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Clinical Effectiveness Of Psychopharmacotherapy Of Neurotic Disorders In Psoriasis

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ABSTRACT

On the basis of the Republican Specialized Scientific and Practical Medical Center for Dermatology and Venereology of the Ministry of Health of the Republic of Uzbekistan, later in the department of the Fergana Regional Dermatology and Venereal Diseases Dispensary No. 2 in the city of Kokand, as well as in the departments of the Fergana Regional Dermatology and Venereal Diseases Dispensary No. 1 in the city of Fergana, 100 patients with psoriasis (men - 60 people, women - 40 people) aged 18 to 72 years were examined. Based on the results of the study, the article discusses the issues of studying the significance of psychotherapeutic and psychopharmacotherapeutic treatment of neurotic disorders in patients with various forms of psoriasis, which will significantly increase the therapeutic effectiveness of the methods of therapy used, as well as lengthen the terms of clinical remission, which will be reflected in the quality of life of patients.

Keywords:

psoriasis, neurotic disorders, psychotherapy

Introduction. Dedicated to the memory of the person who opened the doors of Psychiatry and science for me, my Teacher, Candidate of Medical Sciences, Associate Professor Kurbanova Shakhnoza Muradovna

The data of epidemiological studies in recent years show that a large number of patients with mental disorders are detected outside the psychiatric network, most of them turn to general somatic institutions

[Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. "Correction of psychosomatic disorders in patients with dermatosis" (methodological guide) 2018, p. 4]. This is also observed in the dermatovenerological service. Currently, more and more often you can find publications and works that describe mental disorders of the neurotic register, as often found in patients with psoriasis. These disorders aggravate the already difficult course of a dermatological disease [Agranovsky M.L., Rakhmatov A.B., Makhmutov R.Kh. "Comorbidity of neurotic disorders with the underlying pathology in patients with psoriasis" (Epomen magazine - medical sciences) 2022, page 6–18].

Today, many people already know the role of the mental factor in the etiology and pathogenesis of skin diseases, but we can say that until now only physiological parameters are usually taken into account in the treatment in Uzbekistan. In Uzbekistan, in the conditions of the Uzbek mentality, the presence of a visible skin defect further worsens the condition of patients with psoriasis due to the high stigmatization in society, not accepting this disease as not contagious and the conviction of the majority of the population in the clear likelihood of an indispensable hereditary predisposition, which is an obstacle to marriages that serve as an integral attribute of the life of the local population [Agranovsky M.L., Rakhmatov A.B., Makhmutov R.Kh. Clinical features of psychosomatic disorders in patients with psoriasis 2022, Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. On the importance of psychotherapeutic correction in the system of treatment and rehabilitation of patients with chronic dermatoses. Dermatovenereology and aesthetic medicine. 2017; 1:55-59, Agranovsky M.L., Rakhmatov A.B., Makhmutov R.Kh. "Comorbidity of neurotic disorders with underlying pathology in patients with psoriasis" (Epomen magazine - medical sciences) 2022, pp. 6–18]. So far, the problems of mental disorders in psoriasis in Uzbekistan have not been sufficiently studied. There are only a few studies that do not provide sufficient information and, due to their small number, do not reveal the whole picture of the pathological condition [Agranovsky M.L.,

Rakhmatov A.B., Makhmutov R.Kh. Clinical features of psychosomatic disorders in patients with psoriasis 2022, Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. On the importance of psychotherapeutic correction in the system of treatment and rehabilitation of patients with chronic dermatoses. Dermatovenereology and aesthetic medicine. 2017; 1:55-59, Agranovsky M.L., Rakhmatov A.B., Makhmutov R.Kh. "Comorbidity neurotic disorders with underlying pathology in patients with psoriasis" (Journal Epomen – medical sciences) 2022, pp. 6–18]. Since the disease has a chronic relapsing course, it leaves a negative imprint on the emotional background of the patient. According to certain data, mental factors are interpreted as pathoplastic, i.e. they are involved in its formation and exacerbation of the disease [Ruzhinsky A.G., Solovieva S.L. Features of personality and mental characteristics in patients with varying degrees of severity of psoriasis. Neurological Herald. 2016;68(3):25-33.6, Agranovsky M.L., Rakhmatov A.B., Makhmutov R.Kh. "Comorbidity of neurotic disorders with underlying pathology in patients with psoriasis" (Epomen magazine - medical sciences) 2022 , pp. 6–18]. With this disease, a high level of social stigmatization. The fact of social stigmatization and the presence of a cosmetic defect are hard experienced by patients. Patients with psoriasis develop feelings of shame, irritation, anger, anxiety and embarrassment, they have selective behavior, they hide their disease from others and, as a result, begin to strive to reduce the number of social contacts, especially with strangers. Therefore, many patients have difficulties in obtaining a highly paid job, there are episodes of dismissal under various pretexts due to an existing cosmetic defect. As a result, their negative experiences increase, social maladaptation intensifies, and as a result of all this, the quality of life decreases [Rakhmatov A.B. Psoriatic disease. Tashkent. 2019. 237p., Agranovsky M.L., Rakhmatov A.B., Makhmutov R.Kh. "Comorbidity of neurotic disorders with underlying pathology in patients with psoriasis" (Epomen magazine - medical sciences) 2022, pp. 6–18]. Among

other things, a significant increase in the stressfulness of life itself in patients with psoriasis contributes to a more aggressive course of psoriasis and, as a result, the quality of therapy for this disease decreases. There are a lot of questions about the choice of therapy for this difficult-to-treat, dermatological disease [Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. On the importance of psychotherapeutic correction in the system of treatment and rehabilitation of patients with chronic dermatoses. *Dermatovenereology and aesthetic medicine*. 2017; 1:55-59, Rakhmatov A.B. Psoriatic disease. Tashkent. 2019. 237p.].

Not many patients with psoriasis do not always seek help from psychiatric and psychotherapeutic institutions. Epidemiological trends and clinical reality are distorted in view of the fact that patients with psoriasis are not taken into account by statistical services in official reports as in need of psychiatric and psychotherapeutic care. It can be said with full confidence that mental disorders significantly increase the severity of psoriasis, a threat to life and increase the burden of the disease [Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. "Correction of psychosomatic disorders in patients with dermatosis" (methodological guide) 2018, p. 4].

Psoriasis accompanies a person all his life and leads to the formation of psychopathological disorders, which in one way or another reduce the quality of life of patients, maladjusting them in social and psychological terms [Kurbanova Sh.M.,

Rakhmatov A.B., Makhmutov R.Kh. Nurmatov U.B. "Correction of psychosomatic disorders in patients with dermatoses" (*Dermatovenereology and aesthetic medicine* 2019, No. 3/2019 (43), pp. 113-114)].

Purpose of the study. To determine the features of psychopharmacotherapeutic treatment of psychopathological disorders of the neurotic register in patients with various forms of psoriasis.

Material and research methods. We conducted a study on the basis of the Republican Specialized Scientific and Practical Medical Center for Dermatology and Venereology of the Ministry of Health of the Republic of Uzbekistan, in the clinic and department of the Fergana Regional Dermatovenereological Dispensary No. 2 in the city of Kokand and in the departments of the Fergana Regional Dermatological and Venereological Dispensary No. 1 in the city of Fergana. We examined 100 patients with psoriasis (women - 40 people, men - 60 people) aged 18 to 72 years who received outpatient and inpatient treatment.

Patients were examined by clinical-anamnestic and clinical-psychopathological methods, as well as by psychological testing using psychological scales.

In our work, we used separate psychological tests: the Spielberger self-esteem scale, the Hamilton scale for assessing depression, the Beck questionnaire, the Luscher psychological testing technique, and the Baranov questionnaire.

Diagram 1.

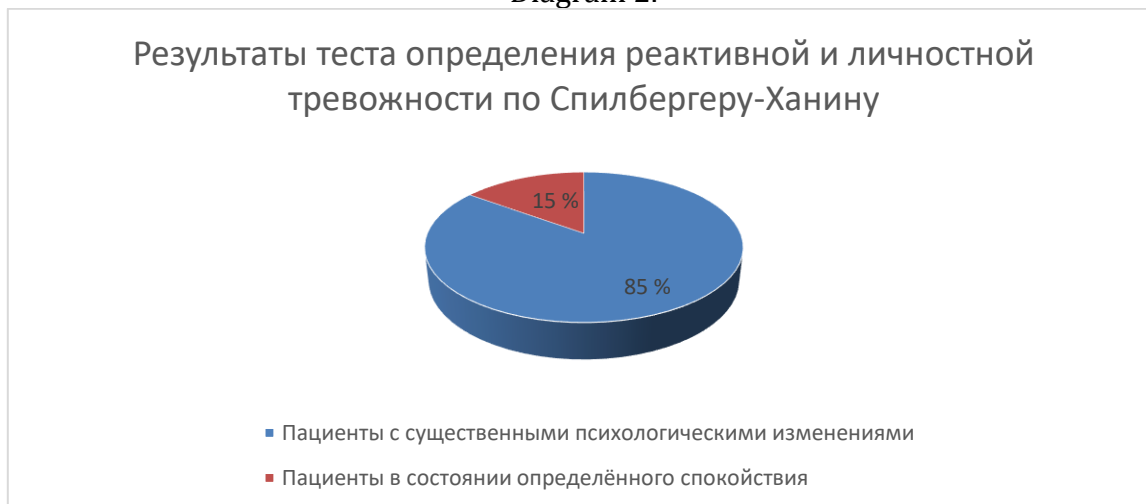
List of psychological tests used to identify problems on the psychological spectrum



Research results. We used the Spielberger-Khanin test to determine the level of reactive and personal anxiety. This helped us to identify psycho-emotional disorders of the neurotic level, in particular, nosogenic depression. According to the results of this test,

applied by the authors, only 15 out of 100 patients (15%) with psoriasis were in a state of certain calmness, and the remaining 85 (85%) patients showed significant psychological changes, indicating the presence of severe anxiety and difficult social adaptation.

Diagram 2.



According to the results of this test, it can be seen that due to increased anxiety in patients with psoriasis, a number of disorders are noted, including increased fatigue, significant sleep disturbances, a noticeable decrease in interests and social activity, low self-esteem, a constant feeling of self-pity, certain difficulties, if necessary, to concentrate

and as a result of all this, a feeling of hopelessness.

The Beck questionnaire and the Hamilton scale were used to assess depression. Testing according to the Beck questionnaire was carried out in individual versions, since the test consists of direct statements to calculate the overall result, all scores corresponding to the

selected statements were simply summed up. Unlike the Beck questionnaire, the Hamilton scale was completed during a clinical interview and took into account the patient's condition over the past few days. The results of both tests complemented each other and were reflected in the assessment of the mental status of patients by the clinical and psychopathological method.

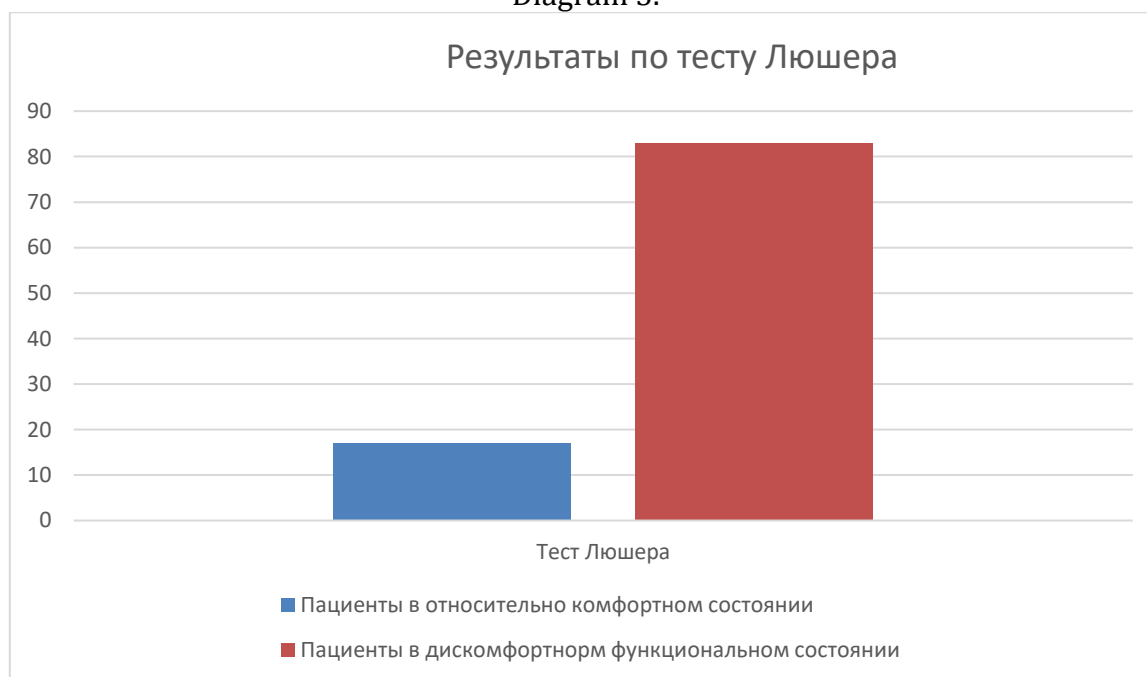
To identify the functional state, personality traits, mood and orientation, examined for any activity, we used the Luscher test. Patients were asked to choose in a certain sequence from the most pleasant to the least pleasant colors from the four primary and four additional colors. The main colors are 1 - blue, which symbolizes contentment and calmness, 2 - blue-green, which determines perseverance and a sense of confidence, 3 - orange-red, symbolizing strength-will, excitement,

aggressiveness, 4 - light yellow, which determines the desire to communicate, activity and fun.

Complementary colors are 5 - purple, 6 - brown, 7 - black, 8 - zero. Complementary colors define fear, anxiety, stress and grief, i.e. negative trends. The test result was evaluated by the distributions and arrangements of colors relative to each other and by positions. Patients, according to the instructions of this test, were allowed to choose colors, depending on sensations in a certain sequence.

According to the results of the Luscher test, at the time of the examination, only 17 patients had a relatively comfortable functional state, a stable, even mood. The rest of the patients had an uncomfortable functional state and mood volatility. All this was expressed in sensations of various fears, anxiety, irritability, sleep disturbances and low mood.

Diagram 3.



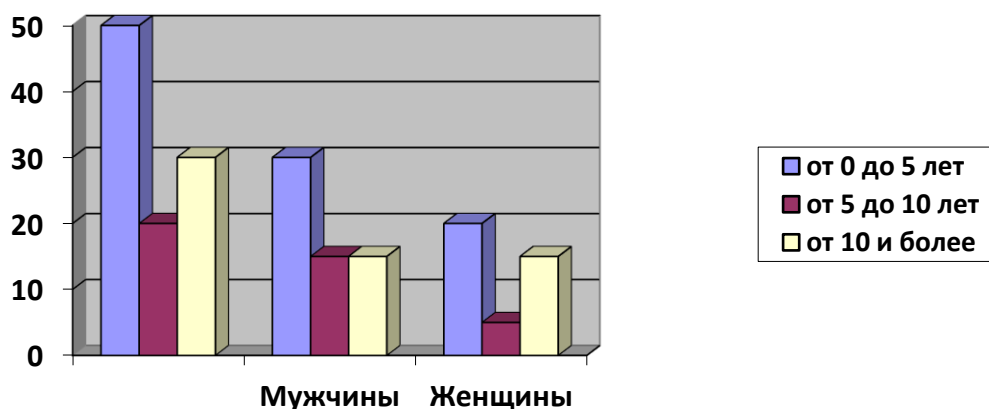
The personal characteristics of patients were determined in addition to the clinical and psychopathological examination by a questionnaire according to Baranov. In many patients, depending on their premorbid character traits, this or that neurotic personality development was determined. However, this will be discussed in more detail below.

It must be remembered that patients with psoriasis often experience difficulty in presenting their state of mind. It happens that they talk about their unpleasant sensations on the surface of the body associated with psoriatic rashes and slightly indicate their connection with the emotional state. Therefore, when communicating with patients, it is necessary to find out how much these

symptoms affect daily life and activities (whether they interfere with family life, professional activities, study, communication with acquaintances, friends, leisure, etc.). In order to exclude hysterical disorders, or installation behavior (simulation), it is possible to recommend determining the characteristics of the patient's personality.

According to the survey results, the number of patients in whom the onset of the psoriatic skin process was up to 5 years - [50%] 50 people (women - 20, men - 30), from 5 to 10 years - [20%] 20 people (women - 5, men - 15), from 10 years and more - [30%] 30 people (women - 15, men - 15). The data is shown in table 1.

Table 1.
Disease duration



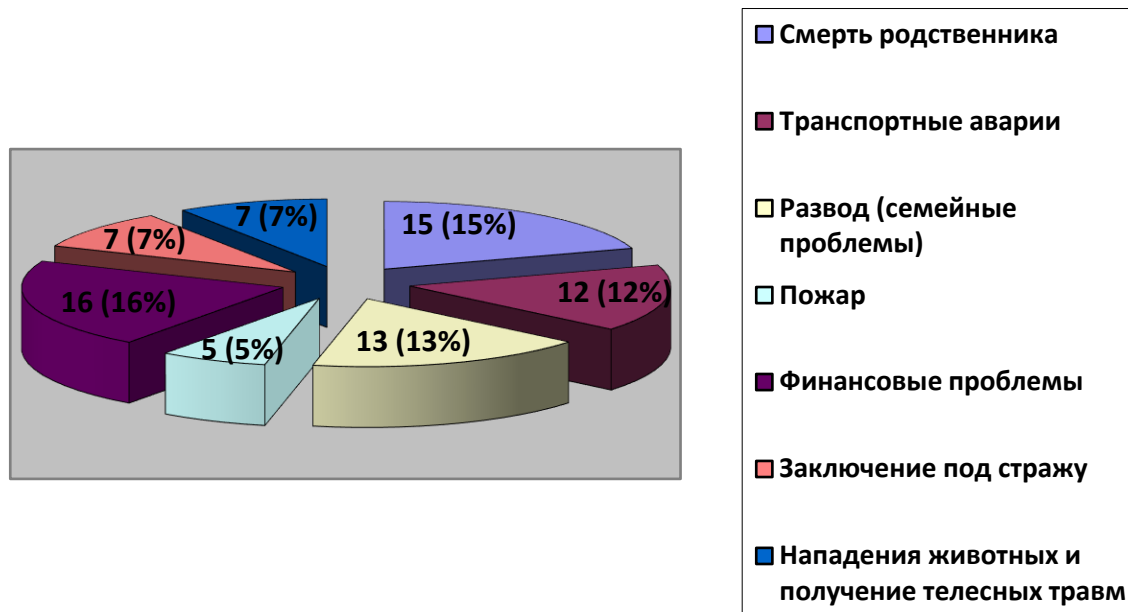
Patients with the following forms of psoriasis were examined: erythrodermic - (10%) in 10 patients, arthropathic - (15%) in 15 patients, exudative - (15%) in 15 patients and vulgar - (60%) in 60 patients. During a conversation with patients, it was found that out of 100 patients in 75 (75%) for the first time pathological rashes appeared after mental stress, after some time and, as a rule, were accompanied by very strong subjective sensations.

From the anamnesis it became clear that (75%) 75 patients (50 - men, 25 - women) had

a traumatic situation before the disease: financial problems - in 2 (2%) women, 14 (14%) men; divorce (family problems) - in 8 (8%) women, 5 (5%) men; death of a relative - in 5 (5%) women, 10 (10%) men; transport accidents - in 2 (2%) women, 10 (10%) men; fire - in 3 (3%) women, 2 (2%) men; detention (of oneself or a relative) - in 2 (2%) women, 5 (5%) men; animal attacks and bodily injury - in 3 (3%) women, 4 (4%) men. The data are presented in table 2.

Table 2.

Trigger factors for the development of psoriasis



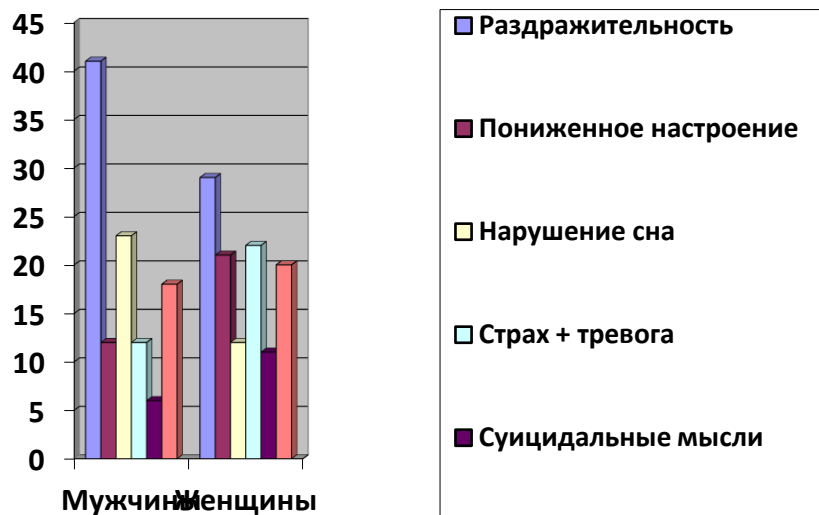
In 50 patients, 50% (15 women, 35 men) determined the presence of a traumatic situation in the period after the manifestation of a skin disease: financial difficulties (dismissal from work) - in 3 women, 8 men; death of a relative - in 4 women, 15 men; transport accidents - in 2 women, 5 men; divorce (family problems) - 6 women, 7 men.

15 (15%) patients (8 - women, 7 - men) denied any psycho-traumatic situations both during the period of skin disease and before the disease. But the very fact of the presence of a dermatological, pathological process was a traumatic situation for all patients. This manifested itself in certain neurotic disorders of varying degrees and had a very noticeable negative impact on the social component of patients with psoriasis. An indicator of this is that (52%) 52 patients (23 women and 29 men) had family conflicts on the basis of the existing pathological, dermatological process. For 12 women and 7 men, conflicts ended in

divorce. In 40 (40%) patients (15 women and 25 men) there were difficulties at work, some of them (25%) 25 patients (13 women, 12 men) went to the dismissal. 30 (30%) of the above patients (8 women and 22 men) experienced difficulties both at work and in the family due to psoriasis. Neurotic disorders were found in 85 patients (33 women and 52 men). Among the identified disorders were irritability in 70 patients, 70% (29 women and 41 men), in 33 patients, 33% (21 women and 12 men) had a low mood. Sleep disturbance was observed in 35 patients, 35% (12 women and 23 men), 34 patients - 34% (22 women and 12 men) experienced fear and anxiety, 17 patients - 17% (11 women and 6 men) noted the presence of suicidal thoughts. Significant impact on the quality of life of patients had experiences of appearance, due to the skin process in 38 subjects - 38% (20 women and 18 men). The data are presented in table 3.

Table 3

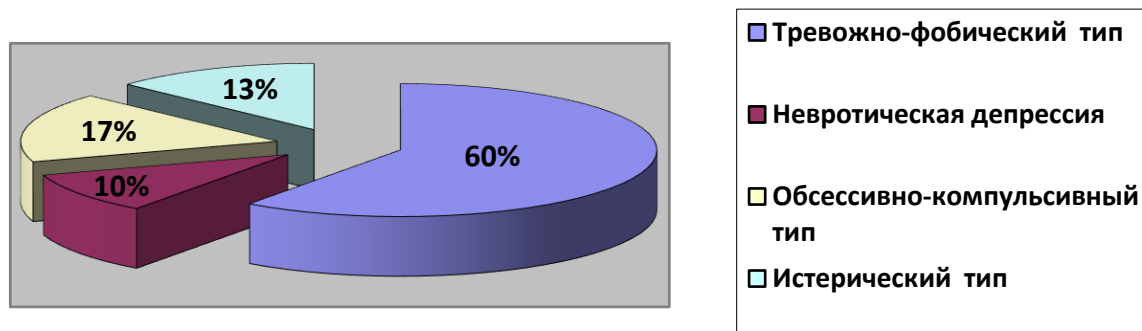
Clinical features of psychosomatic disorders in patients with psoriasis



All of the above disorders in one ratio or another were laid out in a certain neurotic state in patients with psoriasis. In 60% of cases, a chronic neurotic condition was revealed, which manifested itself as a neurotic development of the personality according to the anxiety-phobic type. Patients with this condition were very much afraid for their health, their appearance. They were afraid that because of their illness, relatives, friends, acquaintances and strangers would reject them. They experienced constant discomfort in their lives and daily activities due to the presence of severe anxiety and irritability against the background of frequent low mood. Fear for one's health, one's appearance, and anxiety were constant components of the mental state of these patients. 17% of patients showed neurotic personality development of the obsessive-compulsive type. They always had obsessive thoughts associated with the disease, the possible rejection of the people around them. Obsessive thoughts about non-recovery, possible aggravation of the pathological process occurred to patients in a stereotypical form. Patients were always in an anxious state due to unsuccessful resistance to distressing, intrusive thoughts. Some of them had a much deeper neurotic state, which was expressed in the performance of stereotyped movements with the aim of supposedly preventing unpleasant phenomena. At the same time, they understood that this was wrong, but they could

not do anything about it. In 13% of cases, hysterical personality development was revealed. In these patients, due to the existing pathological process, hysterical traits deepened. On the one hand, they tried to hide their painful appearance, on the other hand, the desire to attract the attention of others and their demonstrativeness constantly made themselves felt. Neurotic depression was revealed in 10% of patients. They had a low mood, irritability and asthenia were noted. These symptoms began in the morning, increased during the day, and peaked in the evening. At the height of the manifestation of the above symptoms in some patients with psoriasis, the presence of suicidal thoughts was noted. Almost the majority of patients had problems with sleep. They found it difficult to fall asleep, often waking up in the middle of the night and subsequently had a lack of feeling of sleepiness in the morning and subsequently during the day. Due to the presence of constant internal discomfort and the above symptoms, psoriasis patients often experienced conflicts at work, in the family, among friends, relatives and friends. As a result, there were frequent quarrels and even nervous breakdowns. In some cases, this all led to an end without resolving the conflict situation and, as a result, it all ended in dismissal from work, divorce, rupture of relations with friends, relatives and relatives. Neurotic states are presented in table 4.

Table 4
Neurotic conditions of patients with psoriasis



The use of nootropics, sedatives and anxiolytics in patients with anxiety-phobic, obsessive-compulsive and hysterical disorders showed a very good result. Patients with manifestations of neurotic depression effectively helped antidepressants. This is certainly consistent with the literature data [Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. On the importance of psychotherapeutic correction in the system of treatment and rehabilitation of patients with chronic dermatoses. *Dermatovenereology and aesthetic medicine*. №1/2017 (33) pp. 21-25, Petrova N.N., Smirnova I.O., Likhonos L.M. Comparative evaluation of various approaches to the treatment of patients with psoriasis. *Review of psychiatry and medical psychology*. 2013; 1:63-70. Rakhmatov A.B., Kurbanova Sh.M., Makhmutov R.Kh. Modern problems of psychodermatology. *Dermatovenereology and aesthetic medicine*. No. 3/2015 (27) pp. 170-171].

Virtually all patients were recommended treatment with the sedative antidepressant mirtazapine (Mirtel) at a dose of 0.03. A regimen of mirtazapine was applied at $\frac{1}{4}$ tablet at night for 2 weeks, then $\frac{1}{3}$ at night for oral administration also for 2 weeks, $\frac{1}{2}$ at night for oral administration for 2 weeks and 1 tablet of mirtazapine (mirtel) at night for oral administration also for 2 weeks and so on in reverse order.

Results of the study and their discussion.

Our studies show that mirtazapine (Mirtel) is a very effective and safe antidepressant with a wide spectrum of action. We can assume that mirtazapine ("Mirtel") once again showed the result of a rapid reduction of affective symptoms in depression of any severity, in our case, neurotic depression and has a pronounced thymoanaleptic effect. The drug was well tolerated by all patients and no side effects were observed, therefore it can be concluded that mirtazapine (mirtel) can be used in general medical populations of patients with depression occurring against the background of psoriasis. The use of mirtazapine (mirtel) is economically beneficial because it has a fairly rapid and markedly pronounced therapeutic effect, it has minimal adverse effects, in our case, not defined, and there is no toxicity.

It should be noted that the frequency and severity of manifestations of neurotic, psychopathological disorders directly correlated with the severity and form of the underlying dermatological disease. In these cases, along with the main treatment, we carried out enhanced psychotherapy and, of course, combined psychopharmacotherapy. All patients showed a significant improvement in their mental state, and many also showed a reduction in the underlying psoriatic process.

All this allows us to conclude that it is necessary to take into account the mental state of each patient with psoriasis and the use of the above methods will significantly save financial costs both for the patients themselves and for the medical institution.

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