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FACTORS OF PATHOMORPHOSIS OF ALCOHOLIC DELIRIUM

Abstract: The problem of pathomorphosis of alcoholic psychoses today, as before, remains relevant. Alcoholic delirium is the most common alcoholic psychosis. Usually develops no earlier than after 7-10 years of regular alcohol intake. It is detected in patients with alcoholism of II and III degrees. In some cases, after violent alcoholic excesses, it may occur in people who do not suffer from alcohol addiction. Contrary to popular belief, the symptoms of alcoholic delirium always appear some time after a sharp withdrawal of alcohol and never in a state of intoxication.

Key words: Alcoholic delirium, alcoholic psychosis, alcohol addiction. visual hallucinations, dysphoria.

Introduction: Alcoholic delirium can be accompanied by aggressiveness, but patients are not always aggressive. Sometimes the opposite picture is observed: benevolence, enthusiasm, attempts to perform some noble actions for the benefit of others (for example, to expel the little green men before they breed and begin to bother other people) [1-7]. However, the patient cannot be considered safe, even if he behaves innocuously – his condition may change at any moment. Alcoholic delirium is a life–threatening condition - without treatment, about 10% of patients die as a result of suicides, accidents and complications from internal organs. If you suspect this disease, you should immediately seek help from specialists in the field of narcology and psychiatry [8-14].

In its course, the prodromal period and three stages are clearly distinguished. This form of the disease is characterized by a continuous course, however, in about 10% of cases, 2 or 3

attacks develop, separated by short (up to 1 day) light intervals. Delirium usually ends acutely, after prolonged deep sleep. Less often there is a gradual disappearance of symptoms. The duration of classical delirium ranges from 2 to 8 days, in 5% of cases there is a prolonged course [15-21].

In the prodromal period, sleep disorders are observed (severe nightmares, often in combination with nocturnal or early awakenings). Patients feel weak and weak. The mood is lowered. In 1-2 days after stopping alcohol intake, some patients have abortive epileptiform seizures. Sometimes short-term auditory hallucinations become harbingers of delirium. There is no prodromal period in a number of patients [22-28].

At the first stage of alcoholic delirium, characteristic mood disorders prevail. Emotional states change rapidly, anxiety and anxiety are replaced by euphoria and high spirits, to be replaced by depression and despondency in a short time. Speech, movements and facial expressions are alive [29-34]. All of these symptoms give the impression of inner anxiety and some "tension". Patients react acutely to any stimuli: flashes of light, sounds, smells, etc. Patients can talk about some vivid images and memories that pop up in their minds [35-40]. Fragmentary auditory hallucinations and visual illusions are possible. Sleep is superficial, there are frequent awakenings, accompanied by pronounced anxiety [41-46].

The purpose of the study. To study the features of the clinic of alcoholic delirium in residents of the Tula region, taking into account which to substantiate the role of surrogate alcohol and anthropogenic environmental pollution in the pathomorphosis of the disease.

Materials and methods. This paper presents the results of a clinical, psychopathological and statistical examination of 126 patients hospitalized in drug treatment facilities of the Samarkand region for alcohol delirium in the period from 2019 to 2022.

4 research groups of patients were selected by randomization to carry out the work. The 1st group included 36 patients who use alcohol surrogates. Group 2 included 22 patients who consumed standardized alcohol. The 3rd group included 35 patients permanently

residing. The 4th group included 33 patients with alcoholic delirium living in a relatively satisfactory.

The results of the study. Indicators reflecting the severity of the course of alcoholic delirium indicated its more pronounced manifestations in patients using alcohol surrogates. They are characterized by repeated alcoholic psychoses, variants of alcoholic delirium with a severe clinical picture, less pronounced psychomotor agitation (limited to bed limits or motor anxiety), a lytic type of withdrawal from psychosis, a long average duration, lack of memories of painful experiences and the real situation, a transitional organic psychosyndrome.

The obtained data demonstrate a modification of the clinical picture of alcoholic delirium in patients using alcohol surrogates. It is expressed by a decrease in a number of mandatory symptoms of the disease (zoological and tactile hallucinations) with an increase in others (anthropomorphic hallucinations), the appearance of new ones (oropharyngeal hallucinations, delusions of damage, weakness, dysphoria), not previously described in classical literary sources. A number of symptoms (oropharyngeal hallucinations, weakness, dysphoria) were evidence of organic brain damage.

The clinic of alcoholic delirium in persons living in an unfavorable environmental situation is characterized by a greater severity of the disease, compared with cases of living in a relatively satisfactory environmental situation. They have variants of alcoholic delirium with a severe clinical picture, less pronounced psychomotor agitation (limited to the limits of bed or motor and speech anxiety), a lytic type of withdrawal from psychosis, its long average duration, lack of memories of painful experiences and the real situation, transitional organic psychosyndrome.

The features of the clinic of alcoholic delirium in patients from the region of residence with unfavorable environmental conditions demonstrate manifestations of the pathomorphosis of the disease, expressed by a modification of the content side of painful experiences, the appearance of new, not previously considered in the classical descriptions of the

phenomena of psychosis. We are talking about anthropomorphic hallucinations, oropharyngeal hallucinations of a foreign body, delusions of damage and exposure, complacency and dysphoria, some of them (oropharyngeal hallucinations, complacency, dysphoria) reflect manifestations of organic pathology of the brain.

The obtained results can be used for the diagnosis of alcoholic delirium, the prognosis of its course. They will make adjustments to the existing treatment regimens for alcoholic delirium, especially in the post-psychotic period with manifestations of organic psychosyndrome.

Conclusions:

1. The clinic of alcoholic delirium in people who use alcohol surrogates and live in a region with an unfavorable environmental situation is characterized by a more severe course, compared with cases of standardized alcohol consumption and living in a relatively satisfactory environmental situation.

2. The type of alcohol consumed, the state of the environment can be used to assess the prognosis of alcoholic delirium.

3. Surrogate alcoholic beverages, anthropogenic pollution of the environment act as the causes of the pathomorphosis of alcoholic delirium. It is manifested by the aggravation of its clinical picture, the modification of the content side of painful experiences, the appearance of new phenomena of psychosis not previously considered in classical descriptions (anthropomorphic visual hallucinations, oropharyngeal hallucinations of a foreign body, delirium of damage and impact, complacency and dysphoria).

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