



PATHOPSYCHOLOGICAL FEATURES OF COMORBID ALCOHOLISM AND SCHIZOAFFECTIVE DISORDERS

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Article history:	Abstract:
Received: January 22 th 2024 Accepted: March 20 th 2024	Researchers have emphasized the close interrelationship of factors that determine the occurrence and development of mental illness for persons with comorbid forms of drug-related disorders. Meanwhile, the combination of alcohol addiction with schizophrenia contributes to an increase in the number of socially dangerous actions.
Keywords: alcoholism, schizoaffective disorders, comorbidity	

RELEVANCE. The comorbid course of alcoholism and mental disorders has features in diagnosis, adequate treatment, medical examination, because are considered at the intersection of the two specialties.[2] If the clinical part of the problem of combined mental pathology and alcoholism is sufficiently studied, especially in patients with schizophrenia, It should be noted that there is a lack of awareness of the clinical features of the secondary alcoholism, which is true and symptomatic and the role of personality characteristics and personality disorders in comorbid patients, Which, by themselves, would force the onset of alcohol abuse.[3] According to various authors, only endogenous mental pathology, combined with alcohol dependence, amounts to 20 per cent, while alcohol consumption and abuse account for between 12 and 50 per cent of the population with mental pathology. All of the above served the purpose of this study, namely, the study of anamnestic, clinical-psychopathological indicators and features of dispensary observation in patients with alcohol dependence combined with mental illness. [1]

PURPOSE OF THE STUDY: the study of clinical-dynamic and prognostic features of the formation and flow of comorbid forms of alcohol dependence and schizophrenia.

MATERIALS AND RESEARCH METHODS. To solve the tasks we have set for the period 2022-2024. A clinical examination of 64 patients and men registered at a dispensary in the dispensary's department suffering from mental disorders associated with alcohol dependence was conducted. The first stage of the study was conducted with the medical records of the dispensary to identify the persons concerned. [4] There is no separate dispensary record of such a caseload and no official statistics. In accordance with the stated goal and objectives, we used clinical psychopathological methods of examination related to the narcological and psychiatric component of combined disorder. The

psychiatric nosological assessment was carried out according to ICD-10, and the manual on the use of ICD-10 in psychiatry and narcology. We have also used the classification of alcohol dependency by stage in the National Guidelines on Addiction (2008). The prograde of alcohol dependence was estimated by the rate of formation of alcohol withdrawal syndrome in accordance with the criteria of N.N. Ivanets (Ivanets N.N., Savchenko L.M., 2000). with the criteria N.N. Ivants (Ivanets N.N., Savchenko L.M., 1996).

RESULTS AND DISCUSSION. Structure of psychiatric nosology of clinically examined population: 1. Organic, including symptomatic, mental disorders (F00-09) - 25%; 2. Schizophrenia, schizotypic and delusional disorders (F20-28) -59.3. Disorders of adult personality and behavior in adults (F60-69) -5.6; 4. Affective (non-Sizophrenic) disorders (F30-39) - However, when assessing the participation of affective disorders in syndromic formation and their role in the development of combined pathology, we could state that 22 people (20%) Of those examined, affective symptoms dominated the complex syndromes of mental illness in the clinical picture of the combined disease.

«Active», but chaotic, disorderly social life of patients of this group is confirmed by the family history - patients of this group more often married, but also more often terminated ($P < 0.05$). Let's note that «10 years and more» joint family life marked patients with true dependence more often ($P < 0,05$). This small (but definite) group of patients was characterized by a high degree of co-dependency, selfless care for sick but talented husbands (the case of patient S. - a talented artist with a combined pathology). Satisfaction with family life was reliably answered in the affirmative by patients with symptomatic dependency ($P < 0.05$), and in some cases patients referred to the parental family. It seems that in addition to the primary factor of the formation of alcohol dependence on the true nature of alcoholism in the case of a pathology combined with schizophrenia influences and hereditary (family) factor.



Thus, patients with true addiction more often pointed to the nearest alcoholic relatives, compared to patients with symptomatic addiction ($P < 0.05$).

Also patients with the true nature of addiction reliably more often demonstrated a periodic form of alcohol abuse in the form of alcoholism ($P < 0.05$), they were reliably diagnosed with alcohol psychosis ($P < 0.05$).

It should also be noted the severity of true alcohol dependence in terms of antisocial, aggressive and auto-aggressive components. For example, patients with a true addiction profile are reliably more likely ($P < 0.05$) to be seen in the ADN group, i.e. to commit OCD, with more convictions (65.6% versus 26.7%; $P < 0.05$), to commit more often ($P < 0.05$) by self-inflicting parasuicide expressed suicidal thoughts ($P < 0.05$) and intentions ($P < 0.05$). In this group and other forms of autoaggression behavior were vividly represented, for example, they often had multiple fractures ($P < 0.05$) - a marker of risky behavior, tobacco smoking ($P < 0.05$) and, respectively, cigarette burns ($P < 0.05$).

Symptomatic dependence develops mainly against the backdrop of schizophrenic process, its dynamics correspond to the dynamics of endogenous disease, and the effect on the course of comorbid disorder is more ambiguous. Along with the negative impact on the endogenous component of comorbid disorder in half of patients, alcohol consumption for «therapeutic reasons» is noted in order to eliminate discomfort, raise mood, socialize, that in some cases contributes to slowing the growth of the defect and a kind of adaptation to the Greter type.

CONCLUSIONS. Thus, the results of the study of comorbid current of mental disorders and alcoholism showed:

1. Predominance in the nosological structure of alcoholic dependence of the onset-proredint form of schizophrenia.
2. Secondary true alcohol addiction in combination with schizophrenia - precedes the debut of schizophrenia, characterized by high proorientation, periodic type of alcohol abuse and subsequently by the regrient current.

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