



ON THE QUESTION OF THE INFLUENCE OF MENTAL DISORDERS ON THE COURSE OF DERMATOSES AND SOCIAL ACTIVITY OF PATIENTS

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Currently, everyone knows the role of psychoemotional factors in the development and course of socially significant, chronic dermatoses, in particular psoriasis. Various psychoemotional disorders, depression, fear, anxiety, etc. affect not only the recurrence and course of the dermatological process, which in turn is also one of the factors, but also significantly contribute to a decrease in the social activity of patients. It can be said that such a complex, negative phenomenon is observed as a result of the correlation of certain mental disorders actually present due to a dermatological disease on the one hand and a severe, often recurrent dermatological process on the other hand. According to the research of A.E.Fedorenko, Ya.O.Sulik, widespread rashes (especially in open areas of the skin) change the level of mental capabilities of the patient, and contribute to the forced limitation of the circle of contacts with the environment. In addition, quite often this leads to a restriction of its activities as a whole. Chronic dermatological pathology of the skin gradually significantly changes the biological conditions of the patient's vital activity, being a prerequisite for changing his habitual mental activity. Its influence affects the general dynamics of vital activity, human endurance to physical and mental stress, and the stability of energy potential. All these psychological consequences of the harmful influence of the often biological framework of the diseased human body are included in the content of the social development situation that develops in the conditions of the emergence and subsequent development of very many chronic dermatoses [6]. Another essential component of the social situation of the development of a dermatological patient is that a person is forced to enter a new life situation with the characteristics of mental organization already formed in previous periods, an established motivational structure of the personality, an established level of assessment of their capabilities and expectations, a certain level of premorbid characteristics of the psyche. Chronically recurrent dermatological pathology in many cases can change, if not all, then very many life prospects, and even the nature of orientation. The change in the "sketch" of the future is the most significant feature of the new social development situation emerging in the conditions of dermatosis. As our experience with such patients shows, the future for them partially loses its clear outlines and becomes uncertain. In the severe clinical course of a number of such dermatoses, the prospect of the future is perceived as inappropriate, premorbid to established plans and expectations. Perhaps this is exactly what one of the most dramatic contradictions of the current life situation for a sick person consists of. No less significant are the actual social consequences of the disease: a noticeable "drop" not only in the professional, but in some cases also in the family status of a person; forced abandonment of habitual professional activity (the need to change professions due to illness or transition to disability); becoming an object of family care; partial isolation from the usual social environment. All this in combination greatly changes the mental appearance of such a patient. In addition, such a negative social situation becomes the subject of active and not always adequate internal understanding by the patient himself, as a result of which a new internal psychological position is forcibly formed, the content and dynamics of which reflect the main semantic changes in the personality structure. This can become a source of formation of a neurotic or pathocharacterological status in a person [6]. Conclusions. To successfully understand the changes in the psychological status of patients with

chronic dermatoses, it is necessary to take into account the social situation of development in the conditions of the disease, the basic components of which are: premorbid features of the psyche; psychological consequences of the influence of skin rashes and itching; social consequences of the disease; forced changes in the patient's internal position in relation to the totality of these circumstances [6]. Changes in personality and its motivational component in chronic somatic diseases are among the most frequently observed and pronounced changes in the psyche of patients. These manifestations also occur in a variety of dermatovenereological diseases with a chronic course[7]. According to the research of A.E.Fedorenko, V.V.Gilyuk, 18 patients with arthropathic psoriasis with widespread psoriatic skin lesions and joint damage were examined. It was revealed that the objective situation of the development of severe psoriasis in 18 patients, their forced separation from the usual social environment, the real possibility of disabling complications contributed to a change in the objective position of the sick person in the social environment and his internal "motivational position" when assessing the whole situation. The severe clinical course of somatic pathology quite predictably leads to functional and organic disorders in the patient's body. A very important feature for restorative treatment is that this chronic dermatosis also poses complex psychological problems to the patient and forces him to change the motivational structure of the personality. Awareness of the uncertainty of the forecast or a negative forecast disrupts the ability to plan life goals, narrows the time perspective necessary for normal life. Under the influence of the severe clinical course of such chronic somatic pathology as arthropathic psoriasis, new sense-forming motives are formed in consciousness, reflecting the embodiment of a new meaning in meanings. For them, the meanings of "disease", "psoriasis", "arthropathy" are filled with a new meaning, and during the development of the disease, further dynamics of these meanings can be assumed. Considering the above, special attention in the complex treatment of patients with arthropathic psoriasis should be paid to psychotherapeutic aspects, which is largely determined by the personal characteristics of the attending dermatologist[7]. The distinctive features of psychosomatic dermatoses were most succinctly revealed by Yu. N. Koshevenko. From the clinical features of these dermatoses, the author highlights: Clinical features of psychosomatic dermatoses 1) the presence of pronounced psychovegetative disorders in patients, their stay in a state of chronic stress; 2) gradual chronification of the skin process formed in a stressful situation; 3) long-term existence and progression of pathology, excluding its spontaneous cure; 4) the absence of deep violations of the integrity of the skin and scarring, even with the longest course of the disease; 5) the presence of a kind of psychogenic iatrogenism. Among the features of pathogenesis, the following are highlighted: 1) the constitutional predisposition of the body to this pathology; 2) the participation of psychovegetative disorders in the formation of various other pathological mechanisms of the disease; 3) the formation of a pathological "vicious circle" of pathogenetic disorders present in the patient's body. In 1933, the German dermatologist and psychoanalyst W.Sack publishes the chapter "Psyche and Skin" in the J. Jadassohn Manual of Skin and Venereal Diseases. The symptoms of skin diseases are considered by the author depending on a number of factors, including, along with hereditary predisposition, constitutional features, environmental influences and certain patterns of an individual's life path.Sack writes: "The relationship between the psyche and the skin forms a special relationship between the body and the soul...". In this work, for the first time, the principles of experimental research in psychosomatic dermatology are presented and the great importance of statistical methods is emphasized. According to F. Alexander, the pathological skin process includes not only a local focus, but also the integral mind of the patient[8]. Various psychocorrective measures were actively used by Russian dermatologists. So, in 1936, A.I. Kartamyshev published the country's first monograph "Hypnosis in dermatology". N.N. Zheltakov also developed the problem of hypnosuggestive therapy for a long time and successfully. From the studies of 60-80 years, it should be noted the work of Y.K. Skripkin in the field of pathogenesis of allergodermatoses (in particular, the role of the central nervous system in these conditions), V.N. Gorokhova and V.Y. Yeletsky, who studied neuropsychiatric disorders in patients with psoriasis and neurodermatoses, N.V. Lesik, who justified the pathogenetic therapy of patients with atopic dermatitis based on the study of psychosomatic and immune ratios [8].

Literature:

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