STUDY OF EMOTIONAL DISORDERS IN ADOLESCENTS

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Abstract. *This article discusses the results of the study, which make it possible to identify the personality characteristics of adolescents with depressive disorders and provide timely medical, psychological and psych correctional assistance to parents and children, predict the development of depressive pathology at the earliest stages of its formation. In the prevention of teenage depression, an important role belongs to the educational value of the family and family relationships in the formation of a harmoniously developed personality.*
Keywords: *teenage; personal characteristics; emotional disorders; depression.*

Introduction: The relevance of the problem of depressive behavioral disorders in children and adolescents is caused by the difficulties of timely verification of affective pathology, the expediency of correctly chosen pharmacotherapy and the difficulties in predicting these mental disorders [1]. In children and adolescents, depressive pathology, in contrast to the adult population, in rare cases, clinically occurs with the classic symptoms of the depressive triad - lowering mood, slowing down thinking and motor activity [3,14]. Most often, the clinical picture of depression is atypical, characterized by the obliteration of the main symptoms, disguise as other diseases, and the predominance of somatovegetative disorders [2,4]. According to a number of authors, a psychiatrist consulted only 27% of children with a depressive onset of the disease during their first depression; general somatic specialists observed the rest for a long time [9]. At the initial visit to a psychiatrist, a depressive state was found only in 23.6% of cases due to the lack of expression of affective disorders proper, the prevalence of complaints of behavioral disorders, including aggressiveness, school maladaptation, and computer addiction [8]. In the puberty period, there is an increase in depressive symptoms against the background of ideas of one's own inferiority and dysmorphophobic inclusions with a tendency to antisocial behavior, which were not diagnosed in a timely manner due to the presence of an unhealthy microclimate in the family and the lack of mutual understanding between children and parents [5,7,11,13]. First, depressive states in adolescence and adolescence are associated with destructive forms of behavior, the extreme variant of which is suicidal behavior. Behavioral disorders and pathocharacterological reactions of protest and opposition, interpersonal conflicts with peers and teachers are specific features of pubertal depression [6]. The lack of knowledge of the above problems necessitates the study of the features of adolescent depression, taking into account personal characteristics [10,12].

The purpose of the study: to study the methods of early psychodiagnostics of depressive states in adolescents, taking into account their personal characteristics, in order to optimize early psychoprophylaxis and psychocorrectional assistance.

Material and methods of the study: 111 adolescents aged up 15 to 19 years inclusive, 78 boys and 33 girls (average age 16.96 ± 1,98 years) who were admitted for inpatient treatment in the adolescent departments of the City Clinical Psychiatric Hospital were chosen as the object for the study. the Tashkent city with the presence of depressive disorders. The clinical and psychopathological method was used to identify the leading psychopathological syndrome at the time of examination. All established diagnoses were based on the tenth revision criteria of the

International Classification of Diseases (ICD-10). We determined the personality traits of adolescents (PAD) using the Modified Pathocharacterological Diagnostic Questionnaire (MDPO Lichko A.E., Ivanov N.Ya. 2001). We identified depressive disorders using the Zung Depression Self-Assessment Scale (ZDRS) (L.I. Wasserman, O.Yu. Shchelkova, 1995).

Results and their discussion: at the initial stage of our study, we studied the features of clinical manifestations of depressive pathology in adolescents. According to the classification of child psychiatrist E.G. Eidemiller (2005), in adolescence, depressive symptoms are divided into adolescent depressive equivalents - delinquent, asthenoapathetic, anxious, hypochondriacal, which mask the typical classic triad of depression, are perceived as features of the puberty period and make diagnosis and treatment very difficult. In our study, all adolescents were divided into five groups depending on the prevalence of the leading symptom of depression - dysphoric, anxious, dysmorphophobic, asthenoapatic and masked (Fig. 1). Dysphoric depression was clinically manifested by outbreaks of a melancholy-angry mood, conflict, aggression, rudeness towards adults, especially towards parents and close relatives against the background of a low psycho-emotional state. Such behavior provokes the formation of intra-family conflicts, deterioration of the microclimate in the family, punishment and beatings of the child for bad behavior, which ultimately contributes to running away from home and vagrancy, and leads the teenager to asocial companies. In the clinical manifestations of dysphoric depression, we have identified addictive forms of behavioral disorders: a tendency to aggression and physical violence, petty offenses, theft, running away from home and vagrancy, smoking, early alcoholization and episodic use of psychoactive substances.

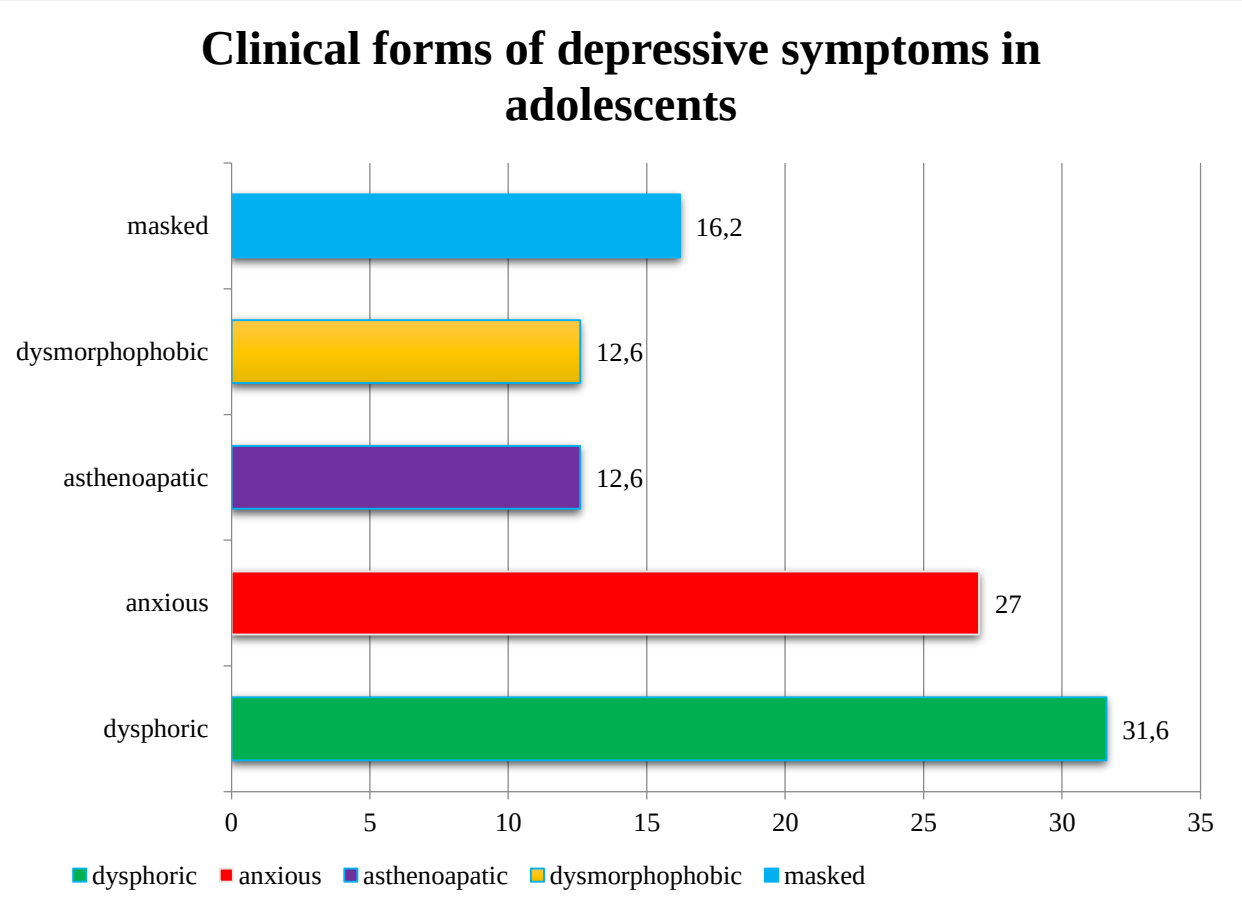

Fig. 1. Clinical forms of depressive symptoms in adolescents.

In our study, dysphoric depression was verified more often (in 33 adolescents) than other types, and was mainly observed in boys with socialized conduct disorder. Adolescents with anxious depression against the background of low mood had a feeling of expectation of a danger of an uncertain nature, which formed an idea of an unfavorable development of events, adolescents were in a state of constant tension, in the grip of bad forebodings, they observed somatovegetative reactions, restlessness and restlessness, behavior that was inadequate to the real situation. Anxious depression was found in 30 teenagers of the surveyed group. Dysmorphophobic depression was observed only in 14 (12.61%) adolescent girls. The clinical picture of dysmorphophobic depression was dominated by complaints of a sense of inferiority, the presence of physical disabilities, inconsistency with the standards and standards of beauty, unlike anorexia nervosa, girls with dysmorphophobic depression did not seek to change themselves by following diets and restrictive eating behavior, but, on the contrary, were passive and dejected, they noted a feeling of low value, worthlessness, uselessness due to the presence of excess weight and flaws in appearance. Such states were accompanied by a decrease in appetite against the background of hypothymia and the appearance of rudimentary ideas of self-abasement. In the clinical picture of asthenoapathic depression, the leading complaints were fatigue and weakness, loss of strength, decreased motor activity, poor tolerance for large crowds of people, inability to be in the company of peers and classmates, communication difficulties, inactivity, feelings of boredom and despondency. The presence of this symptomatology caused in a teenager a desire for loneliness, a feeling of inferiority, worthlessness, a violation of relationships with parents and relatives, a disorder in school adaptation and the formation of suicidal thoughts and intentions. The lowered background of mood in asthenoapathic depression is incorrectly interpreted as apathy, most likely it is the paucity of manifestations of a decrease in mood.

A variant of asthenoapatic depression occurred in 14 adolescents who complained to a greater extent of weakness, tearfulness, rapid exhaustion and fatigue. In patients with masked depression, in the foreground there were complaints of a hypochondriacal nature of somatic symptoms, such adolescents aggravated with existing somatic diseases, against the background of low mood, lack of appetite, increased fatigue, refused to attend school classes and lessons, prepare homework, help around the house. The clinical picture of masked depression was also dominated by behavioral disorders in the form of refusing to eat, do household chores, lack of motivation for vigorous activity, playing sports or attending circles and various events, there was a violation of the adaptive abilities of adolescents in communication with peers and school teachers. interpersonal relationships were limited to the circle of relatives and friends. Masked depression occurred in 20 patients of the study sample.

At the next stage of the study, with the help of MPDO, A.E.Lichko, we have identified the personality characteristics of adolescents in the form of character accentuations. Among them, 35 (31.5%) adolescents have a hysterical temperament, 17 (15.3%) have an affective temperament, 20 (18.1%) have an epileptoid type, 8 (7.2%) have an unstable personality type, psychasthenic - 24 (21.6%) and hyperthymic - 7 (6.3%) adolescents.

No less interesting for the study was the study of the correlation between the clinical form of depression and the type of accentuation of the teenager's character. The distribution of adolescents with different types of character accentuation depending on the clinical form of depression is shown in Table 1.

Table 1.

Types of character accentuation and clinical form of depression

Types of depression	Type of character accentuation						
	hysterical	affective	epileptoid	Psychasthenic	Hyperthymic	Unstable	Total
	abs.%	abs.%	abs.%	abs.%	abs.%	abs.%	abs.%
Dysphoric	10/9.0	2/1.8	20/18.0 *	_	1/0.9	2/1.8	35/31.5
Anxious	3 /2.7	13/11.7	_	14/12.6 *	_	_	30/27.0
Asthenoapatic	6/5.4	1/0.9	_	4/3.6	_	3/2.7	14/12.6
Dysmorphic-phobic	13/11.7 *	_	_	1/0.9	_	-	14/12.6
masked	3/2.7	1/0.9	_	5/4.5	6/5.4	3/2.7	18/16.2
Total	35/31.5	17/15.4	20/18.0	24 /21.6	7/6.3	8/7.2	111/100

Note: *significance of differences $p < 0.045$

A comparative analysis of the distribution of adolescents with different types of character accentuation, depending on the clinical form of depression, revealed a relative predominance of dysphoric depression in adolescents with epileptoid character accentuation (18.0%), however, statistically significant differences with adolescents with hysteroid accentuation (9.0%, p>0 .05), affective (1.8%, p>0.05), hyperthymic (0.9%, p>0.05) and unstable (1.8%, p>0.05) type of character accentuation according to this indicator was not found. Anxious depression was more often observed in adolescents with a psychasthenic personality (12.6%), although there were statistically significant differences with hysterical (2.7%; p>0.05) and affective (11.7%, p> 0.05) warehouse identity was not found. Asthenoapathic depression was more often observed in hysterical personalities (5.4%), however, significant differences with affective (0.9%; p>0.05), psychasthenic (3.6%; p>0.05) and unstable (2 .7%; p>0.05) no warehouse has been established. Dysmorphophobic depression occurred in 11.7% of adolescents with hysteroid accentuation of character, however, differences with psychasthenic personalities (0.9%; p> 0.05) on this basis did not have statistical significance. Hyperthymic (5.4%) individuals were relatively more likely to be diagnosed with hypochondriacal depression, but there were statistically significant differences with adolescents with hysteroid (2.7%, p>0.05), affective (0.9%, p>0.05), psychasthenic (4.5%, p>0.05) and unstable (2.7%, p>0.05) types of character accentuation was not revealed by this indicator. The correlation of the clinical form of depression with premorbid typological personality traits was quite strong (C=0.71, p<0.001) and exceeded the correlation with the nosological affiliation of the depressive disorder.

Conclusions: thus, the study of clinical forms of adolescent depression determines the presence of accentuated personality traits, the predominance of anxiety and dysphoric depressions. The results obtained make it possible to carry out psychotherapeutic intervention and family psychotherapy in the early stages. The study of the features of depressive symptoms in adolescents found that dysphoric depressions with significant behavioral disorders in persons with epileptoid accentuation of character and anxious depressions in persons with psychasthenic character traits are most often formed in the puberty period. The results obtained will allow us to identify important personal targets of psychotherapeutic work with patients prone to the development of depressive symptoms.

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