

# PREVALENCE OF MENTAL DISORDERS IN CHILDREN AND ADOLESCENTS WITH CANCER AND METHODS OF THEIR TREATMENT

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**Abstract.** *The prevalence of mental disorders in patients with cancer pathology is considered very high, regardless of the age of the patients. The spectrum of psychopathological manifestations detected in children and adolescents with cancer is very wide, but most often they are represented by diseases of non-psychotic levels (from adaptation disorders, neurotic and affective symptoms to psychopatho-like and psycho-organic conditions and intellectual insufficiency).*

**Keywords:** *mental disorders, children and adolescents, cancer.*

**Introduction.** Multidisciplinary is one of the important methodological problems and important features of modern medical science, affecting many of its fields. These words can rightfully also be attributed to oncopediatrics, the impressive achievements of which are largely due to the introduction of various new methods of therapy that provide the treatment of seven of the newly identified ten deadly diseases [1]. Many of the problems that oncopediatrics have to solve not only are limited to the issues of treating a dangerous disease, but also the need to solve problems related to psychological reactions, adaptation and disorders in social activity of juvenile patients and their parents or guardians [2].

The suffering of children with severe illness is not limited to somatic symptoms alone, in the oncological process, mental and Biological are closely related, affecting each other. Researchers of this problem are unanimous in the opinion that mental disorders in patients with oncological diseases not only occur more often, but also aggravate the course and prognosis of the underlying disease, significantly reducing the quality of life of the patient and his family members [3-6].

This condition rightfully determines the need to combine the efforts of various specialists involved in its various stages in the therapeutic process. The age of the child played an important role in the perception of the importance of certain stressful situations, thereby determining the range of diseases that make up the complex of psychogenic symptoms, and the age-related modification of the picture of psychogenic syndromes was associated with a change with an increase in "pathological neuropsychic response levels" [7-9].

In the age group, the factors of the "Daily Hospital reality" were the most stressful – limiting activity (play, means), separation from the mother, various procedures, painful manipulations, their influence led to psychogenic fears, States of anxiety and the development of secondary mood and behavior towards them. The fact of a fatal disease among adolescents was

broken in the mind, first of all, as a threat to a successful future [10-13]. At the same time, the older the teenager, the more fully understood the risk of illness, the higher the level in the hierarchy of psychotraumatic cases, the more serious disease factor that threatens not only in current life, but also negatively affects the future. Unlike children in older adolescents, adaptation disorders approached the nosogenic conditions described in adult cancer, which developed after the manifestation of dangerous somatic suffering with the awareness of the threat to life [14-17].

Psychological and psychiatric care was determined by the stages of the therapeutic process. The tasks of psychiatrists working in pediatric oncology were not only identification, nosological qualifications, treatment of mental disorders and psychotherapy (both patients and their parents), but also psycho-educational work with doctors involved in the therapeutic process for deeper mutual understanding and the formation of coordinated actions [18-22].

In the process of getting used to the state of the Daily hospital, in the stages of diagnostics, active treatment, the tasks of the psychological and psychiatric service are the psychotherapeutic support of sick children and parents, the main purpose of which is to help them adapt to existing conditions [23]. The connection of the psychological and psychiatric service facilitated the formation of adequate compliance in the parents of patients, as well as adolescents: the importance and features of the upcoming treatment, the possible consequences, the need to comply with the regime and the possibilities of modern oncology were explained in understandable language. There was often a need for medical correction of psychogenic symptoms (fear, anxiety, mood, and behavioral disorders) [24-26].

In such cases, in addition to psychotherapeutic methods, anti-anxiety, antidepressant drugs, phytopreparations were used in children, the choice of which was determined taking into account the syndromic characteristics of the observed diseases and the high sensitivity of somatically weakened patients to psychotropic profile drugs [27-29].

After the end of therapy and remission, the tasks of the psychological and psychiatric service were to continue monitoring oncologists, make periodic examinations and explain the need to comply with some restrictions, help and treat communication problems and adaptation disorders in the peer community – the long-term or "delayed" psychogenic States of anti-tumor therapy and the so-called "late neurotoxic effect", characterized by the formation of non-psychotic organic diseases (asthenic, mild cognitive, etc.), therapeutic recommendations have always been agreed with not only oncologists, but also neurologists [30-34].

An important component of cooperation between colleagues of various specialties (oncopediatricians and psychiatrists) is mutual understanding, in order to achieve which you need to provide information that allows the pediatric oncologist to make a preliminary decision on the state of the psychological and mental health of the sick child, and, if necessary, to consult a psychiatrist (with the mandatory consent of parents or To this end, work was carried out to jointly discuss clinical cases, to explain the manifestation of mental pathology from the point of view of a psychiatrist. A simple questionnaire was developed and used to identify a narrow specialist (child psychiatrist) who needs a quick and convenient assessment of the state of the psycho-emotional sphere of minor patients and consultation, and taking into account the high workload of oncologist doctors, which did not take more than 5 minutes to complete [35-38].

At each stage of the therapeutic process, which includes diagnostic examinations, active and supportive treatment, catamnestic observation and rehabilitation, a multidisciplinary approach

can and should be used, involving many specialists (not only a medical profile, but also psychologists, social workers, teachers) [39].

Obviously, improving the quality of therapeutic assistance, improving measures for the treatment of children and adolescents with cancer, their further rehabilitation is carried out only in close cooperation with oncopediatres who are not interested in solving these problems [40-42].

The purpose of the study: message was to summarize the experience of treating 42 patients aged 3 to 17 years with cancer pathology, to examine a psychiatrist and prescribe psychotropic drugs in the active stages of anti-tumor treatment.

**Materials and methods.** Children and adolescents from 3 to 17 years old who suffer from severe tumors and oncogematological pathology at different stages of the disease. Clinical-psychopathological, psychological, catamnestic research methods were used, involving the data of medical documents, parents and employees.

**Results and discussions.** The range of diseases we observed and treated was much wider than the following, but we were limited to the relatively frequent cases that cancer hospital doctors had to face. One of the leading places was psychogenic conditions, the phenomenological manifestation of which largely depended on age. The general clinical features of psychogenic reactions were their polymorphism, syndromic incompleteness, negligible depth of symptoms. Typologically, they were represented primarily by neurotic (51.6%) and affective (30%) manifestations, and were often combined with behavioral disorders. Various fears and concerns that arose against the background of a sharp decrease in mood in psychogenic polymorphic syndrome in children of preschool and primary school age took the leading place, in some cases behavioral deviations similar to psychopatho were noted. Depressive manifestations prevailed in psychogenic syndromes in adolescents, which included the symptoms of an anxiety-phobic series as an accessory. Modern serotonergic antidepressants (fevarin, Zoloft, Paxil), mild antipsychotics (teraligen, sonapax) and anti-anxiety drugs (Atarax), phytopreparations (valerian tincture, novopassite), homeopathic remedies (tenotene) have been used to treat these diseases. In many patients, attention was paid to a rapid positive therapeutic response with an almost complete decrease in anxiety, depressive and behavioral disorders in 7-10 days, as well as a significant effect of small-dose drugs.

In addition to psychogenic formations, disorders of psychopathic-like behavior were frequent, which could be noted not only in the structure of the complex of psychogenic symptoms described above in children, but also due to hormonal therapy.

In recent cases, the symbolic clinical sign was a dysphoric tonality of the effect, which was previously not inherent in the patient, and against the background of which a complex – like psychopato-like effect was formed-anger with pronounced irritability, aggressive behavior, conflicts, resentment towards the mother and employees, as well as autoaggressive actions.

By using Finlepsin, neuleptil, teraligen in small doses, it was possible to quickly (within 1-2 days) reduce the severity of such behavioral disorders, the complete reduction of which occurred after the end of the course of hormonal drugs (corticosteroids). Attention was drawn to the fact that young children with residual-organic insufficiency formed in the premorbid were observed to show the most pronounced aggressive behavior. Adolescents who received hormone therapy, unlike young children, could analyze and hold their own anger, other aggressive feelings, and did not always have to prescribe behavioral corrective medications.

Rare diseases among cancer patients were those caused by decompensation of residual-organic deficiency (Zpr, GDRV, cognitive and psycho-organic disorders). Due to the limited use of some nootropics and vitamin agents, it was not always possible to timely introduce adequate medical course therapy aimed at correcting residual-organic diseases against the background of primary somatic disease. In such cases, diuretics, mild anxiolytics and sedative herbs were used. However, it should be noted that after entering remission, most patients who receive radiation and high-dose chemotherapy should prescribe a mandatory series of cerebroprotective drugs to prevent the appearance of persistent cerebroorganic diseases in the future.

In children and adolescents with a small number of cancers, endogenous cycle-related syndromes have been identified (endogenous and endoreactive depressions, manic conditions, neurosis-like and psychopatho-like manifestations, as part of the sluggish schizophrenia process, similar to delusional delusions). The choice of psychopharmacological agents was determined individually, taking into account the syndromic characteristics of endogenous diseases observed in each such case, antipsychotics (triftazine, haloperidol, etaperazine, chlorprotixene) were prescribed in standard therapeutic doses, which led to partial alleviation of symptoms, which made it difficult for such patients to adapt.

In addition to psychopharmacotherapy, psychotherapeutic methods were also used, the use of which was intended to take into account the age characteristics of the disease experience. In the age group, play and picture psychotherapy was preferable, rational psychotherapy was used with the formation of high compliance to explain the need for treatment in older children and adolescents and achieve possible positive results of severe antitumor treatment. The combination of psychotherapy with psychopharmacological corrections led to the most noticeable positive effect. Psychotherapeutic methods have also been used in cases where medication appointments are not indicated.

**Conclusions:** Thus, the treatment of mental disorders in children and adolescents with cancer pathology includes both medicinal and non-medicinal methods. In cases where the symptoms related to the range of mental disorders are mildly expressed or there are contraindications for prescribing psychotropic drugs, it is preferable to use psychotherapeutic methods, as well as homeopathic remedies and phytopreparations. Psychopharmacotherapy should be used if the severity of mental disorders significantly impairs adaptation to hospital conditions and makes the treatment process of underlying somatic disease difficult. In this case, it should be borne in mind not only the target syndrome, but also the features of the therapeutic profile, the nature of the side effects of the drug, as well as the high sensitivity of this contingent of patients to psychotropic drugs due to somatic weakness. The accumulated experience shows that correctly selected Therapy Methods Used Taking into account all conditions can significantly alleviate the condition and treatment of children and adolescents with cancer.

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