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ANALYSIS OF INDICATORS OF ADAPTATION AND QUALITY OF LIFE IN THE PARANOID FORM OF SCHIZOPHRENIA

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Abstract: As cognitive characteristics that influence the course of the social adaptation process in schizophrenia, literature, in particular, indicates the ability to structure the situation according to the prevailing ideas about oneself and the environment, the ability to process incoming information, including completeness. The information that a person has, the possibility of using it. , are the emotional components of normal functioning of short-term memory, perception of social stimuli, social roles, requirements, and interpersonal interactions.
Key words: Schizophrenia, social adaptation interpersonal interaction emotion.

Introduction: Modern psychopharmacology offers patients the opportunity to fully engage in social activities [1-7], which depends not only on the effectiveness of pharmacological treatment, but also on its social environment [8-14]. One of the factors affecting social adaptation are negative stereotypes that still exist about the mentally ill [15-20]. Stable social prejudices form a stigma around patients, for the emergence of which it is enough to believe that the subject has a self-deprecating property [21-24]. This phenomenon has been called "internal stigma" [25-28], "self-condemnation" in local science [29-33]] is well known by the term.

Recent studies show a correlation between self-condemnation and indicators such as quality of life and social activity, which has also been identified in recent work by scientists [34-38]. It is noted that this phenomenon also manifests itself in the clinical picture of the disease, and until the patient completely refuses to take medication adversely affect compliance [39-47].

Studies in recent years also remain relevant in connection with the first psychotic episode (PPE) in schizophrenia [48-55]. In addition, modern researchers have been interested in studying the social activities of the mentally ill [56-62]. However, in domestic and foreign literature, the number of studies studying the phenomenon of internal stigma in patients with PPE is limited [63-72]. In this regard, the study of self-stigmatization in this cohort of patients in the context of the study of adaptation and quality of life seems very relevant.

The purpose of the study: to develop rehabilitation principles based on their self-condemnation, adaptation and quality of life assessment in patients who experience the first psychotic episode in schizophrenia.

Materials and methods. The study included 110 patients admitted to the first psychotic episode unit between 2020 and 2022. Recruitment of subjects was carried out according to the inclusion criteria: an accurate diagnosis of paranoid schizophrenia according to the ICD-10 (F20.096 and F20.016) criteria. Patients who did not meet these conditions were not included in the study.

In addition, the PANSS scale and quality of Life Survey of positive and negative syndromes V.L. Kozlovsky and S.Yu. Maslovsky (2011). Determination of the species and assessment of the degree of adaptation G.Was carried out according to the method proposed by V. Logvinovich (1995), according to which 4 types of adaptation stand out: integrative, disruptive, introverted and extraverted. By gender, patients were evenly distributed: 52,7% female (n=58) and 47,3% male (n=52). The median age in the men's group was 25 years. In women, this figure was statistically significantly different (p=0,006) and was 29,5 years old.

Groups of patients who meet PES criteria are divided into two cohorts according to nosological criteria: paranoid schizophrenia and a follow-up period of less than a year (F20,096)

and a progressive defective episodic course (F20. 016). The proportion of patients (F20,096) for whom the psychotic episode was actually the first was 51,8% (n = 57). A relatively smaller proportion was held by patients hospitalized at the time of the study by the second or third (F20.016) - 48.2% (n=53).

Statistical processing of the data obtained was carried out using the SPSS Statistics software package (version 23.0). The importance of differences for independent samples with nontrivial distributions was determined using non-parametric methods and median and quartile computation (Me [Q1; Q3]). The differences were considered to have statistical significance at $p<0,05$.

Results and discussion. Analysis of the severity of self-stigmatization in nosological groups did not show differences in this indicator. At the same time, the average total score among all patients, according to the self-stigma survey, was 64. In the process of studying the typological heterogeneity of the internal stigma, the latter was characterized by an equal distribution of the medians of all its forms. : autopsychic (20,5 points), compensatory (20 points) and socioreversive (20 points). Statistically significant differences in the incidence of stigma forms were also not detected in cohorts of patients with different hospitalization parity.

The results of calculations on the PANSS scale showed the relative superiority of negative symptoms (14 points) over positive (12 points) in the entire sample. Subsequently, the score was calculated on the PANSS sub-scale, which allowed the highest severity of "anergy" (9 points) and "disorderly thinking" (8 points) to be determined in the entire sample of patients.

In our study, the type of adaptation was determined by a combination of clinical and social levels. Thus, the Integrative type of adaptation prevailed among all patients, represented by clinically and socially adapted levels (80%, n=88, $p<0,001$). In the presence of decompensated clinical levels of adaptation, similar destructive and introverted types took equal volume in the sample, which was 5,5% (n = 6) in each. Speaking about the clinical compensation of patients at the decompensated social level, which constitutes the extraverted type of adaptation, it was noted that it was 9,1% (n=10).

This distribution can be explained by the fact that the disease has a short period and, as a result, the plasticity of psychopathological processes that respond best to treatment is maintained. Thus, in a group of patients with an integrative type of adaptation, it was found that the first patients to be hospitalized at the time of joining the study were superior (52,3%; n=46). Patients hospitalized twice have a smaller proportion (39,8%; n=35). Also noteworthy is the prevalence of first hospitalized patients in groups with introverted (66,7%; n=4) and extraverted (60%; n=6) adaptation types. Based on these results, it should be noted that one of the Compensated levels of adaptation during the first hospitalization is possible: clinical or social. In subsequent hospitalization, there is a decrease in the number of patients with a level of compensated adaptation.

In the study of self-condemnation typology in groups with different types of adaptation, comparison of medians made it possible to identify statistically significant differences ($p<0,05$) between the overall score of self-condemnation and its individual forms. The most accurate median of the total score of self-condemnation was found in a group of patients with a catastrophic type of adaptation compared to other groups (116,5 points).

A different situation arose in the cohort of patients with an introvert type of adaptation, where the median of the stigma was 22 points, which allowed us to conclude that these subjects had the least stigmatization experience compared to the rest.

A statistically significant difference was also found in cohorts of patients with one of four types of adaptation compared to average quality of life ($p<0,001$). The highest value of this parameter was found in a group with an introvert type of adaptation, which amounted to 224 points.

At the same time, the lowest quality of life in the entire sample was found in patients with a fatal type of adaptation – 173,5 points.

Given the above, it can be assumed that there is a relationship between internal stigma, clinical and social adaptation, as well as the quality of life of patients. To verify this statement, we conducted Spearman's correlation analysis, which found that there was an average negative correlation between self-condemnation rate and quality of life (Po = -0,551; p<0,01).

Conclusion. Thus, self-stigmatization is a polyethiological phenomenon that affects various aspects of the social functioning of patients and reduces their adaptation. At the same time, this phenomenon is equally manifested in all patients who meet the criteria for inclusion, which is due to the ongoing plasticity of psychopathological processes and the critical abilities of patients. In patients with the first psychotic episode in Paranoid schizophrenia, stigma reduces the quality of life. At the same time, the value of this indicator remains in the range corresponding to the higher level. The results obtained do not contradict the results of a number of researchers and can serve as the basis for the development of preventive and rehabilitation measures for this cohort of patients based on the organization of destigmatization measures.

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