

## OPPORTUNITIES FOR COMPREHENSIVE PSYCHOMETRIC ASSESSMENT OF ANXIETY STATES IN LATE-AGE DEMENTIA

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**Abstract.** *It is known that anxiety in dementia occurs in 35-89% of cases. Existing scales allow you to assess a wide range of mental disorders of the usual late age, but they are not aimed at identifying anxiety or characterize it as isolated from other related diseases. With the help of such scales, you can find positive and negative symptoms, determine the degree of their incorrect effect, but none of them allows you to assess the severity of the situation, not taking into account the complex relationship between the anxiety complex and subsequent symptoms.*

**Keywords:** *psychometric assessment, anxiety states, dementias of late age.*

**Introduction.** Malfunctions of such patients with dementia are associated with loss of daily skills and mental disorders that determine behavior. If care and observation cover the helplessness of the house and in most cases are associated with the optimal costs of strength and funds, then behavioral and psychotic disorders (Syn. non-cognitive mental disorders - NPR or Bpsd-Behavioral and Psychological symptom in dementia-in the English language literature) require urgent action or active intervention, which radically changes the principles of providing assistance to such patients and makes the task of compensating for the mental disorders that arise first-rate, expensive and severe [1-8].

Scales for assessing anxiety in dementia (anxiety level in dementia (RAID), cognitive Impairment and anxiety in dementia) are overly sensitive, they are characterized by sufficient constructive validity and only approximately assess the severity of anxiety [9, 10].

Analysis of anxiety states from data obtained as a result of many years of observational studies made it possible to determine their characteristics and some general patterns. In particular, the most characteristic somatic and mental symptoms of anxiety have been described [11, 12], and the structure of post psychotic anxiety States has been identified [13]. The relationship between certain symptoms, the nature of the psychosis before them and the nature of the underlying disease was studied [14].

Cases of anxiety in Dement patients were found to be characterized by instability and a "mosaic" set of clinical manifestations [15]. This is because such syndromes are the result of changes in psychotic anxiety [16] and include signs of stage and transition disorders [17]. Gradually, we have identified the rules for assessing the state of anxiety that allow us to develop a new measure. Below are the stages of its creation, theoretical rules and practical findings,

algorithm and principles for assessing the state of anxiety, as well as the results of testing a new tool [18-21].

The possibilities of treating anxiety in clinical and dementia have been studied in experimental or observational studies. Most of the research groups dealing with this problem were heterogeneous in the composition of specialists: in selected groups, neurologists, psychiatrists, geriatrists, psychologists identified and assessed disturbing symptoms. To consolidate the results and get the opportunity to compare them further, the main parameters analyzed are the test results [22-26]

The difficulties of psychometric assessment of non-cognitive diseases are associated not only with the peculiarities of the pathology under study, but also with the development of algorithms and a lack of reliable tools. The most popular scales of anxiety assessment can only have a large amount of convention due to conceptual limitations that cannot be overcome in these patients. The common ham-a Anxiety Scale (Hamilton M., 1959) is best suited for cases where a specific diagnosis of General Anxiety Disorder (Gad) is made in the absence of other diseases (e.g. dementia), which in itself may be responsible for similar symptoms. This tool can only be used in assessing the therapeutic dynamics of anxiety and only in those who are capable of self-reporting [27-30].

On the NPI scale anxiety is seen as one of the possible symptoms, the manifestation of which meets the diagnostic criteria of Gad. The measurement does not provide a separate assessment of the different manifestations of anxiety. In addition, anxiety is assessed independently of symptoms such as irritability, insomnia, depression, aberrant motor behavior, which are closely related to anxiety in most cases in late-aged dementia [31-34].

The condition for using the RAID scale is the initial assumption of the presence of anxiety disorder and the primary purpose of the test is to determine whether anxiety is clinically significant. The basis of this scale is again the GAD diagnostic criteria, and therefore the RAID is in many ways also-A. Shankar K. Repeats the K scale with co-authors. difficult-to-sort symptoms such as disturbing distractions of attention and hypothyria were excluded [35-38]. Given the inability of patients to report on their own, several considerations were introduced into the scale that described the same disturbing phenomena differently to increase the sensitivity of the instrument. For example, depending on the cause and direction of anxiety, anxiety is assessed in five different positions. Annoying irritability in various forms is at 3 points on the scale, vegetative diseases-at 4 points. As a result, the low specificity of the instrument reduces its practical value [39-43].

Consequently, currently, the most developed approaches to the detection and assessment of anxiety disorders have a number of significant disadvantages that are an attempt to overcome in this work [44-46].

The purpose of the study. The goal was to determine the range of anxiety and other disorders that would fully reflect mental state at different stages of the painful episode.

**Research materials and methods.** A multi-year follow-up study examined 236 cases of acute, subacute and chronic anxiety disorders. 82 males and 154 females ( $m = 79,26 \pm 7,49$ ) between the ages of 53 and 100 were observed in stationary (110 cases) and outpatient (126 cases) conditions. The duration of dynamic observation was from several days to 2-3 years, in most cases it was about six months. 108 (45,8%) people suffered from an early form of dementia, with 100 (42,4%) on average and 28 (11,9%) deep. Late and early onset Alzheimer's disease (AD) is

associated with 152 (64,4%), vascular dementia (vd) - 47 (19,9%), and mixed dementia (dm) – 37, man (15,7%). The MMSE scale for cognitive status assessment (Folstein M. F., at al., 1975), used the NPI scale to screen for non-cognitive disorders (Cummings J. L., at al., 1994), a set of parameter panels based on HAM-a, RAID scales, and taking into account DSM-IV-TR Gad criteria were used for screening anxiety disorders.

**Results.** According to the results of several studies (Smirnov O. R., 2013, 2015) original panel reduced to 11 points:

- 1) anxious mood often takes the form of irritability;
- 2) tension (tremor, relaxation);
- 3) insomnia;
- 4) intellectual disorders manifested in disturbing distraction;
- 5) depressive mood;
- 6) muscle signs: vibration, muscle strengthening;
- 7) emotional symptoms in the form of weakness, feeling tired;
- 8) cardiovascular symptoms (tachycardia, blood pressure instability);
- 9) genitourinary symptoms (increased urination);
- 10) vegetative symptoms (dry mouth, sweating);
- 11) disturbing behavior.

Subsequently, symptoms that have undergone a number of serious changes under transitional post psychotic conditions have been identified. Thus, the clinical concepts of" secondary "(with respect to anxiety) and" primary "(due to the primary process)" hypothymia " and "indifference" were introduced.

It has been found that" anxious walking", " return agitation", " inappropriate benevolence " have often been recorded in AD sufferers.

In the post psychotic period, hallucinations occurred only within the framework of late age hallucinations and should have been taken into account in the general assessment, since the patients themselves can cause increased anxiety.

It turned out that a number of symptoms indicated the nature of psychosis, for example, "residual delirium", "asthenia", "dysphoria", "euphoria", "secondary hypothymia" were observed after delirium.

The test procedure was gradually optimized, which increasingly corresponded to the current practice stages of dynamic patient observation and examination.

As a result, the diagnostic list took the following form: the first group of symptoms are symptoms that are usually detected through dynamic observation and preliminary analysis of the work:

- 1) annoying Wanderer / restless;
- 2) insomnia;
- 3) hallucinations (tactile / taste / visceral / visual);
- 4) return agitation;
- 5) dysphoria.

The second group of symptoms of clinical and diagnostic importance was identified during a physical examination.

- 6) vegetative symptoms (dryness, sweating);
- 7) cardiovascular symptoms (tachycardia, instability A/D);

- 8) genitourinary symptoms (increased, urinary incontinence, discomfort in the genitourinary sphere);
- 9) muscle signs (tremors);
- 10) anxiety strain (stiffness);
- 11) intellectual disorders (annoying distractions of attention).

The third group of symptoms was identified by questioning and direct observation of the patient

- 12) anxious mood (mood instability, irritability);
- 13) inappropriate politeness;
- 14) euphoria (postdeliriosis or frontal);
- 15) asthenia, fatigue, fatigue;
- 16) postdeliriosis apathy;
- 17) primary apathy (frontal, subcortical);
- 18) secondary hypothyria;
- 19) primary hypothyria (endogenous depression or depression of unknown etiology, possibly in the past or before the onset of acute psychosis);
- 20) small volume dynamic delirium;
- 21) lying.

In previous works (Smirnov O. R., Tokarskaya S. V., 2016) it has been shown that all transitional anxiety states are divided into two groups: anxiety fatigue syndromes and anxiety activation syndromes. With this measurement, it was possible to identify and evaluate all the components of these syndromes. As a result, for example, a high score at scale points included in irritable fatigue syndrome (asthenia, residual delirium, recurrent dysphoric arousal, secondary hypothyria and apathy), this delirium may indicate the delirium nature of the past psychosis, regardless of the developed nosology.

In other cases, high scores on scores reflecting anxiety activation syndrome (inconsistent politeness, concussion, insomnia, irritability, recurrent arousal) have shown the Lucid nature of anxiety arousal, which is common in people with senile-atrophic debilitating disorders.

**Conclusions.** A comprehensive psychometric assessment of anxiety conditions in late-aged dementia makes it possible to reliably identify diagnostic and prognostically important syndromes.

Anxiety is one of the most common phenomena in the clinical picture of dementia. It serves as a universal adaptive reaction in the context of progressive dissolution of brain structures affected by the pathological process. Anxiety refers to a response to an external and internal uncontrolled situation.

Psychometric tools used to assess anxiety in dementia are built without taking into account the hierarchical structure of the syndrome and its clinical and dynamic characteristics.

The scale developed to assess the state of anxiety in dementia makes it possible to quickly and comprehensively assess the state of mind, the general severity of mental disorders, as well as the severity of secondary symptoms after anxiety, symptoms of underlying disease and postpsychotic residual phenomena. Therefore, with its help, you can determine the tension of the situation, sort out the stage of the painful episode, make an initial nosological diagnosis and retrospectively sort out the type of acute psychosis of the past. To apply the measure, a sufficiently

high qualification of a psychiatrist is required, which allows him to take advantage of all the advantages of a hermeneutic approach.

### **REFERENCES**

1. Allambergenov A. J. et al. Postcovid syndrome and its neuropsychiatric consequences after covid-19 in patients with alcoholism //European Journal of Interdisciplinary Research and Development. – 2023. – T. 11. – C. 42-46.
2. Abdurazakova Robiya Sheraliyevna, Turaev Bobir Temirpulotovich 2023. Characteristic features of affective disorders in children with autism. Iqro jurnali. 2, 2 (Apr. 2023), 722–727.
3. Asliddinovich M. O. et al. Psychological characteristics of patients with gastrointestinal diseases //IQRO. – 2023. – T. 3. – №. 1. – C. 225-230.
4. Hamidullayevna X. D., Temirpulotovich T. B. Clinical and psychological features of alcoholism patients with suicidal behavior //IQRO. – 2023. – T. 1. – №. 2. – C. 711-720.
5. Holdorovna I. M., Murodullayevich K. R., Temirpulotovich T. B. Problems of consciousness disorder in modern psychiatry //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 20-27.
6. Holdorovna, I.M. and Temirpulotovich, T.B. 2023. Features of Psychopharmacotherapy in Patients with Severe Mental Disorders. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 40–46.
7. Holdorovna, I.M. and Temirpulotovich, T.B. 2023. Optimization of complex methods of treatment of patients in schizophrenia. Journal of education, ethics and value. 2, 8 (Aug. 2023), 59–67.
8. Holdorovna, I.M. and Temirpulotovich, T.B. 2023. The Role of the Family in the Formation of Internet Addiction. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 10–15.
9. Murodullayevich K. R., Holdorovna I. M., Temirpulotovich T. B. The effect of exogenous factors on the clinical course of paranoid schizophrenia //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 28-34.
10. Murodullayevich K. R., Temirpulotovich T. B., Holierovna K. H. Social assistance in patients with phobic anxiety disorders //Iqro jurnali. – 2023. – T. 2. – №. 2. – C. 408-413.
11. Ochilov U. U., Turaev B. T., Zhumageldiev N. N. Peculiarities of the formation and course of alcoholism in persons with character accentuations and personality disorders //Bulletin of Science and Education. – 2020. – №. 10-4. – C. 88.
12. Temirpulotovich T. B. Depressive disorders in alcohol recipients and its socio-economic consequences during the covid-19 pandemic //Web of Scientist: International Scientific Research Journal. – 2023. – T. 4. – №. 1. – C. 162-168.
13. Temirpulotovich T. B. et al. Alkogolizm bilan kasallangan bemorlarda covid-19 o'tkazgandan keyin jigardagi klinik va laborator o'zgarishlar //journal of biomedicine and practice. – 2023. – T. 8. – №. 1.
14. Temirpulotovich T. B. et al. Clinical Manifestations of Suicidal Behaviors as a Result of Depressive Disorders During Adolescence //Eurasian Medical Research Periodical. – 2022. – T. 8. – C. 55-58.

15. Temirpulatovich T. B. et al. Covid-19 pandemiyasi davrida ruhiy omillarning spirtli ichimliklarni iste'mol qilishga ta'siri //Journal of biomedicine and practice. – 2022. – T. 7. – №. 3.
16. Temirpulatovich T. B. et al. Covid-19 pandemiyasi vaqtida spirtli ichimliklarni iste'mol qiluvchi shaxslarda depressiv buzilishlarning tarqalishi //Journal of biomedicine and practice. – 2022. – T. 7. – №. 1.
17. Temirpulatovich T. B. et al. Prevalence of borderline personality disorder among people addicted to alcohol and drugs //IQRO. – 2023. – T. 2. – №. 2. – C. 395-400.
18. Temirpulatovich T. B. et al. Study of the dominant signs of a manifest attack of schizophrenia with the use of psychoactive substances //IQRO. – 2023. – T. 2. – №. 2. – C. 388-394.
19. Temirpulatovich T. B. Optimization of psychopharmacotherapy of affective disorders during the covid-19 pandemic in alcohol-dependent patients //IQRO. – 2023. – T. 2. – №. 1. – C. 175-180.
20. Temirpulatovich T. B. Patients With Alcoholism Functional Changes in the Liver After Covid-19 Disease //The Peerian Journal. – 2023. – T. 15. – C. 38-47.
21. Temirpulatovich T. B. Sexual behavioral disorders after the covid-19 pandemic in patients with alcoholism //World Bulletin of Public Health. – 2022. – T. 10. – C. 207-209.
22. Temirpulatovich T. B., Hamidullayevna X. D. Clinical and laborator changes in patients with alcoholism who have undergone covid 19, with various pathologies in the liver //Open Access Repository. – 2023. – T. 4. – №. 2. – C. 278-289.
23. Temirpulatovich T. B., Hamidullayevna X. D. Neuropsychiatric disorders that develop in a complication of covid-19 to alcoholism //European Journal of Interdisciplinary Research and Development. – 2023. – T. 11. – C. 47-51.
24. Temirpulatovich T. B., Murodullayevich K. R. Characteristic features of postkovid syndrome in patients with alcoholism, the presence of various liver diseases //Open Access Repository. – 2023. – T. 4. – №. 2. – C. 266-277.
25. Temirpulatovich T. B., Murodullayevich K. R., Uzokboyevich T. A. The Interrelationship of The Covid-19 Pandemic with Alcohol Abuse //Eurasian Medical Research Periodical. – 2022. – T. 8. – C. 137-139.
26. Temirpulatovich T. B., Sabrievna V. A. Effects of the Covid-19 Pandemic on the Frequency of Alcohol Abuse and Clinical and Psychopathological Features //Eurasian Medical Research Periodical. – 2022. – T. 8. – C. 68-71.
27. Temirpulatovich T. B., Uzokboyevich T. A. Biochemical Changes in the Liver After Covid-19 Disease in Alcohol-Dependent Patients and Their Effects on the Course of Alcoholism //The Peerian Journal. – 2023. – T. 15. – C. 28-37.
28. Temirpulatovich T. B., Uzokboyevich T. A. Effects of exogenous psychological effects on alcohol consumption during the covid-19 pandemic //Web of Scientist: International Scientific Research Journal. – 2023. – T. 4. – №. 1. – C. 157-161.
29. Temirpulatovich, T.B. 2023. Crisis Behavior in Anxiety-Depressive Disorders in Alcoholic Patients after the Covid-19 Pandemic. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 23–27.
30. Temirpulatovich, T.B. 2023. Laboratory Changes in Chronic Alcohol Abusers in Postcovid Syndrome. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 55–64.

31. Temirpulotovich T. B. Somatoform variant post-traumatic stress disorder //Journal of healthcare and life-science research. – 2023. – Т. 2. – №. 9. – С. 45-52.
32. Turaev B. the course of the disease during the covid-19 pandemic in patients with alcoholism //Science and innovation. – 2022. – Т. 1. – №. D8. – С. 130-134.
33. Turaev Bobir Temirpulatovich 2023. Socio-demographic, personal and clinical characteristics of relatives of alcoholism patients. Iqro jurnali. 1, 2 (Feb. 2023), 685–694.
34. Turaev Bobir Temirpulatovich 2023. Ways to prevent negative disorders in schizophrenia. Iqro jurnali. 1, 2 (Feb. 2023), 35–44.
35. Turaev Bobir Temirpulatovich, Kholmurodova Hulkar Holierovna, Ochilova Nigina Ulug'bek qizi. Prevalence of borderline personality disorder among people addicted to alcohol and drugs. Iqro jurnali. 2, 2 (Apr. 2023), 395–400.
36. Turaev Bobir Temirpulatovich, Ochilova Nigina Ulug'bek qizi. “Study of the dominant signs of a manifest attack of schizophrenia with the use of psychoactive substances”. Iqro jurnali, vol. 2, no. 2, Apr. 2023, pp. 388-94.
37. Turaev Bobir Temirpulatovich. “Clinical manifestations of anxiety depressions with endogenous genesis”. Iqro jurnali, vol. 1, no. 2, Feb. 2023, pp. 45-54,
38. Turgunboyev Anvar Uzokboyevich, Turaev Bobir Temirpulatovich, Kholmurodova Hulkar Holierovna 2023. Clinical and psychological analysis of the risk of second admission of patients with psychoses of the schizophrenia spectrum to a psychiatric hospital. Iqro jurnali. 2, 2 (Apr. 2023), 380–387.
39. Usmonovich, O.U. and Temirpulatovich, T.B. 2023. The influence of the presence of mentally ill children in the family on the psyche of parents. Journal of education, ethics and value. 2, 8 (Aug. 2023), 68–75.
40. Xushvaktova Dilnoza Hamidullayevna ,Turaev Bobir Temirpulatovich 2023. Clinical and psychological features of alcoholism patients with suicidal behavior. iqro jurnali. 1, 2 (Feb. 2023), 711–720.
41. Xushvaktova Dilnoza Hamidullayevna ,Turaev Bobir Temirpulatovich 2023. Factors of pathomorphosis of alcoholic delirium. Iqro jurnali. 1, 2 (Feb. 2023), 721–729.
42. Очилов У. У. и др. Оптимизация профилактики когнитивных и депрессивных расстройств при алкоголизме //Вестник науки и образования. – 2022. – №. 1-1 (121). – С. 109-113.
43. Тураев Б. и др. Изучение клинко-психопатологических особенностей депрессивных расстройств больных с алкоголизмом //Журнал вестник врача. – 2022. – Т. 1. – №. 2. – С. 92-94.
44. Тураев Б. Т. и др. Диагностика и лечение коморбидности алкоголизма и депрессивных расстройств //Вестник науки и образования. – 2021. – №. 4-2 (107). – С. 26-30.
45. Тураев Б. Т. Майший ичкиликбозлик муаммоси бўлган шахсларга ижтимоий омилларнинг covid-19 пандемиси даврида таъсири //Журнал биомедицины и практики. – 2022. – Т. 7. – №. 4.
46. Тураев Б., Хаятов Р. Клинико-психопатологические свойства соматизации аффективных расстройств при рекуррентных и биполярных депрессиях //Журнал вестник врача. – 2020. – Т. 1. – №. 2. – С. 95-99.