

METHODS OF COGNITIVE-BEHAVIORAL PSYCHOTHERAPY IN THE TREATMENT OF RHEUMATOID ARTHRITIS

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ABSTRACT

The purpose of this scientific work is to determine the degree of influence of anxiety-depressive syndromes on the development of the disease in patients with rheumatoid arthritis and to determine the psycho-emotional state of patients. The obtained results show that the depressive-anxiety states revealed in patients have a positive effect on the development of the disease. It has been confirmed that cognitive-behavioral psychotherapy used for the psychocorrection of depressive and anxiety syndromes is a proven method.

Key words: *Depression, rheumatoid arthritis, psychocorrection, psychopharmacy, psychotherapy, pain, test, method.*

АННОТАЦИЯ

Целью данной научной работы является определение степени влияния тревожно-депрессивных синдромов на развитие заболевания у больных ревматоидным артритом и определение психоэмоционального состояния больных. Полученные результаты показывают, что выявленные у больных депрессивно-тревожные состояния положительно влияют на развитие заболевания. Подтверждено, что когнитивно-поведенческая психотерапия, используемая для психокоррекции депрессивного и тревожного синдромов, является проверенным методом.

Ключевые слова: *Депрессия, ревматоидный артрит, психокоррекция, психофармация, психотерапия, боль, тест, метод.*

INTRODUCTION

Psychological aspects of patients with rheumatoid arthritis (RA) have been of interest to physicians since the beginning of the 20th century. The main problem was the study of the psychological characteristics of patients and the possibility of psychogenesis of the disease [2,3] . It should be noted that these two problems are also discussed in many modern studies, since there is no unambiguous solution yet. According to the results of epidemiological data, scientists have found that over 60% of patients with RA have mental disorders. It was also found that about 39% of them are in a state of "deep" depression) [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 together with basic treatment [5] .

Psychosomatic hypotheses are confirmed by psychophysiological ones. experimental research. According to the results of the study, it was revealed that in RA there is an increased muscle tone during irritations and aggravating situations.

RA, being chronic among rheumatological diseases, directly affects the quality of life, since increased muscle tension in the area of the diseased joint contributes to the appearance of psycho-emotional disorders in the form of sleep disturbance, depressive state of the body [4;5;6;7].

From the data obtained it follows that patients with RA on an equal footing with basic therapy should be prescribed psychopharmacotherapy and psychotherapy[8].

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 [9].

Main Part: The purpose of this study is to study psycho-emotional disorders in rheumatoid arthritis and the introduction of methods of medical and psychological testing and confirmation of the effectiveness of psycho -correction methods for providing high-quality medical care to patients with RA.

MATERIALS AND METHODS

Studies were carried out at the department of "Rheumatology" of the multidisciplinary clinic of the Tashkent Medical Academy. The group consisted of 40 patients with rheumatoid arthritis activity grades II and III . Patients had a history of anxiety and depressive disorder. When examining patients, the method of objective status and psychological status was used. Psychoemotional disorders were determined by the Hamilton scale to assess anxiety and depression . In RA patients with psychoemotional disorders , methods of psychopharmacotherapy and psychotherapy were used to correct this condition. Paroxetine , which belongs to the antidepressants of the SSRI group (selective serotonin reuptake inhibitor), was used as the chosen psychopharmacotherapy drug . The drug was used for 2 months 1 time per day at a dose of 20 mg. Also, along with psychopharmacotherapy , psychotherapy using the NLP technique (neuro-linguistic programming) was used .

Results: It was found that in RA patients, when both depression and anxiety are found in a state, it leads to a deterioration in the general condition of the patient. We examined patients in the amount of 40 people. The obtained data show that according to the Hamilton scale for rate depression. The clinical manifestation of a depressive

state was found in 18 people of moderate severity. At the same time, the average indicator of a depressive state is 16 ± 1.2 points, severe depressive disorder was detected in 11 people. The average score for this group on a scale Hamilton was 21 ± 1.5 score. 5 patients were found to have a depressive disorder of extreme severity 25 ± 1.8 score. At 6 patients were not observed to be depressed. At the same time, the average score was 6 ± 0.5 in the group without a depressive state (Fig. 1).

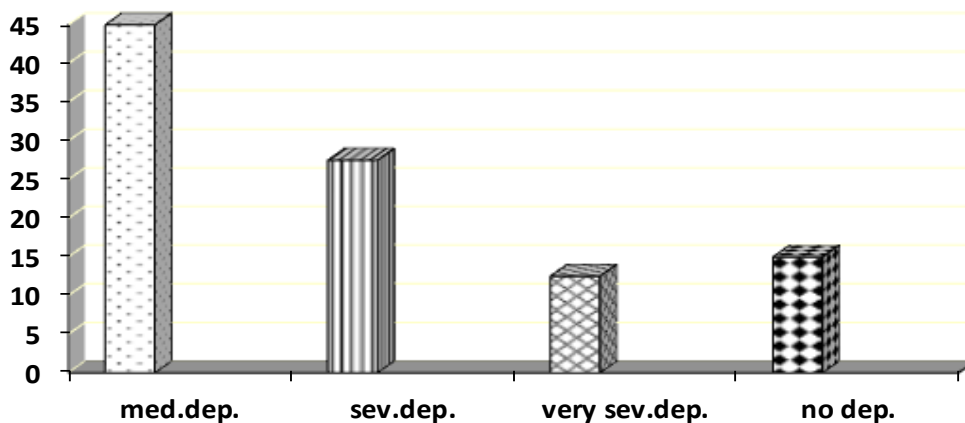


Fig 1. Clinical manifestation of a depressive state on a scale Hamilton

On a scale Hamilton patients with severe anxiety was 12 people. The mean score was 26 ± 2.3 . Symptomatic anxiety was found in 18 patients with RA. The mean score was 24 ± 2.1 . Also, in 7 patients, according to the scale, an anxiety state of a mild form was observed and had an average mark of 11 ± 1.2 points. Anxiety was not detected in 3 patients according to this scale. Average score 5 ± 0.6 (Fig.2)

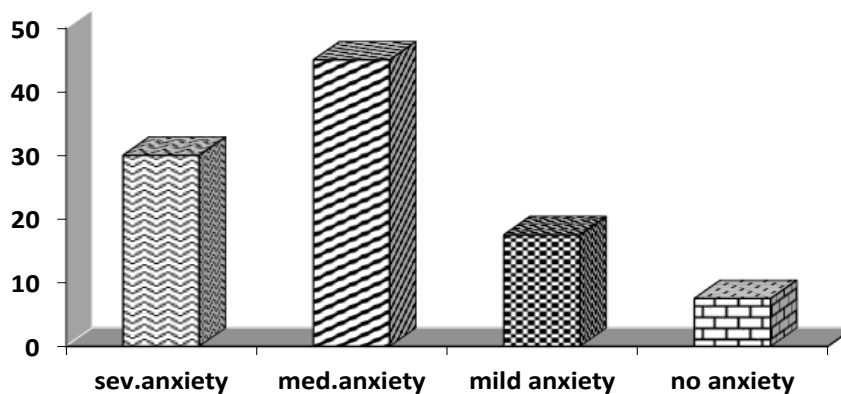


Fig 2. Clinical manifestation of an anxiety state on a scale Hamilton

Based on the results obtained, depression and anxiety were corrected using the methods described above and re-examined after 2 months. To determine the effectiveness of the drug paroxetine and the use of NLP techniques in patients after psychocorrection, the following results were obtained: a clinical manifestation of a depressive state of moderate severity was found in 7 people. At the same time, the average indicator of a depressive state is $16 \pm 1,1$ points, severe depressive disorder was detected in 5 people. The average score for this group on a scale Hamilton was 21 ± 1.4 points. 2 patients were found to have a depressive disorder of extreme severity 25 ± 1.6 score. At 26 patients were not observed to be depressed. At the same time, the average score was 6 ± 0.4 (Fig. 3).

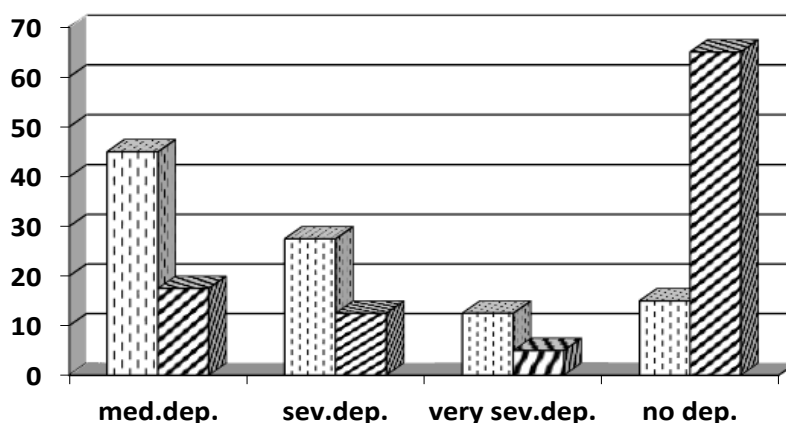


Fig 3. Clinical manifestation of a depressive state on a scale Hamilton before after treatment

On a scale Hamilton patients with severe anxiety was 2 people. The mean score was 26 ± 2.1 . Symptomatic anxiety was found in 5 patients with RA. The mean score was 24 ± 1.9 . Also, in 14 patients, according to the scale, an anxiety state of a mild form was observed and had an average mark of 11 ± 1.3 points. Anxiety was not detected in 21 patients according to this scale. Average score 5 ± 0.7 (Fig.4)

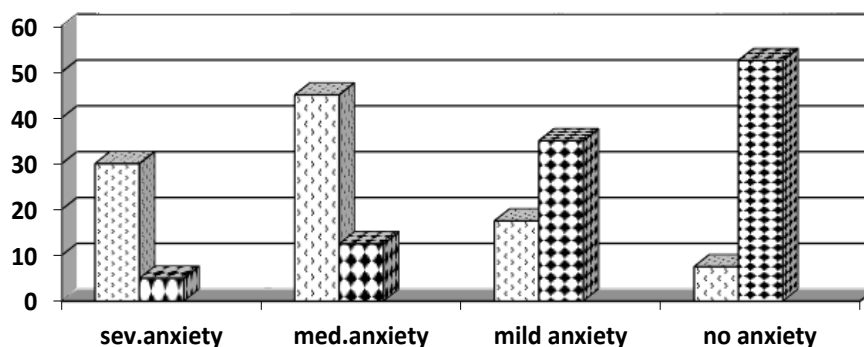


Figure 4. Clinical manifestation of anxiety on a scale Hamilton before after treatment

In addition to the above methods, interviews were conducted with each patient and, based on the analysis of the oral survey, it was determined that the clinical symptoms of depression and anxiety, such as depression, nervousness, tearfulness, a phobic state, sleep disturbance, distrust of people, were largely eliminated in patients.

CONCLUSION

In patients with rheumatoid arthritis when assessing anxiety and depression on a scale Hamilton depression and anxiety were identified . This condition contributes to a more severe course of the disease and has a psychosomatic basis. Deviations were found in RA disease in the form of a depressive state at different levels and a state of anxiety that has a psychological basis. These symptoms can be corrected by methods of psychotherapy and psychopharmacotherapy. From the data obtained, it should be concluded that RA patients, along with basic therapy, should be prescribed psychopharmacotherapy and psychotherapy, which contributes to the effective suppression of the detected depressive and anxiety states. This approach in the treatment process helps to lengthen the period of remission of the disease and improve the quality of life.

REFERENCES

1. Амирджанова В.Н. Качество жизни больных ревматоидным артритом, получающих ритуксимаб. Научно-практическая ревматология. 2008;(1S):15-18
2. Ахунова Р.Р. Психические расстройства у больных ревматоидным артритом. / Р.Р. Ахунова. И Материалы XV Всероссийской научно-практической конференции Молодые ученые в медицине. Казань. -2010. - С. 207.

3. Вакуленко ОЮ, Горячев ДВ, Кричевская ОА, Эрдес ШФ. Оценка снижения производительности труда у больных ревматоидным артритом. Научно-практическая ревматология. 2013;51(6):671-9.
4. Зелтынь АЕ, Фофанова ЮС, Лисицына ТА и др. Хронический стресс и депрессия у больных ревматоидным артритом. Социальная и клиническая психиатрия. 2009;19(2):69-75.
5. Юсупходжаева С.Т. Психоэмоциональные расстройства при ревматоидном артрите и методы их психокоррекции. Журн.Неврология. 2020;№3;54-55стр.
6. Academic Highlights of The Primary Care Companion. Translating Evidence on Depression and Physical Symptoms Into Effective Clinical Practice. J. Clin. Psychiatry, 2007, 9 (4), 295-302.
7. Sleath B., Chewning B., de Vellis B. M. et al. Communication about depression during rheumatoid arthritis patient visits. Arthritis Rheum., 2008, 59 (2), 186-91.
8. Юсупходжаева, С. Т., & Расулова, В. Б. (2022). ИССЛЕДОВАНИЯ ПСИХО-ЭМОЦИОНАЛЬНЫХ РАССТРОЙСТВ У БОЛЬНЫХ РЕВМАТОИДНЫМ АРТРИТОМ И ИСПОЛЬЗОВАНИЕ МЕТОДОВ КОГНИТИВНО-БИХЕВИОРАЛЬНОЙ ПСИХОТЕРАПИИ. *Models and methods in modern science*, 1(1), 1-6.
9. Sh, G. S. (2020). Ichak ta'sirlanish sindromidagi psixoemotsional buzilishlar va unda psixoterapevtik yordam ko'rsatish.