

19 years and 60 years of age.

Results. TRD is a condition that cannot be corrected even when treated with different groups of antidepressants over an adequate period of time with an adequate dose. Resistance to antidepressant therapy was found in 27 (32%) patients (17 female patients-63%, 10 male patients-37%). Based on the above information, TRD was divided into the following types: 1.Primary (real) therapeutic resistance. This condition was associated with poor reception of AD and poor quality of the disease. 2.Secondary TR. This situation was due to the therapeutic effectiveness of psychotropic agents, slowing the desensitization of receptors to them. 3.Pseudorecysticity This situation has been associated with the inadequacy or lack of intensive psychopharmaceutics.4.Negative TR. This condition was associated with an increase in the sensitivity of patients to the undesirable effects of psychotropic drugs. True TR was detected in 47 patients. Patients in the first stage of TRD treatment algorithm was investigated to determine the pathologies of the companion RUC, Narcological, neurological, generalized. As a result of adequate treatment of the underlying pathology, resistance was achieved in 2 patients (4.2%). The second stage was considered to evaluate adequate treatment and the duration of previous admission of antidepressant, compliance with the patient's treatment regimen. It was due to the choice of the dose in a case not lower than the average therapeutic dose, the maximum dose that can be raised if necessary was also given. All patients with therapeutic resistance to antidepressants participating in this study received adequate antidepressant therapy. At the third stage, patients were given several antidepressants at once. When two antidepressants were given, the defeat of teravetic resistance was observed in 11 patients (23.4%). The first group of antidepressants, the mechanism of action of which was different at the stage of exacerbation, was replaced by the second. At this stage, coping with therapeutic resistance was observed in 25 patients (53.2%). At the fifth stage, pharmacological agents were given, which had the property of a "potentiating agent", such agents had the effect of antidepressants or had pure antidepressant activity. Such means included normotimics, atypical neuroleptics, thyroid gland hormones, mineralocorticoids, Glucocorticoids and their antagonists, sex hormones-estrogens, androgens. By blocking the "potentiating agent" (normotimics, atypical neuroleptics) in 7 patients (14.9%), therapeutic resistance was achieved. At the sixth stage, the methods of treatment of nopharmacological were used. At this stage, electric sparing therapy has become of great importance. This method of treatment was not used in this study. In 2 patients

(4,2%) could not overcome therapeutic resistance with one of the above methods tech.

Conclusions. As a result of the conducted study, true therapeutic resistance was observed in 15.9% of patients with depressive disorders. To effectively cope with it, gave birth to a step-by-step treatment. Initially, the pathologist treated the pathology, in the later stages, the maximum dose that antidepressants can take was given, different groups of antidepressants were combined, and antidepressants with the property of a "potentiating agent" were introduced into the bird.

ANALYSIS OF CLINICAL FEATURES OF ADOLESCENT BEHAVIORAL DISORDERS OF THE DEPRESSIVE REGISTER

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Introduction. The urgent need for an in-depth study of the problem of adolescent behavioral disorders of the depressive register, manifesting in adolescence, is determined, first of all, by the extreme prevalence of these disorders, the difficulties of recognizing this pathology at the early stages of diseases. The relevance of early diagnosis, suicidal risk, prognostic assessment, treatment and prevention of adolescent depression is evidenced by the information published at the present stage both in foreign and domestic scientific literature.

Aim: to study the clinical features of under-age behavioral disorders of depressive register to improve the quality of diagnostic and therapeutic and correctional care for this patient's content.

Materials and methods. 48 adolescents aged 13 to 16 years with depressive disorders and behavioral disorders were studied. The leading methods of the study were clinical-psychopathological and catamnestic. Among the experimental psychological methods, the Hamilton scale, the Hospital Scale for assessing anxiety and Depression, the asthenia scale were used to assess the severity of emotional disorders; and the Schmishek-Leonhard test was used to determine constitutional and personal characteristics.

Results. Depending on the prevalence of certain symptoms of depression in the examined adolescents, all patients were divided into three groups: with dysphoric depression - 43.8% (n=21), anxiety depression - 31.2% (n=15), masked depression - 25% (n=12). In the formation of a depressive symptom complex, such clinical manifestations were revealed as a constant lowered mood, loss of interests and feelings of joy in ordinary activity, noticeable suffering, the expression of ideas of self-blame and hopelessness. Depending on the