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COMPARISON OF CLINICAL SIGNS OF SCHIZOPHRENIA AND MANIA CLINICAL SIGNS

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Abstract: Psychotic symptoms that appear at the peak of the manic condition are usually divided into congruent effects and incompatibilities. In the latter case, Mania is usually called atypical. Atypical mania has a significant share in the onset of schizophrenia with deceived ideas of relationships, harassment, poisoning, jealousy, hallucinations and psychic automatism. Atypical mania presents difficulties in differential diagnosis. According to many authors, the issues of differentiation and rejection of various forms of manic syndromes require further study.
Key words: Manic condition, mania, schizophrenia, atypical mania.

Introduction: The social adaptation and quality of life of patients depend on a number of social and biological factors (family status, education, work, social and domestic relations, material well-being), as well as a pathoplastic background [1-9]. Affective pathology has been shown to be of great importance for quality of life indicators [10-22]. From a diagnostic point of view, one of the most difficult options for manic syndrome is mania with incompatible psychotic symptoms [23-38].

Atypical Mania has delusional ideas of relationships, symptoms such as persecution, poisoning, jealousy, hallucinations, mental automatisms, and has a large share in the onset of schizophrenia [39-56]. The study of the dynamics of adaptation of such patients is a promising direction, which makes it possible to develop targeted and more effective treatment and rehabilitation programs for them [57-73].

The purpose of the study: to increase the ability to adapt in patients with schizophrenia, where atypical psychotic Mania is manifested.

Materials and methods of the study: As part of the research work, 54 people were monitored, of which 34 men (63%) and 20 women (37%) with schizophrenia showed mania with incompatible psychotic symptoms. The average age of onset of the disease was 28,04±10,3, with an average duration of observation of 4,15±4,59 years. The average number of re-hospitalizations by observation was 1,4±2,15. Patients underwent inpatient treatment from 01.01.2019 to 31.12.2021 and then continued outpatient treatment for 4 years. The main methods were clinical-psychopathological, clinical-dynamic, clinical-catamnestic, statistical.

The research instruments consisted of: a standard description card of a patient and relative with schizophrenia; positive and negative Syndrome Scale (PANSS), clinical and administrative mania scale (CARS-m); Age mania scale (YMRS). Adaptive abilities were studied on the basis of methods developed at the State Research Institute of mental health of the Tomsk scientific center, Siberian branch of the Russian Academy of Medical Sciences.

Results and their discussion. The Integrative type of adaptation was found in 27 people (50%). As you know, this is the most favorable type of adaptation that combines high clinical and social indicators. In this group of patients, repeated hospitalization did not occur more than once every two to three years; there was no increase in psychotic symptoms during re-hospitalization.

It is especially important that in this group of patients with schizophrenia, negative disorders are not manifested in the interictal period for adaptation, they have reached Level 1, a complete criticism of the psychopathological experiences present at the onset of the disease has been formed. The introvert type of adaptation was found in 17 patients (31,5%). With high clinical indicators, there was a decrease in social activity. There was a reduction in the circle of

friends, a decrease in interest in communication and selection, a decrease in social communication due to passive behavior. This was also helped by limiting communication around the family.

In 6 patients (11,1%), an extraverted type of adaptation was observed, characterized by maintaining a high level of social activity, despite low clinical indicators. In remission, exactly, reaching 2 degrees, negative disorders, effective symptoms, such as fragmented unstable deception, were preserved. The fatal type of adaptation that combined low clinical and social indicators was in 4 patients (7.4%). Continuing and sometimes increasing deficiency symptoms during remission significantly worsened patients, and the level of motivation for any activity decreased significantly. One of the main aspects of the social adaptation of patients is the level of Education. The group, an integrative type of adaptation, was dominated by patients with higher education, with two having a level corresponding to their higher level of social and professional functioning. Groups of patients with disruptive and introverted types of adaptation were dominated by patients with secondary specialized education. In the extraverted type group, patients with secondary education are more common, and with this type of adaptation, we have observed significantly ($p<0,01$) lower levels of education than in previous groups. Depending on the nature of the deficiency and secondary conditions, the types of compensatory-adaptive protection of the "gutta-percha capsule", "ecological niche", "social resistance", "shelter under guardianship" and their predictive factors were identified. 6]. The distribution for individual compensatory-adaptive protection types among patients examined with atypical mania at the onset of schizophrenia was as follows: 46,3% - the type "gutta-percha capsule", 20,4% - the type "ecological niche". , 18,5% is a type of" shelter under resolution", 14,8% is a type of" social opposition".

A comparison of Individual compensatory-adaptive defenses has shown that patients with atypical psychotic mania at the onset of mental illness are dominated by a "gutta-percha protective capsule" type reaction (Pearson criterion, $x^2 = 0,323$, $p<0,05$).

This type of protection was identified by us in 25 people, which allows patients to maintain their social position in the microenvironment at the same or slightly reduced level. At the same time, additional external actions are not required to create individual or special conditions for the patient in the family or society, since the patient retains the opportunity for independent social adaptation. In this group of patients with a clinical picture, the affect-dominant type of seizures was greater, a rapid contraction of psychotic symptoms was observed, and negative personality changes reached mild levels. Such patients quickly returned to their usual environment, retaining their ability to work. The severity of negative disorders formed early with the type of protection "ecological niche", which we identified in 11 patients, and the peculiarities of their subsequent dynamics prevented the patient from maintaining premorbid, professional and family functions and relationships at the same level. . The formation of a new stereotype of life was observed in the form of a general decline or with a decrease in socially useful activity. In all cases, the restoration of the patient's labor and micro-social status is possible only in the presence of a special "shelter" or "place", the creation of which is possible only with the targeted actions of the workplace and the environment. in a family where a faithful attitude to the patient is necessary. In a group of patients with an adaptive response of the" ecological niche " type, the rapid formation of a defect, the continuation of psychotic symptoms and the severity of persistent delusional disorders in the condition of patients were observed.

A distinctive feature of the type of protection identified in 10 people was the need for multifaceted external stimulation, correction and individual provision of socially useful activities of patients. Patients became completely dependent on the public environment, both inpatient and non-hospital. In patients with a type of" shelter under care", significant negative changes are formed in the emotional-volitional, to a lesser extent - in the associative sphere. A common feature was a low level of social activity and quality of life, a lack of adequate external support. With the" social confrontation " type of protection, 8 patients tried to realize their needs in

different options and find a compensatory option from their own painful state in constant confrontation in the environment. This type of compensatory-adaptive protection does not help to maintain the socially useful functions and relationships of the patient in accordance with the information received and the existing clinical conditions. This type involves the restoration of social functions only at a reduced social level with active differential social support, the use of complex treatment and rehabilitation measures. In this category of patients, we observed moderate to severely defective personality changes and psychopathic disorders, geboid behavior, catatonic appendages in the current process. Conflict with the environment and society has led to a decrease in the socially beneficial activity of patients.

Conclusion. Analysis of the data obtained showed that patients who started schizophrenia in the form of atypical psychotic mania were dominated by the Integrative type of adaptation, while the disruptive type of adaptation was significantly less common. At the same time, compensatory-adaptive defense analysis is more favorable (66.7%) ("gutta-percha capsule" and "ecological niche"), less favorable (33.3%) ("social resistance" and "shelter under care") species ($p<0.01$). These results can be explained by the development of a dominant attack, which is affected by a rapid decrease in psychotic symptoms, slight defective personal changes and a high level of social adaptation. Based on the results obtained, it can be assumed that the tactics of differential rehabilitation in patients with atypical psychotic mania should be built taking into account not only the leading psychopathological syndrome, but also adaptation options and types of compensatory-adaptive protection. Thus, differentiated social support, active psycho-educational work with relatives of patients and correction of the patient's relationship with the immediate environment are necessary.

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