PSYCHOTHERAPEUTIC PROBLEMS IN THE PROCESS OF TREATMENT IN VARIOUS AREAS OF MEDICINE

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Abstract. *Despite the introduction of high-tech treatments into medical practice, the stable prevalence and development of life-threatening complications in hypertension, diabetes mellitus, chronic kidney failure, cancer and many other chronic diseases remains high. One of the reasons for this condition is that patients follow therapy at a low level or adhere poorly to treatment.*

Key words: *Psychotherapeutic, therapy, treatments, hypertension, diabetes, chronic kidney failure, cancer.*

Introduction. "Compliance" (Eng. "consent, adaptation, distribution of views") involves conscious collaboration between the doctor and the patient, as well as his family members. Today, compliance is recognized as a mandatory condition for any serious therapy, providing therapeutic effectiveness. It is noted that even under Hippocrates, commitment was a problem, and the patient's lies about taking medication were relevant. The following terms are also used to adhere to therapy [1-4].

Components of the complement: the type of behavior, the degree of conformity and the degree of purposefulness of the patient. In this case, the type of behavior includes taking the drug, the regularity of visits to the clinic and the correct implementation of other medical recommendations. Noncomplability indicates that the patient receives the wrong dose of the drug (too small or too large), does not follow the frequency and duration of taking the medication, or uses other (not recommended by the doctor) drugs; independently cancels the drug or prematurely stops taking it.

Lack of compliance is manifested in distrust of the doctor, double examination of his actions, the desire to make adjustments to the therapeutic strategy, violation of the restrictive regime, non-compliance with the diet, arbitrary cancellation of therapy, early activation of the patient in the postoperative period [5-8].

In modern literature, many studies have been published dedicated to the study of individual factors affecting conformity. Among them, a group of factors related to the previous experience of the patient and the subjective perception of his illness stand out; factors related to the features of the formation of a therapeutic Union; factors related to treatment; factors related to the microsocial environment of the patient. In general, the system of Organization of health care – how the patient interacts with it, how the drugs prescribed to the patient are taken into account and issued, their cost, as well as the peculiarities of the forms and the peculiarities of the system of relations of patients with medical personnel have a certain effect on the formation of complayens [9-13].

Some authors argue that the formation and maintenance of the complement largely depends on the degree of understanding of the patient's own disease, the goals of drug treatment, its benefits and risks. Factors that negatively affect patient compliance also include insufficient interaction between the doctor and patient and the appointment of combined drug therapy.

There are many indications that low compliance levels are associated with therapeutic regimes that must be carried out throughout life and have a preventive nature.

For many patients, overcoming psychological barriers in abandoning behavioral stereotypes that have been developing over the years is a very serious problem. In most chronic diseases, complete compliance of the patient's behavior with medical recommendations (a high level of compliance) is very difficult. The deep basis of Non-complayens were distorted cognitive conditions and negative patient expectations, supported by the cognitive-af - affective consequences of a failed treatment experience, such as distrust of success and frustration with outcomes. In addition, psychological changes that occur in patients affected by the disease can prevent them from actively participating in therapy [14-17].

Patients ' refusal of drug therapy and unwillingness to change their lifestyle due to illness, as well as problems with it, are found in various diseases. Thus, in surgery and cardiology, every seventh patient gives up the full size of the therapy offered to him. There is a higher number of refusals from treatment in cases that present health risks or are not effective enough. For example, cancer patients have a 45% abstinence rate, while older and older patients have a 25% abstinence rate.

According to cardiology studies, after emergencies, patients are characterized by a gradual decrease in motivation to follow medical recommendations [18-21].

Hyponosogical reactions associated with low compliance in the Cardiovascular Clinic are mainly male, their manifestations are more common in adulthood, says the Cardiovascular Clinic.

One of the variants of hypognosia is the syndrome of" excellent apathy", there is a clear dissociation between the manifestation of hidden somatized anxiety (tachycardia, sweating, tremors) and a careless attitude to the prognosis and outcome of the disease, which some authors associate with the pathology of imagination and narcissistic complexes of ideal physical health. The deliberate rejection of anxiety from the manifestation of the disease comes first, and the direct symptoms of somatic disease are interpreted as temporary and insignificant. However, behind the facade of these reactions lies the fear associated with a violation of the functioning of the heart [26].

For patients with hypertension, a decrease in complacency is characteristic when blood pressure stabilizes. Different types of adherence to therapy specific to these patients are highlighted; the author found that complayens correlates with specific personality traits. Thus, for patients with a scarce type of complement, low intellectual productivity, lack of emotional control, non-fulfillment, care in relationships are characteristic. When formal, negativistic, unstable, symbiotic types of complayens predominate, patients are more likely to have personal qualities such as isolation, affectivity, sensitivity, high suspicion, conservatism. The constructive type of complement is associated with personal characteristics such as the locus of external control, high anxiety, hypochondria, sensitivity to the approval of others [5].

A study on the complementary properties of coronary heart disease patients and their correlation with some of its psychological characteristics found that high levels of coherence of patients with different clinical forms of CAD are positively correlated with levels of emotional stability, responsiveness (G), high self-control (Q3), harmonious and disturbing types of attitudes. disease, with a factor of personalization for good events, I. e. with a desire to take responsibility for positive events taking place in life; negative attitudes were determined by the degree of depression and the desire to explain negative phenomena as permanent and uncontrollable [12]. Less than 60% of adults with diabetes and less than 40% of patients with bronchial asthma and hypertension report complete adherence to the medication regimen [15]. Having studied the peculiarities of the psychological adaptation of individuals suffering from chronic kidney failure and being treated with hemodialysis to the disease, data are presented that from 40 to 64% of patients with hemodialysis do not adhere to the water and drinking regime.

Among the factors associated with low compliance, the author points out the presence of low educational level, low social and economic status of patients, lack of family and social support, depression. In his study, the author proved that life is distinguished by greater meaningfulness, purposefulness, satisfaction with self-realization and confidence in the ability to control what is happening than patients who tend to break the therapeutic regime [3].

Noted that only 47% of patients with arthrosis were in full compliance with the treatment regimen, and 24% reported deliberate discontinuation of medication or dose changes during the last year of treatment. High rates of noncomplyence in patients with rheumatoid arthritis have been found by the author in patients with symptoms of uncertainty and inferiority, who tend to assume guilt and responsibility for a state of high self-control and frustration [18-21].

Psychological factors of forced behavior of dental patients were identified. In particular, this is the predominance of conformal relations, a tendency to compromise, compliance, responsibility, business orientation. At the same time, the main reason to see a doctor is acute pain, and the main reason for not applying in a timely manner is the fear of medical manipulation and a underestimation of the severity of its condition [22-25].

Claims that the premorbid personality traits of patients are related to conformity. For example, patients with hysterical characteristics are characterized by an increased risk of developing addiction to drugs, have a careless and careless attitude to treatment, and can use drugs to manipulate others. Patients with obsessive characteristics follow the doctor's instructions on time, and taking medications for them becomes a kind of ritual, which makes it even more difficult to cancel medications. Neurotic, infantile, anxious individuals are characterized by a tendency to self-medicate and abuse of psychotropic drugs. The tendency to regularly disrupt the therapy regimen with hyperthymic individuals due to mild transitions, instability of interests, insufficient assessment of the severity of the disease [26-30].

There is a lot of information in the literature, according to which the rate of refusal of treatment among the mentally ill is high. This is due to a change in cognitive processes, a decrease in personality, criticality, the ability to identify signs of mental illness in mental patients. Between one-third and half of patients break the regimen of taking medications during their stay in a psychiatric hospital, and two-thirds reduce the recommended doses without agreeing with doctors, take them at random or stop the medication altogether. Of all three re-accepted cases, either two are the result of a complete or partial lack of conformity. Antisocial and suicidal behaviors are more common in patients who have stopped taking medication.

The social consequences of complement disorder are the production and family problems of patients, reducing their quality of life, as well as increasing the amount of material costs for further treatment [31-35].

Among the most important causes of noncompliance are the side effects of psychopharmacotherapy, the duration of treatment and the complexity of the medication regimen, subjective improvement in well-being, non-criticism of their condition, lack of information about the disease and prescribed treatment. For complayens, it is assumed that not only the objective fact of the presence of adverse events when taking medications is relevant, but also the subjective tolerance of these adverse events [36-41].

A negative attitude towards drugs can be formed under the influence of socio-cultural ideas about the harmfulness of taking medications. If treatment is perceived by patients as a threat of autonomy, psychological resistance to medical treatment increases. Noncomplayens are more characteristic of patients with subacute and sluggish course of mental disorders. The situation is further complicated by the change in the lifestyle and behavior of the patient, which is so necessary in the treatment of mental disorders. In general, only a third of adult patients strictly adhere to treatment recommendations, a third adhere to them in part, and the rest refuse this need at all.

An increase in interest in the problem of conformity in psychiatry is due to several reasons. First, the violation of compliance with the prescribed drug prescribing regimen prescribed by patients largely determines the high rates of hospital regospitalization of the mentally ill in our country, an increase in the duration of hospitalization and an increase in primary disability, which leads to significant financial costs for treatment [42-47].

As a result of the mental state study we conducted, 84 patients in the last phase of chronic kidney failure who were on the waiting list for a kidney transplant were diagnosed with an increase in the level of personal anxiety in 73.1% of patients, 57% of patients. Anxiety composition was dominated by anxious assessment reactions of perspective, asthenic component, social protection reactions. The response to the disease was characterized by a predominance of anxiety-sensitive (47,6%), anozognosic (21,4%), hypochondria (8,3%) and dysphoric (7,2%) types. 60,7% of patients were found to have depressive spectrum symptoms (a minor depressive episode on the Hamilton Scale). 70% of patients were found to have an increase in the hostility index, 48,8% had a higher level of negativism, and 62% had a higher level of irritation. All these characteristics of the mental state of patients with chronic kidney disease can negatively affect therapeutic motivation, adherence to treatment, the characteristics of the therapeutic Union and interpersonal relationships in general, reducing the quality of therapy and satisfaction with the social assistance

provided. Determining the condition of the disease, along with limiting social ties, leads to the further formation of hypochondriac features and further enhances the social adaptation of the patient. Anxious experiences with surgery are often the reason for rejection of kidney transplants, and hypognosia interferes with full awareness and acceptance of disease-related information, which negatively affects compliance [48-53].

Since the patient's high level of compliance after transplantation plays a very important role, timely recognition and subsequent elimination of sensory-voluntary field and behavioral disorders is a priority in the practice of treating patients in need of organ transplantation at the waiting list stage.

Conclusions. Thus, the problem of studying complexity remains relevant in various areas of Medicine. The decrease in the number of negative results in the postoperative period, the Prevention of the development of complications and the development of chronic diseases are largely determined by the patient's competent medical behavior. The problem of studying the complement is important in the context of providing high-tech assistance to patients, in particular, in the transplant clinic, where the survival of the transplant and the life of the patient as a whole depend on the competent implementation of medical recommendations. The identification of psychological factors associated with high and low compatibility in patients with different nosology allows you to predict the characteristics of the medical behavior of patients, determine the "goals" of psychological intervention aimed at optimizing compliance at different stages of the disease.

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