FEATURES OF NEUROTIC-TYPE REMISSIONS IN PATIENTS WITH CHRONIC ALCOHOLISM

BABAEV J.S.1,2,

1 - Tashkent State Medical University (Tashkent, Uzbekistan);
2 - Alfraganus University (Tashkent, Uzbekistan).

Annotatsiya

This study is dedicated to examining the features of neurotic-level remissions in patients with alcoholism. An important issue is determining the frequency and causes of relapses for different types of remissions in alcoholism and identifying factors that can assess the risk of decompensation in patients. There is insufficient coverage in the literature regarding the stages and types of neurotic-level alcoholic remissions; additionally, the causes of relapses during remission, which would allow for their timely prediction, have not been identified (1,2). During remission from alcoholism, a wide range of psychopathological symptoms can be observed, including psycho-organic, neurosis-like, and psychopathic-like symptoms (3). The classification of neurotic-level remissions in alcoholism plays an important role in predicting their stability and in the treatment of these patients (4,5,6).

Kalit so'zlar alcoholism, depressive syndrome, anxiety-phobic type, psycho-organic type.

ОСОБЕННОСТИ РЕМИССИЙ НЕВРОТИЧЕСКОГО ТИПА У БОЛЬНЫХ ХРОНИЧЕСКИМ АЛКОГОЛИЗМОМ

БАБАЕВ Ж.С. [1,2]

[1] - Ташкентский государственный медицинский университет (Ташкент, Узбекистан);

[2] – Alfraganus University (Ташкент, Узбекистан).

Аннотация. Данное исследование посвящено изучению особенностей ремиссий невротического уровня у пациентов, страдающих алкоголизмом. Важным вопросом является определение частоты и причин срывов при различных типах ремиссий при алкоголизме, а также выявление факторов, позволяющих оценить риск декомпенсации состояния пациентов. В литературе недостаточно освещены этапы и виды алкогольных ремиссий невротического уровня; кроме того, не определены причины рецидивов в период ремиссии, что позволило бы своевременно их прогнозировать (1,2). В период ремиссии при алкоголизме может наблюдаться широкий спектр психопатологических расстройств, включая психоорганические, неврозоподобные и психопатоподобные симптомы (3). Классификация ремиссий невротического

уровня при алкоголизме играет важную роль в прогнозировании их устойчивости и в лечении данной группы пациентов (4,5,6).

Ключевые слова: алкоголизм, депрессивный синдром, тревожно-фобический тип, психоорганический тип.

SURUNKALI ALKOGOLIZMGA CHALINGAN BEMORLARDA NEVROTIK TURLI REMISSIYALARNING O‘ZIGA XOS XUSUSIYATLARI

BABAEV J.S.[1,2],

[1] – Toshkent Davlat Tibbiyot Universiteti (Toshkent, O’zbekistan);

[2] - Alfraganus University (Toshkent, O’zbekistan).

Annotatsiya. Ushbu tadqiqot alkogolizmga chalingan bemorlarda nevrotik darajadagi remissiyalarning xususiyatlarini o‘rganishga bag‘ishlangan. Alkogolizmda remissiyaning turli xillarida qaytalanishlar (retsidivlar) chastotasi va sabablarini aniqlash hamda bemorlarda dekompensatsiya xavfini baholash imkonini beruvchi omillarni belgilash muhim masala hisoblanadi. Adabiyotlarda nevrotik darajadagi alkogol remissiyalarining bosqichlari va turlari yetarlicha yoritilmagan. Bundan tashqari, remissiya davridagi qaytalanishlarning sabablari ham aniqlanmagan, bu esa ularni o‘z vaqtida bashorat qilishga imkon bermaydi (1,2). Alkogolizmdan keyingi remissiya davrida keng qamrovli psixopatologik simptomlarni, jumladan, psixoorganik, nevrozsimon va psixopatsimon alomatlarni kuzatish mumkin (3). Alkogolizmda nevrotik darajadagi remissiyalarning tasnifi ularning barqarorligini bashorat qilishda va bunday bemorlarni davolashda muhim ahamiyat kasb etadi (4,5,6).

Kalit so‘zlar: alkogolizm, depressiv sindrom, xavotirli-fobik tur, psixoorganik tur.

Introduction. Achieving and maintaining long-term therapeutic remissions in alcohol dependence necessitates the study of the fundamental patterns of its course. The psychopathological and pathophysiological manifestations during remission [2,4,7,8,9] are targets for therapeutic intervention, and their management is the primary goal of treatment. However, implementing therapeutic measures during the remission period of alcohol dependence presents a number of objective difficulties. The range of psychotherapeutic interventions, particularly concerning psychodynamic components, is limited by patients' low threshold for responding to emotional stress [3,4]. The pharmacological agents currently in wide use do not allow for the reliable correction of distressing psychopathological manifestations during remission, and at times do not facilitate this at all. Due to these circumstances, the number of patients who adhere to a comprehensive, long-term psycho- and sociotherapeutic process is small [5,6,10]. Thus, studying the clinical picture of remission in alcohol dependence, in the full scope of its psychopathological and pathophysiological manifestations, is essential for developing a comprehensive methodology for treatment. Within such a methodology, the use of pharmacological, psychotherapeutic, and sociotherapeutic interventions would be structured for maximum effectiveness [9].

In modern Russian narcology, the primary indicators of treatment effectiveness for alcohol dependence include the duration, stability, and quality of the remissions achieved. However, a review of the literature indicates that with current treatment

methods, the probability of relapse within the first six months is observed in 60% of patients with alcoholism [10,11]. Predicting the development, duration, and quality of remissions in alcohol dependence, as well as the likelihood of relapse, allows for the optimization of therapeutic tactics and rehabilitation effectiveness. In recent years, significant attention has been paid to the problem of achieving remission in alcohol dependence abroad [2, 4, 5, 6, 7]; researchers emphasize such aspects as the stages of its formation and its dynamics, the types and duration of remission, the causes of relapse, and the prognostic factors for achieving long-term remissions [12,14,15,16]. While there is an abundance of literature describing remission in alcohol dependence syndrome, precise definitions of the concept of "remission" and criteria for its determination are lacking, and existing formulations are highly provisional [4,12,13]. V.V. Postnov (2003) studied adjustment disorders in patients with alcoholism during remission and identified different types of relapses. At the beginning of remission, patients with alcoholism experience a period of accumulating illusions and misconceptions regarding sobriety and their own resources [14,17]. However, a confrontation with reality is inevitable, and for most patients, these illusions are shattered, resulting in adjustment disorders. A common psychopathological manifestation in these patients is emotional burnout syndrome [16,17.].

The objective of this study is to investigate the characteristics of neurotic-type remissions in patients with chronic alcoholism, with the subsequent development of diagnostic, therapeutic, and preventive measures.

Materials and methods: The study included 115 male patients with stage 2-3 alcoholism who were in remission. The mean age of the subjects was 34.3±6.5 years. All patients were diagnosed with stage 2 or 3 alcoholism. The patients began to systematically abuse alcohol at an average age of 28. Alcohol abuse was either constant or periodic in nature (43% and 38% of patients, respectively). A moderate rate of alcoholism progression was predominant, occurring in 63% of patients. The prevailing symptoms upon hospital admission were reduced work capacity (80% of patients), rapid fatigue (64%), lethargy and low mood (58%), and sleep disturbances (53%).

Based on clinical observation of the patients and their leading psychopathological syndromes, three variants of neurotic-level alcoholic remission were identified. The depressive type included 47 patients with predominant depressive symptoms, such as low mood, ideational and motor retardation, decreased appetite, and sleep disturbances. The vast majority (81%) of patients with the depressive variant of alcoholic remission were employed at the time of admission. Married patients were predominant in the group (67%), while 18% were divorced. Stable family relationships were observed in 47% of cases, while in 26% of cases, relationships were conflict-ridden. In 22% of the subjects, there was a family history of psychiatric disorders, and in 67% of cases, a family history of alcoholism was noted. The predominant character accentuations were demonstrative (35%), and the predominant temperaments were emotive (66%) and cyclothymic with frequent mood swings (72%). According to patient test results, the mean score on the Hamilton Anxiety Rating Scale was 21.4 ± 5.1, and on the Hamilton Depression Rating Scale, it was 22.8 ± 5.5. The average number of words recalled during a single administration of Luria's 10-word test was 7.5 ± 0.5, which corresponded to a mild memory impairment. Upon admission, all

patients in this group were in therapeutic remission from alcoholism. The average duration of remission in this group was 3.5±1.1 years. A firm commitment to sobriety (81%) and a subcompensated type of remission (78.7%) were prevalent; however, an unstable type of remission was observed in 20% of cases, characterized by the emergence of pathological craving for alcohol (PCA) and episodes of pronounced affective and asthenic symptoms. A retrospective analysis of the course of alcoholism revealed that the onset of the disease occurred at the age of 28±2 years. Alcohol withdrawal syndrome (AWS) manifested predominantly with aestheno-vegetative disorders (80% of cases), while psycho-organic disorders were noted in 14.0% of patients. The majority of the subjects (65%) were characterized by a moderate rate of alcoholism progression. During periods of abstinence, a pathological craving for alcohol was observed; in 45.5% of cases, this was accompanied by a struggle of motives, while in 37.3% of cases, no struggle of motives was present.

The group with an anxiety-phobic type of alcoholism remission included 42 patients with a predominance of anxiety, phobic, and hypochondriacal symptoms. Upon admission, 50% of the subjects experienced panic attacks. Anxiety-phobic symptoms contributed to limitations in work activity due to developing agoraphobia and panic attacks: more than half of the patients in this group (57.1%) were unemployed, while 61.2% had preserved family units. A hereditary predisposition for psychiatric disorders was recorded in 21.4% of patients, for alcoholism in 66.7%, and for drug addiction in 9.5%. In the study of the characterological profile for the anxiety-phobic variant of alcoholism remission, the most frequently noted traits were demonstrative (33.3%), "stuck-in" (26.2%), and pedantic (28.6%) character accentuations, along with anxious (54.8%) and cyclothymic (57.4%) temperament accentuations. Upon admission to the neurosis clinic, the average score on the Hamilton Anxiety Rating Scale was 24.1 ± 7.6. The average score for word recall in the A.R. Luria "10 Words" test with a single presentation was 7.1 ± 0.3, which corresponded to a mild memory impairment. The average duration of the alcohol remission preceding admission was 4.3 ± 1.3 years. The development of spontaneous remissions was characteristic of this group. In these cases, neurotic symptoms, in the form of a combination of anxiety-phobic and autonomic disorders, developed against the backdrop of alcohol abuse, with the formation of hypochondriacal concerns about their health. The vast majority of the subjects demonstrated a firm commitment to sobriety (95.2%) and had a sub compensated type of remission (100%). Analysis of the anamnestic features of the onset and course of alcoholism revealed that the disease developed at an average age of 31.2 ± 5.7 years. There was a roughly equal distribution of patients among intermittent, constant, and periodic forms of alcohol abuse (31%, 38.1%, and 31% of cases, respectively). Alcohol tolerance was 0.8 ± 0.4 liters.

The group with a psycho-organic type of remission from alcoholism included 26 patients with signs of organic psychosyndrome in the cerebrasthenic stage. This manifested as asthenic symptoms, autonomic dysfunctions, functional memory impairments, and explosive character traits. In 73.1% of cases, patients had a history of mild, moderate, or severe traumatic brain injury with concussion; 76.9% of patients had a hereditary predisposition to alcoholism. A study of the patients' employment status revealed that 23.1% were unemployed and 57.7% were employed men;

additionally, 46.2% of patients had been forced to change jobs in the year preceding their hospitalization. At the time of admission, 38.5% of those examined were divorced and 53.9% were married. In 50% of cases, family relationships were conflict-ridden. The most common types of character accentuation in this group were excitable (30.8%), emotive (60.5%), and cyclothymic (72.1%). The average psychometric scores upon admission were as follows: 19.2 ± 9.3 points on the Hamilton Anxiety Rating Scale; and 6.2 ± 0.7 on A.R. Luria's "10-word" test (single presentation), which corresponds to a moderately severe memory decline.

Discussion. At the time of the examination, all patients with the psycho-organic variant of alcoholic remission had achieved remission following anti-alcohol treatment. The average duration of remission was 3.1 ± 1.5 years. More than three-quarters of the patients (76.9%) demonstrated a formal commitment to sobriety, while in a quarter of the cases (26.9%), the remission was unstable. An analysis of the development and course of alcoholism showed that the first instance of alcohol consumption resulting in intoxication occurred at an average age of 16.5 years. Patients began to drink systematically at an average age of 27.8, and alcoholism had developed by the average age of 28.7 ± 6.3 years. The loss of control over the quantity consumed and the loss of the gag reflex occurred, on average, 3.4 ± 1.0 and 2.1 ± 1.0 years, respectively, after the onset of heavy drinking. Maximum tolerance to alcohol reached 0.9 ± 0.3 liters. More than a quarter of the patients (26.9%) had a history of total amnesia covering almost or all of the intoxication period.

A comparative analysis revealed that the group with the depressive type of remission had a significantly higher number of employed patients, whereas unemployed patients predominated in the group with anxiety-phobic manifestations. In the group with the psycho-organic type of remission, divorced men and conflict-ridden intra-family relationships were significantly more common; the anxiety-phobic group was the most stable in terms of family status. A significant predominance of the "stuck" (paranoid) type of character accentuation was found in the psycho-organic and anxiety-phobic groups compared to patients with the depressive variant of alcohol remission. In the group with the anxiety-phobic variant, pedantic and anxious accentuations were also significantly more pronounced. Specific alcohol-related personality changes were observed in 91.2% of cases in the group with psycho-organic disorders, and in 66.7% and 72.3% of cases in the groups with anxiety-phobic and depressive symptoms, respectively (the differences between the groups were significant at $p<0.05$). All cases of spontaneous remission occurred in patients from the group with anxiety-phobic disorders; the other subjects had therapeutic remission from alcoholism. An unstable type of remission was noted only in the groups with the depressive and psycho-organic variants of remission; in the group with psycho-organic disorders, there was a significant (at $p<0.05$) predominance of patients with a formal commitment to sobriety. No statistically significant differences were found between the groups in the frequency and duration of hospitalizations for neurotic symptoms in the year preceding the examination. Statistically significant differences in the levels of anxiety and depression were noted between patients with the depressive and anxiety-phobic variants of alcohol remission. Significantly more pronounced mnestic disorders were also recorded in the group with the psycho-organic type of remission: the decline

in memory function in these patients was moderate, whereas in the other groups, the average level of decline was mild.

The longest duration of the alcohol remission immediately preceding admission was observed in patients with the anxiety-phobic type of remission (4.3±1.3 years), while the shortest was found in the psycho-organic variant (3.1±1.5 years).

Patients with a depressive course of alcoholic remission most often retain their jobs. They are predominantly characterized by a periodic pattern of alcohol consumption, and may exhibit an unstable type of remission and a formal commitment to sobriety. This group shows a tendency towards a predominant dysthymic temperament, and records the highest level of depression on psychometric scales.

In the group with a psycho-organic type of remission, an unfavorable family status is significantly more common. This group is dominated by patients with a formal commitment to sobriety, and they exhibit the most severe course of alcoholism with rapid progression and, frequently, an unstable type of remission. A paranoid (stuck) type of character accentuation is more common in these patients, and alcohol-related personality changes and functional memory impairments are most pronounced.

In the group with anxiety-phobic manifestations, an unstable employment status is most common; however, regarding family status, this group is the most stable. Spontaneous remissions of alcoholism are possible, and a well-founded motivation and a firm commitment to sobriety are noted.

Conclusion. Thus, factors such as marital status, education, and older age contribute to long-term remission. Premorbid personality traits are of great importance for achieving multi-year remissions. Statistically significant differences are observed between the identified types of neurotic-level alcoholism remission in key socio-psychological indicators, as well as in the characteristics of the course of alcoholism. This indicates the need for differentiated therapeutic approaches for such patients. It is necessary to promptly and purposefully identify a history of alcoholism in neurotic patients and to carry out additional therapeutic and preventive measures, differentiated according to the type of remission.

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