Clinical Manifestations of Suicidal Behaviors as a Result of Depressive Disorders During Adolescence

Author	Affiliation
Turaev Bobir Temirpulatovich	Teachers of the Department of Psychiatry, Medical Psychology and Narcology Samarkand State Medical University
Ochilov Ulugbek Usmanovich	Teachers of the Department of Psychiatry, Medical Psychology and Narcology Samarkand State Medical University
Kubaev Rustam Murodullayevich	Teachers of the Department of Psychiatry, Medical Psychology and Narcology Samarkand State Medical University
Turgunboev Anvar Uzokboyevich	Teachers of the Department of Psychiatry, Medical Psychology and Narcology Samarkand State Medical University

ABSTRACT

Analysis of destructive tendencies in the structure of adolescent depressive behavioral disorders determined that adolescents more often experience demonstrative-blackmail suicidal behavior, which is formed against the background of depressive affect, as a result of intrapersonal conflicts and is mainly a problem of behavioral and stress-related disorders that arise against the background of psychopathological states of non-psychotic level. The study of the clinical features of self-destructive actions in adolescents with behavioral disorders of the depressive register allows us to identify risk groups for suicidal readiness among this contingent of patients.

Keywords: Behavioral disorders, depressive disorders, adolescents, suicidal tendencies.

Introduction. Suicide is a conscious, deliberate deprivation of life, self-destruction, rejection of the whole variety of joys, pleasures, offers and opportunities of the surrounding world, the last link in the process of social and personal maladjustment. A close relationship between depressive and suicidal manifestations was established in 1897 by the founder of suicidology E. Durkheim. According to modern authors, in 11-17% of cases of endogenous depression, completed suicide was established, among those who committed suicidal attempts, 60% had affective disorders [1, 6]. The problem of suicide among young people is extremely relevant in many countries, since suicide is the third or fourth leading cause of death among young people [3, 8]. Depressive disorders of adolescence represent one of the most difficult medical problems due to severe social consequences, which include suicide, violence, drug addiction and behavioral deviations. The increased risk of destructive tendencies, often disproportionate to the severity of depressive affect, is associated with a low suicidal threshold and insufficient psychosocial maturity [2, 4, 7]. The high probability of realization of suicidal intentions is explained by the lack of formation of the “anti-suicidal barrier” against the background of a distinct depressive outlook that is already possible at this age [4, 5, 7]. Depression, both in children and adolescents, is difficult to recognize due to the fact that depressive symptoms are superimposed, as a rule, on the psychological characteristics of age [8]. First of all, depressive states in adolescence and adolescence are associated with suicidal behavior, have a "erased", masked character,

are manifested most often by behavioral disorders of the pubertal register [5, 6].

Purpose Of The Study: to study the clinical manifestations of suicidal tendencies in adolescents with depressive disorders and behavioral disorders in order to improve the quality of diagnostic, treatment-corrective and psychological assistance to this contingent of patients.

Materials And Methods: 30 adolescents aged 16 to 18 years with depressive disorders and behavioral disorders were selected for the study. Clinical-psychopathological and follow-up methods were the leading research methods. To assess the severity of depressive symptoms, the Hamilton Depression Rating Scale and the Beck Scale were used, to identify the level of anxiety, the Spielberger-Hanin questionnaire of the level of personal and reactive anxiety, and the eight-color Luscher test was used to determine the stable personality characteristics of the subjects and the characteristics of emotional response.

Discussion And Acknowledgement: depending on the prevalence of depression symptoms, all patients were divided into five groups: with dysphoric depression - 53% (n = 16), anxious depression - 17% (n = 5), dysmorphophobic depression - 13% (n = 4), masked depression - 10% (n = 3), astheno-apathetic depression - 7% (n = 2). When assessing the severity of depressive disorders according to the Hamilton scale, there was no severe depression among adolescents, the bulk of 80% were patients with mild depression, and only 20% of cases (6 patients) were moderately depressed.

Among all surveyed there were 18 boys and 12 girls. Gender differences in the severity of depressive symptoms were distributed as follows: in boys, mild depression was detected in 70% of cases and depression of moderate severity was diagnosed in 17% of cases, and in girls, moderate depression was more common - in 70% of cases, mild depression detected in 30% of patients. Most often, adolescents complained of depressed mood, sleep and appetite disorders, difficulties in learning activities, impaired concentration, increased reaction to external situations and sources of stress, irritability, sudden feelings of sadness, despondency, and at times they noted a pronounced feeling of boredom and lack of desire for something. or do, expressed ideas of self-blame and hopelessness. In 77% of cases (23 patients), parents noted a significant decrease in school performance, a violation of intra-family relationships, and increased fatigue, which was more pronounced in the afternoon. In the surveyed group, as a result of testing using the Spielberger-Khanin questionnaire, the presence of anxiety disorders of varying severity was revealed in 93% of adolescents, more than half of the studied showed the presence of moderate anxiety manifestations (56%), in 27% of the surveyed - without clinically significant anxiety and in 16% of adolescents - pronounced anxiety was stated.

In accordance with the traditional systematics of suicides, patients were divided into three groups: a group of demonstratively blackmailing suicidal tendencies (50%), a group of affective (30%) and true suicides (20%). The study established the presence of only suicidal thoughts in 50% of the surveyed, suicidal thoughts with intentions and planning in 30% of the surveyed, in 17% of cases adolescents with suicidal thoughts made suicidal attempts. Suicidal thoughts were not always revealed when interviewing patients. In a number of cases, they became known when adolescents filled in the subjective Beck Depression Rating Scale. In a targeted survey of these patients and their parents, it was found that some time before the suicidal attempt was made, discussions on mortal topics were noted, sometimes the patient's experiences reflected drawings in school notebooks that had suicidal content. Analysis of self-destructive behavior in adolescents established heterogeneity and difference in the clinical manifestations of suicidal tendencies depending on the type of depression. So, in case of dysphoric depression, in 80% of cases, the presence of impulsive suicidal thoughts and tendencies was revealed, mainly in boys, arising at the height of

pathological affect under the influence of traumatic factors, conflicts with parents and peers, as well as with the use of alcoholic beverages and toxic drugs. In the clinical picture of dysphoric depression, addictive forms of behavioral disturbances have been established: petty thefts, running away from home, vagrancy, smoking, and the use of psychoactive substances. Two adolescents from this group made suicidal attempts in the form of self-cuts in the elbow bends, and five adolescent girls with a psychopathic radical of personality traits resorted to taking large doses of drugs, which were stated as demonstratively blackmailing auto-aggressive actions. In adolescents with anxiety depression, anxiety was observed throughout the day, with an increase in the evening, in 6 patients, an increase in anxiety symptoms was associated with the search for a way out of their state and, in the absence of understanding from their relatives, 3 patients developed a feeling of fear, suicidal thoughts and tendencies having, according to the traditional classification of suicides, the nature of affective suicides. Suicidal behavior in anxiety-type depression was limited to rare thoughts of unwillingness to live or threats during episodes of agitation. In the clinical picture of dysmorphophobic depression, the leading complaints were about the presence of defects and deficiencies in the structure of their own body, the conviction of their own external unattractiveness or physical inadequacy. This type of depression was observed only in girls and was accompanied by eating disorders in the form of restrictive eating behavior with adherence to strict diets and the initial stage of anorexia nervosa. In most cases, adolescent girls were not overweight in premorbid. Patients strove to change their inner world, to self-improvement, in a number of cases the patients showed a tendency to various protest reactions.

The girls expressed dissatisfaction with their weight, excessive fat deposition in various parts of their bodies, crooked and thick legs, were painful about the presence of chubby cheeks, too large a belly and chest. Complaints were mainly about weakness, adolescents blamed themselves for stiffness, shyness, felt a sense of insecurity, being in society, fear to appear in public, the desire to retire and be alone. Suicidal tendencies in this group were limited only to thoughts and planning, statements were unstable, passive, adolescents were reluctant to report their plans and intentions, information was mainly collected from parents who found their children registered on various social networking sites and communities on the Internet that promote the cult of death.

Assessment of suicidal thoughts and intentions in this group of adolescents allows them to be classified as true suicides and included in the risk group. When using the Luscher test, patients could not rely on self-assessment of their condition, which made it possible to determine the psychological content of the experienced situation. Testing data showed that all adolescents had a negative emotional state, the severity of which correlated with the data obtained during testing on the Hamilton scale. In 80% of patients, a desire to find a way out of this situation was revealed, in 20% of patients with moderate depression, a negative attitude towards life was revealed, according to the Luscher test, these patients strove for loneliness, the desire to avoid outside help. In 56% of cases (26 studied), patients experienced frustration, fear of setting new goals, which in some cases led to the formation of anxiety.

In persons with dysphoric depression, the Luscher test showed a stressful state, dissatisfaction with the current situation, the desire to elevate and strengthen their position, which, if it was impossible to fully realize it, led to cases of addictive and delinquent behavior. In a number of cases, 5 patients (17%) with astheno-apathetic and masked depression showed a breakdown, the impossibility of further activity; in 10% of cases, tension was established caused by an attempt to cope with some circumstances that were unbearable for him. This condition caused stress and a feeling of inferiority, the desire for self-restraint and self-control, which in 4 patients manifested itself in an intrapersonal conflict, a violation of relationships with parents and loved ones, a

violation of school adaptation, and in 10% of cases led to the appearance of suicidal thoughts and intentions.

In patients with masked depression, testing showed the presence of anxiety and anxiety, the experience of a feeling of lack of close and sympathetic relationships. Against the background of depressive disorders, patients significantly decreased school performance (80%), unwillingness to continue their studies (40%), conflicts with peers (60%), leaving home, systematic absenteeism from school, alcohol abuse. In most cases, demonstrative suicidal behavior prevailed, carrying elements of blackmail, but not losing its danger. Along with this, impulsive suicidal actions were encountered. When interviewing patients, it was found that suicidal behavior was based on the idea of punishing parents with their own death, as well as the fear of their own punishment for really committed actions. Suicidal intentions and actions were justified in 5 cases by ideas of their own inconsistency and the emerging “conscious aversion to life”, only in 1 case by a sense of guilt.

Conclusion: the study of the features of the clinical manifestations of suicidal behavior during puberty revealed that adolescents more often experience demonstrative-blackmail suicidal behavior, which is formed against the background of depressive affect, as a result of intrapersonal conflicts and is mainly a problem of behavioral and stress-related disorders that arise against the background of psychopathological states of a non-psychotic level. The study of the clinical features of self-destructive actions in adolescents with behavioral disorders of the depressive register allows us to identify risk groups for suicidal readiness among this contingent of patients.

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