

і загартовування організму – обливання холодною водою. Авторами статті доведено, що дотримання хворими на ХОЗЛ рекомендацій щодо врегулювання способу життя, харчування, систематичне виконання лікувальної гімнастики по Бутейко та загартовування організму сприяють досягненню тривалої ремісії, підвищенню якості життя.

Ключові слова: здоровий спосіб життя (ЗСЖ), хронічне обструктивне захворювання легень (ХОЗЛ)
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гимнастики по Бутейко и закаливание организма - обливание холодной водой. Авторами статьи доказано, что соблюдение больными ХОБЛ рекомендаций по урегулированию образа жизни, питания, систематическое выполнение лечебной гимнастики по Бутейко и закаливание организма способствуют достижению длительной ремиссии, повышению качества жизни.

Ключевые слова: здоровый образ жизни (ЗОЖ), хроническая обструктивная болезнь легких (ХОБЛ).
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CLINICAL CHARACTERISTIC OF AFFECTIVE VIOLATIONS IN DISORDERS OF ADAPTATION FROM COMBATANTS

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A comprehensive clinicopsychopathological and pathopsychological study of 186 combatants with diagnosed stress reactions and adaptation disorders, who underwent inpatient treatment in the clinical departments of the Vinnitsa Regional Clinical Hospital of War Veterans was performed. The study included socio-demographic (questionnaire), clinical-anamnestic, clinical-psychopathological (clinical interview), psychodiagnostic (pathopsychological) and statistical methods. In the course of this study, the severity of affective disorders in the study group was established, data variability was determined, and a statistical-mathematical analysis of the survey results was carried out. The results of the proposed algorithm of psychodiagnostic research reflect the structure of changes in the affective sphere and certain personal predispositions in patients with affective variants of adaptation disorders. It was revealed that a cognitive defect can be formed later through the consolidation and progression of organic changes, and the transition of an adaptation disorder to a behavioral level will be associated with personality traits and characteristics of respondents' social rehabilitation. Determination of clinical and psychopathological features of prevailing variants of adaptation disorders in combatants is the basis for the development of new diagnostic algorithms and integrated approaches to the treatment of this contingent.

Key words: affective violations, combatants, disorders of adaptation, psychotic and non-psychotic mental disorders, response to stress.

The work is a fragment of the research project "Scientific substantiation of diagnostic and therapeutic rehabilitation measures for endogenous and exogenously-organic psychotic and non-psychotic mental disorders", state registration № 0116U000856.

Mental health protection is one of the most pressing problems of any state. Mental health is one of the parameters that determine the quality of life of the population. This is due to the fact that it is the mental health of its citizens that determines the national security of the country. The peculiarities and nature of psychiatric care in any country is determined by historical, economic, geographical, cultural, political and other factors. Thus, mental health - is a certain reserve of human strength that can overcome stress or difficulties that arise in exceptional circumstances [14].

The armed conflict between the illegal armed groups (for direct support and active participation of the Russian Army) and the Armed Forces of Ukraine in Donetsk and Luhansk regions resulted in getting into a war zone both military personnel and large numbers of civilians who suffer injuries of varying severity and killed [1, 4, 13]. According to the United Nations (UN), the war has somehow affected 5 million people [2]. At the same time, a large part of the military personnel entered the combat zone without knowing the basic rules and lacking the skills of providing first aid [2]. According to official United Nations (UN) statistics, 5486 soldiers were killed and 12,972 injured in the conflict in Ukraine. Among the most common injuries limb injuries (62.6%) and the head (37.4%) [2]. In addition to physical injuries, the soldiers also receive psychological injuries. About 80% of soldiers and civilians in the war zone have psychological and mental disorders - from combat fatigue to acute mental [1].

The experience of fighting in Vietnam, Afghanistan, the Persian Gulf and elsewhere in the world suggests that pharmacological agents can be used to enhance the activity of personnel actions in terms of danger and chronic fatigue (stimulants), removal of excessive mental tension (relaxers), accelerating the process of adaptation to extreme conditions of military life, increase performance efficiency of individual mental functions etc. [9, 10]. Psychological rehabilitation is part of the medical and psychological rehabilitation and carried out with military personnel undergoing treatment due to injuries, concussion, burns, radiation, mental disorders. In some cases, psychological and psychological rehabilitation is

supplemented by vocational rehabilitation and social rehabilitation [15]. WHO estimates that traumatic events may lead to the development of conditions such as: depressive disorder, psychosis, behavioral disorders, alcohol or drug use, self-harm / suicide and other significant emotional or medically unclear complaints, prolonged grief response, or post-traumatic stress disorder (PTSD) [15]. Statistical data also show that for every soldier who died in the war accounted for one case of suicide in the aftermath of veterans of military service [8]. So, by 1990, more than 50,000 (according to other figures, about 100,000) Vietnam war veterans had committed suicide since the return of troops (with the total number of U.S. soldiers killed in Vietnam at about 58,000) [6].

This makes determining the relevance of the clinical features of mental and behavioral disorders in the combatants, which will allow to develop the most effective diagnostic and treatment algorithm for this contingent.

The purpose of the work was to study clinical and psychopathological features and pathopsychological characteristics of patients (combatants) with diagnosed stress reactions and adaptation disorders.

Materials and methods. A total of 186 respondents were surveyed. All patients underwent inpatient treatment after combat injuries in clinical departments (therapeutic, neurological, surgical) of Vinnitsa Regional Clinical Hospital of War Veterans during 2016-2019. All surveyed men between 20 and 57 years of age. Clinical diagnoses of patients were consistent with the nature of the lesions and were established according to the criteria of the current International Classification of Diseases X Review. All patients provided written informed consent to participate in the study. The specifics of our study led to the most optimal type of organization - voluntary participation in the experiment. Patient information were collected directly from patients during a complete clinical and psychopathological and clinical psychodiagnostics examination and contained the following items: date of examination; medical history number; department; surname, first name, patronymic of the patient; age; mobilization; profession, education; home address; complaints. The data were supplemented with information on premorbid personality traits (in the presence). The examination included thematically important anamnestic information, test results and the mental status of patients which were recorded in a specially designed survey results card. Important was the information about the course of the illness, which the reflection of the disease receives in the subjective world of the patient, as reflected on his behavior, throughout the system of personal relationships, or paid particular attention to previous stressful situations and changes in life, features that are inherent in the respondent (the ability to overcome difficulties and resist psycho-traumatic factors), the state of social environment and moral support, not only from relatives but also other outsiders. In the presence of psychopathological symptoms, its nature, time and circumstances of their occurrence, dynamics, duration, and factors that accelerate the appearance of these signs were clearly defined. For the pathopsychological examination, a number of techniques appropriate to the purpose of the work were selected. Inclusion in the methodical study specific apparatus tests and corresponding experimental parameters was carried out on the following criteria: conceptual validity of methods, high validity, psychometric reliability and the possibility of comparing the results. The respondents researched anxiety (situational - as a variant of reaction, personal - as a rice, and general mental - as a condition), presence of manifestations of depression, functional state (state of health, activity and mood as its constituents). Primary research has included assessment of cognitive functions. But in the final analysis of the results of clinical psychodiagnostics studies from the assessment of cognitive functions (memory, retention mechanisms; stability of attention, ability to concentrate, distribute, switch), we refused, because at this stage in most of the cognitive defect has not been formed and the data of these methods were not demonstrative. Therefore, presented study included only methods of evaluating affective sphere and behavior.

Results of the study and their discussion. In this study it was found severity of affective disorders in the study group, defined variability data and performed statistical and mathematical analysis resultative examination. In the patients of the complaints are not concerned underlying disease came to the fore headaches, weakness, lethargy, increased fatigue, decreased performance, poor memory and attention, irritability, nervousness, depressed mood, loss of appetite, insomnia, interrupted sleep with nightmares, a pessimistic assessment of the future and lack of prospects which to some extent coincides with the results of other researchers [3, 7, 8]. More than 75% of the surveyed complained of impaired social functioning, first and foremost the inability to work at the same job (more than 67%) as to participation in hostilities, increased conflict in the family, feelings of frustration, inability to find themselves, their place, inability to adapt in a peaceful life; more than 40.5% of them showed a tendency to use psychoactive substances for the first time or have significantly increased. Information on the presence of organic brain damage in this group of patients has not been documented. An analysis of this factor revealed that the most common were indications for infectious diseases (childhood viral infections), concussion, and traumatic brain lesions with

and without loss of consciousness. When examining the family genealogy background, it was found that none of the patients had an inherited burden of mental illness. The socio-demographic characteristics of the group are presented in table 1 and some extent coincides with results of some scientists [3, 8].

Table 1

Socio-demographic characteristics of the group

Characteristic	Specialty			
	%	%	%	%
age	20-29 years	30-39 years	40-49 years	over 50 years
	23.66%	37.63%	31.18%	7.53%
educational level	secondary education	average special	incomplete higher education	higher education
	13.98%	57.53%	9.14%	19.35%
place of residence	city	urban village	village	Vinnitsa region
	28.49%	36.02%	35.49%	77.42%

All respondents were male, aged 20 to 57 years. Of these, 23.66% (44) were aged 20-29 years, 37.63% (70) - 30-39 years, 31.18% (58) - 40-49 years, 7.53% (14) - older than 50 years. The educational level of the group was presented as follows: 13.98% (26) had general secondary education, 57.53% (107) had secondary specialized education, 9.14% (17) had incomplete higher education, 19.35% (36) - completed higher education. Regarding the place of residence, 77.42% (144) of the respondents were from Vinnitsa region and Vinnitsa; 28.49% (53) were city residents, 36.02% (67) lived in urban settlements, 35.49% (66) lived in villages.

According to the results of pathopsychological research, the average arithmetic indicator of situational anxiety in the respondents was 30.98 ± 1.34 , which indicates a moderate level of it, the indicator of personal anxiety 46.21 ± 1.23 indicated its high level. According to the analysis of individual data (Table 2), the indicator of situational anxiety was high at 7.53% of the studied, moderate - at 44.62%, low - at 47.85%. The indicator of personal anxiety was low at 7.3% of respondents, moderate - at 32.9%, high - at 59.8%.

The arithmetic mean of general mental anxiety is 21.42 ± 1.13 , which indicates the average level of overall mental anxiety with a tendency to high. Thus, 2.69% of respondents has a low level of anxiety-state, 30.65% - a medium level with a tendency to a low level, 26.88% - a medium level with a tendency to a high level, 35.3% - a high level, 4.9% had a very high level of general mental anxiety (table 2).

Table 2

Results of the study of situational, personal and general mental anxiety

parameter level	situational anxiety		personal anxiety		general mental anxiety	
	number of patient (n)	%	number of patient (n)	%	number of patient (n)	%
low	89	47.85%	14	7.53%	5	2,69%
moderate/ medium	with a tendency to low	83	62	33,33%	57	30,65%
	with a tendency to high				50	26,88%
high	14	7.53%	110	59.14%	66	35,48%
very high	-	-	-	-	8	4,3%
average, points	30.98 ± 1.34		46.21 ± 1.23		21.42 ± 1.13	

A significant correlation was found between indicators of situational, personality, and general mental anxiety by Pearson and Spearman correlation coefficients ($P < 0.01$). The obtained results about anxiety levels in patients with adaptation disorders are in the agreement with other researchers [3, 5, 7, 8]. The positive point of the examination was the absence of a true depressive state in the study group. So, the arithmetic mean was 38.23 ± 1.08 . But 12.37% of the respondents showed mild depressive state of situational or neurotic genesis and 1.61% sub depressive state or masked depression (table 3), which also to some extent coincides with results of some scientists [3, 7, 8].

Found a reliable correlation between indicators of situational, personal, general mental anxiety and depression by Pearson and Spearman correlation coefficients ($P < 0.01$).

Table 3

Results of the study severity of depressive states

parameter	respondents by severity of depressive states	
	number of patients (n)	%
no depressive state	160	86.02%
slight depression of situational or neurotic genesis	23	12.37%
sub depressive state or masked depression	3	1.61%
average, points	38.23 ± 1.08	

In the analysis of the survey results is noteworthy that a significant majority of respondents rated their complex functional condition as satisfactory and good (59.68 and 29.03%, respectively), and only 11.29% as poor (table 4). The arithmetic mean of the functional state is 4.63 ± 1.32 points, which indicates a satisfactory state of health, interest, emotional tone and mental activity with a tendency to good. The analysis of the average results of the calculations showed that the respondents had a satisfactory level of mental activity (4.48 ± 1.29) and well-being (4.49 ± 1.37) and good mood (4.86 ± 1.55).

Table 4

Results of the study of the functional state and its components: "Well-being - activity - mood"

options / categories	average	distribution of respondents of the functional state					
		bad		satisfactory		good	
		(n)	%	(n)	%	(n)	%
well-being	4.49±1.37	28	15.05%	101	54.3%	57	30.65%
activity	4.48±1.29	24	12.9%	122	65.59%	40	21.51%
mood	4.86±1.55	33	17.74%	78	41.94%	75	40.32%
functional state	4.63±1.,32	21	11.29%	111	59.68%	54	29.03%

A significant correlation was found between indicators of situational, personality, general mental anxiety and depression with indicators of mental activity, well-being, mood and functional state according to Pearson and Spearman correlation coefficients ($P < 0.01$).

The analysis of the structure and prevalence of stress-related mental disorders among servicemen, combatants, their clinical typology and the peculiarities of these states were presented in the professional literature [3, 5, 7, 8, 11, 12]. This information indicates high specificity of this category of disorders and coincides with the trends presented by us. Analysis of anamnestic data and complaints indicates that social drift is an important complication of adaptation disorders. The most significant manifestation of social drift among combatants is the change of place of employment or unemployment through loss of place of work; increased conflict in the family; the use of surfactants. No correlation was found between age, educational level and place of residence. There are also no correlations with the features of clinical complaints and the results of clinical and psychopathological examination. In most patient's situational anxiety was low. Increasing its level coincided with an increase in patient irritability. But a significant increase in anxiety-traits could be explained as a permanent internal stress in individuals who were in a combat situation. Dependencies of anxiety on socio-demographic characteristics such as age, educational attainment and place of residence were not detected. Draws attention the fact, that respondents living in urban areas have better rates than residents of small towns and villages. We believe that this may be due to greater social security, the higher the probability to get a job after treatment of the inhabitants of large towns. Thus, on the forefront in cohort of the combatants at this stage get out violations of the affective sphere. A cognitive defect can be formed later due to the fixation and progression of organic changes which to some extent coincides with the results of other researchers [12]. And the transition of the disorder of adaptation to the behavioral level will be connected with the personal traits and peculiarities of the social readaptation of the respondents.

Conclusions

1. In the clinic there are two main options for disorders of adaptation: affective and behavioral. The special relevance of the study of adaptation disorders associated not only with their widespread - 5-20% of outpatients, but with susceptibility to chronic process and fixing symptoms as persistent personality changes.
2. The results of our proposed algorithm of psychodiagnostics research reflect the structure of changes in the emotion sphere in patients with affective variants of disorders of adaptation.
3. Determination of clinical and psychopathological features of prevailing variants of adaptation disorders in ATO victims is the basis for development of new diagnostic algorithms and complex approaches to treatment of this contingent.
4. Given the still insufficient level of psychological rehabilitation for this contingent, further inactivity in the future may lead to the phenomenon of social drift, increased levels of deviance, addiction, torts and suicides. The presence of adaptation disorders is an indication of the psychological rehabilitation of servicemen, so it is important to detect its signs early and provide timely rehabilitation that meets such principles as early onset, continuity, complexity, individuality, the need for rehabilitation in the team, return to active work.

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Реферати

КЛІНІЧНА ХАРАКТЕРИСТИКА АФЕКТИВНИХ ПОРУШЕНЬ ПРИ РОЗЛАДАХ АДАПТАЦІЇ У КОМБАТАНТІВ

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Проведено комплексне клінікопсихопатологічне та патопсихологічне дослідження 186 комбатантів, з діагностованими стресовими реакціями та порушеннями адаптації, які проходили стаціонарне лікування у клінічних відділеннях Вінницького обласного клінічного госпіталю ветеранів війни. Дослідження включало соціально-демографічний (анкетування), клініко-анамнестичний, клініко-психопатологічний (клінічне інтерв'ю), психодіагностичний (патопсихологічні методики) та статистичний методи. В ході даного дослідження було встановлено ступінь вираженості афективних порушень у групі дослідження, визначено варіабельність даних та проведено статистично-математичний аналіз результатів обстеження. Результати запропонованого алгоритму психодіагностичного дослідження відбивають структуру змін афективної сфери та певні особистісні predispozitsii у хворих з афективними варіантами розладів адаптації. Виявлено, що когнітивний дефект може бути сформований пізніше через закріплення та прогресування органічних змін, а перехід розладу адаптації на поведінковий рівень буде пов'язаний з особистісними рисами та особливостями соціальної реадптації респондентів. Визначення клінічних та психопатологічних особливостей переважаючих варіантів порушень адаптації у комбатантів є основою для розробки нових діагностичних алгоритмів та комплексних підходів до лікування цього контингенту.

Ключові слова: афективні порушення, що воюють, розлад адаптації, психотичні і непсихотические психічні розлади, реакція на стрес.

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КЛИНИЧЕСКАЯ ХАРАКТЕРИСТИКА АФФЕКТИВНЫХ НАРУШЕНИЙ ПРИ РАССТРОЙСТВАХ АДАПТАЦИИ У КОМБАТАНТОВ

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Проведено комплексное клиникопсихопатологическое и патопсихологическое исследование 186 комбатантов, с диагностированными стрессовыми реакциями и нарушениями адаптации, которые проходили стационарное лечение в клинических отделениях Винницкого областного клинического госпиталя ветеранов войны. Исследование включало социально-демографический (анкетирование), клинико-анамнестический, клинико-психопатологический (клиническое интервью), психодиагностические (патопсихологические методики) и статистический методы. В ходе данного исследования была установлена степень выраженности аффективных нарушений в группе исследования, определена вариабельность данных и проведен статистически-математический анализ результатов обследования. Результаты предложенного алгоритма психодиагностического исследования отражают структуру изменений аффективной сферы и определенные личностные predispozitsii у больных с аффективными вариантами расстройств адаптации. Виявлено, что когнитивный дефект может быть сформирован позже через закрепление и прогрессирования органических изменений, а переход расстройства адаптации на поведенческий уровень будет связан с личностными чертами и особенностями социальной реадптации респондентов. Определение клинических и психопатологических особенностей преобладающих вариантов нарушений адаптации у комбатантов является основой для разработки новых диагностических алгоритмов и комплексных подходов к лечению этого контингента.

Ключевые слова: аффективные нарушения, комбатанты, расстройства адаптации, психотические и непсихотические психические расстройства, реакция на стресс.

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