

MODERN STRATEGIES TO HELP CHILDREN AND ADOLESCENTS WITH ANOREXIA NERVOSA SYNDROME

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Abstract. *Anorexia nervosa is a mainly adolescent and adolescent pathology that is accompanied by a violation of eating behavior in the form of dietary restrictions, up to withdrawal, intentional weight loss (body mass index below 18) and the development of secondary somatoendocrine diseases ideas of dissatisfaction with their appearance, with the formation of amenorrhea due to a painful belief in the presence of excess weight.*

Keywords: *anorexia nervosa, adolescence, nutrition, body mass index.*

Introduction. The relevance of the problem is determined by a high level of eating disorders, an increase in this pathology in the last decade, an increase in morbidity among children and adolescents, a lack of timely contact with specialists and, as a result, difficulties in diagnosis and treatment due to the severity of symptomatology, low patient compliance., their tendency to dissimulation and the lack of criticism of their condition, improving interdisciplinary cooperation in solving the issues of improving preventive measures, diagnostic methods, treatment and rehabilitation of individuals with eating disorders [1-3].

Using an interdisciplinary approach to solving the issues of diagnosis and treatment of patients with eating disorders in the hospital, patients should be examined comprehensively, which includes assessing the mental, neurological and somatic condition, analyzing the history of nutrition and nutritional status, studying intra-family relationships and social needs, further development of Correction and rehabilitation methods. it is carried out by a psychiatrist, pediatrician, nutritionist, psychotherapist. In the treatment of eating disorders, it is necessary to build on the interaction of pharmacotherapy, psychotherapy, dietary therapy and psychosocial therapy, while the issues of organizing a high-quality therapeutic diet are of particular importance, the purpose of which is to adjust the composition of body tissues, as well as restore cell activity [4-7].

The psychopathology of the period of active decrease in body weight in patients with anorexia nervosa in adolescence remains insufficiently studied, which mainly also applies to ideator disorders that make up the essence of this disease [8-12].

A number of researchers point out the importance of obsession in the development of the disease, commenting on the feasibility of introducing anorexia nervosa into a wide range of obsessive-compulsive disorders, while others see mostly extremely expensive-delusional structures based on anorexia nervosa. It is also unclear to assess the meaningful aspects of the experiences of patients with anorexia nervosa in adolescence [13-17].

They were identified as dysmorphomania, with significant differences from the classic manifestations of this syndrome noted. Stable syndrome, such as dysmorphomania, has reasonable doubts that it can be easily flattened under the influence of external conditions that alter the structure of patients' values, as in many cases of favorable outcomes for anorexia nervosa in adolescents [18-21].

Classification issues in psychiatry are currently one of the most pressing issues, since they determine its theoretical concepts, practical and predictive orientation, social significance and prospects for the development of this medical specialty. Often the problems of classification go beyond the scope of our discipline in connection with the fact that society pays serious attention to the concept of "mental illness" and the development of an antipsychiatric movement. The seriousness of the problem is highlighted by the adoption of ICD10 with a sharp contrast between the two main areas of psychiatric Systematics based on a different understanding of the meaning of the clinical picture of mental disorders [22].

Referring to the lack of currently reliable information about the etiology and pathogenesis of mental disorders on the example of the evolution of the ICD recent revisions, starting with the well-known report proposed to remove the etiological principle from the International Classification and use diagnostic terms only as functional names that characterize deviations from the norm [23], this is primarily aimed at solving practical problems of Statistics, therapy, etc.

Without objecting to the presence of a number of positive components of the dominant orientation in the classification at the moment [24], one of the main priorities of ICD10 is to more accurately distinguish certain forms of pathology, that is, to achieve high reliability (repeatability) of classification rubrics (taxa), which should be consistently diagnosed in some, and the same patients with different psychiatrists, despite differences in their experience and theoretical orientation [25], in this approach to the systematics of mental disorders, some concerns arise from the tendency of doctors and researchers to "narrow down" the field of clinical thinking [26], since the most reliable (recurrent) criteria for distinguishing mental pathology are external signs of diseases (a set of symptoms).

In this paradigm, ideas about the causes of the development of mental disorders are applied to a minimum, which contradicts the accumulated clinical data and the rich clinical traditions of the local population, including children, psychiatry [27]. Despite the statistical orientation of the ICD-10 announced by the developers, the superiority of such ideas about diagnosis as the main classification concept [28], led to a number of negative practical consequences.

The purpose of the study is to study eating disorders in children and adolescents with anorexia nervosa syndrome who are admitted to a psychiatric hospital, study the nutritional status and nutritional history, and then develop a comprehensive program of therapeutic preventive measures based on the interaction of pharmacotherapy, psychotherapy, dietary therapy and psychosocial therapy.

Materials and methods. clinical and psychopathological, anthropometric with somatic, neurological and laboratory studies. This study includes the results of a clinical-dynamic study of 56 female patients with anorexia nervosa syndrome between the ages of 12 and 17 who were diagnosed with ICD-10 F50.0 at SOPB from 2020 to 2022.

Research results and discussion. Patients who entered this study went to the doctor at intervals of 3 months to 4 years from the onset of the disease, in 29% of cases there was a lack of body mass (body mass index 16-18) and in 71% of cases there was a clear deficiency (body mass index < 16). 7% of patients had less than 10 kg of body weight loss, 57% had between 10 and 20 kg, and 36% had more than 20 kg of weight loss. Assessment of mental state expressed dysmorphophobic-dysmorphomaniac disorders, affective pathology in the form of depression and anxiety, obsessive-phobic, hypochondria, psychopatho-like disorders.

Analysis of nutritional status indicates the presence of a pronounced protein-energy deficiency of alimentary genesis in 71% of cases. This suggests an adaptive restructuring with disruption of all types of metabolism leading to the emergence of secondary somatoendocrine disorders. To develop the main differential diagnostic criteria for assessing the severity of the

situation and determine the algorithm of a complex approach in the issues of therapeutic tactics and subsequent alimentary and psychosocial rehabilitation, it is necessary to evaluate the following aspects of the history of nutrition: the time of changing the usual eating behavior; the level of body weight loss; indicators of patients' eating behavior, such as the frequency of meals during the day, the amount of food consumed in 1 dose, the qualitative composition of incoming nutrients (elimination from the diet or restriction of consumption of easily digestible carbohydrates, fats, protein products); the presence of episodes of overeating, inducing vomiting, abuse of laxatives and diuretics, hydration, alcohol, taking vitamins and dietary supplements.

At the same time, somatic Anamnesis was aggravated by inducing vomiting in 27% of cases, taking laxatives and diuretic drugs in 11% of cases, swelling in 14% of patients and the use of physical activity in 87%. I. e. in more than two-thirds of patients, the severity of the situation was determined primarily by an increase in secondary somatoendocrine disorders against the background of protein-energy deficiency. At the same time, all those examined showed pathology of the gastrointestinal tract, violation of the cardiovascular system, neurohumoral changes.

The diet therapy carried out is aimed at stopping weight loss in patients, gradually regulating eating behavior and forming an adequate perception of hunger and satiety. For this purpose, a reasonable ratio of food consumption and energy costs was observed. During hospitalization, weight gain in 22% of patients ranges from 1 to 3 kg, in 20% - from 3 to 5 kg, in 58% - more than 5 kg.

From the moment of hospitalization, psychotherapy was carried out with patients with the aim of correcting ideas about the ideal weight, forming rational eating skills and methods of maintaining the desired weight, realizing the role of emotional problems in the genesis of patients' eating disorders.

The goal of pharmacotherapy was to correct somatoendocrine diseases with the simultaneous use of psychotropic drugs (doses of antipsychotics gradually increased, tranquilizers and antidepressants were added according to the instructions). The duration of the course of treatment depends on the patient's condition, in 42% of cases it was 2 months, in 21% it was 1 month, in 37% it was more than 2 months.

Conclusions: It is necessary to comprehensively assess the condition of patients using an interdisciplinary approach to solving the issues of diagnosis and treatment of patients with eating disorders. An analysis of food history showed that all hospitalized patients sought help in the late stages of the disease (71% of patients have a deficiency in body mass index < 16). Assessment of nutritional status clearly indicates the presence of protein-energy deficiency. The main differential diagnostic criteria for assessing the severity of the situation have been developed. The diet therapy carried out was aimed at stopping weight loss in patients and gradually regulating their eating behavior, gradually increasing to 2500 kcal with the appointment of a diet of 1200-1500 kcal per day. During hospitalization, weight gain in 22% of patients ranges from 1 to 3 kg, in 20% - from 3 to 5 kg, in 58% - more than 5 kg. the purpose of psychotherapy was to correct patients' ideas about ideal weight, to form rational eating skills, and to maintain the desired weight. Drug treatment is prescribed to correct somatoendocrine diseases with the simultaneous use of psychotropic drugs. The duration of the course of treatment depends on the patient's condition, in 42% of cases it was 2 months, in 21% it was 1 month, in 37% it was more than 2 months. The treatment of eating disorders should be based on the interaction of pharmacotherapy, psychotherapy, dietary therapy and psychosocial therapy.

Thus, in the active period of anorexia nervosa, a combination of extremely valuable delusional and obsessive diseases was observed with the leading role of the first, which determined

the severity of the disease in all (100%) patients we examined. The obsessions of " anorexic " subjects are never its initial manifestation, leading to the onset of restrictions on food consumption. The development of the condition at the psychotic level is based on somatogenic and organic factors caused by hunger and hunger stress, as well as the constitutional predisposition and morpho functional maturity of the central nervous system. The role of the combined effects of psychogenic and somatogenic factors in the development of Delusional symptoms has been shown by a number of local psychiatrists.

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