observed with depesonalization disorders of the obsessive-phobic, senestoalgic and somatopsychic type of depesonalization.

3.Dysthymia (angedonic variant-10,8%), observed with alienation of somatic inclinations, is observed with symptoms of the somatic circle (somatic equivalents of depression)-a violation of the demand for sleep, depressive anorexia, a weakening of the libido of the sexual inclinations with the onset of the Fox. Sleep disorders (short, interrupted sleep with difficulty waking up) reduction of the feeling of hunger acquires a Total character. Vomiting from food is observed with a refusal of food, and therefore in 1-2 weeks of the disease patients lose weight. In this case, the symptoms of pathological miscarriage (circadian rhythm and depressive braking) are limited to latent hypothymia. Also somatic equivalents, which are observed with alienation of somatic inclinations, do not determine the clinical picture of depression for a long time, most often they mean the origin of other types of affektiv disorders (vital Ipoochondric depression).

4.In the psychopathetic variant (9,1%) of the clinical picture of dysthymia, psychopathetic disorders arise in the first place, with these behavioral disorders, with basic movements, with symptoms similar to the signs of pathological course of the pebertate krizni, with oppositions to the attitude of the surrounding people, with the exclusion of conjunctivitis, with the inability to limit sexual inclinations, delinkvent is characterized by a tendency Bunda is characterized by stubbornness, which is a typical component of a depressive Trida. Episodes of grief, panic, apathy are poorly observed, the sad mood is characterized by dysphoria.

5.Psychasthenic variant (12,5%) of dysthymia in adolescents is characterized by internal discomfort, with inability to enter into a relationship with surrounding people, with inability to make a decision that was not specific to them before. With low mood in most patients, panic attacks prevail.

6. Depressive symptomatology in depersonalization dysthymia (9,9%) is observed with severe dysphoric, less often with grief, panic. Signs of depersonalization are expressed mainly in the form of autopsychic depersonalization psychological anesthesia.

7.Obsessive-phobic disorders in dysthymia (7.9%) with predominant dysthymia, adhesive fears are observed with pessimismmga tendency. In most patients, fear predominates.

8.In Senesto-ipohondric dysthymia (6,8%) affektiv disturbances are noted in the second place, and in the first place there are unpleasant, unpleasant, abnormal sensations in different parts of the body. The patient focuses his attention on his somatic state of mind and worries about his own health. Senestopathy seems to be part of depression and is diagnosed with a disease that can not be cured.

Conclusion.

1.Timely detection and treatment of dysthymia in adolescence can prevent its spread and social degradation.

2.In adolescence, the typical component of the depressive triad is atypical and is often observed with apato-adynamic symptoms (37,2%), less often with dysphoria (25,3%), with panic (22,2%), less often with sad mood symptoms.

3.Taking into account the clinical phenomenological features of a special age, the following variants of Syndrome dysthymia were identified: asthenic variant, dysmorphobic variant, dysthymia, psychopathymic, psychostenic, depersonalization, senesto – ipohondric variants, accompanied by alienation of somatosesophageal inclinations.

4.In the clinical picture of tumors dysthymia is characteristic of incomplete polymorphism, fragmentation, variability of psychopathological symptoms, tri unclear formation of Triad, vegeto vascular disorders.