

## CONCOMITANT MENTAL DISORDERS AND SOCIAL FUNCTIONING OF ADULTS WITH HIGH-FUNCTIONING AUTISM/ASPERGER SYNDROME

<sup>1</sup>Borisova Yelena Viktorovna, <sup>2</sup>Sharapova Dilfuza Nematillayevna, <sup>3</sup>Turayev Bobir  
Temirpulotovich, <sup>4</sup>Shernazarov Farrukh

<sup>1</sup>Northwestern State Medical University I. I. Mechnikova, Russian Federation city of Saint-  
Petersburg

<sup>2</sup>Samarkand State Medical University Clinical Ordinator in the direction of psychiatry  
Samarkand, Republic of Uzbekistan

<sup>3</sup>Assistant of the department of psychiatry, medical psychology and narcology, Samarkand State  
Medical University, Samarkand, Republic of Uzbekistan

<sup>4</sup>608 group students of Samarkand State Medical University Faculty of Medicine

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**Abstract.** *Catamnestic observations of patients with high-functioning autism / Asperger syndrome suggest that they may experience concomitant mental disorders in early adulthood. This usually happens against the background of an increase in social demands, a change in the stereotype of activity, unfavorable life circumstances or somatic diseases.*

**Keywords:** *high functional autism, Asperger's syndrome, mental disorders.*

**Introduction.** The relevance of studying the long-term consequences of high functional autism of Asperger syndrome is due to the significant prevalence of this disease in the population: from 1 to 5-10 per 1000 children, and at the same time insufficient development of therapeutic approaches in the management of such patients. Their clinical qualifications and differentiation are largely difficult. It is known that for the first time many of these patients turn to psychiatrists in adulthood [1-5]. For many, the disorder remains undetected and patients remain without adequate help. In addition, many patients with high-functioning autism of Asperger syndrome have poor experience in seeking psychiatric care, avoiding doctors despite having severe adaptation difficulties and various psychopathological conditions. The social difficulties caused by autism-based mental disorders are very obvious. As a result, such patients, whose intellectual abilities are preserved, often do not achieve their potential for an independent full-fledged life [6-9].

The main clinical manifestations of Social Communication Disorders characteristic of high functional autism/Asperger syndrome, namely features of speech and non-verbal communication, the difficulty of establishing friendly relations with peers and the difficulty of adequate communication with other people in the environment, the narrow focus of interest and activity unrelated to social life-are directly related to neuropsychological damage. communication mechanisms. Despite the positive dynamics of the development of empathy, the gradual improvement of Tom and normal intelligence, patients with high functional autism/Asperger syndrome often lag behind the age norm, which leads to the delayed formation of their main social achievements (student - specialist student) [10-13].

Disruption of social communication is an important risk factor for the occurrence of comorbid diseases, which leads to a secondary delay in the development of communication skills according to the principle of a "closed circle". Clinical features are supported by data from

neuroimaging studies showing a decrease in mirror neuron activity and a weakening of neural connections between "social brain" structures responsible for developing social cognition skills. It should be taken into account that, despite the similarity of clinical manifestations and physiological disorders, high functional autism/Asperger syndrome and schizophrenia are different diseases and, therefore, early differential diagnosis is very important [14-19].

The widespread practice of diagnosing children with schizophrenia without analyzing existing mental development disorders significantly narrows the prognosis and limits multimodal treatment and Prevention. For this reason, a retrospective study of their condition is very important in the clinical and diagnostic assessment of patients with severe communicative diseases. In addition, in most cases, when mental disorders occur in childhood, adolescence and adolescence, in addition to nosological competence, it is recommended to identify mental developmental disorders, especially in the diagnosis of Asperger syndrome [20-24].

A number of local researchers who have studied Asperger syndrome (childhood schizoid disorder) suggest that its prognosis may be positive. In childhood, adolescence and adolescence, early puberty, the mental state and social adaptation of such patients improve even if there are significant psychopathological manifestations [25].

Many works have been published in the scientific literature dedicated to autism/Asperger syndrome, which works at a high level in childhood and adolescence. At the same time, issues related to clinical manifestations, prognostic criteria, diagnosis of comorbid conditions, the level of social adaptation of adult patients of this category have not been studied in many ways [26-28].

High comorbidity of this disorder has been shown with depression, obsessive-compulsive disorder, personality disorder. A number of studies highlight the primary occurrence of psychotic conditions in such patients [29-30].

It was also noted that in the process of growing up, such patients develop a complete critical understanding of their condition, increased motivation for gaining and maintaining social status, and improved compatibility. At the same time, patients with high-functional autism/Asperger syndrome continue to have characteristic social, communicative and behavioral problems, as well as perceptual problems.

Difficulties in the adaptation of such people are associated both with joint diseases, which are added, and with disorders in personal activity [31-33].

The study of mental state and specific adaptation difficulties in patients with high-functioning autism/Asperger syndrome in early adulthood is an important task associated with the need to develop a differentiated approach to psychiatric care for such patients. This makes it possible to significantly improve the prognosis and increase the level of personal activity of patients with high functional autism/Asperger syndrome [34-36].

The purpose of the study: to study joint psychiatric disorders in patients with autism/Asperger syndrome who work at a high level during early puberty, to assess indicators of mental state and social adaptation.

**Materials and methods.** 75 patients (61 men and 14 women) with high-functioning autism/Asperger syndrome were examined on an outpatient basis. The catamnestic study was conducted in outpatient admission of patients for two to eight years. During the catamnestic period, 61 (81%) patients visited the dispensary for information or invitations, with 19 (25%) seeking psychiatric care; some patients came on several occasions. 39 patients were interviewed with relatives. During the observation period, patients were between the ages of 18 and 38, with a

median age of  $22.4 \pm 5.5$  years at the time of initial examination, and  $26 \pm 4.5$  years at the time of final examination. The study used anamnestic, Clinico-psychopathological, Clinico-catamnestic methods.

**Results and their discussion.** On primary examination and/or in the catamnestic period, 50 (66,7%) of patients with high-functioning autism / Asperger syndrome were diagnosed with joint psychiatric disorders. Of these, 11 (22%) adults have symptomatology for the first time during catamnestic observation. Of the 50 patients, 27 (54%) actively sought psychiatric care, including on the initiative of close relatives. The remaining 23 (46%) patients were diagnosed with psychopathological disorders during their examination, when they arrived for an invitation appointment. Of the 50 people, 36 (72%) received psychopharmacological treatment courses that lasted from a few weeks to several months. 9 (20,9%) of patients were treated continuously for a year or more.

Psychotherapeutic care and specialized psychocorrectional care were provided to all patients with high-functioning autism / Asperger syndrome. Six (12%) of those infected were admitted to psychiatric clinics, four of which did not seek help after withdrawal from the PB, and their condition was deemed satisfactory. 14 (28%) of patients experiencing psychopathological symptoms refused psychopharmacotherapy. In eight of them (57,1%), the situation normalized on its own, and they conditionally switched to a healthy group.

During catamnesis, 34 out of 50 (68%) of patients gradually improved their mental state, which at the time of the last examination did not need psychopharmacotherapy. At the same time, according to the data of relatives and the feedback of patients themselves, they alleviated the symptoms of autism. 25 (33,3%) of patients with high-functioning autism/Asperger syndrome remained in a state of compensation during follow-up. They had no psychopathological symptoms or had residual symptoms that did not reach the level of the disorder. In the period when some of them grew up, the indicators of adaptation in society improved, they rejected any problems in relationships or adaptation to work. In another part, complaints about difficulties in social activities remained.

Seven (9.3%) of the total number of patients observed with high-functioning autism / Asperger syndrome experienced a major depressive episode. Dysthymic affective disorder was diagnosed in 15 (20%) patients. Bipolar affective disorder or temporary bipolar affective phases have been reported in 32 (42,7%) cases. Somatoform disorder with hypochondria symptoms and somatized symptoms occurs in 10 (13,3%) patients. 25 (33,3%) of patients were diagnosed with anxiety-phobic disorders.

Manifestations of obsessive-compulsive disorder have been reported in 12 patients (16%). Residual organic symptoms have been identified in 9 (12%) cases. Five patients (6.6%) experienced psychotic and subpsychotic conditions during the follow-up, which stopped for several days to weeks and did not recover a second time. 24 (32%) of patients with high-functioning autism/Asperger syndrome reported intermittent derealization during their lifetime. 8 (10,7%) of patients showed addiction trends.

At the time of the final examination, 14 patients with high-functioning autism/Asperger syndrome (18,7%) remained in need of treatment for concomitant psychopathological symptoms. A number (9 out of 14 patients-64,3%) were compensated against the background of psychopharmacotherapy, while another part (5 out of 14 patients-35,7%) remained unstable.

Five (6,7%) of the total number of patients tested for high-functioning autism/Asperger syndrome at the time of the final examination were diagnosed with dysthymia, while 19 (38%) were diagnosed with affective instability or bipolar affective disorder. Somatoform symptomatology remained in seven (9,3%) patients; four (5,3%) received treatment for anxiety-phobic disease, while 16 (21,3%) had anxious personal characteristics. Two patients were treated for obsessive-compulsive disorder (4%). Organic emotional-labile disorder is diagnosed in one patient (1,3%).

In high functional autism / Asperger syndrome, social dysfunction primarily concerned the personal sphere, relationships with people, as well as impaired labor adaptation. In a final examination, 45 (59%) patients with high-functioning autism/Asperger syndrome noted improved interpersonal relationships: friendly and/or with the opposite sex. 59 (77%) began to communicate more freely in a professional setting. Only 17 of the patients (22%) reported a deeper and more emotional relationship with close relatives. 60 (79%) had relatively stable tuition or employment.

**Conclusions.** The findings suggest that patients with high-functioning autism/Asperger syndrome often present with concomitant mental disorders during the growing season. In this case, a tendency is detected to alleviate psychopathological symptoms and compensate for the mental state against the background of specialized treatment or on its own. Despite the ongoing difficulties in personal activities, there is a tendency to improve social and especially labor adaptation indicators. With the correct choice of treatment, taking into account the autistic characteristics of patients, their performance, as a rule, is restored. Patients usually respond well to therapy, and discontinuing concomitant mental disorders has a positive effect on their quality of life.

In order to prevent concomitant mental disorders, improve the social adaptation and personal functioning of patients with high functional autism/Asperger syndrome, it is necessary to establish and maintain compliance with such patients, work on psych correction and provide them with adequate psychiatric care in time.

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