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FAVORABLE PROGNOSIS OF DRUG ADMINISTRATION IN PATIENTS WITH SCHIZOPHRENIA AND MOTIVATIONAL FACTORS FOR TREATMENT

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Abstract: The nature of the course of mental disorders determines the need for long-term treatment of patients not only at the stage of alleviating the acute condition, but also during the period of remission. Long-term drug therapy is necessary for patients with schizophrenia spectrum disorders, affective and neurotic disorders. At the same time, the combined influence of biological, psychological and social factors on the development of mental disorders determines the need to provide psychiatric assistance within the framework of a holistic, biopsychosocial approach.
Key words: Schizophrenia, affective disorder, pharmacotherapy, psychiatric care.

Introduction. During psychiatric treatment, the adaptive behavior of patients is very important, since it is a condition for preventing the chronic development of the disease, preventing disability and reducing the burden of the disease both for the patient himself and for his macro and micro environment [2]. At the same time, the prevalence of non-compliance with the norm among the mentally ill poses a challenge to medical science, as it raises the issue of developing effective rehabilitation measures aimed at improving patient suitability for treatment. It will be necessary to stratify the factors that determine the compatibility of patients, on the one hand, according to the degree of their access to the targeted modification, on the other hand, according to the resource-intensive effect on them. Motivating patients for treatment is one of the promising areas of such work [7], but so far there has been a lack of evidence-based research on its association with adherence to therapy [5], an intuitive and reductionist approach in routine practice. its assessment is general only from a quantitative point of view, but not qualitatively. The prognostic role of treatment motivation in the promising structure of Drug Administration in patients with severe mental disorders has not been sufficiently studied.

The problem of motivation for treatment in psychiatry is important due to the need to involve the patient in the recommended therapy program and long-term adherence to it. It is known that self-stimulation of patients with mental disorders to get help can have a positive effect on their behavior in therapy. It is therapeutic motivation that is an important factor in the compatibility of psychiatric patients with medications. Along with psychosocial conditions, personal motivation for treatment is one of the factors that determine the duration of anti-relapse therapy in patients with schizophrenia. In the entire system of psychiatric rehabilitation, motivation for obtaining psycho-social assistance occupies a special place. However, a number of studies question the effectiveness of methods to increase motivation in relation to the formation of conformity behavior in patients. This contradiction can be related, on the one hand, to the Multi-Factor Structure of motivation for the treatment of mentally ill patients and

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compliance with drugs, and on the other hand, to the absence of universally accepted and real means for assessing motivation.

The purpose of the study: in a retrospective cohort study, a study of the properties of predicting drug compliance in patients with schizophrenia spectrum disorders.

Materials and methods: In connection with the exacerbation of the situation, during the initial and repeated voluntary treatment for inpatient psychiatric care, 24 patients of the Department of integral pharmacopsychotherapy of patients with mental disorders of the FMS were examined: 9 men and 15 women. The median age at the time of the initial examination was 35,7±11,35 years, the median duration of the disease was 12,1±10,77 years, and the number of hospitalizations was 5±3,8 years. The average period between the first and repeated visits to the department was 1,6 ± 1,58 years.Method of predicting patient behavior during drug treatment in psychiatry (Lutova N.B., 2010) was used based on the filling of three points of the drug. compliance scale by the Attending Physician. The assessment algorithm makes it possible to predict inappropriate patient behavior, unstable or favorable compliance. Motivation for treatment was assessed using the original questionnaire. Its use allows the evaluation of the following using the patient self-report on the 20 motivations of the behavior listed in the questionnaire: 1) the overall intensity of the patient's motivation for treatment; 2) determine the characteristics of its structure depending on the severity of the individual motivational patterns of the hierarchical scale of motivation: from motivation - level 1, external-level 2 to consistent formation, then step - by-step strengthening of internal motivation-level 3. , 4 and 5, to sustainable motivation for long-term pharmaco - psychotherapy-Level 6; 3) identification of motivational sources that dominate the motivation structure for treatment in a particular patient, in which a significant increase and decrease in the individual parameters of the structure of therapeutic motivation is determined at critical limits from -0.5 to 0.5 standardized points per parameter. GCML survey. The clinical status of the study participants was assessed using the bprs, SANS and GAF scales.

The data obtained was analyzed using the SPSS statistical software package. Descriptive statistics were used, comparing data in studied groups for parametric data was done on the Student t-test; for non - parametric data-using the Kruskal-Wallace h-test and Mann-Whitney U - test; x^2 Pearson-for nominal scales. To assess the distribution parameters of the data of the requested sample of patients, the Kolmogorov-Smirnov z-test was used. For clarity and uniformity of data presentation, the results of the analysis mean M±S.D is given as shown.

Results and discussions. During the initial examination, unsustainable compliance was predicted in 83% of patients and positive in 17%. After re-examination, the proportion of patients with a positive prognosis of drug compliance in the observed cohort rose to 57%, respectively, while the prognosis of unsustainable drug compliance remained in 43% of patients. None of the patients observed showed worsening prognosis, and in 39% of patients the prognosis increased by one step.

The results of predicting the behavior of the first hospitalized patients are confirmed in the data of the analysis of the current structure of patient compliance with drugs and its subsequent assessment. When admitted to the first hospital, patients with a favorable or unstable prognosis for compliance are approximated and significantly differentiated in the initial and subsequent examinations by the CMC's overall score, small measures of attitude to medicine, and physician-related factors $p<0.05$). A roughly significant ($p=0,075$) difference (scores of -0,85±0,540 and -0,13±0,992, respectively) between patients with a positive and unstable conformity prognosis, according to the overall score of the survey to assess motivation for treatment during the initial examination.

Unsustainable drug compliance was more typical of dysfunctional patients: here in the initial examination, 84% of patients did not have a permanent place of work, while accounting

for 25% among patients with a favorable prognosis for adherence to treatment ($x^2 = 6.0$) p=0,01). Unstable compliance prognosis is also common in patients with external lack of motivation for treatment (Level 2).

A positive prognosis of patient behavior in the course of taking medications is more common in patients with a lack of motivation (level 1) - when their attitude to therapy is based on a disagreement with the position of passive subordination to drugs; it is also common against the background of lack of motivation in patients based on the correct internal picture of the disease with.

Patients who showed improvement in predictive assessment of compliance in follow-up compared to other patients did not differ in severity of symptoms and painful deaptation, but they have more secondary professional education (44% and) than patients with stable predictive assessments. 7% of related subgroups; x^2=6,1 at p= 0,05); live in marriage (44% and 7% of related subgroups; x^2 = 4,4 at p = 0,03); have children (67% and 14% of related subgroups; X^2=6,6 at p=0,01). Patients with improved predictive compliance rates have been characterized by a significant increase in the MMC's overall score and the small scale of attitudes towards medicine in re-examination (p<0,05). At the same time, they approached significant differences in the small scale of physician-related factors, and differed significantly in the primary examination indices on the small scale of the patient's environmental-related factors (scores of 4,2±1,39 and 2,9±1,51, respectively). (2,6±0,88 and 1,7±1,14 at p=0,09). In them, the Level 5 indicators of motivation during the initial exam (-0,72±0,749 and 0,21±1,071, respectively), as well as the dynamics of observing this level (based on the correct internal picture of motivation), differ significantly. disease aware of the patient's active role in re-adaptation: -0,84±0,785 and 0,17±1,052 points.

Conclusion: The study showed a correlation of a number of psycho-social factors with Drug Administration prognosis in patients with schizophrenia. Contrary to the intuitive idea, it is not the high intensity of motivation for treatment, but its specific structure: the sufficient severity of external motivational pressure and the average desire of patients to actively participate in the treatment process. an example of disagreement for passive subordination to drugs. Such self-involvement in the treatment process is enhanced if patients are employed.

Forecasts for improving the prognosis of patient behavior during medical observation are marriage, the presence of children, as well as secondary vocational education. It is also very important in the early stages of the therapeutic process that the patient receives adequate social support from the immediate environment and the lack of excessive dominance of the desire of patients to actively participate in treatment in the structure of the motivation of treatment. It is characteristic of patients who have effectively built the therapeutic relationship of the doctor and the patient at the beginning of treatment.

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