



Clinical-Psychological and Neurophysiological Characteristics of Non-Psychotic Mental Disorders in The Elderly Age

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ABSTRACT

This article examines the clinical, psychological and neurophysiological features of non-psychotic mental disorders resulting from brain dysfunction in patients with cerebrovascular pathology, using neurophysiological methods. Research has shown that brain dysfunction develops in patients with cerebrovascular disease. These changes were detected using highly sensitive neurophysiological methods. The use of neurophysiological methods made it possible not only to identify non-psychotic mental disorders and the degree of their impairment, but also to localize pathological disorders in the brain.

Keywords:

Non-psychotic mental disorders, neurophysiological methods, brain dysfunctions.

Relevance. The greatest number of mental disorders in the elderly are psychopathological disorders of the borderline level.

The extreme polymorphism of clinical symptoms and the variety of interacting typatogenetic factors constitute the fundamental basis and specificity of neurotic and pathocharacterological reactions, conditions, and developments at a later age, thereby explaining the relevance of systematics, differential diagnosis, and prognostic evaluation of painful phenomena. In accordance with the current ICD-10, it is customary to talk about "disorders" (neurotic, personality, affective, addictive, etc.). Neurotic reactions have a complex psychopathological structure, usually consisting of several syndromes [2,3]. However, a systemic complex clinical-dynamic analysis of such diverse and dynamic psychopathological phenomena of non-psychotic and

pathocharacterological levels has not been carried out. This circumstance prevents the formation of a holistic view of Hi 11 IP in the elderly, not only in the static, clinical and diagnostic aspects, but also in the continuum, when these disorders are considered as phenomena of not only a pathological, but also an ontogenetic nature. We should mention one more aspect of the problem, which, despite the work of recent years, is clearly insufficiently developed - the problem of comorbidity of mental pathology in the elderly [1].

Early diagnosis of cognitive impairment is important both from a theoretical and practical point of view, since treatment and prevention measures are most effective at this stage [5].

Purpose: to study the clinical, psychological and neurophysiological features of non-psychotic mental disorders in the elderly.

Material and research methods. The study

was conducted in the Samarkand Regional Psychiatric Hospital in the dispensary and psychosomatic departments. The study examined the data of 42 patients with cerebrovascular diseases. The first group of examined patients consisted of 30 patients suffering from non-psychotic mental disorders. The mean age of patients at the start of the survey was 57 ± 2 years. The control group consisted of 12 people without concomitant non-psychotic mental disorders. Given the sufficient representativeness of the main sample and the control group of comparison, we have received reasonable conclusions arising from the results of the study. The work used clinical-psychopathological, clinical-follow-up, experimental-psychological, analytical and statistical research methods. Clinical and psychological research was carried out using clinical and psychological methods, including the presentation and interpretation of patient observation data. To assess cognitive functions, we used the "memorizing 10 words" technique, the TMT test (test test), the exclusion of objects and concepts, the interpretation of proverbs and sayings, and a pictogram. [6]

Instrumental methods. In order to clarify the pathogenetic aspects of non-psychotic mental disorders in elderly people, an electroencephalographic study was used. The results are objectified using neurophysiological (EEG, cognitive evoked potentials P300).

Research results

Typology and grouping of patients were carried out in accordance with the diagnostic criteria of ICD-10. Psychopathological profiles were identified, determined by the leading syndrome:

non-psychotic mental disorders of a neurotic profile - 16 people;

non-psychotic mental disorders of an affective profile - 14 people. Neurophysiological aspects of aging. We analyzed EEG parameters in various clinical groups. Normal aging is typically accompanied by a decrease in dominant power and frequency in the posterior leads after age 50, a decrease in

alpha blocking after eye opening, and a slight and often intermittent increase in theta activity, especially in the left temporal lobe.

In 25 patients, there was a complete or almost complete absence of alpha waves. Slow waves were observed in 5 patients.

Clinically, they had personality disorders of an anxious and hypochondriacal nature, and personality disorders were recorded throughout the premorbid period.

The neurotic type of non-psychotic mental disorders in the elderly (16 patients) included neurasthenic and hypochondriacal variants. Neurasthenic variant (7 people). It is characteristic that all neurotic reactions were noted against the background of mental asthenia: general weakness, fatigue with slight physical or mental fatigue, vulnerability, increased irritability, sleep disturbances and vegetative-vascular instability. Neurotic reactions had a complex psychopathological structure, usually consisting of several syndromes. [2]. Hypochondriacal variant (9 people) A clear correlation was established between individually significant social and environmental errors (factors of loss, threats to personal or family well-being, severe stress, situations of forced loneliness) and asthenic, cerebro-organic insufficiency that develops at a late age. Depressive type of non-psychotic mental disorders of late age (14 people). The main types of non-psychotic mental disorders of the affective spectrum in elderly patients in the sample were depressive disorders.

In observations, the symptomatology of the depressive component of late comorbid depressions was characterized by the predominance of depressed mood and feelings of sadness in the clinical picture. Joylessness was a constant feature of the state. The coloring of the mood had various nuances - from a simple feeling of depression, gloomy gloom to hostility with irritability. The mood background is often labile. In 14 patients, anxiety and depressive disorders were combined with hypochondriacal and obsessive-phobic disorders.

Affective reactions with an increase in the vascular process arose on an insignificant

occasion, acquired a diffuse, generalized character. From psychogenic experiences, the main place was occupied by conflict relations in the family circle, arising from a sense of loss of the position of the "head of the family" and the apparent disobedience of relatives and friends.

Correlation analysis showed that in the genesis of non-psychotic mental disorders, factors of unfavorable family relationships (49.4%), a combination of mental traumas (33.3%) of a cumulative effect of the "second blow" type (9.0%), and psychogenic factors in the sphere of industrial relations (10.5%); Pure sexual and everyday mental traumas were less common (4.3 and 2.5%). Cognitive deficit was manifested to a greater extent in patients who had vascular complications and suffered from arterial hypertension. The differences in the identified stages of the psychoorganic syndrome established by a number of clinical parameters are confirmed by neurological and instrumental (EEG, CT, MRI, P 300 cognitive evoked potentials) examination methods [1].

Findings

1. Depending on the age phase of involitional and senile regression, neurotic (neurasthenic and hypochondriacal) ones were revealed; depressive, comorbid with anxiety, cognitive disorders.

2. Electroencephalographic studies revealed changes in bioelectric activity due to an increase in pathological activity, desynchronization, the appearance of asymmetries, depression of the alpha rhythm.

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