



SOCIO-PSYCHOLOGICAL ASPECTS OF STUDYING PATIENTS WITH LICHEN PLANUS

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Article history:	Abstract:
Received: September 24 th 2023 Accepted: October 20 th 2023 Published: November 28 th 2023	Adaptation of patients with lichen planus into society is difficult for many reasons. In 90% of cases, the disease is localized in open areas of the skin and is a cosmetic defect, clearly visible to others. The sight of patients causes fear, anxiety, hostility, disgust in relatives, friends, work colleagues, random people. Patients with lichen planus have a hard time with such an inadequate attitude towards themselves, withdraw into themselves, avoid contacts, communication with friends and, especially, strangers. Contributing to social disadaptation and defensiveness is formed, leading to problems both in personal life and in professional activities and careers

Keywords: Lichen planus, social maladjustment, defensiveness, mental state

PURPOSE OF THE STUDY: To optimize medical and social care for patients with lichen planus to improve their quality of life.

MATERIALS AND RESEARCH METHODS:

To achieve the goal of the study, the following methods were chosen, such as analysis and synthesis of literary sources on the research topic, analysis of anamnestic data, analysis of medical documentation, psychodiagnostics (questionnaires and surveys), quantitative and qualitative data analysis. To solve specific empirical problems, a developed questionnaire was used, which made it possible to obtain anamnestic data about patients and a technique for diagnosing mental states. Processing and sampling were carried out using medical statistics methods.

RESULTS AND ITS DISCUSSION:

A psychological study of patients with lichen planus using various methods was carried out after a clinical conversation and anamnesis collection. As a result of a clinical study, it was found that the disease was preceded by stressful situations and psychological trauma; in 22 cases (20.4%) - loss of loved ones (death of parents, spouses, children); in 18 cases (16.7%) - illnesses of children, parents, close relatives; in 17 cases (15.7%) - family troubles and personal dramas; in 15 cases (13.9%) - industrial conflicts; in 14 cases - (13%) - loss of work; in 5 cases (4.6%) - car accidents, in 3 cases (2.8%) - surgical interventions; in 3 cases (2.8%) - robbery of an apartment (house); in 1 case (0.9%) - fire and loss of property. In 58 cases (53.7%), a

configuration of the psychological profile was observed with a leading peak on depression scale 2 (from 75 to 85 in T scores), which indicates severe depression. A psychological profile with this configuration is typical for a hypothyroid (cyclothymic) personality, which is characterized by a low background mood, pessimism, depression, and the need for sympathy and empathy. 35 patients (32.4%) had a psychological profile with a leading peak or high scores on the 2nd depression scale (from 71 to 80 points) and low scores on the 9th hypomania scale (below 70 points), indicating severe depression.

In 13 cases (12.04%), a psychological profile was identified with low scores on the 2nd depression scale in combination with very low scores on the 9th hypomania scale, which speaks in favor of hidden "smiling" depression.

As for the other MMP1 scales, what is noteworthy is that in 24 cases (22.2%) there are high scores on the 7th scale of psychasthenia, which indicates self-doubt, indecisiveness, and vulnerable self-esteem; in 17 cases (15.7%) - high scores on hypochondria scale 1, which indicates anxiety, suspiciousness, and hypochondriacal moods; in 15 cases (13.9%) - high scores on the 6th scale of paranoia, which indicates suspicion, viscosity, and rigidity of thinking; in 10 cases (9.3%) - high scores on the 4th scale of antisocial psychopathy, which indicates a tendency towards non-conforming, antisocial behavior; in isolated cases, high scores were found on the schizophrenia scale 8 and the introversion scale 0.



The average psychological profile of patients with lichen planus is characterized by a leading peak on the 2nd scale of depression, low scores on the 9th scale of hypomania, an increase in the psychological profile on the 7th scale of psychasthenia, on the 6th scale of paranoia, on the 4th scale of asocial psychopathy. Indicators of 0 scale were low, which indicates the extroversion of patients suffering from lichen planus.

A psychological study of patients with atopic dermatitis using MMP1 found in 38% of cases a leading peak or high indicators of the psychological profile on the 8th scale of schizophrenia (from 75 to 95 points), which indicates an autistic (schizoid) personality accentuation; in 24% of cases - a leading peak or high scores on scale 2 of hypomania, which indicates the presence of depressive tendencies, hypothymic accentuation of the personality; in 16% of cases - a leading peak or high scores on the 4th scale of antisocial psychopathy, which indicates an uncontrollable personality, low conformity, and asocial tendencies; in 12% of cases - a leading peak or high scores on the 6th scale of paranoia, which indicates a rigid accentuation of personality, suspicion, stubbornness, and vulnerable pride; in 8% of cases there is a leading peak or high scores on the 7th scale of psychasthenia, which indicates an extremely precise accentuation of personality, self-doubt, indecisiveness, and dissatisfaction with oneself.

In the control group of healthy individuals, the psychological profile did not deviate from the normal scale values (70 points).

A psychological study of patients with lichen planus using the 8-color Luscher test revealed significant fatigue in 37 cases (34.3%), which was expressed in the location of gray in the 1st and 2nd positions in the layout. High anxiety was found in 44 cases (40.7%), it was determined by the location of purple, brown, black and gray colors at the beginning of the layout, and blue, red, yellow, green at the end of the layout.

Analysis of aspirations and desires using the Luscher test in 15 cases (13.9%) showed the need for a friendly environment, the desire to get rid of nervous tension, disagreements and conflicts; in 11 cases (10.2%) - the desire for selfaffirmation, despite unfavorable circumstances; in 9 cases (8.3%) - the need for recognition, peace, fatigue, a feeling of demands from others; in 6 cases (5.6%) - the need to eliminate nervous tension, to change circumstances; in 5 cases (4.6%) - a state of despair and a need for consolation, comfort, and freedom.

Analysis of the behavior of patients with lichen planus in the existing reality revealed in 16 cases (14.8%) passivity and lack of desire to resolve a conflict situation; in 15 cases (13.9%) - anxiety, stiffness,

avoidance of worries and worries, physical activity; in 13 cases (12%) - a desire for calm and sympathy due to physical ill health, overexertion, emotional distress, and decreased self-esteem; in 12 cases (11.1%) - uncertainty and an attempt to achieve stability, peace, an environment where there will be no problems; in 10 cases (9.3%) - inability to concentrate efforts to achieve a goal, a feeling of uselessness, need for attention; in 8 cases (7.4%) - Tension, which disappears only in the company of close people; in 7 cases (6.5%) - attempts to improve his image of himself in the eyes of others in order to gain their recognition and understanding of his needs and desires; in 6 cases (5.6%) - searching for a solution to existing problems, impossibility of choosing the right path; in 5 cases (4.6%) - tension caused by the failure to fulfill hopes and the inability to decide on the necessary actions to improve the situation.

An analysis of the self-perception of patients with lichen planus in the existing environment demonstrated in 15 cases (13.9%) a feeling of loneliness and unhappiness due to the difficulty in achieving the desired level of cooperation and harmony in relationships with others; in 14 cases (13%) - the feeling that he is constantly forced to obey, that he does not get what he deserves, that he is not sufficiently understood and appreciated; in 12 cases (11.1%) - the need to make a reasonable compromise so as not to remain in partial or complete isolation; in 9 cases (8.3%) - emotional inhibition, difficulties in establishing stable emotional attachments; in 7 cases (6.5%) - suffering due to a lack of understanding of his needs and desires, the absence of a person on whom he can rely, self-centeredness, resentment; in 6 cases (5.6%) - the desire to expand the scope of his activities and demonstrate the realism of his hopes and ideas, fear of interference in his actions, the need for a peaceful, calm environment; in 5 cases (4.6%) - a feeling that he has to solve more problems than he should, an attempt to achieve his goals through flexibility and agreement.

Analysis of the internal conflict in patients with lichen planus revealed in 15 cases

(13.9%) nervous tension and excitement coming from the conflict between "I want" and "should", followed by acute disappointment, and escape from the problem, instead of resolving the conflict with the help of the necessary solution; in 13 cases (12%) - intolerance, anxiety, a tendency to despondency, a feeling of helplessness, injustice, but the desire to escape from this unsatisfactory state further increases anxiety and uncertainty; in 12 cases (11.1%) - nervous tension coming from a feeling of humiliation and misunderstanding, a feeling of offensive injustice, lack of love, trust and understanding, lack of respect, self-



doubt due to struggling alone, an attempt to get rid of this situation is difficult because - lack of fortitude; in 10 cases (9.26%) - helplessness and inability to control events, leading to great nervous tension, suffering from the seeming hostility of the environment, suppression of his will, causing indignation and indignation; in 7 cases (6.5%) - nervous tension caused by trying to hide worry and anxiety under the guise of selfconfidence and indifference, a feeling of loneliness and uncertainty, the need to communicate with peers, a passionate desire to receive the approval and respect of others despite feigned indifference; in 6 cases (5.6%) - frustration due to unacceptable restrictions on freedom of action, the desire for independence and freedom from any restrictions, refusal of obligations, the desire to get rid of pressure, but he does not have enough strength to achieve success; in 4 cases (3.7%) - nervous tension coming from a lack of mutual understanding, the need for a friendly compromise remains unsatisfied, which causes irritability and a desire to get away from everything.

An analysis of psychological defense in patients with lichen planus revealed in 14 cases (13%) an attempt to escape anxiety using a position of cautious wait-and-see; in 13 cases (12%) - going to a stable and calm environment to restore one's strength; in 11 cases (10.2%) - the desire to avoid criticism and prevent restrictions on one's freedom with the help of one's charm; in 9 cases (8.3%) - an attempt to get rid of nervous tension through vigorous activity; in 8 cases (7.4%) - refusal to fight through a peaceful and calm environment, an atmosphere of cordiality and safety; in 6 cases (5.6%) - an attempt to avoid excessive demands through a defensive position, refusal to participate in circumstances fraught with new troubles; in 5 cases (4.6%) - an attempt to escape from anxious and restless dissatisfaction into an idealized atmosphere of sympathy and understanding or into an environment of beauty and aesthetics.

In the control group of patients with atopic dermatitis, 26% of cases showed fatigue and anxiety. In 14% of patients, a desire for success, freedom, and independence was found; in 12% of cases, a desire to assert oneself and make a strong impression on others; in 10% of cases, a desire to protect oneself from disputes, conflicts, and nervous shocks.

The causes of internal tension and conflict in patients with atopic dermatitis were: in 12% of cases, a feeling of loneliness, isolation from others, combined with the desire to experience life in all its manifestations, to freely pursue one's goals; in 10%) cases - nervous tension associated with unacceptable restrictions or infringements, the desire for independence and the

opportunity to determine one's own destiny; in 8% of cases - disappointment, manifested in anxiety, helplessness, confusion, excessive dramatization of the situation, blaming others for one's failures ("unrealistic self-justification"); in 6% of cases - an unrealistic desire to get rid of pressure and oppression due to lack of strength; the achievement of freedom and independence was blocked.

Psychological protection of patients with atopic dermatitis was carried out in 10% of cases by getting out of difficult situations with the help of ingenuity and originality; in 8% of cases - through deep emotional contact; in 6% of cases - with the help of your charm, in 4% of cases - by avoiding problems in the illusory world, by adopting a passive position.

In the control group of healthy individuals, the results of the study using the

Luscher test did not reveal high fatigue and anxiety; desires, aspirations, behavior patterns, internal conflicts, psychological defenses were diverse, individual and could not be analyzed statistically.

The Zung Depression Scale consists of 20 statements reflecting the psychological and physiological manifestations of depression such as depression, depression, unsatisfactory morning well-being, sleep disturbances, appetite, sexual desires, weight loss, intestinal motility disorders (constipation), fatigue, difficulty thinking, low performance, anxiety, pessimism, irritability, indecisiveness, feeling of uselessness in society, decreased interest in life.

In patients with lichen planus, the level of depression in 27 cases (25%) ranged from 71 to 75 points, which indicates true depression; in 43 cases (39.8%) - from 61 to 70 points, which corresponds to subdepression; in the remaining 38 patients (35.2%) depression scores were within normal limits.

CONCLUSIONS:

Thus, a psychological study of patients with lichen planus revealed depression in 65% of cases, and in 25% of cases – deep, true depression. Also, a psychological study of patients with lichen planus using a defensiveness scale revealed a high level of social maladaptation in patients with lichen planus and in patients with atopic dermatitis, and in patients with lichen planus it was slightly higher. It is noteworthy that the social maladaptation of patients with lichen planus is mainly due to the external appearance of the patients, cosmetic defects, and worries about cosmetic defects. Patients with lichen planus defend themselves psychologically in the form of defensiveness, which further aggravates their physical and mental Condition.



REFERENCE.

1. Jungeil P. Oral liehen planus. / P. Jungell // Int. Max. Surg. - 2018. - Vol. 20, 3.-P. 129-135.
2. Lamey P.J. A pilot study of griseofulvin therapy in erosive oral liehen planus. / P.J. Lamey, M.P. Boyle, N.B. Simpson // J. Oral. Med. - 2019. - Vol. 42, №4. - P. 233235.
3. Laval Y. L acupuncture dans la depression nerveuse. / Y. Laval // Meridians. - 2017. - Vol. 37-38. - P. 119-137.
4. Lee D.C. Acupuncture of patients unresponsive to conventional treatment. / D.C. Lee, M.O. Lee, D.H. Clifford // Amer. J. Acumpture. - 2017. - Vol. 9, №1.-P. 4555.
5. Lowe N. HLA-Antigen in lichen planus. / N. Lowe, A.G. Cugworth, J.C. Woolrow // Brit. J. Derm. - 2018. - Vol. 95. - P. 169-171.
6. Lowental U. Ein modernes Konsept des Lichen ruber planus der Mundschleimhaut. / U. Lowental, S. Pusanti // J. Oral med. - 2019. - Vol. 39, №4. - S. 224-226.
8. Lu S. J. Dramatic response to levamisole and low dose Prednisolon in 23 patients with oral lichen planus a 6 etars prospective foolow-up study. / S.J. Lu, W. J. Chen, H. L. Eng. // Oral. Surg.- 2020. - Vol. 80, №6. - P. 705-709.
9. Man P.L. Mechanism of Acupunctural Anesthesia. The two-date-control theory. / P.L. Man, C.H. Chen // Dis. Nerv. Syst. - 2019. - Vol. 33. - P. 730-735.
10. Matoo S. Psychiatric morbidity in vitiligo: prevalence and correlates in India.
11. S. Matoo, S. Handa, I. Kaur. / J. Eur. Acad. Derm. Venerol. - 2020. - Vol 4. - P. 573-578.
12. Mc Skimming J. A pilot study of support group for parents of children with eczema. / J. Mc Skimming, I. Glusson, M. Sinclair // Aust. J. Derm. - 2018. Vol. 25, №8. -P. 8-11.
13. Mirodilova F. B., Valijonov A. F., Valijonova S. A. PSYCHOLOGICAL ASPECTS OF STUDYING PATIENTS WITH SKIN AND VENEREAL DISEASES //World Bulletin of Public Health. – 2022. – T. 14. – C. 48-49.
14. Melzack R. Pain mechanism. A new theory. / R. Melzack, P.D. Wall // Science. - 2017. - Vol. 50. - P. 971-979.
15. Medansky R.S. Dermatopsychosomatics: Classification, psychology and theraputic approaches. / R.S. Medansky, R.M. Handler // J. Amer. Derm. - 2019. — Vol. 5, №2.-P. 125-136.