

## PSYCHOPATHOLOGICAL FEATURES OF LONG-TERM ENDOGENOUS DEPRESSIONS

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**Abstract:** For many years, the problem of depression has been the focus of many researchers in different countries. Recently, interest in them has increased especially significantly, which is due to an increase in the number of patients with depression, changes in their clinical picture, the appearance of atypical, latent forms, as well as a significant increase in phase (attack) time, which allows us to talk about the long - term, and in some cases-the chronic course of the disease.

**Key words:** endogenous depression, psychopathological features, clinical picture, adolescence.

**Introduction.** In the course of the study, it was found that there are a number of general psychopathological features of manifest EDUVS, regardless of their nosological affiliation [1].

These include, first of all, incompleteness, fragmentation of the clinical picture, variability of psychopathological symptoms, and explicit polymorphism of the affective triad with ambiguous design [2].

The analysis showed that in studied patients, the characteristics of eduv and their specificity should be explained by the contribution of psychobiological factors in puberty to their formation. This leads to the priority of cognitive, behavioral and somatovegetative disorders characteristic of adolescence and adolescence, which not only hide their depressive basis, but also make it difficult to correctly interpret the individual symptoms of the disease [3-5].

Thus, a detailed analysis of the structure of eduv found that in only 15,5% of patients, the clinical picture approximates the typical melancholic depression typical of patients of mature age. In the majority of patients (84,5%), the absence of a depressive triad, which is presented in harmony with other proportions of thymic, ideator and motor components, was noticed. In particular, in young people in the composition of the depressive syndrome, first of all, the characteristic severity and rudimentarity of the thymic component, as well as the features of the manifestation of various clinical variants of the dominant effect, are taken into account. This study was dominated by apatoadynamic effects (36,1%) at a lower frequency of dysphoric (24,2%), anxious (23,9%), and sad (15,5%) [6-9].

With the predominance of apatoadynamic effects in patients, no specific motor inhibition has been reported, unlike similar depressions in mature age. As a rule, a decrease in vitality prevailed, and the main plot of experiments was a feeling of rapid mental fatigue, distraction, moral impotence. In addition, some patients commented on self-blame, low self-esteem, suicidal thoughts [10].

With the predominance of dysphoric effect, the clinical picture was characterized by sad mood, mood, dissatisfaction with oneself and others, anger, irritability and explosion. Dysphoric depressions were generally difficult to recognize due to the absence of depressive complaints, concealment of the depressive nature of suffering with behavioral disorders, antisocial and infringing behaviors, social misconduct [11-15].

With the predominance of disturbing effect in the clinical picture, anxiety was noted, up to accelerated speech — motor agitation and agitation. At the same time, in some patients, anxiety was felt

physically (in the chest, in the head), which made it possible to talk about his vital ha Raker. In some patients, daily fluctuations with the most severe anxiety were observed in the second half of the day [16-19].

In depressions where the effect of melancholy is predominant, the feeling of its bodily localization (viability), characteristic of endogenous depressions of mature age, is relatively rare. Most often, life disorders in Guys Are Expressed in a decrease in vitality, lack of energy or a feeling of emotional discomfort. The same is confirmed by the ideas of their own worthlessness, a dark assessment of the future, memories of unpleasant events from the past, pessimistic reflections on life [20-23].

Another characteristic feature of EDYUVS were relatively rare signs of motor inhibition. According to the subjective assessment of the patients themselves, only a certain discomfort, negligence and stiffness of movements appeared in their motor skills. Only 14.5% of patients reported a slowdown in movements, a lack of facial expressions, and a significant level of motor inhibition manifested in sad facial expressions [24-26].

In the clinical picture of Eduv, ideological disorders have played an important role in almost all patients, ranging from mild distraction, forgetfulness, decreased memory, inability to focus and focus, to "flow", "interruption" and "parallelism" of thoughts. Among the peculiarities inherent in EDUKS, it is also worth noting the high frequency of special ideator structures, which are close to the manifestations characteristic of the puberty crisis. These include ideological distortions regarding the value-semantic field, the inevitability of death, the predominance of rationalistic thoughts about reading, functioning and the meaninglessness of existence in general [27-29].

All this helped to form a special depressive worldview (existential depression), a passion for mysticism, "escape to religion." Depressive assessments of his own personality and the world around him often turned into pessimistic colored abstract reflections on the meaninglessness of human existence in general in these patients, adopting the feature of "denial of everything", leading patients to various religious dogmas, unusual philosophical concepts, thinking about the reconstruction of the world [30-33].

Another peculiarity of the clinical picture of Eduv is that their composition includes the manifestation of self-awareness disorders, from elements of mental anesthesia to phenomena of polymorphic depersonalization in structure, accompanied by exaggerated reflex [34-36]. The ideas of depressive self-esteem, self-deprecation often have a dysmorphophobic plot, and the ideas of self-blame and condemnation turned out to be closely related to sexual problems (masturbation, addiction to porn). In some guys, it is characteristic that the depressive assessment of their own personality and environment easily turns into pessimistic abstract reflections on the meaninglessness of human life, a depressive philosophical worldview has formed, which includes autodestructive tendencies to suicide attempts: the proportion of patients with suicidal thoughts was 68,1%, and the number of suicide attempts reached 38,5; there was also a number of attempts at Re-suicide (40,6%), which is much higher than similar rates in endogenous depression in adults [37-39].

Among the somatovegetative components of the depressive syndrome, cardiovascular diseases often occur in the form of a significant change in blood pressure, which often serves as the basis for the incorrect diagnosis of "juvenile hypertension", which, as a rule, turns out to be resistant to even serious antihypertensive therapy, but it can be easy to treat with antidepressants [40].

In recent years, more and more publications have appeared in the literature about long-term and chronic depression in young and middle-aged people, which radically changes the idea of depression as pure phase diseases with a positive result. A number of researchers consider chronic depression to be a kind of monopolar course of psychosis [41-45]. In recent years, more and more reports have emerged in world literature on the effect of modern drugs on delaying affective psychoses, allowing long-term depression to be considered as a result of drug pathomorphosis. As clinical features of long-term depressions, the following are noted: affective disorders themselves, monotony; the rigidity of

symptomatology with the "simplification" of the structure of psychosis in general, the predominance of cases of anxiety and hypochondria in the clinical picture [46-50]. On the other hand, a large range and dynamics of psychopathological manifestations, the lack of monolithicity and monotony of symptoms, as well as a clear atypical of clinical manifestations, were found, indicating a large variability of clinical structural forms of prolonged depressions. To date, psychopathological aspects, clinical diversity, the nature of the course, the nosological affiliation of prolonged depressions have been little studied [51].

**The purpose of the study** was to analyze long-lasting endogenous depressions, to describe in detail the characteristics of the premorbid personality, to identify pathological diseases in the pre-hepatic period of the disease.

**Materials and research methods.** A clinopsychopathological study examined 35 patients with endogenous depression who were receiving inpatient treatment in a psychiatric hospital. The duration of their depressive state has changed in 2-25 years.

**Research results.** According to the peculiarities of Affective Disorders, it was possible to distinguish 7 main types of depression with syndromes: melancholic, adynamic, dysphoric, anesthetic, anxious, senesto-a complex type of depressive disorders with hypochondriacal and hallucinatory, delusional and catatonic diseases.

The first 5 types of depressive disorders, whose psychopathological picture ended mainly with hypothymic or energetic polar diseases, were characterized by the structural simplicity of the syndrome as a whole and an insignificant polymorphism of psychopathic and neurosis-like manifestations, so in some cases this condition could be characterized as monomorphic, while the last 2 types of depressions were so polymorphic that they were talk about big syndrome.

Along with the melancholic type of depression, depression, life longing with characteristic retrosternal or epigastral localization, daily mood swings, ideas, self-blame, motor disorders that sometimes took on the character of stuporous States came to the fore.

In adynamic depression, movement disorders dominated the clinical picture. Patients complained of decreased mental activity, lethargy, lack of will, weakness, abnormal attitude towards the environment, lack of motivation and desires, "laziness", "boredom", insomnia, muscle stiffness.

Depressive manifestations in dysphoric disorders ended with a sad, sad mood, without signs of longing, but with irritability, sometimes even anger, a feeling of dissatisfaction with the environment.

As part of anesthetic melancholy, depressive disorders fell into a depressed mood with complaints of loss of "all human emotions", joyless existence, indifference towards the closest people, which did not always have the character of pain and suffering. This condition was often accompanied by a loss of identity and a sense of self-variability with impaired perception of the outside world.

Anxious states with a high share in the structure of prolonged depressions, accompanied by resentment and depression, were accompanied by non-objective anxiety, a feeling of impending disaster, anticipation of misfortune or misfortune, sharp raptuses with agitation levels and suicidal tendencies. The speed of thoughts, as a rule, did not break, but the content of thinking was impoverished due to the monotonous range of problems that could not be solved. Patients experienced fear, despair, feelings of hopelessness, despair. At the height of the situation, in some cases, attitude ideas and auditory deceptions appeared.

In the clinical picture of Senesto-hypochondria depressions, real Affective Disorders fell into the background, and very unpleasant, painful sensations in different parts of the body (sometimes extremely unusual and unusual), a feeling of somatic discomfort, anxious worries about their health, fear of death took the leading place.

Patients sought confirmation of their opinion from doctors-specialists, engaged in self-medication. The next group were patients with depression, whose clinical manifestations included hallucinatory, delusional and catatonic disorders. In addition to depression, longing, increased anxiety, fear, patients

heard "voices" of a threatening or imperative nature, experienced pain in different parts of the body, made sure that they were affected by various instruments or hypnosis, persecuted by colleagues, colleagues and even close relatives, were afraid of poisoning, spoiled, bewitched,, they were infected with sexually transmitted diseases, were infected with worms.

Discussion. The neurosis-like manifestations found in the image of the described 5 types of depressions revealed obsessive fears, fears of hypochondria, obsessive doubts about the correctness and completeness of their actions, conflicting thoughts and, as a rule, an external connection with the real situation. Complaints from patients about fatigue, irritability were frequent, often they found that it was impossible to put up with hoarseness, noise, bright light and even ordinary conversations of others.

The psychopathological structure of the following 2 types of depressions, as mentioned above, was characterized by a significant complexity and depth of positive disorders, polymorphism, atypical of signs, variability of manifestations, which was associated with the appearance of elements that stood outside the framework of forced depressive disorders in the clinical picture of the disease.

Within the described types of long-term depressions, the peculiarities of psychopathological disorders include the obsolescence of real affective manifestations, the predominance of a moody, gloomy, rather than sad, mood in most observations. In addition to the effects of longing, anxiety, fear and despair were of great importance. Ideator disorders largely coincided with depressive monoideism, a pessimistic orientation of thinking with loss of life prospects, which spoke of dissociation and atypia in the reciprocal ratio of endogenous triad characters. The manifestation of movement ended with adynamic diseases with a weakening of vital stimuli. The ideas of self-incrimination, self-condemnation were vague, sometimes simple in nature, often echoing self-praise in the past and self-justification in the present; sometimes the accusations were directed at the environment. Emphasis was placed on daily mood swings and low severity of somatovegetative disorders. The depressions contained elements of reflection. Painful self-awareness was experienced painfully by patients.

The analysis showed a great similarity of manifest manifestations in the clinical picture of prolonged depression and deleted psychotic disorders, which appeared long before the onset of the disease.

Thus, prolonged depression in patients with Algic paroxysms, vegetative crises, anxious health concerns usually debuted with senesto-hypochondria manifestations. In patients with subclinical adynamic depression, the first signs of depression studied were Movement Disorders with weakening of vital stimuli. In cases of anesthetic melancholy, there were often indications of depersonalization disorders in adulthood or youth. Psychopathic-like manifestations with dysphoria were repeated as part of a prolonged depression during one of its stages of development. In complex delusional attacks, the syndrome structure repeated cliché-type conditions that had previously occurred.

Some connections have been identified between the type of depression and premorbid-constitutional personality traits. Senesto-worried in all cases of depression with hypochondria diseases-developed in a warehouse of dubious nature and sensitive schizoids.

**Conclusions.** According to the peculiarities of Affective Disorders, it was possible to distinguish 7 main types of depression with syndromes: melancholic, adynamic, dysphoric, anesthetic, anxious, senesto-a complex type of depressive disorders with hypochondriacal and hallucinatory, delusional and catatonic diseases.

Within the framework of the described types of long-term depressions, the peculiarities of psychopathological disorders should include the deletion of real affective manifestations., which has been characterized by a great resemblance to manifest manifestations of endogenous depressions.

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