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CLINICAL AND PSYCHOPATHOLOGICAL ASPECTS OF PERSONAL CHARACTERISTICS IN ADOLESCENTS WITH DEPRESSIVE DISORDERS

Babarakhimova S.B.¹, Abdullaeva V.K.¹, Vorsina O.P.²¹Tashkent Pediatric Medical Institute, 100125 Uzbekistan Tashkent, Bog'isamol 223²Irkutsk State Medical Academy of Postgraduate Education — Branch Campus of the Russian Medical Academy of Continuing Professional Education, 664049, Russia Irkutsk, mn Yubileyny-100

Resume

The article presents the results of the study, which allow identifying risk groups for depressive disorders among this group of patients, taking into account types of family relationship, and timely provide medical, psychological and psycho-correctional assistance to parents and children, predict depressive disorders at the earliest stages of its formation. In the prevention of depressive disorders, an important role belongs to the educational value of the family in the formation of a harmoniously developed personality.

Keywords: family; adolescent; personal characteristic; emotional disorders; depressive disorders.

КЛИНИКО-ПСИХОПАТОЛОГИЧЕСКИЕ АСПЕКТЫ ЛИЧНОСТНЫХ ОСОБЕННОСТЕЙ У ПОДРОСТКОВ С ДЕПРЕССИВНЫМИ РАССТРОЙСТВАМИ

С. Б. Бабарахимова¹, В. К. Абдуллаева¹, О. П. Ворсина²¹Ташкентский Педиатрический Медицинский Институт,²Иркутская государственная медицинская академия последипломного образования — филиал ФГБОУ ДПО «Российская медицинская академия непрерывного профессионального образования» Минздрава России, г. Иркутск

Резюме

В данной статье рассматриваются результаты исследования, которые позволяют выявить личностные особенности подростков с депрессивными расстройствами и своевременно оказывать медико-психологическую и психокоррекционную помощь родителям и детям, прогнозировать развитие депрессивной патологии на самых ранних этапах её формирования. В профилактике подростковых депрессивных состояний важная роль принадлежит воспитательному значению семьи и семейных взаимоотношений в формировании гармонично развитой личности.

Ключевые слова: семья; подростки; личностные особенности; эмоциональные расстройства; депрессия.

ДЕПРЕССИВ БУЗИЛИШЛАРГА ЭГА ЎСМИРЛАРДА ШАХС ХУСУСИЯТЛАРИНИНГ КЛИНИКО-ПСИХОПАТОЛОГИК ЖИХАТЛАРИ

С. Б. Бабарахимова¹, В. К. Абдуллаева¹, О. П. Ворсина²¹Тошкент педиатрия тиббиёт институти,²Иркутск давлат тиббиёт академияси дипломдан кейинги таълим-ФГБОУ ДПО "Россия тиббиёт академияси узлуксиз мутахассислик таълими" филиали. Россия соғлиқни сақлаш вазирлиги, Иркутск шаҳри

Резюме

Ушбу мақола ўсмирлар ва уларнинг оилавий шароитидан келиб чиққан тарзда оиладаги ҳолат, ота-она тарбияси, ҳамда улар орасидаги муносабат, шунингдек ота-она ва уларнинг фарзандларига ўз вақтида психологик ёрдам кўрсатиши ва депрессив ҳолатларни бошланиш даври, унга мойилликни уларнинг оилавий шароитидан келиб чиққан ҳолда аниқлаш кўрсатилган. Ёш ўсмирлар ўртасидаги тушкунлик ҳолатларни олдини олишда оила ичидаги тарбия ва ундаги шароитга катта аҳамият берилиши лозим. Зеро бу ўсмирларнинг эртанги кунда мукамал инсон бўлиб етишишиларида катта аҳамиятга эга.

Калим сўзлар: оила; ўсмирлар, шахс хусусиятлар, эмоционал бузилишлар, тушкунлик.

Introduction

In recent decades, depression has become a leading practical health problem, ranking second only to cardiovascular pathology as the main cause of disability [1]. The features of depressive disorders in the adolescent population are the atypical clinical manifestations, the erased news of classical symptoms, and the prevalence of vegetative pathology. According to scientific data of foreign researchers, a psychiatrist at the first depression consulted only 30% of children and adolescents with the depressive onset of the disease; neurologists, pediatricians, and other narrow specialists [8] observed the rest of the long period. But even in the case of initial treatment of psychiatrists, the diagnosis of depressive pathology was established only in 26% of cases, more often verified as behavioral disorders, adaptation disorders, and adaptive reactions [2]. Difficulties in the timely diagnosis of depressive symptoms are associated with the psychological characteristics of puberty [3]. In the transitional age, there is an increase in depressive disorders against the background of ideas of their inferiority and dysmorphophobic inclusions with a penchant for asocial behavior, timely undiagnosed due to dysfunctional emotional microclimate in the family and the lack of understanding between children and parents [9]. In their research, Russian and foreign psychiatrists conduct a correlation of depressive disorders with deviant and delinquent forms behaviors, socialized behavioral disorders [4, 6]. Adolescent depression is one of the most complex medical problems due to severe social consequences, which include early alcoholism, teenage suicides, violence, drug addiction, and behavioral deviations [7]. Adolescent depression is

primarily associated with high suicidal risk and destructive behaviors [5,10].

Aim of the research: To study the clinical aspects of the personality traits of adolescents with behavioral disorders and depressive disorders to optimize diagnostic and medical-psychological care.

Material and methods

86 adolescents aged 15 to 19 with behavioral disorders and depressive disorders were targeted for the study. Adolescents with diagnostic criteria for socialized behavior disorder under ICD-10-F91.2 were selected as a group. A structured personality questionnaire, developed by the Department of Psychiatry in conjunction with clinical and social psychologists, contained a list of psychological tests-issues to identify risk factors for the formation of depression pathology, taking into account the personality characteristics of adolescents. The Olson-Partner Family Cohesion and Flexibility Survey was used to diagnose the parameters of the family system. Zung Self-Rating Depression assessment scale most accurately measured adolescent depressive symptoms, and Spielberger-Hanin's personality and reactive anxiety questionnaire were used to identify anxiety levels. A diagnostic questionnaire A.E Lichko was used to determine the personality characteristics of adolescents.

Results and discussion

As a result of psychological testing, it was found that 45% of the adolescents surveyed grew up in a single-parent family, 25% in a socially disadvantaged family, and 30% of those studied

were brought up in full-fledged well-off families with both parents. In 37% of adolescents found hereditary burden in the form of chronic alcoholism and mental pathology in parents and relatives. In socially disadvantaged families, there was a preponderance of conflict relations, low standards of moral behavior in the family and poor living conditions. In dysfunctional families with a destructive type of parenting, 43% of adolescents studied determined a tendency to asocial behavior with petty offenses and hedonistic tendencies. Behavioral disorders of an asocial nature were found in 28% of the surveyed adolescents from so-called "prosperous" families, brought up in full-fledged families with good material wealth, but growing in conditions of complete emotional alienation with violation of interpersonal relationships with parents. The diagnosis of the Family System Cohesion and Flexibility Scale revealed the largest number of families with the wrong extreme type of upbringing, which led to a disruption of the family system, the emergence of a crisis in the interpersonal relationships. 70% of teenagers brought up in conditions of emotional deprivation and lack of attention and love on the part of parents were revealed. Analysis of the ambivalent type of family relationships determined complete alienation between family members, which provoked the formation of depressive disorders in adolescents and the development of accented personality traits. Conflicting relationships in destructive families caused changes in the affective sphere of intelligence, formed a negative perception of the environment. In the course of careful collection of anamnestic information, the influence of incorrect forms of education and control in the parent family, on the formation of deviating behaviors has been established. According to the classification of A.E. Lichko, we have identified the following forms of parenting and control in families: hypoprotection, dominating hyperprotection, condoning hyperprotection, emotional rejection, increased moral responsibility. According to our study, adolescents were most likely to be brought up in families with hypoprotection (46%) and emotional rejection (25.5%). and pandering (10%), as well as where the child was subject to increased moral

responsibility (4.5%). (46% of cases) in families there was an indifferent attitude to the child, lack of control of the behavior of the teenager, there was a lack of attention and true interest of parents to the affairs of their child, his worries, hobbies. Hidden hypoprotection was characterized by formal control over the behavior and life of the teenager, and the style of education of the teenager was completely left to himself and the surrounding social environment, where he fell under the influence of older, older, and prone to early alcoholization and anesthesia. Dominant hyperprotection (14% of cases) was found when excessive care was detected, petty control of every step of the adolescent, constant supervision and supervision, leading to the development of feelings of insecurity in the child. At the same time, there were constant prohibitions, restrictions of the child's sphere of activity, his independence. The wrong upbringing of the type of "idol of the family" characterized by excessive patronage, pampering of a teenager, the fulfillment of any of his desires and whims, we have included in the category of pandering hyperprotection (10% of cases). The child was not only relieved of any difficulties and unpleasant duties but also constantly admired his successes and talents, sometimes even insignificant abilities were given super value on the part of parents and relatives. Teenagers from an early age were instilled that they were the best, gifted, and talented, formed a desire for leadership and perfectionism. In emotional rejection (25.5% of cases), teenagers considered themselves unnecessary in the family, a burden in the life of parents. This was particularly felt in families where younger brothers or sisters were born, with more attention and care. As an extreme version of emotional rejection revealed education of the type of "hedgehog mittens" with physical and cruel punishments or psychological violence. Increased moral responsibility (4.5 percent of cases) could be said in families where parents had too much hope for their child's future, successes, and abilities. At the same time, they partly tried to realize in the child their own, not realized dreams, imposed their opinion, limited independence, the right to choose, demanded from the teenager the desire for perfection and success. In the process of incorrect

styles of parenting formed accented personality traits in adolescents, which in the future can transform into a pathological personality disorder. With the help of the diagnostic questionnaire A.E Lichko were identified the following types of accentuations of character: hysteroid personality type met in 9 patients (10%), psychasthenic personality type in 22 patients (25.5%), emotional-labial type was identified in 46 % of cases (40 surveyed), epileptoid type in 12 patients (14%), in 4.5% of cases was identified unstable personality type. unstable emotional background, rapid change of affective reactions, long-term fixation of negative situations and memories from the past. Moderate depressive disorder on the Zung Self-Rating Depression assessment scale was found in 6 patients with hysteroid personality type who sought to recognize themselves as the best among peers, leadership, and perfectionism. Hysteroid accents were characterized by excessively bright appearance, vulgarity, deceit, demonstrativeness, and theatricality. In the structure of unstable personalities to the fore were particularly vivid signs of affective and emotional lability, combined with pronounced impulsiveness, a penchant for asocial acts, and sometimes deviations in the field of attraction impossibility to create warm friendships with peers. Psychoasthenic personality type was found in 22 (25.5%) adolescents developed moderate-severe depression with a predominance of anxiety-phobic disorders. Teenagers with psychasthenic traits were subject to doubts, fears, obsessive memories, episodes of unmotivated anxiety, problem of social contacts, isolation, and indecision. Among all the surveyed were 46 boys and 40 girls. In boys, mild depression was detected in 80% of cases and 17% of cases - moderate depression. In girls, moderate depression is defined on the Zung Self-Rating Depression assessment scale in 83% of cases, and mild depression - in 29% of the study. Clinical manifestations of depressive pathology were accompanied by anything, despondency, decreased mood, feelings of irrelevance and worthlessness, low self-esteem. According to parents, 70 percent of cases showed significant deterioration in interpersonal relationships in the family, a decline in school performance and attendance. A study of

the severity of affective disorders on the Zung Self-Rating Depression assessment scale revealed the presence of mild depressive disorder in 71% of patients, in 29% of cases - moderate depressive disorder. The clinical picture of depressive pathology was manifested by worsening sleep and lack of appetite, behavioral changes, conflict of relationships with teachers and peers, isolation from parents and isolation. The Spielberger-Hanin anxiety study found that moderate anxiety was found in 56% of adolescents, 27% of those surveyed - without clinically significant anxiety and 16% of adolescents - had severe anxiety. Depending on the prevalence of depression symptoms, all patients were divided into three groups: with dysphoria depression - 32.5% (n'28), anxiety depression - 45.3% (n'39), masked depression - 22% (n'19). Dysphoria depression was found in 80% of cases in boys, a masked form of depression was detected only in girls. In patients with anxiety depression anxiety was observed throughout the day with an increase in the evening, in the absence of understanding on the part of relatives in 3 patients formed a sense of fear and despair. In the clinical picture of dysphoria, depression established addictive forms of behavior: petty theft, escapes from home, vagrancy, tobacco smoking, drinking alcohol. Behavioral disorders of deviant and delinquent type were more common in patients with dysphoria and anxiety depression, who splashed negative emotions on the surrounding people, reflecting the internal psycho-emotional state. Teenagers were inclined to blame their failures and problems of others, in their opinion, the threat and aggression come from the outside world. As a result of the distorted attitude, they showed negative emotions, like resentment, fear, anxiety, not corresponding to the real reality. Teenage girls with masked depression projected unknowingly negative emotions into the inner world and created preconditions for the development of somatic symptoms and the formation of eating disorders. Addictive behavior, arising from the background of emotional disorders, in 85% of cases was reported in boys, girls were characterized by the occurrence of dissatisfaction with their body and with long-term persistence of depressive symptoms developed

eating disorders in the form of anorexia and restrictive eating disorders with adherence to debilitating diets. The clinic of anorexia nervosa was limited to the symptoms of the initial period, among emotional disorders were noted: affective excitability, anxiety, fear, emotional lability. In patients with masked depression, testing showed anxiety and anxiety, anxiety from feelings of lack of loved ones and sympathetic relationships. Against the background of depressive disorders, patients significantly decreased school performance (80%), reluctance to continue their studies (40%), there were conflicts with peers (60%), escape from home, alcohol abuse.

Conclusion

Thus, the study has determined that the styles of improper parenting in dysfunctional families contribute to the development of labile, epileptic and psychasthenic accentuation of the personality of adolescents with high levels of personal and situational anxiety with a tendency to develop depressive symptoms. Adolescents with behavioral disorders are more likely to have mild depressive disorders and moderate depression. Depressive disorders affect all aspects of the personality and, depending on the severity and form of depression, lead to disadaptation in society. In most cases, boys are diagnosed with dysphoria depression, accompanied by leaving home, joining asocial companies, alcohol abuse, and psychoactive substances, and girls are more likely to be diagnosed with anxiety and masked depression of moderate severity. Girls were characterized by the occurrence of an eating disorder against the background of affective disorders. Given that depressive disorders occur with behavioral disorders affecting social and educational adaptation, it is necessary to more differentiated treatment and rehabilitation assistance to adolescent patients. The results allow us to conduct an effective course of treatment of depressive disorders and to make a differentiated choice of the method of psychotherapeutic influence to correct behavioral disorders taking into account personality traits.

REFERENCES:

1. Antropov Y.F. Neurotic depression in children and adolescents - Moscow, 2000. 54-59 pp.
2. Babarakhimova S.B., Iskandarova Zh.M. Features of behavioral disorders in adolescents with depressive disorders // Collections of conferences of the Sociosphere Research Institute. 2013. Vol. 53, 18-21 pp.
3. Babarakhimova S.B., Iskandarova Zh.M. Emotional disorders in adolescents with computer addiction // Collections of conferences of the Sociosphere Research Institute. 2014. Vol. 23. 45-48 pp.
4. Gerasimchuk M.YU. Suicidological passport of depression // Suicidology-current problems, challenges, and modern solutions: Collection of scientific articles of the first scientific-practical conference / Assoc. Cognitive-behavioral therapy. – SPb.: SINEL, 2016. 17-20 pp.
5. Abdullaeva V.K. The influence of parenting styles on the formation of suicidal tendencies in adolescents / Sciences of Europe .VOL 1, No 37 (2019) pg. 7-8
6. Babarakhimova S.B., Abdullaeva V.K., Sultonova K.B., et al. Role of psychological research of suicidal behavior in adolescents / Sciences of Europe. VOL 2, No 36 (2019) pp. 52-55
7. Babarakhimova S.B., Abdullaeva V.K., Abbasova D.S., et al. Research of influence personal characteristics in adolescents in development types of suicidal tendencies // Austria-science. VOL 1, No 24 (2019) pp. 16-18
8. Marc H. Bornstein Parenting and child mental health: a cross-cultural perspective. // World Psychiatry. – 2013. – Vol. 12, № 3. – P. 258–265. DOI: 10.1002/wps.20071.
9. Pan Y.L. ICF-CY code set for infants with early delays and disabilities (EDD Code Set) for interdisciplinary assessment: a global expert survey. / Y. L. Pan, A. W. Hwang, R. J. Simeonsson, L. Lu, H. F. Liao // Disabil Rehabil. – 2015. – Vol. 37, № 12. – P. 1044–54. DOI: 10.3109/09638288.2014.952454.
10. Rowland C. The Communication Supports Inventory-Children & Youth (CSI-CY), a new instrument based on the ICF-CY. / C. Rowland, M. Fried-Oken, G. Bowser, M. Granlund, D. Lollar, R. Phelps, R.J. Simeonsson, S.A. Steiner // Disabil Rehabil. – 2016. – Sep. 38, № 19. – P. 1909 – 17. DOI: 10.3109/09638288.2015.1107778.

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