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CLINICAL TYPOLOGY OF ENDOGENOUS ANXIETY DEPRESSIONS

Resume: Endogenous depression is an emotional disorder caused by changes in the level of hormones and neurotransmitters, manifested by a decrease in mood, inhibition of thinking and slowing down of motor activity. Among the leading symptoms are depression, loneliness, isolation, lack of positive emotions, lethargy, apathy, physical inactivity, difficulties with memorizing new information and solving intellectual tasks.

In the article, clinical conversation, observation and psychological tests are used to diagnose endogenous anxiety depressions, the main method of treatment is pharmacotherapy, psychotherapeutic sessions are additionally conducted, biological methods of therapy are used, and so on.

This article presents information about the clinical manifestations of endogenous anxiety depressions, their variants and typology.

Keywords: depression of endogenous genesis, anxiety disorders, psychopathology, clinical typology.

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КЛИНИЧЕСКАЯ ТИПОЛОГИЯ ТРЕВОЖНЫХ ДЕПРЕССИЙ ЭНДОГЕННОГО ГЕНЕЗА

Резюме: Эндогенная депрессия - это эмоциональное расстройство, вызванное изменениями уровня гормонов и нейромедиаторов, проявляющееся снижением настроения, торможением мышления и замедлением двигательной активности. Среди ведущих симптомов -

депрессия, одиночество, изоляция, отсутствие положительных эмоций, вялость, апатия, гиподинамия, трудности с запоминанием новой информации и решением интеллектуальных задач.

В статье клиническая беседа, наблюдение и психологические тесты используются для диагностики тревожных депрессий эндогенного генеза, основным методом лечения является фармакотерапия, дополнительно проводятся психотерапевтические сеансы, используются биологические методы терапии и прочее.

В данной статье представлена информация о клинических проявлениях тревожных депрессий эндогенного генеза, их вариантах и типологии.

Ключевая слова: депрессия эндогенного генеза, тревожная расстройство, психопатология, клиническая типология.

Relevance. The problem of depression has occupied a significant place in the works of many foreign and domestic clinicians over the past decades[2,4]. This is due to the high prevalence of depressive disorders, which, according to various authors, ranges from 5%-7% to 10% -15% in the general population, as well as significant polymorphism in the clinical picture of depression, which creates difficulties both in diagnosing these conditions and in solving prognosis and treatment issues[1].

To date, despite the ever-increasing number of works devoted to the study of depression, there are many unclear and controversial issues concerning the typology of depression, their classification, nosological affiliation.

Biologically determined endogenous and psycho-socially conditioned reactive depressions are distinguished. Many researchers point out that affective pathology in endogenous depression includes anxiety and the affect of longing. O.P.Vertogradova et al. great importance is attached to apathy, which they consider as the third main component of depression. The structure of depression is determined by different ratios of the components of the triad in the affective,

ideatory and motor spheres. Thus, the types of depression are distinguished by the leading affect: dreary, anxious and apathetic.

In the works devoted to anxiety depressions, there is no unity of views regarding the psychopathological structure of these conditions, the relationship of anxiety disorders with other manifestations of depressive syndrome[3].

Approaches to the treatment of anxiety depressions are also different. Many schemes for the use of pharmacological drugs have been developed, but there is no unambiguous assessment of their effect on the clinical manifestations of certain symptoms in anxiety depression [5].

The object of our study was endogenous anxiety depression. In turn, patients with endogenous anxiety depression are also a rather heterogeneous group, since in addition to anxiety, they have a number of other leading symptoms that significantly affect the clinical picture.

The purpose of the study. The aim of the study was to study the features of the psychopathological structure of endogenous anxiety depressions and to develop optimal treatment regimens for various groups of endogenous anxiety depressions.

Materials and methods of research. To accomplish this task, we selected 80 patients who applied to the AVPND with anxiety depression for examination in order to study their clinical typology.

The results of the study. The clinical picture of anxiety depression, supplemented by a complex of phobic symptoms, was observed in 40.90% of patients. They are characterized by a sense of fear, both of various situations, and the ability to be spontaneous everywhere, the need to avoid many situations., a sense of discomfort among people, a sense of fear. loss of consciousness, feeling insecure about yourself and your actions, fear of a tumor, death as a result of a heart attack, fear of not being able to receive timely medical care.

In both groups selected for examination, the analysis of clinical and psychopathological characteristics of patients with endogenous depression was evaluated not only based on the assessment of complaints and the condition of patients, but was also supplemented with the scale "questionnaire of severity of psychopathological symptoms" (symptom checklist-90-revised-SSL-90-P) [17]. The SSL-90-R scale is a tool for determining the current, currently existing psychopathological symptomatic condition, which allows you to determine the severity of the main clinical and psychopathological symptoms

In the course of our study, it was found that in patients of the main group, the leading depressive symptom complex (the level of depression is 1.60 points) is often combined with anxiety, obsessive-compulsive symptom complexes, a high degree of complication, interpersonal sensitivity. These patients had a high level of anxiety and scored 1.67 points. The symptoms of the Questionnaire were clinically manifested in a high level of irritability, anxiety, tension, as well as panic attacks, a sense of danger, fear and fear for their condition and the condition of loved ones, for the present and for the future.

Obsessive-compulsive symptoms with an intensity of 1.47 points differed in their capabilities, decision-making, the presence of thoughts and experiences of a negative spectrum in relation to self-confidence. These experiences were perceived by patients as permanent and insurmountable.

Among the psychopathological symptoms in patients of the main examined group, the symptoms of somatization are characterized by high indicators (1.39 points). The clinical picture shows complaints from the cardiovascular, gastrointestinal, respiratory and other systems, pain in internal organs and muscle discomfort.

In these patients, the index of interpersonal sensitivity also increased significantly and amounted to 1.38 points, which indicates that patients have a feeling of personal inadequacy and inferiority, especially when comparing themselves with others. The clinical picture of interpersonal sensitivity was

characterized by the presence of self-condemnation, a sense of anxiety and significant discomfort in the process of interpersonal interaction. In addition, these patients are characterized by an acute sense of self-awareness and a negative expectation of interpersonal interaction and any communication with other patients.

In our examined patients, we observed that there are three variants of endogenous depression, which are an important component of the state of anxiety depression: anxiety-melancholic, anxiety-hypochondriac, anxiety-adiamic.

The role of anxiety depression in our patients of this group was manifested in its uncertainty in various variants of endogenous anxiety depression: most often it manifests itself in anxiety-hypochondriac depression and less often in anxiety-adiamic depression.

Each clinical variant of endogenous anxiety depression has its own characteristics of reducing symptoms during antidepressant therapy. With anxiety-melancholic depression, the manifestation of anxiety decreases first of all, while hypo-thymia and guilt persist the longest.

With anxiety-hypochondriac depression, there is a uniform decrease in symptoms, anxiety is also among the first to decrease, and with hypochondriac fixation on them, somatic sensations last the longest. With anxiety-adiamic depression, disorders of working capacity and activity and daily fluctuations last the longest.

When conducting therapy of endogenous anxiety depressions, it is necessary to take into account their syndromic features.

In the absence of contraindications, amitriptyline therapy gives a faster result in the anxiety-melancholic variant of depression.

In the treatment of anxiety-adiamic depression with amitriptyline and mirtazapine, the effectiveness in terms of the degree and degree of symptom reduction does not statistically differ. However, people with a narrower

spectrum of side effects prefer to choose mirtazapine with this variant of endogenous anxiety depression.

In the anxio-hypochondriac variant, the best result in terms of reducing and severity of symptoms of depression was obtained with mirtazapine therapy, which, given its better tolerability by patients, prefers to use mirtazapine in this variant of depression.

Conclusion. As a result of the analysis of the data obtained, it was found that in patients with anxiety depression, the overall level of anxiety was 44.13 points. At the same time, the affective component of anxiety prevailed in patients of this category, which was 12.00 points. The somatic component of anxiety was also high in the patients of the main group (32.13 points).

The data obtained objectify the complaints of patients and confirm the presence and severity of affective and somatic components of anxiety.

LIST OF LITERATURE:

1. Alexandrovsky Yu.A. Diagnosis and therapy of mental disorders in primary care patients. Lectures for practicing doctors. Topical issues of cardiology, neurology and psychiatry. Human health. Moscow: 2017.- pp.9-26.

2. Rotstein V.G., Bogdan M.N., Results of a survey of patients suffering from affective disorders (European study). Journal of Neurology and Psychiatry. 2013.-No.10,- pp.54-59.

3. Filatova E.G., Kovrov T.V., Bashanova E.G., Yakovlev O.N., Posokhov S.I. Remeron in neurological practice. Psychiatry and psychopharmacotherapy. 2013.- No. 1.- p. 68.

4. Brannan SK, Mallinckrodt CH, Brown EB, Wohlreich MM, Watkin JG, Schatzberg AF. Duloxetine 60 mg once-daily in the treatment of painful physical symptoms in patients with major depressive disorder. J Psychiatr Res 2005;39:43-53.

5. Thompson C. Onset of action of antidepressants: results of different analyses. *Hum Psychopharmacol Clin Exp* 2012; 17: S27-32.

6. Watson D., Weber K., Assenheimer J.S. et al: Testing a tripartite model: I. evaluating the convergent and discriminant validity of anxiety and depression symptom subscales. *Journal of Abnormal Psychology*. 2005.-1: 3-14.