CHANGES IN THE POSTPSYCHOTIC PERIOD AFTER ACUTE POLYMORPHIC DISORDER

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Abstract. *An important aspect of the study of acute polymorphic disorders is the resolution of the issue of remission (recovery) after a psychotic episode. Acute cases of acute polymorphic diseases are actively observed in a psychiatric hospital, they are described by foreign and domestic authors and are currently characterized by a new wave of interest in this topic. However, after discharge, most patients with acute polymorphic disorders are left out of the attention of psychiatrists if they do not develop a recurrent attack or the need to undergo a psychiatric examination.*

Keywords: *acute polymorphic diseases, postpsychotic period, psychiatric hospital.*

Introduction. Despite the obvious advances of modern clinical psychiatry in schizophrenia spectrum disorders, some departments still remain the subject of confrontation. One such area is the group of acute polymorphic diseases. In addition to classification issues, K. Although Westphal in 1876 showed the existence of specific forms of psychotic pathology, ending with an acute onset and complete recovery, the problem of recovery in this pathology is very relevant [1-4].

In our opinion, there are the most obvious criteria for recovery in acute polymorphic diseases [5]. They include the absence of any, including residual, signs of the disease with criticism and complete socio-labor recovery. Of course, the first sign of improving the situation and the possible recovery as a result is the elimination of psychotic symptoms [6]. Next, the dominant indicator that characterizes the preservation of the personal motivational sphere [7], as well as one of the important criteria for remission [8] is the dynamics of criticality. An important indicator that determines the strength of remission or complete recovery is the indicator of social adaptation. The study of the adaptability of patients with schizophrenia and schizophrenia spectrum disorders is closely related to the study of remission and the manifestation of a defect in their structure [9]. Thus, in this mental pathology, the issue of evaluation criteria that determine and characterize the resilience of remission or complete recovery has not been resolved. It should also be noted that at this stage there is not enough information about the long-term stability of the diagnosis of acute psychosis [10]. In our opinion, the most obvious criteria for recovery in acute polymorphic diseases are Zenevich G. V. (1964), which include criticism and residual signs of illness with complete socio-labor recovery, including no absence. Of course, the first sign of improvement and the resulting and possible recovery is the cessation of psychotic symptoms. The dominant indicator that characterizes the preservation of the personality and motivational sphere in the future is the dynamics of criticality and the severity of negative diseases. An important criterion that determines the strength of remission or complete recovery is the indicator of social adaptation [11-16].

Vague criteria for the completeness of a psychotic episode, the lack of prospectus studies on the formation of remission after a manifest psychotic attack in adolescence determine the relevance of the study in this area. Development of a research problem [17-22]. The image of psychopathological phenomena observed at the stage of formation of remission is heterogeneous, expressed both by the effective components that shape the attack and by the reduction of leading symptomatology with affective fluctuations, a complex of procedural determined personality and cognitive disorders, and events with a high risk of suicide. At the same time, the phenomena observed during the formation of remission are studied piecemeal, and only a small part of the researchers focus on the age factor [23-28].

Significant changes in the process of forming an endogenous psychotic attack and remission led to a long-term use of antipsychotic therapy, and the pathomorphosis of the disease was influenced by the introduction of ordinary antipsychotics into practice, which in many patients allowed to transfer the clinical form of the disease from a permanent state to a paroxysmal state. and the prevalence of atypical antipsychotics in recent decades, which also reduces the severity of cognitive disorders, are deficiency symptoms [29-33].

However, recommendations for changing the therapy regimen depending on the completeness of the reverse development of the attack have not finally been formed. Some authors note that therapy does not change until the patient's condition is fully stabilized, others recommend a gradual reduction in doses at the first signs of improvement; views differ on the adequacy of the use of deposited forms of neuroleptics and the frequency of their use [34-37]

The purpose of this study: is to analyze the postpsychotic period of acute polymorphic diseases in terms of the criteria described above.

Materials and methods. We examined 146 male and female patients aged 18 to 58 with acute polymorphic diseases. Patients were in an acute psychotic state, which first developed for 2 weeks or less. The presence of the following criteria was taken into account: loss of critical attitude towards the disease to patients; delusional, hallucinatory, pronounced affective and other behavioral disorders; absence of organic causes, pronounced intoxication with alcohol or drugs. The catamnestic study period was from 3 to 10 years.

The severity of negative disorders was assessed in the discharge of patients from the hospital on negative symptoms of positive and Negative Syndrome Scale (PANSS). In order to comprehensively assess awareness of certain aspects of mental illness common to all patients, the "mental disorder awareness disorder scale" (SCHNOPR) method was used – a translation of the English scale "scale for assessing the inferiority of the mind" (SUMD). Clinical-dynamic, clinical-catamnestic and statistical research methods have been used.

Results and their discussion. The first of the recovery criteria we have chosen includes residual symptoms of the disease, including no absence. We did not include in such symptoms the manifestation of the prodromal period (sleep disorders, anxiety, depressed mood and decreased activity).

In patients with acute polymorphic disorders, the psychotic period lasted an average of 10,12 ± 5,06 days in a 2-to 27-day interval. Against the background of inpatient therapy, symptomatology decreased in 5 (3,42%) in 2-3 days and in patients with 49 (33,56%) samples in 3-7 days. In most cases: 64 (43,84%) of patients lost the manifestation of acute psychotic disease in the first two weeks. 28 (19.18%) lasted much longer than psychosis with a symptomatic decline of 15 to 27 days.

In an average of 6,63±2,9 days, delusional symptomatology was most rapidly discontinued. The reverse development of psychosis was less rapid in cases where catatano-paranoid (13,6±3,9 days), paraphrenic (14,6±5,22 days) and polymorphic (27 days – 1 observation) variants of acute polymorphic disorders prevailed.

After withdrawal from psychosis, 45 (30,82%) patients experienced residual events in the form of an identified and discontinued astheno depressive syndrome within a month. Similar symptoms caused by the analysis of painful experiences in patients, their critical assessment, do not apply to the acute period.

Before the patient was discharged from the hospital, negative symptoms were assessed to assess signs that were not sufficient for normal mental state. In the case of negative symptoms of PANSS, this indicator was 10,15±3,32. In conducting this Test, 38 (26,03%) of patients did not find that there were any signs of the presence of negative symptoms (7 points), indicating that there were no specific personality changes.

In 48 (32,88%) patients, the rate ranged from 11 to 22 points. Thus, in a number of patients, negative symptoms can be considered secondary due to previous psychotic disorder, while in others it is possible to predict the formation of a personal defect that excludes the possibility of recovery.

When conducting a psychometric examination using the SCHNOPR scale, the indicator obtained in all respects is in the range from 2 to 2,18, which indicates an almost complete critical attitude to the disease. However, in a detailed review of each aspect and criterion of this technique, according to the severity of criticism violations, the full understanding indicator (1 point) is 32,19-39,04%, partial understanding (2-3 points) – 30,13-65,75%, and complete lack of understanding (4-5 points) – 8,9-32,19%. The findings show that patients are aware of their presence, as well as that they have mental disorders and reject them altogether.

In the course of subsequent catamnestic observation of these patients with acute polymorphic diseases, we found that in 36 (24,66%) of patients, the diagnosis remained the same, no recurrence of psychotic symptoms was observed. In 110 (75,34%), the diagnosis was changed:

- 92 (63,01%) cases where the exact diagnosis is as follows:

paranoid schizophrenia,

- 6 (4,11%) - schizoaffective disorder,
- 4 (2,74%) - low progressive schizophrenia,
- 2 cases-manic-depressive psychosis,
- 2 cases - organic schizophrenia-like disorder,
-1 case-chronic delusional disorder in the involutional period,
- also 3 cases in which the diagnosis has been changed several times, but the final diagnosis is paranoid schizophrenia.

In terms of social adaptation aspect assessment, availability and employment sources, the final phase of the study showed that the status of 65 people (44,52%) did not undergo significant changes, 12 (8,2%) patients graduated from higher and secondary institutions and were subsequently employed. Due to frequent exacerbations, about a third of patients – 48 (32,88%) - became disabled 3-5 years after the first psychotic episode due to Group II or III mental disorders. 21 of the patients (14,38%) were faced with declining service, loss of qualifications.

Conclusions. During this study, we examined the postpsychotic period after acute polymorphic diseases from different sides. As a result, we received data confirming the clinical

heterogeneity of the group of patients diagnosed with "acute polymorphic disorder". Some clinical, dingamic and socio-adaptive features of the postpsychotic period characteristic of this mental pathology have been identified.

Solving the problems of predicting acute polymorphic diseases at different stages of the disease, including after stopping the acute period, in the future, in our opinion, contributes to solving the problem of early differentiation of the debut of schizophrenia and transient psychosis, later forming more accurate treatment tactics.

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