CLINICAL FORMS, COURSE AND TREATMENT METHODS OF MANIACAL-DEPRESSIVE PSYCHOSIS DISEASE

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Abstract. *The study focuses on the topic of clinical forms of maniacal – depressive psychosis and their psychopharmacotherapy, provides information on the etiology, pathogenesis, clinic of this disease, theoretical knowledge about mental disorders, comparative diagnosis of disease variants from other diseases, issues of measures for modern diagnosis and treatment of the disease, and on rehabilitation problems.*

Key words: *Maniacal-depressive psychosis, psychopharmacotherapy, etiology, pathogenesis, diagnosis, treatment, rehabilitation.*

КЛИНИЧЕСКИЕ ФОРМЫ, ТЕЧЕНИЕ И МЕТОДЫ ЛЕЧЕНИЯ МАНИАКАЛЬНО-ДЕПРЕССИВНОГО ПСИХОЗА

Аннотация. *Исследование посвящено теме клинических форм маниакально–депрессивного психоза и их психофармакотерапии, содержит информацию об этиологии, патогенезе, клинике этого заболевания, теоретические знания о психических расстройствах, сравнительной диагностике вариантов заболевания с другими заболеваниями, вопросам мер современной диагностики и лечения заболевания, а также о проблемы реабилитации.*

Ключевые слова: *Маниакально-депрессивный психоз, психофармакотерапия, этиология, патогенез, диагностика, лечение, реабилитация.*

Introduction. Maniacal-depressive psychosis (cyclophrenia, circular psychosis, cyclothymia) is a periodic mental illness with depressive and maniacal stages and a period of Tula wellness between them – alternation with intermission. Maniacal-depressive psychosis includes freely expressed types (cyclophrenia) as well as soft expressed types (cyclothymia) [1-3].

The current manifestation of maniacal-depressive psychosis is the German spiritualist scientist E.Crepelin is described. In the period leading up to it, the concept of an independent disease, such as separate mania and melancholy, could prevail in the opinion of Hippocrates (Bucrotus) [4-6].

To highlight maniacal – depressive psychosis as a separate nosological unit, E.Crepelin carefully compared each other with cases where clinical manifestations are opposite (internal unity of depressive and maniacal disorders), their origin and characteristics (hereditary – generality, similarity of family background), course (periodic – stage) and ultimately — result (non – formation of personality – final defect) [7-10].

Etiology and pathogenesis. From the time of crepelin, maniacal-depressive psychosis is introduced into endogenous diseases. These include biochemical and other biological changes in the patient's body (changes in catecholamine metabolism, disruption of mineral Metabolism, effects of endocrine changes, etc.), hereditary aspects, age and gender in the body [11-14].

Kallman reports that the risk of contracting two zygotic twins is 20-25% compared to 66-96% in monozygotic twins. Again, in families whose parents are diagnosed with maniacal – depressive psychosis, the proportions of feeding on their children are also being determined. It is necessary that the appearance of maniacal – depressive psychosis, sex, structure of the torso, the relationship of the individual with the state before the disease – women are more likely to get sick than men. 60-70% of maniacal – depressive psychosis patients are women. The meaning of the catecholamine hypothesis is that in the case of depression, there is a functional deficiency of norepinephrine in the brain, and activation in the brain. A dexamethasone test is used to study violations of the functioning of the adrenal gland [15-19].

Clinical picture and course of maniacal – depressive psychosis: maniacal – depressive psychosis can begin at any age – from children to the elderly. In contrast to epidemiological data, the disease often begins at mature and advanced age (40-50 years old). With maniacal – depressive psychosis, women are more likely to be ill (up to 2 times) than men, with a higher proportion of women confirming the incidence by all authors. E.According to the data of crepelin and his contemporaries, maniacal – depressive psychosis is a common disease, and this mental diagnosis is poured and treated in 10-15% of diseases [20-26].

The main and Uzi – specific manifestations of maniacal – depressive psychosis consist of depressive and manacal stages of depression and uplifting mood. The main leading clinical manifestations of maniacal – depressive psychosis are depressive (maniacal) and maniacal (manic) syndromes (stages) [27-30].

Although the stages of manifestations of maniacal – depressive psychosis disease differ, they have many common sides. The totality is such that disorders are observed in the same and same part of mental activity, which can be grouped into three large groups.

1. Mood disorders.
2. Violation of the speed of thinking.
3. Speech-the acquisition of movement activity.

Depressive stage. The depressive phase is characterized by three signs:

1. Tunkunlik-with a sad mood.
2. With a slowdown in thinking.
3. With slow motion.

In the initial period of depression, it begins to feel unpleasant, there is a sad background in all experiences, interest in life weakens, asthenic disorder is observed, kuli does not go to work.

Night - it is against the background of the mood of the day that sleep is disturbed, appetite decreases, work capacity and productivity decrease. Lange blurs, relaxes, gets up in the morning with difficulty. The mood of patients is stable, joy and cheerfulness retreat, the environment looks dark for autumn, and interest in it subsides. Later, as the disease worsens, depression increases, the expression acquires a specific appearance, the disease is thrown into a clear autumn, which becomes known in the behavior of the patient. Although it is momentary for the patient, the feelings of joy are alien (for example, even if his daughter enters the Institute), constantly feel physical pain in his heart, often feeling his heart shrinking, “heart sadness” [31-36]. Depression the patient feels in the form of an external one, sadness remains on his face as if a secretary, his movements are very sluggish, his eyes are rough, he has no moisture, he does not blink. The torso is bent, the arms are hung next to it, they themselves are relaxed, they do not have affairs with those around them, they lie or Sit without moving. Patients feel as if berk is stuck in the street, and believe that he can only be expected to kill himself in one way or another, so patients are at risk with suicidal movements in the event of depression [37-42].

Further deepening of the Depression was first observed by UTA assessed, ultimately self – incrimination with broken temptations, sinfulness, self-deprecation, Ippo-chondric cases, encouraging other patients to kill Ham uz-himself.

One of the signs characteristic of patients in the depression phase is severe experiencing insensitivity – anesthetic depression. Patients complain that we do not know the joy in this, I have become indifferent at night. They say to loved ones, to their children, I lost sincerity, humanity and became like a heartless robot [43-46].

Most often, depression is accompanied by anxiety (anxious depression) panic, unrest, patients growl, cry, crackle their days, do not find a place for self – burns, often these situations reach a state of melancholy and periodically try to self – injure and kill. Patients become camphor, answering questions slowly, with camphor, pausing and after repeated pleas.

Maniacal stage. The main clinical manifestations of the maniacal phase are represented by a triad of symptoms:

1. With a bruise of mood;

2. With the speed of thought;

3. By the fact that the movement is lamb.

They can be expressed to varying degrees. Accordingly, the maniacal phase is divided into light – hypomanic, expressive and heavy (temptation of glory) manias.

The sick will be in a good mood, laugh hard, sweat on the way, feel happy themselves.

They always consider themselves mature, remain captivated – they believe that they are talented and know a few foreign languages, they begin to see taorgism trying to enter three institutions at once, they consider uzs a popular artist, singer, poet, they seem to be able to overcome great scientific or political problems. Having begun to correctly answer the doctor's questions, the patient immediately becomes distracted from savlo and becomes intrigued by the newly formed dust of thoughts in his brain. Patients are unable to control themselves, speak with a muffled sound without stopping, sing, read poetry, do well to say words in pairs, explain the events surrounding them with a high spirit, interfere with every job in the department, give advice [47-50].

The decoration of the behavior of manic patients is due to increased hyperreactivity and interest, sexual sensations. Patients have a high appetite, but they lose their face, often burn out in gross sexual acts, talk a lot in erotic content. After leaving the maniacal state, they feel an asthenic state.

Atypical forms of mania also differ (depending on the behavior of patients, the intensity of psychopathic symptoms).

1.Cheerful manias are accompanied by euphoria, self – assessment and feel good.

2.Expansive manias, the addition of valuable ideas with the acceleration of mental processes to the first place, manifested a desire for activity. Other signs of mania are mildly expressed.

3.Angry manias – with their anger rolling out, fall into aggressive actions, these-into the dirt from the nail.

Treatment and Prevention. With the onset of maniacal – depressive psychosis, patients are admitted to the stationary as they notugri the Uzi in manic cases, and in depression they are given suicidal actions, remaining in love with the treatment. It is necessary to keep them in check so that they do not bully them, creating half-seated conditions for patients in a state of depression.

A self-attempt is often made in the morning, because at this time the patients are sleeping smudges, the sensitivity of the medical staff is reduced smudges.

Treatment treatments: are related to the clinical picture of the disease (linkages to depressive or manic condition) as well as their expression and clinical isolation (typical stage, anxious depression, seduction depression, atypical stage, stretched stage, etc.), it is necessary to take into account the age of the patient and other factors [51, 52].

It is constantly monitored physical condition, taking into account the individual characteristics of the patient. In manic cases, neuroleptic sedatives are prescribed, neuroleptics with sedative effects (chlorpyrotexin, aminazine, tizexin or galoperiol) are given to relax the manic pupil.

The average daily intake of galoperidol is 30-60 mg, while chlorpyrotexin's 150-300 mg of aminazine is 300-600 mg, and tizersin is 150-300 mg. Treatment lasts 2 – 3 months, the amount of neuroleptic is gradually increased, the healing effect is manifested by Salts of lithium, which can be added with neuroleptics. Lithium salts do not have an antidepressant effect, but they weaken the symptoms of manic excitability. The condition of patients usually improves in the first week.

The dosage of the appointment depends on the micdor of lithium in the mine (1-1.5 days).

Carbamazepine, finlepsin, tegretsol, which are used in the next vaccine in the treatment of mania and depression, are giving good breath. The daily amount is 600 – 1000 mg, and is a link to the amount of carbamezipim in the mine (6-12 gr/l). the effect of treatment is known much more often – in 5 days-Ham, both in the manic stage and in the depressive stage. Antidepressants-thymoleidine have a mood-enhancing effect. In addition, they affect the state of anxiety and braking. If the leading sign is life sadness, oppression (to be with the classic depressive Trinity), it is necessary to appoint antidepressants that are timoleptic and mood-enhancing, seeking to show the activity of the stimulating component of self-behavior. Lipipromine (ilenzine, imipramine), Anafranil, pyrazidol, melipromil, 100 – 300 mg per day, Anafranil 100 – 200 mg per day, pyrazidol 200 – 400 mg per day, treatment for 10 days from onset, intravenous or intravenous drip method, followed by drinking.

REFERENCES

1. Abdurashidovich N. O., Zamonbek o‘g‘li B. F., Temirpulotovich T. B. Assessment of the relationship of the degree of conformity in patients with schizophrenia with clinical features and socio-demographic factors //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 22-30.
2. 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.
3. 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.
4. Begbudiyev M. et al. Integration of psychiatric care into primary care //Science and innovation. – 2023. – T. 2. – №. D12. – C. 551-557.
5. Biktimirova G., Turayev B., Ochilova N. Features of the pathokinesis of adaptation disorders in men with mild forms of cardiovascular disease //Modern Science and Research. – 2024. – T. 3. – №. 1. – C. 602-610.
6. Bo’Riyev B. et al. Features of clinical and psychopathological examination of young children //Science and innovation. – 2023. – T. 2. – №. D12. – C. 558-563.
7. 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.
8. Hamdullo o'g'li J. H., Temirpulotovich T. B. Features of the Clinical Course of Post-Traumatic Epilepsy, Psychiatric and Neurosurgical Approaches //International Journal of Cognitive Neuroscience and Psychology. – 2024. – T. 2. – №. 2. – C. 8-14.
9. 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.
10. 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.
11. 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.
12. Lomakin S. et al. Socio-demographic, personal and clinical characteristics of relatives of patients with alcoholism //Science and innovation. – 2023. – T. 2. – №. D12. – C. 278-283.

13. 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.
14. 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.
15. 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.
16. Novikov A. et al. Alcohol dependence and manifestation of autoagressive behavior in patients of different types //Science and innovation. – 2023. – T. 2. – №. D11. – C. 413-419.
17. Ochilov U. et al. Factors of alcoholic delirium patomorphosis //Science and innovation. – 2023. – T. 2. – №. D12. – C. 223-229.
18. 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.
19. Ochilov U. et al. The question of the features of clinical and immunological parameters in the diagnosis of juvenile depression with" subpsychotic" symptoms //Science and innovation. – 2023. – T. 2. – №. D12. – C. 218-222.
20. 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.
21. Rotanov A. et al. Comparative effectiveness of treatment of somatoform diseases in psychotherapeutic practice //Science and innovation. – 2023. – T. 2. – №. D12. – C. 267-272.
22. Rotanov A. et al. Social, socio-cultural and behavioral risk factors for the spread of hiv infection //Science and innovation. – 2023. – T. 2. – №. D11. – C. 49-55.
23. Rotanov A. et al. Suicide and epidemiology and risk factors in oncological diseases //Science and innovation. – 2023. – T. 2. – №. D12. – C. 398-403.
24. 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.
25. Sedenkova M. et al. Basic principles of organizing gerontopsychiatric assistance and their advantages //Science and innovation. – 2023. – T. 2. – №. D11. – C. 63-69.

26. 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.
27. 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.
28. 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.
29. 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.
30. 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.
31. Solovyova Y. et al. Protective-adaptive complexes with codependency //Science and innovation. – 2023. – T. 2. – №. D11. – C. 70-75.
32. Spirkina M. et al. Integrated approach to correcting neurocognitive defects in schizophrenia //Science and innovation. – 2023. – T. 2. – №. D11. – C. 76-81.
33. 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.
34. 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.
35. 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.
36. Temirpulatovich T. B. Clinical manifestations of anxiety depressions with endogenous genesis //Iqro jurnali. – 2023. – T. 1. – №. 2. – C. 45-54.
37. Temirpulatovich T. B. et al. Alkogolizm bilan kasallangan bemorlarda covid-19 o'tkazgandan keyin jigardagi klinik va labarator o'zgarishlar //journal of biomedicine and practice. – 2023. – T. 8. – №. 1.

38. 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.
39. Temirpulatovich T. B., Murodullayevich K. R. Characteristic features of postkovid syndrome in patients with alcoholism, the presence of various liver diseases //Open Access Repository. – 2023. – T. 4. – №. 2. – C. 266-277.
40. Temirpulatovich T. B., Uzokboyevich T. A. Biochemical Changes in the Liver After Covid-19 Disease in Alcohol-Dependent Patients and Their Effects on the Course of Alcoholism //The Peerian Journal. – 2023. – T. 15. – C. 28-37.
41. Temirpulotovich T. B. Effects of social factors in children with anxiety-phobic disorders //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 35-41.
42. Temirpulotovich T. B. et al. Ways to Develop Speech and Overcome Them in Children With Cerebral Palsy //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 355-368.
43. Temirpulotovich T. B. Somatoform variant post-traumatic stress disorder //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 9. – C. 45-52.
44. Uskov A. et al. Atypical anorexia nervosa: features of preposition and premorbid //Science and innovation. – 2023. – T. 2. – №. D12. – C. 310-315.
45. Uskov A. et al. Efficacy and tolerance of pharmacotherapy with antidepressants in non-psychotic depressions in combination with chronic brain ischemia //Science and Innovation. – 2023. – T. 2. – №. D12. – C. 409-414.
46. Uskov A. et al. Evaluation of the effectiveness of supportive therapy in the practice of outpatient treatment of schizophrenia with long term atypical antipsychotics //Science and innovation. – 2023. – T. 2. – №. D12. – C. 316-321.
47. Uskov A. et al. Psychological peculiarities of social adaptation in paranoid schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 379-384.
48. Usmanovich O. U. et al. Characteristic Features of Affective Disorders in Anxiety-Phobic Neurosis //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 251-259.
49. 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. – T. 4. – №. 2. – C. 260-267.

50. 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.
51. Usmonovich O. U., Temirpulatovich T. B. The influence of the presence of mentally ill children in the family on the psyche of parents //Journal of education, ethics and value. – 2023. – Т. 2. – №. 8. – С. 68-75.
52. 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.