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**PROGNOSIS AND PREVENTION OF NON-PSYCHOTIC MENTAL  
DISORDERS IN PATIENTS WHO HAVE SUFFERED A MYOCARDIAL  
INFARCTION**

*Resume:* The article is devoted to non-psychotic mental disorders that occur during myocardial infarction, in which the following information is given as a dolzarlik: diseases of the cardiovascular system occupy a leading position in the structure of mortality among adults - 55% of the total number of deaths, among the main nosologies of coronary heart disease, diseases and atrial fibrillation are also detected. Atrial fibrillation is also one of the most common heart diseases in the world, with about 2.4 million people in the United States infected with AF. It is believed that by 2050 the number of patients with AF may reach more than 5.6 million.

The article presents information that non-material disorders in cardiovascular diseases threaten patients with a number of mental "catastrophes", brain strokes, cardiocerebral embolisms and other ischemic attacks, as well as their mental complications.

*Key words:* myocardial infarction, non-psychotic disorders, cardiovascular diseases.

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**ПРОГНОЗ И ПРОФИЛАКТИКА НЕПСИХОТИЧЕСКИХ**

## ПСИХИЧЕСКИХ РАССТРОЙСТВ У ПАЦИЕНТОВ, ПЕРЕНЕСШИХ ИНФАРКТ МИОКАРДА

**Резюме:** Статья посвящена непсихотическим психическим расстройствам, возникающим при инфаркте миокарда сердца, в которой в качестве дользарлика приведена следующая информация: заболевания сердечно-сосудистой системы занимают лидирующее положение в структуре смертности населения среди взрослых - 55% от общего числа смертей, среди основных нозологий ишемическая болезнь сердца также обнаруживаются заболевания и фибрилляция предсердий. Фибрилляция предсердий также является одним из наиболее распространенных сердечных заболеваний в мире, при этом около 2,4 миллиона человек в США инфицированы ФП. Считается, что к 2050 году число пациентов с ФП может достичь более 5,6 миллионов.

В статье представлена информация о том, что нематериальные расстройства при сердечно-сосудистых заболеваниях угрожают пациентам рядом психических "катастроф", мозговыми инсультами, кардиоцеребральными эмболиями и другими ишемическими атаками, а также их психическими осложнениями.

**Ключевые слова:** инфаркт миокарда, непсихотические расстройства, сердечно-сосудистые заболевания.

**Relevance.** Modern research in the field of the relationship of cardiac diseases and psychological characteristics of personality to date reveals two approaches to the problem of the relationship of individual typological properties of personality and the development of CVD [2,5,9].

The first approach assumes the recognition that personality change and the predominance of any of its properties occurs under the direct influence of the disease and depends on the severity and course of the pathological process, according to a number of authors P. Klersson, S.J. Mann, L.V. Shpak, et al.

Patients with coronary artery disease develop depressive states after a myocardial infarction [1,7,10], patients with paroxysmal rhythm disturbances, as a rule, suffer from anxiety-phobic disorders [3,6,8], patients with a permanent form of atrial fibrillation more often reveal depressive disorders [5], the appearance of aggressiveness in behavior in patients with coronary artery disease [4]. Patients with ischemic CHF suffer from all of the above changes, which also reduce the adherence to treatment of these patients [9].

The second direction is based on the results of studies [6] that have shown that certain personality traits can contribute to the formation of pathology of various organs and systems, including leading to the development of CVD. In the personality structure of a cardiac patient, the role of factors that increase the likelihood of CVD should be noted: hostility, aggressiveness, extraversion, introversion, neuroticism, friendliness and openness to new experiences [8].

**The purpose of the study.** To develop clinical models of therapy and determine their effectiveness depending on the psychopathological structure of non-psychotic disorders in patients who have suffered a myocardial infarction or brain stroke.

**Materials and methods of research.** In order to fulfill our task, we selected a total of 80 patients with complications with non-psychotic mental disorders that occur during myocardial infarction for examination.

The main method of correction of nosogenic reactions is psychopharmacotherapy, which is carried out taking into account the clinical structure of the condition and the basic principles of treatment of patients with psychosomatic disorders in general medicine: the choice of drugs based on the balance of efficacy / tolerability; minimum therapeutic and subtherapeutic doses of drugs relative to "standard" recommendations; long-term and continuous therapy taking into account the polymorphism of trigger factors [6].

**The results of the study.** Two psychopathological variants of anxiety neurotic disorders were identified in persons who had suffered a myocardial

infarction or a brain stroke: anxiety disorder proper (60.6%) and mixed anxiety-depressive disorder (39.4%).

The representation of various variants of anxiety neurotic disorders is different depending on the type of physical illness, age and gender of patients, as well as the severity of their disability. Anxiety disorder is more common in patients who have suffered a myocardial infarction, in younger male patients with the smallest disability group (3rd working group). Mixed anxiety-depressive disorder is more typical for patients who have suffered a brain stroke, older people (especially after 50 years) and mainly for women.

The obtained clinical and psychopathological data made it possible to develop clinical and computer models of music therapy with individual selection of psychotherapeutic compositions, which enable the patient to make his own choice of fragments of the musicopsychotherapeutic program, as well as to create individual musicopsychotherapeutic compositions taking into account the psychopathological variant of neurotic disorder.

It was found that the nature of the musical fragments chosen by the patient depends on the variant of anxiety neurotic disorder identified in him.

**Conclusion.** According to the data of modern literature, patients with coronary heart disease, CHF, AF develop cognitive disorders of varying severity against the background of somatic pathology, including disorders of the emotional and mental sphere. In the conducted studies, it was possible to clarify that against the background of AF and CHF of ischemic genesis or their combination, psychological and CR aggravate the patient's condition, therefore, their early detection and correction improves the prognosis for the patient. At this stage of diagnosis of patients with coronary heart disease, CHF, AF, there is no consistent algorithm for detecting the UKR syndrome. Among the informative methods of testing cognitive deficits, one can distinguish MMCE tests, Vexler subtests 5, Vexler 7, Bourdon proof-reading test, MOCK test, the methods can be used both separately and together complementing each other. It

seems to us that when assessing the psychological status of a patient (congenital personality changes: temperament, character, alexithymic profile and acquired features anxiety, depression, aggressive phobic disorders, etc.), it is also advisable to use a combination of psychometric techniques, including questionnaires, scales and projective tests, for example, the Lusher test.

Psychoemotional stress, in our opinion, is in the modern world a poorly modifiable prolonged predictor of psychodynamic and cognitive changes in patients with coronary heart disease, AF, CHF, aggravating the impact of other cardiovascular risk factors. Hereditary features of the patient's personality should be considered as a set of psychodynamic and cognitive parameters of the patient.

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