

COMPARATIVE EFFECTIVENESS OF TREATMENT OF SOMATIFORM DISEASES IN PSYCHOTHERAPEUTIC PRACTICE

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Abstract. *In accordance with the International Classification of diseases of the tenth revision (ICD-10), the main criterion for somatoform disorders is the presence of permanent subjective signs of somatic dysfunction if there is no objectively identified organic pathology, or if the severity and tolerability of the patient's complaints do not correspond to the nature of the established somatic disease.*

Keywords: *somatoform disorders, treatment, psychotherapy, psychopharmacotherapy.*

Introduction. The constant requirements of various medical examinations for patients with somatoform diseases are common, despite their negative results and doctors' opinions that there is no physical basis for the symptoms. The development of somatoform disorders is explained by the complex interaction of biological, psychological and social factors [1-4]. The fifth edition of the "Diagnostic and Statistical Manual of Mental Disorders" (DSM-5), prepared by the American Psychiatric Association and published in 2013, does not contain the diagnostic category of "somatoform disorders" (unlike the previous version – DSM-IV-TR). DSM-5 introduces the concept of "somatic symptom-manifested disorder" (somaticsymptomdisorder) [5-8]. The criteria for this diagnostic category are the presence of one or more somatic symptoms in the patient (at least one of them should be permanent – at least 6 months.), combined with constant confidence in the severity of the pathology and excessive concern for health, this does not correspond to the depth of somatic disorders in general, but nevertheless leads to behavioral changes and social dysfunction [9-13]. It should be noted that the new diagnostic category of DSM-5 is being criticized due to insufficient specificity of the criteria and the possibility of expanding diagnostics of this mental pathology in patients with somatic diseases [14-16].

In foreign literature, the terms "medically incomprehensible symptoms" (medicallyunexplainedsymptom) and "functional somatic symptoms" (functionalsomaticsymptom) are common. In fact, these concepts cannot fully explain the complaints present in the patient with physical pathology, while leaving open the question of the approximate etiology of the problem [17-20]. In some cases, the terms functional somatic symptoms and medically incomprehensible symptoms are used as synonyms for somatoform disorders. At the same time, the point of view associated with patients seems more rational functional somatic symptoms being a heterogeneous group in which somatoform, depressive,

anxious, hypochondriacal diseases can be identified, and in some cases the pathology does not meet the criteria of any mental illness at all [21-25]. In this review, functional somatic symptoms are considered in relation to the extensive presentation of conditions associated with somatoform disorders in this group (in particular, a large proportion of patients may be diagnosed as "undifferentiated somatoform disorders" according to the ICD-10 criteria of functional somatic symptoms) [26-28].

The appearance and maintenance of symptoms in somatoform disorders is closely related to unpleasant life events, difficulties or conflicts, the patient usually resists attempts to discuss his psychological state. There are often some hysterical behaviors aimed at attracting attention, especially in people who are dissatisfied with the inability to convince doctors of the mainly physical nature of the disease and the need to continue further examinations and examinations. Somatoform disorders include the following subgroups (under ICD – 10): somatized disorder-f 45.0; undifferentiated somatoform disorder-F 45.1; hypochondria disorder-F 45.2; somatoform vegetative dysfunction-F 45.3; chronic somatoform pain disorder – F 45.4; other somatoform disorders-f 45.8; unspecified somatoform disorder – f 45.9 [29-33]. The correct and timely diagnosis of Somatoform disorder is a big challenge. Such patients undergo complex diagnostic procedures, often doctors are prone to surgical treatment, cases of dependence on pain relievers are more common. It is not uncommon for temporary relief to occur from unconventional therapy methods or from invasive interventions (surgical treatment). The specificity of reactions to diagnostic interventions and symptomatic therapy also testifies in favor of somatoform disorders: paradoxical relief from diagnostic manipulation; tendency to change the leading somatic syndrome (from exacerbation to exacerbation and sometimes at one stage); instability of the therapeutic effect obtained; predisposition to specific reactions [34-38].

Thus, taking into account the high frequency, variability, diagnostic difficulties, predisposition to chronic conditions and a recurrent course of psychosomatic diseases, as well as their subjective negative affective coloring for the patient and the physical suffering they cause, the issue of the correct and most effective methods of treatment of somatoform diseases in the shortest possible time remains especially important and relevant. A tried and effective method of treating Somatoform diseases is the use of elements of Gestalt therapy, which is aimed at understanding the patient's own illness, his awareness, at releasing emotional experiences blocked during psychotherapeutic training, both positive and negative., a journey into the depths of her "talking" ways, feelings, bodily sensations, inner images with her illness [39-41].

The purpose of the study. In recent years, interest in the study of psychopathological phenomena occurring in the form of various somatic functional disorders has increased significantly.

Research materials and methods. On the basis of the psychotherapeutic Department of the institution, a statistical study of the effectiveness of methods for treating somatoform diseases was carried out, the purpose of which was a comparative analysis of the effectiveness of the treatment of patients with somatoform diseases in two ways: psychopharmacotherapy and psychopharmacotherapy, combined with individual psychotherapy with elements of Gestalt therapy, and determining the optimal combination of To carry out the goals and objectives of the Study, 2 groups of patients with somatoform diseases (38 women, 22 men) were selected, each of which consists of 30 people aged 23-54 years. The main criteria for selection were: dominance in the clinical picture of somatoform disorders during suffering; absence of signs of somatic

pathology (including organic damage to the central nervous system); lack of clear affective pathology and signs of progredience indicating the conjugation of somatoform disorders with endogenous mental disorders. Patients in the first group received only medication, and patients in the second group received individual psychotherapy with elements of Gestalt therapy along with medication.

Drugs from the group of tricyclic antidepressants and SSRIS (amitriptyline, clomipramine, imipramine, fluoxetine, paroxetine, fluvoxamine, sertraline), antipsychotics (tiaridazine, alimemazine, chlorprotixene), tranquilizers (diazepam, mespam, nozepam, phenazepam), beta blockers (propranolol, atenolol) have been used as drug treatment., nootropov (piracetam, vinpocetin, phenibut, picamilone, gopantenic acid), carbamazepine in small doses. The main method of research is clinical. Examination of Somatoform pathology was carried out using physical studies, as well as necessary laboratory and instrumental studies (OAK, OAM, biochemical blood test, ECG, EEG, M-echo, radiography, etc. In these groups of subjects, the following psychodiagnostic methods were used: the violence questionnaire of the SCL-90 psychopathological symptomatology, Alexandrovich's symptomatic questionnaire, the Hamilton Scale for assessing anxiety, the "type of attitude to disease" methodology (Tobol).

Research results and their discussion. The effectiveness of pharmacotherapy of somatoform diseases with drugs in the group of antidepressants, antipsychotics, tranquilizers is manifested mainly in a symptomatic effect. In the treatment of patients with Somatoform diseases, a complex approach with the involvement of individual psychotherapy with elements of Gestalt therapy is more effective than isolated pharmacotherapy, since it not only allows symptomatic improvement to be achieved in a short time, but also contributes to changes in the cognitive character in the field of personal attitudes and beliefs. first of all, self-acceptance and the development of a more realistic attitude reflect positive changes in oneself, thereby in personal activity.

The inclusion of pharmacotherapy and individual psychotherapy with elements of Gestalt therapy in the program for the treatment of patients with Somatoform diseases corresponds to the principles of evidence-based medicine. Based on a review of research devoted to psychotherapeutic methods in the treatment of functional somatic symptoms, it is possible to draw conclusions about the effectiveness of non-pharmacological methods of treating this pathology. In particular, cognitive behavioral therapy (CBT) has shown to be effective for fibromyalgia, irritable colon syndrome, chronic fatigue syndrome, Functional chest pain, tension headaches. The effectiveness of cognitive behavioral therapy in somatoform disorders has been confirmed in a number of studies and systematic reviews. Positive effects of cognitive behavioral therapy in the treatment of the entire spectrum of somatoform disorders.

The effectiveness of individual and group cognitive behavioral therapy has been found in Somatoform disorders. Various clinical effects of cognitive behavioral therapy have been noted: a decrease in physical symptoms, a decrease in the manifestation of anxiety and depression, a decrease in patients' ability to access disability. Among psychotherapeutic methods, the cognitive behavioral approach most confirmed efficacy in the treatment of somatoform disorders. Due to a number of methodological limitations, it currently seems difficult to compare the effectiveness of pharmacological and psychotherapeutic approaches to the treatment of somatoform diseases. Nevertheless, the possibility of considering the cognitive-behavioral approach based on the analysis of available data as the first line of therapy for patients with somatoform diseases is being

suggested. The effect of hypnosis therapy in the treatment of functional disorders of the gastrointestinal tract has been identified. This method of psychotherapy seems promising for the treatment of irritable colon syndrome, but the current research does not allow us to draw a final conclusion about the effectiveness of this technique. A number of studies have received information on the positive results of the use of a psychodynamic approach to the treatment of somatoform diseases and functional somatic symptoms. Further research into psychodynamic therapy in Somatoform disorders is desirable.

There are a number of shortcomings in the study of the effectiveness of psychotherapeutic methods: the impossibility of conducting double-blind studies (nevertheless, in most cases, various "masking" methods are used), mainly short-term interventions, a small number of studies in primary medical practice, where a large part of patients with somatoform diseases receive help. It should be noted that the use of psychotherapy, despite its high effectiveness, faces a number of organizational problems. Patients with Somatoform diseases mainly resort to general medical institutions, where the use of psychotherapeutic approaches is not available to them. In addition, most patients believe in the "physical" nature of suffering, which makes it difficult to apply psychotherapy.

Conclusions. The results of the studies carried out can be used both in the practical work of psychotherapists, psychiatrists, clinical psychologists in the form of theoretical justification for the pathogenetic foundations of the development of somatoform disorders, depending on the social and personal characteristics of the patient, as well as for the use of the most effective and short-term methods of their treatment. In general, there is not enough number of studies dedicated to the treatment of somatoform diseases, the peculiarities of this classification, insufficient interest of researchers in this problem, low level of funding, as well as the fact that patients with somatoform diseases mainly refer to medical institutions. At the same time, general medical practitioners traditionally prioritize the somatic understanding of the nature of diseases in which patients with somatoform diseases refer to them, as a result of which the latter are observed for a long time and unsuccessfully by Internist doctors and sent to less mental health professionals than patients with other mental disorders.

Currently, the effects of antidepressants and cognitive behavioral therapy in the treatment of somatoform disorders are most reliably demonstrated. There is evidence of the positive effects of antipsychotics in the treatment of Somatoform diseases, but the effectiveness and safety of this class of drugs should be further improved. In the anticonvulsant group, the efficacy of pregabalin and gabapentin in the treatment of somatoform pain syndromes has been shown (but not in other clinical variants of somatoform disorders). A number of psychotherapeutic approaches (psychodynamic therapy, hypnosis therapy) seem promising in the treatment of somatoform diseases, but the effectiveness of these methods requires clarification.

REFERENCES

1. Abdurazakova Robiya Sheraliyevna, Turaev Bobir Temirpulatovich 2023. Characteristic features of affective disorders in children with autism. *Iqro jurnali*. 2, 2 (Apr. 2023), 722–727.
2. Aleksandrovna S. M. et al. Integrated approach to correcting neurocognitive defects in schizophrenia // *Science and Innovation*. – 2023. – T. 2. – №. 11. – C. 76-81.

3. Allambergenov A. J. et al. Postcovid syndrome and its neuropsychiatric consequences after covid-19 in patients with alcoholism //European Journal of Interdisciplinary Research and Development. – 2023. – T. 11. – C. 42-46.
4. Anatolyevna S. Y. et al. Protective-adaptive complexes with codependency //Science and Innovation. – 2023. – T. 2. – №. 11. – C. 70-75.
5. Asliddinovich M. O. et al. Psychological characteristics of patients with gastrointestinal diseases //IQRO. – 2023. – T. 3. – №. 1. – C. 225-230.
6. Hamidullayevna X. D., Temirpulatovich T. B. Clinical and psychological features of alcoholism patients with suicidal behavior //IQRO. – 2023. – T. 1. – №. 2. – C. 711-720.
7. Holdorovna I. M., Murodullayevich K. R., Temirpulotovich T. B. Problems of consciousness disorder in modern psychiatry //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 20-27.
8. Holdorovna, I.M. and Temirpulatovich, T.B. 2023. The Role of the Family in the Formation of Internet Addiction. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 10–15.
9. Murodullayevich K. R., Holdorovna I. M., Temirpulotovich T. B. The effect of exogenous factors on the clinical course of paranoid schizophrenia //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 28-34.
10. Murodullayevich K. R., Temirpulatovich T. B., Holierovna K. H. Social assistance in patients with phobic anxiety disorders //Iqro jurnali. – 2023. – T. 2. – №. 2. – C. 408-413.
11. Nikolaevich R. A. et al. Social, socio-cultural and behavioral risk factors for the spread of hiv infection //Science and Innovation. – 2023. – T. 2. – №. 11. – C. 49-55.
12. Ochilov U. U., Turaev B. T., Zhumageldiev N. N. Peculiarities of the formation and course of alcoholism in persons with character accentuations and personality disorders //Bulletin of Science and Education. – 2020. – №. 10-4. – C. 88.
13. Temirpulatovich T. B. Depressive disorders in alcohol recipients and its socio-economic consequences during the covid-19 pandemic //Web of Scientist: International Scientific Research Journal. – 2023. – T. 4. – №. 1. – C. 162-168.
14. Temirpulatovich T. B. et al. Alkogolizm bilan kasallangan bemorlarda covid-19 o'tkazgandan keyin jigardagi klinik va laborator o'zgarishlar //journal of biomedicine and practice. – 2023. – T. 8. – №. 1.
15. Temirpulatovich T. B. et al. Clinical Manifestations of Suicidal Behaviors as a Result of Depressive Disorders During Adolescence //Eurasian Medical Research Periodical. – 2022. – T. 8. – C. 55-58.
16. Temirpulatovich T. B. et al. Covid-19 pandemiyasi davrida ruhiy omillarning spirtli ichimliklarni iste'mol qilishga ta'siri //Journal of biomedicine and practice. – 2022. – T. 7. – №. 3.
17. Temirpulatovich, T.B. 2023. Laboratory Changes in Chronic Alcohol Abusers in Postcovid Syndrome. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 55–64.
18. Temirpulotovich T. B. Effects of social factors in children with anxiety-phobic disorders //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 35-41.
19. Temirpulotovich T. B. et al. The Impact Of Medical And Social Factors On Alcohol Abuse In Patients With Alcoholism During The Covid-19 Pandemic //Journal of Pharmaceutical Negative Results. – 2022. – C. 8195-8200.

20. Temirpulotovich T. B. Somatoform variant post-traumatic stress disorder //Journal of healthcare and life-science research. – 2023. – Т. 2. – №. 9. – С. 45-52.
21. Turaev B. the course of the disease during the covid-19 pandemic in patients with alcoholism //Science and innovation. – 2022. – Т. 1. – №. D8. – С. 130-134.
22. Turaev Bobir Temirpulatovich. “Clinical manifestations of anxiety depressions with endogenous genesis”. Iqro jurnali, vol. 1, no. 2, Feb. 2023, pp. 45-54,
23. Turayev B. T., Ochilov U. U., Kubayev R. M. Distribution of anxiety and depression in affective disorders of somatized depression //International medical scientific journal. – 2015. – С. 60.
24. Turchaninova V. N. et al. Formation of rehabilitation motivation in the conditions of the medical and rehabilitation department of a psychiatric hospital //Science and Innovation. – 2023. – Т. 2. – №. 11. – С. 82-89.
25. Turchaninova V. N. et al. Opportunities for comprehensive psychometric assessment of anxiety states in late-age dementia //Science and Innovation. – 2023. – Т. 2. – №. 11. – С. 90-96.
26. Turgunboyev Anvar Uzokboyevich, Turaev Bobir Temirpulatovich, Kholmurodova Hulkar Holierovna 2023. Clinical and psychological analysis of the risk of second admission of patients with psychoses of the schizophrenia spectrum to a psychiatric hospital. Iqro jurnali. 2, 2 (Apr. 2023), 380–387.
27. Shernazarov Farrukh ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE // SAI. 2023. №Special Issue 8. URL: <https://cyberleninka.ru/article/n/organization-of-digitalized-medicine-and-health-academy-and-its-significance-in-medicine> (дата обращения: 20.11.2023).