

MULTIDISCIPLINARY APPROACH TO THE REHABILITATION OF PATIENTS WITH SOMATIZED PERSONALITY DEVELOPMENT

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Abstract. *Many additional medical diagnostic measures lead to significant economic costs. Endless clinical and paraclinical studies, the cost of ineffective therapy is so great that the timely diagnosis of somatized disorders is seen as a socio-economic problem for any society. Each of these patients is spent several times more time than real somatic patients. Large financial costs are due to the fact that assistance to patients with somatoform diseases is often provided by doctors who do not have sufficient qualifications in this area*

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Introduction. A small number of publications are devoted to the study of variants of the dynamics of somatized diseases (F 45.0) in the special literature. With an episodic course of neurotic diseases after the disappearance of psychopathological disorders, there is an opinion that the restoration of social and labor functions is observed, and in cases of complication of living conditions due to a decrease in compensatory personal capabilities, neurowegetative shifts and regressive behavior are repeated. In the case of a continuous course of the disease, the rigidity of individual characteristics leads to stereotyping of neurowegetative diseases and ineffective psychopathological reactions, which leads to a decrease in social and labor adaptation [1-4].

Preliminary preventive measures should also be carried out in the prepositional fractal, where they may be aimed at determining hereditary, psychophysiological predisposition and moral and psychological harmonization of family relations [5].

Measures in the latent fractal are aimed at identifying individuals prone to the development of somatoform disorders (weak and unbalanced nervous system, high level of anxiety, psychasthenic, asthenoneurotic, with hysterical accentuation of character), correcting the moral socialization of the individual, premorbid characteristics [6-8].

The initial Fractal has both medical and non-drug effects that prevent the development of somatoform disorders. The extended clinical picture fractal of Somatoform disorders requires early qualified medical and psychological, social and spiritual-moral support. Timely detection and adequate diagnosis of Somatoform diseases is essential for successful therapy and a positive prognosis of the disease long before the chronification fractals and results [9-13].

In this regard, it is advisable to further integrate the psychotherapeutic care system into the structures of general somatic therapeutic prophylaxis, open psychosomatic departments in

multidisciplinary hospitals and organizational design of a multidisciplinary mental health service [14-17].

Pharmacotherapy of Somatoform disorders involves the use of a wide range of psychotropic drugs – antidepressants and anxiolytics, nootropics and antipsychotics. However, the use of psychotropic agents in the somatoform diseases clinic has its own characteristics [18-22]. It is recommended to limit yourself to monotherapy using convenient drugs for use in the appointment of psychotropic drugs. Taking into account the likelihood of hypersensitivity, as well as the possibility of side effects, psychotropic drugs are prescribed in small doses (compared to those used in "large" psychiatry) [23-25]. Therapy requirements also include minimal exposure to somatic functions, body weight, minimal behavioral toxicity of drugs, and teratogenic effects, the possibility of their use during lactation, and a low probability of their interaction with somatotropic drugs [26-28].

The medical block within somatogenesis involves the provision of assistance by General Practitioners, general practitioners. The psychological block of assistance within the framework of psychogenesis includes the participation of specialists involved in mental health: psychotherapists, clinical psychologists, psychiatrists. Social assistance is provided in the vector of sociogenesis with the participation of social services specialists (social work specialists, social workers) [29-32]. The spiritual and moral block in the vector of animogenesis is carried out with the participation of bioethics specialists and consultants, clinical psychologists and social work specialists, general practitioners who know the peculiarities of the moral environment of the patient's family. Education and psychotherapeutic, teaching methods and coaching are used, which stop demoralization syndrome and destructive occupationalogenesis. Mediation is carried out in conflict situations [33-36]. Patients are encouraged to participate in various programs of community organizations that combine flexible strategies in the ethics of business communication. The involvement of patients in volunteer and social movements, ethical-cultural activities of trade unions and veteran's organizations performs the same tasks. Church patients may be assisted by religious rehabilitation programs, which are administered by spiritual mentors of official denominations [37-39].

This study was based on the theoretical principles of the integral "biopsychosocial" model of mental disorders, which implies a comprehensive approach to the emergence of mental disorders (biological, psychological and social). Our study of the quality of life of patients with somatized diseases provided the basis for drawing conclusions about the unequal dynamics of quality of life indicators in the process of treating patients at different stages of the disease [40-42].

The purpose of this study: was to study the clinical dynamic characteristics of somatized diseases and to develop comprehensive treatment and rehabilitation measures for patients with their ongoing variant.

Materials and methods. The work is based on a comprehensive clinical-psychopathological, clinical-dynamic, psychological and therapeutic examination of patients with somatized diseases. Diagnosis of somatized diseases met the requirements proposed by DSM-III-R and ICD-10. The leading manifestations of the disease were numerous, recurrent, frequently changing somatic complaints presented by patients for more than 2 years. In most cases, patients have found a violation of Labor and social adaptation.

Clinical and dynamic analysis of 80 patients made it possible to identify two variants of somatized disease. They are indicated by us as Dynamic variants of somatized diseases: periodic and continuous. The periodic variant has been observed in 57 patients (71,25%), characterized by a change in conditions that meet the criteria for somatizing disorder with periods free of symptoms. His clinical manifestations matched existing notions of neurotic condition (neurosis). In the remaining 23 people (28,75%), non-somatizing disorder has occurred continuously. A permanently present variant, along with somatized symptoms, is represented by pathocharacterological diseases, which has given rise to its consideration as an independent species (somatized) in the neurotic development series of the individual.

Research results and discussion. The compliance of its clinical and dynamic manifestations with the criteria for diagnosing the neurotic development of an individual present in the scientific literature allows us to propose the concept of "somatized development of an individual". The somatized development of the individual was characterized by a decrease in the frequency of somatized and generalized symptoms in the dynamics of the disease, a decrease in the role of psychotraumatic factors in the disease clinic and an unfavorable prognosis.

There is an opinion on the feasibility of treating patients with somatized diseases from the point of view of a biopsychosocial approach, they emphasize the need to involve such patients in rehabilitation measures, which will help them socially adapt to previous living conditions and reduce the consequences of the disease.

Distinguishing the concept of " somatized development of personality " has allowed corrections to be made in the treatment of somatized diseases. It should be complicated. To correct somatized manifestations (neurotic), it is recommended to use psychopharmacotherapy, pathocharacterological diseases – modern psychotherapeutic approaches.

Psychopharmacotherapy of somatized diseases was carried out taking into account the clinical picture of the disease characteristic of this dynamic variant. The therapeutic tactics of the somatized development of the individual are built taking into account the formation of the disease of pathocharacterological diseases at this stage. Here, attention was paid not only to somatized symptoms (antidepressants – fluvoxamine, sertraline-were used, which are selective inhibitors of serotonin reuptake), but also to the correction of pathocharacterological diseases.

There is an opinion that the long duration of somatized diseases affecting the individual characteristics of patients determines the choice of therapeutic measures. Antipsychotics-chlorprotixene and neuleptil have effectively affected the hysterical, explosive, irritating properties produced in patients.

Social rehabilitation and readaptation events were conducted in 19 of 23 patients (82.60%) with somatized development of the individual. They included attending a psycho-educational program and working in interest groups. The psycho-educational program was held in closed groups (no new participants were accepted after the start of classes), the number of participants is up to 10 people. Each cycle consisted of 10-12 lessons conducted 1-2 times a week.

The groups were led by a psychiatrist, clinical psychologist and social work specialist. The psychiatrist was responsible for the meaningful aspect of the curriculum, justified the inclusion of patients in the psycho-educational group and distributed the volume of work to the clinical psychologist. Clinical psychologists conducted an experimental psychological examination of patients, carried out counseling and psychological correction of emotional disorders, conducted several classes on topics recommended by a psychiatrist. The duties of the social work specialist

were to maintain the necessary emotional environment in the group and to inform its participants about the resources of the society, existing organizations and support groups for individuals with mental disorders. After the formation of the group, lesson topics were chosen, communication and style of behavior were determined.

The content of the psycho-educational program is to provide information about the disease, to study the manifestations of non-psychotic mental disorders, the features of their course and prognosis; to develop the ability to understand the disease and identify symptoms, to manage them. In the classroom, patients were told about the importance of drugs in therapy and recovery; the role of stress in the ways of exacerbating the disease and overcoming it.

In the process of training, within the framework of the psycho-educational program, the interests of patients were identified, this information served as the basis for introducing patients into the group of interests: initiative drugs, a group of image lovers, soft toys, vocals, Art Studio, etc. this approach was important in the complex of restorative measures carried out by patients with somatized development of the individual. Analysis of its effectiveness determined the positive dynamics of the emotional state of patients, indicators of social activity and quality of life. Based on the synergistic methodology of mental medicine, we have developed a program that includes four blocks: medical and psychological, social and spiritual-moral. Preventive-corrective directions are carried out in the first three nosological fractals, and treatment-rehabilitation directions are carried out in the following three nosological methods, which form a single multidisciplinary protocol carried out by a team of specialists in psychiatrist, psychotherapist, clinical psychologist, social work and bioethics.

Treatment of Somatoform diseases should be strictly individually structured, as they are very difficult for therapy and there is no well-developed strategy. Such patients should be prescribed psychotropic drugs with caution.

Currently, the effects of antidepressants and antipsychotics in the treatment of somatoform diseases are most reliably demonstrated. In the group of anticonvulsants, the effectiveness of treating only somatoform pain syndromes has been shown.

Treatment of Somatoform diseases includes a wide range of therapeutic and preventive measures that require the participation of not only a general somatic practitioner, but also a psychiatrist and psychotherapist. Of great practical importance is the fact that the corresponding mental disorders are not understood or dissimulated by the patient himself. Patients usually resist attempts to discuss the psychological state of symptoms, even if there are clear depressive and anxious manifestations. As a result, currently psychotherapy is the main focus in the treatment of patients with somatoform diseases. Almost all modern forms and methods of psychotherapy are used.

Rational therapy, autogenic training, hypotherapy, analytical, behavioral, positive, customer-oriented therapy, etc. are widely used despite the priority of psychotherapeutic correction, dominance in the clinical picture of somatovegetative components does not allow to do without drug therapy. In the early period, even strict directive methods do not allow you to achieve the desired result, which ultimately spoils psychotherapy as a method.

In a review of Foreign Studies on psychotherapeutic approaches to the treatment of Somatoform diseases, the prospects for psychodynamic therapy and hypotherapy were noted, as well as the need to further clarify the effectiveness of these methods. Social block of the program. Sociotherapy of patients with Somatoform diseases includes measures aimed at explaining the

nature of the disease and, accordingly, stopping unreasonable somatic examinations and traumatic procedures, as well as organizing treatment and labor rehabilitation.

In polymorphic type diseases, the socialization of patients ensures a short stay in the hospital (2-3 weeks.), to prevent the development of hypochondria and the appearance or deterioration of the symptoms of hospitalism. The need to facilitate working conditions – provided that a set of measures is carried out to create a calm, gentle atmosphere in the family and in production-does not arise. Measures for the social rehabilitation of patients with somatoform diseases of the isomorph type include long-term (taking into account at least 1,5-2 months of resistance to therapy.) hospital treatment, as well as the creation of mild conditions in production, which ensure the reduction of the working day and liberation from the types of labor associated with certain physical activity.

Medical care for patients with Somatoform diseases is associated with the need to distinguish the pathology of this circle from somatic diseases, requires certain qualifications of employees and provides laboratory and equipment, it is recommended to be carried out within specialized institutions on the basis of a common somatic network. Taking into account the threshold level of mental disorders, high labor and social adaptation, the need does not arise in neuropsychiatric dispensaries to monitor the persons of this contingent of patients. The spiritual and moral block of the program. Screening and correction of the moral environment of a neurozogenic family is carried out in the process of family psycho - and sociotherapy, which carries out the tasks of ethical-psychological harmonization of interpersonal relations and spiritual-moral development of the family.

Conclusion. Correction of the formation and development of basic moral feelings and moral image is carried out according to all moral methods of the individual, which can develop demoralization syndrome and destructive occupationalogenesis. Therefore, within the framework of early intervention and mediation strategies, the Ethics Committee and mental health service consultants support adaptive occupationalogenesis and provide training in the ethics of business communication to prevent mobbing and bossing, deetize professional consciousness, and dehumanize. Within the framework of the formed demoralization syndrome, the restoration of moral position and behavior requires coaching, creative expression therapy and sanogenetic therapy, moral training and behavioral moral psychotherapy, spiritual and religious practices. Spiritual and moral rehabilitation completes socio-psychological rehabilitation, carrying out the tasks of correcting pessimistic-catastrophic relationships and forming an optimistic-resource life position that enhances mental resillance. Thus, therapeutic measures for patients with somatized diseases should take into account not only the clinopsychopathological, but also the clinical and dynamic characteristics of the disease, the individual characteristics of patients. At the stage of somatized development of the individual, therapeutic approaches should be carried out from the point of view of an integrated approach to rehabilitation, supplemented with methods of psychological assistance, social rehabilitation and readaptation (psycho-educational programs, participation in the work of interest groups, etc.).

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