



# **ABSTRACT BOOK**



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**Conclusions.** Thus, the earliest survey of persons with an increased risk of atherosclerosis can detect initial changes in the nervous system and treat them successfully.

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## **EMOTIONAL DISORDERS IN PATIENTS WITH ARTERIAL HYPERTENSION**

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**Introduction.** Emotional mental disorders are common in patients with hypertension. According to various studies, 30 to 40% of patients with hypertension have nonpsychotic disorders of varying severity. Study data daily blood pressure helps to establish a relationship between hypertension and psychopathological disorders that have been reported in these patients. Timely detection of emotional disorders, understanding their dependence on daily blood pressure will use this information to improve treatment and quality of life of patients.

**Materials and methods.** We have examined 57 patients diagnosed with hypertension at the Educational-scientific medical complex "University Clinic" Kharkiv National Medical University. The control group consisted of 28 healthy individuals of similar age characteristics. We used the following methods: clinical and psychopathological research; psychodiagnostic study (hospital anxiety and depression scale (HADS, 1983), symptomatic questionnaire SCL-90-R, TAS-26; Instrumental (study of daily monitoring of blood pressure using ABPM-50); methods of mathematical statistics.

**Results of research.** According to the evaluation using HADS, 57 patients with hypertension, manifestations of anxiety and depression were presented in 46 patients (80.7%), 4 of them (7%) - symptomatic disorders. 10 patients of the control group (35.7%) had signs of anxiety and depression, not exceeding subclinical level. Assessing patients experimental and control groups using clinical-psychopathological method, emotional disorders were founded in 49% of the experimental group and 25 controls. Structure disorders as follows: patients with hypertension in the first place was a depressive syndrome (36%), neurotic (29%), anxiety (21%), hypochondria (14%). Neurotic syndrome was the leading (47%) patients in the control, then hypochondria (31%) and depression (22%) syndromes. The manifestations of alexithymia were observed in 43.9% of the experimental group and in 10.7% of the control. Absolute values of blood pressure and increase individual did not correlate with the development of mental disorders in patients. Depending on the characteristics of daily index among patients with hypertension were more common patterns «Nondipping» and «Night-peaker». Also observed a significant increase in manifestations of somatization, anxiety, depression with increasing daily index values.

**Conclusions.** Non-psychotic disorder emotional sphere (neurotic, depressive, hypochondria, anxiety syndromes) are often found in patients with hypertension. These daily dynamics of blood pressure have a great influence to the mental disorders in patients. There were found that blood pressure variability indices, such as the daily index substantially affect the presence of psychopathological symptoms. Features of patterns «nondipper» and «night-peaker» were associated with a high incidence of somatisation disorders with symptoms of fatigue, anxiety, depression, hypochondria. Mean values, absolute numbers of blood pressure, increasing the individual does not affect significantly to the development of emotional disorders.

*Mohamad S.*

## **SOMATOGENIC DEPRESSION AND ASSOCIATED DISORDERS AMONG PATIENTS WITH CARDIOVASCULAR DISEASES**

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**Introduction.** Background. The problem of cardiovascular diseases takes a special place in the range of psychosomatic pathologies. It is connected with their significant incidence, also in productive age, high mortality and disability rates. Every year cardiovascular diseases caused 4300000 deaths in Europe, in particular, there are more than 2 million fatal cases in the European Union.

**Materials and methods.** The study included 60 patients, examination of the patients was carried out in four stages: Stage 1 - within 28 days after MI (acute phase), Stage 2 - 3 months after the event (subacute phase), Stage 3 - 6 months after the event (the recovery period), Stage 4 - 1 year after the event (consequences period). Throughout the period of the survey on the background of basic therapy patients have received psychotherapeutic correction and psychological support. The methods that were selected for the study are: clinical methods, psycho-diagnostical methods (Hamilton scale of depression (HDRS), Beck scale of depression (BDS), Spylberger scale of personal and reactive anxiety, Mini-Mental State Examination (MMSE), quality of life test (Mezzich I., Cohen N., Ruiperez M., Lin I., and Yoon G., 1999), statistical methods.

**Results of research.** The obtained results demonstrated that the most frequent syndromes in MI patients in the acute phase were: pain (86,7 %), phobic (83,3 %), asthenic-anxious (43,3 %) syndromes. Asthenic symptoms in this group of patients were part of the asthenic-anxiety, asthenia, depression (16,7 %), asthenic-hypochondriac (10,0 %) syndromes. Hysteria syndrome and cognitive deficits were observed in 6,7 % of cases. In 13,3 % of MI patients anosognostical attitude to the disease manifested as appropriate response impairment, denying hospital admission and treatment, decrease in critical assessments of their own state, complete disregard as to the severity of their condition. Disorders of consciousness in their superficial form, obnubilation, were observed in 6,7 % of patients.

During the second stage of our research the MI patients demonstrated a decrease in pain (50,0 %), phobic (40,0 %) and asthenic - anxiety (33,3 %) syndromes. On the contrary, incidence and