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**THE INFLUENCE OF PSYCHOSOCIAL SOCIAL PROHIBITIONS ON  
THE FORMATION OF SIDE EFFECTS OF TREATMENT WITH  
PSYCHOTROPIC DRUGS IN PARANOID SCHIZOPHRENIA**

**Resume:** Paranoid schizophrenia is the most common form of schizophrenia and is characterized by delusions, hallucinations, delusional ideas, and limited social contact. The reasons for the development of the disease are not exactly known, they speak of a combination of factors, including heredity, prenatal pathologies, severe stresses suffered in childhood. In old age, the disease can develop against the background of Alzheimer's disease.

According to statistics, the incidence of paranoid schizophrenia is about 1% of the total population. The debut, or the first vivid episode of the manifestation of the disease occurs at the age of 30 years. It is important to understand that accompanying symptoms and signs can be observed for a long time before the first attack, but they must be recognized and classified in a timely manner. Schizophrenia itself appears without any external reason - it is believed that a hereditary factor plays an important role in this case.

Paranoid schizophrenia has a significant impact on the daily functioning, communication with others, personal life and the working condition of the patient.

**Key words:** paranoid schizophrenia, antipsychotic therapy.

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**ВЛИЯНИЕ ПСИХОСОЦИАЛЬНЫХ ФАКТОРОВ НА  
ФОРМИРОВАНИЕ ПОБОЧНЫХ ЭФФЕКТОВ ЛЕЧЕНИЯ**

## ПСИХОТРОПНЫМИ ПРЕПАРАТАМИ ПРИ ПАРАНОИДНОЙ ШИЗОФРЕНИИ

**Резюме:** Параноидная шизофрения – это наиболее распространенная форма шизофрении, которая характеризуется бредом, галлюцинациями, бредовыми идеями и ограничением социальных контактов. Причины развития заболевания точно неизвестны, говорят о сочетании факторов, среди которых наследственность, пренатальные патологии, сильные стрессы, перенесенные в детском возрасте. В пожилом возрасте заболевание может развиваться на фоне болезни Альцгеймера.

По статистике, уровень заболеваемости параноидной шизофренией составляет порядка 1% от общего количества населения. Дебют, или первый яркий эпизод проявления заболевания наступает в возрасте до 30-ти лет. Важно понимать, что сопутствующие симптомы и признаки могут наблюдаться в течение длительного времени до первого приступа, но их необходимо своевременно распознать и классифицировать. Сама шизофрения появляется без каких-либо внешних на то причин – считается, что большую роль в данном случае играет наследственный фактор.

Параноидная шизофрения достаточно сильно влияет на повседневное функционирование, общение с окружающими, личную жизнь и рабочее состояние пациента.

**Ключевые слова:** параноидная шизофрения, антипсихотическая терапия.

**Introduction.** The majority of modern standards for the treatment of schizophrenia are based on the idea of the equal effectiveness of all antipsychotic drugs (with the exception of clozapine) and their difference only in the spectrum of side effects [2,5]. Therefore, it is proposed to use atypical neuroleptics of a new generation, which rarely cause neurological disorders, as the drugs of choice [1,3]. Traditional neuroleptics are considered as second-line

remedies due to the frequent occurrence of motor disorders and pronounced retarding action. It is indicated that clozapine should be used only last (a reserve drug) due to the possibility of serious complications. A change of neuroleptic is usually recommended if the previous therapy is ineffective.

It is assumed that when switching to treatment with traditional drugs, the effectiveness of which is comparable to atypical neuroleptics, the improvement in the condition may be associated with a higher individual sensitivity of some patients to drugs of this group. The powerful antipsychotic effect of clozapine makes its use useful when other neuroleptics are ineffective in 30-60% of patients.

Despite the attractiveness of the idea underlying the proposed approach (high efficiency and good tolerability), the presented differentiated scheme of therapy for schizophrenia has a number of disadvantages. They are connected with the "controversy" of some theoretical data that became the basis for its development, and with certain difficulties of its application in clinical practice. For example, recently, the opinion has been increasingly expressed about the "preliminary" results of studies indicating the high effectiveness of atypical neuroleptics [3,5].

When taking them, side effects often develop that can pose a serious threat to the health of patients, significantly worsen the quality of life, lead to stigmatization and non-compliance with medical recommendations (metabolic and endocrine disorders, pirouette tachycardia) [4]. In the proposed scheme, there are no recommendations for a differentiated choice of atypical neuroleptics of a new generation.

It is indicated that the individual effectiveness of these funds can be determined only by the method of "trial and error" [2]. Thus, in practice, the choice of therapy has to be carried out based on the personal preferences of a specialist, which often leads to a long "search" of various drugs without achieving the necessary therapeutic effect.

**The purpose of the study.** Identification, analysis and determination of the significance of socio-psychological factors in the formation of a complex of side effects of antipsychotic drug therapy in patients with paranoid schizophrenia.

**Materials and methods of research.** The main research method was clinical and psychopathological using clinical observation, interviewing, questioning, analysis of anamnestic information. Due to the psychotic state, the patients were treated with antipsychotic drugs, mainly in the form of their combinations, which correlates with the literature data.

Biopsychosocial determinants of attitudes to mental and somatic illness, HC therapy in patients with paranoid schizophrenia 11 patients with paranoid schizophrenia with combined somatic pathology were observed (acute pneumonia - 23.42% (n=26); chronic non-structural bronchitis - 27.03% (n=30); acute respiratory diseases - 24.32% (n=27); gastric and duodenal ulcer - 25.22% (n=28).

The choice of combined somatic pathology was determined by the fact that these disorders had little effect on the mental status of patients. Patients received therapy with various somatotropic agents adequate to the diagnosed condition.

**The results of the study.** The study is based on the statement that in patients with schizophrenia, the attitude to treatment with neuroleptics often does not depend on the prescribed type of drug (Mosolov S.N., 1998). According to the RLIBB scale, two groups were identified: with a predominance of negative (n=71) and positive (n=40) syndromes. A one-time assessment of the studied parameters by patients and the researcher was used. It was found that 77.48% (n=86) of patients denied having a mental illness and considered themselves mentally healthy (scores of "5-7 points" on the Dembo-Rubinpgein scale in the modification of T.M. Gabriyal, 1972).

A clinical and psychopathological study with the help of RAIBB showed different degrees of severity of non-criticality to the disease, traced in 84.68% (n= 94) of patients. At the same time, 95.5% of patients (n=106) recognized the presence of certain painful symptoms.

Comparison of the indicators of criticality to the disease as a whole and its individual manifestations reveals significant differences ( $p<0.05$ ). The difference in the assessment of criticality to the psychopathological state from the positions of the patient and the doctor can be associated with both painful manifestations and dissimulation.

It was revealed that the symptoms characterizing mainly "biological" manifestations of the disease that do not cause social stigmatization: headache, unpleasant sensations in the body, low mood, apathy, sleep disturbance received high ratings of patients (5-7 points). A parallel assessment according to RA No. 8 (scales of somatic concern, depression and passive-apatetic social isolation) did not reveal significant differences, which indicates a sufficiently high criticality of patients.

Symptoms indicating a violation of the functioning of an individual in society, leading to stigmatization: impaired attention and memory;

hostility, irritability, short temper, manifestations of aggressiveness, behavioral disorders that do not fit into the framework of social normativity, perception deceptions, automatism, received low scores in patients (1-3 points), according to RA ^ B (4-6 points), which indicates low criticality of patients to these violations.

The use of psychoactive substances by patients with paranoid schizophrenia to correct the side effects of psychopharmacotherapy, a survey was conducted of 92 men with paranoid schizophrenia who underwent inpatient treatment for the second or more times. In addition to the above cohort, there were 17 patients who abused chifir during the period of neuroleptic therapy, as well as 22 patients who abused chifir and tranquilizers-benzodiazepines.

Without the use of medications, 4.35% of patients could cope with the side effects of psychopharmacotherapy. According to respondents, the reception of correctors-cholinolytics - 92.39%, benzodiazepine tranquilizers - 42% helped to get rid of unpleasant sensations that arose in connection with taking psychopharmacological drugs. These drugs were taken as prescribed by a doctor in 47.63% of cases, independently - in 41.3% of cases. Clinical manifestations of side effects, according to patients, decreased with intensive smoking - 46.74%, drinking strong tea - 25%, drinking alcohol - 9.78%, staying outdoors - 7.61%, drinking plenty of mineral water, fruit juices - 5.43%, physical exercise - 3.26%.

37% of patients supported the opinion on the need for constant intake of psychotropic drugs prescribed by a doctor, and the insufficiency of prescribing correctors-cholinolytics and tranquilizers-benzodiazepines was emphasized by 42.39% and 27.17% of patients. Cases of simultaneous intake of psychotropic drugs and alcohol were reported by 41.3% of respondents. A negative attitude to limiting the use of tea and coffee in a psychiatric hospital was revealed in 57.61% of patients.

In 70.65% of cases, excitement, emotional tension, and anxiety contributed to an increase in the intensity of side effects of psychopharmacotherapy. In 42.39% of patients exchanged information about ways to correct side effects. 69.57% of patients, observing side effects in other patients, made their own judgments about the adequacy of the use of antipsychotic drugs.

The ideas of the mentally ill about their illness and society about the mentally ill are formed on the basis of individual psychological communicative interaction. Archetypal mythological ideas about psychopathology are projected onto the socio-psychological characteristics of the interaction of the mentally ill and society.

The analysis of the obtained results allows us to consider the complex of side effects of antipsychotic therapy as a consequence of the interaction of psychopathological, individual psychological and social factors within the framework of the biopsychosocial concept of the development of pathological processes.

**Conclusion.** The essence of the work is due to the results of the study, which made it possible to concretize and systematize ideas about the occurrence of a complex of side effects of neuroleptic therapy in patients with paranoid schizophrenia, to identify non-pharmacogenic factors of a psychosocial and morbid nature in their pathogenesis.

Biopsychosocial analysis of the etiopathogenesis of side effects of antipsychotic therapy allowed us to substantiate and propose a method of complex correction of the above disorders.

Data on the use of alcohol and other psychoactive substances by patients with paranoid schizophrenia in the form of self-designation for the correction of side effects of psychopharmacotherapy, make it necessary to include questions about the sanogenic activity of patients in the algorithm of examination of patients and to take it into account in the therapeutic and diagnostic process.

Information about socially-mediated factors involved in shaping the attitude of the population to patients with paranoid schizophrenia and methods of their treatment can be used in the development of destigmatization programs.

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