

DETERMINATION OF CLINICAL AND PSYCHOPATHOLOGICAL CHARACTERISTICS OF APATHO-ABULIC DEFECT IN PATIENTS SUFFERING WITH SCHIZOPHRENIA

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Until recently, in the works of foreign and domestic authors, little attention was paid to the problem of learning of post-schizophrenic psychopathological disorders, deficits and their correlation with negative manifestations. Due to the fact that the most common defects in patients with early and late onset schizophrenia are apatho-abuli, the social and labor incompatibility of the contingent of these patients often requires the allocation of a large amount of funds for any state. These global trends create serious medical problems for the state and require the study of the onset of schizophrenic psychosis at an atypical (late) age due to difficulties in diagnosis, differential treatment and rehabilitation.

The purpose of the study: The purpose of this study is to determine the clinical and psychopathological features of apatho-abolic disorder in patients with schizophrenia, to identify the factors that lead to apatho-abolic disorder, to improve measures for its prevention and prevention.

Materials and methods. We examined 36 patients with apathetic personality disorder (28 women and 8 men) aged 45 to 67 years (mean age 52 ± 5.8 years) with the onset of schizophrenia at a later age (after 45 years). Most of the patients in the main group had a progressive (suspicious) type of epilepsy (61.8%), the remaining 38.2% had a continuous transient type. In the study, patients with paranoid (81.5%) (IKB-10 codes: F20.00, F20.01) and catatonic (18.5%) (IKB-10 codes: F20.20, F20.21) form of schizophrenia participated. The number of hospitalizations of patients in this group ranged from 1 to 7 times. The duration of the schizophrenic process in patients in the main group was from 1 to 21 years (average duration 7.3 ± 6.12 years). Patients aged 32 to 59 years with the onset of schizophrenia between the ages of 30 and 44 formed the control group, 16 people were examined (12 women and 4 men). The average age of patients in this group is 44 ± 7.6 years. As in the

main group, patients in the control group mainly had paranoid form of schizophrenia (81.3%), circular form (18.7%).

Patients included in the control group were often admitted to a psychiatric hospital between 1 and 20 times. The duration of the disease of patients in the control group was compared with the duration of patients in the main group - from 0.5 to 21 years (average duration 7.8 ± 6.7 years). Thus, the control group of respondents did not differ significantly from the main group in terms of the distribution of the type and form of the schizophrenic process, as well as gender and educational level. The studied groups differed significantly in terms of age ($p < 0.05$). The patients of both groups were observed for three years and were first examined only after the elimination of effective psychopathological symptoms, that is, at the stage of the formation of remission. As a rule, the initial examination took place before leaving the hospital, and subsequent dynamic examinations were carried out once a year in an outpatient setting.

Clinical-psychopathological, clinical-anamnestic, clinical-dynamic, pathopsychological and statistical research methods were used to calculate the obtained results. Statistical processing of the obtained data was carried out using the parametric Student's t-test and the non-parametric Wilcoxon test

Results and discussion. In this study, the apatho abulic defect type occurred at the highest frequency in both the main and control groups (38.2% and 59.4%, respectively), but this was often statistically significant ($p < 0.05$). Most of the patients in the main group were 45-55 years old, in the control group, no age dependence of the prevalence of this type of defect was observed.

In the clinical picture, there is a constant decrease in volitional activity, apathy, lethargy, impoverishment of the emotional sphere with adynamia, as well as a decrease in the speed of thinking, a decrease in volume and a violation of associative processes, the speed of assimilation of information, a tendency to stereotype, stereotypy came to the fore. The premorbid characteristics of patients in this group varied from clear patho characterological deviations (8%) to the absence of any personality disorder (23%).

Most of the patients with this type of defect showed disturbances in the structure of the schizoid, premorbid asthenic personality. Furthermore, no statistically significant differences were found between the main and control groups. In the

majority (69%) of patients with retrospectively diagnosed initial disorders, the initial period continued with asthenic disorder, which was characterized by symptoms such as decreased performance, dysomnia, and mood changes for no apparent reason. The patients lost the desire to work, to communicate with friends and relatives, decreased interest in the environment, daytime sleepiness appeared, they noted indifference to their fate.

Only 18% of the main patients and 27% of the patients in the control group had an acute onset of schizophrenia, the deficits were characterized by slow development, which was not a significant difference between the groups. The clinical presentation of psychoses was characterized by systematized delusional ideas, low affective and broad hallucinatory-paranoid syndromes. With this defective variant, almost complete remissions were not observed, patients did not develop criticisms of past psychoses, and in rare remissions, residual psychotic manifestations were detected that did not determine the behavior of patients. Analyzing the results obtained above, it is necessary to improve measures to prevent and prevent apathic deficit in patients with schizophrenia.