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PSYCHOLOGICAL CHARACTERISTICS OF PATIENTS WITH GASTROINTESTINAL DISEASES

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Abstract: Inflammatory bowel diseases, including ulcerative colitis and Crohn's disease, have traditionally attracted the attention of researchers in the field of Psychosomatic Medicine. Despite the long history of studying these diseases, their etiology remains completely unknown. Currently, researchers are studying immunological and biochemical abnormalities in inflammatory bowel diseases, while the influence of psychogenic factors on the development and course of inflammatory bowel diseases is still not well studied.
Key words: Inflammatory bowel diseases, ulcerative colitis, Crohn's disease, sixosomatic medicine.

Introduction. The study also involved patients with functional disorders of the gastrointestinal tract-irritable bowel syndrome and functional abdominal pain syndrome. Symptoms of these disorders are comparable to clinical manifestations of inflammatory bowel diseases (pain syndrome, diarrhea) if there is no organic pathology of the gastrointestinal tract.

The relevance of the study is due to the need to identify psychological factors that may be associated with the development and course of inflammatory bowel diseases and functional disorders of the gastrointestinal tract in order to prevent the treatment and Prevention of these diseases.

This study aims to find psychological correlations of inflammatory bowel disease and functional bowel disease, in particular the individual characteristics associated with these nosologies, as well as the individual defense mechanisms and coping strategies of patients.

Materials and methods: The study is underway from March 2021.On the basis of clinic number 2 of SamSMU "clinic of propaedeutics of internal diseases and gastroenterology, together with employees of the Department of psychiatry and Narcology.

The study included patients diagnosed with inflammatory bowel disease - ulcerative colitis or Crohn's disease, as well as patients with functional disorders: functional abdominalgia isolated as part of irritable bowel syndrome or in combination with stool disorders. Psychiatric and personal disorders associated with inflammatory bowel disease and functional disorders were qualified in clinical trials. As part of the experimental psychological study of personality, SMOL psychological questionnaires and a five-factor questionnaire were used. In addition, patients completed the Plutchek personality protection mechanisms questionnaire. The COPE survey was used to identify coping strategies for patients. For each of the questionnaires, the differences between the three groups of patients were evaluated in terms of the severity of individual characteristics using the Mann-Whitney test. For statistical analysis, the program SPSS 20 for Windows was used.

The study sample consisted of 63 patients. For analysis, 3 groups were formed, differentiated on the basis of the leading clinical signs of gastroenterological diseases: Group 1

consists of patients with inflammatory bowel diseases without functional disorders (11 cases); Group 2-patients with inflammatory bowel diseases with functional disorders (18 cases); Group 3-patients with functional disorders - IBS and functional abdominalgia (34 observations).

Results and discussions. When analyzing the results of the SMOT survey, comparing the three groups in pairs, the most significant differences were found between Group 1 (patients with inflammatory bowel disease without functional impairment) and group 3 (patients with functional disorders without organic pathology).

Statistically significant differences were found in many scales: in Group 3 patients with functional disorders, the severity of the following scales was significantly higher than in Group 1 patients (inflammatory bowel disease): "somatization of anxiety" (p = 0,004), "anxiety and depressive tendencies" (p=0,002), "suppression of anxiety-inducing factors" (p=0,001), "immediate behavioral disturbance implementation" (p=0,010), "affect stiffness" (p=0,001) p = 0,032), "anxiety and limiting behavior correction" (p = 0,011), and "autism" (p = 0,037).

Thus, the most obvious differences were found between group № 1 (inflammatory bowel disease without functional disorders) and group № 3 (functional disorders). At the same time, Group 2 (inflammatory bowel disease with functional disorders) and group 3 (functional disorders) were similar in severity of personality traits identified by SMOT. Thus, in patients with functional disorders, the indicators on the scales of "somatization of anxiety", "repression of anxiety-causing factors" and "anxiety and depressive tendencies" were much higher than in patients with inflammatory bowel disease. This corresponds to the data described in other studies of patients with functional disorders of the gastrointestinal tract, which are characterized by hypochondriacal, depressive and hysterical manifestations.

The Five-Factor Survey was completed by 12 patients in Group 2 (intestinal disease with functional disorders) and 24 patients in Group 3 (functional disorders), for a total of 41 patients. None of the scales had statistically significant differences between the patients of these two groups. Thus, patients in groups with functional disorders were similar in their personal characteristics, corresponding to the results obtained in this study using the SMOT survey. When analyzing the entire group (patients in groups No. 2 and No. 3), it was found that patients of this group were characterized by high indicators of the "neuroticism" factor (an average of 34,9 points). corresponds to" very high degree"), low indicators on the" extraversion "factor (35,1 points on average, which corresponds to"low degree"), low indicators on the" conscience " factor (41,9 points, which also corresponds. "low level"). The values for the" openness to experience "and" consent "factors corresponded to the"average grade" (35,8 points and 43,3 points, respectively). The result obtained is similar to the data described in the literature: thus, a high level of neuroticism in a five-factor survey turned out to be characteristic of patients with functional disorders of the gastrointestinal tract (6). Low indicators of the extraversion factor are associated with the results obtained by Melnikova and Tokareva (1) - this study revealed the features of schizotypal personality pathology in patients with functional disorders of the gastrointestinal tract.

The COPE survey was completed by Group 2 (inflammatory bowel disease with functional disorders) - 9 patients and group 3 (functional disorders)-16 patients. There was a difference on the same scale among patients in these groups: patients with functional disorders used a coping strategy, such as "rejection", more so in comparison to patients with inflammatory bowel diseases, enhanced by functional symptoms (p = 0,05).

Psychopathological examination of three groups of patients found a tendency for the accumulation of cases of indolent schizophrenia in groups of patients with functional disorders of the intestine (in groups 2 and 3), while in patients with inflammation, this is the frequency of diagnosis. intestinal diseases without functional disorders (Group 1) were minimal.

Conclusion: Thus, the results obtained in this study showed that there are significant differences in the individual characteristics of patients without functional disorders of the gastrointestinal

tract somatic disease (ulcerative colitis and Crohn's disease) from patients with functional disorders of the gastrointestinal tract, in particular. , the latter group is characterized by a greater severity of depressive, hysterical, and hypochondriacal traits. In addition, patients with functional disorders of the gastrointestinal tract were characterized by a high level of neuroticism and introversion. These results were consistent with psychopathological research data: in a group of patients with functional disorders, there was a tendency for the accumulation of cases of hypochondriacal slow schizophrenia. In general, the results obtained correspond to data from other studies, which indicates a greater level of depression in patients with functional disorders of the gastrointestinal tract compared to patients with inflammatory bowel disease.

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