



## EFFECTIVE PSYCHOPHARMACOLOGICAL THERAPY IN ANXIETY- DEPRESSIVE DISORDERS

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### ABSTRACT

The article presents methods of detection and ways of correction of neurotic disorders. These studies have shown that among patients with neurotic disorders are most pronounced depression and anxiety. Therefore, in addition to the basic therapy in patients with neurotic disorders, psychotherapy was used, which led to early recovery and effective treatment.

**Keywords:** anxiety-depressive disorders, neurotic disorders, level of anxiety, depression, scale-HAM-A&HAM-D, psychodynamic psychotherapy.

### Introduction

Despite the fact that today a number of scientific studies are conducted on the methods of treating patients with neurotic disorders, several questions about effective treatment methods of psychodiagnostics and psychocorrections are still unknown. According to various authors, the neurotic disorders is 38-43% in the structure of psychological diseases[6]. Almost half of patients who are treated like an outpatient and in a hospital treatment experience depression, disturbing disorders, as well as various clinical forms of phobia, while patients can not clearly explain their self-disturbing complaints. The main clinical symptom in patients with functional somatic disorders is a variety of degree of anxiety disorders: ranging from fear to pervasive anxiety disorders. But in the experience of GP, the neurotic disorders cannot be diagnosed the background of organic diseases, as a result of this it is impossible to complete treatment of organic diseases[2]. Neurotic disorders, which is presented in patients, not only worsens the prognosis of somatic disease, but also increases the sensitivity of the lethal result [3]. In mistaken accepted diagnosis and neglected





mental changes, not only the treatment scheme of inadequate, but also ineffective anxiolytics, analgesics, nootropics, metabolics, vitamins, even though short course psychotropic drugs are also recommended. Improper removal of treatment measures leads to the fact that the patient is prescribed expensive medicines without seats, treating them in hospital (stationary) conditions, causing damage to the state budget. In the diagnosis of neurotic disorders, the attention of scientists in recent years has been attracted by various levels of anxiety and various clinical manifestations of depression observed in the patient.

Currently, modern clinical psychology recommends the use of a psychotherapeutic method, which is focused not on personality disorders, psychopathological disorders, but on clinical-social and Clinical-Psychological Study of patients, in each psychological disorder in psychotherapeutic diagnosis [1,5].

Thus, the early diagnosis of neurotic disorders, the study of the mechanisms of their formation, the timely adequate psychodiagnostics, focusing psychocorrection and pharmacotherapy is one of the main tasks of medical psychologists today.

### **The Purpose of the Study:**

To study the levels of anxiety and depression in neurotic disorders and to improve their psychodiagnostic correction.

### **Research Materials and Methods:**

Materials for the study were collected from 1-th and 2-departments of the clinic of Tashkent Medical Academy (TMA). As a primary research material, 46 patients who were treated with a diagnosis of Psychosomatic syndrome - a predominance of neurotic disorders were taken. Patients are aged between 25-35 years and the average age is  $28.5 \pm 2$

The diagnosis was based on complaints, anamnesis, objective and neurological status, as well as paraclinic data when patients came to the clinic for hospital treatment. Mental disturbances, objective status were evaluated through medical psychological tests with the help of recommendation of medical psychological questionnaire by Ibodullaev Z.R. (patent №001031)

Patients were divided into two groups in order to determine the effectiveness of treatment.

Group 1: this group was administered to patients with rational psychotherapy and psychopharmacotherapy-hydroxyzinum.

Group 2: patients in this group were treated with psychodynamic psychotherapy and psychopharmacotherapy- hydroxyzinum





Clinical and psychological examinations in patients were conducted on 2-5 days and on 25-30. In clinical trials in patients, the vegetative nervous system and neurological status were assessed.

When the vegetative nervous system was examined in patients of both groups, the predominance of red dermographism from white dermographism was seen, and the midriase is dominated much more than miosis. While the symptoms of hypergidrosis and Danini-Ashner were found to be present in almost all patients. The obtained results are reflected in Table 1:

**Table 1 Evaluation of vegetative status**

Nº	Vegetativ status	Number of patients	%
1	Red dermographism	34	74
2	White dermographism	12	26
3	Miosis	36	78
4	Midriasis	10	22
5	Hypergidrosis	40	87
6	Danini-Ashner syptom	37	80

( $P \leq 0.05$ )

For the estimation of psychological status, HAM-D and HAM-A scales were used. The Hamilton Depression Rating Scale (HAM-D) has proven useful for many years as a way of determining a patient's level of depression before, during, and after treatment, the HAM-D form lists 17 items, it generally takes 15-20 minutes to complete the interview and score the results. Eight items are scored on a 5-point scale, ranging from 0 = not present to 4 = severe. Nine are scored from 0-2. Sum the scores=0-7 normal; 8-13 mild depression; 14-18 moderate depression; 19-22 severe depression; >23 very severe depression.

The Hamilton Anxiety Rating Scale (HAM-A) consists of 14 items designed to assess the severity of a patient's anxiety. Each of the 14 items contains a number of symptoms, and each group of symptoms is rated on a scale of zero to four, with four being the most severe. All of these scores are used to compute an overarching score that indicates a person's anxiety severity. Sum the scores=17 or less indicates mild anxiety severity; 18-24 mild to moderate anxiety severity; 25-30 indicates a moderate to severe anxiety severity.

From the methods of psychocorrection, psychological conversation, psychodynamic psychotherapy and autogenic training were used. The interview was conducted on average 45-60 min per patient, 3 times a day, for 30 days 10 times, according to the patient's condition. 3 of the conversations were conducted in stationary conditions, the rest were outpatient.



Scheme of treatment: in the first week 25 mg was given 1 time in a day, then from 25 mg for 2 weeks to 2 times a day, from the fourth week from 25 mg in 7 days. The duration of observation is -1 months.

### Results of the Study:

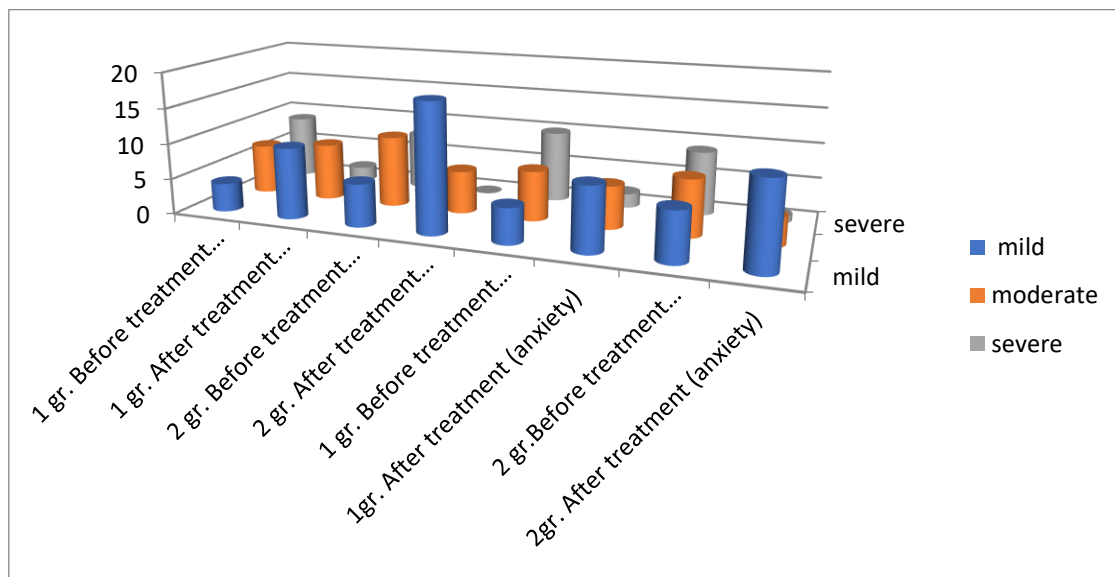
When depression level are detected through the HAM-D scale: in the first group patients were light (mild) stage among 4 patients, medium stage among 8 patients, high stage anxiety indicators in 10 patients; the second group patients were found light stage in 6 patients, medium level in 8 patients, high level in 10 patients, 8 patients are high ( $P < 0,05$ ).

When anxiety level are detected through the HAM-A scale: in the first group patients were light (mild) stage among 5 patients, medium stage among 7 patients, high stage anxiety indicators in 10 patients; the second group patients were found light stage in 7 patients, medium level in 8 patients, high level in 8 patients, 9 patients are high ( $P < 0,05$ ).

2-table. Symptoms of depression and anxiety before treatment in patients

Indicators	Level of depression					
	Mild		Moderate		Severe and very severe	
	Number of patients	Index (points)	Number of patients	Index (points)	Number of patients	Index (points)
1-group	4	12.5	8	16	10	28.5
2-group	6	14.8	10	18.2	8	32.5
Level of anxiety						
1-group	5	15.3	7	22.3	10	26.7
2-group	7	13.8	8	19.8	9	29.1

The level of depression and anxiety were re-examined in outpatient settings after patients received a full course of treatment for 1 month.(Picture 1)



1-picture

### The level of anxiety

As it can be seen from the diagram, in the second group, high stage depression and anxiety is not completely met, the medium stage has passed into the light stage, that is, the psychological status of the patient is become healthy as a result of effective psychopharmacotherapy.

### Conclusion

As a result of the conclusion, it can be noted that the correction of depression and anxiety observed in patients with neurotic disorders helps to ease the course of the disease and prolong the duration of remission. The use of anxiolytics in patients at the same time as the basis of treatment allows to reduce disease attacks and restore working capacity, even a faster recover from the disease, while the basis gives a chance to gain complicity in relation to treatment.

Based on these results, it is recommended to use hydroxyzinum and psychodynamic psychotherapy, adding to the basis of the treatment of patients with neurotic disorders.

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