

CLINICAL AND PSYCHOLOGICAL FEATURES OF THE COURSE OF ALCOHOLISM IN PATIENTS WITH COMORBID MENTAL DISORDERS**R. B. Xayatov, A. S. Velilyaeva, Sh. T. Xayatova**

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Key words: mental disorders, alcoholism, comorbidity.**Таянч сўзлар:** руҳий бузилишлар, алкоголизм, коморбидлик.**Ключевые слова:** психические расстройства, алкоголизм, коморбидность.

The high prevalence of alcohol dependence and the danger of serious medical and social consequences are associated with alcohol abuse, that indicates the high and continuing relevance of the study of this problem. In the scientific works of local and foreign scientists, special attention is paid to the accumulation of comorbid alcohol dependence and mental pathology among the population. Current research is aimed at identifying the mechanisms of the emergence and persistence of addictive disorders, that is the main factor that worsens the indicators of the narcological situation.

КОМОРБИД РУҲИЙ БУЗИЛИШЛАРГА ЧАЛИНГАН ОДАМЛАРДА АЛКОГОЛИЗМНИНГ КЛИНИК ВА ПСИХОЛОГИК ХУСУСИЯТЛАРИ**Р. Б. Хаятов, А. С. Велиляева, Ш. Т. Хаятова**

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Спиртли ичимликларга қарамликнинг юқори тарқалиши ва спиртли ичимликларни суистеъмол қилиш билан боғлиқ жиддий тиббий ва ижтимоий оқибатларнинг хавфи ушбу муаммони ўрганишнинг юқори ва доимий долзарблигини кўрсатади. Маҳаллий ва хорижий олимларнинг илмий ишларида алкоголга қарамлик ва руҳий патология билан бирга бўлган одамларнинг популяциясида тўпланишига алоҳида эътибор қаратилган. Наркологик вазият кўрсаткичларини ёмонлаштирадиган асосий омил бўлган гиёҳвандлик бузилишларининг пайдо бўлиши ва давом этиш механизмларини аниқлашга қаратилган доимий тадқиқотлар.

КЛИНИКО-ПСИХОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ТЕЧЕНИЯ АЛКОГОЛИЗМА У ЛИЦ С КОМОРБИДНЫМИ ПСИХИЧЕСКИМИ РАССТРОЙСТВАМИ**Р. Б. Хаятов, А. С. Велиляева, Ш. Т. Хаятова**

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Высокая распространенность алкогольной зависимости и опасность серьезных медико-социальных последствий, связанных со злоупотреблением алкоголя, свидетельствует о высокой и непреходящей актуальности исследования данной проблемы. В научных трудах отечественных и зарубежных ученых уделяется особое внимание накоплению в популяции лиц с коморбидным течением алкогольной зависимости и психической патологии. Проводимые исследования, направленные на выявление механизмов появления и персистенции аддиктивных расстройств, что является основным фактором ухудшающим показатели наркологической ситуации.

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. Thus, according to various authors, a fifth (20 %) detects procedural endogenous mental disorders among the patients with alcohol dependence, drug addiction and substance abuse, from 12 to 50 % of patients abuse alcohol and psychoactive substances among patients with endogenous disorders. The question of the problem of the "combination" of addiction diseases and other psychopathological disorders of the exogenous and endogenous spectrum, the study of the influence of "pathological soil" on the course of addiction diseases is dictated not by the difficulties of diagnosis and differential diagnosis of such patients, but by the difficulties of their dispensary observation and, consequently, the provision of adequate therapeutic care. Today, there is no special dispensary registration of patients of this group in either narcological or neuropsychiatric dispensaries [1]. Studying the clinical part of the problem of combined mental pathology with alcohol dependence, especially in patients with schizophrenia, affective psychoses, some organic brain lesions, borderline neuropsychiatric disorders and post-traumatic stress disorders, it should be noted that there is an insufficient illumination of the clinical features of the course of secondary alcohol dependence – true and symptomatic, as well as the role of personality traits and personality disorders in comorbid patients, which force the onset of alcohol and substance abuse themselves [2].

In the context of research work, the study of the onset and course of comorbid disorder, its clinical features, aggressive and autoaggressive patterns of behavior in patients with combined pa-

thology, the conditions of dispensary observation are under the great social importance for improving the quality of the organization of psychiatric and narcological care [4,6].

Of course, it is important to introduce into everyday practice modern preventive and therapeutic diagnostic programs for people with comorbid forms of narcological and mental disorders [7].

Thus, all the above mentioned information was a reasonable basis to conduct this study.

The purpose of the study: to study the clinical, psychopathological and prognostic features of the formation and course of comorbidity of alcoholism with mental disorders.

Materials and methods of research. To solve the tasks set, we conducted a clinical examination of 56 male patients over the period 2021-2023, all patients had alcohol dependence on the background of comorbid (combined) mental pathology. The ratio of patients by gender corresponded to the average value among patients with uncomplicated alcohol dependence [Koshkina E.A., 2002].

The patients were registered at the dispensary and were observed at the Samarkand Regional Narcological dispensary. Some of the patients (45 %) were examined at the time of their inpatient treatment at the Samarkand Regional Psychiatric Hospital. Since there is no official statistics on the studied patient population, the face-to-face examination was preceded by work to identify this category of patients. At the same time, the entire volume of medical records of dispensaries was examined. All patients under observation underwent a standard comprehensive examination: clinical, psychopathological, neurophysiological EEG examination. In order to qualify premorbid personality traits, taking into account the age-related features of the formation of psychopathies, depending on their genesis [9] and the classification of character accentuations of Lichko A.E ,the classification of psychopathies of Gannushkin P.B., Kerbikova O.V. was used.

In accordance with the set goal and objectives, we used clinical and psychopathological examination methods concerning the narcological and psychiatric component of the combined disorder. At the same time, we focused on the ICD-10 and the guidelines for the use of ICD-10 in psychiatry and narcology [9]. Psychiatric nosological assessment was carried out according to ICD-10 and a number of domestic glossaries and manuals was used [8]. Autoaggressiveness was investigated by the method of semi-structured interview [2]. The average age of the surveyed group was 44.25 years. The age distribution is as follows: 20-29 years – 8 patients (14.2 %), 30-39 years – 26 patients (46.4 %), 40-49 years – 12 patients (21.4 %), 50-59 years - 9 patients (16.1 %).

Research results. Psychiatric nosological assessment was performed according to ICD-10. Table 1 shows data on psychiatric components of comorbid disorder.

1 table.

The structure of the clinically examined contingent in accordance with the diagnostic categories of ICD-10.

Code ICD-10	Diagnosis	Absolute number	Frequency of occurrence, %
F00-09	Organic, including symptomatic, mental disorders	12	22
F20-28	Schizophrenia, schizotypal and delusional disorders	28	50
F60-69	Disorders of mature personality and behavior in adults	7	12
F70-79	Mental retardation	9	16
Total		56	100

In accordance with the purpose and objectives of the study in the structure of comorbid pathology, we considered true alcohol dependence and symptomatic alcohol dependence as components of one comorbid disorder. True alcohol dependence (secondary true alcohol dependence) was diagnosed by us in 47 people (group 1), symptomatic – in 14 people (group 2). From the point of view of the psychiatric component of the combined disorder, there were more patients with organic brain damage (32.8 %) and oligophrenia (11.9 %) in group 1 (P <0.05) than in group 2, and patients with schizophrenia (88.24 %) significantly prevailed in group 2, and there were more of them than in group 1 (P <0.05). In patients with true alcohol dependence, relatives with alcohol dependence were significantly more likely (P <0.05) and the relationship between the onset of a mental disorder and previous intense alcoholism were determined (P <0.05).

Characterizing true and symptomatic alcohol dependence, we could not ignore their dynamic

connection with one or another combined mental disorder. Therefore, we undertook a study of the specifics of true and symptomatic addictions in patients with schizophrenia and organic brain lesions – the dominant nosologies in our contingent. We have determined that true alcohol dependence, combined with schizophrenia, more often precedes the onset of an endogenous disease, has a pronounced hereditary component, high progrediency, a prevailing periodic type of alcohol abuse with an earlier formation of alcohol withdrawal syndrome – with pronounced somatic and mental components and metal alcohol psychoses occurring against the background of alcohol withdrawal syndrome. True alcohol dependence contributes in the vast majority of cases to the aggravation of the course of schizophrenia, at the same time, such negative effects of alcoholization, affecting the course of comorbid disorder, social, professional and family status, contributes to the experience of these negative effects with the desire to treat alcohol dependence, including psychotherapeutic methods. Alcohol dependence, combined with organic brain lesions, is predominantly true in nature, has an average progressive rate of flow and tends to a constant type of alcohol abuse. In alcohol withdrawal syndrome, the neurological component prevails, manifested by cephalgia, large-scale tremor and convulsive seizures. Quite often, alcoholic psychoses occurs on the background of alcohol withdrawal syndrome. Despite the medium-progressive type of formation of the main symptoms of addiction, after the stage of formation of alcohol withdrawal syndrome, the course becomes unfavorable and significantly affects the reduction of mental (with the formation of dementia) and somatoneurological (focal symptoms, acute disorders of cerebral circulation, secondary epilepsy) activity.

True alcoholism, transformed by a concomitant or comorbid disease and becoming symptomatic, adapts to a different psychopathologies, softening or hardening the latter, loses some criminogenic potential, possibly associated with the experience of alcoholic euphoria and withdrawal anxiety. Symptomatic alcoholism rather stimulates apathy and abulia, bringing them to a certain norm of activity, alleviating depression, suspending the progressive course of mental disorder, rather than increasing activity, intensifying aggressive and autoaggressive tendencies up to an aggressive act and a suicidal attempt.

Also, with relatively high rates of hereditary burden on alcohol dependence, the figure of 23 % is given for patients with alcohol dependence combined with schizophrenia) no differences were found between the groups. Neither has been found alcohol withdrawal syndrome, an indicator of physical dependence on alcohol by age of development, which can be explained as basis on fairly high numbers of symptomatic alcohol dependence in the DN group and a statistically increased ($P < 0.05$) the number of patients with episodic alcohol use in the group. Within the symptomatic alcoholism, alcohol withdrawal syndrome may not develop in 50 % of individuals, as well as in patients with episodic alcohol use. At the same time, these arguments characterize the features of a smaller part of the group ADN contingent do not refute the conclusion that in the ADN group "alcoholism" is younger and more malignant.

Conclusions:

1. Alcohol dependence more often manifests comorbidity with paroxysmal-progressive schizophrenia and exogenous organic diseases.
2. The comorbid course of secondary true alcohol dependence with premorbid exogenous organic disorders causes negative mutual influence on both the underlying disease, provoking exacerbation, and reduces remission and increases relapses of alcoholism.

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