



## Clinical and Dynamic Features of Comorbital Course of Alcoholism and Schizophrenia

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ABSTRACT

Researchers emphasize the close relationship of factors that determine the onset and development of mental illness for people with comorbid forms of substance abuse disorders. The comorbid course of alcoholism and mental disorders has features in the diagnosis, adequate treatment, clinical examination, because are considered at the junction of two specialties.

**Keywords:**

schizophrenia, alcoholism, comorbidity

### Introduction

It should be noted that in the well-studied clinical part of the problem of mental pathology in combination with alcohol dependence, especially in patients with schizophrenia, the clinical features of the course of secondary alcohol dependence - real and symptomatic spontaneous alcohol abuse - are not sufficiently covered. At the same time, the combination of alcohol dependence with schizophrenia contributes to an increase in the number of socially dangerous forms of behavior. Endogenous mental pathology in combination with alcohol dependence alone, according to various authors, is up to 20%, and among the contingent with mental pathology, alcohol use and alcohol abuse - 12-50%. According to some reports, signs of major depressive disorder are found in more than 40% of patients who abuse alcohol [7]. In bipolar affective disorder (BAD),

the risk of developing alcohol dependence is 6–7 times higher than in the general population, while in depression, alcohol dependence occurs in 25–40% [8]. Attention is drawn to the fact that alcohol abuse, as a rule, is combined with mild and moderate depressive episodes, and in severe depressive episodes, the motivation to drink alcohol decreases up to its complete cessation [2]. The prevalence of depressive disorders differs depending on the chronology of the formation of comorbidity with alcoholism: for example, the frequency of occurrence of primary depressions relative to alcoholism is comparable to their prevalence in the population, while the risk of detecting depression against the background of formed alcohol dependence is 10–30% [8]. The nosological structure of secondary affective disorders in 30% of cases is represented by dysthymia [9]. In the case of primary

depression, drinking is symptomatic and is carried out in order to alleviate the condition. Thus, at least 30% of patients suffering from bipolar disorder and recurrent depressive disorder (RDD) show signs of alcohol abuse [1]. According to some researchers, the course of alcohol dependence that occurs against the background of primary affective pathology is more favorable than in patients with alcoholism without comorbid disorders [3]. In general, the influence of affective pathology on the course of alcohol dependence, depending on the chronology of the development of their comorbidity, has not been studied enough and the data on this topic are contradictory [4]. All of the above served the purpose of this study, namely the study of anamnestic, clinical and psychopathological indications and features of dispensary observation of patients with alcohol dependence associated with mental illness.

Purpose of the study: To study the clinical, dynamic and prognostic features of the formation and formation of the disease in connection with alcohol dependence and schizophrenia.

### Material and Research Methods

To solve the tasks, we set for the period 2019-2022. conducted a clinical examination of 64 patients, men who were registered in the dispensary in the SOPND suffering from mental disorders combined with alcohol dependence. The first stage of the study was carried out with the medical records of the dispensary to identify the relevant persons, because There is no separate dispensary record of such a contingent of patients, and there are no official statistics. In accordance with the goal and objectives, we used clinical and psychopathological examination methods related to the narcological and psychiatric component of the combined disorder. Psychiatric nosological assessment was carried out according to the ICD-10, and guidelines for the use of the ICD-10 in psychiatry and narcology (Churkin A.A., Martyushov A.N., 1999). We also used the classification of alcohol dependence by stages given in the National Guidelines for Narcology (2008). The progression of alcohol dependence was assessed by the rate of formation of alcohol

withdrawal syndrome in accordance with the criteria of N.N. Ivanets (Ivanets N.N., Savchenko L.M., 2000). with the criteria of N.N. Ivanets (Ivanets N.N., Savchenko L.M., 1996). During the statistical processing of the material, quantitative and /qualitative indicators were used, and the reliability of the research results was calculated. The criterion of significance was the achievement of a significance level of  $P < 0.05$ .

### Research Results

Our study confirms the data of K.D. Malkova (2000, 2001), paroxysmal progressive schizophrenia is more common than other forms of alcohol dependence. True alcohol dependence was often ( $P < 0.05$ ) preceded by the development of schizophrenia (51.5% with symptoms of 3.3%) and moderate severity before the onset of endogenous disease. The onset of schizophrenia in a real addiction state was associated with alcohol overdose ( $P < 0.05$ ). Duration of remission of mental illness with true addiction was 34.7 months, and with symptomatic remission - 57.7 months ( $P < 0.05$ ). In patients with true alcohol addiction, AAS form earlier and faster ( $P < 0.05$ ) and have a pronounced not only mental, but also somato-neurological component. Patients with a true pattern of addiction were more likely to have a periodic form of alcohol abuse ( $P < 0.05$ ), which ( $P < 0.05$ ) was diagnosed with alcoholic psychosis. Since patients with schizophrenia made up a significant proportion of all patients with comorbidities, we examined in detail the impact of alcohol dependence in terms of therapeutic (anti-alcohol) options and rehabilitation goals. Thus, true alcohol dependence, accompanied by schizophrenia, often before the onset of endogenous disease, has a clear hereditary component, a high degree of progression, a periodic type of alcohol abuse, with certain somatic and mental components with early formation of AAS occurs against the background of AAS in metal-alcohol psychoses. True alcohol addiction often exacerbates the process of schizophrenia, however, such negative consequences of alcoholism affect comorbidities, social, professional and family status, which contribute to the experience of

alcoholism, including the desire to treat the effect of psychotherapy.

### Findings

1. The prevalence of paroxysmal progressive form of schizophrenia in the nosological structure of alcohol dependence.
2. Secondary true alcohol dependence along with schizophrenia - before the onset of schizophrenia, high progression, periodic type of alcohol abuse and after - is characterized by a regressive way.

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