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CLINICAL AND PSYCHOPATHOLOGICAL FEATURES OF PATIENTS WITH HOSPITALIZED PARANOID SCHIZOPHRENIA

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Abstract: Within mental health care, treatment of schizophrenia requires a large amount of cost, most of which is associated with inpatient care. In the health care system, patients discharged from hospitals are provided with the necessary and appropriate support in the community. In such a system, in most cases, re-adoption in a very short period of time is inevitable. At the same time, the factors that lead to repeated hospitalization have not been sufficiently studied.
Key words: Health, mental illness, schizophrenia, treatment.

Introduction. Schizophrenia accounts for a large portion of health care costs, most of which are related to inpatient care. To date, there have been several studies examining factors associated with functional improvement during bed stay and stay [5]. In a well-functioning health system, patients discharged from hospitals are provided with the necessary and appropriate support in the community. In such a system, in many cases, re-adoption in a very short time is inevitable. At the same time, the factors that cause repeated hospitalization have not been sufficiently studied. Patients who were frequently hospitalized were found to have significantly higher average scores on all minor measurements and average overall scores on the PANSS scale as a whole. This was especially true of the indicator of positive syndromes, which is rarely 1,7 times higher in frequent patients. According to the average PSP, patients who are frequently hospitalized are in two areas (socially useful activities; including work and study; self-care) was characterized by severe difficulties, and patients who were rare did not achieve significant but significant difficulty. in the same areas. During his final hospitalization in a psychiatric hospital, high rates of patients with psychopathic syndrome (32,5%) attracted attention. These patients were sent by psychiatric emergency teams for behavioral disorders during family conflicts. This is consistent with the information that among patients with schizophrenia and schizophrenia spectrum disorders who are monitored by a dispensary, there is a significant category of patients who often seek psychiatric help, and not according to clinical indications.

This contingent requires extensive psychosocial interventions in addition to psychopharmacotherapy [1].

Little is known about the effect of changes in the PANSS indicator associated with treatment on the risk of further hospitalization. Our data confirms the results obtained [7], reducing the total score on the PANSS scale before discharge significantly reduces the risk of re-hospitalization. At the same time, they do not correspond to the [6] results of PANSS estimates on the absence of predictive value. These authors cite CGI scores as predictors of re-hospitalization. In our sample, there were a significant number of patients with moderately severe mental disorders in a rare group, and in a group with frequent intake there were significantly more severe mental disorders.

Among comorbidities in patients who are often hospitalized, diseases of the digestive system occur significantly more often. There were no Intergroup differences between patients with mental disorders due to alcohol use. It differs from the [9] and [8] results of the association

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between alcohol addiction, alcohol abuse, or the use and reuptake of other drugs. However, this association is most likely due to the presence of unfavorable socio-economic conditions.

The purpose of the study: comparing clinical indicators of patients with paranoid schizophrenia with frequent and rare psychiatric hospitalizations and assessing their importance for preventing re-hospitalization.

Materials and methods: Group I (frequent hospitalization) consisted of 38 patients aged 51,7 ± 3,9 years, 25 men, 13 women, duration of illness: 20-25 years-7 (18,4%), 26-29 years - 10 (26,3%), 30 years and older - 21 (55,3%), average number of hospitalizations 12,1 ± 5,3, and 3 or more hospitalizations within 5 years in a psychiatric hospital. Group II (rarely hospitalized) 53,1±4,0 years of age 38 people, 16 men, 22 women, duration of the disease: 20-25 years - 17 (44,7%), 26-29 years - 13 (34,2%), 30 people. 8 years and more - 8 (21,0%), the average number of hospitalizations is 3,4±2,5, once or not in a psychiatric hospital for the past 5 years. The following methods were used in the work: 1) mentally ill I.Ya.survey to assess the social functioning and quality of life of the. Gurovich and A.B. Schmuckler [2], 2) positive and negative syndromes scale PANSS), 3) general clinical impression scale CGI), 4) Personal and social activity scale PSP, the statistical processing of the material was carried out according to the STATISTICA set. Manual [4] with. Mean value (m), standard deviation (SD), median (Me), quartile range: values of 25 and 75 percent (Q) of the parameters under study were determined. When comparing two groups on a single quantitative or ordered attribute, the Mann-Whitney method is used.

When comparing two ratios (shares), the Z-test was used. The significance level $p<0.05$ was considered important in this study.

Results and discussions. In patients who were frequently hospitalized, the average score on all minor measurements and the average overall PANSS score were usually significantly higher. This was especially true of the rate of positive syndromes, which were 1.7 times higher in Group I patients than in Group II. According to the average PSP, group i patients are characterized by severe difficulties in two areas (socially useful activities; including work and study; self-service), and for Group II patients - significant, but not significant. The analysis of clinical and psychopathological symptoms was carried out according to the clinical and functional criteria of remission and included 13 signs of the PANSS scale: P1, G9, P3, P2, G5, N1, N4, N6, N2, G6, P4, G13, G12. The time criterion for compliance with the established indicators is 6 months.

Information on these symptoms is shown in Table 2. As can be seen from Table 2, in patients who are often hospitalized (Group I), the following symptoms exceed the established remission criterion: P1 delirium, P3 hallucinations, P2 conceptual disorganization, N4 social withdrawal. , G6 depression, P4 excitability, G13 involuntary disorders, G12 decreased criticality and awareness of the disease, and only P2 conceptual disorganization in rarely hospitalized patients (Group II).

Symptoms averages P1 delirium, P3 hallucinations, P2 conceptual disorder, N4 social withdrawal, G6 depression, P4 arousal, G13 involuntary disorders, G12 decreased criticality and awareness of the disease were significantly higher in Group I patients, indicating psychopathological accuracy. Psychopathological cases identified in patients with paranoid schizophrenia over the past 5 years are listed in Table 3. The clinical picture of all patients examined has been characterized by exacerbation and remission. The ratio of patients with hallucinatory-paranoid syndrome was highest in patients in both groups. The differences are not statistically significant. The proportion of people with paraphrenic syndrome was higher in Group I patients (36,8% and 13,2%, p=0,0201).

Remissions of the pseudopsychopathic type were more common in rarely hospitalized patients (Group II) (47.4% versus 18,4%, p=0,0088). Data on concomitant diseases of patients are presented.

Group i patients have a higher incidence of digestive system disorders, and a significantly higher proportion of patients compared to Group II (31,6% and 11,1%, p = 0,0324). Group II patients had the highest proportion of patients with mental disorders as a result of alcohol use, but there are no significant differences with Group I patients.

Among the patients who passed the examination, there were no disabled people of Group 1 and 3. Among patients who are frequently hospitalized, the disabled person of Group 2 is 34 (89,5%), rarely 25 (65,8%). The differences are statistically significant (89,5% and 65,8%, p=.0154). 4 (10,5%) patients who were frequently hospitalized and 13 (34,2%) patients who were rarely hospitalized were not diagnosed with disability (10,5% and 34,2%, p=0,0154). At the time of the study, all patients were evaluated using the Global Clinical Impression (CGI) scale.

The study found that in Group II, patients with moderately severe mental disorders (63,2% vs 31,6%, p=0,0073) and Group I had patients with significantly more severe mental disorders. The average score on this scale was higher in Group I patients (p =0,0008).

Conclusion: Re-hospitalization is a source of frustration and suffering for patients and their families. This phenomenon also negatively affects the health care system due to the increase in the cost of medical services. As a means of controlling the risk of reuptake, it is recommended to use the indicators PANSS, CGI, PSP.

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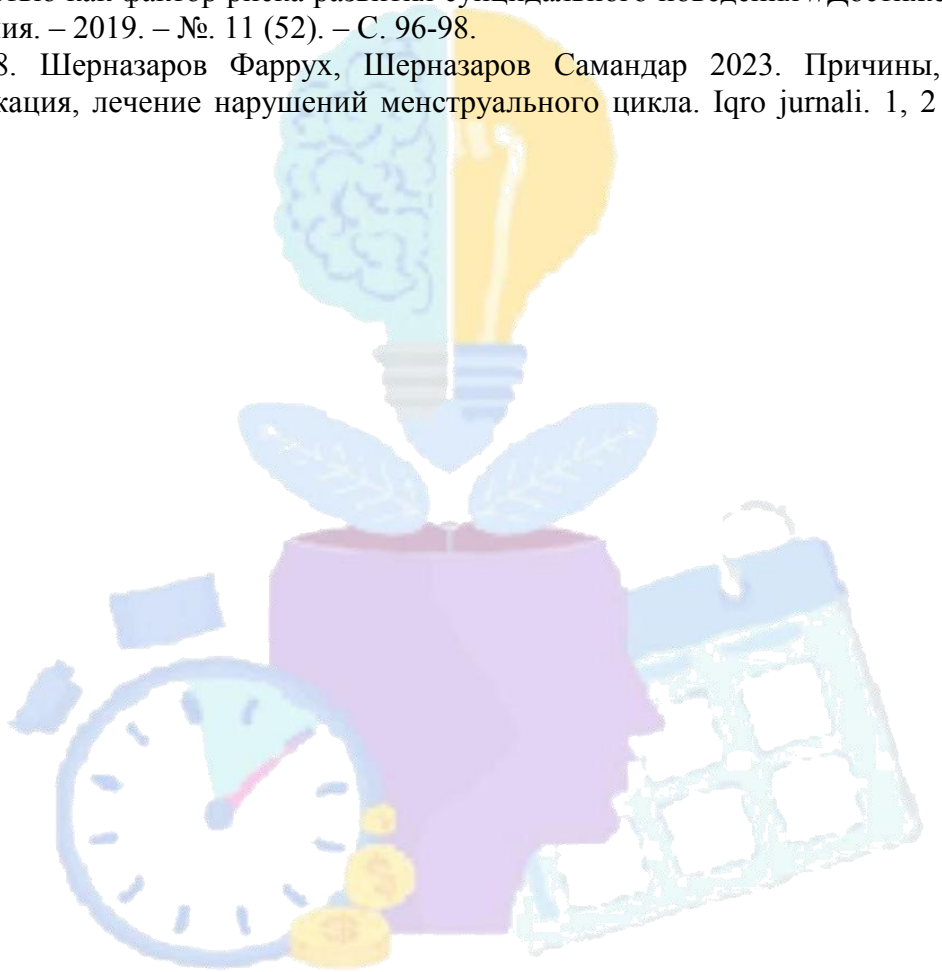
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