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### **NEUROTIC DISORDERS IN COVID-19**

**Resume:** COVID-19 is an acute respiratory disease caused by a new strain of coronavirus SARS-CoV-2. The virus was first detected at the end of 2019 in the Chinese city of Wuhan and has been actively spreading around the world since then, causing a pandemic.

Most often, patients with COVID-19 have neurotic disorders: various types of anxiety disorders, including panic attacks, depressive disorders, obsessive-compulsive neuroses, accompanied by various phobias. 1 percent of patients are diagnosed with psychoses occurring against the background of intoxication. They are often accompanied by confusion, delirium or hallucinations. The clinical picture at the same time resembles the clinical picture of deliriums.

**Keywords:** *COVID-19, neurotic disorders, intoxication.*

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### **НЕВРОТИЧЕСКИЕ РАССТРОЙСТВА ПРИ COVID-19**

**Резюме:** COVID-19 представляет собой острое респираторное заболевание, вызываемое новым штаммом коронавируса SARS-CoV-2. Впервые вирус был выявлен в конце 2019 года в китайском городе Ухань и с того времени активно распространяется по всему миру, став причиной пандемии.

Чаще всего у заболевших COVID-19 наблюдаются невротические расстройства: различные виды тревожных расстройств, в том числе панические атаки, депрессивные расстройства, обсессивно-компульсивные неврозы, сопровождающиеся различными фобиями. У 1 процента больных диагностируются психозы, протекающие на фоне интоксикации. Они нередко сопровождаются помрачением сознания, бредом или галлюцинациями. Клиническая картина при этом напоминает клиническую картину делириев.

**Ключевые слова:** COVID-19, невротическая расстройства, интоксикация.

**Relevance.** The emergence of the COVID-19 pandemic caused anxiety among the population associated with illness, death and uncertainty about the future, which led to a violation of psychosocial behavior that affected a significant part of the population around the world. Social distancing, the loss of a structured educational base and changes in employment conditions are additional factors contributing to the emergence of anxiety - depressive spectrum disorders.

An unjustified fear of SARS-CoV-2 infection leads to increased anxiety among the general population and among people with pre-existing mental illnesses, which in turn leads to discrimination and stigmatization. Female gender, poor socio-economic status, interpersonal conflicts, frequent communication in social networks and insufficient social support are some of the factors that have a significant impact on the overall state of mental health.

**The purpose of the study.** Will conduct a clinical and psychological analysis of neurotic and various levels of mental changes suffering from COVID-19

**Research methods.** We examined a total of 120 patients who were diagnosed with COVID-19 in order to fulfill the task assigned to us, as a result

of which neurotic and various levels of mental changes occurred, and we conducted a clinical and psychological analysis on them.

**The results of the study.** Moderate to severe depressive symptoms were detected in 1,6,5%; 28.8% had symptoms of moderate to severe anxiety; 8, 1 % of respondents said that they were experiencing extremely severe stress.

Respondents, persons who have been isolated for 1 4 days or more (n=170), the average score of the alarm scale was  $55.4 \pm 1 4.3$  points, which corresponds to the confident level of anxiety in the subjects. The recorded anxiety correlated with severe stress and negatively affected the quality of sleep and social interaction. Moreover, the level of social interaction was positively adjusted with the quality of sleep, i.e. the less social relationships a person had at a given time, the better his sleep was.

The average score of the anxiety scale was  $55.3 \pm 1 4.2$ ; Moreover, anxiety was positively correlated with stress and negatively with sleep quality, social support and efficiency.

Also, the study data show the following features - women who have symptoms of ARVI and consider their immunity to be "bad" had higher rates of anxiety and depression. While informing this group about the main manifestations and special preventive measures significantly reduced anxiety and depression.

Due to the speed of development, most of the authors are based on Chinese literary sources, or theoretical models developed in past pandemics. Thus, researchers from Iran (Zandifar and Badrfam) emphasize the role of unpredictability, uncertainty and uncertainty in the severity of the disease, misinformation in the media and social isolation in aggravating the existing stress and increasing the number of mental disorders in the population.

The authors emphasize the need for mandatory participation of psychiatric services during social isolation. The authors of Dong and Bouey emphasize that in countries with high incidence rates, a crisis in psychiatric care is very likely to

occur, which could have been avoided by more actively involving this service in the fight against the pandemic. Scientists from Japan (Shigemura et al.), emphasize the economic impact of COVID-19 on the well-being of the population and a direct correlation with the increase in the level of fear and panic behavior in this regard, the accumulation and collection of resources in the general population. In the official report of Duan and Zhu, it is indicated that, unlike other countries, China has late included psychological and psychiatric

care in the protocols for the treatment and assistance in emergency situations, which led to a faster increase in the incidence of mental disorders and their persistence

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Respondents, persons who have been isolated for 14 days or more (n=170), the average score of the alarm scale was  $55.4 \pm 14.3$  points, which corresponds to the confident level of anxiety in the subjects. The recorded anxiety correlated with severe stress and negatively affected the quality of sleep and social interaction. Moreover, the level of social interaction was positively adjusted with the quality of sleep, i.e. the less social relationships a person had at a given time, the better his sleep was.

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**Conclusion.** Despite the pandemic and a small number of studies, psychiatrists and related specialists have been offering recommendations for the preservation of mental health among the general population, among health workers and vulnerable groups of the population for a short time. Although the quality of evidence in the available literature is relatively low, it still contains numerous valuable observations and suggestions for all specialists working in the field of psychiatry, regardless of whether they are associated with psychiatric or general hospitals or work in society.

As the number of patients affected by this pandemic continues to grow, the psychiatric profession, especially in Asian countries, faces both a problem and an opportunity; the problem of overcoming the numerous barriers and restrictions indicated in the above literature, as well as the possibility of implementing those proposals or recommendations that are feasible at the local or regional level.

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**Вывод.** Доля пациентов с COVID-19 с неврологическими проявлениями мала по сравнению с респираторными заболеваниями.

Однако, принимая во внимание недавние сообщения о неврологических и психических расстройствах у пациентов с COVID-19, крайне важно диагностировать прямые и косвенные нейротропные эффекты ковида (SARS-CoV-2) и его вторичные воздействия на нервную систему..

Уделение пристального внимания неврологическим и психиатрическим последствиям SARS-CoV-2 в высшей степени оправдано для раннего и эффективного лечения этого состояния с помощью терапевтических стратегий и программ реабилитации.