

## Specific Aspects of Mental Disorders in Functional Disorders of the Gastrointestinal Tract

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**Abstract:** According to the results of epidemiological studies, somatogenic, psychogenic or mental disorders occur in almost half of tumor patients. Such combined forms of diseases require a comprehensive approach to diagnosis and treatment with the participation of an oncologist, a psychiatrist, and a psychotherapist. In practice, the consultation of a psychiatrist in an oncology clinic is aimed at providing emergency care to patients with specific mental disorders - it is aimed at preventing somatogenic, reactive effects. Borderline disorders are often underdiagnosed and require individual attention.

**Keywords:** anxiety and depressive disorders, cancer, psychotherapy.

Currently, one of the urgent problems of gastroenterology is functional disorders of the gastrointestinal tract (GI). This is due to the high prevalence of this pathology in the population, the difficulty of differential diagnosis, and the insufficient effectiveness of treatment for this category of patients [1, 2]. Research results show that from 30 to 70 percent of patients referred to gastroenterologists suffer from functional disorders, half of which are only mental. It is necessary to correct the situation [3, 4]. A number of studies devoted to the study of psychopathological characteristics of patients with gastrointestinal tract pathology show the prevalence and polymorphism of mental disorders [5], but the clinical manifestations and structure of comorbid relationships are still not well studied [6, 7]. Increasing patients' enthusiasm for treatment is one of the current directions of modern medicine [7]. Currently, about 250 factors are known for the treatment of patients with stomach and duodenal disease, which is an indicator of the complexity of identifying the mental and emotional state of patients with this disease [8].

### **The purpose of the study:**

The purpose of this study was to determine the structure and distribution of depressive disorders in gastrointestinal disorders, and to study their effect on disease compliance.

**Materials and methods:** An interview was conducted with 89 inpatients treated in the gastroenterology department of the multidisciplinary hospital of Bukhara region. A survey was conducted using sociodemographic data, anamnesis data and a clinical part, which have the characteristics of psycho-pathological syndromes according to the criteria of MKB-10 and DSM-IV. Of our patients, 34 were men and 55 were women (mean age  $42.9 \pm 12.9$  years). Eligibility of our patients was assessed using the universally validated Morisky-Grina test.

### **Results and their discussion**

Among the controlled patients, 38.2% were men, 61.8% were women. The group of patients with gastroenterological pathology was dominated by working people (77.5%). Non-working patients made up 22.5%. In 49.3% of employed people, a decrease in adaptation to work (inability to maintain the pace and rhythm of work, work in different shifts, violation of work discipline) was found. The origin of social conflicts, for example, loss of previous interests, apathy, lack of initiative, disruption of family relationships or , conflicts were found in 38.2% of the controls. The presence of mental illnesses in relatives (alcoholism, schizophrenia, depressive disorders) was shown by 47.2% of patients with gastrointestinal tract pathology. Psychodisadaptive episodes in childhood were identified in 52.8% of patients: organic disorders (headaches, night terrors, sleepwalking, etc.), overestimates (body dysmorphic disorder, neurosis, anorexia), affective disorders (fear, depressive reactions , excitability)

59.6% of patients indicated stress as a contributing factor to the emergence or recurrence of the main disease. Almost all patients had non-specific somatic complaints (loss of appetite, severe weight loss, weakness, nausea, etc.), which made them worry about the presence of a serious disease, most often stomach cancer. Multiple syndromes of mental disorders were present in 88.4% of patients, and adjacent diseases were detected in 75.4 percent. In 7.3% of patients, rudimentary syndromes were identified, which are the risk factors for the development of advanced disorders of compensatory mechanisms and are defined as pre-disease conditions. Only 4.4% of patients did not have symptoms of mental disorders. Among the examined patients, 78.7% of the patients had symptoms of depressive disorders. Complex depressive syndromes were found in 43.8%, severe depression predominated (23.6%). Patients complained of insomnia (61.8%) with a feeling of discomfort when falling asleep, superficial sleep that often wakes up ("as if I didn't sleep", "woke up restlessly", "woke up from the slightest rustling"), woke up early. Support for the emergence or recurrence of the main disease 59.6% of patients indicated stress as a contributing factor. In 52.8% of the observations, the complaint of fatigue or loss of energy was found almost every day, 47.2% of the respondents showed a depressed mood that lasted most of the day and almost every day. 42.7% of depressed patients reported weight loss unrelated to diet. Cognitive disorders were found in 38.2% of patients (decreased ability to think and reason, repeated thoughts about death). 35% of patients with depression 9 percent had a significant decrease in interest or loss of pleasure in all or almost all types of activities. 22.5% of patients showed laziness ("I want to go to bed"). In one third of the respondents (14.6%) depressive disorders were combined with feelings of worthlessness and unreasonable guilt, in 25.8% of cases depression was combined with anxiety disorders. Manifestation of anxiety as part of depression, patients complained about excessive anxiety and worry, waiting for something bad, restlessness, impatience, irritability, sleep disturbances in the form of frequent awakenings, difficulty falling asleep, obsessive thoughts related to the feeling of impending death. Panic disorder is manifested by increased muscle contractions, inability to relax, pain and discomfort in the epigastric region and along the intestines, a feeling of tension in the abdomen, as well as heartburn and burning. Symptoms from the gastrointestinal system are often the first among the patient's complaints, significantly reducing the quality of life of patients, and in the treatment of the ineffectiveness of the drugs prescribed by the gastroenterologist, a positive effect was achieved only with the introduction of psychopharmacotherapy. Depressive conditions in 76.9% of cases were phobic (specific, social and agoraphobia) and panic disorders. It is noteworthy that the patient was often hospitalized for panic attacks, the manifestation of which simulated symptoms from the gastrointestinal tract (pain or burning sensation behind the sternum, feeling of fullness, swelling in the epigastric region). Concerned depressed patients were interested in information about their disease, asked many questions related to procedures, prescribed treatment, etc., but refused to be specific in fulfilling medical prescriptions after the symptoms of the disease were mild. Melancholic or melancholic depression in patients with functional disorders of the gastrointestinal tract. (12.4%) was characterized by feelings of depression, melancholy and hopelessness, which patients perceived as mental pain and described as physical pain and unpleasant sensations in the epigastric region. In gastroenterological patients, ideator and motor components of melancholic depression, as a rule, were insignificant. Patients often noted weakness, weakness, "desire to lie down", "slowness", motor slowness, and also complained of memory loss, apathy and rapid fatigue. Patients suffering from melancholic depression are apathetic, non-initiative, not interested in prescriptions, results of diagnostic studies, not interested in information about their disease. In 8% of cases, depression is combined with anxiety disorders. 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Senestopochondriac depression (5.6%) was diagnosed when complaints of unpleasant, painful sensations from internal organs prevailed against the background of vaguely expressed depressive mood. Senestopathic feelings were sometimes focused on a specific content in nature. Patients experience "sudden swelling" in the stomach area, rapid heartbeat, "trembling hands", "pain in the throat", "pain in the intestines", difficulty in localization, sensations that often migrate through the intestines. Patients with senestopathic depression are prone to abnormal feelings, often can name the exact date and time of the onset of senestopathy, they expressed anxiety about their health and did not believe the results of diagnostic studies. Patients with senestopathic depression were the most difficult to treat in a gastroenterological hospital and usually required psychiatric treatment. In the general sample, according to MKB-10, depressive syndrome occurred within the framework of recurrent depression dysthymia (20.5%), depressive episode (7.7%), bipolar affective disorder (5.1%), in 38.5% of cases depressive syndrome was a neurotic state. with, occurred within the framework of stress-related and somatoform disorders (somatized disorder, adjustment disorder, post-traumatic stress disorder). 12.8% of respondents were diagnosed with depressive disorders within schizophrenia. In 7.7% of the studied subjects, depression was identified as part of the organic non-affective psychotic depressive disorder. Most of the identified depressive disorders were characterized by endogenous features, for example, daily fluctuations (patients noted a worsening of mood and an increase in gastroenterological symptoms in the morning), a vital component ("melancholia", "emptiness", "heaviness", "anxiety" located in the heart, head, abdomen), duration of the course, a specific disorder of insomnia. Self-blame, self-criticism, ideas lead to somatovegetative symptoms, leading in the clinic of gastroenterological and psychopathological diseases. During the study, it was found that despite the

prevalence and severity of psychopathological disorders, 62.9% of the respondents never consulted a psychiatrist in their lifetime. 37.1% of patients who turned to a psychiatrist, psychotherapist or psychologist, as a rule, received one consultation without long-term follow-up. According to the results of the test, 62.9% of those examined did not meet the requirements, 23.6% of patients were at risk and only 13.5% met the requirements. No significant difference was found when comparing patients with and without depressive disorders. Among depressed patients, noncompliant patients also predominated (61.5% and 64%, respectively), 28.2% and 20% were at risk, and only 10.3% and 16% were compliant, respectively.

## Summary

In the majority of patients with functional disorders of the gastrointestinal tract, during the examination and during their lifetime, problems related to mental health appeared, that is, a decrease in work and social adaptation, a factor of connection between the effect of stress and the development of the main disease were noted. Most of the respondents suffered from mental disorders. The presence of psychoadaptive episodes in childhood was observed in the majority of patients. However, only a few of them turned to psychiatrists, psychotherapists and psychologists for help. The prevalence and polymorphism of mental disorders in patients with functional gastrointestinal pathology emphasizes the need for long-term follow-up. helps to reduce, form a stable remission and improve the quality of life of patients. The treatment of this category of patients is complicated by the low adherence to the therapy of both gastroenterological pathology and psychopathological diseases. It is worth noting that all patients with mental disorders identified during the study were given a psychotherapeutic interview about the relationship between the mental state and its impact on somatic health, as well as recommendations for the correction of the mental state, and the next visit was planned after discharge from the inpatient department, but none of the patients came, these mental disorders may indicate insufficient knowledge of its existence.

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