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SECTION 20. Medicine.

FEATURES OF THE TYPOLOGICAL STRUCTURE OF NEUROTIC ANXIETY AND PHOBIC DISORDERS

Abstract: *The typological structure of anxiety and phobic disorders of neurotic level is studied. Clinical and psychopathological study was based on the criteria for classifying patients to Anxiety phobic disorders according to ICD-10. The selected informative features determine the structure of phobic disorders and provide their psychopathological differentiation.*

Key words: *anxiety, phobias, neurotic disorders, typology, structure, psychopathological differentiation.*

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Introduction

Anxiety-phobic disorders are widespread among different groups and populations around the world. The incidence of these disorders among the population ranges from 0.6 to 2.7 % [8, p. 36]. The ratio of men and women suffering from anxiety and phobic disorders is about 1:4. Anxiety-phobic disorders have a serious genetic basis: patients with agoraphobia have up to 20% of relatives with a similar disorder, and generalized anxiety disorders are characterized by concordance of 50 % in single-cell and 15 % in different-cell twins [10, p. 184; 11, p. 95].

Anxiety-phobic disorders of a neurotic level is characterized by functional impairment, requiring a differential diagnosis using a multidisciplinary approach including various medical specialties (therapy, cardiology, gastroenterology, neurology, etc.) and paraclinical disciplines (psychology, physiology, hygiene, etc.) [9, p. 648; 12, p. 565]. This applies primarily to diseases of the cardiovascular system, gastrointestinal tract, chronic non-specific respiratory diseases, endocrine disorders, in which the complex interactions of adverse mental and somatic factors contribute to the formation of neurotic disorders that cause violations of the mechanisms of socio-psychological adaptation [3, p.128]. Anxiety - phobic reactions of disadaptation are often manifested on the background of chronic somatic diseases. In this case, the disease is a comorbid disorder, when neurotic symptoms occur on the background of somatic pathology. The deterioration of the mental state of the patient aggravating his medical condition, reduces the tolerance to stress [4, p. 210].

The relevance of the problem of anxiety disorders adds the fact of their high comorbidity with other mental and behavioural disorders. First of all, we are talking about depression, which in more than half of cases accompanies pathological anxiety [5, p. 70]. Thus, epidemiological studies have shown that depression is found in 55.6 % of patients with panic disorder, 62 % — from generalized anxiety disorder and in 48 % with post-traumatic stress disorder [6, 28]. At the same time, the combined occurrence of depressive and anxiety disorder leads to a more severe course of illness, resistance to standard treatment and significantly increases the level of suicide [1, p.20; 2, p.1840].

The aim of the study was to investigate the typological structure of anxiety-phobic disorders of neurotic level.

Material and methods: During the study, we examined 38 patients with anxiety and phobic disorders. Of these, 26 women (68.4 %) and 12 men (31.6 %) aged 18 to 45. The patients were selected according to the criteria of ICD-10 F40 Phobic anxiety disorders. Clinical-psychopathological, experimental-psychological and clinical-statistical methods were applied. Patients with psychotic disorders, in which anxiety and phobic symptoms

(schizophrenia, affective, organic mental disorders) can also be observed, were not included in the group

of the studied patients. Each patient was filled in with an individual examination card, which included passport, social, clinical and psychological indicators.

Results and discussion: The maintenance of phobic disorders include phobias of the dark, heights, depths, mystical scenes. Also fabula phobia borrows information available to the patient about disasters (man-made accidents, natural disasters). In the context of the clinical qualification of the disorders under consideration, we are talking about two psychopathologically heterogeneous categories – monophobia as an isolated symptom complex (or even a phenomenon), and syndromally delineated, clinically more polymorphic anxiety-phobic, obsessive-phobic and others. The share of monophobia is 59.7% of the total number of phobic disorders.

Among monopoly prevails niktofobiya (34.1%), while all the rest are quite varied fears (insectophobia and zoophobia – 8.2 %, acrophobia - 6.9 %, metrophobia of 5.6 %, batophobia - 2.9 %, ligyrophobia and other phobias - 0.9 %) accounted for a total of 25.6 percent. Within the second of the above - mentioned categories-psychopathologically completed syndromal formations (38.9 %); the maximum share – 20.7 % - falls on sociophobias. In the structure of this syndrome, phobias are represented by fears of social interaction, and about half of them are directly related to the situation of communication (eretophobia, fear of their own incompetence, public speaking, etc.). In the second position after sociofobia (total – 8%) – affective charged associated with the anxiety of the plot, associated with notions of death, loneliness, separation, loss. An agoraphobic subjects take examined patients third most frequent location is 7.3 %; the share of mizo-/nosophobia is 1.8 % of the total number discussed phobic fabulas.

The study revealed differences not only in the plot design of fears, but also in their distribution depending on the gender of patients. In this case, men significantly more often than women found isolated fears (loneliness), as well as simple spatial (height, depth) and zoophobia. These gender differences were also extended to hypochondriac phobias (a total of 7 cases – 5 men). At the same time, only women had a fear of overweight – veit-phobia. Selected informative features that define the structure phobic entities and providing reliable psychopathological differentiation. The analysis of the clinical dynamics of phobic disorders was studied to identify parameters of prognostic significance. In the course of the study were identified pathogenetic heterogeneity phobic entities. In the examined sample due to constitutionally isolated phobias with simple specific plot associated with the natural environment and animals, was diagnosed in 21% of patients. Unlike other variants of phobic formations, in this part of cases in families identical phobic phenomena (“through family symptoms”) were noted.

Patients perceived their fears as real, natural, little thought about them outside the collision with frightening objects, easily agreeing with insufficient validity of fears (low probability of falling from the balcony, to meet a snake in a metropolis). Such isolated phobias arose in the early stages of development, was not accompanied by other mental disorders were not associated with emotional and/or physical condition, personal traits, age-related crises. Despite the relatively low affective intensity of fear at the time of the collision with a potentially dangerous situation, they did not make active attempts to combat it. The lack associated with such phobias active complaints reflect their low importance for the everyday functioning of adolescents. Bateofobiya, acrophobia, brontophobia, arachnophobia, aviophobia was accompanied by psychologically understandable avoidant behavior directly related to their subjects. The patient’s chosen avoidance pattern was a manifestation of “direct protection”. Even a noticeable deterioration / improvement (up to a complete reduction) of the main symptoms that determined the condition of patients was not accompanied by significant fluctuations in the intensity of fears. With the development of reactive phobias, most of them were “phobias of external stimulus/momentum”. The vector of fear is directed to the future, seen through the prism of actual phobic fears.

Avoiding behavior is associated with the theme of stress, there was a tendency to passive evasion from objects and phenomena associated with phobic plot. In some cases, the desire of patients not to face not only directly with the source of fear, but also to evade even thinking about it. The significance and the almost inevitable clash with the objectively adverse real consequences of withdrawal from a painful social situation (absenteeism, abandonment, responses to lessons, examinations) were replaced by feelings of fear of their own possible failure, lack of success. As the distance in time from the moment of psychogenic effects lose their relevance in such disorders as oneofone, an agoraphobic phenomena with the fear of using an elevator. Mizophobia include fear of contamination, infection of “microbes in general”. As dangerous, pathogenic agents patients considered most often bacterial flora, sometimes particles of earth, dust. Sources of threat were seen by it in any “non-sterile”, “dirty” surfaces (door handles, cranes, keys of toilets, subway handrails, outside of casual clothes). Even a short stay close to visually untidy, messy person on the street provoked a new cycle misforecasting concerns and symbolic,

but the plot associated with phobic subjects of avoidance rituals (repeated hand washing, head washing and cleaning clothes). If it is impossible to bring to full completion the ridiculous complexity runtime requiring a large amount of time and effort the ritual, the patients had felt an irresistible urge to repeat it for as long as he "cannot be performed correctly as needed". Only after that, patients felt some semblance of peace of mind, or rather the absence of discomfort.

Nosophobia in such patients differed slightly more specificity in the perception of a potentially frightening situation, but also characterized by a special logic of the choice of a certain disease. Often it was about the almost unbelievable based on the type of infection, age, lifestyle, the patient's suffering (cypridophobia in the absence of episodes of intimate life, AIDS phobia – blood transfusion, dental treatment). The preferred symptom complex, coexisting with phobic disorders, was asthenic (88.9% of patients). Personal disorders combined with phobias approximately 50 % of patients, and only one-fifth of them can be stated personality disorders, the predominant have been more easy level deviations. Approximately 12 % of patients found phobias in combination with affective disorders of the depressive pole: relatively low level of depressive affect, uneven representation of various components of depression with extremely low levels of ideatory and motor retardation. Mostly it was about hypotimia with the feeling of lowering of mood, sadness, lethargy, indifference to others, anhedonia, with a minimum representation of vital disorders. Astenic-depressive disorders with predominance of symptoms of exhaustion prevailed over the affective ones. Panic attacks in patients with phobias were detected in 28.6 % of cases. They were characterized by secondary agoraphobia that occur after a panic attack.

Conclusions: Thus, isolated phobias of depth, height, as well as fear of darkness as a hidden potential threat are genetically determined, perceived by patients as part of its essence and do not lead to disadaptation. They are adjacent phobias of natural disasters, man-made accidents and other catastrophic events that do not directly affect the patient. They have a sociogenic nature and are perceived as something abstract.

Phobias of this circle do not relate to any mental illness, hereditary predisposition. They are changeable according to the plot, are rarely accompanied by avoidant behavior.

In phobias, developing on a reactive-neurotic mechanism, the stress situation, as a rule, relates directly to the patient. A significant role in their formation is played by the personal (innate or acquired) structure, namely - the severity of the sensitive radical, increased impressionability, self-doubt, a tendency to alarming expectations.

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