DIFFERENTIAL ANALYSIS OF NEUROTIC DISORDERS IN IRRITABLE BOWEL SYNDROME AND IMPROVEMENT OF MEDICAL PSYCHOLOGICAL SUPPORT IN THEM

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Abstract. *In this article differential analysis of neurotic disorders observed in irritable bowel syndrome and improvement of medical psychological support, analysis and effectiveness of psychotherapeutic and psychopharmacotherapeutic support using psychotherapy methods are provided. A statement was made about the importance of psychotherapeutic help in irritable bowel syndrome and the achievement of the intended result in a short period of time.*
Keywords: *irritable bowel syndrome, neurotic disorders, aerophobic disorders, psychotherapy, psychopharmacotherapy, Spielberger Hanin scale.*

Cost: Irritable bowel syndrome is a classic manifestation of psychosomatic diseases, which often manifests itself after mental stress. Affected bowel syndrome in the medium-severe clinical course is manifested by anxiety and depression in the mental state of patients, in which social psychological maladjustment develops and the quality of life decreases significantly. [1] The main cause of the origin of IBS is constant psycho-emotional stress. Therefore, this syndrome is included among psychosomatic disorders. Constant nervous and mental stress, melancholia, and the formation of a neurotic type of personality stimulate the development of the disease [2].

Irritable bowel syndrome is one of the most common diseases, affecting about 20% of the world's population. Only a third of them turn to a doctor for treatment . One of the important links in the system of psychological assistance with problems in this pathology is psychological correction. For the successful implementation of psychological assistance, a medical psychologist-practitioner needs to use the methods of psychological correction in combination with basic treatment. [4]

Stress factors play a big role in the development of irritable bowel syndrome. All kinds of fear and panic cause strong excitation of the autonomic nervous system. Stimulation of the autonomic nervous system, in turn, causes spasm of smooth muscles of the gastrointestinal tract and hypoxia.

Severe stress The hypothalamic -hypophysealadrenal system is activated. The mediators of hypothalamohypophysiadrenal system include catecholamines and corticosteroids . As a result of stress, the system is activated and these mediators begin to be released in large quantities , and as a result, disturbances in neurohumoral control of the intestines begin to occur.

" As a result of repeated stress reactions , as a result of continuous disruption of the central and autonomic nervous system , neurohumoral regulation and changes in the condition of the intestines" play a major role in the origin of the affected bowel syndrome .

People whose thoughts and imagination are focused on gastrointestinal activity (for example, gastrophobia, cancerophobia) are also prone to developing IBS. If they eat any suspect

food, they immediately develop intestinal dysfunction. Such patients cannot tolerate carbonated and sweet drinks, can't digest fatty foods, boils in the gallbladder if they drink alcohol, and at night, the abdominal area is disturbed and they have to go to the toilet.

If people diagnosed with melancholia or gastrophobia experience gastritis, cholecystitis, enterocolitis, or food poisoning, they are also at a higher risk of later developing IBS. Although these patients have recovered from these diseases, they still suffer from IBS. Any stress or psychoemotional exhaustion provokes disease. This is like gastroenteritis , cholecystitis or chronic enteritis causes the diagnoses to be unfounded for many years. IBS is identified All b e mors with d e yar are vagotonic, that is, parasympathetic during the development of this syndrome Nervous system dysfunction takes precedence.[1]

Irritable bowel syndrome is a functional disease, and the morphological substrate is not involved in its pathogenesis. [7] Psychotherapy methods such as cognitive-behavioral therapy, psychoanalysis, and hypnosis are widely used in irritable bowel syndrome [5].

According to statistics, 10-16% of the population suffer from IBS. This syndrome is more common in people between the ages of 20 and 40. Among women, its prevalence prevails twice. The incidence is also increasing in childhood and adolescence. According to experts, almost half of patients diagnosed with IBS do not go to the doctor [8].

Based on the above information, I considered it urgent to improve the principles of the affected bowel syndrome and the principles of providing medical and psychological care. In the affected bowel syndrome, the psychoemotional disorders are manifested more often than hysterical-phobic, hypochondriac, depressive, hysterical syndromes. Objective data and psychological status were checked during examination of patients.[9]

Anxiety-phobic disorders are one of the most common mental disorders today. According to WHO data in 2017, 18.1% of the world's population suffers from anxiety-phobic disorders [11]. This approach in the treatment process helps to lengthen the period of remission of the disease and improve the quality of life.[12]

In addition to the above methods, interviews were conducted with each patient and, based on the analysis of the oral survey, it was determined that the clinical symptoms of depression and trebogi, such as depression, nervousness, tearfulness, phobic state, sleep disturbance, distrust of people, were largely eliminated in patients.[13]

Despite the fact that irritable bowel syndrome is one of the most studied diseases among psychosomatic diseases, the etiology and pathogenesis of this disease, as well as the influence of the mental state of patients on diagnosis and treatment, have not been fully studied. Despite published articles and numerous scientific studies, there are currently no established treatment standards for the treatment of irritable bowel syndrome. There is no specific drug that has been proven to be effective. These problems call for the development of new treatment standards and methods to improve the effectiveness of treatment of patients with irritable bowel syndrome and to reduce polypharmacy . Since the treatment of this disease is also complicated, temporary results are achieved in 60% of patients. 30% of patients go into remission without clinical symptoms after treatment, and in the remaining 10%, treatment is ineffective.

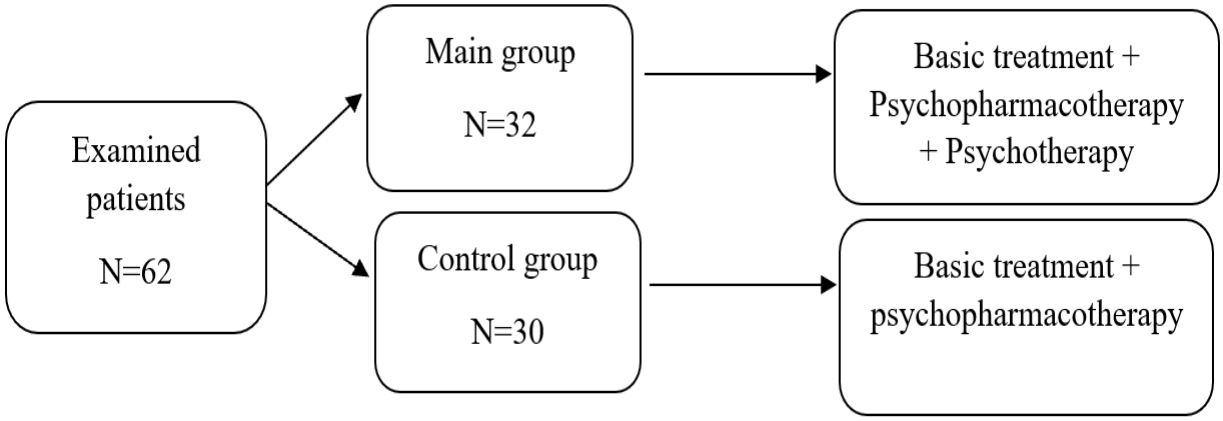
Purpose: Differential analysis of neurotic disorders in irritable bowel syndrome and improvement of medical psychological support in them.

Material and methods:

During 2022, the research work was collected in the gastroenterology department of the multidisciplinary clinic of the Tashkent Medical Academy. Patients diagnosed with irritable bowel syndrome were analyzed. The examination was conducted in 62 patients. The average age of patients is 29±4.5. There were 24 men and 38 women. The patients were divided into two groups:
1. The first group - 30 patients were treated with standard basic treatment and psychopharmacotherapy used only in TIS.
1. The second group - 32 patients received psychotherapy in addition to standard treatment.

Scheme 1

Analysis of patients by groups for the analysis of psycho-emotional status.

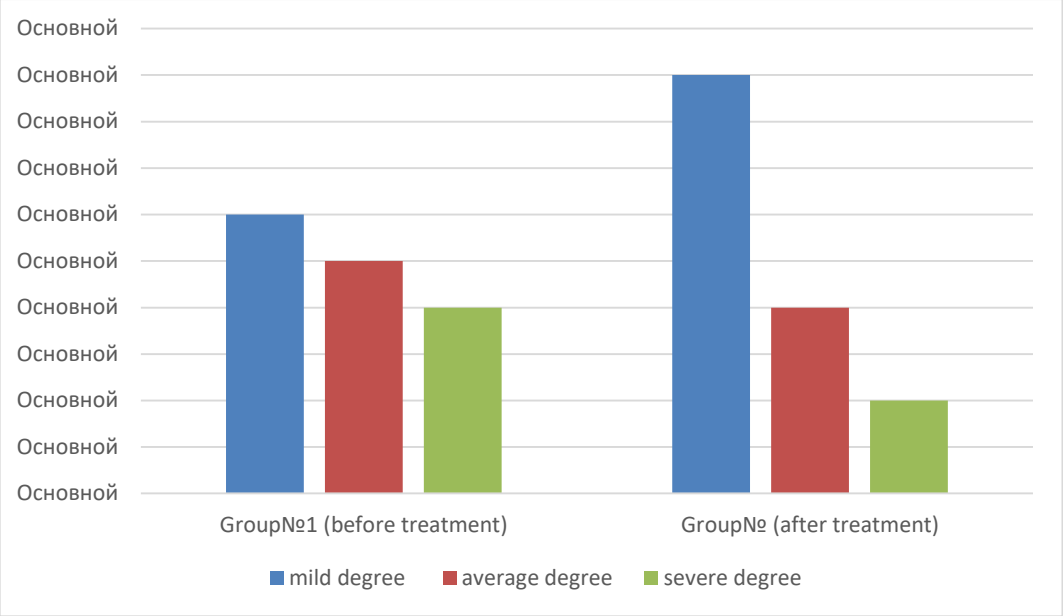


Clinical psychological examinations of patients were conducted on days 1-3 and 27-30. The following examinations were conducted for diagnosis verification: in addition to therapeutic examinations, the medical-psychological questionnaire developed by ZR Ibodullaev in 2008 was used for examination, and the Spielberger-Khanin questionnaire was used to identify aerophobic disorders. The Spielberger-Hanin test consists of 40 questions, divided into two parts: 20 questions for reactive anxiety and 20 questions for personal anxiety. The questionnaire consists of two blanks with different structure and the results are evaluated in points. Inspection can be done individually and in groups. First, the patient determines the responses to determine reactive anxiety (RA), then to determine personal anxiety (PA). RA indicates the patient's subjective discomfort, restlessness, tension and autonomic arousal in problematic situations. Each factor affecting the high PA index reflects the fact that the patient has subjectively experienced a strong sensation. Very high indicators of PA indicate neurotic conflicts, emotional outbursts and psychosomatic diseases.

Among the methods of psychocorrection, psychological interview, cognitive therapy and autotraining were used. Conversation _ 45-60 minutes per patient on average, once every 3-4 days for 30 days, 6-8 times taking into account the patient's condition. Two of the interviews were conducted in an inpatient setting, and the rest were conducted on an outpatient basis

As a psychopharmacocorrection, both groups of patients were given sulpiride 200 mg ½ tablet once a day for 30 days. A course of cognitive behavioral psychotherapy was chosen as the method of psychotherapy. Psychotherapy was used with 3-7 courses. Both groups of patients underwent dynamic examination every 10 days for 1 month.

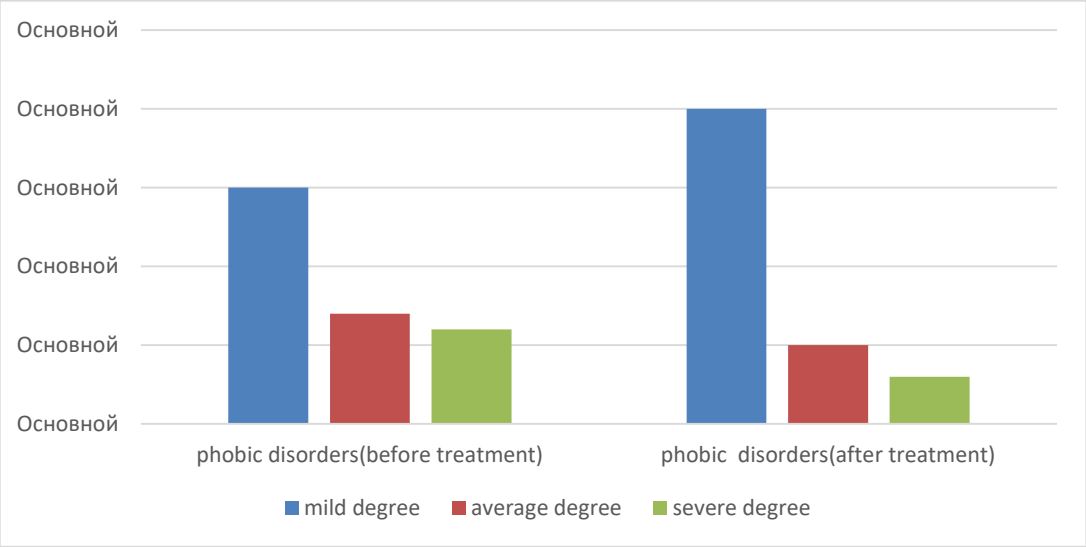
Research results: When assessing anxiety in patients, it was found that patients in group 1 had three different degrees of personal anxiety. In particular, 12 patients (40%) had mild anxiety, 10 patients (33.3%) had moderate anxiety, and 8 patients (26.6%) had severe anxiety. After the end of treatment, these indicators were reflected in the following values: mild anxiety in 18 patients (60%), moderate anxiety in 8 patients (26.6%) and severe anxiety in 4 patients (13.3%) (Pic. 1)



(p≤5)

Picture 1

Anxiety scores (Group №1) The scores for reactive phobic disorders in patients in Group №1 were: mild phobic disorders in 15 patients (50%), moderate phobic disorders in 7 patients (23.3%), and severe phobic disorders in 6 patients (20%). They also provided data on the change in these indicators after treatment: mild phobic disorders were found in 20 patients (66.6%), moderate phobic disorders in 5 patients (16.6%) and severe phobic disorders in 3 patients (10 %) (Pic. 2).



(p≤5)

Picture 2

Indicators of phobic disorders (Group No. 1) The results of the study showed that in the first group of patients, severe and moderate forms of anxiety decreased and turned into mild, and mild anxiety completely disappeared. In group 2, the indicators of anxiety before treatment are: mild anxiety in 15 patients (47%), moderate anxiety in 9 patients (28%) and severe anxiety in 8 patients (25%). In group 2, these indicators after treatment changed as follows: 18 patients (56%) had mild anxiety, 4 patients (13%) had moderate anxiety, 1 patient (3%) had severe anxiety, and 9 patients (28%) did not worried at all.

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