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CONSTITUTIONAL AND PSYCHOLOGICAL FEATURES OF THE OCCURRENCE AND COURSE OF ECZEMA IN MEN AND WOMEN (ANALYSIS OF SCIENTIFIC LITERATURE)

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Annotation. *The purpose of the work is to analyze the scientific literature on the constitutional and psychological features of the occurrence and course of eczema. A review of literature indicates that, despite the large number of works on this problem, only a few cases of study of this dermatosis in the key of its association with the constitution and psychotype of the patient are described. Early recognition of this association allows timely detection of dermatosis at an early and even preclinical stage and, through adequate therapy, to achieve a regression of skin manifestations of eczema. The use of genetic markers, in turn, reveals a risk group that includes patients with "eczema constitution" and patients who are torpedoed to conventional therapies. The practical aspect of the problem has become more relevant nowadays given the significant incidence of Ukrainian women and men.*

Keywords: *eczema, course, genetic markers, psychological features, clinical anthropology.*

One of the important problems of modern dermatology is the individual approach to the programs of diagnosis, treatment and prevention of diseases. The success of its resolution depends largely on how fully the somatic and mental components of the patient's personality will be systematically described.

The purpose of the work is to analyze the scientific literature on the constitutional and psychological features of the occurrence and course of eczema.

Currently, there is no single universally accepted theory of eczema. The manifestation of the disease is affected by multiple environmental, endogenous (endocrine, neuroallergic, metabolic) and hereditary factors. Active study of the etiopathogenesis of dermatosis using modern molecular-genetic, clinical and morphological methods of research has identified the key role of such processes as proliferation, apoptosis, invasion, inflammation in its formation [11, 26].

It is believed that hereditary component prevails in the occurrence of atopic eczema. Therefore, it is common in families whose members suffer from asthma. In case of illness of one parent (mainly mother), the chance of getting eczema in a child is approximately 40 %, if both the father and mother are ill - 50-60 % [1, 13].

With respect to the constitutional features of dermatosis, there are only few literary data. It has been established that ectomorphs dominate among eczema patients men and ectomorphs and endomorphs in women [12, 25].

In the process of study are questions of gene identification, mutations of cytokine genes that are associated with the development, clinical manifestations, nature and severity of true eczema. It has been determined that humans whose gene contains the mutant variant of the gene responsible for the synthesis of filaggrin protein are contained in large quantities in the superficial layers of the

skin that are prone to eczema. This protein is necessary for the formation of a protective layer of skin [2, 7, 24, 25].

Irish scientists have also identified a gene responsible for the tendency to dryness and flaking, as well as the tendency to manifest and develop eczema [24].

It has been found that 9 % of Europeans suffer from peeling and dryness of the skin due to impaired function of mentioned gene [28]. A mutation in the 2282del4 filaggrin gene and deletion in GSTT and GSTM genes affect clinical features, onset of disease, and severity of eczema [8].

Two-thirds of the eczema patients surveyed found at least one mutation of the gene encoding filaggrin. A study in Norway study proved the connection of atopic dermatitis in the history of the development of eczema of the hands and its manifestation in 41 % of children [28].

Studies in Denmark, the United Kingdom indicate that there are mutations in the FLG gene (2282del4, R501X, S3247X, R2447X) in patients with various clinical forms of eczema [20, 21]. Similar mutations in the filaggrin gene (2282del4, R501X) were found in patients in Western Siberia [19].

Positive association of B22 and CW1 histocompatibility system antigens in patients with true eczema has been determined [22]. This combination of antigens has been established by representatives of the Slavic race, which makes it possible to consider these antigens as genetic markers of eczema for the Slavs [16].

Taiwanese scientists have proven the effect of the serine protease inhibitor SPINK5 and IL13 on the formation and manifestation of true eczema (rs6892205 G and rs20541 alleles, respectively) [23].

In the manifestation of true eczema, various immunological shifts, imbalances in the system of cyclic nucleotides and prostaglandins, a positive association of dermatosis with histocompatibility antigens Cw1 and B22,

which are, in fact, genetic markers of eczema play a prominent role [15].

Scientists at the University of Washington Medical School have identified a gene that can cause eczema. They studied the work of the gene GRPR (gastrin-releasing peptide receptor). It is called this because of a connection with the receptor in the spinal cord that transmits irritation signals (itching and pain) from the skin to the brain [27].

Exacerbations of eczema can be triggered by psychogenic factors, so it can be attributed to classic psychosomatosis. The skin is considered from the position of highly sensitive to the stressful influence organ, due to the combination of constitutional, genetic, individual predisposition and psycho-emotional influence. In most eczema patients, irrespective of gender and clinical manifestations of dermatosis, high rates of psycho-emotional disorders are observed, psychostenic and depressive states dominate against the background of disturbance of social adaptation [4].

Constant tension and psycho-emotional stress are certainly predictors that trigger and ensure the course of the pathological process in eczema [11]. Patients are often characterized by marked passivity. They find it difficult to assert themselves. The occurrence of the disease is often associated with conflicting partnerships. At the same time, in the field of eczema, two groups of patients should be distinguished: with only externally intact dyadic relationships, eczema spreads to the areas of the joints, face and head; with clearly strained dyadic relations, there is a spread in the chest, thighs and shoulders [6].

Cheng H. et al. [18] found that emotionally stable people were less likely to develop eczema, and in people with sensitivity and openness - dermatosis was more common [15].

For eczema patients, the phenomena of psychological maladaptation, a decrease in the subjective level of well-being and quality of life, as well as the stress of protective psychological mechanisms of displacement and denial are characteristic [14].

In these patients, inherited disorders in the activity of the central nervous system and imbalance and activity of the sympathetic and parasympathetic autonomic nervous system are noted. In clinical and laboratory examination in patients with true chronic eczema revealed three types of autonomic tone: mixed, parasympathetic and sympathetic [5, 14]. The sympathetic type of initial autonomic tone is observed in case of severe eczema, and in parasympathetic - the mildest course of dermatosis is noted [17].

Despite the fact that eczema is a multifactorial disease,

it was discovered as a result of the study by N.S. Nevzorova [9] indicators show significant differences in the severity of certain personality components in patients with eczema compared with healthy subjects. Eczema patients suffers from an ergopathic type of illness. According to the results of the questionnaire, to determine the level of aggression in patients with dermatosis, there is a higher level of hostility as a cognitive component of aggression, which includes suspicion and offensiveness.

According to the results of the "Mini-mult" technique, eczema patients show the highest values on the scales of hysteria, depression, schizoidness and psychopathy. High scores on the 3rd and 4th scales of the Gissen personal test testify to diligence, pedanticism, truthfulness to fanaticism, tendency to characterize as closed, distrustful, estranged from other people [10].

O.G. Zaitseva [3] concluded that eczema patients have high comorbidity and overlapping symptoms of somatoform disorders with dysthymia, neurasthenia, hypochondria, anxiety, emotional lability, and there is a tendency for restrictive behavior.

Based on the above, it became known that eczema patients are characterized by extreme types of constitution, a tendency to psychostenic reactions, schizoid type of thinking, reduced level of subjective well-being, increased situational personal anxiety, psychological maladaptation, increased quality of life.

Conclusions and prospects for further development

1. The review of the literature indicates that the issues of clinical anthropology have not exhausted themselves so far and that research in this field has not lost its relevance so far. At the same time, in the analysis of the literature data, we practically did not find any works devoted to the study of the relationship of somatotype, psychotype and features of eczema. Identification of such patterns would reveal the reasons that determine the features of phenotypic manifestation of eczema in persons of different constitutional affiliations, which makes it possible to individualize therapeutic and preventive measures, develop new diagnostic criteria, significantly expand prognostic possibilities.

Identifying the typologically homogeneous psychotipology groups of patients with eczema will help to concretize the position that, in terms of how constant tension, tension and psycho-emotional stress are predictors that trigger and ensure the course of the pathological process in eczema.

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КОНСТИТУЦІОНАЛЬНІ ТА ПСИХОЛОГІЧНІ ОСОБЛИВОСТІ ВИНИКНЕННЯ ТА ПЕРЕБІГУ ЕКЗЕМИ У ЧОЛОВІКІВ І ЖІНОК (АНАЛІЗ НАУКОВОЇ ЛІТЕРАТУРИ)

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Анотація. Мета роботи - провести аналіз наукової літератури щодо конституціональних та психологічних особливостей виникнення та перебігу екзemi. Проведений огляд літературних джерел вказує на те, що незважаючи на велику кількість робіт з даної проблеми, описані лише поодинокі випадки вивчення даного дерматозу в ключі асоціації його з конституцією і психотипом пацієнта. Раннє розпізнавання зазначеної асоціації дозволяє своєчасно виявити наявність дерматозу на ранній і навіть доклінічній стадії і завдяки адекватній терапії досягти регресу шкірних проявів екзemi. Використання генетичних маркерів дозволяє, в свою чергу, виявляти групу ризику, що включає хворих з "екземною конституцією" та пацієнтів, торпідних до звичайних методів лікування. Практичний аспект проблеми в даний час став більш актуальним з огляду на значну захворюваність серед українських жінок та чоловіків.

Ключові слова: екзема, перебіг, генетичні маркери, психологічні особливості, клінічна антропологія.

КОНСТИТУЦИОНАЛЬНЫЕ И ПСИХОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ВОЗНИКНОВЕНИЯ И ТЕЧЕНИЯ ЭКЗЕМЫ У МУЖЧИН И ЖЕНЩИН (АНАЛИЗ НАУЧНОЙ ЛИТЕРАТУРЫ)

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Аннотация. Цель работы - провести анализ научной литературы касательно конституциональных и психологических

особенностей возникновения и течения экземы. Проведенный обзор литературных источников указывает на то, что несмотря на большое количество работ по данной проблеме, описаны лишь единичные случаи изучения данного дерматоза в ключе ассоциации его конституции и психотипа пациента. Раннее распознавание указанной ассоциации позволяет своевременно выявить наличие дерматоза на ранней и даже доклинической стадии и благодаря адекватной терапии достичь регресса кожных проявлений экземы. Использование генетических маркеров позволяет, в свою очередь, выявлять группу риска, включая больных с "экземной конституцией" и пациентов, толерантных к обычным методам лечения. Практический аспект проблемы в настоящее время стал более актуальным, учитывая значительную заболеваемость среди украинских женщин и мужчин.

Ключевые слова: экзема, течение, генетические маркеры, психологические особенности, клиническая антропология.
