Sarbaeva N.K., Agranovsky M.L., Askarova K.I., Muminov R.K.

Department of Psychiatry and Narcology

Andijan State Medical Institute

EVALUATION OF THE EFFECTIVENESS OF THE TREATMENT OF PANIC ATTACKS WITH THE HELP OF PSYCHOTHERAPY

Resume: In the case of anxiety-phobic disorders, drug treatment is not a panacea for fear, but a remedy that relieves and attenuates the manifestation of anxiety symptoms. As a rule, the lasting effect of taking medications is fixed as a result of their long-term use and according to clearly established courses. Self-interruption of the course of medication by the patient and failure to fully comply with the doctor's recommendations leads to an aggravation of the situation when fears not only return, but their intensity increases and the scale of the objects of anxiety increases.

Key words: psychotherapy, phobia, anxiety, treatment.

Сарбаева Н.К., Аграновский М.Л., Далимова С.А., Муминов Р.К. Кафедра психиатрии и наркологии

Андижанский государственный медицинский институт

ОЦЕНКА ЭФФЕКТИВНОСТИ ЛЕЧЕНИЯ ПАНИЧЕСКИХ АТАК С ПОМОЩЬЮ ПСИХОТЕРАПИИ

Резюме: В случае с тревожно-фобическими расстройствами, медикаментозное лечение — не панацея от страха, а средство, облегчающее и ослабляющее проявление симптомов тревоги. Как правило, стойкий эффект от приема медикаментов закрепляется в результате их длительного приема и согласно четко установленных курсов. Самостоятельное прерывание курса лечения медикаментами пациентом и не соблюдение в полном объеме рекомендаций врача ведет к усугублению ситуации, когда

страхи не только возвращаются, но усиливается их интенсивность и увеличивается масштаб объектов тревоги.

Ключевые слова: психотерапия, фобия, тревога, лечения.

Introduction. Psychological information is designed to give the patient maximum information about his disease, about the mechanisms of certain psychological processes in the brain, about ways to control his consciousness and psychological state [2,6]. Thanks to such information from reliable sources, an individual begins to better understand the nature of his fears, it is easier for him to identify the causes of their development.

Counseling is aimed at giving the patient practical knowledge that he can use in a critical situation or for the treatment of a disease. During consultations, patients learn correct behavior at the time of a crisis (panic attack, intense anxiety in the presence of an irritant), in atypical, unforeseen situations, work on self-esteem, master techniques for managing their fear. That is, the doctor gives the patient recommendations that he can apply in practice to correct anxiety[3,5].

Psychological assistance implies both situational impact on the client and methodical step-by-step work with him. Situational, "shock" therapy is used in psychological crisis. And long-term work is aimed at establishing contacts with others, social adaptation, analyzing one's condition and behavior, developing psychological flexibility in certain situations[8].

Hypnotic therapy is one of the most mysterious methods of treatment, causing controversy and doubt. A specialist who owns hypnotics is perceived by many both as a doctor and as a healer using methods of alternative medicine[1]. However, official medicine recognizes it as an effective and effective method of psychotherapy, giving high results and a long-lasting positive effect[3,7]. With the help of hypnosis, it is possible to achieve successful and rapid treatment of phobias, although this method of treatment is resorted to less often than traditional [4].

The purpose of the study. The aim of the work was to develop principles and algorithms for psychotherapeutic treatment of anxiety-phobic disorders of the neurotic level (anxiety-phobic, panic and generalized anxiety disorders) based on evidence-based research.

Materials and methods of research. The study was conducted in 115 patients who were divided into 3 groups. Group I - 27 patients with panic disorder (PR– (episodic paroxysmal anxiety (f41.0). Group II – 21 patients with generalized anxiety disorder (GTR) (f41.1). Group III - 67 patients with mixed anxiety-depressive disorder (STD) (f41.2).

This method of psychotherapy is based on the symbiosis of the patient and the attending physician: during the session there is their interaction, exchange of information, pronouncing experiences, modeling situations and their elaboration. Conditionally, psychological assistance can be classified as follows:

Psychological information.

Consultation of a specialist.

Correction (behavior, perception, response intensity, etc.).

Psychotherapy methods are aimed at identifying the causes of phobic disorder, their elimination, rehabilitation, reducing anxiety, correcting inappropriate behavioral reactions, mastering relaxation techniques. For the treatment of phobias and fears, such methods as:

Psychotherapeutic help.

A rational method of psychotherapy.

Treatment of phobia by NLP (neuro-linguistic programming).

Cognitive-behavioral method.

Treatment of phobias by hypnosis (including the Erickson method).

The results of the study. The survey data became the basis for the development of a conceptual approach and the construction of a pathogenetically based psychotherapy system for patients with anxiety-phobic

disorders of the neurotic register, taking into account emotional and personalitytypological features. The principles of psychotherapy were:

- 1. Partnership of a psychotherapist and a patient.
- 2. The stages of impacts and the complexity of the applied techniques.
- 3. Appeal to positive personality traits.
- 4. The use of cognitive behavioral therapy (CBT) as a basic one.
- 5. Training in the skills of autoregulation of emotions of the negative spectrum: anxiety, depression.
 - 6. Correction of social attitudes.
- 7. Training in rational coping strategies. The main method of psychotherapeutic correction of emotional disorders in the form of phobic-depressive and anxiety-depressive disorders was cognitive behavioral therapy according to A. Beck.

Group psychotherapy was used to form social attitudes and rational coping strategies. It was combined with elements of rational, suggestive and family psychotherapy. The system of psychotherapy was implemented in 4 stages.

The stage "Assessment of the psychoemotional state" " began from the moment the patient was admitted to the hospital and was aimed at determining the state of the emotional sphere and the targets of psychocorrection (1 session).

Stage II "Formation of compliance" " included measures for the formation of compliance, the initial establishment of psychological contact and the formation of positive motivation for treatment (2 sessions).

In the III stage "Psychotherapy and psychocorrection" — included individual and group psychotherapy aimed at forming an active life strategy, changing self-perception by realizing the meaning of life and its quality, the presence of an important strategic goal (10 sessions).

Stage IV "Supportive psychological support" " included 4 sessions of individual psychotherapy with elements of family psychocorrection.

The evaluation of the effectiveness of the system showed the following. Positive clinical dynamics occurred in patients of all 3 groups. Subjective experiences of the anxiety spectrum and somatovegetative symptoms decreased.

According to the data of the pathopsychological study, the most positive dynamics was achieved in terms of reactive anxiety in all 3 groups of patients. In general, a significant improvement was achieved in 72% of group I patients, in 68% of group I patients and in 78% of group III patients.

Conclusion. The essence of this method is that the patient, with the help of a psychotherapist, determines which attitudes are destructive, negative and cause anxiety. Having subjected them to critical analysis, the patient asks himself compromising questions about these attitudes: "why did I decide that it would always be like this?", "who inspired me with the idea that everything that is happening is negative and there is no way out?", etc. Analyzing his answers, working through various options, the patient rebuilds his thinking to an optimistic one lad, tries to look for advantages in everything. Critical analysis allows you to either see the advantages in your attitudes, or replace them with others, positive and creative.

LIST OF LITERATURE:

- 1. Ababkov V.A., Pere M. Adaptation to stress. Fundamentals of theory, diagnosis, therapy. St. Petersburg: Speech, 2004.- 166 p.
- 2. Volikova C.B. Systemic psychological characteristics of parental families of patients with depressive and anxiety disorders. Autoref. diss. cand. psychology. sciences. M., 2006, 24 p.
- 3. Ivleva E.I., Shcherbatykh Yu.V. Clinical and psychopathological aspects and disorders of vegetative homeostasis in social phobias. // Social and Clinical Psychiatry.- 2000, No. 3.- pp.35-38.
- 4.Kryukova, T.L. Age and cross—cultural differences in coping behavior strategies // Psychological Journal. 2005, No. 2.-pp. 5-15.

- 5. Polishchuk Yu.I. On the negative impact of mass media on mental health.// Independent Psychiatric Journal, 2003, No. 1, pp.62-65.
- 6. Shkuratova I.P., Ermak V.V. Fears of adolescents and their conditioning by anxiety, neuroticism and aggressiveness Applied psychology: achievements and prospects. Rostov-on-Don: Folio, 2004 pp.283-299.
- 7.Dias D., Jermaine K. Saint, Upadhyaya H. Psychopathology in adolescents abusing psychoactive substances: gender comparisons. //J. The use of psychoactive substances. 2006, vol.1, No. 1. -pp. 45-51.
- 8.Goldner E.M., Hsu L., Varaykh P. et al. Studies on the prevalence and frequency of schizophrenic disorders: a systematic review of the literature.// Canad. J. Psych. -2002, vol. 47.-pp. 833-843.