

FEATURES OF THE PATHOKINESIS OF ADAPTATION DISORDERS IN MEN WITH
MILD FORMS OF CARDIOVASCULAR DISEASE

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Abstract. *In cardiovascular pathology, data are presented on the peculiarities of the structure of mental insufficiency, according to which mental disorders of the affective spectrum, manifested by symptoms of anxiety and depression, which can be combined with hypochondriac diseases, are more common. In the genesis of mental adaptation, a connection with stress, personal and psychosocial factors is observed.*

Key words: *cardiovascular disease, anxiety, depression, mental retardation.*

ОСОБЕННОСТИ ПАТОКИНЕЗА НАРУШЕНИЙ АДАПТАЦИИ У МУЖЧИН С
ЛЁГКИМИ ФОРМАМИ СЕРДЕЧНО-СОСУДИСТЫХ ЗАБОЛЕВАНИЙ

Аннотация. *В сердечно-сосудистой патологии представлены данные об особенностях структуры психической недостаточности, согласно которым чаще встречаются психические расстройства аффективного спектра, проявляющиеся симптомами тревоги и депрессии, которые могут сочетаться с ипохондрическими заболеваниями. В генезисе психической адаптации наблюдается связь со стрессом, личностными и психосоциальными факторами.*

Ключевые слова: *сердечно-сосудистые заболевания, тревога, депрессия, умственная отсталость.*

Introduction. As noted in our previous publications, the ability of a person to adapt, including in the case of illness, is associated not only with the functional state of the organism and its ability to adequately respond to negative factors, but also with a certain complex of individual psychological characteristics of the individual [1], as well as with methods of processing

interpersonal relationships. adventures [2]. The importance of the mental adaptation factor in cardiovascular diseases, as well as the high frequency of its mental deficiency, justify the emergence of a separate interdisciplinary direction-psychocardiology, which is located at the intersection of Cardiology, psychology and psychiatry [3].

This work is devoted to a brief review of Scientific Reports on the peculiarities of the structure of mental deficiency in patients with cardiovascular diseases, which rely on the most pronounced psychopathological symptoms in common forms of cardiac pathology [4].

Thus, according to epidemiological studies, a reliable relationship was established between cardiac pathology and depression. There is more information on the relationship between anxiety and the development of cardiovascular disease in the general population [5].

Anxiety and depressive symptoms in patients with Arterial hypertension and coronary artery disease and its effect on cardiovascular prognosis have shown that clinically significant anxiety symptoms are present in 33 and 38%, respectively 30 and 38% of patients with arterial hypertension and coronary artery disease have depressive symptoms.respectively [6].

Psychopathological symptoms data have been found to be associated with low levels of education, low income levels, inadequate physical activity, high levels of chronic psycho-emotional stress, and high-strength acute stresses, lack of social support, and social isolation, increased blood pressure, which often leads to patients overuse of health resources [7]. In the initial examination of clinically identified depression, the presence of patients increases the overall risk of non-fatal and fatal.

Research with colleagues found that 58,5 percent and 19,5 percent of 530 patients with coronary heart disease had high stress levels, while 82 percent of men and 79 percent of women had different levels of depression. In 42% of people with coronary heart disease, clinically specific anxiety is diagnosed. No statistically significant difference in the frequency of depression and anxiety has been found between men and women. Every fourth patient with coronary artery disease needs professional correction of disorders in the psychological state [8-11].

According to many other studies conducted in different countries, mental disorder in the form of depressive mental disorders is a very important risk factor for the formation of coronary artery disease and a predictor of coronary death [12].

Depression spectrum disorders are detected in 40,7% of patients in the first week after acute myocardial infarction, according to diagnostic criteria, depressive disorders make up a quarter of the total observation, anxiety-depressive reactions within adaptation disorders-13,9%, organic

Affective Disorders – 2,8%, dysthymia-1,8%. In the year of observation, the total number of all identified cases of depressive spectrum disorder increases by 10,2% [13-16].

Depressive spectrum disorders in Cardiological diseases are characterized by polymorphism and the severity of somatovegetative and psychopathological manifestations, and significantly complicate the clinical picture of cardiovascular diseases. In cardiovascular diseases, a stable combination of anxiety, depression, somatovegetative manifestations is detected in the structure of depressive disorders [17-20].

Believes that depressive and anxiety disorders associated with the development of cardiovascular disease, as well as masked and aberrant hypochondriac-type diseases, can be considered as psychosocial risk factors for coronary heart disease in patients. Some hypochondria disorders (neurotic hypochondria, hypochondria, and "new life" - type development) associated with adherence to higher treatment may be associated with a positive prognosis [21-28]. The structure of mental deficiency in patients with cardiovascular diseases is expressed as follows: in patients with hypertension-anxiety in 41,6% of patients, depressive disorders – in 36,4% of patients. Anxiety disorders in patients with different forms of atrial fibrillation are found in 39,4% of cases, depressive disorders in 28,3%. In patients with coronary heart disease, the following comorbid psychopathological diseases are distinguished: depression in 20,6%, anxiety disorders in 5,9%, pathocharacterological development (hypochondria masked by "excellent apathy" phenomena in 4,4%, neurotic hypochondria with cardioneurosis phenomena in 4,4%, "new life" type in 10,3%, aberrant hypochondria in 29,4%).%) [29-34].

Mental disorders (depression 21,5%, anxiety disorder 6,2%) and pathocharacterological hypochondria development (masked hypochondria-10,8%, neurotic hypochondria-43,1%, "new life" type-6,9%, aberrant hypochondria-11,5%) in patients with coronary artery disease. Their negative prognosis is associated with paranoid and dissocial personality disorders, comorbid depressive and anxiety disorders, as well as nosogenic development of the individual, such as masked and aberrant hypochondria [35-40].

The purpose of the study: Study of the features of the pathokinesis of adaptation disorders in men with mild forms of cardiovascular disease

Materials and research methods. The study involved men between the ages of 30 and 60 with non-severe forms of cardiovascular disease: stage I-II hypertension with a level of 1-3 arterial hypertension, risk of cardiovascular complications no more than 3, lack of circulation no more than NIA and stable angina PK I-III tension NC no more than NIA without myocardial infarction, clinical-psychopathological and statistical-mathematical methods were used with a

Results and their discussion. 2 groups of patients with hypertension and stable tension angina who suffered from adaptation disorders of the anxiety and/or depressive spectrum were studied. The first group includes 93 men with hypertension and adaptation disorders, the average age is 37,75 years, the second group includes 128 men with stable tension angina pectoris, the average age is 47,16 years.

The group of patients with clinical-psychopathologically stable tension angina was presented as follows: short - term anxiety reaction - 46 patients (35,94%), long - term anxiety reaction- 25 patients (19,53%), mixed anxiety-depressive reaction-34 patients (26,56%), short-term depressive and long-term depression reactions-23 (17,97%).

The group of patients with clinical-psychopathologically stable tension angina was presented as follows: anxiety reaction - 19 patients (20,43%), long - term anxiety reaction - 15 patients (16,13%), mixed anxiety – depressive reaction-35 patients (37,63%), short-term depressive and long-term depression reactions-24 (25,81%).

In the process of studying the prevalence of patients with adaptation disorders with a predominance of depressive symptoms by the leading type of effect, it was found that anxiety effects were significantly greater in the clinic of depressive adaptation disorders in men with hypertension and stable tension angina pectoris (66,67% and 73,91%, respectively), significantly less common. sad (29,17 and 21,74% respectively) and the rarest apathetic (4,16% and 4,35% respectively).

All patients were engaged in medical or non-drug correction of adaptation disorders for 2 weeks. After two months, all patients with hypertension and stable tension angina who suffered from adaptation disorders were re-advised.

Conducting a catamnestic study revealed the following characteristics of the pathokinesis of adaptation disorders:

- 1) rapid and complete decline (in most cases) under the influence of a situation that has changed positively due to self-correction or adequate timely therapy;
- 2) the re-development of psychopathological symptoms by the "cliché" type when new traumatic tools appeared, which contributed to a long-lasting course, accompanied not only by an expansion of the spectrum of clinical manifestations, but also by a tendency to stabilize phenomenological complexity and adaptation disorders;
- 3) changes in adaptation disorders with the formation of neurotic, affective, endogenous or addictive mental disorders.

In this study, 81,63% of adaptation disorders occurred without transformation, 9,19% had neurotic manifestations, 4,08% were addictive (alcohol dependence), and 5,10% were endogenous.

With the predominance of depressive symptomatology, adaptation disorders became 33,85% cases (of which 18,46% went to subclinical 1 episode with endogenous manifestation, 15,39% to initial manifestation of depressive episode). Adaptation disorders with mixed anxiety-depressive symptoms in 17,71% of cases (of which subclinical Part 1 endogenous manifestation and initial manifestation of depressive episode 3,13%, panic disorder and general anxiety disorder 2,08%, agoraphobia with panic disorder 1,04% and Addiction Disorder 4,17%).

Adaptive disorders in which anxiety symptoms prevail have become 11,28% of cases (panic disorder and general anxiety disorder – 0,75% each, specific isolated phobias - 1.50%, agoraphobia with panic disorder – 2,26% and addiction disorders – 6,02%).

Thus, with the predominance of depressive symptomatology, a subclinical to 1 episode with endogenous manifestations and the initial manifestation of a depressive episode, with the predominance of anxious symptomatology - with anxiety-phobic and other annoying, as well as addictive diseases and with a mixture - to all of the above.

The highest level of transformation of adaptation disorders was observed in adaptation disorders with a predominance of depressive symptoms-33.85% of cases, the lowest - in adaptation disorders with a predominance of anxiety symptoms – 11,28% of cases, mixed anxiety-adaptation disorders with depressive symptoms occupied an intermediate position in 17,71% of cases.

In the course of the study, prognostically unfavorable signs were identified in terms of changing adaptation disorders: the predominance of sad and indifferent influence in depressive reactions, the long duration of adaptation disorders, the characteristics of sensitive and asthenoneurotic premorbid signs, the loss of direct correlation of the dynamics of emergence and manifestation of a psychotraumatic situation and (in neurotic manifestations, the state changes depending on the change of - does not depend on them), the patient's passivity in dealing with current situations.

In addition, according to the results of a catamnestic study, more than half of patients with cardiovascular disease in Group 1 recorded a stable retention of the results of the treatment of cardiovascular diseases (86 people-58,11%), in 2 subgroups – 38,36 % (28 people), in 3 subgroups-20,55% (28 people).

Conclusions. Thus, as a result of the study, the peculiarities of the pathokinesis of adaptation disorders were identified, as well as prognostically unfavorable signs in terms of

changing adaptation disorders that allow to increase the quality of assistance provided to this contingent of patients.

The structure of psychopathological diseases in patients with Arterial hypertension is characterized by a combination of diseases of neurotic and neurosis-like Origin. Analysis of the structure of the syndrome indicates the presence of depressive (55,8%), anxiety (15,8%), hypochondria (12,5%), hysterics (10,8%) and obsessive-phobic (5%) syndromes.

Summarizing the features of the structure of mental insufficiency in cardiovascular diseases, it can be noted that patients often have mental disorders of the affective spectrum, manifested by symptoms of anxiety and depression, which can be combined with hypochondria. In the genesis of mental adaptation, a connection with stress, personal and psychosocial factors is observed.

REFERENCES

1. Asanova R. et al. Features of the treatment of patients with mental disorders and cardiovascular pathology //Science and innovation. – 2023. – T. 2. – №. D12. – C. 545-550.
2. Begbudiyeu M. et al. Integration of psychiatric care into primary care //Science and innovation. – 2023. – T. 2. – №. D12. – C. 551-557.
3. Bo'Riyev B. et al. Features of clinical and psychopathological examination of young children //Science and innovation. – 2023. – T. 2. – №. D12. – C. 558-563.
4. Hamidullayevna X. D., Temirpultovich T. B., Sherboyevich H. B. Features of the use of social networks by people with schizophrenia //Journal of healthcare and life-science research. – 2024. – T. 3. – №. 1. – C. 52-58.
5. Pogosov A. et al. Rational choice of pharmacotherapy for senile dementia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 230-235.
6. Pogosov S. et al. Gnostic disorders and their compensation in neuropsychological syndrome of vascular cognitive disorders in old age //Science and innovation. – 2023. – T. 2. – №. D12. – C. 258-264.
7. Pogosov S. et al. Prevention of adolescent drug abuse and prevention of yatrogenia during prophylaxis //Science and innovation. – 2023. – T. 2. – №. D12. – C. 392-397.
8. Prostyakova N. et al. Sadness and loss reactions as a risk of forming a relationship together //Science and innovation. – 2023. – T. 2. – №. D12. – C. 252-257.

9. Rotanov A. et al. Comparative effectiveness of treatment of somatoform diseases in psychotherapeutic practice //Science and innovation. – 2023. – T. 2. – №. D12. – C. 267-272.
10. Rotanov A. et al. Social, socio-cultural and behavioral risk factors for the spread of hiv infection //Science and innovation. – 2023. – T. 2. – №. D11. – C. 49-55.
11. Rotanov A. et al. Suicide and epidemiology and risk factors in oncological diseases //Science and innovation. – 2023. – T. 2. – №. D12. – C. 398-403.
12. Sedenkov V. et al. Clinical and socio-demographic characteristics of elderly patients with suicide attempts //Science and innovation. – 2023. – T. 2. – №. D12. – C. 273-277.
13. Sedenkov V. et al. Modern methods of diagnosing depressive disorders in neurotic and affective disorders //Science and innovation. – 2023. – T. 2. – №. D12. – C. 361-366.
14. Sedenkova M. et al. Basic principles of organizing gerontopsychiatric assistance and their advantages //Science and innovation. – 2023. – T. 2. – №. D11. – C. 63-69.
15. Sedenkova M. et al. Features of primary and secondary cognitive functions characteristic of dementia with delirium //Science and innovation. – 2023. – T. 2. – №. D11. – C. 56-62.
16. Sharapova D., Shernazarov F., Turayev B. Prevalence of mental disorders in children and adolescents with cancer and methods of their treatment //Science and innovation. – 2023. – T. 2. – №. D12. – C. 373-378.
17. Sharapova D., Shernazarov F., Turayev B. Social characteristics of patients with schizophrenia for a long time in combination with exogenous-organic diseases of the brain //Science and innovation. – 2023. – T. 2. – №. D12. – C. 284-289.
18. Shcherboevich K. B., Khabibullayevich S. S., Temirpulotovich T. B. Experimental psychological diagnosis of early childhood autism //Journal of education, ethics and value. – 2024. – T. 3. – №. 1. – C. 48-56.
19. Solovyova Y. et al. Protective-adaptive complexes with codependency //Science and innovation. – 2023. – T. 2. – №. D11. – C. 70-75.
20. Spirkina M. et al. Integrated approach to correcting neurocognitive defects in schizophrenia //Science and innovation. – 2023. – T. 2. – №. D11. – C. 76-81.
21. Sultanov S. et al. Changes in alcohol behavior during the covid-19 pandemic and beyond //Science and innovation. – 2023. – T. 2. – №. D12. – C. 302-309.
22. Sultanov S. et al. The impact of the covid-19 pandemic on the mental state of people with alcohol addiction syndrome //Science and innovation. – 2023. – T. 2. – №. D12. – C. 296-301.

23. Temirpulotovich T. B. et al. Functional features of the central nervous system important diagnostic aspects of the formation of psychocorrectional work with children with residual-organic genesis diseases similar to neurosis //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 1. – C. 85-91.
24. Turaev Bobir Temirpulatovich. “Clinical manifestations of anxiety depressions with endogenous genesis”. Iqro jurnali, vol. 1, no. 2, Feb. 2023, pp. 45-54,
25. Turgunboyev Anvar Uzokboyevich, Turaev Bobir Temirpulatovich, Kholmurodova Hulkar Holierovna 2023. Clinical and psychological analysis of the risk of second admission of patients with psychoses of the schizophrenia spectrum to a psychiatric hospital. Iqro jurnali. 2, 2 (Apr. 2023), 380–387.
26. Uskov A. et al. Psychological peculiarities of social adaptation in paranoid schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 379-384.
27. Usmanovich O. U. et al. Detection of adrenaline and stress conditions in patients using psychoactive substances with hiv infection //CUTTING EDGESCIENCE. – 2020. – C. 42.
28. Usmanovich O. U., Temirpulotovich T. B., Ulug'bek O. N. Characteristic features of the personality development of a child who is often sick //Journal of education, ethics and value. – 2024. – T. 3. – №. 1. – C. 64-70.
29. Utayeva N., Sharapova D., Bobir T. Psychopathological and neuropsychological features of negative diseases in late schizophrenia //Modern Science and Research. – 2024. – T. 3. – №. 1. – C. 428-436.
30. Viktorova N. et al. Opportunities for comprehensive psychometric assessment of anxiety states in late-age dementia //Science and innovation. – 2023. – T. 2. – №. D11. – C. 90-96.
31. Xabibullayevich S. S., Temirpulotovich T. B., Sherboyevich H. B. Clinical-psychopathological and pathopsychological analysis of depressive disorders in late life //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 1. – C. 78-84.
32. Очилов У. У. и др. Диагностические особенности у пациентов с эндогенными психическими заболеваниями //Проблемы современной науки и образования. – 2020. – №. 10 (155). – С. 50-52.
33. Очилов У. У. и др. Клинические особенности психопатического поведения у подростков с психическими расстройствами //Вестник науки и образования. – 2020. – №. 23-3 (101). – С. 71-74.

34. Очилов У. У. и др. Оптимизация профилактики когнитивных и депрессивных расстройств при алкоголизме //Вестник науки и образования. – 2022. – №. 1-1 (121). – С. 109-113.
35. Очилов У. У. и др. Проблемы современной науки и образования //проблемы современной науки и образования Учредители: Олимп. – №. 1. – С. 64-67.
36. Тураев Б. и др. Изучение клинико-психопатологических особенностей депрессивных расстройств больных с алкоголизмом //Журнал вестник врача. – 2022. – Т. 1. – №. 2. – С. 92-94.
37. Тураев Б. Т. и др. Диагностика и лечение коморбидности алкоголизма и депрессивных расстройств //Вестник науки и образования. – 2021. – №. 4-2 (107). – С. 26-30.
38. Тураев Б., Хаятов Р. Клинико-психопатологические свойства соматизации аффективных расстройств при рекуррентных и биполярных депрессиях //Журнал вестник врача. – 2020. – Т. 1. – №. 2. – С. 95-99.
39. Тураев Б. Т. Медико-социальные проблемы употребления алкоголя в период пандемии covid-19 //ББК 5+ 28я43 П 781. – С. 125.
40. Тураев Б. Т., Хасанова Н. Ш. Эмоционально-когнитивные расстройства на основе гендерных особенностей у больных алкоголизмом //ББК 5+ 28я43 П 781. – С. 122.

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