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CORRECTION OF PSYCHOPATHOLOGICAL CHANGES AFTER UNFINISHED SUICIDES

Abstract: A complex of biological and social characteristics of a suicidal person, we conditionally consider a complex of personality characteristics "socio-premorbid". Suicide is a powerful psychotraumatic factor, after which psychopathological diseases develop: asthenic, depressive, anxiety – phobic disorders. In the treatment of these psychotherapy options for rational psychotherapy: family psychotherapy, hypnotherapy and autogenic training are important.
Key words: Suicide, premorbid, psychotherapy, psychotrauma.

Introduction: Suicide in humanity is one of the most eternal urgent problems. According to researchers, the phenomenon is purely anthropological [1-3]. The number of suicides in Uzbekistan in 2020 was 7.4 per 100,000 people, and the total number of women who committed suicide was more than 900. The growth of suicides among women in our republic testifies to the urgency of this problem and the need for its further study [4-7]. Over the past five years, the number of suicides among young people and women in the Andijan region has increased 3 times. This is not only a problem of psychiatry, but also a problem of the Samarqand branch of the Republican Scientific Center for Emergency Medical Care [8-12].
Premorbid personality traits, as one of the risk factors for autoaggressive behavior, have been studied quite deeply by both psychiatrists and psychologists and psychotherapists [13-17]. The complex of biological and social characteristics of the personality of suicides in premorbid, we conditionally called the complex of "socio-premorbid" personality characteristics [18-21]. This complex included: characterological features of personality, hereditary burden, education, marital status and age of suicides at the time of suicide [22-26]. Psychopathological conditions after incomplete suicides were discussed extremely rarely, and they were not found in the literature available to us. Since practically healthy people and persons with borderline disorders predominated among suicides, the study of the psychological characteristics of the personality of suicides is of particular interest [27-32]. This is explained by the fact that suicide is an individual behavioral reaction caused not only

by socio-environmental factors, but also by psychological and pathopsychological characteristics of the individual in extreme life circumstances [33-39].

The purpose of the study: to study the significance of a complex of biological, social factors and psychopathological conditions after incomplete suicides and the characterological features of the personality of suicides (premorbid and their character).

Material and methods of research. To solve the tasks, the persons who were after a suicide attempt in the toxicological, burn, neuro-resuscitation and surgical departments of the Samarkand branch of the RCEM were examined. We studied 210 patients with incomplete suicides. Of these, only 2 repeated the suicide attempt. According to our data, 210 suicides who attempted suicide were not on dispensary observation.

The control group consists of 50 persons (healthy people - volunteers, from among workers, employees, students of students). The examination of suicides was carried out by clinical-psychological, pathopsychological, anamnestic and clinical-catamnestic methods.

The results of the study. As the analysis of suicidal actions shows, in the suicides examined by us, the suicidal behavior of most of them was associated with the impact of real objectively and subjectively severe psychotraumatic environmental factors that cause frustration of the vital needs of the individual and its socio-psychological maladaptation. The ratio of men and women in the main group who committed suicide attempts was 76 (36.2%) and 134 (63.8%), respectively. The analysis of the age and sex characteristics of persons who have committed a suicide attempt shows the dominance of men in the age group of 22-29 years (29.7%), and women in the age group of 19-29 (42.8%). The suicidal patients we examined were not on dispensary observation. During the examination, they were diagnosed with situational reactions in practically healthy individuals and individuals with character accentuations.

The next studied indicator is a way of leaving life. WHO has 80 ways of leaving life.

Since ancient times, mankind has known such methods of suicide as self-drowning, self-hanging, self-immolation. Ancient warriors who were defeated on the battlefield, in order not to surrender to the enemy and not to suffer the humiliation and shame of captivity, killed themselves with their own weapons, because such a death was equated with a heroic death from the enemy's weapons.

Different authors distinguish from 8 to 16 possible ways of suicide. Farewell notes were left by 15% of people who commit suicide, they are addressed to "everyone" - 5%; close 10%.

Farewell notes were left by 5, they are addressed to a loved one. Two of the suicides repeated it twice. Moreover, women often used self-poisoning. It was 15 – 19-year-old suicides who chose this method of suicide. This method is considered acceptable for women. Most suicides, for fun, choose this method in the expectation that they will have time to save. They're right about that.

Many had a failed marriage, some divorced. The largest number of suicides were unmarried and unmarried. The age of the studied patients at the time of examination ranged from 15 to 60 years. The majority of suicides were 15-30 year olds. As the study shows, among suicides,

people with a high level of education are less likely to commit suicide. The most dangerous group are people with incomplete secondary education and engaged in unskilled labor, and women are housewives. Undoubtedly, belonging to rural or urban residents is an important indicator. Our research has shown that suicides occur more often in cities. It should be noted that 78% of all suicides occur in summer and spring. Maybe because it is during this period that the contrast between the flowering of nature and the immutability of the inner state is especially noticeable.

The study showed that the main cause of suicide is personal-family conflicts and interpersonal and intrapersonal relationships. The immediate reasons that pushed them to abandon life, as a rule, are closely related to their immediate surroundings - family. During the examination, it was revealed that genetic and constitutional-biological factors increase the risk of suicidal behavior. Among the examined patients in their families there were cases of suicidal attempts. Most of the character is of the hysteroid type. At the same time, hyperthymic, labile and unstable types of accentuations were often observed. Most suicides often chose a way of leaving life-self-poisoning. 69.5% of suicidents committed suicide from drug overdose. In thematic patients, psychopathology lasted from 2 to 5 days. Among suicides, the most common were persons with hysteroid 34 (16.2%), hyperthymic 33 (16.0%) and emotive-labile personality traits 32 (15.2%). Schizoid, epileptoid and psychasthenic personalities were much less common. As can be seen from the data conducted, a depressive syndrome was noted in a person with emotional instability, an anxiety–hypochondriacal tendency to phobic–anxiety reactions, in hysteroid personalities a tendency to pathological and psychological reactions, infantile and socially underdeveloped personalities are prone to asthenic –subdepressive states.

When studying the psychopathological state of thematic patients after an incomplete suicide, an asthenic state of 139 (66.1%), a depressive state of 45 (21.5%) and a phobic state of 26 (12.4%) were revealed more often.

66.1% of patients developed an asthenic condition after an incomplete suicide. They had general weakness, irritability, intemperance, lethargy, fatigue, sleep disturbance (superficial). The mood was lowered with a touch of anxiety and tearfulness. Patients in an asthenic state after waking up complain of fatigue, lack of a sense of rest.

Hypersthenic phase. The intensity of asthenia increases gradually. The mildest form is asthenia with hypersthenia, characterized by a predominance of short temper, explosiveness, impatience, i.e. symptoms of irritation. If the clinical picture begins to be determined equally by symptoms of irritation and fatigue, they talk about asthenia with irritable weakness syndrome.

Hyposthenic phase. In the most severe – hyposthenic form of asthenia, fatigue and a feeling of powerlessness dominate, which can be accompanied by spontaneity, passivity, apathy.

Asthenia is the most common and common mental disorder. It can be found in any mental and many somatic diseases.

21.5% of patients after an incomplete suicide may develop a depressive state, which manifests itself in a depressed mood, lack of interest, indifference to the environment, to relatives and to themselves, strive for unity. The expression of the face is sad, sad. Sleep is disturbed. In conversation, the questions are answered in monosyllables, and they refuse to talk about suicide. The depressive states themselves contribute to the occurrence of suicidal thoughts and suicidal attempts in patients. And for this reason, the depressive state that has arisen after an incomplete suicide requires even more increased attention, observation and comprehensive treatment, which includes antidepressant and psychotherapeutic treatment.

Depression has a variety of clinical variants: apathetic depression – lethargy, lack of initiative, indifference, indifference to the environment prevail. The external manifestations of depression are pale, inexpressive.

Depression with the phenomena of obsession (anancastic depression) – obsessive ideas are of a diverse nature – nosophobia, misophobia (fear of infection), etc. Obsessive fears for the fate of loved ones may prevail.

The anxiety–phobic state in 12.4% of suicides is characterized by an uncontrollable feeling of anxiety, fear, hopelessness, which completely takes possession of the patient's consciousness.

It is accompanied by a sleep disorder, a violation of appetite.

Obsessive fears (phobias) a strong and irresistible fear that engulfs the patient, despite the understanding of its meaninglessness. Their content is diverse: agoraphobia – fear of space, open spaces, wide streets; anthropophobia – fear of crowds; hypsophobia – fear of heights; claustrophobia – fear of enclosed spaces; oxyphobia – fear of sharp objects.

Our studies have shown that the most common suicides occur in adolescents and women. They were the ones who committed more than half of all suicides. Family had a significantly important role for suicide risk. Conflicts in the personal and family spheres were the predominant motives for suicidal acts. These include unfair treatment on the part of loved ones, lack of attention, care on the part of others. In women, in most cases, suicidal attempts were demonstrative.

In the examined patients, situational non-pathological reactions occurred in the form of pessimistic reactions, disorganization reactions, emotional imbalance and demobilization. Situational reactions arose in conditions of psychological crisis as a formalized, structured response to a conflict situational load, characterized by the presence of negatively colored emotional experiences and a decrease in habitual adaptive stereotypes.

The lack of independence, immaturity and immaturity of these personalities led to suicide. Suicides who have attempted suicide, the study showed low psycho–emotional stability, infantilism, a tendency to impulsivity - all these are manifestations of immaturity.

It should be noted that the main causes of suicide are family and microsocial factors.

The study of suicide motives has shown that family conflicts are important in the genesis of suicidal behavior. We know that there is a very high suicide rate among women – they are

the ones who commit more than half of all suicides. The most frequently noted: incomplete family, weak social support of relatives and friends.

Suicidents after an incomplete suicide were in an unconscious state of stun, sopor, coma. They received emergency care in the form of detoxicacin treatment, sedative treatment, the use of antidepressants (amitriptyline, zoloft, ixel) and tranquilizers (phenozepam, sibazone). The use of these drugs turned out to be more effective, and later psychotherapy was carried out.

All patients were divided into two groups. The first group of 140 (66.6%) patients: who received a complex of drug therapy without psychotherapy. The second group of 70 (33.4%) patients: patients who received a complex of drug therapy (antidepressants, tranquilizers) with psychotherapy (rational, hypnotherapy).

In the complex of this treatment, the psychopathological symptoms disappeared quite quickly and the treatment time was shortened.

Conclusion: Suicide is a strong psychotraumatic factor, after which psychopathological disorders develop: asthenic, depressive, anxiety - phobic. A significant role is played by the combination of hereditary burden (psychopathy and depression) with the presence of hyperthymic and unstable character traits in premorbid men, and hysteroid and emotive-labile in women.

In the treatment of thematic patients, complex therapy combined with psychotherapy is important, in particular, options for rational psychotherapy: family psychotherapy, hypnotherapy and autogenic training.

References:

1. Temirpulatovich T. B. Depressive disorders in alcohol recipients and its socio-economic consequences during the covid-19 pandemic //Web of Scientist: International Scientific Research Journal. – 2023. – T. 4. – №. 1. – C. 162-168.
2. Temirpulatovich T. B. et al. Clinical Manifestations of Suicidal Behaviors as a Result of Depressive Disorders During Adolescence //Eurasian Medical Research Periodical. – 2022. – T. 8. – C. 55-58.
3. Temirpulatovich T. B. Sexual behavioral disorders after the covid-19 pandemic in patients with alcoholism //World Bulletin of Public Health. – 2022. – T. 10. – C. 207-209.
4. Temirpulatovich T. B., Hamidullayevna X. D. Neuropsychiatric disorders that develop in a complication of covid-19 to alcoholism //European Journal of Interdisciplinary Research and Development. – 2023. – T. 11. – C. 47-51.
5. Temirpulatovich T. B., Murodullayevich K. R., Uzokboyevich T. A. The Interrelationship of The Covid-19 Pandemic with Alcohol Abuse //Eurasian Medical Research Periodical. – 2022. – T. 8. – C. 137-139.
6. Temirpulatovich T. B., Sabrievna V. A. Effects of the Covid-19 Pandemic on the Frequency of Alcohol Abuse and Clinical and Psychopathological Features //Eurasian Medical Research Periodical. – 2022. – T. 8. – C. 68-71.

7. Temirpulatovich T. B., Uzokboyevich T. A. Effects of exogenous psychological effects on alcohol consumption during the covid-19 pandemic //Web of Scientist: International Scientific Research Journal. – 2023. – Т. 4. – №. 1. – С. 157-161.
8. Temirpulotovich T. B. et al. The Impact Of Medical And Social Factors On Alcohol Abuse In Patients With Alcoholism During The Covid-19 Pandemic //Journal of Pharmaceutical Negative Results. – 2022. – С. 8195-8200.
9. Turaev B. the course of the disease during the covid-19 pandemic in patients with alcoholism //Science and innovation. – 2022. – Т. 1. – №. D8. – С. 130-134.
10. Turaev B., Velilyaeva A. Formation and course of alcoholism in young women with alcoholic psychosis //Eurasian Journal of Medical and Natural Sciences. – 2022. – Т. 2. – №. 6. – С. 226-232.
11. Usmanovich O. U. et al. Detection of adrenaline and stress conditions in patients using psychoactive substances with hiv infection //CUTTING EDGESCIENCE. – 2020. – С. 42.
12. Очилов У. У. и др. Диагностические особенности у пациентов с эндогенными психическими заболеваниями //Проблемы современной науки и образования. – 2020. – №. 10 (155). – С. 50-52.
13. Очилов У. У. и др. Клинические особенности психопатического поведения у подростков с психическими расстройствами //Вестник науки и образования. – 2020. – №. 23-3 (101). – С. 71-74.
14. Очилов У. У. и др. Оптимизация профилактики когнитивных и депрессивных расстройств при алкоголизме //Вестник науки и образования. – 2022. – №. 1-1 (121). – С. 109-113.
15. Очилов У. У. и др. Проблемы современной науки и образования //проблемы современной науки и образования Учредители: Олимп. – №. 1. – С. 64-67.
16. Очилов У. У. и др. Эндогенный психоз и расстройства шизофренического спектра в позднем возрасте //Проблемы современной науки и образования. – 2022. – №. 1 (170). – С. 64-67.
17. Очилов У. У., Тураев Б. Т., Жумагелдиев Н. Н. Особенности формирования и течения алкоголизма у лиц с акцентуациями характера и личностными расстройствами //Вестник науки и образования. – 2020. – №. 10-4 (88). – С. 101-103.
18. Очилов У. У., Тураев Б. Т., Жумагелдиев Н. Н. Особенности формирования и течения алкоголизма у лиц с акцентуациями характера и личностными расстройствами //Вестник науки и образования. – 2020. – №. 10-4 (88). – С. 101-103.
19. Очилов У. У., Тураев Б. Т., Хушвактова Д. Х. Распространенность когнитивных нарушений у пациентов с алкоголизмом //Вестник науки и образования. – 2020. – №. 17-2 (95). – С. 104-106.
20. Очилов У., Тураев Б., Алкаров Р. Клинические особенности депрессивных расстройств у подростков //Журнал вестник врача. – 2022. – Т. 1. – №. 4. – С. 75-77.
21. Очилов У., Тураев Б., Алкаров Р. Ўсмирларда депрессив бузилишларнинг клиник хусусиятлари //Журнал вестник врача. – 2020. – Т. 1. – №. 4. – С. 75-77.

22. Тураев Б. и др. Алкоголизм билан касалланган беморларда депрессив бузилишларнинг клиник ва психопатологик хусусиятларини ўрганиш //Журнал вестник врача. – 2020. – Т. 1. – №. 2. – С. 92-94.
23. Тураев Б. Т. и др. Covid-19 pandemiyasi davrida ruhiy omillarning spirtli ichimliklarni iste'mol qilishga ta'siri //Журнал биомедицины и практики. – 2022. – Т. 7. – №. 3.
24. Тураев Б. Т. и др. Covid-19 pandemiyasi vaqtida spirtli ichimliklarni iste'mol qiluvchi shaxslarda depressiv buzilishlarning tarqalishi //Журнал биомедицины и практики. – 2022. – Т. 7. – №. 1.
25. Тураев Б. Т. и др. Диагностика и лечение коморбидности алкоголизма и депрессивных расстройств //Вестник науки и образования. – 2021. – №. 4-2 (107). – С. 26-30.
26. Тураев Б. Т. Личностные нозогенные реакции больных с дерматологическими заболеваниями //Актуальные проблемы нейробиологии психических и аддиктивных расстройств. Томск. – 2020. – С. 157-159.
29. Тураев Б. Т. Маиший ичкиликбозлик муаммоси бўлган шахсларга ижтимоий омилларнинг covid-19 пандемиси даврида таъсири //Журнал биомедицины и практики. – 2022. – Т. 7. – №. 4.
28. Тураев Б. Т., Жабборов Х. Х., Жумагелдиев Н. Н. Гендерные различия депрессивной симптоматики у больных параноидной шизофренией //Volgamedscience. – 2021. – С. 459-460.
29. Тураев Б. Т., Икромова П. Х., Жабборов Х. Х. Тревожно-депрессивные расстройства в период беременности //Volgamedscience. – 2021. – С. 460-461.
30. Тураев Б. Т., Очилов У. У., Алкаров Р. Б. Socio-demographic characteristics of somatized depression //Новый день в медицине. – 2020. – №. 2. – С. 231-233.
31. Тураев Б. Т., Очилов У. У., Икромова П. Х. Частота и структура неврологических нарушений у больных подросткового возраста с психическими расстройствами //Volgamedscience. – 2021. – С. 462-463.
32. Тураев Б. Т., Очилов У. У., Кубаев Р. М. Распределение тревоги и депрессии при аффективных расстройствах соматизированной депрессии //Medicus. – 2020. – №. 3. – С. 58-60.
33. Тураев Б. Т., Очилов У. У., Хаятов Р. Б. Клинические особенности премобидного течения депрессивных расстройств и алкогольной зависимости //# Эндогенные психические расстройства. – 2020. – С. 64-68.
34. Тураев Б. Т., Хаятов Р. Б. Апатия в структуре депрессии позднего возраста //Молодежь и медицинская наука в XXI веке. – 2019. – С. 293-293.
35. Тураев Б. Т., Хаятов Р. Б. Особенности электроэнцефалографических показателей у больных алкогольной зависимостью //Актуальные проблемы психиатрии и наркологии в современных условиях. – 2019. – С. 150-151.

36. Тураев Б. Т., Хаятов Р. Б. Преморбидные особенности личности и суицидальное поведение больных алкоголизмом позднего возраста //Актуальные проблемы психиатрии и наркологии в современных условиях. – 2019. – С. 151-153.
37. Тураев Б. Т., Хаятов Р. Б. Различия в поведенческих нарушениях и злоупотребления спиртными напитками в катамнестическом исследовании лиц с расстройствами зрелой личности //Антология российской психотерапии и психологии. – 2019. – С. 171-171.
38. Тураев Б., Хаятов Р. Рекуррент ҳамда биполяр типдаги депрессиялардаги аффектив бузилишлар соматизацияланишиниг клиник психопатологик хусусиятлари //Журнал вестник врача. – 2020. – Т. 1. – №. 2. – С. 95-99.
39. Тураев Б., Хаятов Р. Суицидальные намерения у лиц с синдромом алкогольной зависимости при наличии депрессивных расстройств //Журнал вестник врача. – 2019. – Т. 1. – №. 2. – С. 115-117.
40. Хайитов У., Ахмедов Ю., Бегнаева М. Клинико-рентгенологическая картина септической пневмонии у детей //Журнал гепато-гастроэнтерологических исследований. – 2021. – Т. 2. – №. 3.2. – С. 35-36.

41. Меликова Д. У., Бегнаева М. У. CLINICAL FEATURES OF CHRONIC PYELONEPHRITIS IN CHILDREN //ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. – 2022. – Т. 3. – №. 2.
42. Мурадова Р. Р., Хайдаров М. М., Бегнаева М. У. СОВРЕМЕННЫЕ КЛИНИКО-ФАРМАКОЛОГИЧЕСКИЕ АСПЕКТЫ ПРИМЕНЕНИЯ НЕФРОТОКСИЧНЫХ АНТИБИОТИКОВ //Достижения науки и образования. – 2021. – №. 3. – С. 98-100.
43. Farrukh S. TREATMENT OF MYOCARDIAL INFARCTION AND FIRST AID." science and Innovation //International Scientific Journal. ISSN. – 2022. – С. 2181-3337.
44. og‘li Shernazarov F. F. CONGENITAL HEART DISEASE-CAUSES, CLASSIFICATION, DIAGNOSIS, TREATMENT, COMPLICATIONS, CONSEQUENCES //Eurasian Journal of Medical and Natural Sciences. – 2022. – Т. 2. – №. 3. – С. 84-89.
45. Shernazarov F. ATHEROSCLEROSIS: CAUSES, SYMPTOMS, DIAGNOSIS, TREATMENT AND PREVENTION //Science and innovation. – 2022. – Т. 1. – №. D5. – С. 7-12.
46. Farrukh S. TREATMENT OF MYOCARDIAL INFARCTION AND FIRST AID //Science and innovation. – 2022. – Т. 1. – №. D3. – С. 317-320.
47. Shernazarov F., TYPES OF HEMORRHAGIC DISEASES, CHANGES IN NEWBOENS, THEIR EARLY DIAGNOSIS. – 2022.
48. Ш. и др. ПУТИ УСТРАНЕНИЯ САХАРНОГО ДИАБЕТА //Science and innovation. – 2022. – Т. 1. – №. D3. – С. 313-316.
49. Farrux S. The Structure of the Heart and its Physiology in Regular Athletes //Eurasian Scientific Herald. – 2022. – Т. 8. – С. 102-105.

50. Shernazarov F. ATHEROSCLEROSIS: CAUSES, SYMPTOMS, DIAGNOSIS, TREATMENT AND PREVENTION //Science and innovation. – 2022. – Т. 1. – №. D5. – С. 7-12.
51. ДИАБЕТА П. У. С. То^ ирова Жайрона Иззатилло^ изи //Шерназаров Фаррух «Science and innovation. – 2022. – С. 313-316.
52. Farrukh S. TREATMENT OF MYOCARDIAL INFARCTION AND FIRST AID." science and Innovation" International Scientific Journal. ISSN: 2181-3337, 1 (3), 317-320. – 2022.
53. Farkhod og'li, Shernazarov Farrukh. "CONGENITAL HEART DISEASE-CAUSES, CLASSIFICATION, DIAGNOSIS, TREATMENT, COMPLICATIONS, CONSEQUENCES. EURASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES, 2 (3), 84-89." (2022).
54 Farrux S. Eurasian Scientific Herald PENACCESS //PEERREVIEWEDJOURNAL https://geniusjournals. org/index. php/esh. – Т. 8.
55. Farhod o'g'li S. F. GASTRIT—SABABLARI, ALOMATLARI, TASHXISLASH, DAVOLASH, DORILAR, ASORATLARI, OLDINI OLISH. The Best Innovator in Science, 1 (1), 103-107. – 2022.
56. Shernazarov F. et al. SYMPTOMS, APPEARANCE, TREATMENT OF VARICOSE VEINS. – 2022.
57. Farrukh S. TREATMENT OF MYOCARDIAL INFARCTION AND FIRST AID." science and Innovation //International Scientific Journal. ISSN. – 2022. – С. 2181-3337.
58. Shernazarov F. F. CONGENITAL HEART DISEASE-CAUSES, CLASSIFICATION, DIAGNOSIS, TREATMENT, COMPLICATIONS, CONSEQUENCES //Eurasian Journal of Medical and Natural Sciences. – 2022. – Т. 2. – №. 3. – С. 84-89.