



THE EFFECT OF MENTAL STATUS IMPROVEMENT ON TREATMENT EFFECTIVENESS IN MEN WITH URINARY TUBERCULOSIS

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ABSTRACT

It is known that tuberculosis is currently one of the most common diseases of social importance in the world, and it is a serious somatic disease with certain mental disorders. Hypochondriac disorders play an important role in the psychological course of tuberculosis. The feeling of alienation and isolation leads to the breakdown of interpersonal relationships, accompanied by schizoid thinking and reasoning. Disturbances of the psychological state are typical for both patients with tuberculosis diagnosed for the first time, and for men and women who have been ill for a long time. It follows from the correlations that replacing the patient's usual coping strategies (distancing, avoiding) with flexible strategies (seeking social support, taking responsibility) can positively change the patient's attitude to the disease. This, in turn, leads to greater efficiency in the fight for its treatment prospects and health restoration.

Almost all patients with urinary tract tuberculosis who participated in corrective and developmental work improved their flexibility. An important result is that medical workers have shown positive changes in the behavior of patients with urinary tract tuberculosis, their willingness to show kindness and, most importantly, their willingness to cooperate in the fight against the disease.

Keywords: treatment, patient, medical staff, psychiatry, social care.

Actuality

It is known that tuberculosis is currently one of the most common diseases of social importance in the world, and it is a serious somatic disease with certain mental disorders. Hypochondriac disorders play an important role in the psychological course of tuberculosis. The feeling of alienation and isolation leads to the breakdown of interpersonal relationships, accompanied by schizoid thinking and reasoning. Disturbances of the psychological state are characteristic of both patients with tuberculosis diagnosed for the first time, men and women who have been ill for a long time [2,9,11,13,18,29].





Such characteristic features make it difficult for patients to have interpersonal relationships and lead to disturbances in the adaptability of the unstable psyche. In the non-compliance of patients with urinary tract tuberculosis, the causes and course of tuberculosis, their attitude and motivation to treatment, their concepts and ideas, sometimes related to the previous negative experience of treatment, fear of the consequences of unsuccessful treatment are important. takes place [3,14,16,17,25].

The development of a biopsychosocial model of the disease is of great practical importance for modern phthisiatrics, and implies a deep study of the psychological and social components of the disease as important factors for optimizing treatment and increasing the effectiveness of rehabilitation measures [1,7,12,21,23].

The expediency of providing psychotherapeutic help to patients with a somatic profile has now been proven [6,8,10,19,22]. The need for psychological support of the treatment process in phthisiatrics is very urgent. However, despite the high need for psychological support for patients with urinary tract tuberculosis, it is not sufficiently implemented [4,5,15,20,27].

The purpose of the study. In order to develop a psychological support program for this group of patients, it is necessary to identify strategies for coping with the disease, individual defense mechanisms and types of response to the disease of men with urinary tract tuberculosis.

Materials and inspection methods. 168 men aged 25 to 55 years were studied as the object of empirical research. Control group - individuals without somatic diseases at the time of the study (n= 81), research groups - patients diagnosed with tuberculosis of the urinary system for the first time (n = 37), patients with chronic tuberculosis of the urinary system (n = 27). The following methods were used in the study: "Ways of Coping Questionnaire" (WCQ) by R. Lazarus and S. Folkman; VV Boyko's methodology for determining the dominant strategy of psychological protection in communication; the method of determining the type of reaction to the disease (TRD). Statistical processing of the results of the survey was carried out using the MS Excel program and the statistical data analysis computer program. Non-parametric test, Mann-Whitney test, was used for data comparison.

Test results and their discussion. At the first stage of processing the received data using the TRD method, the total sample (n = 145) was checked according to the Kolmogorov-Smirnov criterion, but it was not determined. In the second stage, the differences between research groups and their importance were studied. A non-





parametric test, Mann-Whitney test, was used to compare the data for further analysis, as the sample sum did not follow the norm law.

When comparing the control group (No. 1 - healthy people) and the study group No. 2 - patients with tuberculosis of the urinary system for the first time, with moderate significance $p < 0.05$, clearly developed coping in group No. 2 strategy, i.e. confrontation, distancing, social support seeking, avoidance strategy was observed.

In addition, when the dominant strategy of communication was studied, a high score on the avoidance scale was found: in 58% of cases, the first identified patients tended to avoid solving the problem, in 13% of cases to solve the problem peacefully, and in 29% of cases to respond aggressively.

When comparing the control (No. 1 - healthy individuals) and research groups (No. 3 - patients with chronic urinary tract tuberculosis), at the moderate level of significance $p < 0.05$, group No. 3 had the greatest difference in the types of attitudes towards the disease and communication strategies differences were found. Thus, anosognosic, neurasthenic, melancholic, egocentric and dysphoric reactions to the disease were clearly developed, but the sense of peace-loving and responsibility towards healthy people was poorly developed. In addition, anxiety, hypochondriacal, apathetic and paranoid attitudes towards the disease were found to be less in them compared to the norm.

This shows that people with chronic urinary tract tuberculosis are prone to aggressive relationships due to the development of negative mental qualities (dysphoria). Usually, doctors and nurses classify such patients as "complex patients", because in addition to resistance to many drugs in chronic tuberculosis, such patients have high emotional lability, aggressive behavior in relation to minor problems, as well as violations of the treatment regimen. Perhaps, due to chronic illness, this is a specific demand from those around them to increase attention to their own personality.

Comparison of two research groups, i.e. #2 - patients with urinary tract tuberculosis diagnosed for the first time and #3 - patients with chronic tuberculosis, at the level of moderate significance $p < 0.05$ indicators in group #2 #1 was the same as those in the group (healthy individuals). In addition, patients with tuberculosis of the urinary system, diagnosed for the first time, differ from chronic patients by a higher level of sensitivity, ergopathic and anxious attitude towards the disease.

Interestingly, as the disease progresses to a chronic form, the scale of ergopathy and sensitivity decreases sharply. Perhaps this is due to the fact that a person suffering from a socially dangerous disease becomes the weakest in these areas - communication and work. The only source of compensation for the values "pulled" by the disease is the demand for increased attention to one's personality, which in turn



significantly complicates the relationship with medical personnel. Thus, the different positions of the doctor and the patient, that is, if the patient does not comply with the treatment procedure, this in turn leads to more serious medical consequences for the patient, which is naturally reflected in his personality.

The third stage of data processing was correlation analysis using the Pearson correlation coefficient. At the previous stage of data processing, in the experimental groups (No. 2 and 3), coping strategies such as confrontation, distancing, seeking social support, avoiding the problem, as well as ergopathic and sensitive types of reaction to the disease, neurasthenic, melancholic, dysphoric, were separately analyzed in the correlation analysis. aroused interest.

The dysphoric type of attitude towards the disease is directly related to the strategy of aggressive attitude ($p < 0.01$ at $U = 0.810$) and inversely with the strategy of seeking social support ($p < 0.05$ at $U = -0.530$), which means that in sad times, in an angry mood, patients blame the social environment for their illness and behave aggressively towards others.

The neurasthenic type of illness response is inversely related to taking responsibility ($U = -0.568$ $p < 0.05$), avoidance strategy ($U = 0.477$ $p < 0.05$) and seeking social support ($U = 0.609$ is directly related to $p < 0.05$). Such relationships show that patients with somatic and mental weakness do not recognize their role in solving the problem, consider themselves incapable of helping themselves, and tend to transfer responsibility to someone from their immediate environment.

The type of anxious attitude towards the disease, according to the correlation analysis, directly with the search for social support and with the strategy of taking responsibility ($U = -0.711$ at $p < 0.05$) are inversely related. This may indicate the following: the higher the level of anxiety for the future related to the characteristics of the disease and its treatment, the more such a patient is isolated from the social environment, family members, as well as a similar diagnosis tend to seek help from other patients who have.

It is known that among patients with tuberculosis of the urinary system, which was detected for the first time, high scores were obtained on the scale of the ergopathic type of response to the disease. Correlation analysis shows that this attitude is directly related to seeking social support ($U = 0.357$ $p < 0.05$), avoidance strategy ($U = 0.420$ $p < 0.05$). This means that the more the patient engages in work in order to "escape" from the disease, the more he wants to find emotional comfort in the environment of other people, not to "face" the disease.

It follows from the correlations that replacing the patient's usual coping strategies (distancing, avoiding) with flexible strategies (seeking social support, taking





responsibility) can positively change the patient's attitude to the disease. This, in turn, leads to greater efficiency in the fight for its treatment prospects and health restoration.

Conclusion. Mathematical processing of the obtained data at the $p < 0.05$ level of significance proved that patients with chronic urinary tract tuberculosis use more constructive behavior strategies than the initially identified patients prone to negative reactions.

According to the results of the research, a correctional program was developed to work with men suffering from tuberculosis of the urinary system, who have difficulties in social adaptation.

Repeated tests showed that almost all patients with urinary tract tuberculosis who participated in correctional and developmental activities increased their adaptive abilities: first of all, it was more problem-oriented coping-behavior than emotional-oriented ones. was manifested by the increased use of character strategies. An important result is that health workers who work with patients with urinary tuberculosis have shown positive changes in the behavior of patients, their willingness to show kindness and, most importantly, their willingness to cooperate in the fight against the disease.

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