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MODERN CONCEPTS OF NEGATIVE DISORDERS IN SCHIZOPHRENIA AND SCHIZOPHRENIC SPECTRUM DISEASES

Resume: To date, there is a widespread perception of schizophrenia and schizophrenic spectrum disorders as predominantly progressive diseases with an unfavorable prognosis. The possibility of a regredient course of schizophrenia up to a complete stop of the pathological process was noted by the classics of psychiatry. Thus, E. KgaereIp described periods of weakening and even complete disappearance of psychopathological symptoms, he also used the concept of "social recovery" for the first time in schizophrenic spectrum diseases. E.B1ei1eg also allowed the "stopping" of the schizophrenic process, and at any stage of the disease, believing that various variants of the course, outcome and prognosis of schizophrenia are possible. K.Schneider described patients with prolonged spontaneous remissions after a single expanded schizophrenic attack, and the duration of remissions reached 50 years, and patients at the same time maintained a good level of social adaptation.

Key words: negative symptoms, schizophrenia, disorders, progressive form.

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СОВРЕМЕННЫЕ КОНЦЕПЦИИ НЕГАТИВНЫХ РАССТРОЙСТВ ПРИ ШИЗОФРЕНИИ И ЗАБОЛЕВАНИЯХ ШИЗОФРЕНИЧЕСКОГО СПЕКТРА

Резюме: На сегодняшний день распространено представление о шизофрении и расстройствах шизофренического спектра как о преимущественно прогреди-ентных заболеваниях с неблагоприятным прогнозом. Возможность регредиентного течения шизофрении вплоть до полной остановки патологического процесса отмечали еще классики психиатрии. Так, Е.КгаереИп описывал периоды ослабления и даже полного исчезновения психопатологической симптоматики, он же впервые употребил понятие «социального выздоровления» при заболеваниях шизофренического спектра. Е.Б1еи1ег также допускал «остановку» шизофренического процесса, причем на любом этапе заболевания, полагая, что возможны различные варианты течения, исхода и прогноза шизофрении. K.Schneider описывал пациентов с длительными спонтанными ремиссиями после однократного развернутого шизофренического приступа, причем продолжительность ремиссий достигала 50 лет, а пациенты при этом сохраняли хороший уровень социального приспособления.

Ключевые слова: негативная симптоматика, шизофрения, расстройства, проградиентная форма.

Relevance. The problem of negative disorders in schizophrenia and schizophrenic spectrum disorders is insufficiently studied.

The proportion of negative disorders in all major types of schizophrenia (fur-like, recurrent, continuous, excluding paranoid)2 is 29-40% [2].

At the same time, negative symptoms are persistent and persist in 20-40% after the first episode of schizophrenia [6], and in 16-35% - within a year after its passing [5] and in 35% - even 2 years after the first hospitalization. Another argument is the incompleteness of the clinical analysis of the schizophrenic defect, despite the understanding of negative symptoms as a "key domain of the psychopathology of schizophrenia" [7].

Modern psychopathology of negative disorders is based on a long historical experience, laid down in the prenosological period. According to J. Jackson, negative symptoms reflect the "loss" of reflexes at the level of higher cognitive, emotional and psychological functions, while positive ones represent a "phenomenon of release" (i.e. secondary to primary they - negative disorders - A.S.) and only distort or hyperbolize normal functioning.

Within the framework of the concept formulated by E. Bleiler, a group of primary symptoms is also distinguished, comparable in most parameters with the characteristics of deficit disorders cited in modern publications [1]. Thus, in the classifications of primary persistent negative disorders, each of the primary symptoms of schizophrenia E. Bleiler receives an appropriate definition: thinking abnormality is represented by alogy, ambivalence (volitional instability) - apathy / abulia, affective incongruence - flattened affect, autism - asociality.

At the same time, primary symptoms (deficient in the modern sense - A.S.) are, according to E. Bleiler, a direct expression of the main properties of the endogenous process; at the same time, the whole variety of positive psychopathological symptoms is considered within this model as accessory (secondary) disorders.

Having outlined the fundamental provisions relating to the theoretical psychopathology of negative disorders, we turn to the issues directly related to the purpose of this study.

We are talking about the contribution of constitutional characterological anomalies to the defect structure in schizophrenia and schizophrenic spectrum disorders [4].

From the information given in the literature, it follows that the analysis of possible correlations of the defect structure with characterological anomalies at the level of a completed psychopathological model has not been carried out so far, and a scientific search in this direction seems promising for solving the problems of the research we have undertaken. But before proceeding to the presentation of one's own material, it is necessary to formulate the theoretical prerequisites that determined its direction.

Several psychopathological aspects of the problem were identified as the basis for the analysis of comorbidity of personality disorders (RL) and schizophrenic defect.

Consideration of the relationship between RL and schizophrenia was carried out outside the framework of the traditional concept of E. Kretschmer [29], in the light of which endogenous psychosis is an extreme, "expanded" manifestation of the patient's temperament. Accordingly, the analysis was carried out from modern alternative positions [3], which make it possible to qualify schizophrenia and schizophrenic spectrum disorders as a pathological process independent of RL. This position is reflected in the relevant classifications (ICD-10, DSM-5).

This determined the rejection of the idea of schizoid/schizotypal RL as the only characteristic of the premorbid warehouse of patients with schizophrenia in favor of a wide range of personality anomalies predisposing to the development of an endogenous process [8]. In addition, it turned out to be necessary to revise the position of some authors [2,6] that RL, acting in the schizophrenia prodrome, is an intermediate, "mild" stage of the course of the disease preceding a distinct manifestation. From our point of view, RL is an exclusively constitutional warehouse that determines the patient's premorbid, whose

characteristics (i.e., the RL itself) are transformed when exposed to negative mental disorders.

Thus, the conditions that made up the subject of this study can legitimately be attributed to the space of deficit disorders conceptualized in a number of modern publications within the framework of negative schizophrenia.

The purpose of the study. To carry out a conceptual analysis of negative disorders in schizophrenia and schizophrenic spectrum diseases.

The results of the study. The results of the study indicate that this distribution is not accidental, but obeys the dichotomy of the basic symptoms of "common syndromes". Although, according to the psychometric assessment, the structure of each of the general syndromes under consideration presents both a volitional defect - abulia/abulia with the phenomenon of dependence, and an emotional defect, i.e. both components reflecting the dichotomous structure of the schizophrenic defect, the distribution of these patterns of negative disorders in the clinical space of general syndromes is uneven.

The analysis of the casuistry at our disposal allows us (as already mentioned above) to assume that the ranking of psychopath-like disorders in accordance with the dichotomy of the basic defect is possible (and feasible) not only within one single cluster of RL, but acquires a more universal character and is valid for the distribution of all psychopath-like disorders regardless of the cluster of RL to which they belong.

The general structure of deficit changes by the type of volitional defect, extrapolated to all the syndromes of the defensive pole that represent it, is characterized by a gross decrease in psychophysical endurance (when overlapping volitional disorders with asthenic symptoms) and/or volitional regulation of mental activity (apathy-abulia according to Sans - 4.3 ± 0.7 points; volitional disorders according to panss - 5.1± 0.3 points; asthenia according to MFO-20 — 77±15.3 points), with an increase in passivity, listlessness and indecision, the addition of features of asthenic autism and dependence on a

narrow circle of significant others (decrease in sociability according to panss — 3.5± 0.5 points; lack of close friends according to SEC-A — 5.6± 0.4 points; relationships with colleagues and relatives according to Sans — 3.2± 0.2 points; excessive social anxiety according to SEC-A — 6.2± 1.3 points; passive social self—isolation according to panss - 5.2± 0.4 points; interpersonal anxiety according to ZKL-90—p - 1.5 ± 0.3 points, P≤0.01). Emotional disorders in this group are expressed to a non-negligible degree and reflect the impoverishment of the general level of social activity (associated primarily with asthenic symptoms, sharply pointed reflexive mechanisms, as well as the tendency of patients to form sensitive ideas of attitude) and a narrowing of the range of emotional attachments to the boundaries of symbiotic ties with relatives or spouses (anhedonia-antisociality according to Sans - 3.0 ± 0.2 points, flattened affect according to SPK-A - 3.7 ± 0.4 points).

The structure of deficit changes, which is uniform for all "common syndromes" of the expansive pole (with a picture of an emotional type defect), differs on a statistically significant basis (as opposed to deficient disorders of the volitional type) by maintaining a general psychophysical pressure, in which the phenomena of energy potential reduction are manifested not by a decrease in the level of mental energy, but by its distortion in the form of chaotic, purposeless and volitional control of activity.

This is especially evident when comparing the characteristics of the labor status of patients with the indicators of the scales of apatoabulic changes (apathy -abulia according to Sans - ± 3.6 0.3 points; volitional disorders according to panss - 2.7 ± 1.2 points; asthenia according to MFO-20-25 ± 11.2 points).

Pronounced changes in emotionality proper (anhedonia-asociality according to Sans — 4.3± 0.2 points, flattened affect according to SEC-A — 6.8± 0.4 points) come to the fore, manifested by its gross impoverishment with the formation of features of regressive syntonicity, loss of the ability to empathy and the formation of deep emotional attachments, pathological sharpening of the

features of rationalism, egocentricity and pragmatism (absence of close friends in SEC- A — 8.3 ± 0.4 points; decrease in communication skills according to panss — 5.1± 1.2 points; relationships with colleagues and relatives according to Sans - 4.5 ± 0.3 points; eccentric behavior according to SPK-A - 5.7± 1.8 points; excessive social anxiety (SPK-A) — 0.9± 0.2 points; interpersonal anxiety according to ZKL-90 - 0.2± 0.5 points; hostility according to ZKL-90 - 1.9± 0.3 points).

It has been established that psychopathological manifestations of the defect in schizophrenic spectrum disorders are represented by deficient symptom complexes of the psychopathic register (psychopath-like disorders), are of a limited (circumscriptional) nature, have a monosyndromic structure, are detected already at the level of prodromal disorders and are associated with premorbid pathoharacterological dimensions.

The trajectory of negative disorders in schizophrenic spectrum disorders characterized by limited progrediency is determined - ending at the prodromal stage with either a prodromal or a phase course.

Aspects of psychopharmacotherapy of negative disorders with drugs of modern generations are also discussed.

Conclusion. Thus, psychopathic symptom complexes acting in the space of "general syndromes" can be qualified as secondary to basic deficiency disorders.

Accordingly, the allocation of a psychopathic defect as a syndromic (ordained by others) form of negative disorders, according to our research, seems unlawful.

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