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CLINICAL FEATURES OF THE APATHY-ABULIC DEFECT IN SCHIZOPHRENIA

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Summary

At the end of the XX-XXI century, the world community faced not only a medical, but also a global problem of great socio-economic importance - a pandemic of chronic diseases. As a result of such changes, a number of changes have also begun to occur in the psyche of people due to social and economic difficulties.

The defecation observed in schizophrenia is not particularly pronounced in patients with exactly the same diagnosis for several years.

Defecations observed in schizophrenia can also be present with a slowing of emotional connections and reactions, emotional coldness, impoverishment of emotions and inadequate emotional relations. At the same time, it is characterized by a decrease in mental activity, a decrease in the level of needs, a decrease in activity - passivity and a decrease in energy potential, autism, apathy, affect inability to enter into relationships, a decrease in the sense of sympathy and their variability.

Keywords: defects encountered in schizophrenia, autism, apathy.

Defect is a complex psychopathological formation that contains various pathogenetically different elements and describes the condition of illness with psycho-organic disorders that determine the recovery from the patient's psychotic state and acute psychotic symptoms, a decrease in the quality of the patients' social functioning [1,6, 12].

The development of ideas about the developing mental defect in schizophrenia goes through several stages: from the defect as a sign of the disease and the result of early dementia described by E. Kraepelin to the change of attention to the study of psychopathological conditions and elements of the pathology of mental activity in schizophrenia, before the search for nuclear units, with the emergence of the concept of autism, the mechanisms behind them, in turn, cognitive and emotional-volitional activities were evaluated as the main position of the psyche in psychiatry [8,10,13].

Until recently, the works of foreign and domestic authors (Carpenter W.T. Heinrichs D.W., Wagman A.M. 2011) described mainly productive psychopathological disorders in the conditions of late schizophrenia, the features of their correlation with negative manifestations, and the currently relevant defect little attention is paid to the problem of learning. Since early and late-onset schizophrenia patients have many post-disease deficits, social and work incapacity of this contingent of patients has often been observed in connection with this type of mental disorders [6,12,19].

In turn, several scientists divide the types of schizophrenia defect remission into the following (P.O. Bomov, S.V. Danila, V.G. Budza, 2011):

1. Apatho-abulic (emotional will) defect. The most common type of defect. Patients have emotional poverty, loss of communication with others and interest in the external environment, indifference to the events happening in their life, desire to self-isolate, loss of work ability and a sharp decrease in social status. characterized by That is, these patients are not interested in anything, do not feel anything, do not go anywhere between the four walls.
2. Asthenic defect. This is a type of patients without objective symptoms of mental asthenia (weakness, sensitivity, "fatigue", submission). These patients are people who try to be close to people they don't know (who were wronged by their family members). They are distrustful and suspicious of strangers. Their ability to work is sharply reduced. Tired of everything, they seek close people and need friends.
3. Neurosis-like type of defect. Senestopathy, obsession, hypochondria appear against the background of emotionality, nervousness, thinking disorders and decreased intelligence. Here are the symptoms of neurosis. When observed with hypochondrial symptoms, patients believe that they will die soon, believe that "doctors cannot help me" and do not want treatment.
3. Psychopathic defect. Against the background of sharp negative changes in the emotional and intellectual spheres, a psychopathological defect is determined by the presence of diseases characteristic of almost all types of psychopathy.
4. Pseudo-organic defect. This type is similar to psychopathological effects, but memory disorders are combined with difficulties in thinking (bradyphrenia). Most importantly, the signs of instinctive detachment are described as hypersexuality, nudity, promiscuity, excitability, and complete disregard for the surrounding situation.

5. Thymopathic defect. This is called "acquired cyclothymia". In the hypomaniacal type, the behavior of patients is similar to the previous pseudo organic defect, and is characterized by a specific "emotionality". In general, it is characterized by signs of "regressive syntony". In the subdepressive type, it is distinguished by having a passive-apathetic character against the background of a depressed mood. Affective states are manifested by monopolar, bipolar and continuous changes.

6. Hypersthenic type of defect. After a psychosis (doubt) of this type, aspects that were not observed before appear in the character - i.e. "orderliness". Observance of strict rules, diet, work and rest, excessive "correctness" and hyper social flexibility are observed. When hypomania is added to personality traits, social activity can have a "stormy" character: patients participate in meetings, control the administration, organize circles, societies, "sects", etc. Such an event took place in the biography of the artist Paul Gauguin, who is described as the prototype of the hero of the novel "Moon and penny" by Somerset Maugham.

7. Autistic type of defect. In this type, the emergence of specific "metaphysical" thinking and interests against the background of emotional deficiency is manifested by unusual pseudo-intellectual "interests".

There are other types of post-schizophrenic deficits, which now appear clinically due to unclear psychotic reasons (S.L. Leonchuk, 2016):

1) Hallucinatory type of defect.

2) Paranoid type of defect.

Post-schizophrenia is associated with changes in the observed defect relative to age groups in the general population and an increase in the proportion of elderly people. Studying the age-related aspects of the defect is an important and necessary task. These global trends create serious medical problems for the state, and due to the difficulties of diagnosis, differential treatment and rehabilitation, the study of the onset of schizophrenic disorder at an atypical (late) age is considered one of the topical topics [7,10,13].

Comparison of this condition of the patients with their premorbid characteristics shows that the personality of the patients underwent certain changes as a result of the influence of the painful process. According to R. A. Nadzharov, such a post-procedural worldview of a person, and according to Koto Roy, it can appear within the framework of racial "pseudopsychopathy", limited to the range of schizoid type

manifestations. Similar observations (A. B. Smulevich. 2015: V. G. Kozyulya. 2014) are distinguished by the presence in the clinic of low-progressive forms [5,12,16].

In the clinical picture, a constant decrease in volitional activity, impoverishment of the emotional sphere with apathy, lethargy, adynamia, as well as a decrease in the speed of thinking, a decrease in memory volume and a violation of associative processes, the speed of assimilation of information, a tendency to stereotype and stereotyping came to the fore. The majority of patients with post-morbid disability are schizoid and asthenic. It is characterized by separation from relatives, thoughtfulness, indifference to surrounding life events and one's own fate, decreased interest, lack of enthusiasm for work, and characteristically increased daytime sleepiness [1, 5, 9, 14].

According to a number of scientists, as a result of a comparative analysis of the debuts of men and women, it was found that the majority of people with schizophrenia after the age of 45 are women, and this process is observed more often in women after the age of 55 than in men. In contrast to patients with late-onset schizophrenia, which required 2-3 relapses for the appearance of an apatho-abul type defect, it was noted that it formed very quickly after 1-2 attacks [4, 8,14]. .

Cognitive disorders are disorders of attention, perception and thinking, executive functions play a key role in the clinic of schizophrenia, are distinguished in a separate cluster of pathological diseases along with positive and negative symptoms and are considered one of the components of the schizophrenic disorder. It complicates social adaptation and leads to the formation of a number of secondary disorders, disability [2, 11, 20].

Determining the nature and specificity of disorders in cognitive functions is one of the tasks of experimental psychological diagnosis. The purpose of this study is to determine the state of cognitive functions of different levels of intellectual disability in order to develop a more accurate approach to the issues of differential diagnosis of the severity of the disability within the framework of medical and social expertise. Rehabilitation tactics are selected for patients of different levels [3,6,11,19].

The psychotic type was characterized by slow development. The clinical presentation of psychoses was characterized by systematized delusional ideas, low affectivity, and broad hallucinatory-paranoid syndromes. Almost complete remissions are not observed with this defective variant. Patients do not develop

criticism of past psychoses, and in rare remissions there are residual psychotic manifestations that do not define the patient's behavior [7,11,15,16].

Stereotyped, simplified ones appear instead of the lost social functions. Patients refused to engage in high-level professions and any work. Patients who do not have a family, or who are separated from their family, do not try to start another family, their appearance, lifestyle, the opinion of others about them, the level of criticism changes significantly. According to relatives, patients spend most of their time at home in bed, being active only for eating and performing minimal hygiene procedures [5, 10, 19, 20].

Frequent and long-term hospitalization further reduces the patient's social function and develops secondary adjustment disorders in the form of hospitalization. Patients try to use gestures during the conversation, do not avoid the interlocutor's gaze. To a lesser extent, patients with late-onset schizophrenia have a quantitative decline in speech production. Patients manifest themselves in the form of formality, resonance, amorphousness of answers to questions, they differ in inactivity, they do not pay much attention to their appearance, they are distinguished by the fact that they do not do housework [3, 7, 14, 20].

A decrease in the indicators of cognitive functions (attention, violation of the generalization process, violation of the motivational-personal component, a decrease in the level of criticality) affects the decrease in the level of social adaptation. During the differential diagnosis of the state of cognitive functions with different degrees of severity of mental disability in patients with schizophrenia, it was determined by the manifestation of significant changes in cognitive functions with different degrees of severity of mental disability[4, 9, 14,18].

A certain degree of severity of mental disorders in patients with schizophrenia corresponds to certain disorders of cognitive functions [9,13,17].

In patients with mild mental retardation, attention indices correspond to normal indicators, memory function is normal or slightly decreased. Short-term memory capacity is in the normal range, and long-term memory capacity is slightly reduced. The memory process is insufficient in 35% of cases, and confabulation cases in 50% of cases; characterized by a decrease in the level of generalization of thoughts, a predominance of memory disorders. Processes of generalization of mild and moderate level of thinking: reduction of the motivational and personal component

of mild level of thinking is described by a decrease in the level of criticality of the patient [8, 9, 12, 18].

In the assessment of the severity of mental illnesses, it is necessary to search for more convenient and accurate diagnostic approaches, to develop a detection algorithm, in the differential diagnosis of medical and social expertise with the participation of a psychologist, in the assessment of mental defects in patients with schizophrenia [1,6,15,20].

Conclusion. In schizophrenia, positive psychopathological manifestations - paranoid, hallucinatory, catatonic, hebephrenic psychopathological syndromes are observed in a slightly modified form (stereotypic, coldness and indifference to surroundings) and with the inevitability of a period of relative stabilization of the process. Such a complex schizophrenic disease, which combines positive and negative symptom complexes, is characterized by late remission.

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