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PREVALENCE OF ASTHENIA AND HYPOCHONDRIA SYMPTOMS IN SCHIZOPHRENIA

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Abstract: The asthenic defect stood out as an independent form of negative disorders in patients with schizophrenia. But the delimitation of the asthenic defect as an independent category has survived to the present day. Nevertheless, in asthenic schizophrenia, asthenic symptom complexes, the category of physical or positive disorders of the modern level of knowledge, are becoming important today.
Key words: Asthenia, schizophrenia, asthenic symptom.

Introduction: Asthenic disorders that develop in patients with schizophrenia and schizophrenia spectrum disorders have been described by many authors [1-10]. At the same time, some authors considered asthenia to be a variant of schizophrenia defect. Thus, G. Huber distinguished the concept of a" pure "defect involving only an asthenic type containing" underlying symptoms" [11-21]. The author sees a violation of mental activity in the loss of his (autonomous) stimulation, spontaneity [22-30]. "Core symptoms" include not only lack of tone, arbitrariness, decreased tolerance to physical and mental stress, poor speech, elementary cognitive disorders, but also blunt affect, synesthesia, motor stereotypes, and vegetative disorders [31-38]. various psychopathological signs indicate the presence in the structure of the defect. Later publications also described asthenia in the structure of schizophrenia as a negative disorder that develops throughout the course of the course of the schizophrenic process and is sometimes its main manifestation [39-51]. Despite the detailed and multiple definition of a pure asthenic defect as a not very common homogeneous psychopathological phenomenon, in clinical practice asthenia is a complex phenomenon that, according to a number of authors, is close to positive psychopathological signs, which determines its development. the nature of the clinical picture, the course and the necessary therapeutic approach [52-64]. At the same time, despite the high frequency of occurrence, many individual descriptions, within the framework of a violation of the spectrum of schizophrenia and schizophrenia, provide a sufficiently complete and detailed presentation of the relationship of these psychopathological phenomena with hypochondrian phenomena, their detailed classification is currently. no, it determines the relevance of our work [65-73].

The purpose of the study. A study of the typology of asthenic diseases that develop in patients with schizophrenia and schizophrenia spectrum disorders with hypochondria symptoms.

Materials and methods. The study was conducted by clinical and psychometric methods. The diagnostic process was carried out on the basis of direct clinical examination of patients and includes analysis of mental state, subjective and objective anamnestic data, medical documents. The psychometric methods used include: MFi-20 Test (E.M. Smets et al, 1994); asthenia.

This study sample included 60 patients (45 men, 15 women, median age 33,1±12,1 years, median age 33 years). At the same time, the median age of onset was 16,9±7,5 years, and the median age of disease duration at the time of examination was 15,9±9,6 years. At the time of the examination, all patients turned to the treatment institution for consultation.

Results and their discussion. According to the data obtained, asthenia within schizophrenia does not have the status of an independent phenomenon, but is included in the structure of complex psychopathological syndromes and is closely related to hypochondriacal diseases. Accordingly, the developed typology of asthenia is based on the structure of comorbidity of

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schizophrenia, in particular, asthenic diseases in the hypochondrium and other psychopathological diseases. 3 species have been identified-asthenia within overestimated hypochondria; asthenia associated with signs of hysterohypochondria; asthenia associated with moral hypochondria events and signs of depersonalization.

1. When asthenia is combined with overestimated hypochondria (N = 16) events, the clinical picture is defined by one-sided activity aimed at eliminating "body agony", which takes on the character of hypochondriac obsession until "struggle paranoia" (E. Kretschmer, 1927).

2. At the same time, asthenia is the main object of hypochondriacal self-thought and acts as an object of overestimated fixation. Asthenia is hyperesthetic, general, but paradoxical, since with persistent complaints with a colorful and detailed description of asthenic diseases, these patients are actively involved in the fight against the disease, which includes not only numerous examinations, visits to doctors of different specialties ("medical odyssey"). "K. According to Reckel, 1978), as well as developing their own concepts of the disease and methods of recovery, sometimes contradicting the main complaints (patients are "stenic in their asthenicity"). In patients ' complaints, the phenomena of physical asthenia outweigh intelligence, while the objectively significant difference is not confirmed. With adequate preservation of cognitive functions, mental asthenia is determined by iddaoli disorders of thinking (sperring, mentism, diversity, reliance on hidden signs). The physical component of asthenia is represented by various pathological body sensations - autonomic dysfunctions, idiopathic algia, Body Fantasies, kinesthetic diseases. For this group of patients, the pathognomonic condition was a physical projection of mental fatigue in the form of body sensations characteristic of physical fatigue during mental exertion, which may also indicate that these patients focus more on self-perception of the body area.

This class of patients has also been characterized by "hypochondriacal autism" (Volovik V.M., 1981), which is the result of limiting social interaction due to focusing on the subject of the disease. All patients are in the professional field, in rep (K.Conrad) expressed disadaptation. The course of schizophrenia continues with a gradual increase in negative changes against the background of signs of hypochondria, which, after the end of the active course of the process, are simplified, become an asthenic defect with signs of hypochondria. health (W. Jahrreis, 1930).

3. In asthenia (n = 24), associated with various manifestations of Histero-hypochondriac syndrome, the severity of asthenic and hypochondriacal disorders is equivalent. At the same time, asthenia is hyperesthetic in nature, accompanied by manipulative forms of behavior, demonstrative manifestations, brightness and many complaints. Characterized by a pronounced psychopathy of the personal structure of patients. The mental and physical components are expressed equally. In most cases, mental asthenia is represented by cognitive disorders (concentration of attention, memory impairment) that occur with any mental load, increasing in proportion to its increase and limiting mental productivity. Physical asthenia is manifested by various, strong, intense bodily sensations, in particular: conversion disorders, hysteroalgia, senestopathies, Body Fantasies. Patients in this group have a tendency to gradually increase the incidence of asthenic defect during the period of the disease, which is strongly associated with hypochondriacal symptoms, or manifests equally throughout the disease, which continues with slight progressiveness or intensifies when the slow process increases and only then reaches the level of severity.permanent asthenic disorders.

The severity of asthenic and hypochondriacal disorders in schizophrenia patients with asthenia associated with depersonalization symptoms and moral hypochondriacal events (n = 20) was unequal due to a change in attention to dissatisfaction with their mental functions. Asthenia in this case is hyperesthetic in nature. The mental component of asthenia significantly dominates the physical. Mental asthenia is represented by massive disorders of thinking (sperring, mentism, amorphism, disoriented thinking), cognitive disorders (attention disorders, memory), which arise during mental exertion, which significantly limit active professional activity.

The physical component of asthenia is reduced, which is expressed by a general feeling of weakness, lethargy throughout the body, rare psychicity. The disease is usually followed by a gradual increase in asthenic deficits, secondary moral hypochondria events due to a gradual decrease in mental labor tolerance, which is initially phase-specific (such as"juvenile asthenic deficits").), over time, the defect deepens and becomes a permanent background.
According to the data obtained, according to the "MFI-20" asthenia survey, the overall incidence of asthenia in all patients significantly exceeded the norm. At the same time, Group 1 patients were dominated by physical asthenia, Group 2 patients reported general, physical, and mental asthenia approximately equally, and Group 3 patients were largely dominated by mental asthenia.
Conclusion. Asthenia in the structure of schizophrenia and schizophrenia spectrum disorders with hypochondria is a heterogeneous phenomenon that determines the features of clinical picture and prognosis, as well as a differential approach to therapy.

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