



ANXIETY - PHOBIC DISORDERS IN IRRITABLE BOWEL SYNDROME AND THE EFFECTIVENESS OF PSYCHOTHERAPY AND PSYCHOPHARMACOTHERAPY .

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Abstract: This article provides information on the identification and analysis of anxiety-phobic disorders observed in irritable bowel syndrome, on the effectiveness of providing psychotherapeutic and psychopharmacotherapeutic assistance for them. The importance of psychotherapeutic assistance in irritable bowel syndrome and the achievement of the desired result in the short term are noted.

Key words: affected bowel syndrome, anxiety- phobic disorders, psychotherapy, psychopharmacotherapy , Spielberger -Khanin scale.

Relevance: According to statistics, 10-16% of the population suffer from IBS. This syndrome is more common in people between the ages of 20 and 40. Among women, its prevalence prevails twice. The incidence is also increasing in childhood and adolescence. According to experts, almost half of patients diagnosed with IBS do not go to the doctor [1].

The main cause of IBS is constant psycho-emotional stress. For this reason, this syndrome is part of psychosomatic disorders [2]. Constant psycho-emotional overstrain, melancholy and the formation of a personality according to a neurotic type serve as an impetus for the development of a real disease. People who are mentally focused on the activities of the gastrointestinal tract (eg, gastrophobia , carcinophobia) are also more likely to develop IBS. If they eat any suspicious food, they will immediately develop intestinal dysfunction. Such patients cannot tolerate carbonated and sugary drinks, cannot digest fatty foods, have stomach pain when drinking alcohol, have abdominal cramps at night, and often go to the toilet.

If people with melancholia or gastrophobia get sick with gastritis, cholecystitis, enterocolitis, or food poisoning, they also have an increased risk of developing IBS. Although such patients are cured of these diseases, they will suffer from IBS for a long time. The syndrome can be triggered by any stress or psycho-emotional overwork. This can lead to long-term misdiagnosis of gastroenteritis, cholecystitis, or chronic enterocolitis for many years. Almost all patients with IBS are vagotonic , which means that dysfunction of the

parasympathetic nervous system predominates in the development of this syndrome [1]. One of the important links in the system of psychological assistance with problems in this pathology is psychological correction. For the successful implementation of psychological assistance, a medical psychologist-practitioner needs to use the methods of psychological correction in combination with basic treatment.[4]

Irritable bowel syndrome is a functional disease that does not involve a morphological substrate in its pathogenesis [7]. In IBS, such psychotherapeutic methods as cognitive- behavioral therapy, psychoanalysis and hypnosis are widely used [5].

Based on the foregoing, we considered it relevant to improve the principles of medical and psychological care for irritable bowel syndrome. The most common psycho-emotional disorders are anxiety - phobic , hypochondriacal, depressive, hysterical syndromes [8].

Although irritable bowel syndrome is one of the most widely studied diseases among psychosomatic disorders, the impact of the mental state of patients on the etiology and pathogenesis, as well as the diagnosis and treatment of the disease, requires further research. Despite the huge number of published articles and numerous scientific studies, there have been no specific standards for the treatment of affected bowel syndrome. These problems require the development of new standards and methods of treatment to improve the treatment of patients with affected bowel syndrome and reduce polypharmacy . Due to the complexity of the treatment of this disease, only 60% of patients achieve temporary effectiveness of treatment and relief of symptoms. In 30% of patients after treatment, remission occurs without clinical signs, and in the remaining 10%, treatment remains ineffective. For this reason, this syndrome is included in composition of psychosomatic disorders. Permanent psycho-emotional overstrain, melancholy and the formation of personality according to neurotic type serves as an impetus for the development of the present diseases[10].

Patients with irritable bowel syndrome see a doctor on average 3 times a year. 19% of patients go to the doctor 5 or more times a year. However, not all patients are seen by a doctor, and about 2/3 of them are treated at home [3].

Objective: Anxiety - phobic disorders in irritable bowel syndrome and the effectiveness of psychotherapy and psychopharmacotherapy in them.

Materials and methods:

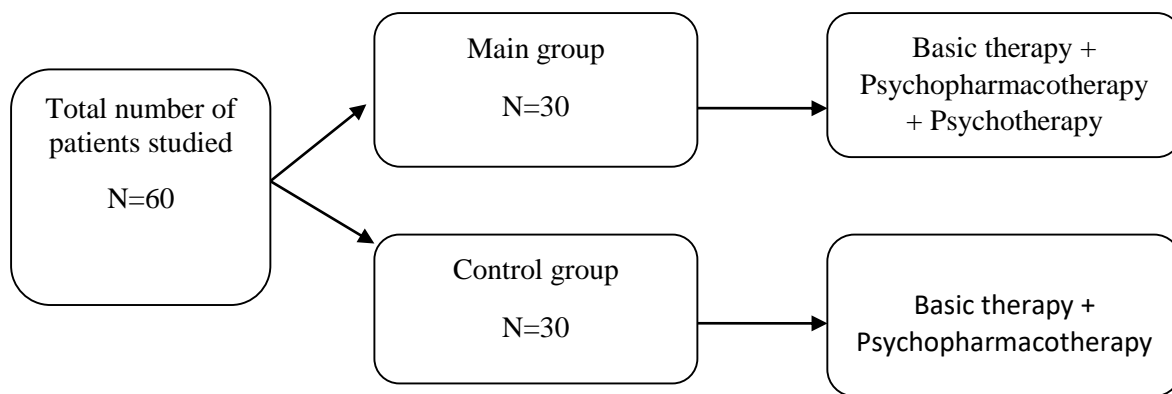
The study was conducted in 2022 in the department of gastroenterology of the multidisciplinary clinic of the Tashkent Medical Academy. Patients diagnosed with irritable

bowel syndrome were analyzed. Only 60 patients were examined. The mean age of the patients was 25 ± 4.5 years. There were 25 men and 35 women. Patients were studied in two groups:

1. The first group - 30 patients received standard basic drug treatment, which is used only for IBS.
2. The second group - 30 patients who, in addition to standard treatment, underwent a course of psychotherapy.

Scheme No. 1.

Analysis of patients by groups.



Patients underwent clinical and psychological examination on days 1-3 and 27-30 after admission to the clinic. For the purpose of diagnostic verification, the following examinations were performed: in addition to therapeutic examinations, the medical and psychological questionnaire of Ibodullaev Z.R. was used . (2008), as well as the Spielberger -Khanin questionnaire for the detection of phobic anxiety disorders. The Spielberger -Khanin test consisted of 40 questions and was divided into two parts: 20 questions aimed at identifying reactive anxiety and 20 questions to identify personal anxiety. The structure of the questionnaire consists of two different forms, and the results were evaluated by points. The questionnaire can be administered individually or in groups. Patients first marked the Reactive Anxiety (RT) Detection Blank and then the Personal Anxiety Detection (PT) Blank . RT indicates subjective discomfort, anxiety, tension and autonomic arousal of the patient in problem situations. Each factor influencing a high PT index reflects the patient's subjectively strong anxiety. Very high levels of LT indicate neurotic conflicts, mental and affective outbursts, and psychosomatic illnesses.

as psycho -corrective methods. The duration of each conversation averaged 45-60 minutes, once every 3-4 days for 30 days. The total number of interviews conducted was 6-8 times, depending on the patient's condition. Two interviews were conducted inpatients, the rest were outpatients.

As a psychopharmacocorrection , both groups of patients received Sulpiride 200 mg 1/2 tablet 1 time per day for 30 days. Cognitive-behavioral psychotherapy was chosen as a method of psychotherapy. Psychotherapy was applied at 3-7 courses. Patients of both groups were examined dynamically every 10 days for 1 month.

Results of the study: When studying the level of anxiety in patients of the main and control groups according to the Spielberger -Khanin questionnaire, the following indicators were obtained: in 14 patients, 5 reactive anxiety was 27-30 points (27.5 ± 1.2) - mild, in 4 patients - 38-43 points (41.5 ± 2.3) - moderate severity, in 5 patients - 45-52 points (49.5 ± 2.1) - high anxiety. Personal anxiety in 16 patients was - 26-31 points (27.5 ± 1.2) - mild degree, in 7 patients - 34-45 points (41.5 ± 2.9 points) - moderate severity, in 6 patients - 58-69 points (59.5 ± 2.6 points) - high anxiety. ($P < 0.05$)

Indicators of anxiety in patients before treatment . (main group)

Index	Light degree	Light degree	Moderate severity	Moderate severity	Severe degree	Severe degree
	Number of patients	Index	Number of patients	Index	Number of patients	Index
reactive anxiety	5	27.5 ± 1.2	4	41.5 ± 2.3	5	46.5 ± 2.1
Personal anxiety	3	27.5 ± 1.2	7	41 ± 2.9	6	54.5 ± 2.6

Indicators of anxiety in patients before treatment. (main group)

Index	Light degree	Light degree	Moderate severity	Moderate severity	Severe degree	Severe degree
	Number of patients	Index	Number of patients	Index	Number of patients	Index
reactive anxiety	5	27.5 ± 1.2	4	41.5 ± 2.3	5	46.5 ± 2.1
Personal anxiety	3	27.5 ± 1.2	7	41 ± 2.9	6	54.5 ± 2.6

Indicators of anxiety in patients before treatment. (control group)

Index	Light degree	Light degree	Moderate severity	Moderate severity	Severe degree	Severe degree
	Number of patients	Index	Number of patients	Index	Number of patients	Index



reactive anxiety	7	26.5±1.2	9	42.5±2.3	3	48.5±2.1
Personal anxiety	3	28.5±1.2	4	40.5±2.9	4	51.5±2.6

Indicators of anxiety in patients after treatment.

(control group)

Index	Light degree	Light degree	Moderate severity	Moderate severity	Severe degree	Severe degree
	Number of patients	Index	Number of patients	Index	Number of patients	Index
reactive anxiety	5	27.5±1.2	7	41.5±2.3	2	46.5±2.1
Personal anxiety	3	27.5±1.2	2	41±2.9	2	54.5±2.6

Patients were re-examined on an outpatient basis after completing a full course of treatment for 1 month.

In the 1st group of patients, the Spielberger -Khanin test revealed a slight decrease in reactive anxiety due to the use of basic therapy in the treatment of irritable bowel syndrome, but the indicators of personal anxiety remained practically unchanged, which indicates that the patient showed internal, personal anxiety, and the data indicators do not correlate with the conducted basic therapy.

And in patients of the 2nd group, a significant decrease in reactive anxiety was found due to the use of psychotherapy and psychopharmacotherapy. In a few patients, the scores were completely low. Since personal anxiety is difficult to correct, it is advisable to carry out correction for a longer period of time in patients with a high level of anxiety. The majority of patients with high levels of LT were women. This is due to the constitutional features and structural features of the nervous system, social life and the hormonal status of a woman.

Conclusion y. In conclusion, it should be noted that the correction of anxiety observed in patients with irritable bowel syndrome alleviates the course of the disease and prolongs the duration of remissions. The use of psychotherapy and psychopharmacotherapy simultaneously with basic treatment makes it possible to reduce the risk of relapses and relapses of the disease, restore working capacity, and even speed up recovery from the disease and increase adherence to basic treatment.

Based on these results, the use of psychotherapy and psychopharmacotherapy is recommended in addition to the basic treatment of patients with irritable bowel syndrome.

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