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SECTION 20. Medicine.

CONDITIONS AND FACTORS OF FORMATION OF A PROLONGED COURSE OF NEUROTIC DEPRESSIONS

Abstract: *The study showed certain regularities in the occurrence, course, design of clinical depression neurotic level depending on the psychological, constitutional-biological and psychosomatic factors. This allowed to identify predictors of neurotic depressive disorders chronic, which is a complex complex of interaction of clinical, socio-psychological and biological factors, including premorbid conditions of depression formation.*

Key words: *depressive disorder, premorbid personality features, interpersonal relationships*

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Introduction

Despite the fact that the problem of long-term current depression clinicians direct increasing attention, there is still no unity of views on psychopathological criteria prolonged depression. The modern literature covers mainly the issues of clinical management, treatment of patients, epidemiology of prolonged depression, acting as a social burden for society, calculated economic losses associated with disability of patients [6, p.497; 9, p. 210]. Due to the increase in the incidence and prevalence of depression, which is recorded in almost all developed countries of the world, for the purpose of their diagnosis and treatment becomes important their careful differentiation. Often, this disease has a prolonged course and is accompanied by a number of syndromes – asthenic, phobic, hypochondriac and other syndromes [2, p. 81].

The disorder is a consequence of violations in the emotional sphere, the cause of which can be the loss of a loved one, uncertainty, problems in personal life and at work, and so on. If a person suffers from a disease such as neurotic depression, treatment should not be delayed because ignoring the disease can lead to even greater health problems. In this regard, prolonged depression, as significantly violating the "quality of life" of patients and having a high suicidal risk, need further in-depth study [1, p. 44].

Numerous publications report on the regularity of consideration of prolonged depressive disorder formed in a stressful situation in the framework of the conditional psychopathological continuum, at one of the poles of which are disorder of endogenous nature, close to typical autochthonous depression, only provoked by one or another psychosocial stress, and on the other – "purely" psychogenic (reactive) disorder [4, p. 646; 5, p. 80; 7, p. 78]. The increase in the prevalence of depression is accompanied by an increase in the number of patients with prolonged, atypical and resistant to depression therapy. The predictors of the prolonged course of depression include premorbid features of the individual in the form of reactive lability, anxiety and tendency to the formation of obsessions [11, p. 49]. In order to solve psychotherapeutic problems and involve the patient in the process of restorative treatment, the problem of personal meaning of the disease, the importance for the subject of objective circumstances of the disease in relation to the motives of its activities, the inclusion of the disease in the motivational system are considered [3, p.750]. The personal meaning of the disease is associated with psychological protective mechanisms that arise in response to the disease. Psychological mechanisms are aimed at adaptation to difficult situations, determine the individual characteristics of protective behavior [8, p. 23].

Despite the large number of studies conducted at different times of prolonged neurotic depression, questions relating to psychological and clinical and

psychological factors of the formation of their protracted course remain poorly understood.

The aim of the study was to investigate of the conditions and factors that contribute to the formation of a prolonged course of neurotic depression.

Material and methods: The study examined 32 patients with neurotic depression aged 25-55 years. The group of patients corresponded to the following criteria: depressive disorders within the depressive episode mild [F32.0] (32 %), depressive episode average degree [F32.1] (27 %), mixed anxiety and depressive disorder [F41.2] (28 %), adjustment disorder (F43.2) (12 %) set in accordance with the ICD-10 criteria.

At the time of the survey, 19.6 % of the patient had the higher education, 3,7 % - incomplete higher, at 58.8% higher, to 17.2 % for secondary. In marital status-61,7 % had a family, divorced - 29,0 %, widows - 6,5 %, single - 2,8 %. Age of patients by the beginning of the disease ranged from 20 to 55 (mean age – 37,0±3,1).

Results and discussion: The analysis of background factors preceding the development of depression revealed psychopathologically burdened inheritance in 28 % of patients, with the most frequent diseases of close relatives were affective disorders of various genesis and alcoholism. Premorbid personal characteristics of patients with depressive disorders were sufficiently pronounced, which allowed them to be attributed to explicit character accentuations with a predominance of inhibitable (27.2 %) and cycloidal traits (15.8 %).

Eating disorders were observed in 57.9 % of patients. Appetite reduction was often combined with some gastrointestinal disorders: heartburn, flatulence, constipation, diarrhea. In some cases, a clear reduction in appetite was not enough, but patients talked about the lack of pleasure from eating. Sleep disorders in patients were observed in 71 % of cases. The most frequent difficulty falling asleep since seizing representations or exhausting inner dialogue, night and early awakening, shallow sleep with anxious dreams. There was also a dream with a sense of continuous thought work as well as a feeling of complete lack of sleep - a kind of phenomenon, which we have identified as “agnosia” sleep. Lack of energy or fatigue ranked second after depressed mood (79,4 %). Patients usually complain of fatigue, weakness, fragility, unwillingness to do anything, reduced performance. The sense of weakness that is perceived by patients as a fairly severe violation of the usual sensations of your body begin to occur hypochondriac fears, phobic reaction, obsessive doubts. Low self-esteem were found in 62.5 % of cases and most often concerned cognitive capabilities, ability to work, physical strength and energy. Was noted secondary to the idea of guilt that arise transiently in connection with the jet experiencing life circumstances. Disturbance of concentration or difficulty in decision-making was observed in 50,5 % of patients. Complaints were the lack or loss of memory, difficulty in focusing, lack of volitional activity.

In the presence of “dramatic” stress events, such as loss of close relatives, serious illness of close family members, large property and financial losses, industrial conflicts, they were reported to the doctor in the first place, even before the presentation of the actual complaints about certain painful disorders. In addition, following this, sometimes with additional or targeted questioning, patients also spoke in sufficient detail about the unsatisfactory intra-family climate, resentment with the unfair treatment of relatives, adultery. Patients emphasized that stressful experiences painful for them, and hinder their full lives, productive work, causing anxiety and stress, lack of confidence in their future. In addition to the low mood and external behavioral signs of depression, typical for depressive disorder experiences of pessimism, doom, reduced self-esteem, loss of self-confidence, feelings of helplessness, lack of pleasure from employment, which previously brought joy, were revealed. Patients “threw” former hobbies, communication with relatives and friends became for them painful and uninteresting.

Other signs of depressive disorder, such as loss of appetite, ideas of self - incrimination, psychomotor inhibition, vital melancholy-were presented minimally. In addition, the first plan were primarily depressive, hypochondriacal feelings, or somatic-vegetative disorders, that is qualified with the complex version of the depression, namely, senestopathic and hypochondriacal depression, allowing it to be regarded as a probabilistic predictor of the formation of the protracted course of depression. It should be noted that the leading or one of the leading places in the psychological experiences of patients almost always occupied the problem of interpersonal relationships, especially intra-family conflicts. Relevance for patients of interpersonal problems was traced and in those observations where on their background there were other stressful events, even such dramatic as death of relatives. Especially often intra-family problems included situations of adultery and (or) upcoming divorces. Concentration on intra-family conflicts occurred in 41.9 % of patients.

However, the same stressors can cause a variety of psychological experiences, including several “themes” in your content. For example, after the death of the spouse, feelings of loss, sorrow, loneliness, could be accompanied by fears of impending decline in the material standard of living, a certain “social damage”. The regular and massive alcohol abuse of the husband, especially combined with his aggressive behavior, had the place almost all

of the above psychological problems. Thus, it was legitimate to talk about "psychogenic complexes", which include various combinations of psychological problems. However, even under the same stressful event can be identified such psychological experiences that are part of psychogenic complexes were clearly dominant. "Key" experiences of stress events for a certain premorbid characterological type of personality acquired a special psychological significance in the structure of psychogenic complexes of neurotic depression.

Conclusions: Thus, the study showed certain regularities in the occurrence, course, design of clinical depression neurotic level depending on the psychological, constitutional-biological and psychosomatic factors. This allowed to identify predictors of neurotic depressive disorders chronic, which is a complex complex of interaction of clinical, socio-psychological and biological factors, including premorbid conditions of depression formation.

References:

1. Abdullaeva VK, Sakhozhko AN, Khamraev MM (2015) Predictori formirovaniya zatyajnoy nevroticheskoy depressii // J.Vestnik nevrologii, psyhiatrii I neyrohirurgii, № 11-12, pp. 42-45.
2. Broen MP, Leentjens AF, Köhler S, Kuijf ML, McDonald WM, Richard IH (2016) Trajectories of recovery in depressed Parkinson's disease patients treated with paroxetine or venlafaxine // Parkinsonism Relat Disord, Vol.23, pp. 80-85.
3. Cipriani A, Furukawa TA, Salanti G, Geddes JR, Higgins JP, Churchill R (2009) Comparative efficacy and acceptability of 12 new-generation antidepressants: a multiple-treatment metaanalysis // Lancet, Vol.373, pp. 746-758.
4. Davidson KW, Kupfer DJ, Bigger JT, Califf RM, Carney RM, Coyne JC (2006) Assessment and treatment of depression in patient with cardiovascular disease: National Heart, Lung, and Blood Institute Working Group Report // Psychosom Med, Vol. 68 (5), pp. 645-650.
5. Foran HM, Vivian D, O'Leary KD Klein DN, Rothbaum BO, Manber R (2012) Risk for Partner Victimization and Marital Dissatisfaction Among Chronically Depressed Patients // J Fam Viol, Vol. 27, pp. 75-85.
6. Ghaemi SN, Vöhringer PA (2011) The heterogeneity of depression: an old debate renewed // Acta Psychiat Scand, Vol. 124, p. 497.
7. Ghaemi SN, Vöhringer PA, Vergne DE (2012) The varieties of depressive Experience: diagnosing mood disorders // Psychiat Clin N Am, Vol.35, pp. 73-86.
8. Joy AB, Hudes M (2010) High risk of depression among low-income women raises awareness about treatment options // California Agriculture, Vol. 61 (1), pp. 22-25.
9. Ohayon MM (2007) Epidemiology of depression and its treatment in general population // J Psychiatr Res, Vol.41 (3-4), pp. 207-213.
10. Petrak F, Herpertz S, Albus C, Hermanns N, Hiemke C, Hiller F (2015) Cognitive behavioral therapy versus sertraline in patients with depression and poorly controlled diabetes: the diabetes and depression (DAD) study: A randomized controlled multicenter Trial // Diabetes Care, Vol.38 (5), pp. 767-775.
11. Smulevich AB (2015) Depressii pri psihicheskih i somaticheskih zabolevaniyah //M.: Medicinskoe informacionnoe agentstvo, 600 p.
12. Taylor D (2008) Antidepressant drugs and cardiovascular pathology: a clinical overview of effectiveness and safety. Acta Psychiatr Scand, Vol.118 (6), pp. 434-442.