

## Effective Psychocorrection for Organic-Emotionally Labile Disorders

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**Annotation:** The article presents methods of identification and ways of correction among patients suffering from organic-emotional disorders. These studies showed that in patients with organic-emotional disorders, anxiolytics were used with psychomotor psychotherapy, which leads to early recovery and effective treatment.

**Keywords:** organic-emotionally labile disorders of vascular origin, asthenoneurotic syndrome, Spielberger-Hanin scale, psychomotor psychotherapy.

According to the World Health Organization (WHO), phobic anxiety disorders are observed in 38-42% of patients who visit a doctor for somatic diseases. According to the results of studies conducted in Uzbekistan, patients suffering from neurosis 22% 50% of professionals working in the general medical sector occupy their working hours [2]

It can be seen that patients with anxiety disorders require more doctors' time than patients with an organic disease. These patients are under the supervision of physicians and various internal medicine specialists throughout the year. Nevertheless, the treatment is ineffective, which causes mental exhaustion of doctors, financial damage to medical institutions and the healthcare system, and discredits medical science and practice in front of patients and their families. This condition requires internists, cardiologists, gastroenterologists, and other healthcare professionals to have accurate information about the clinical symptoms of phobic anxiety syndrome. [3, 5]

Organic-emotionally labile disorders by origin is a multifactorial disease. If we consider CFS as a psychogenic disease, it is clear that its development depends on biological, psychological and social factors. It is now recognized in the literature that CFS is a disease of genetic and constitutional etiology. As a result of a number of studies, a special group of genes that are important in the transmission of CPS from one generation to another has been identified [4,7].

Organic-emotionally-labile disorder is a mental disorder that occurs after the weakening of an organic disease of the brain, in our opinion, of vascular origin. The disorder is also called asthenic (from the Greek asthenia - malaise, impotence). In addition to constant and severe mood swings, patients experience general weakness, fatigue, headache, and dizziness. After 2-3 hours of work, a person will be able to complete the job, and it will not appear as it should [5].

According to the international classification of diseases, ICD-10 is coded as F06.68 - "Organic emotionally labile asthenic disorder due to mixed diseases." [1,6].

**Aim of the study.** Optimization of methods of effective psychocorrection for organically-emotionally labile disorders of vascular origin.

**Materials and methods of research.** The study material included 30 patients treated with a diagnosis of organic-emotionally labile disorder" of the 1st and 2nd neurological departments of the I-clinic of the Tashkent Medical Academy. The age of the patients ranged from 32 to 44 years, the average age was  $38.5 \pm 2.3$  years.

The diagnosis was made on the basis of complaints, anamnesis, objective and neurological status, as well as paraclinical data when patients visited the clinic and for inpatient treatment. The mental state was assessed using a medical-psychological questionnaire recommended by Prof. Z.R. Ibodullaev (patent No. 001031), as well as objective and neurological status.

Patients were divided into two groups to determine the effectiveness of treatment.

Group 1: Rational psychotherapy and psychopharmacotherapy – tetramethyltetraazobicyclooctanedione was used in this group of patients: n-15.

Group 2: used psychomotor psychotherapy and psychopharmacotherapy - tetramethyltetraazobicyclooctanedione in this group of patients: n-15.

Clinical and psychological examinations of patients were carried out on days 1-3 and 27-30.

The Spielberger-Hanin scale was used to assess psychological status. Measuring anxiety as a personality property is especially important, since this property largely determines the subject's behavior. A certain level of anxiety is a natural and obligatory feature of an active personality. Each person has their own optimal, or desired, level of anxiety - this is the so-called useful anxiety. A person's assessment of his condition in this regard is for him an essential component of self-control and self-education.

Personal anxiety was understood as a stable individual characteristic that reflects the subject's predisposition to anxiety and presupposes his tendency to perceive a fairly wide "fan" of situations as threatening, responding to each of them with a certain reaction. As a predisposition, personal anxiety is activated upon the perception of certain stimuli that are regarded by a person as dangerous to self-esteem and self-esteem. Situational or reactive anxiety as a condition is characterized by subjectively experienced emotions: tension, anxiety, concern, nervousness. This condition occurs as an emotional reaction to a stressful situation and can vary in intensity and dynamics over time.

Individuals classified as highly anxious tend to perceive a threat to their self-esteem and functioning in a wide range of situations and react with a very pronounced state of anxiety. If a psychological test expresses a high level of personal anxiety in a subject, then this gives reason to assume that he will develop a state of anxiety in a variety of situations, especially when they relate to the assessment of his competence and prestige.

Most of the known methods for measuring anxiety allow assessing only either personal anxiety, or state anxiety, or more specific reactions. The only technique that allows differentiated measurement of anxiety both as a personal property and as a state is the technique proposed by C. D. Spielberger.

When analyzing the results of self-assessment, it was kept in mind that the overall final score for each of the subscales could range from 20 to 80 points. Moreover, the higher the final indicator, the higher the level of anxiety (situational or personal).

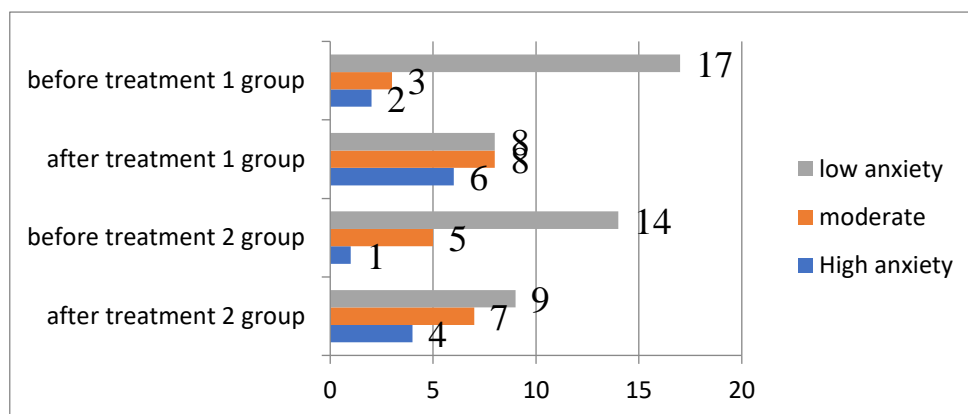
When interpreting the indicators, you can use the following indicative estimates of anxiety:

1. up to 30 points – low,
2. 31 - 44 points - moderate;
3. 45 or more - high.

Methods of psychocorrection included psychological dialogue and psychomotor therapy. Interviews were conducted for an average of 45-60 minutes per patient, once every 3-4 days and 6-8 times over 30 days, depending on the patient's condition. Two interviews were conducted in inpatient settings and the remainder in outpatient settings. During the study, adaptol was used to correct mood changes in all patients in addition to basic therapy. Treatment regimen: 300 mg twice daily for patients with mild to moderate anxiety, 500 mg twice daily for 1 month for patients with severe anxiety.

**Research results.** When determining the psychological status of patients according to the Spielberger-Hanin scale in group 1 - low anxiety ( $29.5 \pm 1.2$ ), moderate anxiety ( $39 \pm 2.3$ ) in 7 patients, high anxiety ( $48.5 \pm 2.1$ ) in 8 patients. In group 2, 4 patients had low ( $28.5 \pm 1.2$ ), 6 had moderate ( $38.5 \pm 1.2$ ) and 5 had high ( $49.5 \pm 1.2$ ) levels of anxiety ( $p < 0.05$ ). Anxiety levels were retested in an outpatient setting after patients had completed the full course of treatment for 1 month. In group 1, 15 patients had low anxiety ( $29.5 \pm 1.2$ ), 9 had moderate anxiety ( $39 \pm 2.3$ ), and 6 had high anxiety ( $48.5 \pm 2.1$ ); In the 2nd group, 5 patients had low ( $28.5 \pm 1.2$ ), 2 had moderate ( $38.5 \pm 1.2$ ) ( $p > 0.05$ ), i.e. in the 2nd group In the group, severe anxiety was completely absent; in 8 patients, anxiety was not detected (Fig. 1).

Figure -2



\* - P &lt; 0.05

### Analysis to determine psychological status

**Conclusion.** In conclusion, it should be noted that the use of psychomotor therapy in combination with anxiolytics in patients with organic-emotionally-labile disorders can reduce morbidity and restore ability to work, further accelerate recovery from the disease, and increase adherence to basic treatment.

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