



CLINICAL ASPECTS OF ALCOHOLISM IN PERSONS WITH ASSOCIATED PERSONALITY DISORDERS

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Abstract:

Ongoing research aimed at identifying the mechanisms of the emergence and persistence of addictive disorders, which is the main factor that worsens the indicators of the narcological situation. Mental disorders combined with alcohol addiction are increasingly becoming objects of close study, since they exist at the junction of two specialties – narcology and psychiatry, thereby causing difficulties in medical examination, prevention and treatment of patients.

Keywords: alcohol dependence, mental disorders, comorbid course.

The high prevalence of alcohol addiction and the risk of serious health and social consequences associated with alcohol abuse indicate a high and ongoing need to study this problem [2].

Thus, according to various authors, about one fifth (20%) of patients with alcohol addiction, drug addiction and drug addiction detect procedural endogenous mental disorders, Among patients with endogenous diseases, between 12 and 50 per cent of patients abuse alcohol and drugs. Raising the issue of the "combination" of drug-dependent disorders and other psychopathological disorders of the exogenous and endogenous spectrum, investigating the influence of "pathological soil" (the course of drug-dependent disorders is affected not by the difficulties of diagnosing and differential diagnosis of such patients, but by the difficulties of their clinical observation and, consequently, by adequate therapeutic assistance [1].

In the case of the sufficiently studied clinical part of the problem of mental pathology combined with alcoholism, insufficient coverage of the clinical features of secondary alcohol dependence, especially in patients with schizophrenia, affective psychosis, some organic brain lesions, borderline psychoneurological disorders and post-traumatic stress disorders - the role of personality traits and personality disorders in real and symptomatic patients, as well as in patients with comorbidity that cause them to start abusing alcohol and drugs [5]. All of the above has thus become a valid basis for this study.

PURPOSE OF THE STUDY: to study the clinical-psychopathological and predictive features of the formation and development of alcoholism with mental disorders.

RESEARCH MATERIALS AND METHODS:

In order to solve the problems we set for 2023-2024, a clinical examination of 70 male patients was conducted, all patients developed alcohol dependence against the background of concomitant (combined) mental pathology. The patients were registered at the

dispensary and were under the supervision of the Samarkand regional drug dispensary. Part of the patients (45%) were examined during inpatient treatment in Samarkand Regional Psychiatric Hospital.

All patients under supervision have passed the standard complex examination: EEG clinical-psychopathological, neurophysiological examination, preclinical assessment of personal qualities. Classification of psychopathies of Kerbikov was used. Classification of accents of character of Lichko.

RESEARCH RESULTS: The psychiatric nosological assessment was carried out in accordance with ICD-10 and a number of local dictionaries and manuals [2].

However, when assessing the involvement of affective disorders in the formation of the syndrome and their role in the development of combined pathology, it can be noted that in 22 (20%) The prevalence of affective symptoms in complex psychiatric syndromes in the clinical picture of the accompanying disease. Affective pathology, predominantly depressive, included more complex syndromes: asthenic-depressive (2.8%), anxiety-depressive (6.5%), depressive-paranoid (5.7%), and others.

In accordance with the research goals and objectives in the structure of the accompanying pathology, we considered true alcoholism and symptomatic alcohol dependence as constituting one associated disorder. True alcoholic dependence (secondary true alcoholic dependence) is diagnosed by us in 47 people (1 group), symptomatic-in 14 people (2 group). With regard to the psychiatric component of combined disorder, group 1 had more patients with organic brain damage (32.8%) and oligophrenia (11.9%) than group 2 ($p < 0.05$), while group 2 had more patients with schizophrenia (88.24%). there were more than in group 1 ($p < 0.05$). In patients with a true alcohol addiction, there are more relatives with an alcohol addiction ($p < 0.05$), and it has been found that the debut of a mental illness is associated with previous intensive alcoholism ($p < 0.05$).



In describing the true and symptomatic alcoholism, we have not taken into account their dynamic relationship to some associated mental illness. So we began to study the features of real and symptomatic dependence - dominant nosologies in our population-patients with schizophrenia and organic brain lesions.

Symptomatic dependence develops mainly against the backdrop of schizophrenic process, the dynamics of which corresponds to the dynamics of endogenous disease, and the effect on the process of comorbid disorder is more uncertain. With a negative effect on the endogenous component of the accompanying disorder, in half of the patients alcohol "for therapeutic reasons" to relieve discomfort, uplift, socialization, which in some cases helps to slow the growth of defect and to form a specific adaptation.

Furthermore, with relatively high hereditary alcohol dependency values combined with schizophrenia for alcohol-dependent patients, a 23 per cent rate) did not show differences between groups. Just as alcohol withdrawal is not detected by age - an indicator of physical dependence on alcohol, This can be explained by the rather high rates of symptomatic alcohol dependence in the group and statistically significant increase in the number of patients in the group who from time to time consume alcohol ($p < 0.05$). With symptomatic alcoholism, alcohol withdrawal may not occur in 50% of people, as well as in patients who occasionally drink alcohol. However, these considerations, which characterize the characteristics of a small part of the AD contingent, do not contradict the conclusion that "alcoholism" in the AD group is younger and more dangerous

CONCLUSIONS

1. Alcohol addiction often exhibits comorbidity with paroxysmal-progressive schizophrenia and exogenous-organic diseases.
2. The comorbid course of secondary true alcoholism in premorbid exogenous-organic diseases provokes negative consequences of the underlying disease, provokes aggravation and reduces remission, increases the recurrence of alcoholism.

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