

PSYCHOGENETIC PROPERTIES OF DRUG PATIENTS AS RISK FACTORS FOR THE FORMATION OF ADDICTION

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Abstract. *Many studies in recent years show that a number of individual psychological characteristics of an individual (anxiety level, aggression, impulsiveness, socialization ability, stress resistance) are important predictors of the risk of developing addiction disorders. It has a surfactant and a significant degree of genetic control. However, the relationship between genetic and personal risk levels in addiction patients is still not well understood.*

Keywords: *formation, addiction, personality, addiction, psychogenetic properties.*

Introduction. Sociological studies conducted show that in recent years, the average age of drug addicts has sharply decreased from 18 to 13 years. Cases of drug use by children aged 5-7 years have been reported (this is facilitated by their addicted parents). Statistics show that over 60% of addicts are young people between the ages of 17 and 35, 20% are children, schoolchildren, and only 15% are people over the age of 35 [1-4]. The role of heredity in the formation of addiction, first of all, has been studied in alcoholism, and not much is known about its importance in the development of addiction. A study of 867 pairs of women found that most twins (cocaine and marijuana) had higher levels of addiction in identical twins (cocaine and marijuana) than twins. Similar results were obtained in a study of Twin males. Today, scientists are trying to find the gene that is responsible for the predisposition to addiction [5-9].

Advances in neurobiology have identified drug pathogenesis and found that increased pleasure and strength, which play a reinforcing role in alcohol and drug use, are related to their effect on the central nervous system's dopaminergic pathway from the ventral region of the midbrain to the prefrontal cortex (limbic system structure) [10-14]. With the reuse of drugs, this effect is enhanced, which contributes to the formation of addiction. One of the most serious congenital risk factors for the development of addiction is the use of psychoactive substances (surfactants) by the mother during pregnancy. The first risk factors for drug development are genetic. There are two main factors that are genetically related [15-18]. The first is a high level of genetically predetermined dopamine hormone, which encourages a person to constantly look for new emotions, dissatisfaction with peace, search for dangerous situations. The second is a low level of the hormone serotonin, which leads to a very deepening of depression in stressful situations. Some factors that increase the risk of dependent behavior of the unborn child can also occur during childbirth [19-23].

Heredity is characteristic of almost all drug addicts, 85% of young people treated for addiction identify alcoholic heredity. Many who began to abuse at an early age consciously preferred alcohol, because the intake of alcohol made them disgusting due to memories of alcohol

[24-28]. However, based on biological characteristics, the likelihood of addiction is unpredictable, it is impossible to determine in advance whether a person is addicted to drugs and drugs, or, conversely, opposites. According to the results of family and twin studies, the contribution of genetic factors to the etiology and pathogenesis of substance dependence (surfactant) diseases in general 40-70% [29-33], the type of surfactants affects only the variability of the genetic contribution: cocaine-72%, alcohol-56%, sedatives-51%, cannabinoids-48%, psychostimulants-40% [34].

Genetic studies of surfactant-dependent diseases have found that they belong to a broad class of diseases with a multifactorial nature and hereditary predisposition of a polygenic nature. For most such diseases (bronchial asthma, diabetes mellitus, etc.), hereditary forms with a specific clinical profile or phenotype have been identified: a set of clinical features associated with a hereditary factor and under genetic control. A mandatory sign of hereditary forms is family severity: the presence of the same disease states among the blood relatives of the patient, a specific "genetic load", a clinical picture of predisposition [35-39].

Hereditary forms of disease diseases are the most severe, rapidly developing and "dangerous", requiring early differential diagnosis for effective, specific and personalized therapy. For patients with hereditary forms of diseases and a high genetic risk of their development, within the framework of the biopsychosocial model, there are serious restrictions aimed at limiting the influence of predisposition: diet, lifestyle, climate and ecology, career choice and social activity in general. The combination of these restrictions allows you to limit or delay the manifestation of the disease and achieve a satisfactory quality of life [40-44].

It is clear that such an approach to the group of specific genetic risks of the development of Narcological diseases is necessary: children and adolescents in heavy families. Limiting the manifestation of predisposition, the pressure of the "genetic load", for example, in the form of conscious independent avoidance from the consumption of surfactants, can become the best solution to reduce the incidence of Narcological diseases [45-47].

The purpose of the study. The study of the characteristics of individual psychological characteristics in patients dependent on surfactants with varying degrees of genetic risk. this review is an analysis of genetic, biological, and clinical features on Narcological diseases to clarify the etiopathogenic role of family weight. To determine the elements of clinical phenotypes of surfactant addiction diseases, it seems important to justify the need, possibility and effectiveness of the correct quantitative analysis of family severity, which allows the formation of evidence-based approaches to the diagnosis of their hereditary forms.

Research materials and methods. 50 men were examined (30 people - patients addicted to various surfactants, and 20-a control group of healthy volunteers). Psychometric tools: 1) K. Cloninger's "Temperament and Character Inventory" Survey, 2) scale (Barrat Impulsivity Score (BIS). All patients are genotyped. Based on its results, genoprophylation was performed and evaluated in scores ranging from low genetic risk (0,5 points) to extremely high (3 or more points) in each patient. A basic version of the genoprophil was used: 3 main genes and 5 polymorphic loci of the system.

Results and their discussion. In most measures of Barrat impulsivity, reliable differences ($p < 0,05$) were found between patients and healthy individuals. The information obtained reflects psychological characteristics that depend on the pav, such as difficulty concentrating, restlessness, anxiety, thoughtless decision-making, impulsive actions under the influence of the moment, the

absence of plans for the near future and the randomness of one's own life, lack of self-control, inability to solve complex cognitive problems. Patients with higher levels of genetic risk were found to have significantly greater attention instability (focusing on tasks at hand, thoughtless decision making) and movement inconsistency (life randomness) than patients with lower levels of genetic risk ($p < 0,05$). Reliable correlations of genetic risk levels were found with a small measure of attention ($R=0,415$) and a persistence scale ($R=0,528$). According to TCI-125 Klönigerau, patients with higher genetic risk levels recorded higher scores on the "novelty seeking" scale and lower scores on the "harm avoidance" scale than those with lower genetic risk levels, indicating a conscious willingness to take damage in the process of seeking new emotions. There is an inverse correlation between genetic risk levels and "harm avoidance" scale scores ($r = -0,513$). In a review of the history of the disease in selected groups, it is noted that patients without severe heredity began to use drugs a little later.

At the same time, the first acquaintance with the drug in both groups began with the use of cannabis, but it should be noted that cannabis was more preferred in a group without severe heredity. A similar ratio applies to the use of heroin. Separately, it should be noted that the ratio of the use of raw Poppy, where the group of heavy heredity is significantly distinguished, also patients in this group consumed 5 times more of this drug. At the same time, the use of plant hallucinogens in a group of patients with severe heredity is not recorded.

Analyzing the history of the disease in selected groups, it is noted that there are no significant differences in the duration of the disease, frequency and dosage of drug use, tolerance. A significant advantage of the analyzed indicators-drug supplements, overdose and alcohol consumption — is noted in the group with severe heredity. At the same time, in a severe non-hereditary group, patients occasionally consumed more alcohol, since alcohol dependence was significantly dominant in a group with severe heredity in a primary disease clinic (which is known by itself).

When considering the level of social adaptation and stress tolerance from Holmes and Rahe's test of the same name, the level of social adaptation in the groups under consideration is slightly different, which is slightly more significant in a group with severe heredity (78,6 %) than in patients without severe heredity (77,1 %). At the same time, the number of socially adapted patients in the group without severe heredity significantly prevailed (10,4% and 3,6%). The proportion of the adult population suffering from the abuse or dependence of surfactants is large: according to medical statistics and taking into account hidden conditions – 8-12%, according to population studies—at least 10% for alcohol and another 15% for other surfactants (except tobacco), that is, at least 20% in general – the maximum indicator for mental disorders. The proportion of patients with Narcological diseases in the population is stable and practically does not depend on socio-economic, cultural and natural factors, although the level of consumption of surfactants can be significantly socially regulated. Surfactant addiction disorders are genetic in nature and present in the Permian population, with patients identified in each new generation and "recruited" primarily from families with addiction.

Alcoholism is the most studied form of a disease that does not depend on surfactants in clinical, biological and genetic aspects. The population burden of family weight for alcoholism is significant: 10-20% for the general population, 50-85% for patients with alcoholism in the United States and 60-70% for inpatient patients with alcoholism and opium addiction in the Russian Federation, which is ten times higher (7-8%) than for healthy people. Such a strong "genetic

pressure" naturally leads to an increase in the level of genetic risk for people in heavy families only as a possibility of developing drug disorders for genetic reasons. Predisposition has the character of a population " spectrum "and is present in all individuals to varying degrees, from minimum to maximum, and the degree of genetic risk is proportional to the predisposition or severity of the "genetic load".

Genetic risk is an innate probability characteristic and its implementation (the transfer of probability to the fact of disease) occurs with the combined effect of personal and social factors as a "trigger" or "modifier" of risk within the multifactorial model of etiopathogenesis. The higher the level of genetic risk, the easier and faster the disease develops with a minimum additional effect, the higher the level of" biological "readiness of the future patient, the more the disease begins to develop in conditions that are absolutely" safe "for other individuals. On the contrary, with a low level of genetic risk, a serious joint effect of "triggers" and "modifiers" is required, the development of the disease slows down, and the clinical picture can be so late and delicate that such patients do not come to the attention of specialists. Numerous studies have shown the leading role of genetic factors in the additive, modifying role of" environmental " influence: the heredity of alcoholism is close to the upper limit in low cultural transmission (transmission), conformity for alcoholism is 58% for monozygote and 28% for dizygotic twins, and close results for opiate and cocaine addiction.

First – degree relatives of patients with pav addiction (opiates, cocaine, cannabis, alcohol) increase the risk of these diseases by 8 times, relatives of patients with alcoholism increase the risk of developing addiction to alcohol (28,8% and 14,4% under control) and any other PAV-cocaine, marijuana by 2 times, opiates, sedatives and stimulants (20,9% and 9,7%). Obviously, all diseases of surfactant dependence are genetically the only disease, and the hereditary mechanisms of transmitting the risk of their development are devoid of specificity. Thus, in 25-50% of patients with alcoholism and 34% of patients with cocaine addiction, first-degree relatives (father, mother, brother or sister), patients with alcoholism, inpatient patients with alcoholism and heroin addiction are the same in terms of family severity: 67,1% of patients and 59,1% of patients have weights (mainly 2% of patients with addiction to – maternal alcoholism occurs at the same frequency: father-46,3% and 44,7%, mother-4,8% and 7,1%.

Importantly, genetic factors are reliably associated with pav addiction diseases (alcohol, heroin, cocaine and marijuana), have a high specific risk rate (55%) and an inheritance ratio of 62-79%, and social and environmental factors are associated only with the consumption of surfactants and can change the level of risk of developing the disease, but develop it. However, the degree of such modification can be significant until the Prevention of the development of the disease, especially in the conscious control of the individual himself.

Conclusions. Thus, a number of individual psychological characteristics that contribute to the conversion of drug patients to surfactants are associated with the polymorphism of genes that determine the dopaminergic system. The examination carried out showed that for patients with a severe history of alcoholism, this is more characteristic, early onset of drug use, pronounced social disorder, frequent criminal prosecution, frequent detection of HIV infection, the presence of psychotic episodes, preference for the use of raw Poppy, the use of plant hallucinogens, frequent additions to drugs and excessive drug use, alcohol dependence. Thus, taking into account the data obtained, it can be assumed that if adolescents have a heredity aggravated by alcoholism, they use

drugs, then in the future the above anamnestic features of the development of the syndrome will be noted addiction to drugs.

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