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CLINICAL TYPES OF ENDOGENOUS ANXIETY DEPRESSIONS AND THEIR AGE-RELATED FEATURES

Resume: Endogenous depression, unlike exogenous depression, occurs due to biological factors or genetic predisposition, where there is always an external stimulus (severe stress or traumatic event). Currently, it is rarely diagnosed as endogenous depression, often as a major depressive disorder or clinical depression.

Previously, it was believed that the treatment of these two types of depression is different, but later it turned out that they can be treated in the same way — with the help of psychotherapy and medication.

This article discusses the clinical variants of endogenous anxiety depressions, their main age-related features and mechanisms of their development.

Keywords: endogenous depression, anxiety, age-related feature, clinical typology.

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КЛИНИЧЕСКИЕ ТИПЫ ТРЕВОЖНЫХ ДЕПРЕССИЙ ЭНДОГЕННОГО ГЕНЕЗА И ИХ ВОЗРАСТНЫЕ ОСОБЕННОСТИ

Резюме: Эндогенная депрессия, в отличие от экзогенной депрессии, возникает из-за биологических факторов или генетической предрасположенности, где всегда присутствует внешний стимул (сильный стресс или травматическое событие). В настоящее время это редко

диагностируется как эндогенная депрессия, часто как серьезное депрессивное расстройство или клиническая депрессия.

Раньше считалось, что лечение этих двух видов депрессии различно, но позже выяснилось, что их можно лечить одним и тем же способом — с помощью психотерапии и медикаментозного лечения.

В данной статье рассматриваются клинические варианты тревожных депрессий эндогенного генеза, их основные возрастные особенности и механизмы их развития.

Ключевая слова: эндогенная депрессия, тревожная состояния, возрастная особенность, клиническая типология.

Relevance. Anxiety-depressive states of endogenous genesis are an integral part of the clinical picture of mental, neurological and somatic disorders. Being a clinical phenomenon of psychopathological manifestations, anxiety is closely related to other symptoms and most determines the degree of psychosocial maladaptation.

Among anxiety-phobic disorders of endogenous genesis, panic disorder occupies a central place. During their lifetime, 10-20% of the population suffers from one or more panic attacks. Panic—depressive disorders of endogenous genesis are accompanied by a feeling of impending death, fear of loss of consciousness, loss of control over vegetative disorders (vegetative crisis - palpitations, chest tension, feeling of suffocation, lack of air, sweating, dizziness), an increase in the symptom complex, within a few minutes developing an unexpected and rapid loss of consciousness by itself. The duration of panic attacks of endogenous origin varies, on average 30 minutes. In 2.7% of the population, panic attacks are combined with agoraphobia. 3-5% of the population suffers from social phobias (fear of shame and confusion in front of other people). Certain phobias (fear of certain diseases, certain objects, situations, actions) are more common than social diseases, patients, according to various data, make up 5-12% of the population. General anxiety disorder occurs

in 2-5% of the population. These people become disabled very quickly, and in most cases they are not immediately noticed by psychiatrists, moving from a district doctor to a neurologist, therapist and other specialists. At first, vegetative-vascular dystonia is often detected, then diencephalic crises.

The purpose of the study. The aim of the study is to study the course, mechanisms of development and age-related features 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.

Research methods: clinical and psychopathological; clinical and immunological, psychometric, statistical.

The results of the study. At the present stage of the development of psychiatry, the problem of timely detection and treatment of endogenous anxiety-depressive states in patients of different ages is very relevant due to their wide spread, high suicide risk and pronounced social flexibility, which is of great social importance, not only medical.

Examination the formation of anxiety-depressive states of juvenile endogenous genesis in our patients who received HBV will be extremely pronounced among a group of patients of different ages under the strong pathogenetic influence of the characteristics of adolescence, including specific maturity of mental functions, characteristic behavioral disorders and adaptive reactions, as well as due to specific psychoendocrine and somatic changes

The psychobiological background, characteristic of the ontogenetic period of the age of patients in our main group, acts and interacts in combination with a number of additional pathogenetic conditions (genetic predisposition, constitutional and personal characteristics, psychogenic stress effects) for the onset of depression. this helps to overcome the individual protective properties of the body and, being nosologically independent, acts as characteristics of the

body itself. the pathogenetic basis was determined by the formation of phenomenological patterns and the dynamics of depressive states in adolescence, age specifics.

An increase in the pathological level of age-related psychological characteristics and immaturity of mental functions (lack of mature social positioning, youthful maximalism, adequate assessment of their capabilities, weakness in self-control) in our patients in the main group who were admitted for examination predetermined high suicidal activity of patients and a very high risk of suicide. they had the following main most important characteristics: the proportion of patients with suicidal thoughts was 68.1%, and the number of patients who attempted suicide reached 38.5%, which significantly increased similar rates in patients with depression of mature age.

Depending on the participation in the formation of the clinical picture of pathologically altered manifestations of puberty crisis in the typological differentiation of endogenous anxiety depressions in our juvenile patients, their separation turned out to be the most important.

Taking into account all the features of age-specific clinical phenomenology in the patients we examined, five preferred variants of juvenile depression syndrome were identified: young asthenic incompetence, dysmorphic phobia, metaphysics, hypoidness and psychasthenicity.

In addition, we noticed that the three variants of depression described above are not strictly typical of adolescence in our patients in the main group (accompanied by depersonalization, senesgo-hypochondria and obsessive-phobic disorders) who decided to undergo an examination, and may also occur in adulthood.

In our patients of different ages who were admitted for examination, we saw that anxiety depressions of endogenous genesis, manifested in adolescence, are nosologically heterogeneous: in 34.9% of our patients in this group who were examined, they were diagnosed as part of an affective disorder (MDR and

cyclothymia); in 65.1% of our patients in this group who were examined, they were diagnosed as part of an affective disorder (MDR and cyclothymia); in 65.1% of our patients in general, depression manifested itself as part of low-progressing schizophrenia: with a prolonged atypical attack of puberty (23.8%). For each of the nosological groups, differences were found in the clinical characteristics of juvenile depression, the conditions of their formation and dynamics, and the preference for their typological variants.

In our work, we observed the following in our patients who underwent repeated examination: our patients in the main group most often have affective disorder in the form of prolonged stages of manic-depressive psychosis (11.6%) and mild (cyclothymic) forms of the disease (27.4%) in adolescence manifested "youthful asthenic helplessness" (33.4%), depressions with dysmorphophobic depressions were less frequently observed (17.8%). and with the phenomena of metaphysical intoxication (10.8%).

In the patients we examined, the image of depressive states manifested in adolescence within the framework of sluggish schizophrenia is a polymorphism of the structure, the presence of pathological disorders complicating depressive manifestations (obsessive-phobic, senesto-hypochondriac, depersonalization, overestimated), violations of procedural thinking, in some cases an approach to primitive mental automatism. Depression, which arose by the type of juvenile asthenic insolvency (37.2%), psychasthenic (19.6%) and depersonalization (13.9%) prevailed.

Anxiety depressions of endogenous genesis, manifested as part of an affective disorder in adolescence, were characterized mainly by a positive result: all patients were fully adapted to life, signs of decreased performance were noted only in 11.0% of cases. With a decrease in depressive states, symptoms that are phenomenologically close to procedural negative disorders in the form of voluntary and emotional decline completely decreased; at the same time, no changes in the personality structure were detected. In 48.3% of people,

depressive states were observed only within adolescence. In 52.6% of patients, cases of affective phase occurred repeatedly and in adulthood, including 44.7% of them had only depressive phases (monopolar type of course), while the remaining 58.7% of patients had depressive and manic states (bipolar type of course).

With youthful depressions developing according to the picture of sluggish schizophrenia, the course of the disease was characteristic. The negative disorders here are partially limited to the asthenic phenomena of Auschwitz with mental immaturity.

Conclusion. The results obtained correspond to the research data obtained for our previous scientific publications, and confirm the data obtained as a practical continuation of the results of studying the course, age characteristics and mechanisms of their development of endogenous anxiety-depressive states

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