ADAPTATION OPTIONS IN PATIENTS WHO SUFFERED FROM SCHIZOPHRENIA MANIA WITH INCONGRUENT PSYCHOTIC SYMPTOMS AT THE ONSET OF SCHIZOPHRENIA

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Abstract: social adaptation and quality of life of patients with mental illnesses depend on a number of social and biological factors, in particular on marital status, work, education level, social and household relations. Scientists have proved that affective disorders are of great importance for quality of life indicators.

Key words: schizophrenia, symptoms, social adaptation, diagnosis.

Introduction: the problem of the connection between psychogeny and schizophrenia has long attracted the attention of psychiatrists, but no special studies of schizoaffective disorder developed under the influence of mental trauma have been conducted so far [1-10]. When studying the interaction of psychogeny and schizophrenia, it was partially considered by scientists, where, among other disorders of the schizophrenic spectrum, psychoses of an affective-delusional structure were considered. Since most of the work was carried out on special forensic psychiatric materials [11-17], studies have revealed the clinical features of schizoaffective disorder that developed after mental trauma, as well as factors contributing to its occurrence [18-23]. In addition, diagnostic criteria and classification of schizophrenic spectrum disorders require revision, and therefore many works performed in the last two decades require an adjustment in the interpretation of mental disorders. In this regard, this problem should be reviewed [24-31].

The factors causing the development of schizoaffective disorder after emotional stress are insufficiently studied in the literature [32-38]. Most authors attach the main importance to genetic predisposition, unfavorable type of upbringing, the presence of asthenic character traits, real personal and social status, events threatening the life and health of patients, as well as related social and family relations. [39-46]. The determination of the main biological and socio-psychological characteristics is important in determining the predisposing factors for the development of schizoaffective disorder in conditions of emotional stress [47-53].

An important part is occupied by atypical mania, schizophrenia [54-61] with symptoms such as relationships, persecution, hallucinations, poisoning, jealousy, mental automatism in the form of delusional ideas. A promising line of research makes it possible to study the dynamics of adaptation of such patients and develop effective treatment and rehabilitation programs [62-71].

The purpose of the study: to study the manifestations of atypical psychotic mania in patients with schizophrenia.

Materials and methods of research. As part of the research work, 60 people were catamnetically examined, 36 men (60%) and 24 women (40%) with schizophrenia were selected from them. The average age of onset of the disease was 24.8 years, the average duration of catamnetic observation was 6.8 years. The average number of repeated hospitalizations by catamnesis was 1.5, hospitalizations - 2.20. The main methods used were clinical-psychopathological, clinical-catamnestic, clinical-dynamic, statistical methods. The research tools were: a standardized map of the description of a schizophrenic patient and a relative; a scale of positive and negative syndrome (PANSS), a scale of clinical and administrative mania (CARS-M); a scale of mania of a young person (YMRS). Adaptive capabilities were studied

on the basis of techniques developed at tnk SB RAMS State Research Institute of Mental Health.

The results of the study and their discussion. The integral type of adaptation was revealed in 30 people (50%). As you know, this is the most favorable type of adaptation, combining clinical and social indicators. Repeated hospitalization in this layer of patients was no more than once every two to three years, psychotic symptoms did not increase during repeated hospitalization.

Results and their discussion. In order to adapt to this group of patients with schizophrenia, it is especially important that during the intercrimination period, negative violations are not expressed, reaching the 1st level and completely criticizing the psychopathological experiences available at the onset of the disease.

During the study, the introverted type of adaptation was established in 18 patients (30%). A decrease in social functioning was observed with higher clinical indicators. There was a reduction in the circle of communication, a decrease in selectivity and interest in relationships, a decrease in social contacts due to passive behavior. It also helped to limit contacts with the family circle. 6 patients (10%) had an extroverted type of adaptation characterized by maintaining a high level of social functioning with low clinical performance. In remission, there were pronounced, 2nd degree, effective symptoms, negative disorders in the form of fragmentary unstable delirium.

The fatal type of adaptation, combining low clinical and social indicators, occurred in 3 patients (5%). The level of motivation for any activity was significantly reduced in patients with persistent and sometimes increasing symptoms of deficiency during remission.

One of the main aspects of social adaptation of patients is the level of education, and in the group with the integrative type of adaptation, highly educated patients prevailed, two of them had a degree, which corresponded to their high level of social and professional activity. In the groups of patients with destructive and introverted types of adaptation, patients with secondary specialized education prevailed. In the extroverted type group, patients with secondary education are more common, and with this type of adaptation, we observed a significantly lower ($p<0.01$) level of education than in the previous groups.

Depending on the nature of the defect and secondary conditions, the types of compensatory and adaptive protection such as "gutta-percha capsule", "ecological place", "social opposition", "foster care" and their prognostic factors are determined. The distribution of individual compensatory and adaptive defenses in patients with atypical mania at the onset of schizophrenia was as follows: 50% - the "gutta-percha capsule" type, 20% - the "ecological site" type, 20% - the "shelter under" type. . caring", 10% - type "social opposition".

A comparison of individual compensatory and adaptive protection showed that in patients with atypical psychotic mania, the "gutta-percha protective capsule" type reaction prevailed in the onset of mental disorder (Pearson criterion, $x2 = 0,323$, $p<0,05$). We have identified this type of protection in 25 people, which allows patients to maintain their social status in the microsocium at the same or slightly reduced level. At the same time, no additional external efforts are required to create individual or special conditions for the patient in the family or society, since the patient retains the ability to self-socialize. In the clinical picture of this cohort of patients, the affective dominant type of attack was more common, a rapid decrease in psychotic symptoms was observed, and negative personality changes easily reached a distinct level. Such patients quickly returned to a normal environment and remained able to work.

In 11 patients, the severity of the early negative diseases identified by us with the protective type of "ecological place" and the

features of their subsequent dynamics did not allow the patient to maintain premorbid, professional and family functions and relationships at the same level. The formation of a new life stereotype was observed by the general type of decline or decline in socially useful activities. In all cases, the restoration of the patient's labor and microsocial situation is possible only if there is a special "shelter" or "place" that can be created only by purposeful actions of the environment at work and in the family, where a loyal attitude to the patient is necessary. In the group of patients with an adaptive reaction of the "ecological place" type, the defect formed very quickly, the persistence of psychotic symptoms was observed, the severity of the condition of patients with permanent delusional diseases.

Conclusion. A characteristic feature of the type of protection "shelter under guardianship", identified in 10 people, was the need for multifaceted external stimulation, correction and individual provision of socially useful activities of patients. Patients have become completely dependent on inpatient and public social conditions. Patients with the "foster care" type had distinct negative changes in the emotional and, to a lesser extent, associative sphere. A common feature was a low level of social functioning and quality of life, insufficient external support.

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