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SELF-IDENTIFICATION DISORDER IN DEPRESSIVE PIZO IN ENDOGENOUS MENTAL DISORDERS AND PERSONALITY DISORDERS

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Abstract: At the current stage of psychiatry, clinical and psychopathological differentiation of depressive delirium in the description of endogenous delusional depressions, their prognosis, nosological assessment and treatment issues are closely related to the problem of studying depression, which is not only one of the urgent tasks. for psychiatry, but also for medicine in general. According to the latest WHO data, the high prevalence of suicide risk (up to 4.4% of the world's population), significant negative consequences, 2-6 times higher than other mental pathologies, burdens the social and work activities of patients .
Key words: Endogenous mental illness, personality disorders, depression.

Introduction: In modern classification, gender identity disorder is traditionally considered within gender dysphoria syndrome, for which the gender role and desire to change gender identity become an integral condition of attribution [1-18]. However, these characteristics can be mainly used in the diagnosis of transsexuality and transvestism [19-27]. Thus, in syndromologically oriented ICD-10, the diagnosis and determination of gender self-identification disorder that occurs within the framework of endogenous mental disorders are not reflected, and in the clinical picture of the disease [28-46], it is compatible with other psychopathological diseases. and is often diagnosed as part of the Register of driver disorders [47-58]. Another aspect of the problem is understanding the relationship between gender identity disorder and other psychiatric disorders [59-72].

The purpose of the study: to determine the clinical and psychopathological characteristics of sexual self-identification disorders in the structure of endogenous mental disorders and personality disorders, to build clinical typology.

Materials and methods: 25 female patients between the ages of 17 and 24 who, in the period from September 2020 to October 2022, resorted to a depressive episode as part of an endogenous affective at the base of the endogenous mental disorders and affective states unit. and schizophrenia disorders, spectrum (F20, 21, F31, 32), decompensated personality disorder (F60) were investigated. In addition to clinical and psychopathological examination, a somato-neurological examination (including hormonal and gynecological studies to exclude endocrine pathology), as well as pathopsychological and instrumental (CT, EEG to exclude organic pathology) was carried out.

The criteria for joining were:

- active declaration of dissatisfaction with gender identity;
- constant homosexual preferences when choosing a sexual partner;
- phenotypic signs characteristic of the opposite sex (appearance and behavior, behavioral characteristics, habits characteristic of the opposite sex);
- the presence of a depressive episode as part of the endogenous pathology of the origin of affective or schizophrenia;
- the presence of a depressive episode as part of the decompensation of non-procedural personality disorder.

The limitation criteria were:

- Gender identity disorder (GDD) as part of an acute illness

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psychotic episode;

- Male Female Homosexual-violation of sexual self-identification within the framework of real transsexuality;

- violation of sexual self-determination in the structure of an organic lesion of the central nervous system of various origins;

- violation of sexual self-identification within the framework of endocrine pathology.gender identity disorder within lliki;

Results and discussion. The study showed significant heterogeneity in the manifestation of gender self-identification disorder that occurs in the structure of endogenous mental disorders and personality disorders. Three groups were allocated: 1. As part of depersonalization disorders, gender identity disorders have been documented; 2. Gender identity disorder within dysmorphophobia; 3. In the context of violations of Gender identity, violations of the sphere of hysteria. Violation of self-identification within the framework of depersonalization diseases. This group included 11 patients with an average age of 20 + 1.2 years, the duration of the disease is more than 3 years. The cause of the appeal was apato-adynamic affect radical, ideological inhibition, in combination with depersonalization disorder, mainly a depressive state in the form of sensory disorders of perception, self-alteration, feeling of alienation, etc. difficulty in thought processes; as well as dissociative symptoms with a tendency to form overestimated constructions of derealization phenomena, erotomanic or hypochondriac subjects. Dissatisfaction with sexual identity was not declared as a complaint, a stable opinion of non-conformity with one's own sex was formed within the framework of the perception of alienation of one's own body. Patients had no idea of gender differences, as a result of which depersonalization disorders primarily focused on this aspect of self-identification. The lack of identification with a woman caused discomfort from being in her own body.

In this group of patients, personal characteristics of the hystero-schizoid circle are noted: a tendency to autistic fantasies, rationalization of experiences, emotions; a masculine, appropriate style of clothing. The appearance of depersonalization disorders in adulthood has been noted, somatopsychic depersonalization (alienation of a woman's secondary sexual characteristics, menstruation), autopsychic (alienation of self-perception as a woman), allopsychic (alienation of self-perception from the outside). world). Not all patients in this group had a physical element of sexual desire. From a nosological point of view, patients have been classified under schizotypal personality disorder (F21), emotionally labile personality disorder (F60.3), and schizoid personality disorder (F60.1).

Gender self-identification disorder within dysmorphophobia syndrome.

The second group consists of 5 patients, the average age is -18+0.4 years, the duration of the disease is more than 4.5 years. In all observations, gender identity disorder is listed as one of the main complaints, but during the examination it turned out to be a non-dominant symptom.

Major violations of the depressive circle, dysmorphophobic experiences, reaching the level of dysmorphomania at the height of the state, are established along with impaired attraction within the framework of eating, auto-aggressive behavior. In fact, sexual self-identification disorder manifested itself in the rejection of secondary sexual characteristics (dissatisfaction with the growth of the mammary glands, the appearance of "unpleasant" sensations in the genitals) and the formation of behaviors aimed at eliminating these manifestations. larger clothing, lactation, intentional bending, etc.), as well as when presenting oneself in a role of the opposite sex.

Schizoid, anxious, psychosthenic features, as well as hysterical features, infantilism, prone to pre-autistic fantasy, are accumulated.

The onset of the disease coincided with puberty, the onset of biological and endocrinological maturity and the menstrual cycle. The rejection of biological and hormonal changes in their appearance is formed. As the state developed, in fact, the formation of a violation of self-identification occurred with the identification of oneself with a representative of

the male sex and the formation of the corresponding appearance and behavior. In addition, in this group, patients were divided into those whose experiences with gender dysphoria reached the level of dysmorphomania - the desire to surgically correct sex (3 out of 5) and those who were satisfied with the external changes they made. This group was diagnosed with a depressive episode in combination with schizophrenia (F20), schizotypal disorder (F21), and schizoid personality disorder (F32 + F60.1).РПИ в рамках расстройств истерического круга.

This group consisted of 9 patients with an average age of 19+1.2 years and an average duration of the disease of more than 2 years. In the structure of the depression that led to hospitalization, it was clear to position himself as a representative of the opposite sex, which was deliberate, demonstrative. Gender self-identification disorder manifested itself in external similarity to male appearance (they achieved external similarity by choosing men's clothing, hairstyles, habits, timbre of voice, using male names), demonstrating homosexual relationships, although before that all patients had heterosexual relationships. The severity of these manifestations is variable, not associated with affective fluctuations depending on external events, there is a correlation with Psycho-traumatic factors, and symptom instability has been noted. In some cases (3) - for the purpose of manipulating relatives, in others - to attract attention. In the Premorbid period, patients have infantilism, demonstrativeness, addiction, increased self-esteem, a certain poverty of the inner world with a tendency to imitate, dissatisfaction and blackmail behavior, achieving auto-aggressive actions, hysterical reactions. conversion marks. Psychopathological symptoms associated with RPS were shallow and polymorphic in their manifestation. So, for example, the violation of impulses was clearly manifested in nature: alcoholism in the absence of satisfaction of desires or requests, episodes of "bulimic behavior in front of relatives", superficial self-cutting as imitation of celebrities. Patients were characterized by an exacerbation of symptoms that actually existed, pseudology, such as a statement that there were perceptual delusions, was not later confirmed.

This group became the most polymorphic in diagnostic terms: it includes: schizotypal disorder (F21), hysterical personality disorder (F60.4), and bipolar affective disorder (F31).

Conclusion. Clinical and psychopathological analysis of reported cases confirms the heterogeneity of the manifestation of the spectrum of gender identity disorders and the legality of separating it from the context of gender dysphoria in order to consider it as an independent syndrome that forms within the framework of endogenous diseases. The recorded differences in psychopathological manifestations, premorbid characteristics, accompanying symptoms made it possible to identify three typological forms that appear to be significant from a diagnostic point of view and show differences in course and prognosis for each of the selected groups.

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