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MODERN METHODS FOR DIAGNOSING ENDOGENOUS ANXIETY DEPRESSIVE DISORDERS

Abstract: The issues of assessing the relationship between the personality of a patient developing anxious-depressive disorder have not been fully studied to this day, the least studied. Anxiety-a single set of abnormal personality traits that determine the predisposition to the manifestation of depressive disorder can be considered as a joint factor with affective spectrum disorder.

Key words: Anxious-depressive disorder, personality, affective disorder

Introduction: In modern conditions, clinical observations showing modifications of psychopathological manifestations of endogenous anxiety depression are of particular importance: typical phenomena can be discarded or replaced by completely disturbing equivalents [1, 2, 3, 4]. The abundance of links between anxiety and depression as an independent psychopathological formation raises a number of questions about the nature, boundaries and clinical unity of anxiety depression, the legality of including autochthonous states and reactions to stressful influences in this group [5, 6, 7]. In this category, the issues of assessing the relationship between anxiety-depressive disorder and the personality of the patient who is developing this disorder are the least studied (the ratio of anxiety-depressive disorders and personality disorders is presented in the second part of this review) [8, 9, 10].

In the existing classifications (ICD-10, DSM-IV-TR), depressive disorders are distinguished as independent categories from anxiolytic diseases. Depressive and anxiolytic disorders that coexist with the latter can be presented not only in the form of extended

psychopathologically completed syndromes, but also in subthreshold, subsyndromic, disguised forms [11, 12, 13].

According to the authors, the contribution of anxiety to the structure of depression seems indisputable, but the presence of anxiety depression as an independent clinical (and taxonomic) unit is the subject of discussion [14, 15, 16, 17]. This problem is considered in this review in two sections, the first of which is devoted to the issue of unity heterogeneity of anxiety depression, the second - its relationship with personality disorder [18, 19, 20].

The purpose of the study. The purpose of this work is to develop a comprehensive clinicopsychological and clinical-psychopathological phenomenological concept that takes into account the clinical-dynamic and personality-typological features of anxiety-depressive disorders of endogenous genesis, and substantiate approaches to their early diagnosis and prevention.

Materials and methods of research. To accomplish this task, we decided to examine 80 patients who applied to the SVPND with endogenous anxiety depression in order to study their clinical typology.

The results of the study and their discussion. The diagnosis of anxiety-depressive disorders of endogenous genesis in our patients, obtained during the examination, required in-depth clinical studies. We used questionnaires to objectify these distortions. To exclude somatic pathology, laboratory and instrumental methods of examination were used, which required the involvement of various specialists. If we talk about questionnaires, we learned that there are a number of simple tests that greatly facilitate the work of a doctor.

The medical community keeps up with the times, there are more and more useful diagnostic methods that doctors can use every day, in our review we will talk about the Wayne scale, the Spielberger scale, the hospital Anxiety and Depression Scale (hads), the Montgomery-Asberg Depression Assessment Scale (MADRS). The application works with standard questionnaire forms that can be downloaded in the application or on the website Neuroscanner.ru. The patient fills them out, and the doctor, using the NEUROSANNER application, checks the survey results and within 5 seconds receives a total score on the scale and a brief summary. We have observed an increase in the effectiveness of the result and

treatment methods, which can become an indispensable assistant in terms of diagnosis and justification of the prescribed treatment for the examined patients [22, 23, 24.

If we approach the issues of early diagnosis and treatment of patients with endogenous anxiety depression, then the discussed genealogical concept is supported by the authors of works performed by the gemini method [22, 23, 24, 25]. In particular, Virginia K. In the double part of the Kendler program, this is carried out using modern statistical approaches (multidimensional modeling of twins, etc.), genetic correlations were evaluated with high accuracy for factors such as the participation of additional genes (the contribution of the latter is 2 times higher in monozygotic pairs), the role of environmental factors and individual developmental conditions (their the influence is equivalent) [26, 27, 28, 29].

The authors' task is to confirm the presence of internal genetic risk regardless of environmental influences, to determine the correlation of hereditary mechanisms of major depression and "anxiety unhappiness" [30, 31, 32, 33], this makes it possible to assess the increase in anxiety as a clinically important phenotype [34, 35, 36]. The comorbidity of severe depression with anxiety disorders, the fact that it is based on the presence of proven precursors / antecedents that reflect the hereditary proximity of anxiety and depression, allows the authors of fundamental research in genetics and other fields of neurobiology [37, 38, 39] joined the proposal to separate anxiolytic depression into a separate category [40, 41] when the DSM-V preparation project was put forward [42].

Turning clinically to the discussion of the problem of the unity of anxiety and depression, it should be noted that the difficulties associated with the analysis of the problem in this aspect are largely due to the uncertainty of definitions of anxiety. as a characterological characteristic of external stimuli, as a psychophysiological mechanism of adaptive response to anxiety and as a psychopathological formation regulating the general emotional and emotional tone and behavior in pathological anxiety.

Conclusion. Thus, affective stigmatization in its composition can be combined with affective RL, based on a single complex of abnormal personality traits that determine a predisposition to the manifestation of anxiety depression with an identified endogenous genesis, and can be considered as a comorbidity factor with affective spectrum disorder. A

similar approach to combining personality traits identified in various clusters in terms of association with affective pathology can be observed in studies conducted in accordance with the concept of cyclothymic diathesis.

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