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**ISSUES OF TREATMENT AND PREVENTION OF NON-
PSYCHOTIC DISORDERS IN PATIENTS WITH ARTERIAL
HYPERTENSION USING MODERN METHODS**

Resume: Arterial hypertension occupies an important place in human life as a psychosomatic disease. Manifesting psychogenically, in the future it continues to develop in accordance with its mechanisms, regardless of whether there is a traumatic situation or it has been canceled.

From this article, however, it follows that for a number of people, the presence of the disease in itself is a mental trauma that aggravates the course of the disease, changes in the psyche lead to the fact that a person's emotional reactions become inactive, he has a tendency to "stick" to unpleasant experiences that create conditions for increased blood pressure, thus, availability

Keywords: mental disorders, mental disorders, arterial hypertension, psychosomatics.

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**ВОПРОСЫ ЛЕЧЕНИЯ И ПРОФИЛАКТИКИ
НЕПСИХОТИЧЕСКИХ РАССТРОЙСТВ У ПАЦИЕНТОВ С
АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИЕЙ С ИСПОЛЬЗОВАНИЕМ
СОВРЕМЕННЫХ МЕТОДОВ**

Резюме: Артериальная гипертензия занимает важное место в жизни человека как психосоматическое заболевание. Проявляясь психогенно, в

дальнейшем оно продолжает развиваться в соответствии со своими механизмами, независимо от того, имеет место травмирующая ситуация или она была отменена.

Из этой статьи, однако, следует, что для ряда людей наличие заболевания само по себе является психической травмой, которая усугубляет течение болезни, изменения в психике приводят к тому, что эмоциональные реакции человека становятся неактивными, у него появляется склонность "залипать" на неприятные переживания которые создают условия для повышения кровяного давления, таким образом, наличие

Ключевые слова: психические расстройства, психические расстройства, артериальная гипертензия, психосоматика.

Relevance. The significant prevalence of arterial hypertension (AH), the frequent development of complications leading to high morbidity and mortality of patients, determines the relevance of the search for new ways of diagnosis and therapy. To prevent a decrease in the working capacity and quality of life of this category of patients, it is also necessary to take into account the peculiarities of their mental state[2].

The development of hypertension is based on a combination of genetic predisposition to the occurrence of the disease and adverse external influences, therefore, the development of hypertension can be considered as a kind of payment for the body's adaptation to environmental conditions[7]. In modern conditions of large cities with a stressful "conveyor" lifestyle, stress takes a chronic course, often resulting in chronic diseases [5].

A more pronounced and prolonged hypertensive reaction under conditions of psychological stress is detected in patients with various psychopathological changes[3]. The leading place among these conditions is occupied by borderline mental disorders (I, I! IS), such as neurotic and neurosis-like disorders

represented by anxiety, obsessive-phobic, neurasthenic, hypochondriac, depressive and hysterical syndromes, or a combination of them.

Assessing the mental disorders associated with GB, N.O. Belova (1993) in 70% of cases found psychoemotional maladaptation mainly in the form of neurasthenia, and according to the observation of G.V. Pogosova (1992), socio-psychological maladaptation is detected in 80% of patients with GB.

In this regard, the study of the influence of the psychological characteristics of the personality of a patient with GB on the clinical picture of the disease becomes relevant. The study of the relationship between the features of the clinical picture of hypertension and the mental status of the patient can contribute to the early detection and timely therapy of psychopathological disorders in hypertension[1]. Pharmacotherapy is used for their treatment. Currently, various groups of psychopharmacological agents are successfully used: tranquilizers, antidepressants, small doses of neuroleptics[4]. A wide range of psychotropic drugs is necessary, since each drug has only its inherent combination of neurotropic and somatotropic properties, including determining side effects and complications[2], the consideration of which is so important in the therapeutic process. At the same time, the need for simultaneous use of antihypertensive and psychotropic therapy in patients with hypertension with 111 IP causes a number of difficulties: an increase in the frequency of side effects, a weakening of the antihypertensive effect of antihypertensive drugs[6]. However, we have found isolated reports on this problem in the literature. And although most researchers do not doubt the psychosocial conditionality of hypertension[3], nevertheless, the assessment of the psychosomatic state does not go beyond the scope of scientific research, remaining in the competence of psychiatrists. Meanwhile, it is necessary to develop diagnostic approaches used in practical work with extensive use of psychopathological characteristics in a complex of diagnostic methods for assessing the condition of a patient with hypertension.

The purpose of the study. To study the features of non-psychotic disorders in patients with arterial hypertension and the effectiveness of various options for therapeutic correction of this pathology when using hypotensive monotherapy and a combination of hypotensive and psychotropic therapy.

Materials and methods of research. To fulfill our task, we selected a total of 80 patients who suffered from hypertension and came into contact with non-psychotic disorders. We conducted clinical and epidemiological examinations in them.

The results of the study. The typology of borderline mental disorders on the background of GB is determined by three main types of pathology: neurotic disorders (F4) - 62%, mood disorders (F3) - 23%, mental disorders of organic nature (F06) -15%.

Borderline mental disorders are more likely to develop in women over the age of 55, with a duration of hypertension of more than 6 years (76%). Family adaptation of such patients is often not disrupted (60% of patients have a full family), and labor adaptation is disrupted (only 27% have a permanent job).

The structure of PPR against the background of hypertension is represented by depressive states (36%); anxiety disorders (32%); hypochondriac disorders (14%); hysterical syndrome (12%); obsessive-phobic syndrome (6%).

Deterioration of the quality of life and well-being of patients is dependent on

- systolic and diastolic blood pressure ($p < 0.05$);
- daily blood pressure index ($p < 0.05$);
- body mass index ($p < 0.05$).

Emotional disorders in patients with GB are correlated with blood pressure variability ($p < 0.05$).

Memory impairment in patients with hypertension is correlated with an increase in the blood pressure area index, average daily blood pressure, blood pressure variability and daily blood pressure index ($p < 0.05$).

When using monotherapy (ACE inhibitors, calcium antagonists), a hypotensive effect was achieved in 86.8% of patients, however, therapy with GB using only hypotensive agents does not cause a significant effect in the reduction of PPR ($p > 0.05$).

In the group of patients treated with coaxil (tianeptin), grandaxin (tofizopam) and stagerazine (perfenazine), the psychotropic effect was regarded as "good" in 73.9%, 73.1%, 87.5% of patients, respectively, in 21.7%, 23.1%, 12.5% - "satisfactory" and in the coaxil and grandaxin group at 4.4%, 3.8% of patients, respectively, the result of treatment was "unsatisfactory".

There was no significant difference ($p > 0.5$) in the frequency of side effects when using monotherapy (ACE inhibitors, calcium antagonists) and combination therapy using grandaxin, stagerazine and coaxil.

Conclusion. A comprehensive examination of patients with GB, including SM BP, laboratory data, clinical and psychopathological and experimental psychological methods, makes it possible to obtain additional information necessary for the development of differentiated approaches to the appointment of various treatment regimens and individual prognosis of the course of hypertension.

Psychological characteristics of the personality of patients with hypertension can also be used in solving issues of labor expertise and professional suitability.

The obtained data make it possible at the present stage to evaluate the clinical effectiveness of the treatment of hypertension, expand the range of drugs of choice in the treatment of hypertension with mental disorders.

It is shown that the use of psychotropic drugs in the complex treatment of patients with arterial hypertension with mental disorders can significantly improve the results of therapy.

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