ISSN: 2776-0960 Volume 2, Issue 4 April, 2021

ResearchJet Journal of Analysis and Inventions
https://researchjet.academiascience.org

INFLUENCE OF NEUROTIC DISORDERS ON COGNITIVE FUNCTIONS AND MODERN TREATMENT METHODS

U. I. Kuchkorov,
Bukhara State Medical Institute

S. Sh. Karimova
Bukhara State Medical Institute

ABSTRACT

The emergence of neurotic disorders is the most urgent syndrome as the 1st rank of mental illness, which requires timely qualification and correction. The problem of correct diagnosis and adequate treatment of neurotic disorders has acquired particular importance in recent years. There is a certain category of patients suffering from neurotic disorders, which significantly reduces the quality of life of patients, requires repeated hospitalizations and is accompanied by significant difficulties in therapy.

Keywords. Axial symptom, Hyperkinesis, Emotional disorders

The presence of neurotic disorders significantly reduces the quality of life of individuals and causes serious economic problems [2,3]. The quality of life indicator can explain the influence of various psychosocial factors on the dynamics of the disease [6,7].

The axial symptom of neurotic spectrum disorders is anxiety, which formed a kind of "psychopathological background" against which other symptoms of non-psychotic mental disorders developed or intensified [1]. When studying the symptoms of neurotic disorders, the relationship between cognitive impairments and symptoms of anxiety was determined. As noted by G.S. Malhi et al. [9], anxiety symptoms can directly affect cognitive function in affective disorders and should be considered when establishing the causes of cognitive impairment [4, 5].

The psychopathological multidirectionality of neurotic disorders that make up asthenia, adynamia, phobias, sleep disturbances, subdepression, dysphoric disorders and anxiety limits the use of drug therapy [8]. The psychopharmacological approach to neurotic disorders has been studied in isolated works, therefore, it is necessary to clarify the effectiveness of the use of modern drugs for them is relevant. The above causes the need to study the

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effectiveness of anxiolytics in neurotic disorders, assessing their effects on the quality of life of patients.

The aim of the research task was to study the psychopathological structure and dynamics of the neurotic syndrome. To study the QOL indicators and assess the efficacy and safety of anxiolytics in patients with neurotic disorders.

Materials and methods of research. On the basis of the Bukhara Regional Psychoneurological Dispensary, 84 patients with a diagnosis of neurotic disorders in F-20 (Schizotypal disorder with neurosis-like symptoms) and F-40 (Neurotic disorders (neuroses)) according to ICD-10 were studied on an outpatient basis. up to 45 years old. The main group included 60 patients and the control group included 24 patients. 10 (11.9%) patients had higher education, 31 (36.9%) patients had specialized secondary education, and 43 (51.2%) patients had secondary education. At the time of examination, 34 (40.5%) patients were married, 18 (21.4%) patients were divorced, and 20 (23.8%) patients did not have a family.

In the course of the study, the patients underwent tests and rating scales to determine the severity of neurotic disorders, quality of life according to SF-36, assessment of anxiety according to Taylor and assessment of depression according to Hamilton. The average duration of the disease in both groups of patients was 5.6 ± 1.4 years. In order to identify the features of neurotic disorders, psychological studies were used, including assessments of anxiety, subdepression, hypochondria, phobias and sleep disturbances.

Research results. This study examined neurotic disorders. Neurotic disorders are among the most common mental disorders in adulthood. Based on the results of assessing neurotic disorders and determining the leading syndromes within the diagnostic category, two diagnoses were identified: F-20 Schizotypal disorder with neurosis-like symptoms and F-40 Neurotic disorders (neuroses). The main symptoms of neurotic disorders are asthenia, depressed mood, anxiety, phobias, feelings of inner tension, anger, obsessive disorders, irritability, aggressiveness and sleep disturbance.

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Table 1 The severity of neurotic symptoms in patients F-20 and F-40

Symptoms	First group F-20 (*n*=30)						Second group F-40 (*n*=30)					
	Severity level						Severity level					
	Light		Medium		Heavy		Light		Medium		Heavy	
	Абс.	%	Абс.	%	Абс.	%	Абс.	%	Абс.	%	Абс.	%
Asthenia	6	20,0	9	30,0	4	13,3	11	36,7	6	20,0	2	6,7
Hyperkinesis	8	26,7	11	36,7	5	16,7	6	20,0	8	26,7	3	10,0
Sleep disturbance	5	16,7	12	40,0	6	20,0	14	46,0	7	23,3	5	16,7
Depressed mood	6	20,0	12	40,0	5	16,7	12	40,0	9	30,0	3	10,0
Hypochondria	6	20,0	9	30,0	5	16,7	10	33,3	8	26,7	7	23,3
Obsessive Disorders	8	26,7	9	30,0	7	23,3	12	40,0	4	13,3	3	10,0
Irritability	9	30,0	12	40,0	6	20,0	14	46,7	9	30,0	4	13,3
Aggressiveness	6	20,0	8	26,7	9	30,0	11	36,7	10	33,3	7	23,3
Phobias	9	30,0	6	20,0	5	16,7	12	40,0	8	26,7	2	6,7

In patients diagnosed with schizotypal disorder with neurosis-like symptoms, irritability, aggressiveness, obsessive disorders, depression of mood and severe phobias prevailed. Emotional disorders are easily associated with increased irritability, aggressiveness, often in conflict with other patients. Depressed mood prevails in the morning, patients are dissatisfied with others, staff, sometimes themselves. Asthenic disorder was detected in 63.3% of cases, hyperkinesis - in 80.1%, depressed mood, aggressiveness and sleep disturbance - in 76.7%, obsessive disorders - in 80.0 %. In patients with a gloomy-depressed mood with hypochondria, subdepression and obsessive disorders can be seen. Affective reactions in patients were characterized by instability, exhaustion, switchability, actions were performed in a state of clear consciousness.

In patients diagnosed with neurotic disorders (neuroses), asthenia, hyperkinesis and sleep disturbances prevailed. Decreased mood prevails in the

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afternoon, patients look tired, dissatisfied, others, staff, and sometimes themselves.

Analysis of the testing data for the main groups of patients showed that 20 (33.3%) of them rated their QoL as “very low”. “Low” and “medium” assessments of the final QOL were obtained in 19 (31.7%) and 14 (23.3%), respectively. In 7 (11.7%) patients, the indicators were located in the intervals of "good" KJ.

Table 2 Assessment of the quality of life of patients before and after treatment

Patient group	First group F-20 (*n*=30)		Second group F-40 (*n*=30)	
	before treatment	after treatment	before treatment	after treatment
General health	54,0±1,8	58,2±1,8	69,5±1,2	73,9±0,9*
Physical activity	62,0±1,9	68,6±1,9	73,1±2,7	83,1±0,7*
Functioning associated with the physical	57,5±1,2	74,7±1,8	63,1±2,0	81,1±1,8*
Emotional Functioning	57,7±1,9	64,4±1,0	66,8±1,5	75,4±1,3*
Social functioning	52,8±1,9	63,7±1,4	65,0±1,4	76,6±1,2*
Pain intensity	55,2±1,0	63,4±0,8	62,8±1,5	75,2±1,3*
Vital activity	56,9±0,8	62,7±0,8	64,4±1,4	74,9±1,4*
Mental health	61,3±1,0	50,7±0,8	67,5±4,6	72,2±1,4

Note: significant compared to before treatment * - P <0.05; ** - P <0.01.

The average final QoL in both groups of patients was 64.7 ± 5.2 points, which corresponded to a "low" level of QoL. In the group with a diagnosis of schizotypal disorder with neurosis-like symptoms, it was equal to 64.5 ± 4.7 points, also corresponding to a “low” QOL score; in patients with neurotic disorders (neuroses) - 69.3 ± 5.1 points - approximately to the "average" level of QOL. The significance of the differences between the indicators was statistically significant p <0.05.

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The quality of life of patients is associated with various psychosocial factors: health, family, interpersonal relationships, personal development, socioeconomic status, material well-being, social activity and social recognition.

Research results show that in people with neurotic disorders diagnosed with schizotypal disorder with neurosis-like symptoms, various psychosocial problems are more common than patients diagnosed with neurotic disorders (neuroses).

The average final QoL in both groups of patients was 76.7 ± 5.2 points, which corresponded to a “low” level of QoL. In the group with the diagnosis of schizotypal disorder with neurosis-like symptoms, it was 72.5 ± 4.7 points, also corresponding to a “low” QOL score; in patients with neurotic disorders (neuroses) - 78.3 ± 5.1 points - close to the "average" level of QOL. Evaluation of the emotional status of patients was carried out by the clinical psychopathological method, as well as using the Hamilton Depression Rating Scale (HAM-D) and the level of anxiety according to Taylor. The severity of depression was determined by the sum of points: 0-14-normal; 14 -17-mild depressive disorder; 18-25- moderate depressive disorder; 25-50- severe and extremely severe depressive disorder.

Table3 Indicators of anxiety and depression in the main and control groups

Condition assessment methods	First group F-20 (*n*=30)			Second group F-40 (*n*=30)		
	Mild	Moderate	Severe	Mild	Moderate	Severe
Taylor anxiety level	8 (5-15 score)	12 (16-25 score)	10 (26-45 score)	9 (5-15 score)	11 (16-25 score)	11 (26-45 score)
Hamilton level of depression	10 (14-17 score)	14 (18-25 score)	6 (25-50 score)	8 (14-17 score)	12 (18-25 score)	10 (25-50 score)

A comparative assessment of the rate of reduction of individual symptoms draws attention to the more selective effect of zolomax in comparison with sibazon on the symptoms of anxiety, agitation, emotional lability, subdepression, tension, irritability and insomnia.

For the treatment of patients in the first group, the anxiolytic Zolamax (alprozolam) was prescribed, and in the second group of patients, the drug Sibazon was prescribed.

The table reflects the high efficacy of zolomax in patients with all neurotic disorders. In the first three weeks of therapy, zolomax reliably and effectively stopped the symptoms of anxiety, agitation, insomnia, emotional lability and obsessive-phobic disorders. Sibazon has shown its selectivity in relation to symptoms such as activity, subdepression and astheno-adynamia.

Table 4 Dynamics of neurodegenerative disorders in the main and control groups in the treatment process

Symptoms	Days of treatment	Patient group	
		First group (zolomax) (n=30)	The second group (sibazon) (n=30)
Astheno-adynamia	1- день	2,9±0,04	2,8±0,06
	20- день	1,8±0,05*	1,6±0,07*
	30-день	0,5±0,05**	0,9±0,05*
Emotional lability	1- день	2,7±0,06	2,9±0,04
	20- день	1,7±0,06**	1,7±0,04**
	30-день	0,6±0,04**	0,9±0,05**
Subdepression	1- день	2,8±0,06	2,7±0,06
	20- день	1,5±0,04*	1,3±0,07*
	30-день	0,6±0,05**	0,9±0,05**
Obsessive-phobic disorders	1- день	2,8±0,06	2,9±0,04
	20- день	1,6±0,06**	1,8±0,06**
	30-день	0,7±0,05**	1,1±0,05**
Sleep disturbance	1- день	2,9±0,06	3,0±0,03
	20- день	1,5±0,06**	1,8±0,06**
	30-день	0,6±0,05**	0,9±0,05**
Anxiety	1- день	2,9±0,06	2,8±0,06
	20- день	1,7±0,06**	1,7±0,06**
	30-день	0,5±0,05**	0,9±0,05**
Tension and irritability	1- день	2,8±0,06	2,7±0,06
	20- день	1,7±0,06**	1,5±0,07**
	30-день	0,5±0,05**	0,8±0,05**

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Note: significant compared to before treatment * - P <0.05; ** - P <0.01.

Differences in the dynamics of neurotic symptoms, detected during the treatment with zolomax during the first 3 weeks, became statistically significant. Patients diagnosed with neurotic disorders (neuroses) neurosis-like disorders such as sleep disturbance, irritability and obsessive disorders become of great importance during the course of the disease. In patients diagnosed with schizotypal disorder, depressed mood, hypochondria, aggressiveness, phobias, and hyperkinesis are the main symptoms of neurosis-like disorders. All patients showed a significant decrease in QOL values caused by the disease. In no case was a high criterion for quality of life obtained. At the same time, patients diagnosed with schizotypal disorder with neurosis-like symptoms had significantly lower QoL indicators. Comparison of patients in the first group identified the more common various psychosocial problems.

Output. During the study, a clear relationship between neurotic and cognitive disorders was established. Patients diagnosed with schizotypal disorder with neurosis-like symptoms had a severe course of neurosis-like disorders. In patients diagnosed with neurotic disorders (neuroses), a mild course of neurosis-like disorders was observed, with the character of successful social and labor functioning, which is a reflection of the quality of life indicator. During the treatment of patients with neurotic disorders, Zolomax had a more pronounced effect by the end of the course of therapy in relation to the diagnosis of schizotypal disorder with neurosis-like symptoms. The data presented will allow making a more informed decision regarding the choice of therapy tactics.

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