

NON-PSYCHOTIC MENTAL DISORDERS IN PATIENTS WITH VIRAL HEPATITIS

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Abstract: Chronic somatic diseases are often accompanied by various changes in the psycho-emotional state, primarily depression, anxiety disorders, which are often detected in patients with infectious diseases called dangerous behaviors. Recently, the incidence rate of chronic hepatitis with etiological factors of hepatotropic infections has increased, and the prevalence of chronic hepatitis B (HCG) and C (HCV) has a steady growth trend. These diseases are often accompanied by various psychological disorders in this category of patients. Often, mental disorders are the first manifestations of chronic hepatitis and persist throughout the disease, causing certain difficulties in treating patients. Damage to the mental sphere can have a wrong effect on patients, which largely determines the clinical picture and the severity of the disease.

Key words: Chronic somatic disease, psycho-emotional state, depression, infectious disease, chronic hepatitis B and C.

Introduction. It should be noted that many specialists do not pay enough attention to the timely diagnosis of psychosomatic diseases in these patients, rarely assessing the reaction of patients to their own diseases, various options for treatment and rehabilitation. In clinical practice, psychological factors in the complex of therapeutic measures are often considered insignificant, as a rule, in hospitals the powers of a psychiatrist-consultant are traditionally only acute mental states of patients [1, 2], in these patients psycho-emotional disorders and a wide range of psychopathological manifestations are often overlooked by specialists [3-7].

Research on mental disorders that occur in patients with CG is often limited to the study of anxiety and depression. For a large part of the work, the authors used questionnaires to self-complement the patient, which offered to answer a number of questions about the level of anxiety and depression [8-16], while the authors provide research data that conducted patient-structured interviews. Thus, Atesci F. C. et al. (2005) the "Beck Depression Scale" (Beck Depression Inventory – BDI) and anxiety level assessment scale – State-Trait anxiety Inventory (STAI), as well as the "Diagnostic and Statistical Manual of mental disorders" (Diagnostic and Statistical Manual), which used measures of "aggravating psychosocial factors" and "general adaptation rate", mental disorders Axis IV, V-DSM-IV, - V) for comparative assessment of two comparable human-entered groups: patients with chronic hepatitis B and healthy control groups [17-25]. The study found that mental disorders are more typical of patients with HCG than individuals in the general condition control group, primarily "major" depression, anxiety, and overall unsatisfactory. At the same time, mental disorders are more common in a group of patients diagnosed with CG b three months before the survey [26-34]. Increased susceptibility to mood swings in patients who have recently been diagnosed with hepatitis may be partly due to a severe perception of this message, perhaps because these patients are more concerned about the possible negative consequences of the diagnosis [35-48].

In another study, the authors compared the results of a systematic clinical interview with patients in three groups: CG C patients, CG B patients, and a control group of healthy individuals [49-52]. In general, the incidence of psychiatric abnormalities in patients with Viral Hepatitis was higher than in the control group under investigation. At the same time, similar results were observed in groups of HgS and HCG patients [53-57].

Omelchenko V. P. et al. (2013) recommends assessing an individual's psychological profile in CG patients for timely diagnosis of mental failure, using a standardized multi-factor questionnaire adapted to study Spielberger-Hanin's personality and reactive and personal Anxiety Scale [58-61].

Viral hepatitis is one of the most common infectious diseases today. In addition to the widespread occurrence of viral hepatitis, the problem is associated with damage to people of the most working age, as well as a certain risk of complications and negative consequences. The high epidemic potential of these diseases remains worldwide (N. S. Sorinson, 1996). In addition to certain advances in research on the diagnosis and treatment of directly different forms of viral hepatitis, very problematic issues, in particular, the consequences of the disease, are associated with the influence of a person on further social activities and his quality of life [62-65]. Based on this aspect, the study of the violation of the mental sphere in this contingent of patients is of particular importance.

The purpose of the study was to determine the clinical nature of non-psychotic mental disorders in patients with viral hepatitis and to develop the principles of psychotherapeutic correction of these diseases.

Research methods: clinical-psychopathological, experimental-psychological (using tests aimed at identifying individual characteristics). 159 patients with viral hepatitis A, B, C and b + c who were receiving inpatient treatment at the city Clinical Infectious Diseases Hospital in Tashkent were examined; among them, 101 men and 58 women. Patients were between the ages of 16 and 39 (with an average age of $24,2 \pm 0,4$ years). In all patients, the disease continued to be mild or moderate.

Patients were hospitalized mainly in the first 10 days after the onset of the disease ($7,9 \pm 0,4$ days on average). In all patients, the usual form of jaundice of the disease is noted.

The diagnosis of Viral Hepatitis was established on the basis of clinical epidemiological and laboratory data; in each case, the diagnosis was confirmed by serological studies (identification of specific signs of hepatitis A, B and C viruses). Patients with prolonged hepatitis and chronic hepatitis, patients with other acute and chronic internal diseases, as well as patients with symptoms of substance dependence (excluding tobacco dependence) were excluded from the study group.

Patients were offered to undergo a psychiatrist and psychological examination to determine the degree of impact of the disease on the nervous system and psyche; it was also proposed to discuss existing psychological problems. At the same time, patients were informed that the examination was being carried out as part of a scientific study. In each case, the patient received conscious consent for a mental examination.

A specially designed clinical scale was used to objectify clinical and psychopathological data, enabling a single quantitative census of psychopathological symptoms under a two-point system. To comprehensively study the personal reactions of patients, both verbal (questionnaire) and non-verbal (projective) experimental-psychological methods were used. Lusher's color test. The analysis of psychopathological symptoms in patients with viral hepatitis revealed a number of features of the quantitative and qualitative structure of borderline mental disorders frequency and severity of individual neuropsychiatric symptoms in patients with viral hepatitis dominated by asthenic circle disorders: increased weakness and fatigue (in 83,6% of patients), headache (in 33,3%), dizziness (in 21,4%), drowsiness (in 13,8% of patients) complaints. In total, disorders of the asthenic circle at different levels were reported in 89,4% of patients examined during the course of the disease. Emotional disturbances were observed in 25,2% of patients: subdepression (11,9%), anxiety (2,5%), irritability (8,2%), emotional lability (6,3%), and mood swings (5,0%). All patients examined for personal response options to the disease were distributed as follows: 78,0% of the normonosognostic type, 10,1% of the hypernosognostic (hypochondria) type, 11,9% of the hyponosognostic type.

Patients with a normonosognostic response to the disease fully adhered to the doctor's recommendations, showed sufficient activity in the therapeutic process and were in the mood for recovery. There was also a therapeutic regimen and complete adherence to the diet.

Lucker's color test made it possible to determine the peculiarities of the psychological reaction of patients, and at the same time, the manifestation of physiological stress, asthenia (both physical and mental) in the spectrum of clinical and psychological correlations of color selection went with a red thread. On the other hand, the reflection of the disease on the psychological level turned out to be adequate in most cases and was characterized by a harmonious variant of the response to asthenia. The use of a relationship color test has shown that a negative emotional assessment of the disease and hospital can be considered a "norm", with a predominance of passivity and a feeling of dependence (the average of the chosen color is $4,4 \pm 0,2$).

At the same time, there was a great concern not because of the disease, but because of the need for inpatient treatment and the fact of hospitalization (the average level of the selected color is $4,9 \pm 0,2$). Therefore, the rule is a slight emotional strain due to the presence of viral hepatitis, which is not associated with severe illness and often does not lead to a significant violation of well-being. Even the state of illness and hospital stay in general did not have much effect on the emotional perception of their point of view and, accordingly, on the global emotional background. At the same time, it should be noted that the manifestation of hypochondria in a patient is psychologically reflected not only in relation to the disease or hospital, but also in changes in the perception of the concept of "my future" ($\rho = 0,21$), that is, at the psychological level, the presence of hypochondria included a change in emotional relations. non-disease-related extramorbid to areas of life. The same can be said for the phenomena of subdepression (compliance with the negative perception of the concept of "my family" ($\rho = 0,21$)).

The results of a study using the color test of relationships in Disease Dynamics also prove that the manifestation of general intoxication of the prodromal period (including asthenic phenomena) leads to a faster recovery of well-being with a feeling of "increased health" after short-term somatic suffering.

Research results. Taking into account the data obtained on the clinical structure and reflection at the psychological level of non-psychotic mental disorders in patients with Viral Hepatitis, it became possible to use psychotherapeutic methods of Correction of these diseases. By type of influence, these were mostly non-directive methods aimed at individual work with the patient using rational psychotherapy.

Hypochondriac reactions almost always require special psychotherapeutic attention. When hypochondria is manifested, psychotherapeutic techniques are aimed at correcting the scale of experiments related to the disease, forming a therapeutic perspective. In such cases, the doctor also drew attention to small positive changes in the patient's health and laboratory indicators. Fixing fixation on somatic sensations, neutralizing misconceptions and concerns inherent in these patients, has also been helpful. If the patient does not adequately assess the severity of the disease, violations of the therapeutic regimen and diet, the psychotherapeutic effect is aimed at preventing the patient's passivity in treatment, stimulating initiative in the therapeutic process and maximizing cooperation. At the same time, the risk of developing complications and negative consequences, delays in the duration of treatment were additionally highlighted. Such "intimidation" was justified and expedient in this situation. To correct the recorded attitude towards the disease, it was important to identify aspects of it that remained relevant to the patient (for example, the "infectious disease" of the disease, the possibility of reducing the ability to work).

Thus, the main goal of psychocorrection measures was to primarily identify and correct diseases that threaten the sufficiency of the patient in terms of maximum assistance in the treatment of the underlying (infectious) disease, compliance with treatment and dietary restrictions.

The recommended system of psychotherapy measures was used in 52 patients. The use of a developed psychotherapeutic system made it possible to reduce the duration of hypochondria in patients with viral hepatitis, as well as prevent the appearance of "polar" options for the subjective perception of the disease. It was possible to form a positive relationship with somatic doctors in order to significantly improve the level of therapeutic alliance of patients and comply with preventive-regime restrictions.

Conclusions. Our research provides a theoretical basis and a new solution to the scientific problem – the identification of clinical features of non-psychotic mental disorders in patients with viral hepatitis (in the form of symptoms at the personality-neurotic level) and the development of approaches to their psychotherapeutic correction.

In patients with viral hepatitis during the acute period of the disease, borderline mental disorders are noted, which in their development is limited by the level of pre-clinical, syndromic unfinished diseases. Mental disorders are manifested by asthenic disorders (in 83,6 percent of patients), emotional disorders (in 25,2 percent) and disorders in the personal sphere of subjective perception of the disease (in 22,0 percent).

According to the relationship color test, there is a standard negative emotional assessment of the disease and treatment, and feelings of passivity and dependence prevail (the average level of the selected color is $4,4 \pm 0,2$), while more anxiety arises due to the need for inpatient treatment and the fact of hospitalization itself. due to disease (the mean of the chosen color is $4,9 \pm 0,2$).

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