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Research Articles

Psychocorrection and optimal pharmacotherapy in anxiety-phobic syndrome.

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The article presents methods of detection and ways of correction of psychosomatic disorders among patients suffering from anxiety and phobic syndrome. These studies have shown that among patients with anxiety-phobic syndrome of psychosomatic disorders are most pronounced anxiety, phobia, fear, panic. Therefore, in addition to the basic therapy in patients with anxiety-phobic syndrome, psychotherapy was used, which leaded to early recovery, effective treatment, as well as lengthening the period of remission.

Background

Despite the fact that today a number of scientific studies are conducted on the methods of treating patients with anxiety-phobic syndrome, several questions about effective treatment methods of psychodiagnostics and psychocorrections are still unknown. According to various authors, the anxiety-phobic syndrome is 38-43% in the structure of neurological diseases (Donati R 2013).Almost half of patients who are treated like an outpatient and in a hospital treatment experience depression, disturbing disorders, as well as various clinical forms of phobia, while patients can not clearly explain their self-disturbing complaints. The main clinical symptom in patients with functional somatic disorders is a variety of degree of anxiety disorders: ranging from fear to pervasive anxiety disorders. But in the experience of GP, the anxiety-phobic syndrome cannot be diagnosed the background of organic diseases, as a result of this it is impossible to complete treatment of organic diseases.(Norcross J.C., 2008).Anxiety and anxiety-phobic syndrome, which is presented in patients, not only worsens the prognosis of somatic disease, but also increases the sensitivity of the lethal result (Vid V.D.2008).In mistaken accepted diagnosis and neglected mental changes, not only the treatment scheme of unadequate, but also ineffective beta-blockers, calcium channel blockers, nootropics, metabolics, vascular drugs, vitamins, even though short course psychotropic drugs are also recommended. Improper removal of treatment measures leads to the fact that the patient is prescribed expensive medicines without seats, treating them in hospital (stacionic) conditions, causing damage to the state budget. In the diagnosis of anxiety-phobic syndrome, the attention of scientists in recent years has been attracted by various levels of anxiety and various clinical manifestations of phobia observed in the patient, on the basis of this disorder, mental processes in the brain are lying, this study is still the most relevant direction of the search.

Currently, modern clinical psychology recommends the use of a psychotherapeutic method, which is focused not on personality disorders, psychopathological disorders, but on clinical-social and Clinical-Psychological Study of patients, in each psychological disorder in psychotherapeutic diagnosis (Heigl-Evers a.Et al., 2002).

Thus, the early diagnosis of a anxiety-phobic syndrome, the study of the mechanisms of their formation, the timely adequate psychodiagnostics, focusing psychocorrection and pharmacotherapy is one of the main tasks of medical psychologists today.

The purpose of the study

To study the levels of anxiety in anxiety-phobic syndrome and to improve their psychological correlation.

Research materials and methods

Materials for the study were collected from 1-th and 2-departments of the clinic of Tashkent Medical Academy (TMA).As a primary research material, 46 patients who were treated with a diagnosis of Psychosomatic syndrome - a predominance of anxiety were taken. Patients are aged between 25-40years and the average age is 32.5±2.3.

The diagnosis was based on complaints, Anamnesis, objective and neurological status, as well as paraclinic data when patients came to the clinic for hospital treatment. Mental disturbances, objective and neurological status were evaluated through medical psychological tests with the help of recommendation of medical psychological questionnaire by Ibodullaev Z.R.(patent №001031)

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

Group 1: this group was administered to patients with rational psychotherapy and psychopharmacotherapy-tetramethyltetraazobiclooctandion (adaptol): N-20.

Group2: patients in this group were treated with cognitive-behavioral and psychopharmacotherapy-tetrametyltetraazobiclooctandion (adaptol): N-26.

Clinical and psychological examinations in patients were conducted on 1-3 daysandon 27-30. In clinical trials in patients, the vegetative nervous system and neurological status were assessed.

When the vegetative nervous system was examined in patients of both groups, the predominance of red dermographism from white dermographism was seen, and the midriase is dominated much more than miosis. While the symptoms of hypergidrosis and Danini-Ashner were found to be present in almost all patients. The obtained results are reflected in Table 1:

№	Vegetative status	Number of patients	%
1	Red dermographism	34	74
2	White dermographism	12	26
3	Miosis	36	78
4	Midriasis	10	22
5	Hypergidrosis	40	87
6	Danini-Ashner symptom	37	80

Table 1. *Evaluation of vegetative status (p≤0.05)*

As it can be seen from the Table 1, most of the patients were consisted on vagotonics i.e. parasympathicotonics.

In patients undergoing treatment with a diagnosis of a differentiated psychosomatic syndrome for the study, it was found that neurological symptoms also arise due to somatic complaints, as well as functional disorders.These neurological symptoms will be an example: the presence of pain in the skull in the percussion; the positive of the symptom of Dantsig-Kunakov; pain in Vaale points; the revitalization of the tendon reflexes, symmetrically increased in the same way as TR, BR, PR, AR on both hands and feet; in coordinator examinations- detection of mild revenge in the performance of FNE and KHE, slight tingling in the Romberg state, sensory changes, such as hyperesthesia and paresthesia; violation of the activity of the sweat glands-hypergidrosis.

From the most observed neurological symptoms in patients, hyperreflexion and sensory disorders

have been functional features, which suggests that the condition is associated with an increased incidence of "susceptibility stroke" in patients. Hyperreflexion was observed in 35 patients, while sensory disorders were observed in 38 patients. The lowest observed neurological symptom in patients with mild concussion in Romberg state was observed in 15 patients and in 29 patients with mild intension during discharge of coordinator examinations -FNE and KHE, these cases were observed in connection with a strong dizziness in patients. The changes observed in the neurological status were compared in Table 2.

№	Neurological symptoms	Number of patients	%	p
1	Pain in skull in percussion	44	95	≤0,05
2	Positive Danstig-Kunatov symptoms	33	71	≤0,05
3	Pain in Vaale points	22	48	≤0,05
4	Revalization of tendon reflexes	35	76	≤0,05
5	Mild intention in coordinator examinations	19	41	≤0,05
6	Light shaking in Romberg state	25	54	≤0,05
7	Hyperesthesia	42	91	≤0,05
8	Paresthesia	25	54	≤0,05

Table 2. *Evaluation of neurological status*

It is seen from the results of the study that the most common changes in neurological status are sensory disorders, which were observed in 91% of patients. The next most common symptoms are hyperreflexia and pain in the skull in the percussion, 76% and 95% were observed in patients respectively. The least common neurostatus changes occur in 41% and 25% of patients, respectively, due to mild intents in hypergidrosis and co-operative examinations.

For the estimation of psychological status, HADSE scale was used. The HADS scale consists of 14 questions, divided into two parts: questions to identify the anxiety and the next 7 questions for depression. The questionnaire structure consists of two rows of different types of column and the results are evaluated in the scores. Verification can be conducted in individual order and in groups. The patient sets out the answers to the questions closest to their current situation. The controller is asked to answer without thinking long, because there are no correct or incorrect answers here. If the patient hesitates, the Dreamer is explained to designate the first answer. Anxietyis-the subjective discomfort of the patient in problematic situations, from unrest, tension and vegetative excitability. Of course, this situation shows the strength of the mental factor, the intensity of the impact and the time interval itself. Therefore, this indicator, under the influence of problem situations, determines what intensity the patient can help to find a solution.

From the methods of psychocorrection, psychological conversation, cognitive-behavioral psychotherapy and autogenic training were used. The interview was conducted on average 45-60 min per patient, 3-4 times a day, for 30 days 6-8 times a week, according to the patient's condition of the conversations were conducted in stationary conditions, the rest were outpatient.

Scheme of treatment: in the first week 20 mg was given 1 time in a day, then from 20 mg for 2 weeks to 2 times a day, from the fourth week from 20 mg in 7 days. The duration of observation is -1 months.

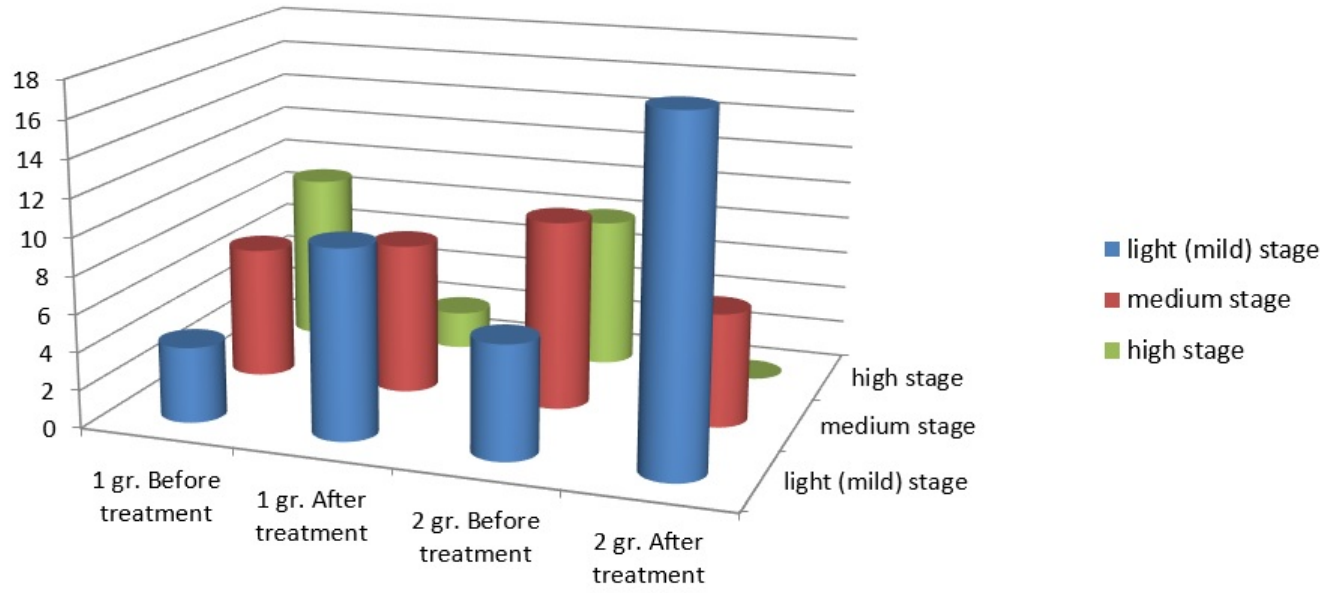
Results

When anxiety level sare detected through the HADS scale: in the first group patients were light (mild) stage among 4 patients, medium stage among 7 patients, high stage anxiety indicators in 9 patients; the second group patients were found light stage in 6 patients, medium level in 8 patients, high level in 8 patients, 8 patients are high(P<0,05).

Indicators	Light		Medium		High	
	Number of patients	Index (points)	Number of patients	Index (points)	Number of patients	Index (points)
1-group	4	29,5±1,2	7	39±2.3	9	48.5±2.1
2-group	6	29,5±1,2	10	39.5±2.9	8	64.5±2.6

Table 3. *Symptoms of anxiety before treatment in patients*

The level of anxiety was re-examined in outpatient settings after patients received a full course of treatment for 1 month.



Picture 1. *Level of anxiety in the groups before and after treatment*

As it can be seen from the diagram, in the second group, high stage anxiety is not completely met, the medium stage has passed into the light stage, that is, the psychological status of the patient is become healthy as a result of effective psychopharmacotherapy.

Conclusion

As a result of the conclusion, it can be noted that the correction of anxiety observed in patients with anxiety-phobic syndrome helps to ease the course of the disease and prolong the duration of remission. The use of antidepressants in patients at the same time as the basis of treatment allows to reduce disease attacks and restore working capacity, even a faster recover from the disease, while the basis gives a chance to gain complicity in relation to treatment.

Based on these results, it is recommended to use psychopharmacotherapeutic treatment and cognitive-behavioral psychotherapy, adding to the basis of the treatment of patients with anxiety-syndrome in neurosis.

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