DOI: 10.38095/2181-466X-20231102-78-82 UDC 615.851:159.9

PSYCHOTHERAPY OF THE ELDERLY WITH NON-PSYCHOTIC MENTAL DISORDERS

H. T. Rajabov, R. B. Alkarov, R. B. Hayatov
Samarkand state medical university, Samarkand, Uzbekistan

Таянч сўзлар: психотерапия, қарилик, психотик бўлмаган руҳий касалликлар.
Key words: psychotherapy, old age, non-psychotic mental disorders.
Ключевые слова: психотерапия, пожилой возраст, непсихотические психические расстройства.

In current article approaches to psychotherapy of elderly people with non-psychotic mental disorders are considered. It is shown that short-term symptomatic and problem-oriented psychotherapeutic methods (rational, cognitive-behavioral, positive, family psychotherapy) aimed at reducing neurotic symptoms, social support and improving the quality of life and are most acceptable for psychotherapy in old age.

ҚАРИЯЛАРНИНГ ПСИХОТЕРАПИЯСИ ПСИХОТИК БЎЛМАГАН РУҲИЙ КАСАЛЛИКЛАР БИЛАН

Ҳ. Т. Ражабов, Р. Б. Алқаров, Р. Б. Хаятов
Самарқанд давлат тиббиёт университети, Самарқанд, Ўзбекистон

Психотик бўлмаган руҳий касалликларга чалинган кекса одамларнинг психотерапиясига ёндашувлар кўриб чиқилади. Невротик симптомларни камайтириш, ижтимоий қўллаб-қувватлаш ва ҳаёт сифатини яхшилашга қаратилган қисқа муддатли симптоматик ва муаммоли психотерапевтик усуллар (рационал, когнитив-хулқ-атворли, ижобий, оилавий психотерапия) қариликда психотерапия учун энг мақбул эканлиги кўрсатилган.

ПСИХОТЕРАПИЯ ПОЖИЛЫХ ЛЮДЕЙ ПРИ НЕПСИХОТИЧЕСКИХ ПСИХИЧЕСКИХ РАССТРОЙСТВАХ

Х. Т. Ражабов, Р. Б. Алкаров, Р. Б. Хаятов
Самаркандский государственный медицинский университет, Самарканд, Узбекистан

Рассматриваются подходы к психотерапии пожилых людей с непсихотическими психическими расстройствами. Было показано, что краткосрочные симптоматические и проблемные психотерапевтические методы (рациональная, когнитивно-поведенческая, позитивная, семейная психотерапия), направленные на уменьшение невротических симптомов, социальную поддержку и улучшение качества жизни, являются наиболее подходящими для психотерапии в пожилом возрасте.

There is a high amount of mental disorders in old age, it ranges from 40 to 74 % [7, 13, 14]. The majority of mental disorders in the elderly are non-psychotic; there is a high level of comorbidity of non-psychotic mental disorders with somatic and vascular organic pathology [2, 8].

The frequency of depressive disorders among elderly and senile patients reaches 20% [7, 10]. In an aging personality, the depressive type of reaction is the most common response to any negative phenomena of both biological and socio-psychological order [11]. Against the background of the natural aging process, changes occur in the emotional sphere of older people, which manifests itself in an increase in prolonged negative emotional reactions, the level of cognitive functioning decreases, characterological traits sharpen, the ability to self-regulation deteriorates, and therefore the degree of conflict in interpersonal relationships increases [1].

Psychotherapy in gerontological practice is a complex of psychotherapeutic measures aimed at restoring and activating bodily, mental and social functions, skills and capabilities, as well as solving specific problem situations that an elderly patient cannot cope with on his own [6].

In the arsenal of modern psychotherapy, there are few methods developed specifically for working with elderly people. Methods developed on models of earlier ages, but adapted to the psychological characteristics of older people, are quite well known and widespread [4].

The use of psychotherapeutic methods in gerontological practice is associated with the departure in recent decades from the deficit model of aging, according to it this process is accompanied by a general decrease in intellectual and emotional capabilities.

The purpose of the study: to develop the approaches to psychotherapy of elderly people with non-psychotic mental disorders.

Material and methods of research. The Samarkand Regional Psychiatric Hospital served as the clinical basis for the study of 60 patients with NPPR in cerebrovascular pathology. The age range is from 50 to 70 years; the average age was 55.4±3.8 years. The methods of questionnaire, clinical conversation and psychodiagnostic examination of patients were used. The latter included:

– the methodology for diagnosing Spielberger–Khanin's self-esteem. The level of situational and personal anxiety was determined. The methodology consists of 40 questions. Values up to 30 points were assessed as low anxiety, 31-45 – average, 46 or more points – high anxiety [9];

– the methodology of differential diagnosis of depressive states of Zunge, adapted by T.I. Balashova. The methodology consists of 20 questions aimed at assessing the level of depression. Values up to 50 points indicated the absence of depression, 50-59 points – mild depression, 60-69 points – a subdepressive state, 70 or more – a true depressive state [16];

– a methodology for diagnosing the level of subjective feeling of loneliness by D. Russell and M. Ferguson, consisting of 20 questions. The high degree of loneliness was indicated by the results from 40 to 60 points, the average level – from 20 to 40 points, the low level – from 0 to 20 points [12];

– diagnostic methodology for rapid assessment of well-being, activity and mood (SAN). The methodology included 30 pairs of opposite characteristics for self-assessment. The average score of the scale was equal to 4, scores exceeding 4 points indicated a favorable condition, lower – the opposite. The normal assessment of the condition was in the range of 5.0–5.5 points [3, 9];

The results of the study. Analysis of the frequency of occurrence of the main nosological forms with non-psychotic mental disorders in patients of different age groups showed that organic non-psychotic disorders (55.4 and 19.5%, respectively; $p < 0.001$) and neurotic, stress-related and somatoform disorders were 2 times more common among group 1 individuals than in group 2 (55.4 and 19.5%, respectively; $p < 0.001$) and less often neurotic, stress-related and somatoform disorders (41.0 and 76.8%, respectively; $p < 0.001$). 3.6% of group 1 patients had disorders classified as psychological and behavioral conditions associated with disorders or diseases classified under other headings. 3.5% of group 2 patients had affective nonpsychotic disorders, that was not observed in the older (1st) age group.

The revealed differences in the representation of nosological forms of non-psychotic mental disorders in different age groups are explained by the greater role of the psychogenic component in the development of disorders in younger people and, at the same time, the greater contribution of organic vascular pathology in the occurrence of disorders over the age of 60 years.

A comparative analysis of the duration of existence of non-psychotic mental disorders in different age groups revealed that younger patients seek for psychotherapeutic help at an earlier time than older people. However, it is necessary to pay attention to the fact that in both age groups, every third patient had a duration of the disease of more than 1 year.

In patients of group 1, concomitant somatic diseases and brain diseases were more common than in group 2 (59.0 and 47.6%, respectively; $p < 0.001$), which is naturally explained by the increase in somatic burden with age.

35% of group 1 patients and 44% of group 2 patients turned to a psychotherapist in the direction of another doctor, that is, older people more often sought psychotherapeutic help on their own.

According to the Spielberger–Khanin anxiety method, patients of different age groups had high levels of personal anxiety, while indicators of situational anxiety indicated its moderate level. Group 2 individuals had somewhat high levels of situational anxiety ($p < 0.05$).

Signs of depression on the Tsung depression self-assessment scale were found in 41.7% of group 1 patients and only in 16.7% of group 2 patients. The average indicators on the depression scale in group 1 patients were (44.3 ± 1.5) points, in group 2 patients - (39.8 ± 1.7) points. The differences are significant at $p < 0.05$.

A high level on the loneliness scale was observed in 29.4% of patients in group 1 and 20.8% in group 2, that is, every fourth or fifth subject experienced a severe mental state accompanied by a bad mood and painful emotional experiences (feeling of complete immersion in oneself, abandonment, doom, uselessness, disorder, emptiness, loss). The average indicators on the loneliness scale in patients of the 1st group were (25.6 ± 2.1) points and were higher than in the 2nd - (21.1 ± 2.0) points ($p < 0.05$). According to the SAN method, patients of the 1st group with non-psychotic mental disorders had lower indicators on the "Well-being" scale than in the 2nd ((3.9 ± 0.2) and (4.4 ± 0.2) points, respectively; $p < 0.05$), which indicates a significant physiological and psychological discomfort of their condition, due objectively the worst somatic condition. The indicators on the "Activity" scale were almost similar ((4.1 ± 0.2) and (4.5 ± 0.2) points, respectively; $p < 0.05$), indicating a subjective decrease in activity in group 1 patients, and on the Mood scale ((4.0 ± 0.2) and (4.8 ± 0.3) points, respectively; $p < 0.05$).

Analysis of the results using the Mini-cartoon technique showed that group 1 patients had more high indicators on the scales of "Depression" ($p < 0.05$), "Hysteria" ($p < 0.05$) and "Paranoia", which characterizes a decrease in mood, pessimism, isolation, passivity, somatization of anxiety and its displacement, the use of symptoms of a somatic disease as a means of avoiding responsibility, solving problems by going into illness, difficulties in social adaptation, rigidity, a tendency to systematize accumulated experience, suspicion, resentment.

At the same time, group 1 patients had higher indicators on the "Psychasthenia" scale ($p < 0.001$), reflecting higher anxiety, fearfulness, indecision, a tendency to constant doubts and fears, sensitivity, unmotivated fears, self-doubt and self-competence, low self-esteem.

The psychosocial characteristics of elderly people with non - psychotic mental disorders identified during the study include the following:

– one in three continues their work activity, doing work with lower qualifications than before retirement (janitor, cloakroom attendant, etc.);

– one in three has a higher education;

– 2/3 do not have a family and live alone;

– 1/3 has a disability due to a somatic disease (group II and III);

– as a rule, they have a low financial situation.

Among the clinical and psychopathological features of elderly people with non-psychotic mental disorders, the following can be distinguished:

– as a rule, patients are referred by doctors of other specialties (therapists, neurologists, cardiologists, etc.);

– most complain of mild headaches, slight restriction of physical activity, frequent states of anxiety and low mood, insufficient satisfaction with family relationships and their own lifestyle;

– organic non–psychotic disorders often occur and, somewhat less frequently, neurotic, stress-related and somatoform disorders;

– have reduced cognitive abilities;

– have moderate situational and high personal anxiety, an average level of subjective feeling of loneliness;

– have such personal characteristics as anxiety-hypochondriacal traits, fearfulness, indecision, constant doubts, hypersensitivity, shyness, shyness, self-doubt, slowness, passivity, slow adaptability, poor tolerance of change of situation, slight loss of balance in social conflicts, withdrawal into illness, the need for increased attention, a tendency to fall into in despair at the slightest setbacks;

– almost 100% of patients have somatic burden of the cardiovascular system, central nervous system, gastrointestinal tract, etc.;

- more than half are constantly taking somatotropic medications, 3/4 – anxiolytic agents and 2/3 - antidepressants.

The main directions of improving the organization of psychotherapeutic care for the elderly with non-psychotic mental disorders include:

– introduction of the position of a gerontopsychiatrist trained in psychotherapy to provide psychiatric and psychotherapeutic care to elderly patients in psychiatric and preventive institutions of psychiatric profile;

– availability of functional diagnostic rooms with an appropriate specialist in medical and preventive institutions providing psychotherapeutic assistance (electroencephalography, ultrasound examination of the vessels of the neck and head, rheoencephalography, magnetic resonance imaging) to detect organic changes. – the use of psychological express techniques, selected taking into account age characteristics, to determine the scope and severity of changes in various mental processes (selection of questionnaires with fewer questions and tasks that differ in form and alternate sequentially; with simplified tasks for perception, requiring a choice of suggested options and less time; during testing, a short rest is necessary between the methods, and conducting a volumetric examination should be divided into 2 days);

– introduction of the post of neurologist to the staff of medical and preventive institutions of psychiatric profile for the joint management of elderly patients;

– when prescribing psychopharmacotherapy, taking into account the compatibility of medicines with the drugs taken by patients in connection with concomitant pathology;

– monitoring of simultaneous (often unjustified) prescribing of a variety of medicines or medical procedures and contraindications to them in the presence of a patient with a number of somatic diseases;

– the choice of methods of psychotherapeutic treatment, taking into account the identified personal characteristics and resource potential;

– organization of group forms of socio-psychological assistance, especially with lonely elderly patients to increase their social adaptation and readaptation (clubs, communities, etc.);

– regular informing of doctors of other specialties about the methods of diagnosis and tactics of management of elderly patients for early detection of borderline mental disorders and timely assistance (joint conferences, round tables tables, etc.);

– introduction to the postgraduate training of psychiatrists, psychotherapists and general somatic doctors of the course "Non-psychotic mental disorders of the elderly".

A comparative analysis of the literature data and the results of the study made it possible to identify the features of psychotherapy of elderly people with non-psychotic mental disorders:

– psychotherapy should be preceded by a detailed psychopathological diagnosis, which is due to the need to take into account the presence of organic pathology caused by atherosclerosis of the cerebral vessels, manifested by emotional, cognitive and behavioral disorders; – in the elderly, psychotherapy is less effective than in young people, due to inertia and rigidity of thinking, difficulties in developing new or changing old life and behavioral stereotypes in the elderly;

– psychotherapy of elderly people with non-psychotic mental disorders should first of all take into account the peculiarities of psychological and somatic statuses;

– individual psychotherapy aimed at adapting the patient to life in changed conditions is the most acceptable;

– group forms of psychotherapeutic work are possible, which are primarily aimed at increasing the social activity of patients and overcoming social isolation; group techniques are used: group discussion, music and dance therapy, psychohymnastics, etc.;

– family psychotherapy in the elderly should be aimed at improving the relationship situation and forming a tolerant attitude in the family, creating a warmer microsocial climate;

– the least effective in working with the elderly are depth psychological and psychoanalytic methods of psychotherapy.

The data obtained by us also formed the basis for the development of psychotherapeutic approaches in the treatment of various nosological forms of non-psychotic mental disorders in the elderly, which are recommendations of certain types of psychotherapy for various nosological forms of non-psychotic mental disorders.

Based on the presence of one or another form of non-psychotic mental disorders, a psychotherapist can use more appropriate types of psychotherapy to achieve the effectiveness of treatment. The selection of types of psychotherapy for various nosological forms of non-psychotic mental disorders was made by us based on the real possibilities for the elderly. Symptom- and problem-oriented psychotherapeutic methods will be more in demand, as well as short-term forms of psychotherapy, due to the fact that long-term therapy is accompanied by an additional load.

Cognitive and behavioral approaches are appropriate as opposed to dynamic and existential ones, since established personal characteristics, moral, ethical and spiritual values are not subject to significant changes. It is necessary to take into account the risk of exacerbation of morbid somatic diseases in the elderly, especially the cardiovascular system. Thus, the problem of psychotherapy of elderly people with non-psychotic mental disorders is a complex, but solvable task aimed at reducing neurotic symptoms, social support and improving the quality of life.

Conclusions: 1. Among patients over the age of 60, organic non–psychotic disorders are 2 times more common than at a younger age, and neurotic, stress-related and somatoform disorders are less common. The elderly is characterized by the presence of asthenic, depressive and anxiety symptoms, high comorbidity of mental and somatic pathology, psychosocial features in the form of lack of family and lonely living, somatic burden, low financial situation.

2. For the psychotherapy of elderly people with borderline mental disorders, short-term symptom- and problem-oriented psychotherapeutic methods (rational, cognitive-behavioral, positive, family psychotherapy) aimed at reducing neurotic symptoms, social support and improving the quality of life are most acceptable.

References:

1. Alamovich K. A., Batirbekovich K. R., Sabrievna V. A. Comorbid course of mental disorders in epilepsy //Asian Journal of Multidimensional Research. – 2022. – Т. 11. – №. 5. – С. 70-75.
2. Eshdavlatov B.M., Odilova M.A., Nuritov N.R. Index of anxiety and depression in patients with diabetes //Theory and practice of modern science. 2017. No. 5 (23). pp. 932-934.
3. Khayatov R.B., Velilyaeva A.S. Features of the development and course of affective disorders in diabetes mellitus // Achievements of science and education. 2020. No. 5 (59). pp. 39-41.
4. Khayatov R.B., Velilyaeva A.S., Abdurazakova R.Sh. Features of the occurrence and course of psychoorganic disorders in diabetes mellitus // Achievements of science and education. 2020. No. 7 (61). pp. 31-33.
5. Khayatov R.B., Velilyaeva A.S. Influence of anxiety-depressive disorders on the severity of the course and quality of life in patients with type 2 diabetes mellitus. // Doctor ahborotnomasi. 2020, No4, pp.98-101.
6. Khayatov Rustam Batirbekovich, Velilyaeva Alie Sabrievna, & Kurbanov Anvar Alamovich. (2022). Psychopharmacotherapy of Depressive Disorders in Alcoholism. Eurasian Journal of Humanities and Social Sciences, 8, 19–22.
7. Khayatov , R. B., Velilyaeva , A. S., & Kurbanov , A. A. (2022). Optimization of therapy of alcohol withdrawal syndrome in patients with sub- depression. Eurasian Journal of Medical and Natural Sciences, 2(5), 189–192.
8. Khayatov , R. B., Velilyaeva , A. S., & Kurbanov , . A. A. (2022). Affective disorders as a weightening factor in alcohol dependence therapy. Eurasian Journal of Medical and Natural Sciences, 2(5), 193–196.
9. Khayatov Rustam Batyrbekovich, Velilyaeva Ali Sabrievna Features of the development and course of affective disorders in diabetes mellitus // Achievements of science and education. 2020. №5 (59).
10. Mukhtarenko S.Yu., Bobushova G.S., Murataliev T.M., Fedyay S.O. Anxiety and depressive disorders and features of subjective control of personality in relation to health in patients with type 2 diabetes mellitus. // Bulletin of the Kyrgyz-Russian Slavic University. 2013. V. 13. No. 11. S. 108-111.
11. Rustam Batyrbekovich Khayatov, Aliya Sarievna Velilyaeva, Bobir Temirpulatovich Turaev, Tolib Makhmudzhanovich Turaev Affective disorders in patients with alcohol dependence as a risk factor for suicidal behavior // Achievements of science and education. 2019. №11 (52).
12. Turaev, B., & Khayatov, R. (2022). Suicidal intentions in people with alcohol dependence syndrome in the presence of depressive disorders. Journal Bulletin of the doctor, 1(2), 115-117.