



OPTIMIZATION OF THERAPY OF ALCOHOL WITHDRAWAL SYNDROME IN PATIENTS WITH SUB-DEPRESSION

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<https://doi.org/10.5281/zenodo.6590270>

ARTICLE INFO

Received: 10th May 2022

Accepted: 14th May 2022

Online: 28th May 2022

KEY WORDS

depression, withdrawal syndrome, psychopharmacotherapy.

ABSTRACT

this article describes the alcohol withdrawal syndrome is somatovegetative, neurological and mental diseases develop after patients consume alcoholic beverages can be removed or mitigated by alcohol consumption, and represent a physical state of the second link. Alcohol dependence is part of the syndrome and is determined by the lack of ethanol in the body. The article describes the fact that treatment carried out without psychopharmacotherapy not only often does not cure the patient, but also leads to persistent refusal of patients from treatment

Alcohol withdrawal syndrome occurs at different times after development. The first stage of the disease ranges from 3-5 years to 10-13 years or more.

The frequency of occurrence of depressive disorders in patients with alcoholism, according to different researchers, varies significantly, indicating that the comorbidity of depression and alcohol dependence can range from 3 to 98%. [one]. Alcoholic (secondary) depressions in the true sense of the word are commonly referred to as those states of low mood, the origin of which is mainly or completely due to long-term alcohol intoxication or its consequences [2]. Quite often, hypothymic states can be observed - as part of a personal reaction to an unfavorable situation or mental trauma. In fact, we are talking about

psychogenically caused depressions of the neurotic level with fixation on life's hardships and past grievances [3].

The purpose of the study is to study the early detection of subdepressive states in patients with alcoholism during the relief of alcohol withdrawal syndrome and the appointment of adequate antidepressant therapy.

Materials and methods of research

In 64 men aged 18 to 55 years, chronic alcoholism was diagnosed with the development of the main symptoms (mean 6-9 years). Stage 3 chronic alcoholics are not included in the study in patients with psychotic (sensory, intelligent, chalusinatory-paranoid) non-alcoholic or non-alcoholic, acute chronic diseases. All patients were hospitalized with



narcolological department, neurological and psychopathological symptoms after prolonged alcohol abuse (6-7 days). All patients developed hyperhidrosis, depression, tremor, dyspepsia, changes in blood pressure, tachycardia, weakness, fatigue. [4]

Feeling worse than usual, combined with tension, desires and desires, a feeling of being active. Usually alcohol is used to eliminate the symptoms of depression in patients with a clear anxiolytic effect on alcohol. In addition, problems of life and past crimes, current and future pessimistic assessments and problems of depression.

Almost all patients (93.2%) consumed a lot of alcohol. The last episode of alcohol abuse ended during hospitalization. tolerance tolerability was 584.6 ml. The duration of alcohol use ranged from 4 to 18 years. 38 patients were previously treated, 8 outpatients and 5 were not treated for alcoholism. In almost all cases, negative social consequences of the disease were recorded - rupture of family relations, problems at work, loss of professional skills. In 36 (56%) patients, one of the parents is exposed to alcohol abuse. In 14 (22%) patients, one of the parents suffered from affective disorders.

Patients with alcoholism were included in the study. These subdepressive disorders continued after the disappearance and disappearance of the syndrome. These were shallow depressions, lasting up to 1 month. Research results.

In contrast to endogenous depression, daily depression has not been identified in treated patients, usually in the evening with depressive symptoms but suicidal tendencies, ideas of self-abasement and self-blame, and ideational and motor retardation. [6]

The depressive effect has not reached a significant pace and is usually masked by intoxication, dissatisfaction, captiousness, and hypochondriacal complaints.

2) anxiety and depression - a combination of internal disorders, stress, anxiety, a hypothetical sense of expectation and 3) dysphoric - clinical picture 1) simple - bad mood and low self-esteem; being and sadness, as well as disgust, dissatisfaction with other people, contradictions and the desire to overcome one's negative experience in conflict with others. There are other variants of subdepression: neglect (with subdepression of anxiety and difficulty, feeling weak late in the evening), neglect (due to a combination of careful mood and increased attention to the physical health of a person) it was. [4]

In all examined patients, alcohol consumption began with a desire to eliminate mental inconvenience (improvement of mood and movement, anxiety relief). This is the difference in the group of patients described by those who suffer from alcoholism, which is the dominant traditional motives in the early stages of the onset of alcohol consumption. Passion for alcohol is one of the main syndromes of alcohol dependence. According to many subjective reports of patients with alcohol, under the influence of subdepressive disorders, there is a tendency to drunkenness.

The mildest symptoms for patients with comorbid depression (subdepression) during alcohol withdrawal syndrome were somatic neurological disorders and psychiatric illness. At this stage, the patterns of alcohol withdrawal syndrome are characterized by the formation of mood in the form of a separate pattern; in the early post-abstinent period, 5-7 days after



the knee joint, this is an open variant of subdepression. Transient cognitive impairment was characteristic.

The presence of spontaneous and therapeutic remissions was important for diagnosing the pathology of influenza. Analysis of the causes of alcohol abuse often led to a change in the psychological state of alcohol.

Subdepressive treatment of patients with alcoholism began with the elimination of alcohol withdrawal syndrome-events, detoxification and rehabilitation therapy. Therapy also includes antidepressants, which have sedative and anxiolytic effects, but do not have serious side effects, mainly anticholinergic properties. Pirlindol (0.15 g/day), tianeptine (37.5 mg/day), mirtazapine (30 mg/day), cipramil 40 mg/day. (8-9). For 2-3 days of treatment, the physical condition improved

significantly, weakness, insomnia and passivity disappeared. During treatment after episode 7-9 with antidepressants, there was a significant stabilization of the condition, a decrease in alcohol consumption, a decrease in anxiety, and an improvement in mood. The patient is undergoing psychotherapy

Conclusions.

The use of a common clinical spectrum allowed us to investigate the therapeutic effects of antidepressants.

Antidepressants of different groups act on different neurotransmitters, resulting in the regulation of catecholamines. The identification of antidepressants as a means of suppressing the pathological aspiration of alcohol can be justified on a pathogenic basis at all stages of the treatment of chronic alcoholism.

References:

1. Boyko E.O., Zaika V.G., Remizova E.A. Preventive care for affective disorders and addiction syndrome // Tauride Journal of Psychiatry, 2017. V. 21. No. 3 (80).
2. 2. Kozhinova T.A. Features of the formation and course of alcoholism in individuals with various characterological accentuations and personality disorders // Social and Clinical Psychiatry, 2018. V. 28. No. 3.
3. 3. Khayatov Rustam Batirbekovich, Velilyaeva Alie Sabrievna, & Kurbanov Anvar Alamovich. (2022). Psychopharmacotherapy of Depressive Disorders in Alcoholism. Eurasian Journal of Humanities and Social Sciences, 8, 19-22.
4. 4. Radjabov Kh.T., Khayatov R.B., Velilyaeva A.S. Clinical, psychological and neurophysiological features of non-psychotic mental disorders in the elderly // Bulletin of Science and Education, 2020. No. 5 (59). pp. 75-78.
5. 5. Turaev B.T., Khayatov R. Apathy in the structure of depression of late age // Youth and medical science in the XXI century, 2019. P. 293-293. pp. 172-174.
6. 6. Turaev B.T., Khayatov R.B. Suicidal intentions in persons with alcohol dependence syndrome in the presence of depressive disorders // Bulletin of the doctor. 2019 №2
7. Мухамедова, З. Г. (2020). СОВЕРШЕНСТВОВАНИЕ ПРИНЦИПОВ ПРОЕКТИРОВАНИЯ ОБОРУДОВАНИЯ МОНТАЖНОЙ ПЛОЩАДКИ АВТОМОТРИСЫ С УЧЕТОМ НОРМ НАДЕЖНОСТИ И РЕАЛЬНОГО СОСТОЯНИЯ. Известия Трансиба, (1 (41)), 83-91.



8. Мухамедова, З. Г., & Бахшиллоев, С. Х. (2021). СУЩЕСТВУЮЩАЯ ТЕХНОЛОГИЯ ПОГРУЗКИ И РАЗГРУЗКИ СКОРОПОРТЯЩИХСЯ ГРУЗОВ. Журнал Технические исследований, 4(3).
9. Мухамедова, З. Г. (2021). МЕТОДИЧЕСКИЕ АСПЕКТЫ ПОДГОТОВКИ КАДРОВ НА ОСНОВЕ ПОТРЕБНОСТЕЙ РЕГИОНОВ. ИННОВАЦИИ В ПЕДАГОГИКЕ И ПСИХОЛОГИИ, 4(9).
10. Мухамедова, З. Г., & Эргашева, З. В. (2021). ЭКОНОМИКО-МАТЕМАТИЧЕСКАЯ МОДЕЛЬ КОНТЕЙНЕРНОГО БЛОК-ТРЕЙНА. Журнал Технические исследований, 4(3).
11. Mukhamedova, Z. G. (2019). Analysis and Assessment of Power Efficiency of Special Self-Propelled Railway Rolling Stock. Acta of Turin Polytechnic University in Tashkent, 9(3), 104-109.
12. Хромова, Г. А., Мухамедова, З. Г., & Юткина, И. С. (2016). Оптимизация динамических характеристик аварийно-восстановительных автотомотрис. Монография. Научный журнал: «Fan va texnologiya», Ташкент–2016.–253 с.[In.
13. Мухамедова, З. Г. (2015). Динамическая модель для исследования продольных колебаний главной рамы электровоза с учетом установки демпфирующего поглощающего аппарата в автосцепке. Известия Транссиба, (2 (22)), 18-23.