# PSYCHOSES OBSERVED IN INFECTIOUS DISEASES AND THEIR PECULIARITIES

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***Abstract.*** *Psychoses are symptomatic mental disorders that develop at different stages of infectious diseases. In the early and acute periods, they manifest as confusion, delirium and visual hallucinations. There is disorientation, motor and affective excitation in time and space. Psychoses in the late period of infection are characterized by anxiety-depressive and anxiety-delusional symptoms, manic conditions and asthenia. The diagnosis is made using clinical and psychological methods. The treatment is medicinal and aims to eliminate the underlying disease and relieve psychopathological symptoms.*

***Key words:*** *Psychoses, infectious diseases, delirium, hallucination, anxiety-Depressive, Manic condition.*

# ПСИХОЗЫ, НАБЛЮДАЕМЫЕ ПРИ ИНФЕКЦИОННЫХ ЗАБОЛЕВАНИЯХ, И ИХ СПЕЦИФИКА

***Аннотация.*** *Психозы-это симптоматические психические расстройства, которые развиваются на разных стадиях инфекционных заболеваний. В начальный и острый периоды они проявляются в виде спутанности сознания, бреда и зрительных галлюцинаций. Есть дезориентация во времени и пространстве, двигательное и аффективное возбуждение. Психозы позднего периода заражения характеризуются тревожно-депрессивной и тревожно-бредовой симптоматикой, маниакальными состояниями и астенией. Диагностика проводится с помощью клинико-психологических методов. Лечение носит лечебный характер и направлено на устранение основного заболевания и устранение психопатологических симптомов.*

***Ключевые слова:*** *Психозы, инфекции, бред, галлюцинации, тревожно-депрессивное, маниакальное состояние.*

**Introduction.** Psychoses are based on an imbalance of metabolic processes in the central nervous system and autointoxication. With somatic infections, large amounts of toxins appear in the blood, and as a result of their negative impact on the nervous system, infectious psychoses develop. Inflammatory processes, hemorrhagic foci and their consequences disrupt the activity of cortical sections and subcortical structures. Depending on the intensity of the injury, the degree of change in cortical-subcortical interactions, psychosis is manifested by acute psychomotor arousal or lag, disorientation, confusion, effective psychopathology (hallucinations, delusions) [1-4].

According to local studies, in various exogenous psychoses, general psychopathological symptoms are a reflection of a single response option, which is explained by the specific sensitivity of the thalamogipotalamic complex to intoxication. In neuroinfections, psychosis is triggered by the direct introduction of a pathogenic agent into the brain tissue [5-7].

**Mental disorders in collapse disease.** Due to the fact that this disease is unusually very severe and often ends in death, a separate urine occupies among infections that damage the nervous system. The latent period of quitting lasts 2-10 weeks. In the course of the disease, three periods are distinguished: prodromal, periods of agitation and paralysis [8-10].

The Prodromal period is accompanied by signs such as increased body temperature, sweating, pain in the bite, headache, depressed mood, dryness, bessaramjony and hypersensitivity to external influences.

The excitation period is characterized by an increase in body temperature and symptoms characteristic of collapse – hydrophobia and aerophobia.

An attempt to drink water leads to severe spasm of the muscles of the hiccups, khalkum and qiziaw. At some point, whining, bruising, shortness of breath attacks, dry mouth, severe thirst occur. During this period of the disease, mental disorders of the type of dullness of consciousness occur. Mainly with chin hallucinations, temptations, dealer, strong affective arousal are observed, the patient can bite himself and his clothes [11-14].

In the next period of the disease, mental changes, agitation and muscle spasm are manifested by paralysis (mainly leg paralysis) and speech (speech) disorders. These are considered death messengers. The death occurred 3-4 days later with an exacerbation of signs of heart failure.

There are signs of inflammation in the cranial compartments – severe hyperemia in the cranium and its membranes, hemorrhages, cranial tissue-thinig decay, proliferation of glial cells is observed, which often leads to the formation of collapse nodules [15-18].

**Mental disorders in meningitis.** Meningitis can be primary and secondary. Primary meningitis is caused directly by infection damage to the cerebral membranes.

Secondary meningitis, on the other hand, is caused by the lymphogenic and haemotagenic descent of infection into the cranial curtain in acute or general infectious diseases. Primary meningitis includes cerebral meningitis called by Vekselman meningococci, acute lymphocytic choriomeningitis, acute meningitis called by Coxsackie and Yesno viruses. Secondary meningitis is differentiated by cause (staphylococcal, streptococcal) and by the location of the primary infectious process (otogenic meningitis) [19-22].

In meningitis, the pressure of the spinal fluid increases, the number of cellular elements increases (pleocytosis), the amount of protein increases, the coyefficiency of albumin – globulin decreases. If the spinal fluid remains clear and pleocytosis occurs at the expense of lymphocytes, it is called serous meningitis. In purulent meningitis, the spinal bone is dull, in which polenuclears make up the majority.

Treatment. The use of sulfonamide drugs and antibiotics in high doses improves the prognosis of epidemic, - cerebrospinal and secondary purulent meningitis for some time. In primary serrous viral meningitis, nospnsific treatment (puncture of spinal bone several times, administration of urotropin to the vein Con vein, dehydration therapy) helps to improve the patient's condition [23-27].

One of the severe complications of meningitis is chronic waterlogging of the brain.

**Tuberculosis meningitis.** The disease occurs mainly in mental patients and is a complication of internal organ tuberculosis. The prodromal period of the disease (5 – 21 days) is typical of Uzi. At the beginning of the disease, the body temperature is subfebrile, which then rises to 38 – 40 degrees Celsius; headaches increase, vomiting becomes meningial symptoms: fluid in the spinal cord may change. (its pressure increases, fibrin fibers and tuberculosis rods are found [28-30.

Mental disorders appear as early as the prodromal period: weakness, rapid fatigue, irritability, sleep disorders are observed. A coma condition can be fatal.

With difficulty remembering during the recovery period, signs such as non-persistent amnestic syndrome, signs of general asthenia, rapid fatigue, emotional instability appear.

**Treatment.** The use of streptomycin and other anti-tuberculosis drugs dramatically changes the clinic and its consequences. If not treated with these drugs, the disease went to 3 – 4 weeks and changed with death. Timely treatment leads to complete recovery.

Some children with tuberculosis meningitis later experience signs of organic brain injury lagging behind mental development.

Various infections can cause mental disorders. In infectious diseases, a group of mental changes in symptomatic infectious psychoses appear mainly in general infectious diseases. These mental changes are a sign (symptom) of one or another infectious disease. The second group of psychoses found in infectious diseases include meningitis, encephalitis, meningoencephalitis, and leptomeningites (arachnoidites). In these cases, infection of the central nervous system occurs due to direct poisoning with a virus or microbe [31-34].

Mental disorders in infectious diseases are characterized by various nebulae. These infectious infections severely affect the central nervous system, causing acute mental psychoses in the brain. When an infection infects the brain, a disease called “intracranial infection” occurs. On the basis of infectious psychoses, various psychopathological processes are manifested that enter into reactions of an exogenous type, such as disorders of consciousness syndromes, gallusinosis, asthenic and korsakov syndromes [35-39].

**Psychoses with general and intracranial infection:**

1. In the form of transistor psychoses, which go through delirium, amence, disconnection from the outside world, seizures (changes) excitations, oneiroid syndromes:

2. In the form of stretched psychoses, which go without impaired consciousness, such as gallusinosis, gallusinator paranoid state, apatic stupor, confabulosis:

3. Korsakov manifests itself in the irreversible form of mental disorders, which go through the signs of organic damage to the central nervous system, characterized by psycho-organic syndromes.

The types of the disease known as transistor psychoses do not leave complications after themselves and go away. Delirium is the most common type of central nervous system sensitivity to an infection that has fallen into the body, especially found among children and young people. In infectious delirium, the patient is unconscious, indifferent to the outside world, and therefore fear, illusion and hallucinatory anxiety arise on the basis. Delirium grows stronger towards the evening. Patients experience mild disorders, death, accidents. Gait and speech the Hallucinator breaks down under temptations and especially feels a breakdown in a number of organs. The symptom of hesitation in the patient is that it is felt as if his reflection is walking next to him.

Delirium will pass after a few days, but a certain part of its past days will remain in memory. In some cases, delirium can go hard [40-43].

Amence is a deep fogging of consciousness, which often occurs with a violation of attitude and personality to the external world, which occurs under the influence of infection. Basically it is a process that occurs in severe somatic cases.

This can include cases of impaired consciousness, psychomotor, hallucinations that arise from thrush, unrelated miles, and loss of consciousness. The patient is disorganized, aimlessly motionless, escapes far away, throws himself out of the window.

It is permissible to bring these different patients under control. They do not eat and, as a result, lose weight quickly. Sometimes the amence in the clinical landscape can alternate with delirium. The infection alternates with asthenia, leaving a lot of weeping, loose, intolerant of sound and light [44-47].

**Elongated psychoses.** A series of general infectious diseases can stretch in bad situations or become chronic. Mental disorders that manifest in these different patients, the disease passes from the very beginning with oralic syndromes. This form of psychosis, as mentioned above, is a reversible process they end in long asthenia. The clinical picture of these psychoses is also variable.

Attitude temptation, poisoning and depressive state of seduction, self-up thinking, sergap, moods are alternated with that of manic euphoric state. Subsequently, an exacerbation with observation, ippochondric, hallucination appears. Confabulation is rare in this form. All psychopathological disorders in this form are accompanied by asthenic syndromes with reduced sensitivity, as well as depressive hypochondric disorders.

Irreversible mental disorders on the basis of these various pathological processes, complications arising from the clinical picture of Korsakov and psychopathological syndromes are observed with organic damage to the brain. These are general or intracranial infections that have an irreversible character and go with brain damage.

Mental disorders that have discovered a certain importance in the diagnosis of a number of infectious diseases have specific aspects. In some infectious diseases, mental disorders are more common-for example, in typhoid fever with a rash, in malaria patients, in some-less or not at all. In place of the example, we cite mental disorders in malaria and a number of infectious diseases.

One of the severe forms of this disease is tropical malaria. The disease called Plasmodium falsifoprum is accompanied by a series of symptoms that indicate brain damage. In such cases, the disease is introduced into the cerebral form of malaria. Such mental disorders are always b'ladi, but neurological symptoms may not always be. Comatose and apoplectic types of cerebral malaria are very dangerous. A violation of consciousness occurs slowly or very quickly, that is, a completely healthy person suddenly faints. Sometimes it is thought of a sunstroke or a heart attack in these different cases. In addition, the patient's heat does not always rise. They may die within a few hours. In cases of more comatose, the patient may experience issuerkraut, headache, relaxation, muscle pain, appetite transmission, or only severe headaches.

Coma occurs more often after delirium, and sometimes after an attack of seizures. One of the manifestations of cerebral malaria is one of the irritation syndromes. Symptoms of muscle stiffness of the ensa are the main ones in diagnosing this disease. The clinical picture is complemented by symptoms of eye muscle paralysis, monoplegia, hemiplegia, Movement Coordination disorders, hyperkinesis, and cranial nerve damage [48-51].

The character of mental disorders in scarlet fever depends on the forms and clinical course of the disease. Asthenic symptoms, which include drowsiness, relaxation, bad mood, are caused by the second day of the mild form of the disease. The 3 – 4th day of the intermediate and severe forms found in children is accompanied by a break from the outside world. Patients understand the questions with difficulty and cannot answer them after a short break. Quickly read sentences do not remember and quickly get tired. In severe forms of scarlet fever, delirium and oneiroid are caused in psychoses in manifestations. In this case, psychosis will often have an amulet night, which goes with mood swings. In weak, often painful sick children, atypical form of scarlet fever occurs at 4-5 weeks. Oneiroid is in the first place with hallucination, which intensifies from time to time in the clinical picture. Hallucination is of a fantasy nature, and the patient becomes inactive.

Psychosis ends with an asthenic state. Asthenic disorders in children have a special place in the formation of neurotic reactions after scarlet fever. Poisoning of scarlet fever with rash forms can cause complications of the brain, such as encephalitis and meningitis, organic damage. In such cases, seizures syndromes, decreased memory, changes in the patient's personality can be observed. Coma can occur in the form of scarlet fever, which goes with a brain tumor. And the rash form can be complicated by hemiplegia and cerebral vascular embolism at 3-5 weeks of the disease. Often the end of mental disorders in scarlet fever ends in good. Infectious mental disorders are comparable to organic diseases of the brain.

Mental disorders in Saramas disease. Mental disorders are rare in Saramas disease (roja).

These are also divided into acute, i.e. transistor, and elongated, irreversible psychoses. The clinical picture of mental disorders depends on the course of infection, the degree of general somatic and local manifestations and the location of purulent infection. In the acute course of the disease, transistor psychoses in the form of abortions are observed. An amentivous condition occurs during the protracted course of saramas. This syndrome occurs after a hypomanic condition with short euphoria. In a protracted course, psychoses without attachment to impaired consciousness are observed.

In saramas, asthenodepression, asthenoippochondric, hypomanic cases from oral psychopathological syndromes are found, while in phlegmon it can be caused.

There is a catotaform condition in the severe course. The end of saramas is good. In the saramas type of infectious psychoses, schizophrenia is compared with manic – depressive psychoses.

**Mental disorders in rash typhoid disease.** At the onset of the disease, asthenic manifestations, weakness, apathy, and sometimes depression are observed. In rare cases during this period, dileriosis syndrome (initial delirium) occurs. Most patients experience mental changes under high temperatures. Acute motor excitability is characterized by pronounced intuition, clairvoyance, sometimes auditory hallucinations. Complex hallucinatory experiences are characterized by fantastic, scenic scenery. Patients try to escape, jump out of Windows, inflict bodily injuries on themselves in order to be expected from their imaginary enemies .Often ippohondric temptations are accompanied by various sensations in the body in typhus. Tishmali tifda V.A. In belyarovsky's interpretation," the temptation of hesitation of a person " (Brad dvoynika) is observed. In this, it would seem that someone else is lying in the patient's mind, in the carowat. That someone is connected to the patient or seems to be in person. Sometimes the body is as if new parts have appeared, and these new parts have an unpleasant and painful sensation. In this disease, vestibular disorder is observed and sensations of movement, descent and flight occur. During periods of high temperature rise, a deep violation of consciousness leads to death as a result of growing adinamia.

After the temperature drops against the background of postinfection asthenia, a resident temptation is sometimes observed. During this period, an expansive – confabulatory syndrome occurs, which lasts a week or two: patients consider themselves to be the owner of great wealth, as if they were omnipotent, courageous. They look at this situation with condescension, but remember the sick visions of their faces. In some patients, during the recovery period, there is suddenly a delirium or amintiv state, sometimes meningial manifestations, bulbar symptoms, dysarthria disorders, which leads to coma and death.

**Abdominal typhus and paratyphs.** In the initial period, patients experience wilting, numbness, braking. Sometimes the initial delirium is accompanied by a type of manic excitation until the temperature rises. To such a patient, the diagnosis is poured into the "mental hospital".

This form of abdominal typhoid is very severe, sometimes ending in death. In the acute period, unwanted delirium is observed. The most characteristic is that it is an amintific condition.

During the recovery period, there is sometimes a persistent temptation, and often severe forms of post-infectious weakness develop. Just like a rash tif, patients are madorless, agitated. Sometimes euphoria, amnestic syndrome is observed.

Recurrence typhus is an infectious disease with a very high sensitivity, sometimes calling delirium with a meningial appearance. Obvious mental changes are not felt.

Botkin's disease. This disease is manifested by changes in the type of astheno – adynamic syndrome of many mental disorders: madorlessness, irritability, excitability. Acute dystrophy in a comatose state is characterized by excitability, growing apathy, wilting, drowsiness, and ear termination.

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