METHODS FOR ASSESSING THE PSYCHO-EMOTIONAL STATE OF PATIENTS ON AN OUTPATIENT BASIS

[1]Sultanov Shoxrux Xabibullayevich

[2]Turayev Bobir Temirpulotovich

[3]Akramov Farxod Ikromjon o‘g‘li

[3]Bozorov Abdug‘ani Farxod o‘g‘li

[1]Doctor of Science, SciencesDepartment of Therapeutic direction No.3, Tashkent State Dental Institute, Tashkent, Uzbekistan

[2]Assistant of the department of psychiatry, medical psychology and narcology, Samarkand State Medical University, Samarkand, Republic of Uzbekistan

[3]Student of group 409 of the dentistry faculty of Samarkand State Medical University, Samarkand, Republic of Uzbekistan

https://doi.org/10.5281/zenodo.14647486

Abstract. *The individual treatment plan and features of interaction with the patient should be determined based on the psycho-emotional state of the patient, which allows you to establish a relationship between the patient and the doctor and increase the quality of dental care provided, as well as minimize the risk of developing conflict situations. To determine the psycho-emotional deviations of patients, various scales and questionnaires with certain advantages and disadvantages are used. Existing questionnaires identify mood disorders such as anxiety and depressive states.*

Key words: *psycho-emotional state, dental care, questionnaire, anxiety and depression.*

Introduction. The success of dental treatment largely depends on the patient carefully following all the doctor's recommendations [3]. The implementation of the recommendations depends on the motivation of patients for treatment and fatigue from treatment. In patients with mental disorders, fatigue, weakening of motivation occur more quickly or initially have a lower level [1, 4].

In addition, approximate data obtained from epidemiological studies indicate the presence of people with low – weight mental disorders who do not attend psychiatric institutions, their number is about 30 million people, and about those with PTSD-about 10 million people [6, 8, 11].

The increase in the number of mental disorders was also reflected in the clinic of dental patients. Such patients often have problems with communication difficulties and unpredictable behavior, which may have mood disorders [4].

Depending on the emotional state of the patient, an individual treatment plan should be developed and the characteristics of the interaction should be determined.

The Spilberger-hanin situational and personal anxiety scale is designed to identify situational and personal anxiety in treating patients before Dental Admission. Situational anxiety is understood as the state of the subject at a certain time and is characterized by tension, anxiety, irritability experienced subjectively in a given situation. Personal anxiety is a stable individual psychological trait that consists of an increased tendency to experience anxiety in various life situations, including those in which objective characteristics are not prone to it. The questionnaire consists of 2 parts and accordingly includes 20 statements related to situational anxiety and 20 statements to identify personal concerns. The study first diagnoses situational, and then personal anxiety. The test is carried out using special forms. Personal and situational anxiety indicators are calculated according to the appropriate formulas for each scale. Diagnostic results using the" situational and personal anxiety scale " methodology are interpreted at 3 levels: low, moderately high anxiety levels. The interpretation of the results is the same for both scales [11-16].

A survey used by clinical psychologists to identify symptoms of Prime MD depression allows the patient to identify and identify symptoms of depressive disorders. The patient's condition is assessed in the last 2 weeks. The questionnaire consists of 9 questions. The first two questions are evaluated, and if the patient answers them positively, he is invited to answer the following questions [13].

Hads hospital's anxiety and Depression Scale is designed for screening anxiety and depression in patients. Filling the scale does not take long and does not cause difficulties for the patient, which allows general practitioners to recommend its use for the initial diagnosis of anxiety and depression in patients. The measure consists of 14 statements that serve 2 small measures: anxiety and depression. Each statement corresponds to 4 response options, which reflect gradations of the character's severity, and are encoded as the severity of the symptom increases from 0 points (absence) to 4 (maximum severity). When interpreting data, 3 areas of values are distinguished: norm, subclinically expressed anxiety/depression, clinically expressed anxiety/depression [9].

The self-anxiety rust scale is a tool to measure the severity of various phobias, panic attacks, and other anxiety disorders. Assessment of the severity of anxiety disorders on this scale is carried out on the basis of self-assessment of the patient. It is used in anxiety diagnostics and clinical studies, pre-diagnosis and screening of anxiety disorders, epidemiological studies and clinical trials of medications. The scale contains 20 statements, for each of which the person under study responds by the frequency of occurrence of one or another sign, arranged in four degrees:

"rare", "sometimes", "often" and "very often" (5 points of the scale assess affective symptoms, the remaining 15 - somatic symptoms are anxiety disorders). After short instructions, the measurement is completed independently by the patient. The researcher is asked to specify the corresponding cells of the scale form, which most accurately reflects his state in the last week. Based on the results of the answers to all 20 points, the total score is determined [10-14].

With the help of a rust scale, the subject or doctor can independently check or check for depression, the test allows you to assess the degree of depression of patients and determine the degree of depressive disorder, has high sensitivity and specificity, which avoids the additional economic and time costs associated with the medical examination of moral problems. The test takes into account 20 factors that determine the four levels of depression. The test contains ten positive and ten negative questions. Each question is evaluated on a scale from 1 to 4 (based on these answers: "never",

"sometimes", "often", "constant"). Measurement results can range from 20 to 80 points.

These results are divided into four ranges: normal, mild depression, moderate depression, severe depression. The full test process with processing takes 20-30 minutes [18-23].

The Depression Scale / Beck survey includes 21 categories of symptoms and complaints, with each category consisting of 4-5 statements corresponding to the specific manifestations/symptoms of depression. These claims are ordered as the contribution of the symptom to the overall severity of depression increases. In the initial version, the methodology was supplemented with the participation of a qualified specialist (psychiatrist, clinical psychologist or sociologist), who read aloud each item of the category, and then asked the patient to choose the statement that best suits his current state. The patient was given a copy of the questionnaire, according to which he could observe what the specialist read. Based on the patient's response, the researcher recorded the corresponding item on the letterhead. In addition to the test results, the researcher took into account anamnestic data, indicators of intellectual development and other parameters of interest. Currently, it is believed that the test procedure can be simplified: the questionnaire is given to the hands of the patient and filled by him independently [27-30].

The Hamilton Scale for depression assessment or clinical guide (clinical dynamics monitoring) developed to determine the condition of patients with depressive disorders before, during, and after treatment. In addition to being widely used in clinical practice, this measure (HDRS) is also used in clinical studies, where it is the standard for determining the effectiveness of drugs in the treatment of depressive disorders. It is supplemented by a clinician with experience in assessing mental health.

The 21-item HDRS is completed during a clinical interview (lasting approximately 20-25 minutes). A specially designed, structured clinical interview may be used to complement the Hamilton Scale. Measurement points should reflect the patient's condition in the last few days or the previous week. By repeatedly and successively using the measurement, the clinician can document the results of treatment (medical or psychotherapeutic) [31-35].

The purpose of the study is to carry out a comparative assessment of the methods used to determine the psycho-emotional state of patients in the conditions of outpatient Dental Admission.

Materials and research methods. To identify mood disorders such as anxiety and depressive states, the following methods are traditionally used in dentistry and general clinical practice: Spilberger-hanin situational and personal anxiety scale; Prime MD questionnaire for depression symptoms-nik; hads depression and anxiety hospital scale; rust scale for self-reported anxiety; rust scale for self-reported depression; Beck Depression Scale; Hamilton Scale for depression assessment; SCL-90-R symptomatic survey; clinical dental scale (SHCS); diagnosis of" Psycho-sensory-anatomical-functional malfunctioning syndrome "or" psaf malfunctioning syndrome

The SCL-90-R symptomatic survey is a clinical trial and screening method designed to assess psychological character patterns in psychiatric patients and healthy individuals.SCL-90-R contains 90 statements grouped into a number of scales. Each of the 90 questions is scored on a five-point scale (from 0 to 4), where 0 corresponds to the positions "not at all" and 4 "very strong". SCL-90 (respectively, and SCL - 90-R) includes the following scales: somatization, obsessive-compulsive disorders (obsessions), interpersonal sensitivity, depression, anxiety, hostility, phobia, paranoia, psychotism, general Weight Index, existing distress Severity Index, number of disturbing symptoms. The SCL-90-R technique designed to determine the current state of affairs is not suitable for identification. The guidelines for the methodology and its inner essence involve an accurate study of the degree of discomfort that certain symptoms cause, no matter how clear they are in reality. In addition, the methodology does not include false scales, and the structure is not aimed at correcting the subject's installation responses, which must also be taken into account in the briefing and test (although the psychotism scale, due to the unusual symptoms included in it, can be used to assess the degree of sincerity of the subject and his predisposition to The main purpose of the measurement is to determine the psychological symptomatic condition of a wide range of people, so the results of the survey are of very approximate clinical significance, but SCL-90-R can be widely used. The exception is people who cannot understand the meaning of the instructions, patients with dementia and pronounced psychotic disorders [2].

The clinical dental scale (SHKS) allows each patient to determine the predominance of one of the 5 main types of psycho-emotional reactions to the upcoming dental intervention: asthenic, depressive, anxious, hypochondriac, hysterical, as well as the severity of these reactions. The method of working with the scale is such that the dentist, when collecting the patient's Anamnesis, assessing the appearance of the patient, his behavior in the chair and the nature of the answers to the questions, records in standard form the degree of severity of each of the reactions selected in the survey process. Then points describing the severity of different types of reactions are connected in straight lines. The profile of the psycho-emotional state of the patient is graphically described, which makes it possible to accurately determine the nature and severity of the patient's reaction to the upcoming dental treatment. The clinical dental scale focuses on assessing short-term reactions in a specific stressful situation, which is an impending intervention in dental patients [5].

The diagnosis of" Psycho-sensory-anatomical-functional malfunctioning syndrome "or" psaf malfunctioning syndrome " for short allows you to analyze the structure and severity of the internal picture of the disease. All manifestations of the internal picture of the disease can be divided into four groups – clusters: psychological, emotional, anatomical and functional. The functional cluster includes restriction of mouth opening, difficulty swallowing, difficulty biting and chewing food, nasal breathing disorders, speech disorders, lacrimation, facial expressions disorders, vision disorders. When a certain level of severity is achieved on the self – esteem of the patient, several symptoms, manifestations of the disease, it can have a state of improper adaptation-a violation of adaptation to living conditions. Patients themselves assess the severity of individual symptoms that lead to malfunctions. For this, a single analog-score scale of self-assessment of the severity of the individual manifestations of the disease, which leads to the patient's malfunctions, is used. The patient is offered to show how worried he is about the individual manifestations of the disease, using concepts that are acute, strong, moderate, weak, Restless, each with a specific score. The patient marks the result of self-esteem with a "cross" in the corresponding column of the questionnaire. The patient is offered to fill out the questionnaire-to include in it the main complaints, feelings of anxiety, fear and show their severity on the analog-point scale indicated in the questionnaire.

Results and their discussion. The above research methods have their advantages and disadvantages, which are reflected. The duties of the dentist do not include the diagnosis of the patient's mental disorders. The dentist should only suspect their presence. So, Craig D. for the diagnosis of depressive disorders.

The American task force, led by Woods, proposes using only the first 2 evaluation questions from the Prime MD test, and then changing patient management tactics.

The result of psychological (mental) cluster treatment includes concerns for the outcome of the disease; experiences associated with negative aesthetic self - esteem of individual anatomical structures of your face as a whole or of the face-Face region, experiences associated with negative aesthetic self-esteem of age-related changes in your face; desire, desire to change facial architecture; constant desire and determination to change facial architecture in the absence of significant deviations from the "gold" standard. The Sensor cluster includes relaxation pain, burning sensation, parastesia, hypostesia, anesthesia, taste disorders, odor disorders, noise, joint clicking, etc. The anatomical cluster includes defects and deformations in the dentoalveolar system and the face-to-face area. Thus, there is a need to develop new methods – verbal questions for talking to the patient-that will help the dentist obtain the necessary information about the psycho-emotional state of patients and determine the tactics of interaction with the patient. There is one strict question in the questionnaire-the result of treatment, the presence or absence of anxiety (anxiety) for the outcome of the disease.

Conclusions. In order to prevent emergency situations in a dental patient, it is necessary to carry out Anamnesis, determine the functional state, including psychological ones, conduct an examination, diagnose and provide specialized assistance. With the above methods, the diagnosis of psycho-emotional abnormalities takes a long time, which does not always have a dentist.

The doctor must divide the complaints listed by the patient into the four clusters above, indicating their severity in the scores. Treatment is planned, the sequence and intensity of therapeutic measures are planned, taking into account the predominance of violence in one or another cluster of points involved in the formation of Psaf Deficiency Syndrome.

REFERENCES

1. Antsiborov S. et al. Association of dopaminergic receptors of peripheral blood lymphocytes with a risk of developing antipsychotic extrapyramidal diseases //Science and innovation. – 2023. – T. 2. – №. D11. – C. 29-35.
2. Asanova R. et al. Features of the treatment of patients with mental disorders and cardiovascular pathology //Science and innovation. – 2023. – T. 2. – №. D12. – C. 545-550.
3. Begbudiyev M. et al. Integration of psychiatric care into primary care //Science and innovation. – 2023. – T. 2. – №. D12. – C. 551-557.

4. Bo'Riyev B. et al. Features of clinical and psychopathological examination of young children //Science and innovation. – 2023. – T. 2. – №. D12. – C. 558-563.
5. Borisova Y. et al. Concomitant mental disorders and social functioning of adults with high-functioning autism/asperger syndrome //Science and innovation. – 2023. – T. 2. – №. D11. – C. 36-41.
6. Ibragimova M., Turayev B., Shernazarov F. Features of the state of mind of students of medical and non-medical specialties //Science and innovation. – 2023. – T. 2. – №. D10. – C. 179-183.
7. Konstantinova O. et al. Experience in the use of thiamine (vitamin B1) megadose in the treatment of korsakov-type alcoholic encephalopathy //Science and innovation. – 2023. – T. 2. – №. D12. – C. 564-570.
8. Kosolapov V. et al. Modern strategies to help children and adolescents with anorexia nervosa syndrome //Science and innovation. – 2023. – T. 2. – №. D12. – C. 571-575.
9. Murodullayevich K. R., Holdorovna I. M., Temirpulotovich T. B. The effect of exogenous factors on the clinical course of paranoid schizophrenia //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 28-34.
10. Nematillayevna S. D. et al. Features of non-psychotic diseases and cognitive disorders in organic brain damage of vascular genesis in elderly people //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 2. – C. 124-130.
11. Nematillayevna S. D. et al. Prevalence of anxiety and depressive disorders in elderly patients //Scientific journal of applied and medical sciences. – 2024. – T. 3. – №. 2. – C. 118-123.
12. Ochilov U. et al. Factors of alcoholic delirium patomorphosis //Science and innovation. – 2023. – T. 2. – №. D12. – C. 223-229.
13. Ochilov U. et al. The main forms of aggressive manifestations in the clinic of mental disorders of children and adolescents and factors affecting their occurrence //Science and innovation. – 2023. – T. 2. – №. D11. – C. 42-48.
14. Pachulia Y. et al. Assessment of the effect of psychopathic disorders on the dynamics of withdrawal syndrome in synthetic cannabinoid addiction //Science and innovation. – 2023. – T. 2. – №. D12. – C. 240-244.
15. Rotanov A. et al. Comparative effectiveness of treatment of somatoform diseases in psychotherapeutic practice //Science and innovation. – 2023. – T. 2. – №. D12. – C. 267-272.

16. Rotanov A. et al. Suicide and epidemiology and risk factors in oncological diseases //Science and innovation. – 2023. – T. 2. – №. D12. – C. 398-403.
17. Sedenkov V. et al. Clinical and socio-demographic characteristics of elderly patients with suicide attempts //Science and innovation. – 2023. – T. 2. – №. D12. – C. 273-277.
18. Sedenkova M. et al. Features of primary and secondary cognitive functions characteristic of dementia with delirium //Science and innovation. – 2023. – T. 2. – №. D11. – C. 56-62.
19. Sharapova D. et al. Clinical and socio-economic effectiveness of injectable long-term forms of atypical antipsychotics in schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 290-295.
20. Sharapova D., Shernazarov F., Turayev B. Prevalence of mental disorders in children and adolescents with cancer and methods of their treatment //Science and innovation. – 2023. – T. 2. – №. D12. – C. 373-378.
21. Sharapova D., Shernazarov F., Turayev B. Psychological factors for the formation of aggressive behavior in the youth environment //Science and Innovation. – 2023. – T. 2. – №. D12. – C. 404-408.
22. Shernazarov F., Sharapova D., Turayev B. Features of the development of manic and mixed episodes in patients with bipolar affective disorder who use cannabioids //Science and innovation. – 2024. – T. 3. – №. D3. – C. 123-128.
23. Spirkina M. et al. Integrated approach to correcting neurocognitive defects in schizophrenia //Science and innovation. – 2023. – T. 2. – №. D11. – C. 76-81.
24. Sultanov S. et al. Changes in alcohol behavior during the covid-19 pandemic and beyond //Science and innovation. – 2023. – T. 2. – №. D12. – C. 302-309.
25. Sultanov S. et al. Depression and post-traumatic stress disorder in patients with alcoholism after the covid-19 pandemic //Science and innovation. – 2023. – T. 2. – №. D11. – C. 420-429.
26. Sultanov S. et al. The impact of the covid-19 pandemic on the mental state of people with alcohol addiction syndrome //Science and innovation. – 2023. – T. 2. – №. D12. – C. 296-301.
27. Temirpulatovich T. B. Clinical manifestations of anxiety depressions with endogenous genesis //Iqro jurnali. – 2023. – T. 1. – №. 2. – C. 45-54.
28. Temirpulatovich T. B., Hamidullayevna X. D. Clinical and labarator changes in patients with alcoholism who have undergone covid 19, with various pathologies in the liver //Open Access Repository. – 2023. – T. 4. – №. 2. – C. 278-289.

29. Usmanovich O. U. et al. Clinical and Psychological Characteristics of Affective Disorders in Children with Autism Disorders //European journal of modern medicine and practice. – 2024. – Т. 4. – №. 2. – С. 260-267.
30. Usmanovich O. U. et al. Clinical and Psychological Characteristics of Affective Disorders in Children with Autism Disorders //European journal of modern medicine and practice. – 2024. – Т. 4. – №. 2. – С. 260-267.
31. Viktorova N. et al. Formation of rehabilitation motivation in the conditions of the medical and rehabilitation department of a psychiatric hospital //Science and innovation. – 2023. – Т. 2. – №. D11. – С. 82-89.
32. Xushvaktova D., Turayev B., Shernazarov F. Clinical features of mental disorders in synthetic drug users //Science and innovation. – 2023. – Т. 2. – №. D10. – С. 242-247.
33. Очилов У. У. и др. Клинические особенности психопатического поведения у подростков с психическими расстройствами //Вестник науки и образования. – 2020. – №. 23-3 (101). – С. 71-74.
34. Очилов У. У. и др. Проблемы современной науки и образования //проблемы современной науки и образования Учредители: Олимп. – №. 1. – С. 64-67.
35. Очилов У. У., Тураев Б. Т., Жумагелдиев Н. Н. Особенности формирования и течения алкоголизма у лиц с акцентуациями характера и личностными расстройствами //Вестник науки и образования. – 2020. – №. 10-4 (88). – С. 101-103.
36. Тураев Б. Т., Икромова П. Х., Жабборов Х. Х. Тревожно-депрессивные расстройства в период беременности //Volgamedscience. – 2021. – С. 460-461.