

REACTIONS OF PSYCHOLOGICAL MALADJUSTMENT IN COMBATANTS WITH HIGH CARDIOVASCULAR RISK

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The aim of the research was to study frequency and nature of psychopathological symptoms in various forms of mental maladjustment's reactions in patients with high cardiovascular risk.

Materials and methods. The primary information base for the implementation of research was the result of complex clinical and anamnestic survey of 450 young patients, among whom 400 had non-psychotic mental disorders (NPMD) and who were previously stratified by the level of cardiovascular risk (CVR), defined by the «SCORE» method. The usage of this method involved taking into account: age, gender, presence of smoking, blood pressure levels and other, and provided the possibility of extrapolation of possible risk to the older age. In general, an emphasis of psychopathological symptoms was insignificant and, on the average, ranged from (1,9÷2,7) points, which allowed to identify their presence. RPM, generally, had not a syndromological completeness, however, most commonly diagnosed complexes of symptoms, that were existed, allowed to organize these manifestation into four options: asthenic (¹n₁=14 patients), dysthymic (¹n₂=14 patients), affective (¹n₃=31 patients) and somatoform (¹n₄=33 patients).

Results and their discussion. The prevalence of phenomena of physical and mental asthenia was typical for patients with asthenic variant of RPM. Often, a psychopathological symptoms they had, were increased fatigue and weakness, diagnosis indexes of which were significantly higher than on the average for patients

with RPM (respectively $92,9\pm 6,9\%$ and $85,7\pm 9,4\%$). Increased irritability in the same subgroup took only third place by the frequency of registration, but it occurred in more than $\frac{3}{4}$ of cases ($78,6\pm 11,1\%$) and was slightly more common as that in some other variants of RPM (eg, in somatoform - ($51,5\pm 8,7\%$). In the subgroup of patients with hCVR on the background of dysthymic variant of RPM, quite prevalent psychopathological symptoms were irritability, intemperance, which were observed in the ($92,9\pm 6,9\%$) of cases, and lack of vigor after a night's sleep - in ($85,7\pm 9,4\%$), while on the average in RPM – the frequency of irritability was significantly lower ($p<0,05$). A common manifestation of RPM in this subgroup, which was much higher, than on the average, was touchiness ($57,1\pm 13,2\%$). More, than half of patients with dysthymic form of RPM, also was observed: fatigue - in $57,1\%$, artificiality – $57,1\%$ of the patients in this subgroup. In the affective variant of RPM such prevalence of one symptom was not observed, but most often in patients of this subgroup occurred irritability – in ($71,0\pm 8,2\%$) and weakness – in ($71,0\pm 8,2\%$) of patients. On the second place were ranked fears, excitements, that nearly twice exceeded the average in other variants of RPM by their frequency (($58,1\pm 8,9\%$ surveyed) of diagnosis. In more than half of the patients of this group were found: artificiality and tearfulness - in $58,1\%$ of patients in this RPM subgroup. Patients with hCVR, which constituted the fourth subgroup - a variant of somatoform RPM, dominated by the symptoms of corporeal maxims - pain in the heart, associated with emotions (in $54,5\pm 8,7\%$), pain in the chest or abdomen with excitements (in $66,7\pm 8,2\%$), which was higher, than on the average of patients with RPM, by the frequency in 2-3 times. More than half of the patients in this subgroup noticed a headache, a feeling of heaviness in the head – in ($48,5\pm 8,7\%$), irritability - in ($51,5\pm 8,7\%$) and low mood - in ($51,5\pm 8,7\%$).

The results of the comparison of diagnosis` frequency of the five most commonly diagnosed psychopathological symptoms at different variants of psychological maladjustment reactions in patients with increased cardiovascular risk, allowed to determine the most frequent syndrome in various forms of RPM. Thus, in patients

with high CVR, each variant of psychological maladjustment reactions has its own symptom structure's features.

Conclusions.

1. The prevalence of phenomenon of physical and mental fatigue was typical for patients with asthenic variant of RPM: increased fatigue and weakness, which diagnostics figures were significantly higher, than on the average for patients with RPM (respectively $92,9 \pm 6,9\%$ and $85,7 \pm 9,4\%$). Increased irritability in the same subgroup by frequency of registration was only on third place, but observed in more than $\frac{3}{4}$ of cases ($78,6 \pm 11,1\%$).

2. In patients with hCVR on the background of dysthymic variant of RPM absolutely prevalent psychopathological symptoms were irritability, intemperance, which were observed in the ($92,9 \pm 6,9\%$) of cases and lack of vigor after a night's sleep - in ($85,7 \pm 9,4\%$), while a frequency of irritability in RPM on the average was significantly lower ($p < 0.05$).

3. In the affective variant of RPM a prevalence of one symptom was not observed, but most often in patients in this subgroup occurred irritability - in ($71,0 \pm 8,2\%$) and weakness - of ($71,0 \pm 8,2\%$) of patients. In second place were ranked fears, excitements, that nearly twice ($(58,1 \pm 8,9\%)$ surveyed) exceeded the average in other variants of RPM by their frequency.

4. In patients with hCVR with somatoform variant of RPM, dominated by the symptoms of corporeal maxims - pain in the heart, associated with emotions (in $54,5 \pm 8,7\%$), pain in the chest or abdomen with excitements (in $66,7 \pm 8,2\%$), which was higher, than on the average of patients with RPM, by the frequency in 2-3 times.

5. Ranking of symptoms was made and the major syndromes, depending on the form of psychological maladjustment reactions in patients with hCVR, were defined.