SOCIO-DEMOGRAPHIC, PERSONAL AND CLINICAL CHARACTERISTICS OF RELATIVES OF PATIENTS WITH ALCOHOLISM

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Abstract. *Narcological diseases are diseases that are associated not only with the health and personality of the drug addict, as a rule, relatives get into this situation. At the same time, on the one hand, its further fate may depend on the behavior of the patient's relatives, and on the other hand, the life of loved ones is filled with unpleasant experiences. As a result, relatives themselves can develop codependency, psychosomatic disorders and even chemical dependence.*

Keywords: *personality, alcoholism, socio-demographic, code dependence, psychosomatic disorders, addiction.*

Introduction. Alcohol consumption has serious negative consequences and is seen as one of the main risk factors leading to a deterioration in the health of the population around the world [1-3].

Traditionally, the problem of gender fracture of alcoholism was considered more relevant for men. However, recent research seriously questions this view. The toxic effect of alcohol directly on the mother's fetus is a negative environmental factor for the latter. The consequence of this is a significant increase in various pathologies, including mental pathology, in the group of children whose mothers abuse alcohol in relation to the children of non-alcoholic mothers [4-8]. In modern society, the topic of alcoholism is of particular importance in terms of the rapid growth of youth alcoholism [9-11].

The range of factors that contribute to the formation of female alcoholism is very wide. These include, first of all, biological, such as heredity, chemical constants in men and women, and differences in enzyme activity, socio-psychological – mental trauma, microsocial environment, as well as mental (the presence of Affective, neurotic, and stress-related diseases) [12-16]. A number of publications show frequent comorbidity of early alcoholism of deviant (deviant) behaved teenage girls [17-19]. Mental health is a complex concept due to various factors (social, biological, psychological), as well as the capabilities of the health system [20].

Mental activity affects the ability of the environment to adapt to changes in environmental characteristics, plays a key role in border conditions and the emergence of diseases. Modern crisis phenomena in the country lead to an increase in the mental pathology of the population, a deformation of spiritual values, thereby reducing its level of adaptation [21-27].

An important indicator of the mental health and adaptation level of the population is the prevalence rate of drug disorders. The situation with the population's consumption of psychoactive substances (Surfactants) is dynamic, so its constant monitoring is necessary to form the most appropriate and effective preventive programs [28-35].

In recent years, the use of surfactants in Russia has acquired a destructive scale and acquired an epidemic character [36], thereby causing a wide range of medical and socio-economic problems [37]. The fact that the main part of patients with Narcological diseases corresponds to working age − 85% of patients with Narcological diseases exacerbate the situation [38].

According to a number of authors one of the informative indicators that characterize the "Narcological tension" in the country is the official statistics data. G. M. A medico-statistical study by Entin and co-authors noted a progressive increase in surfactant consumption. Thus, in 20 years, the total number of surfactant consumers increased by 29.36 times [39].

According to various sources in the Russian Federation, the number of patients with mental and behavioral disorders associated with the consumption of surfactants registered by specialized outpatient institutions ranges from 3,3 to 4,5 million or 2,2% of the total population [40]. Other reasons are also called: the changed approach to methods of primary identification of patients [41], the expansion of the anonymous Narcological Assistance Network [42], which led to a decrease in the appeal to state specialized institutions.

It should be noted that the decrease in the incidence of general drug addiction belongs to the male population, on the contrary, in women and adolescents, their growth is recorded: 5,2 % (women) and 6,2 % (adolescents). In this regard, work on the study of mechanisms for the formation of addictive behavior and the development of targeted prevention programs in populations of women and children is of particular importance [43]. According to various authors, the number of alcohol-dependent patients ranges from 66 to 85,7% of the total number of all registered surfactant consumers. People or general population 1,5–2% [44]. Five years ago, the total number of alcoholics was 2,774,000. In some regions, this figure reaches 2-5% of the total population [45]. In addition, the main part of alcoholic people the problems are 20-22 years (31,4 %) and 23-26 years (40,4 %) [46].

The purpose of the study: to study the main socio-demographic, clinical and personal characteristics of relatives of alcohol-dependent patients according to the presence of code dependence.

Materials and methods. On the basis of the regional Narcological dispensary of the Transbaikal territory, a continuous examination, clinical-anamnestic and psychological examination of 232 relatives of alcohol-dependent patients who accompanied them when seeking inpatient medical care was carried out. Those included in the study are between the ages of 20 and 65 (40,6 ± 1,1 years on average). Females made up 64,7% and males made up 35,3%.

A special survey map has been developed that includes a socio-demographic block, drug history data, and a special section (21 items in total). The special part uses a code dependence measurement scale in the Spann-Fisher relations to determine the existence of a code dependence, L. T. With the help of Morozov's questionnaire-questionnaire and the "AUDIT" test (who), the level of alcoholism, L. T. Studied the self-assessment of the character in Morozov's modification. The character's self-assessment included 14 traits: 7 maladaptive and 7 maladaptive. The analysis took into account the change in adaptive and inflexible properties, as well as the change in the overall adaptive potential of the individual (the difference between the sum of adaptive and

inflexible properties of the present and past). Over time, with an increase in personality trait violence, the difference was determined by the sign"+", with a decrease by the sign"–". Statistical processing of the results obtained during the work was carried out using the Microsoft Excel analysis package and the Statistica-6.0 applied statistical software package.

It included description of the sample, arithmetic mean, mean quadratic deviation, and arithmetic mean error finding, frequency of appearance of properties, data grouping. The reliability of the differences was determined in accordance with the student's criterion t, the presample was checked for compliance with the normal Gaussian distribution.

Results and their discussion. During the course of the work, according to the Spann-Fisher scale, a moderate codependency was found in 62,9 percent (146) of relatives of patients with alcoholism, with a sharp expression in 25,9 percent (60), with no codependency in only 11,2 percent (26) cases.

Based on the results obtained, two groups of those examined were identified: the main ones were 206 people who depended on the code, and the control group-26 people who did not depend on the code. The age of the respondents was compared to 40,7 ± 1,2 years and 40,0 ± 3,1 years, respectively. It is important to note that code-dependent relatives were dominated by representatives of the female sex (67,0 %; $p<0,05$), while in the absence of code dependence, male (53,9 %; $p<0,05$).

Currently, they do not have their own family 37,9 % (in the main group – 40,7%, in the control group – 15,4 %; $p<0,01$); relations with loved ones are assessed as bad 31,0 % (in the main group – 32,0%, in the control group – 23,1 %); their living conditions are considered unsatisfactory 23,3 % (in the main group-40,7%, in the control group-15,4%; $p < 0,01$); in the main group 23,3%, in the control group). 20,7% of the individuals examined showed low family support (in the main group – 18,5%, in the control group – 38,5%; $p<0,05$).

6,0% of respondents had an incomplete secondary education, 8,6% had a secondary education, 37,9% had a secondary special education (40,7% in the main group, 15,4% in the control group; $p<0,01$), and 47,5% had a higher education. Currently, 81,9% of the examined relatives are employed, 18,1% are unemployed (19,4% in the main group, 7,7% in the control group; $p<0,05$).

In parental alcoholism, heredity was found to be aggravated in 28,4% of relatives, compared to 30,1% in the codeband group, and 15,4% in the non-codeband group (control).

Chronic somatic disease has 25,8% of those tested (in the main group – 28,2%, in the control group – 7,7%; $p<0,001$). 30,2% of respondents recorded suicidal thoughts, thoughts, intentions and suicide attempts (in the main group – 31,1%, in the control group – 15,4%; $p<0,05$). Of those previously tested, 13,8% tested drugs, while another 5,2% now admitted to using them regularly. 28,5% of relatives of patients with alcoholism are alcohol abusers (29,2% in the main group, 23,1% in the control group). There is no difference between groups on these indicators. An analysis of the character's self-esteem showed that the overall adaptive potential (COAP) change in individuals in relatives of alcohol-dependent patients was Phase II - 26,2 ± 9,7%. Adaptive trait displacement (sas) - 0,6 ± 5,7 %; inflexible (SDS) – 30,3 ± 7,2 %.

Thus, the severity of the adaptive characteristics of the individual (organization, language acquisition, thrift, efficiency, commitment, sense of Duty, satisfaction with fate) has practically not changed over time and has grown wrong (anxiety, tendency to excessive experience, doubt,

fatigue, irritability, agitation, mood instability). Differences in character self-assessment between the two above groups have not been identified.

At the same time, there are clear differences between non-alcoholic relatives (-7,4±12,1) and alcoholics (58,4±12,9; p<0,01), as well as drug syndrome (87,3±9,8; p<0,001) in the overall adaptive potential of the individual. This is due to a decrease in the severity of adaptive personality traits and an increase in improper flexibility. 45,7% of relatives of alcohol patients (49,5% in the main group, 15,4% in the control group; p<0,001) are not satisfied with the results of their appeal for Narcological assistance.

Conclusion. Thus, in relatives of patients with alcoholism, signs of code dependence were identified in 88,8% of cases. Among related loved ones, it was often dominated by people of the female sex (67,0%) who had secondary special education (40,7 %), were divorced and lived alone (40,7%), were 2,5 times more unemployed (19,4%).

In addition, in code-dependent people, heredity is almost 2 times more likely (30,1%) than in the control group with parental alcoholism, they are 2 times more likely to manifest suicide (31,1%), 3.6 times more likely to develop chronic somatic diseases (28,2%), they are 3 times more dissatisfied with their relatives ' Appeals for Narcological assistance (49,5%) than parental alcoholism. There was no difference in the appearance of chemical addiction.

At the same time, self-assessment analysis showed an increase in the severity of non-adaptive personality traits in relatives of alcohol-dependent patients over time. It should be noted that the change in personal qualities did not depend on the presence of code dependence, but showed differences in groups on the severity of alcohol diseases. All identified facts should be taken into account by specialists when working with relatives of patients with alcoholism.

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