

COMPLEX OF CONSTITUTIONAL BIOLOGICAL FACTORS OF SOCIAL- LABOUR PROGNOSIS OF PATIENTS WITH THE DIAGNOSIS OF PAROXYSMAL SCHIZOPHRENIA

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Abstract: Clinical epidemiological investigation of 322 patients with paroxysmal (154-47,8%-recurrent, 168-52.2% -paroxysmal – prodromal) schizophrenia with the duration of disease more than 20 years, inhabitants of Andizhan city, have been conducted for determining the prognostic significance of complex of constitutional biological factors of social-labour prognosis.

The results of the investigation have been allowed to exclude sex factor from the number of significant signs. Syntonic premorbid type and lack of hereditary aggravation of psychological diseases represent favourable factors of social-labour prognosis of patients with paroxysmal schizophrenia. Hereditary aggravation of schizophrenia, schizoid and excited personal type, on the contrary, play a role of unfavourable factors, worsening the prognosis of the disease.

Keywords: episodic schizophrenia, heredity, premorbidity, social and labor prognosis.

Introduction. The study of clinical and social-labor prognosis in episodic schizophrenia is one of the urgent problems of modern psychiatry. This is due to serious social consequences determined by the progressive nature of the course of schizophrenia, as well as a fairly high prevalence of this disease. According to epidemiological data, the proportion of episodic schizophrenia is 42.9-51.8% [1-4,6]. In addition, in recent years there has been an increase in favorable forms of schizophrenia under the influence of drug therapy, as evidenced by the transformation of clinical forms of the disease with a change in symptoms towards less profound registers of mental disorders, a shift in the course of the process to paroxysmal and phasic [1,2,7,8].

The aim of the study was to determine the prognostic significance of a complex of constitutional and biological factors preceding the onset of schizophrenia for clinical and social-labor prognosis at late stages of the disease.

Material and methods of the study. To solve the set tasks, we examined 322 patients (162 men and 160 women) with episodic schizophrenia registered at the Andijan Regional Psychoneurological Dispensary.

In the modern classification of mental disorders and behavioral disorders according to ICD-10 (class V), the studied types of schizophrenic disorders are classified as follows [5]:

- episodic with increasing defect (F20.x1),
- episodic with stable defect (F20.x2),

➤ episodic remittent (recurrent) (F20.x3).

The criteria for selecting the material were: 1) diagnosis of episodic schizophrenia, verified in the process of dynamic observation of patients;

2) The disease duration of at least 20 years, allowing for an assessment of the social and labor adaptation of patients at late stages of episodic schizophrenia.

The study was conducted using a clinical and epidemiological method. The age of the patients at the time of the examination ranged from 30 to 80 years, with the majority of those examined (297 patients; 92.2%) being over 40 years old. The duration of schizophrenia at the time of the examination varied from 20 to 51 years.

Depending on the level of social and labor adaptation at late stages of episodic schizophrenia, all patients were divided into three groups (M. L. Agranovskiy) [1]:

Group I - 107 (33.2%) patients with a high level of social and labor adaptation, which practically did not undergo any changes during the illness and remained at the same level as before the onset of schizophrenia;

Group II - 106 (32.9%) patients with a decrease in social (limitation of social contacts, isolation from public life, narrowing of the range of interests), but maintaining work adaptation at the previous (painless) level;

Group III - 109 (33.8%) patients with signs of social and work maladaptation (professional deskilling, decrease or loss of working capacity).

Such division into groups seemed not only appropriate due to its full compliance with clinical reality, but also quite convenient for subsequent statistical analysis and assessment of the prognostic information content of a complex of clinical-biological and socio-psychological factors.

Results of the study and their discussion. The complex of constitutional and biological factors preceding the onset of schizophrenia and potentially capable of influencing the social and labor adaptation of patients as the disease progresses included gender, hereditary burden of mental illness, and premorbid personality type.

Data on the distribution of patients depending on gender are presented in Diagram 1.

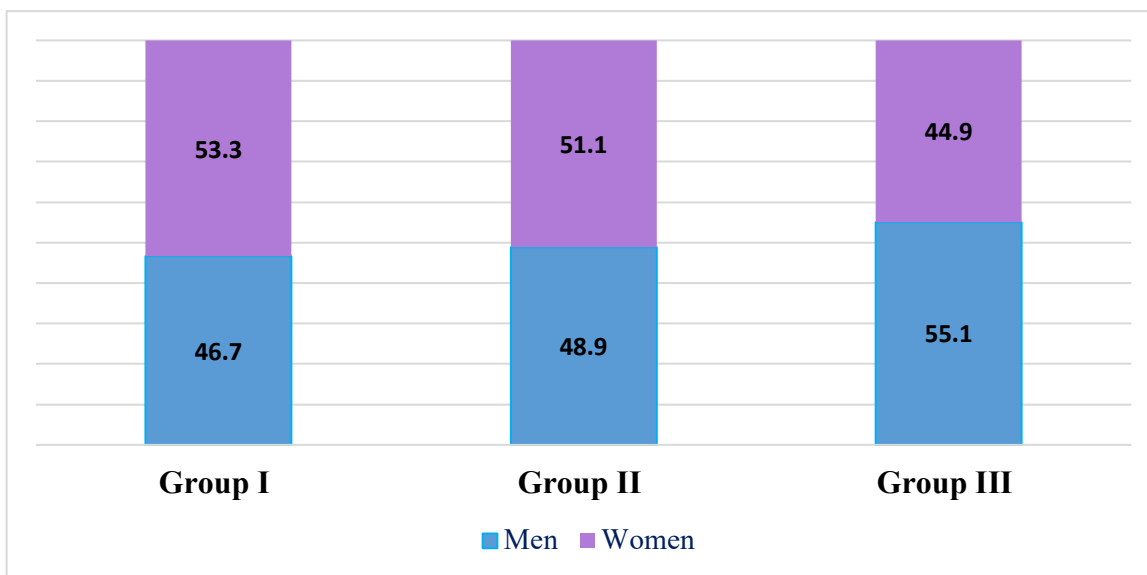


Diagram1.

The data in Diagram 1 show that no significant differences in the proportion of men and women were observed between the groups of patients. The ratio of males in Groups I and II was approximately the same, and some predominance of men in the group of patients with signs of social and labor maladaptation was quite relative. Such results allowed us to exclude the gender factor from the number of significant features that could affect the dynamics of social and labor adaptation in patients at certain stages of episodic schizophrenia. The data on the distribution of patients depending on heredity are presented in Table 1.

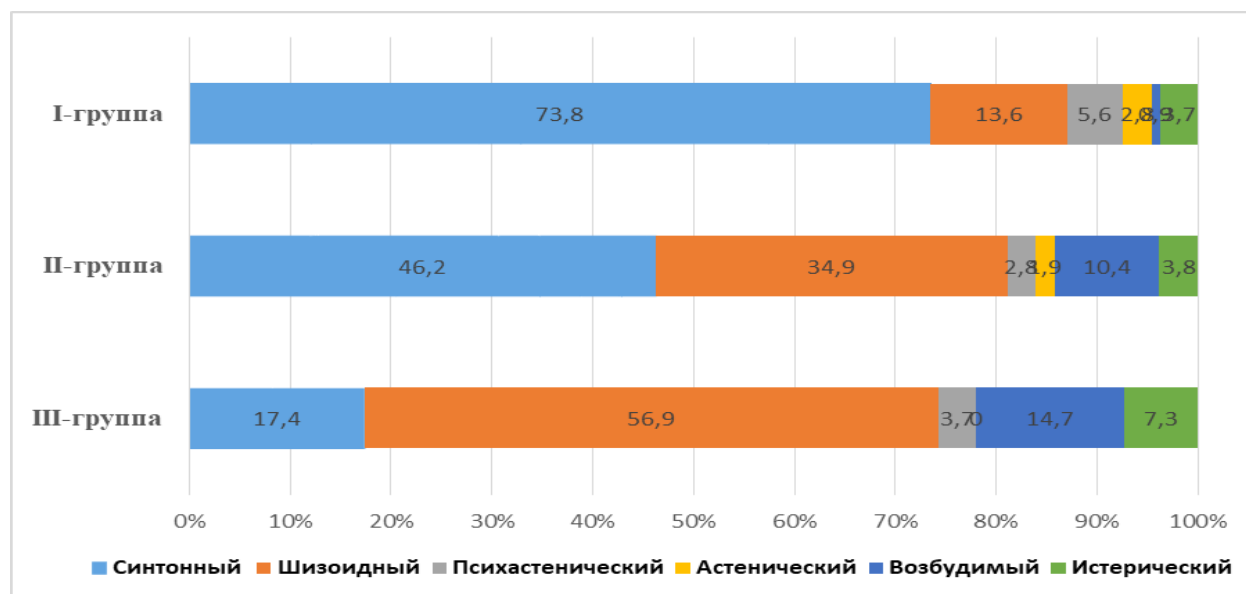
Таблица 1.

Hereditary burden	Patient groups						Total	
	I		II		III			
	Абс	%	Абс	%	Абс.	%	Абс.	%
Not burdened	57	53,3	49	46,2	33	30,3	139	43,1
Burdened, including:	50	46,7	57	53,8	76	69,7	183	56,9
schizophrenia	18	16,8	22	20,8	37	33,9	77	23,9
psychopathy	16	15,0	17	16,0	17	15,6	50	15,5
alcoholism	7	6,5	9	8,5	9	8,3	25	7,7
epileptic	4	3,7	4	3,8	3	2,8	11	3,4
Other	5	4,7	5	4,7	10	9,2	20	6,2
Total:	107	100,0	106	100,0	109	100,0	322	100,0

Hereditary burden of mental pathology was not detected in all patients (182 patients; 56.5%). In the majority of cases (77 patients; 23.9%), there was an incidence of schizophrenia in first-degree relatives (parents, siblings), while hereditary burden of psychopathy, epilepsy, chronic alcoholism or other mental illnesses was much less common. It is characteristic that the frequency of cases of hereditary burden with a high degree of reliability increased in group III of patients, significantly exceeding this indicator not only in patients of the first, but also in the second group (46.3% of patients in group I; 53.2% of patients in the second and 70.0% of patients in the third groups; $P_1 > 0.05$ $P_2 < 0.045$ $P_3 < 0.001$), while the statistical differences between groups I and II were quite relative. At the same time, it was found that the only disease in the structure of hereditary pathology that provided statistically significant intergroup differences was schizophrenia (16.8% of patients in Group I; 20.2% of patients in Group II and 34.0% of patients in Group III; $P_{1.2} < 0.045$; $P_3 < 0.01$). The frequency of cases of hereditary burden of another pathology among patients in all three groups was almost the same.

This gave grounds to consider a hereditary burden of schizophrenia as one of the unfavorable prognostic signs, increasing the probability of the occurrence of social and labor maladaptation in patients with episodic schizophrenia at late stages of the disease. The distribution of patients depending on the premorbid personality type is presented in diagram 2.

Diagram 2.



The syntonetic premorbid personality type was observed in the majority of patients (148 patients; 46.0%) and was characterized by the presence of such traits as sociability, cheerfulness, talkativeness, optimism, the ability to grasp the general tone of mood, practicality, frankness, naturalness in behavior, rationalism in solving life's problems. At the same time, among patients with episodic schizophrenia, schizoid personalities were quite common (112 patients; 34.7%), whose main characteristics were isolation, lack of a pronounced need for contacts, immersion in their own inner world, some paradoxical emotional reactions reflecting a peculiar combination of increased sensitivity and vulnerability with emotional coldness to the emotional experiences of loved ones. A certain similarity with schizoid personalities was found in patients with psychasthenic (13 patients; 4.0%) and asthenic (5 patients; 1.5%) character traits, due to the presence of sensitivity, timidity and shyness. At the same time, patients with a psychasthenic premorbid personality type were distinguished by the prevalence of anxious suspiciousness, a tendency to introspection, a developed ability for compassion and empathy for other people's troubles, conscientiousness, and a sense of responsibility. Asthenic personalities, along with signs of sensitivity, were characterized by more pronounced irritability combined with rapid exhaustion of emotional reactions.

Patients with an excitable pre-mobility personality type (28 patients; 8.7%) were characterized by increased excitability, a tendency to outbursts of anger, malice, and often rancor, vindictiveness, and cruelty. Unlike individuals with an asthenic disposition, these traits in excitable individuals were combined with stubbornness, obstinacy, and persistence in achieving goals. Patients with hysterical accentuation of character (15 patients; 4.6%) were characterized by a desire for recognition, egocentrism, some theatricality, demonstrative behavior, expressiveness of emotional manifestations with complete indifference to other people's problems. The data in Table 3 indicate that at the late stages of episodic schizophrenia, the highest level of social and labor adaptation was preserved mainly in patients with the syntonetic premorbid personality type (73.6% of patients in Group I; 46.8% of patients in Group II and 17.5% of patients in Group III; $P_{1,2,3} < 0.001$), the proportion of which was the highest among patients in Group I, significantly exceeding this indicator in Groups II and III. The number of patients with the schizoid personality type, on the contrary, was the smallest in Group I, but significantly increased in Groups II and III (12.6% of patients in Group I; 35.1% of patients in Group II and 56.7% in Group III; $P_{1,2,3} < 0.001$), reflecting a clearly expressed tendency in schizoid personalities to impaired social and labor adaptation at the late stages of the disease. A similar pattern was observed in relation to patients with an excitable premorbid personality type,

the number of which increased with statistical reliability in groups II and III compared to group I patients (1.0% of patients in group I; 10.5% of patients in group II and 14.4% of patients in group III; $P_1 < 0.01$; $P_2 > 0.05$; $P_3 < 0.001$), which allowed us to speak about the unfavorable influence of this personality type on the indicators of social and labor adaptation of patients with episodic schizophrenia.

As for patients with other premorbid personality types (psychasthenic, asthenic, hysterical), their number in all three groups was insignificant, intergroup differences on this feature were unreliable, which did not allow us to judge the presence of any significant influence of these personality types on the social and labor prognosis in patients with episodic schizophrenia.

The obtained data indicated the presence of a certain relationship between premorbid characterological features and the dynamics of social and labor adaptation in patients with episodic schizophrenia. At the same time, the premorbid personality type should be considered as a prognostically favorable factor contributing to the long-term maintenance of a sufficiently high level of social and labor adaptation, despite the increasing duration of schizophrenia.

Conclusions. The syntonetic type of premorbid and the absence of a hereditary burden of mental illness are favorable factors in the clinical and social and labor prognosis of patients with episodic schizophrenia. A hereditary burden of schizophrenia, schizoid and excitable personality types, on the contrary, play the role of unfavorable factors that worsen the prognosis as the disease progresses.

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