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PRINCIPLES OF TREATMENT OF PATIENTS WITH PARANOID SCHIZOPHRENIA TAKING INTO ACCOUNT GENDER

Turayev Bobir Temirpulotovich
Assistant of the department of psychiatry, medical psychology and narcology, Samarkand State Medical University, Samarkand, Republic of Uzbekistan

Abstract: The relevance of the problem of pharmacotherapy for emotional disorders in patients with Paranoid schizophrenia is due to the difficulty in diagnosing this pathology, the resistance of depressive symptoms to therapy, the social functioning of patients and problems of psychosocioreabilitation, taking into account gender characteristics. The literature maintains an overview of the differences in the frequency of detection of Affective pathology in mental disorders of endogenous genesis in women and men, but no qualitative differences in the formation of emotional symptom complexes have been identified.

Key words: paranoid schizophrenia, gender characteristics, pharmacotherapy, psychosocioreabilitation.

Introduction. The social consequences of mental disorders are a serious problem not only for patients and their loved ones, but also for society, the state as a whole. In recent decades, special attention has been paid to the issues of social functioning and quality of life of patients around the world [1-3]. The emergence of a new generation of antipsychotic pharmacotherapy was an important step in the treatment of patients with schizophrenia, ensuring their familial, social adaptation and high quality of life. At the same time, optimal results are achieved only in combination with psychosocial rehabilitation measures, the effectiveness of which is significantly soluble in specificity for individual contingents of patients. Since the main clinical manifestations of the disease negatively affect the level of adaptive abilities and the peculiarities of the structure of psychopathological symptoms at negative and positive levels are factors of incompatibility of patients with living conditions, research studying the position of patients in society is becoming increasingly important, which allows a more rational approach to the development of psychosocial rehabilitation programs [4-7]. Addiction depends not only on the severity of the schizophrenia process, but from the gender characteristics of the social functioning and quality of life of patients with schizophrenia. However, the development of issues of treatment and psychosocial rehabilitation of patients in this category is currently being carried out without taking into account the gender factor or focused on a contingent of male patients [8-11].

Among the various forms of mental illness, schizophrenia rightfully occupies a special place, which is due not only to the peculiarities of clinical manifestations, but also to the high disability of patients (40%) and large economic costs for their treatment and rehabilitation. All this determines the undoubted social significance of this disease [12-14].

Despite efforts by health professionals and the social services and the public at large, issues related to social Labor rehabilitation (adaptation) of patients with schizophrenia remain one of the most important problems in modern psychiatry and continue to attract the attention of various professionals [15-17].

The first psychotic episode of schizophrenia, as a rule, is an independent mental trauma and severe biological and social stress for the patient and those around him, affecting important aspects of his life, leading to deep inner experiences and in many ways marking his further life [18-21].

According to some authors, after the first psychotic episode in the pathogenesis of schizophrenia, in addition to endogens, reactive mechanisms also occupy a leading position [22]. In this regard, active

psychological support of the patient in the form of psychotherapy and psychosocial therapy seems the most important [23].

In this regard, the first years of the disease are usually considered a "critical period", in which the most important changes occur in all areas of the patient's life [24].

Thus, the vast majority of patients have the ability to build interpersonal relationships, decreased interest in life, decreased self-esteem and desire for personal growth, loss of interest in previous hobbies and new types of activities [25].

According to the concept of psychopathological diathesis [26], a significant decrease in the personal resource was noted in the early stage of schizophrenia, which hinders successful social adaptation [27].

To date, the decline in social adaptation by Western psychiatrists is seen as one of the diagnostic criteria for schizophrenia [28].

According to some data, a decrease in social and psychological activity is observed in 14% of patients with schizophrenia [29]. In most cases, it is associated with psychiatric hospitalization, prescribing drug therapy, stigmatization effects of diagnosis [30], decreased ability to work, family problems, emotional discomfort and other unwanted manifestations. According to [31] only 40% of patients maintain the same level of social activity after their first hospitalization.

The social adaptation of patients with schizophrenia, from the point of view of psychology, includes three components: coping, psychological protection and the internal appearance of the disease [32] and depends not only on the specific nature of the disease and the therapy being carried out [33], but also largely on supporting the patient's microsocial environment [33].

Refers to some gender characteristics of the character of social adaptation of patients with schizophrenia. Thus, according to the author, the biological factor, which includes the duration of the disease, is a decisive factor for men. Also, the painful experiences of men feeling their inferiority associated with the presence of stigmatizing disease are characterized by the expectation of self-neglect by others, so they often prefer to avoid society and cling to themselves. In addition to the duration of the disease, the possibility of achieving social well-being is also important for women. However, in women, the reaction to the disease is often manifested by pronounced confusion, unstable emotional fluctuations, which often disrupt their behavior and reduce stress resistance [34-36].

Thus, for most patients diagnosed with schizophrenia, a decrease in labor and social adaptation is an urgent problem, which is primarily due to the emergence of difficulties in solving personal and interpersonal problems, i.e.problems with activities in society [37].

One of the main factors determining the social adaptation of the patient is a critical attitude to the disease and adequate compliance.

As you know, despite the undoubted benefit of drug treatment, a low level of adherence to the prescription regimen is characteristic for people with mental disorders.

The degree of conformity of patients with schizophrenia also depends on a number of factors. First of all, according to some authors, high compliance is associated with the patient's ability to realize the presence of mental illness with all psychopathological signs [38-41].

Other authors believe that for conformity, it is not the fact of realizing the existence of the disease that is more important, but the ability to recognize changes in its mental state in time, which helps to consent to therapy by the patient [42].

In turn, the ability to critically perceive and assess the symptoms of the disease in patients with schizophrenia largely depends on the premorbid personality characteristics of the patient. It has also been found that less violent psychotic symptoms can help increase the patient's ability to critically perceive their condition [43-45].

In psychiatry, noncomplayens reach 11 to 80%, while in patients with schizophrenia, compliance reaches only 50-60%. In mental disorders, such a high degree of Compliance has severe consequences for patients, which is primarily due to an increase in the rate of exacerbation [46]. Thus, the risk of exacerbation increases 5 times among patients with the first psychotic episode who do not follow the recommendations for taking medications [47]. Also, only 6 months after the start of therapy, it was found that the level of conformity in primary patients drops sharply [48].

Insufficient compliance is explained by the fact that in 40% of patients a recurrence of the disease is recorded within a year after the first hospitalization and occurs in 70% of cases with a complete non-compliance with the recommendations for the treatment of exacerbations. In addition, anti-social and suicidal behaviors are more common in noncomplaent patients [49].

Conformity in schizophrenia depends on a number of factors. The peculiarity of the disease, along with its form, severity and duration, is of great importance the effectiveness of therapy, the severity of the side effects of drugs, the relationship with the Attending Physician, as well as the presence of joint pathology associated with somatic and substance abuse [50-53].

Of the clinical factors, the severity of psychoproductive symptomatology is of particular importance: compliance is very acute and decreases at a relatively low severity of symptoms. Also, in the early stages of the disease and frequent flare-ups, adherence to treatment is low [54-56].

Sociodemographic characteristics of the patient are also important.

It is noted that in patients with a low level of conformity, young people who do not receive adequate support in the family and work [57], most often male [58] prevail [59].

Data on the effect of side effects of therapy on patient compliance are contradictory. According to many authors, the severity of side effects significantly worsens patient compliance [60] and the simplification of the therapeutic scheme and at least the decrease in the severity of neurological side effects lead to a significant improvement in the consistency noted when transferring the patient from the usual antipsychotic to the atypical.

The relationship between the doctor and the patient also reflects the latter's commitment to treatment. Often, the doctor does not take into account the convenience of taking medications for the patient when prescribing treatment, the need for therapy, as well as its benefits and possible adverse events are not fully explained, the cost of the drug and the possibility of its purchase by a particular patient are not taken into account [61]. All this also negatively affects the degree of conformity.

In addition to medical problems, the social consequences of noncomplaence also stand out: the family and production problems of patients negatively affect the quality of life [62].

Timely treatment, especially patients with schizophrenia for the first time, is one of the main factors that determine the mental state and social adaptation of the patient in the future. Also, early treatment allows you to start psychotherapeutic and social rehabilitation measures at the beginning of the disease.

However, the difficulty of solving this problem is that the readiness for therapy and adherence to treatment depends on many factors, including the clinical, socio-demographic and personal characteristics of a particular patient [63].

Many patients have biological sensitivity to drugs prescribed at the beginning of therapy, which should be taken into account by the attending physician when choosing a therapeutic dose and predicting possible side effects [64]. Therefore, some authors recommend the use of the lowest-dose drugs for patients with the first psychotic episode [65].

To date, when developing new drugs for the treatment of schizophrenia, special attention is paid not only to increasing the effectiveness of exposure to effective and negative symptoms, but also to improving tolerance, minimizing side effects and the ability to positively affect the social functioning of patients.

There is an increasing number of researchers who prefer therapy with atypical antipsychotics to classical antipsychotics, which not only allows positive results in the elimination of psychoproductive symptoms, but also contributes to the regression of negative symptoms, and also has a positive effect on patient compatibility and their social functioning, especially in the first 5 years of the disease.

It is known that timely initiation of therapy for patients with the first psychotic episode allows the level of emotional intelligence to be kept at the same level.

For first-time psychotic patients, there are recommendations for more effective use of injectable forms of long-term antipsychotics. This approach allows patients to increase their commitment to therapy and reduce the frequency of exacerbations.

In addition, some authors argue that there is a high risk of adequate compliance and exacerbation to prescribe therapy with injectable forms of long-term antipsychotics. This finding is not surprising, since the use of a long-term drug naturally increases compliance, thereby reducing the risk of recurrence of the disease associated with non-compliance with the doctor's recommendations.

Data on the gender characteristics of the structure of Affective pathology and socio-mental activity of patients, the role of the adaptation potential of the individual are presented to a much lesser extent. Scientific research on the optimization of psychodiagnostic methods is diverse and is characterized by the absence of a single approach to determining the risk of suicide in this contingent of patients, disorders in the emotional sphere are leading in their formation.

The purpose of the study: to study the features of the pharmacotherapy of Affective pathology in women and men with paranoid schizophrenia in order to improve medical and psychological support for this contingent of patients to optimize psychotherapeutic tactics.

Research materials and methods: the study included 30 women and 48 men with anxiety-phobic and depressive disorders of the Schizophrenia Spectrum undergoing inpatient treatment in a psychiatric hospital.

The design of the study consisted of three stages. At the first stage, the selection of patients with paranoid schizophrenia was carried out, approved by the staff of the Department of Psychiatry of the Samarkand Medical University. The leading methods of research are clinical-psychopathological, clinocatamnestic. At the second stage, experimental psychological research was carried out. During the study, Hamilton's anxiety and depression scales (HDRS, HARS) were used to assess the severity of depression and anxiety, and Spielberger - Hanin's anxiety questionnaire was used to determine the level of anxiety. In the third stage, the results of the collected research were subjected to statistical processing. When studying the material, in addition to detailed clinical histories, all patients completed standardized maps of the formalized assessment of the main clinical and clinical-pathogenetic parameters of the disease, which are necessary for statistical analysis. All patients were treated with psychotropic perparates - atypical antipsychotics (olanzapine) and modern antidepressants of the SSRI class (venlaxin).

Results and discussions: 58% of the 78 patients examined were diagnosed with paranoid schizophrenia, a continuous type of F-20.00 course, while 42% of those examined were diagnosed with paranoid schizophrenia, an episodic type of F - 20.01 course. The initial stage of Paranoid schizophrenia coincided with the debut period of the disease at the age of 30-35 years, which was characterized by a moderate course of progress with the gradual formation of a defect in the emotional-volitional sphere and a decrease in the energy potential of the individual. In the group examined, a test using the Spielberger-hanin survey found that 98% of patients had different levels of anxiety-depressive disorders, while 94% of those tested showed anxiety, with different levels of depression – in 55% of those tested; more than half of patients reported moderate anxiety manifestations (55%), 36% of those tested – without clinically significant anxiety, and 10% of patients – expressed clear anxiety. Anxiety disorders in observed patients intensified in the evening, characterized by course duration, endurance and accompanying depressive disorders. Against the background of anxiety disorders, the majority of women under investigation noted that they tend to form suicidal thoughts with the planning

and preparation of pre-planned suicides. Irritating symptoms in men are combined with the development of dysphoric states with the addition of impulsivity, aggressiveness and infraction. In terms of gender, the clinical design of anxiety pathology differed mainly both in the degree of severity of anxiety and in the predominance of the leading symptom in the picture of the disease.

Gender differences in the severity of depressive symptoms were distributed as follows: in men, mild depression was diagnosed in 68% of cases and in 31% of cases, moderate depression, while in women, moderate depression is more common – in 70% of cases, mild depression was found in 29% of patients. In men, clinical manifestations of the emotional sphere were characterized by a greater manifestation of dysphoric States, which included hypomanic symptoms of an irritable nature. According to the results obtained after patients came out of depression, each of The compared groups found its own characteristics according to the indicator of personal self-assessment: most patients with paranoid schizophrenia with a constant flow type were characterized by low self-assessment, for a group of patients with paranoid schizophrenia.high self-esteem was observed with the episodic type of course. The gender characteristics of Affective Disorders in women were manifested mainly by their predisposition to suicidal tendencies and the depressive symptoms of severe clinical manifestations with the formation of self-blaming and self-deprecating ideas. The structure of Affective pathology is characterized by anxiety with hypothymia, hypochondriac fixation in their experiments, slowing down of thinking and actions, pessimistic assessment of their future, while only 7 patients recorded a mixed anxiety effect. As a result of the psychological examination, almost all observed patients identified specific symptoms characteristic of the schizophrenia process, namely, a decrease in the selectivity of cognitive processes (actualization of unusual, non-standard, latent properties and relationships of objects, perceptual images, speech connections), a general tendency, symbolism and uniqueness of mediation images, a special cognitive style, a high level of abstraction, creativity, Patients sought perfection, were characterized by a tendency to perfection, made excessive demands on the results of their own personality and activities, an unrealistic, overstated nature of goals, self-demands led to the formation of a sense of guilt as a result of the desire to be perfect and the impossibility of its implementation. Also, a characteristic feature was identified, such as pathological delusions and a tendency to delusions (to demonstrate more well-being than before), which in turn led to a high self-esteem. The development of depression negatively affected performance, attitude towards the family, self-esteem, adaptation to society. For all those examined, a significant decrease in physical health indicators was characteristic, patients were not able to engage in normal physical activity, an increase in the time spent on performing their work, difficulties and errors in work were noted. The study of depressive symptoms, taking into account the leading clinical symptom, found the predominance of anxiety depressions in women, and men experienced dysphoric and astheno-apatic depressions, mainly with hypochondrial appendages.

Changes in the emotional sphere contributed to the appearance of significant difficulties in adaptation processes in patients in the conditions of a rapidly changing society, a violation of the adaptive potential of the individual, the loss of previous contacts, difficulties in interpersonal relationships. It should be noted that socio - psychological inconsistency in professional activities and in terms of labor in men was statistically significantly superior, and women had significant difficulties in establishing interpersonal relationships in the family and household sphere. All patients under examination were given psychopharmacotherapy antipsychotic modern sinfolanzapine at a maximum daily dose-10 mg.also, modern antidepressant of the class SSRI - venlaxin is prescribed at a dose of 75-150 mg per day, depending on the severity of depressive symptoms. All respondents gave a positive therapeutic response to treatment.

Conclusions. Thus, in clinical manifestations of paranoid schizophrenia, women suffer from 2 times more affective pathology than men, are more prone to depressive states of moderate severity, their level of anxiety is very high; in men, the pathology of the emotional sphere is characterized by dysthymic and apatic inclusions, as well as depressive-dysphoric states with a predominance of hypomanic syndromes. An analysis of the disorders of socio-psychological activity of patients with Paranoid schizophrenia taking into account gender characteristics determined the predominance of a

decrease in the chances of adaptation in professional and labor activities in the micro-social environment of family and domestic relations in men, and in women. The results of the study help to early identify the pathology of the emotional sphere in patients with paranoid schizophrenia and prevent the social psychological disorder of the individual.

References:

1. Abdurashidovich N. O., Zamonbek o‘g‘li B. F., Temirpulotovich T. B. Assessment of the relationship of the degree of conformity in patients with schizophrenia with clinical features and socio-demographic factors //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 22-30.
2. Antsiborov S. et al. Association of dopaminergic receptors of peripheral blood lymphocytes with a risk of developing antipsychotic extrapyramidal diseases //Science and innovation. – 2023. – T. 2. – №. D11. – C. 29-35.
3. Asanova R. et al. Features of the treatment of patients with mental disorders and cardiovascular pathology //Science and innovation. – 2023. – T. 2. – №. D12. – C. 545-550.
4. Begbudiyev M. et al. Integration of psychiatric care into primary care //Science and innovation. – 2023. – T. 2. – №. D12. – C. 551-557.
5. Biktimirova G., Turayev B., Ochilova N. Features of the pathokinesis of adaptation disorders in men with mild forms of cardiovascular disease //Modern Science and Research. – 2024. – T. 3. – №. 1. – C. 602-610.
6. Bo’Riyev B. et al. Features of clinical and psychopathological examination of young children //Science and innovation. – 2023. – T. 2. – №. D12. – C. 558-563.
7. Borisova Y. et al. Concomitant mental disorders and social functioning of adults with high-functioning autism/asperger syndrome //Science and innovation. – 2023. – T. 2. – №. D11. – C. 36-41.
8. Hamdullo o'g'li J. H., Temirpulotovich T. B. Features of the Clinical Course of Post-Traumatic Epilepsy, Psychiatric and Neurosurgical Approaches //International Journal of Cognitive Neuroscience and Psychology. – 2024. – T. 2. – №. 2. – C. 8-14.
9. Hamidullayevna X. D. et al. Features of the use of social networks by people with schizophrenia //Journal of healthcare and life-science research. – 2024. – T. 3. – №. 1. – C. 52-58.
10. Hamidullayevna X. D., Temirpulotovich T. B. Features of psycho-emotional changes in women during pregnancy //Journal of Science in Medicine and Life. – 2024. – T. 2. – №. 3. – C. 71-77.
11. Hamidullayevna X. D., Temirpulotovich T. B. Personality and interpersonal relationships of primary school students with hyperactivity disorder of minimal brain dysfunction and attention deficit //International Journal of Cognitive Neuroscience and Psychology. – 2024. – T. 2. – №. 3. – C. 22-27.
12. Hamdullo o'g'li J. H., Temirpulotovich T. B. Features of the Clinical Course of Post-Traumatic Epilepsy, Psychiatric and Neurosurgical Approaches //International Journal of Cognitive Neuroscience and Psychology. – 2024. – T. 2. – №. 2. – C. 8-14.
13. Holdorovna I. M., Temirpulotovich T. B. Analysis of the psychopathological and neurophysiological profile of children left without parental care //Journal of Science in Medicine and Life. – 2024. – T. 2. – №. 3. – C. 63-70.
14. Holdorovna I. M., Temirpulotovich T. B. Analysis of the psychopathological and neurophysiological profile of children left without parental care //Journal of Science in Medicine and Life. – 2024. – T. 2. – №. 3. – C. 63-70.

15. Holdorovna I. M., Temirpulotovich T. B. Non-psychotic mental disorders in patients with viral hepatitis //International Journal of Cognitive Neuroscience and Psychology. – 2024. – T. 2. – №. 9. – C. 24-30.
16. Holdorovna I. M., Temirpulotovich T. B. Psychopathological features of long-term endogenous depressions //International Journal of Cognitive Neuroscience and Psychology. – 2024. – T. 2. – №. 3. – C. 15-21.
17. Malakhov A. et al. Problems of prevention of socially dangerous behavior by individuals with mental disorders //Science and innovation. – 2023. – T. 2. – №. D11. – C. 405-412.
18. Nematillayevna S. D. et al. Features of non-psychotic diseases and cognitive disorders in organic brain damage of vascular genesis in elderly people //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 2. – C. 124-130.
19. Nematillayevna S. D. et al. Prevalence of anxiety and depressive disorders in elderly patients //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 2. – C. 118-123.
20. Nematillayevna S. D. et al. Psychological factors for the formation of aggressive behavior in the youth environment //Science and Innovation. – 2023. – T. 2. – №. 12. – C. 404-408.
21. Nikolaevich R. A. et al. Comparative effectiveness of treatment of somatoform diseases in psychotherapeutic practice //Science and Innovation. – 2023. – T. 2. – №. 12. – C. 898-903.
22. Novikov A. et al. Alcohol dependence and manifestation of autoagressive behavior in patients of different types //Science and innovation. – 2023. – T. 2. – №. D11. – C. 413-419.
23. Ochilov U. et al. Factors of alcoholic delirium patomorphosis //Science and innovation. – 2023. – T. 2. – №. D12. – C. 223-229.
24. Ochilov U. et al. The main forms of aggressive manifestations in the clinic of mental disorders of children and adolescents and factors affecting their occurrence //Science and innovation. – 2023. – T. 2. – №. D11. – C. 42-48.
25. Ochilov U. et al. The question of the features of clinical and immunological parameters in the diagnosis of juvenile depression with" subpsychotic" symptoms //Science and innovation. – 2023. – T. 2. – №. D12. – C. 218-222.
26. Pachulia Y. et al. Assessment of the effect of psychopathic disorders on the dynamics of withdrawal syndrome in synthetic cannabinoid addiction //Science and innovation. – 2023. – T. 2. – №. D12. – C. 240-244.
27. Pachulia Y. et al. Neurobiological indicators of clinical status and prognosis of therapeutic response in patients with paroxysmal schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 385-391.
28. Pogosov A. et al. Multidisciplinary approach to the rehabilitation of patients with somatized personality development //Science and innovation. – 2023. – T. 2. – №. D12. – C. 245-251.
29. Pogosov A. et al. Rational choice of pharmacotherapy for senile dementia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 230-235.
30. Pogosov S. et al. Gnostic disorders and their compensation in neuropsychological syndrome of vascular cognitive disorders in old age //Science and innovation. – 2023. – T. 2. – №. D12. – C. 258-264.
31. Prostyakova N. et al. Changes in the postpsychotic period after acute polymorphic disorder //Science and innovation. – 2023. – T. 2. – №. D12. – C. 356-360.
32. Prostyakova N. et al. Sadness and loss reactions as a risk of forming a relationship together //Science and innovation. – 2023. – T. 2. – №. D12. – C. 252-257.

33. Rotanov A. et al. Social, socio-cultural and behavioral risk factors for the spread of hiv infection //Science and innovation. – 2023. – T. 2. – №. D11. – C. 49-55.

34. Rotanov A. et al. Suicide and epidemiology and risk factors in oncological diseases //Science and innovation. – 2023. – T. 2. – №. D12. – C. 398-403.

35. Sedenkov V. et al. Clinical and socio-demographic characteristics of elderly patients with suicide attempts //Science and innovation. – 2023. – T. 2. – №. D12. – C. 273-277.

36. Sedenkov V. et al. Modern methods of diagnosing depressive disorders in neurotic and affective disorders //Science and innovation. – 2023. – T. 2. – №. D12. – C. 361-366.

37. Sedenkova M. et al. Basic principles of organizing gerontopsychiatric assistance and their advantages //Science and innovation. – 2023. – T. 2. – №. D11. – C. 63-69.

38. Sedenkova M. et al. Features of primary and secondary cognitive functions characteristic of dementia with delirium //Science and innovation. – 2023. – T. 2. – №. D11. – C. 56-62.

39. Sharapova D. et al. Clinical and socio-economic effectiveness of injectable long-term forms of atypical antipsychotics in schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 290-295.

40. Sharapova D., Shernazarov F., Turayev B. Prevalence of mental disorders in children and adolescents with cancer and methods of their treatment //Science and innovation. – 2023. – T. 2. – №. D12. – C. 373-378.

41. Sharapova D., Shernazarov F., Turayev B. Social characteristics of patients with schizophrenia for a long time in combination with exogenous-organic diseases of the brain //Science and innovation. – 2023. – T. 2. – №. D12. – C. 284-289.

42. Shernazarov F., Sharapova D., Turayev B. Features of the development of manic and mixed episodes in patients with bipolar affective disorder who use cannabioids //Science and innovation. – 2024. – T. 3. – №. D3. – C. 123-128.

43. Shcherboevich K. B. et al. Experimental psychological diagnosis of early childhood autism //Journal of education, ethics and value. – 2024. – T. 3. – №. 1. – C. 48-56.

44. Solovyova Y. et al. Protective-adaptive complexes with codependency //Science and innovation. – 2023. – T. 2. – №. D11. – C. 70-75.

45. Spirkina M. et al. Integrated approach to correcting neurocognitive defects in schizophrenia //Science and innovation. – 2023. – T. 2. – №. D11. – C. 76-81.

46. Sultanov S. et al. Changes in alcohol behavior during the covid-19 pandemic and beyond //Science and innovation. – 2023. – T. 2. – №. D12. – C. 302-309.

47. Sultanov S. et al. Depression and post-traumatic stress disorder in patients with alcoholism after the covid-19 pandemic //Science and innovation. – 2023. – T. 2. – №. D11. – C. 420-429.

48. Sultanov S. et al. Long-term salbi effects of the covid-19 pandemic on the health of existing residents of alcohol addiction //Science and innovation. – 2023. – T. 2. – №. D11. – C. 430-438.

49. Sultanov S. et al. The impact of the covid-19 pandemic on the mental state of people with alcohol addiction syndrome //Science and innovation. – 2023. – T. 2. – №. D12. – C. 296-301.

50. Temirpulotovich T. B. Behavioral Changes of Individuals Who Abuse Synthetic Psychostimulants //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 369-376.

51. Temirpulotovich T. B. et al. Functional features of the central nervous system important diagnostic aspects of the formation of psychocorrectional work with children with residual-organic genesis diseases similar to neurosis //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 1. – C. 85-91.

52. Temirpulotovich T. B. et al. Psychopathological and neuropsychological features of negative diseases in late schizophrenia. – 2024.
53. Temirpulotovich T. B. et al. Ways to Develop Speech and Overcome Them in Children With Cerebral Palsy //European journal of modern medicine and practice. – 2024. – Т. 4. – №. 2. – С. 355-358.
54. Temirpulotovich T. B. et al. Psychopathological and neuropsychological features of negative diseases in late schizophrenia. – 2024.
55. Temirpulotovich T. B., Usmanovich O. U. Modern approaches to the diagnosis and treatment of acquired mental retardation, epidemiology of dementia, clinical forms (literature review) //journal of biomedicine and practice. – 2024. – Т. 9. – №. 1.
56. Temirpulotovich T. B. Behavioral Changes of Individuals Who Abuse Synthetic Psychostimulants //European journal of modern medicine and practice. – 2024. – Т. 4. – №. 2. – С. 369-376.
57. Temirpulotovich T. B. et al. Ways to Develop Speech and Overcome Them in Children With Cerebral Palsy //European journal of modern medicine and practice. – 2024. – Т. 4. – №. 2. – С. 355-368.
58. Temirpulotovich T. B. et al. Features of Some Clinical, Social and Criminological Parameters in People with an Atypical Picture of Acute Alcohol Poisoning //European journal of modern medicine and practice. – 2024. – Т. 4. – №. 8. – С. 413-421.
59. Temirpulotovich T. B. et al. Comparative Study of the Clinic of Psychotic and Non-Psychotic Variants of Chronic Alcoholism //American Journal of Bioscience and Clinical Integrity. – 2024. – Т. 1. – №. 8. – С. 1-9.
60. Uskov A. et al. Psychological peculiarities of social adaptation in paranoid schizophrenia //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 379-384.
61. Usmanovich O. U. et al. Characteristic Features of Affective Disorders in Anxiety-Phobic Neurosis //European journal of modern medicine and practice. – 2024. – Т. 4. – №. 2. – С. 251-259.
62. Usmanovich O. U., Temirpulotovich T. B. Morphofunctional Foundations of the Development of Vascular Cognitive and Emotional Disorders //International Journal of Cognitive Neuroscience and Psychology. – 2024. – Т. 2. – №. 2. – С. 15-21.
63. Usmanovich O. U. et al. Clinical and Psychological Characteristics of Affective Disorders in Children with Autism Disorders //European journal of modern medicine and practice. – 2024. – Т. 4. – №. 2. – С. 260-267.
64. Usmanovich O. U. et al. Characteristic Features of Affective Disorders in Anxiety-Phobic Neurosis //European journal of modern medicine and practice. – 2024. – Т. 4. – №. 2. – С. 251-259.
65. Utayeva N., Sharapova D., Bobir T. Psychopathological and neuropsychological features of negative diseases in late schizophrenia //Modern Science and Research. – 2024. – Т. 3. – №. 1. – С. 428-436.