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PSYCHODIAGNOSTICS OF CLINICAL MANIFESTATIONS OF DYSMORPHIC DISORDERS OF PUBERTY

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Abstract: to date, depressive disorders are a common disease among adolescents. Endogenous depressions observed in adolescence have a different nosological nature and may be a manifestation of endogenous affective disease, have the genesis of schizophrenia or develop within the framework of pubertal dynamics of psychopathies. Recently, scientists have been paying great attention to the study of factors affecting the clinical manifestations of depression. In this regard, it is of particular importance to study the features of the premorbid period and the influence of constitutional factors that form a painful condition.

Keywords: adolescence, depressive disorder, psychodiagnostics, rehabilitation.

Introduction: depressive disorders observed in adolescence are characterized by a high frequency compared to other ages [1-9]. Today, the development of the information and Internet system has a negative impact on the psychoemotional state of adolescents and their mental state [10-21].

According to WHO, depressive states with dysmorphophobic pathology mainly occur in adolescence, these disorders account for 15-20% of 10-16-year-olds and more than half of all mental disorders among the contingent of adolescent patients [22-29]. .

Studies show the presence of the phenomenon of dissatisfaction with the appearance of cosmetic defects (dysmorphia) as one of the most frequent cases of heterogeneous mental disorders [30-38]. It has been shown that dysmorphic disorder can not only cause dissatisfaction with the patient's appearance and determine his appeal to the surgeon, but also complicate the course of the postoperative period and increase the risk of dissatisfaction with the results of therapy [39-70].

The purpose of the study: to study the features of clinical manifestations of pubertal dysmorphia, to improve the prevention and prognosis of depressive disorders in adolescents, to improve medical and rehabilitation support.

Materials and methods of the study: 40 adolescents aged 14 to 18 years were examined with complaints of defects and deficiencies in the structure of the body, their own external unattractiveness or belief in their physical inferiority. The leading research methods were the collection of clinical and psychopathological and pathopsychological and catamnetic data. In the course of the study, Hamilton anxiety and depression scales (HDRS, HARS), the Spielberger-Khanin anxiety questionnaire were used to assess the severity of depression and anxiety, and the Shmishek-Leonhard test was used to determine personal characteristics.

Results and their discussion. During the study, all patients were divided into three groups depending on the predominance of clinical symptoms: adolescents with anxiety-phobic symptoms (20 patients - 50%), with obsessive-compulsive symptoms (10 patients - 25%) and the predominance of super-valuable ideas. c (10 patients - 25%). In the course of the study, using psychometric tests, it was found that 95% of adolescents in the examined group had various anxiety and depressive disorders. 80% of teenagers suffer from depressive disorder. More than half of the examined patients (60%) showed moderate anxiety.

Clinical manifestations of dysmorphophobic symptom complexes were found in the majority of the examined. Patients with anxiety-phobic symptoms considered themselves unattractive, unattractive in appearance, expressed dissatisfaction with their growth, excessive hair loss, large ears and nose, hyperemia and oily skin, complaints of weakness.

Teenagers with obsessive-compulsive symptoms were characterized by the presence of confidence in a changed face, patients did not recognize themselves in the mirror, lifeless, the face seemed strange, dull, with a meaningless expression, claimed that the skin was aging, the body found that the ratio had changed.

In patients with high-value ideas, the complaint of stunting was the main one. External defects, in their opinion, were caused by somatic diseases, unfavorable atmosphere, improper lifestyle, metabolic diseases. All patients complained of depressed and bad mood, noted a feeling of hopelessness, sudden sadness, a feeling of boredom and unwillingness to do anything.

Also, as part of the complex of depressive symptoms, such manifestations as loss of interest and feelings of joy in ordinary activities, significant suffering, self-blame, expression of ideas of hopelessness were identified. In 76% of cases (38 patients), parents noted a significant decrease in school performance, increased fatigue, which was more pronounced in the afternoon.

Based on the assessment of the features of the constitutional and personal composition of adolescents, the nature of the response to external environmental influences, their emotional and communicative sphere, the level of psychophysical maturity and a number of other clinical characteristics, patients with dysmorphic disorders are characterized. next. During the study, 10 patients (25%) were "psychasthenic" according to the Shmishek-Leonhard questionnaire; 11 patients (27.5%) were "schizoids"; 12 adolescents (30%) were "emotionally unstable"; 7 adolescents (17.5%) were "hysteroids".

It has been established that there is a certain relationship between the type of personality and the clinical picture of dysmorphic syndrome. During the study, obsessive-compulsive, depersonalization depressions, senestipochondriacal changes were observed in schizoids. With hysteroid accentuations, depressive symptoms predominate with ideas about external defects and physical deformities. Anxiety-phobic and psychosthenic depressions were masked by the predominance of somatovegetative disorders in individuals with psychosthenic character traits, and hypochondriac depressions were observed as emotional instability.

Against the background of depressive disorders, the academic performance of patients at school significantly decreased (75%), unwillingness to continue studying (60%), conflicts with peers (70%), leaving home, the desire to be alone, suicidal thoughts were observed. Depressive disorders affect all aspects of the personality, the severity of depression causes maladaptation and, depending on the form, leads to the appearance of behavioral disorders, including suicidal tendencies.

The dynamics of dysmorphic disorders observed in adolescents developed without a tendency to progression, and the dynamics of the disease was characterized by constant fluctuations.

Conclusion. Depressive disorders observed in adolescence: to study clinical manifestations of dysmorphophobic disorders, to identify typological variants of clinical syndromes, to identify and diagnose variants of constitutional and personal characteristics, to evaluate clinical manifestations of symptoms of depressive disorder and to adjust psychotherapeutic approaches. the ability to choose.

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