

FACTORS OF ALCOHOLIC DELIRIUM PATOMORPHOSIS

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Abstract. *Clinical practice shows that acute psychoses, regardless of nosological affiliation, are often similar in clinical presentation. The polymorphism of mental disorders, their significant variability in a short period of time, makes qualification and correct nosological interpretation difficult.*

Keywords: *alcoholic delirium, patomorphosis, mental disorders, alcoholic hallucinosis.*

Introduction. Among the psychopathological phenomena found in acute psychoses, it is possible to notice symptoms of false recognition, combined with the concept of "Capgra syndrome" by French psychiatrists. K. Fritt E. As Johnston points out, the sign of false recognition is played around the performance in patients, strangers appear to be seen before, acquaintances, relatives are strangers, and are manifested by the claim that they correspond to close relatives. Patients note that the kakoylibo person is replaced by the same or almost the same person [1-4]. Capgra syndrome is observed in many mental disorders. A number of publications have reported cases of Capgra syndrome in schizophrenia. A number of researchers have tried to determine the dynamics of the symptom within the framework of a psychotic attack. An analysis of literary data shows that in a complete attack of schizophrenia, various false acquaintances are an expression of the same disorder, mutating at the same time as other symptoms, psychosis develops, and at the same time each stage of the painful state has its own false recognition. Thus, at the stage of dramatization delirium, false acquaintances are part of the main syndrome, one of its manifestations, in which the delusional component becomes more pronounced [5-8].

Most often, the patients themselves say that they are surrounded by fake people, and their twins, fake faces, specially selected, painted, resurrected from the dead, etc.in the period prior to the oneiroid consciousness blurring, false confessions become kaleidoscopically erratic, fantasy-fiction [9-11]. With a long course of schizophrenia, as soon as the clinical picture is stopped at the stage of paraphrenic delirium, false acquaintances become much more stable and relate to narrow faces, the entire structure of the delirium is closely related to oral hallucinosis and is accompanied by a whole system of evidence. Thus, in schizophrenia, the nature of false recognition is determined by the underlying disorder, in some cases they make the delusional component more pronounced, in others – imaginary, but always false recognition is an element of the delusional syndrome structure [12-15].

Often among the pathomorphosis factors of alcoholic psychoses, local researchers are considering alcohol surrogates, drug use, which leads to deep dullness of consciousness, lack of hallucinatory symptoms, prolonged psychosis and the appearance of organo-psycho indromy. All

types of physical and chemical substances affect organs and systems, which, in combination with alcohol, can cause psychotic states, with completely unexpected manifestations. In their opinion, it is quite logical to explain the pathomorphosis of alcohol psychoses by a complex of effects of alcohol, physical and chemical factors [16-18]. Currently, visual hallucinations, which are highly dependent on the environment, predominate. Hallucinatory views of people, anthropomorphic hallucinations are common, and demonomaniac hallucinations are reduced accordingly. For them, the monotony of thematic design, the absence of a frightening nature, visual hallucinations in the form of small insects are extremely rare. The author believes that oneiroid experiments, visual hallucinations of erotic content and the ideas of jealousy closely related to them, the share of psychopathological phenomena of Kandinsky-Clerambo syndrome has increased. The psychotic picture of alcoholic delirium is dominated by anthropomorphic hallucinations-views of people, scenes of everyday life [19-22].

The following forms of atypical alcoholic hallucinosis are: alcoholic hallucinosis with a short-term stupor; alcoholic hallucinosis with pronounced depression; visual hallucinosis without signs of dullness of consciousness. According to the author's description, alcoholic hallucinosis, combined with pronounced depression, is characterized by the predominance of depressive delirium and a relatively unopened syndrome of oral hallucinosis [23-26]. With visual hallucinosis, visual hallucinations are observed against the background of clear consciousness, without signs of dimming consciousness. Having studied the issues of the origin of alcoholic psychoses, in addition to the usual picture of acute alcoholic hallucinosis, its atypical course appears, on the one hand, in addition to auditory hallucinations, a separate visual (psychotic state approaches delirium tremens) is observed at different stages of the disease, on the other hand, in addition to rich hallucinatory symptoms, there are also paranoid disorders. We have identified the following features of the pathomorphosis of alcoholic psychoses - among auditory hallucinations, the voices of acquaintances and relatives prevail, which are heard directly in the room or near the auditory analyzer (outside the window, at home, from a neighboring room) [27-31].

The occurrence of imperative hallucinations is rarely recorded. With visual hallucinations, they often see acquaintances, less often strangers, usually react negatively to them, which leads to the emergence of the idea of harassment, relationships. Old people have been recorded seeing aliens. Tactile hallucinations are characterized in most cases by a feeling of a clogged bone in the tongue, broken glass in the mouth, wire in the neck, teeth and transmitters in the head [32-36]. Zoological hallucinations are very rare (see cats, rats, midges, reptile worms). A certain pathomorphosis of chronic alcoholism, as well as an increase in the number of severe and atypical alcoholic deliriums, the early development of the first delirium (three to five years after the onset of the disease), alcoholic psychoses in adolescents. The result is a decrease in the duration of alcoholic delirium, Zoological, tactile hallucinations, a decrease in the representation of delusional harassment ideas, a decrease in the severity of the effects of fear and anxiety, while the specific severity of visual anthropomorphic views and orofaringeal hallucinations, the Kandinsky - Clerambo phenomenon, jealousy, influence, self-blame, oneiroid supplements, subdepressive and benevolent-euphoric effects, visual hallucinations of erotic content, auditory hallucinations. The authors classified these manifestations as true pathomorphosis, not factors that aggravate the prognosis of the disease [37-40].

The purpose of the study. Study of the features of the alcoholic delirium clinic, taking into account the justification of the role of surrogate alcohol and anthropogenic pollution of the environment in the pathomorphosis of the disease.

Research materials and methods. 50 male patients between the ages of 25 and 45 were under supervision and underwent a course of inpatient treatment at the regional psychoneurological dispensary, with signs of false confession reported in their clinical form. Of these, 37 reported cases of delirium removal as a result of alcohol consumption [F 10.4], 7 patients reported a predominantly hallucinatory psychotic disorder as a result of alcohol consumption [F 10.5], 6 patients reported a psychotic disorder as a result of alcohol consumption, mainly delusional disease [F 10.5]. In many patients, the experience of alcohol has exceeded 8 years. Family history in 11 patients is aggravated by alcoholism. In all observations, it was possible to observe a direct relationship between the appearance of delirium and alcoholism. In the clinical picture of alcoholic psychoses, analysis of the false recognition symptom and comparison with a similar symptom in the framework of paranoid schizophrenia were carried out. Fifteen patients with Paranoid schizophrenia were studied.

Results and discussion: In patients with psychotic disorder, mainly delusional, as a result of alcohol consumption, a disorder that does not reach full false recognition levels has been reported in all 6 observations. Patients recognize the masked stalkers they saw some time before their hospitalization from the people around them. At the same time, we talked about previously unknown persons, no specific names were said, often they guessed: "I think these people, they got sick and dressed up." The fragmentation of false recognition, incompleteness, is characteristic, therefore, they can be considered the initial stage of the phenomenon, which, with the further complication of emotional figurative delirium, assumes the symptom characteristics of twins. The image of psychosis in 37 patients coincided with the usual state of removal with delirium as a result of alcohol consumption, the period of darkening of the mind lasted from 2 to 3 days. In 11 observations, delirium was complicated by oneiroid appendages. In all cases, false acquaintances were noted with a significant change in consciousness, with a violation of time and environmental orientation, which was assessed by patients as mostly familiar, every day or, rarely, fantastic. Patients were excited. Often the Restless excitement had a busy character. Conflicting fragmentary statements reflected professional and everyday situations. It was possible to attract the attention of patients with difficulty and in a short time, so it was impossible to obtain any description of the experiences that existed during the period of psychosis.

False confessions could only be identified from fragmentary statements of patients who conducted a dialogue, called others who fell into their point of view, named them after their friends and relatives, based on observation of behavior and allegedly. In a short time, the same person was called by different names – it was enough to look at the patient. With a directed request, active attention, patients easily gave up their words, admitted their mistakes, sometimes apologized for what they "did not recognize", and immediately called this person by another, but wrong name. False confessions, despite the funniest, fantastic experiences, a lot of terrible hallucinations, were distinguished by simplicity, everyday life, spread to a large number of people, usually coincided with the content of professional culinary scenes. If the patient said that he was at home, then the people around him perceived him as relatives, at work – colleagues, etc. in no case have there been any fantastic false confessions typical of oneiroid cases in schizophrenia. In the group of patients described, false confessions were deprived of any delusional component. Patients not only did not

give any interpretation, justification, delusional development, but they did not notice their own mistakes, they themselves never talked about doppelgängers, Shell faces, "changes" of the surrounding faces in front of their eyes.

In some cases, the clinical picture of psychosis became more complicated, incoherence increased, the condition acquired the character of amantiv-delirium, muscitative delirium. At the same time, there was no false confession, it was not possible to attract the attention of patients, any contact with them became impossible. Severe somatic and neurological symptoms (decreased cardiac activity, hyperthermia, coarse tremors, dysarthria, hyperkinesia, convulsive events, etc. From the first hour, the course of psychosis was distinguished by a special severity in patients whose false acquaintances clearly manifested themselves in the composition of professional delirium. The self-description of false confessions during the exit from psychosis was characterized by poverty due to significant amnesia. Only in some cases, an ambiguous opinion remained that this or that person was perceived as a relative, sometimes there was really little external similarity – the contours, structure of the figure. Often no memories were preserved.

In 7 patients, a psychotic disorder, mainly hallucinatory, false acquaintances are included in the picture, which occurs atypically. At the height of the disease, the mental state was determined by hallucinatory experiments involving acute sensory delirium episodes with elements of oneiroid consciousness blurring. Oral hallucinosis was a symptom of the "end" when psychosis began and ended, visual hallucinations were recorded in the form of a single joint. Patients believed that they were on an airplane, a rocket, a submarine. Psychotic experiences were largely dependent on changes in the environment, with arousal being impulsive. Sometimes it was possible to involve patients in conversation. Answers about accommodation showed a false direction, often with fantastic elements. Speaking about their experiences, patients reported flying into space, flying over clouds, and traveling in the underwater world. Elements of such experiments were false confessions. The latter were simple, more durable, with the same real faces and the plot of delirium. Patients demanded that those around them "not show themselves", because they "still recognize" them, despite some changes in their appearance. In this research group, no fantastic live acquaintances were observed, typical of oneiroid States in schizophrenia.

When comparing the symptoms of false recognition in the framework of schizophrenia attack and acute alcoholic psychosis, first of all, the variety of manifestations, unusual, consistent development – the stage of the symptom during the attack in accordance with the modification of diseases that accompany schizophrenia, and vice versa, its simplicity, fragmentation, everyday life in alcohol psychoses.

They are characterized by recurrent alcoholic psychoses, alcoholic delirium variants with severe clinical manifestations, less pronounced psychomotor arousal (limited by bed limits or motor anxiety), lithic type of exit from psychosis, long average duration, painful experiences and lack of memories of the real environment, Transitional Organic psychosyndrome. The findings suggest a change in the clinical picture of alcoholic delirium in patients who consume alcohol surrogates. This is expressed by a decrease in a number of mandatory signs of the disease (zoological and tactile hallucinations) with an increase in others (anthropomorphic hallucinations), the appearance of new ones (oropharyngeal hallucinations, damage delirium, weakness, dysphoria), previously not described in classical literary sources. A number of symptoms (oropharyngeal hallucinations, weakness, dysphoria) were evidence of organic brain damage. In people living in unfavorable environmental conditions, the alcoholic delirium clinic is

characterized by the severity of the disease compared to those living in relatively satisfactory environmental conditions.

They have alcoholic delirium options with severe clinical manifestations, less pronounced psychomotor arousal (limited by bed limits or motor and speech anxiety), a lithic type of exit from psychosis, its average duration, painful experiences and the absence of memories of the real environment, a Transitional Organic psychosyndrome. In patients in a habitat with an unfavorable environmental situation, the features of the alcoholic delirium clinic indicate the manifestation of a pathomorphosis of the disease, which is expressed by a change in the structural sides of painful experiences, a new appearance, which was not previously considered in the Classic descriptions of psychosis phenomena. We are talking about anthropomorphic hallucinations, oropharyngeal hallucinations of a foreign body, deliriums of damage and influence, grace and dysphoria, some of which (oropharyngeal hallucinations, Grace, dysphoria) reflect the manifestation of organic pathology of the brain. The results obtained can be used to diagnose alcoholic delirium, predict its course. They allow the existing modes of treatment of alcoholic delirium, especially in the postpsychotic period, to make adjustments with the manifestation of organic psychosyndrome.

Conclusions: The alcoholic delirium clinic in individuals who consume alcohol surrogates and live in a region with poor environmental conditions is characterized by a more severe course in relation to standardized alcohol consumption and living in relatively satisfactory environmental conditions. A form of alcohol consumption, the environmental condition can be used to assess the prognosis of alcoholic delirium.

Surrogate alcohol products, anthropogenic contamination act as the causes of alcoholic delirium patomorphosis. This is manifested by the severity of its clinical picture, a change in the meaningful side of painful experiences, the appearance of new ones that were not previously considered in the Classic descriptions of psychosis phenomena (anthropomorphic visual hallucinations, orofaringeal hallucinations of a foreign body, delirium of damage and influence, politeness and dysphoria).

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