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**PSYCHOSOMATIC STATE OF ADOLESCENTS IN PATIENTS  
WITH BRONCHIAL ASTHMA**

**Resume:** Knowledge of the characteristics of child psychology is extremely important in understanding the formation of the somatic and mental health of a child-adolescent-adult.

In the formation of respiratory diseases with a psychosomatic component, as a stage in the development of the disease (for example, bronchial asthma (BA)), it is very important to clearly represent the contribution to the realization of the disease of the autonomic nervous system and the psychological characteristics of the child.

From the period of intrauterine development, the characteristics of the child's nervous system are formed. An unfavorable course of pregnancy, inadequate attitude of the mother and others close to the baby's health are significant factors in the formation and early manifestation of a genetically inherited disease.

**Key words:** adolescence, psychosomatic conditions, bronchial asthma.

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**ПСИХОСОМАТИЧЕСКОЕ СОСТОЯНИЕ ПОДРОСТКОВ У  
БОЛЬНЫХ БРОНХИАЛЬНОЙ АСТМОЙ**

**Резюме:** Знания особенностей детской психологии чрезвычайно важны в понимании формирования соматического и психического здоровья ребенка-подростка-взрослого.

В формировании заболеваний органов дыхания, имеющих психосоматический компонент, как этап развития болезни (например, бронхиальная астма (БА)) очень важно отчетливо представлять вклад в реализацию болезни вегетативной нервной системы и психологических особенностей ребенка.

С периода внутриутробного развития формируются особенности нервной системы ребенка. Неблагополучное течение беременности, неадекватное отношение матери и других близких к здоровью малыша являются значимыми факторами в формировании и ранней манифестации генетически наследуемого заболевания.

**Ключевая слова:** подростковый возраст, психосоматическая состояния, бронхиальная астма.

**Introduction.** The development of bronchial asthma in adolescents is characterized by phase changes in the parameters of the vegetative status. The exacerbation of the disease is accompanied by a predominance of the tone of the sympathetic department of the ANS, against the background of a significant decrease in the overall adaptive capabilities of the body and vegetative support of activity, which are the pathogenetic basis of maladaptation reactions during this period and are most pronounced in patients with severe asthma and in patients who do not receive basic therapy[3].

In remission of bronchial asthma, the predominance of the parasympathetic department of the ANS was established, the severity of vagotonia correlates with the severity of the disease and is combined with insufficient vegetative support of activity in patients with severe asthma and in patients of younger adolescence[1,4].

The psychoemotional status of adolescents with bronchial asthma is characterized by low indicators on the scale of extra-introversion, high - on the scale of neuroticism, anxiety and alexithymia, higher levels of which are noted in patients with severe course of the disease[6]. The association of psychoemotional disorders with vegetative dystonia syndrome, changes in cerebral hemodynamics, on the one hand, and violations of pulmonary ventilation-perfusion, on the other,

confirms the essential role of psychovegetative syndrome in the pathogenesis of bronchial asthma in adolescents[2].

The mutual influences of parameters characterizing vegetative homeostasis, cerebral hemo-neurodynamics and indicators of the function of external respiration, ventilation-perfusion of the lungs confirm the pathogenetic significance of the identified neurovegetative changes in maintaining adequate ventilation and hemodynamics of the lungs[5].

Methods of lateral light pulse therapy, relaxation-diaphragmatic breathing, suggestive music therapy are safe, pathogenetically justified methods of correction of neurovegetative disorders and can be included in the treatment and rehabilitation complexes of patients with bronchial asthma[7].

**The purpose of the study.** Assessment of emotional and personal characteristics, mechanisms of psychological protection in children and adolescents suffering from bronchial asthma.

**Materials and methods of research.** We have studied the psychological characteristics of 50 patients in the period of remission of AD. The comparison group consisted of 20 adolescents of the appropriate age, gender, without allergic burden and signs of diseases at the time of examination.

To identify psychological risk factors that begin to affect already during ontogenesis and contribute to the emergence and development of psychoemotional stress, entailing the formation of personality traits, we analyzed stress factors in children of different age groups.

**The results of the study.** In children with AD, the structure of emotional and personal characteristics is represented by a stable internal conflict, due to the accentuation of opposite personality traits in the same child. For a teenager, the personality structure consists in the accentuation of hysteroid and (or) epileptoid traits, in the manifestation of autodestructive tendencies, confirmed by a tendency to alcoholism.

A common feature for sick children and adolescents in the structure of the emotional and personal background is the dominance of indicators on the scales: aggressiveness and anxiety.

In adolescents suffering from B A, the dominant mechanisms of psychological defense are: denial of unacceptable events or their own qualities, as well as hypercompensation of their shortcomings in the field of low self-esteem.

In children with BA, significant deviations in the mnestic sphere are detected in the form of a decrease in the volume of short-term figurative (35%) and verbal memory (62%) compared with healthy children.

The majority of patients (75%) are characterized by complete left-hemisphere dominance, which indicates the ineffectiveness of their psychophysiological adaptation in stressful situations.

The analysis of emotional and personal characteristics of children with bronchial asthma will allow a more complete study of the components of the pathological psychosomatic system, which makes it possible to optimize measures for the prevention and timely correction of factors that aggravate the course of this disease.

Forecasting the types of emotional and personal response, knowledge of the mechanisms of psychological protection of a child with bronchial asthma, makes possible an individual approach to therapy and triggers adaptive mechanisms for the development of a full-fledged personality, preventing possible deviations in a critical period of life.

The presented results of the assessment of functional asymmetry indicate the need to create a system of education, upbringing, working conditions and everyday life, taking into account the peculiarities of the mental organization of children and adolescents suffering from bronchial asthma.

**Conclusion.** Thus, the relevance of further research of neurovegetative and psychosomatic disorders in adolescents suffering from AD is obvious. Timely diagnosis and correction of neurovegetative disorders are necessary conditions for

successful complex therapy aimed at improving the quality of life of adolescents with bronchial asthma.

Despite the accumulated experience in the study of neurovegetative changes in bronchial asthma, the issues of the course and prognosis of this disease in adolescents from the perspective of psychosomatic relationships remain unexplored.

The characteristic of changes in the neurovegetative status of adolescents with bronchial asthma against the background of drug and non-drug therapy seems to be poorly studied.

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