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Comparative Study of the Clinic of Psychotic and Non-Psychotic Variants of Chronic Alcoholism

Turayev Bobir Temirpulotovich
Assistant of the department of psychiatry, medical psychology and narcology, Samarkand State Medical University, Samarkand, Republic of Uzbekistan

Akhadov Arslonbek A'zamjon ugli, Abilov Saidfirdavs Bakhtiyor ugli,

Yangabayev Shakhzodbek Ganibay ugli
Samarkand State Medical University Faculty of medicine №2, 605-Group student, Samarkand, Republic of Uzbekistan

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Annotation: A steady increase in the frequency of alcohol psychoses, which significantly aggravates the course of alcoholism in a decade, causes researchers to become more and more interested in this problem. One of its least studied aspects is the reasons and mechanisms for the transition of alcohol overabundance to acute alcoholic psychosis, the clarity of which significantly limits the chances of preventing alcohol psychosis. In this regard, the relevance of a comparative study of the characteristics of Lucid and psychotic variants of the course of alcoholism is growing, which opens up the prospects for identifying the "risk" factors of alcoholic psychoses and, therefore, developing more effective measures for their prevention.

Keywords: Alcoholism, alcoholic psychosis, mental and psychotic options, prevention.

Introduction. Alcohol abuse is an interdisciplinary problem. Due to its great social importance, its decision is attended not only by medical professionals, but also by psychologists, sociologists, teachers, lawyers and other professionals [1]. There are different variants of the systematics of alcoholism based on clinical and social factors.

The concept of alcoholic brain disease has been proposed as a set of mental and neurological disorders resulting from alcohol abuse and involving various metalcogol psychoses, alcoholic encephalopathies [2].

One of the characteristic features of alcohol addiction syndrome is the rapid formation of deficiency disorders. In patients with alcohol dependence, they are primarily represented by cognitive disorders. The latter include mild disorders of the perception of the world, associated with memory, attention, critical thinking disorders, and various variants of gross psycho-organic syndrome. The degree of formation of deficit disorders varies in ethnic groups, gender differs, depends on the age of the alcoholic and other factors [3-5].

Clinical factors that determine the development of mental disorders in alcohol-dependent patients are as follows:

1) damage to the central nervous system during acute intoxication;

2) somatic and neurological pathology caused by intoxication;

3) somatic and neurological pathology not associated with psychoactive intoxication;

4) acute Narcological conditions that lead to damage to the central nervous system.

Psychoorganic syndrome usually appears and develops gradually. However, in urgent cases (acute psychotic disorder, a number of convulsive seizures, alcohol poisoning accompanied by coma), patients develop acute organo-psycho syndrome, which can develop into persistent cognitive or other deficiency mental disorders.

The main pathogenetic mechanisms of the formation of psychoorganic syndrome. The pathogenetic mechanisms of metalkogolic mental disorders are mainly a combination of the following factors: the direct toxic effect of alcohol and its metabolites on the nervous system; alimentary deficiency of a number of substances necessary for the normal functioning of nervous tissue; violation of nitrogen metabolism; inhibition of the antioxidant system; changes in the activity of acetylcholine and monoamine;

Disruption of GABA-Ergic systems and glutamatergic factor [6]. Many studies have shown that 75% of alcohol is metabolized in the liver, and alcohol metabolites are much more toxic than ethyl alcohol. The effect of ethyl alcohol directly on cell membranes due to the dissolution of lipoproteins has been described.

In the pathogenesis of the development of persistent cognitive deficit in alcohol abuse, a deficiency of b vitamins, primarily thiamine (B1) and pyridoxine (B6), plays an important role. A lack of vitamin B1 leads to a violation of the normal functioning of the Krebs cycle, a lack of cholinergic mediation, a slowdown in the use of glucose by cells, and the accumulation of glutamate in brain cells.

According to modern concepts, the development of gay - Wernicke encephalopathy is associated with thiamine deficiency. Hypovitaminosis of vitamin B6 is the cause of blockade of the indole pathway of tryptophan metabolism (violation of serotonin synthesis), blockade of the quinurenine pathway of tryptophan metabolism, GABA-shunt blockade — accumulation of glutamate [7-10].

The above metabolic disorders are pathogenetic links of dissomnic diseases, convulsive syndrome, psychotic diseases [11-18]. Currently, there are recommendations for the use of B vitamins megadosis in the treatment of psychotic disorders in alcohol-dependent patients (100 to 1500 mg of vitamin B1 and 1000 mg of vitamin B6).

In addition, a violation of protein and lipid metabolism, the synthesis of nucleotides is important in the development of psychoorganic syndrome. Vitamin B12 (cyanobolamine) plays an important role in regulating these processes [19-25].

One of the main mechanisms of damage to the central nervous system is the activation of free radical oxidation processes against the background of inhibition of the antioxidant system. The secondary products of lipid peroxidation, detoxification of the liver and inhibition of protein-synthetic functions play an important role in the further development of the disease [26-33]. Liver pathology in alcoholism is different. On the basis of clinical and morphological criteria, four main

forms of it are distinguished: fatty dystrophy (steatohepatosis), hepatitis, alcoholic liver fibrosis and cirrhosis. With a dangerous course of alcoholism, these forms can alternate in the development of cirrhosis of the liver. Decompensation of these diseases, functional liver failure is one of the most important factors in the severity of the condition of patients with delirium and other emergencies at the end of drinking or during a long period of regular alcohol consumption and during alcohol withdrawal. Hepatic encephalopathy is accompanied by severe acute psychoorganic syndrome [34-41].

The appearance of somatoneurological diseases due to chronic intoxication accelerates the development of Psycho-organic syndrome. Traumatic brain injury, somatic and neurological disorders that are not associated with alcohol abuse are significantly more frequent in this category of patients. They may be independent etiological factors of psychoorganic syndrome or play a pathoplastic role in alcohol-dependent patients [42-47].

During periods of acute psychotic disorders (especially with a severe course), the chronic somatic disorders present in the patient are usually exacerbated. With prolonged psychosis for more than two days, pneumonia, bronchitis are more common. The second most common somatic disease in psychoorganic syndrome, which requires special attention, is chronic hepatitis. Some patients have multiple organ failure, the risk of which increases with the duration of the psychotic condition [48-55].

The depletion of neurotransmitter mechanisms due to psychomotor arousal serves as one of the causes of psychoorganic syndrome in alcohol-dependent patients after acute psychotic disorder. In many patients, it is possible to effectively stop psychomotor arousal and prevent the development of severe persistent cognitive disorders with timely correction of psychoorganic syndrome [56-60].

Clinical picture and typology of acute psychoorganic syndrome. With the constant abuse of alcohol, psycho-organic syndrome, a severe acute psychotic condition, develops gradually, unlike psycho-organic syndrome, which occurs after acute alcoholic encephalopathy (BAA). In some cases it is temporary, but in most patients cognitive impairment remains permanent and requires targeted correction [61-65].

The purpose of the study comparative study of the clinic of psychotic and non-psychotic variants of chronic alcoholism.

Materials and methods. The relevance of our work was the study of the comparison of non-psychotic (Lucid) and psychotic ant of the course of alcoholism, which made it possible to look for the "risk factors" of alcoholic psychoses and criteria for predicting alcohol disease in general.

To solve the assigned tasks, 162 male patients with alcoholism were examined, they sought medical care for the first time in their lives and received inpatient treatment at the city clinical psychiatric hospital from January 1, 2000 to December 31, 2010.From 2010 to 2024, this contingent of patients underwent personal catamnestic observation. At the end of the 18-year term of catamnesis, full data was obtained from 145 patients who formed the main material for the study.

The clinical manifestations of psychoorganic syndrome in patients with alcoholism are very diverse, ranging from mild cognitive and personal disorders to dementia. Psychoorganic syndrome is reflected in ICD-10 in the following sections: F 10.6 - amnestic syndrome due to alcohol consumption; f 10.71 - personality and/or behavioral disorders as a result of alcohol consumption; F 10.73 - depression dementia; F 10.74 - other persistent cognitive disorders. Acute alcoholic encephalopathy in ICD-10 is interpreted as a severe case of alcohol withdrawal with Gaia - Vernik (F 10.43) type delirium.

However, acute alcoholic encephalopathy can develop not only in the case of removal. It has many clinical variants, which, unfortunately, is not reflected in ICD-10. At the same time, clinical

variants of acute alcoholic encephalopathy are characterized: alcoholic pseudoparalich; acute alcoholic encephalopathy due to stenosis of the upper vena cava; acute alcoholic encephalopathy Markiafavi-Binyami; acute alcoholic encephalopathy with a picture of beriberi; Morel's disease (cortical laminar sclerosis); alcoholic pellagra; acute alcoholic encephalopathy with alcoholic cerebellar atrophy; acute alcoholic encephalopathy with retrobulbar neuritis; acute alcoholic encephalopathy with Central Bridge necrosis. They are separated by researchers based on the main location of the lesion and biochemical diseases that are dominant in a particular patient. Their common feature is heavy Ops. In addition, there is a tendency to form persistent cognitive disorders in these cases.

The material does not include patients excluded from Narcological accounting in the previous stages of catamnesis associated with departures or death. The examination was carried out clinically-catamnestically.

In addition to the study of the mental, somatic and neurological condition, dynamic clinical observation of patients involves a careful study of the personality of the patient, his premorbid characteristic features and their changes in the process of alcohol abuse, for which, in some cases, experimental-psychological methods were used (Lusher test). Mandatory types of research in the study of somatic condition were electrocardiography and laboratory diagnostic methods, including General blood and urine tests, protein, bilirubin, residual nitrogen, and liver tests to determine other biochemical indicators of blood and urine.

The direct clinical study of patients was combined with a retrospective analysis of anamnestic data and objective data from the patient's relatives and those around them. The study of medical documents was important: outpatient cards of the Narcological dispensary, extracts from the history of diseases.

The study was conducted on the basis of a clinical psychiatric hospital and an urban drug dispensary in Samarkand.

Research results and discussion. The age of the patients was between 22 and 47 years at the time of the initial examination, with an average age between 33.6 ±6,6 years.

The distribution of patients by age was as follows: 22 to 30 years old, with the average age of patients being 49 ±(33,8%). Between the ages of 31 and 40 -71 (48,9) patients – over the age of 60.

At the time of the initial examination, the duration of alcoholism was an average age of -8,9 ±4.4 years, from 3 to 18 years. At the same time, 51 (35,1 %) of patients were aged 3 to 5, 44 (33,4%) were aged 6 to 10, 39 (26,9 %) were aged 31 to 35, and 11 (7,6 %) were over 5.

Distribution of fighters depending on the stage of alcoholism. Data analysis showed a clear predominance of patients with late stages of the disease by the end of the catamnestic observation period, which made it possible to assess the specifics of clinical dynamics at all stages of alcoholism with sufficient basis and determine the criteria for VGO prognosis in the examined contingent of patients.

When assessing the type of alcoholism, the rate of formation of Stage II of the disease was taken into account from the beginning of regular alcohol consumption. Accordingly, high levels of flow type were reported in the formation of Phase II within the first 6 years of the onset of systemic alcoholism, and were observed in 82 (56,6%) patients, on average progressive – in 50 (34,5%) patients between the ages of 7 and 15, and low progressive – in more than 15 years-in 15 (8,9%) patients.

Since the main task of our examination was the search for possible prognostic criteria for alcoholism based on a comparative study of the characteristics of the clinic and the course of its psychotic and non-psychotic (Lucid) Variants, 2 groups of patients were identified: Group i-62 patients with Lucid variants of alcoholism; Group II-83 patients with psychotic variants of

alcoholism flows.

It should be noted that, recognizing the relativity of the division of alcoholism into psychotic and lucidal, under the "Lucid variant" we understood both the history of the disease and the conditions characterized by the absence of psychotic symptoms throughout the entire period of catamnestic observation.

The division into two groups that we carried out was justified by a long observation period, in most cases covering almost all stvdias of the disease, which made it possible to speak with high confidence about one or another version of the course.

To evaluate the results of the study, methods of variational statistics were used using the stylus table, the averages were calculated.

Thus, a comparative study of non-psychotic and psychotic variants of alcoholism made it possible to determine the criteria for predicting disease and a complex of clinical and biological factors that can serve as "risk" indicators of alcoholic psychoses. The main load was such clinical indicators as the intensity and severity of the form of alcohol abuse, the degree of severity of all clinical signs of alcoholism.

The possibility of the appearance of alcoholic psychoses was initially associated (already in stage I) with the deletion in the structure of psychopathological diseases, the rapid severity of the form of alcoholism with alcohol consumption and the early development of somatic consequences of alcoholism. As additional factors prone to the development of alcoholic psychoses, the presence of sensitive features in the premorbid structure of the individual and brain damage against the background of formed alcoholism are noted. The possibility of the appearance of alcoholic psychoses was associated with the constant formation and slow growth of other clinical manifestations of alcoholism, which was associated with the formation and slow growth of other clinical manifestations of alcoholism.a form of alcohol abuse, as well as another exogenous one that can aggravate the course of alcoholism

Permanent alcoholic remissions (duration more than 5 years) should be noted as an additional factor that prevents the development of primary and recurrent alcoholic psychoses.

Similar measures with the separation of patients into a special group of active dispensary observation are also not useful for preventing relapse of alcoholic psychoses. Timely identification and elimination of all unpleasant factors as much as possible will help to more successfully prevent psychotic complications of alcohol disease.

Conclusions. A comparative clinical and catamnestic study of non-psychotic and psychotic variants of Alcoholism has shown that their clinical characteristics differ significantly in the severity of the clinical picture and the degree of progredience of the main symptoms of the disease, can serve as a reliable criterion for determining the course of the disease and the likelihood of the appearance of alcoholic psychoses.

For a non-psychotic version of the course of alcoholism, slow formation was characteristic, initially with a long-lasting situational conditional character with a low intensity and low progressive dynamics of pathological attraction to alcoholism, insignificant severity and incomplete presentation of clinical components of its contaminants attraction, as well as a weak tendency to spontaneous generation. These features of the decision were associated with the gradual formation and slow growth of the remaining signs of the disease: withdrawal symptoms, the form of alcoholism, personality changes, somatic and social consequences of alcohol abuse.

The peculiarities of the psychotic variant of the course of alcoholism were its relatively rapid formation and high intensity of pathological attraction to alcohol, which manifested itself in a more severe clinical picture at the initial stage of the disease and was prone to self-actualization. The high level of intensity of pathological exposure to alcohol is associated with a higher level of faster formation and aggravation of all other Maple symptoms of alcoholism, leading to withdrawal

symptoms, the form of alcohol abuse, personality changes, somatic and social consequences. drunkenness.

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