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CONTENT

THE IMPORTANCE OF ANXIETY-DEPRESSIVE DISORDERS IN THE DEVELOPMENT OF A NUMBER OF GASTROENTEROLOGICAL DISEASES

Kadomtseva L.V
Candidate of Medical Sciences, Associate Professor of the Department of GP therapy, Clinical Pharmacology, Tashkent Pediatric Medical Institute
E -mail: larisa_kadomzeva@mail.ru
Polikarpova N.V
Assistant of the Department of GP Therapy, Clinical Pharmacology, Tashkent Pediatric Medical Institute
E -mail: nataliapolikarpova11@gmail.com
Kaleda S.P
Assistant of the Department of GP Therapy, Clinical Pharmacology, Tashkent Pediatric Medical Institute
E -mail: dizayn-kadis@rambler.ru
Mirzakarimova F.R
Assistant of the Department of GP therapy, clinical pharmacology, Tashkent Pediatric Medical Institute
E -mail: rustamovnafarida@gmail.com
Daminov R.U
Candidate of Medical Sciences, Associate Professor of the Department of GP therapy, Clinical Pharmacology, Tashkent Pediatric Medical Institute
E -mail: daminovrustam@gmail.com

Abstract. Concomitant depression and anxiety disorders occur in 25% of general practitioners. About 85% of depressed patients have significant anxiety, and 90% of patients with anxiety disorder have depression. Both depressive disorder and specific anxiety disorder require appropriate treatment. Psychological therapies such as cognitive behavioral therapy and antidepressants, sometimes supplemented with antipsychotics, have proven beneficial for treating both depression and anxiety.

Keywords: neurosis; depression; stress; dyspepsia

Over the previous 65 years, the incidence of neuroses in industrially developed countries increased 24 times, including anxiety-depressive disorders amounted to 21.8-38.9% with a significant predominance of them in women (3-4: 1) (Smaardijk VR, Mommersteeg PMC , Kop WJ, Adlam D, 2020). WHO experts predict that by 2020 depression will rank second among the causes of disability after coronary heart disease.

In the general population, the frequency of depressive disorders is 10.7%, and in hospitals for somatic patients it reaches 27.1%. However, only 10% of patients with anxiety-depressive disorders are observed by psychiatrists, and most of them (65%) - by general practitioners; 25% of patients never see a doctor at all. Thus, depression has recently moved beyond the scope of psychiatry and has become a general medical problem. Among the alleged reasons for the growth of depressive states are psychoemotional and psychosocial stress. The causes of stress are diverse: a serious illness, a conflict situation in a work team or family, the loss of loved ones, serious financial difficulties, unexpected negative changes in life (forced change of place of residence or nature of work, etc.). Stress includes emotional, cognitive, autonomic and somatic reactions [1,2,4,7].

The importance of the problem of depressive states is that they significantly reduce the quality of life and adaptation of patients, cause or aggravate the disorder of the

functions of internal organs, and contribute to the exacerbation of pathological processes in the body. The connection between the psyche and the somatic is two-way. Mental disorders affect somatic functions (somatic mental disorders, somatic "resonance" of mental disorders, somatic "masks" of depression), and somatic diseases, in turn, affect the state of the psyche (somatogenic mental disorders). A special place belongs to psychosomatic diseases and syndromes. Psychosomatic diseases (syndromes) with a certain reason include: o gastric ulcer and duodenal ulcer; o functional (gastroduodenal) dyspepsia syndrome; o irritable bowel syndrome (mainly colon); ulcerative colitis; Crohn's disease; part of the functional forms of chronic duodenal insufficiency syndrome; chronic cholecystitis (mainly acalculous) and functional disorders of the sphincter apparatus of the extrahepatic biliary tract, etc. Psychovegetative syndrome plays an important role in the formation of psychosomatic diseases. With prolonged and intense psychoemotional stress, especially in the presence of a genetic predisposition and hypochondriacal fixation on vegetative syndromes, conditions are created for the development of psychosomatic suffering. Modern psychosomatic medicine does not attach importance to psychogenic influences as the only and decisive factor in the etiology and pathogenesis of somatic diseases, supporting the concept of polyetiology of human diseases. Recognizing the existence of aclose relationship between the emotional life of aperson and the nature of his somatic disorders, psychosomatic medicine studies the living conditions of an individual, his personality traits, the nature of interpersonal relationships, as well as the influence of the social environment on human mental health and the development of somatic diseases. Anxiety-depressive syndrome and peptic ulcer disease. One of the most common gastroenterological diseases associated with mental disorders is peptic ulcer, which affects up to 10% of the world's adult population under the age of 60. Attention has long been drawn to the relationship of peptic ulcer disease with an increased level of anxiety (Koloski N, Holtmann G, Talley NJ., 2020). In particular, the influence of anxiety and depression on the rate of ulcer healing was noted. It was found that generalized anxiety disorder increases the risk of developing peptic ulcer disease by 2.2 times, and the severity of symptoms of generalized anxiety disorder correlates with the clinical symptoms of peptic ulcer disease. It is important to note that peptic ulcer disease is the only medical condition that increases the risk of generalized anxiety disorder by 2.8 times. It is emphasized that there is acausal relationship between generalized anxiety disorder and peptic ulcer disease, or there are common genetic and environmental predisposing factors Koloski N, Holtmann G, Talley NJ., 2020. (Among the psychopathological syndromes in duodenal ulcer disease dominate: simple asthenic (22%), asthenic-depressive (30%) and asthenic-subdepressive (14%). In 68% of cases of peptic ulcer disease develops in people in whose representation the stomach is the most Significant organ Depression and functional (gastroduodenal) dyspepsia syndrome In functional dyspepsia syndrome symptoms of vegetative dystonia are observed: fatigue, decreased ability to work, sleep disturbance, increased sweating, fever, orthostatic disorders, periodic feeling of lightheadedness, semi-fainting.

Most authors studying the syndrome of functional dyspepsia associate the appearance of symptoms of gastric dyspepsia with the somatization of anxiety-depressive disorders. Thus, J. Richter et al. (2012) revealed in patients with functional dyspepsia syndrome increased anxiety, signs of autonomic dysfunction, and B. Cash - the presence of insufficiently adapted mental reactions, manifested by anxiety and depression, which are combined with epigastralgia and gastric dyspepsia. Depression and irritable bowel syndrome. One of the most substantiated hypotheses for the pathogenesis of irritable bowel syndrome is the biopsychosocial theory of its origin (Van den Houte K, Colomier E, Schol J, Carbone F, Tack J., 2020). Some authors tend to consider irritable bowel

syndrome as a psychosomatic pathological process that develops in people with more or less pronounced mental disorders. Symptoms of irritable bowel syndrome indicate a violation of the central and peripheral regulation of intestinal functions: "brain-gut disorder". According to the biopsychosocial theory, psychoemotional and psychosocial stresses play a decisive role in the development of irritable bowel syndrome, which have a negative impact on psychological, biological and somatic processes in the body [1,3,5,8,9,11,13].

Depression and functional forms of chronic duodenal insufficiency syndrome. The syndrome of chronic duodenal insufficiency is characterized by difficulty in moving the food chyme along the duodenum, delaying its evacuation to the lower parts of the small intestine. There are organic and functional forms of chronic duodenal insufficiency syndrome. The latter are divided into primary-functional (idiopathic) and secondary-functional, complicating the course of a number of diseases associated with the duodenal organs (stomach, pancreas, hepatobiliary system, etc.). It is important to emphasize that with functional forms of chronic duodenal insufficiency syndrome in the duodenum there are no organic (mechanical) obstacles to the transit of duodenal contents. In the syndrome of chronic duodenal insufficiency, the pathological process is localized in the duodenum, which is the focus of the nervous and hormonal mechanisms of regulation of the functions of the organs of the gastroduodenocholangiopancreatic system, and therefore functional disorders of the duodenum inevitably affect the activities of neighboring organs. A group of psychiatrists and surgeons, having studied the mental status of patients with primary functional forms of chronic duodenal insufficiency syndrome, found that in a significant part of cases they develop as a result of psychoemotional stress and anxiety-depressive syndrome.

Depression and pathology of the biliary system (chronic cholecystitis and associated dyskinesias of the extrahepatic biliary tract). The importance of anxiety-depressive disorders in the development and course of XX has been noted for a long time. Suffice it to recall the expression that has entered into everyday use about the "bilious character", which speaks of a quarrelsome, irritable, sarcastic person. Doctors of antiquity singled out people with a choleric temperament (from chole - bile), who were distinguished by imbalance, incontinence, and a tendency to unjustifiably violent reactions. In chronic cholecystitis, the emotion of anxiety, irritable weakness, a tendency to introspection, "withdrawal into illness", less often demonstrativeness, prevail. These changes in the psyche are due to both external psychogenic factors and somatogenic influences. Chronic cholecystitis usually occurs with asthenic-depressive syndrome. Along with depression and asthenia, these patients have anxiety and agitation.

Treatment. In addition to the basic individualized therapy of somatic diseases, many patients need additional prescription of psychotropic drugs.In addition, these patients require psychological support. It is important to provide psychological contact between the doctor and the patient, explain to him the essence of the development of a psychosomatic disease (syndrome) and its relationship with psycho-emotional stress, increased anxiety, emphasize that anxiety-depressive disorder is not a natural response to stress, but a painful condition that requires treatment. The main method of treating anxiety-depressive disorders is psycho-, less often hypnotherapy. Currently, in case of peptic ulcer disease, the method of gestalt psychotherapy, developed by F. Perls, is successfully used - a method of reconstructive psychotherapy aimed at bringing a person to maturity and integrity of his own "I". Only when psychotherapy is ineffective do they resort to prescribing psychotropic drugs.

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