



Features of the Clinic and Treatment of Heroin Addiction in Patients with Psychopathic Personality Traits

**Alkarov Rustam
Bahtiyarovich**

Assistant of the department of psychiatry, medical psychology and narcology

**Xushvaktova Dilnoza
Hamidullaevna**

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

ABSTRACT

In the last decade, it has been widely believed that drug addiction is more often formed in people with character abnormalities and mental illnesses. It is noted that drug addiction can be formed in different ways in people with various pathological manifestations of personality. There are also observations that some pathoharacterological types, regardless of the presence of decompensation, may occur more often with one or another type of dependence on psychoactive substances.

Keywords:

heroin addiction, psychopathy, comorbid course .

A number of studies have shown the dependence of clinical manifestations and dynamics of drug-related diseases, the rate of addiction formation and the severity of deficiency disorders on premorbid constitutional personality traits [4,9].

According to A.E. Lichko, adolescents with psychopathic character traits have a high risk of developing drug addiction and substance abuse [2]. At the same time, it is not the severity of the character anomaly (psychopathy or accentuation) that is more important, but its type. P.B. Gannushkin noted a high predisposition to drug addiction in people with epileptoid, unstable and cyclothymic disposition [1].

One of the reasons for the insufficient effectiveness of treatment of dependent disorders is the autonomy of drug addiction treatment strategies – biologically oriented and personality-oriented approaches. Various authors consider addictive behavior, in particular chemical dependence from various positions: from the standpoint of a personal approach – dependence as compensation for

unsatisfied personal needs and need cycles of personality [5], a state of frustration and associated psychological stress, from the standpoint of the level of development of psychological health – dependence as a failure in the self-organizing function to aggressive environmental changes Wednesday [8]; from the standpoint of individuality and characterology - dependence, as a result of the influence of pathogenic factors on the "place of least resistance".

In this regard, we consider it necessary to study in more depth and in detail the various aspects of this disease in comparison with premorbid personality traits.

The purpose of the study is to study the psychological personality traits of a drug addict, the peculiarities of its formation from the standpoint of developing further therapeutic tactics depending on the types of psychopathy.

Materials and methods. We examined 87 patients aged 18 to 27 years (on average 21.5±

1.4 years), all patients were male. There were 46 patients with psychopathic character traits in premorbid, and 41 patients before the heroin addiction did not show psychological personality disorders. The study was conducted both in the acute period (in a state of withdrawal and intoxication psychoses) and in remission.

The group of patients with heroin addiction included persons with moderate (8 patients) and severe (9 patients) withdrawal syndrome and in a state of acute intoxication psychosis. Of these, delirious syndrome was found in 21 patients, hallucinatory syndrome – 17 patients, paranoid – 14 patients, manic – 8 patients, depressive – 7 patients, amenable – 3 people.

To make a clinical diagnosis of the subjects, anamnestic information (life history, narcological history), the results of a pathopsychological examination and an objective examination were analyzed, clinical and psychological tests were conducted, and the Eysenck personality test was used to clarify premorbid features [3]. Diagnostic criteria for substance dependence were evaluated according to ICD-10 (F-11, F-60). To identify premorbid personality traits, classifications of psychopathies and character accentuations were used. The assessment of the dynamics of mental disorders was carried out on the basis of a long-term clinical and catamnestic study and comparison of the results obtained at different stages of the disease (anesthesia, formation and consolidation of remission) [10]. The patients were treated in the Samarkand regional neuropsychiatric and narcological dispensaries.

Results. The typological grouping of premorbid personality traits was carried out in accordance with the established principles of the clinical approach. According to characterological features, patients were divided into the following types: excitable (28.1%), epileptoid (6.3%), labile (3.1%), asthenic (7.8%), schizoid (15.6%), unstable (34.4%) and hyperthymic (4.7%).

Among the examined patients, persons with character accentuations prevailed (73.6%). Premorbid features were distinguished by

polymorphism, accentuation of the main character traits and psychopathy were diagnosed. In many cases, in the premorbid period, deviant behavior was observed in patients: systematic deviation from studies, aggressive reactions, early initiation of smoking and alcohol consumption. The beginning of alcohol intake was at the age of 15-17 years. The age of the beginning of the use of narcotic substances in the examined was 19.7 ± 1.4 years, in most cases the first drug was marijuana. The first use of opiates in patients was characterized by a short period of euphoria. Mental addiction to the drug was formed on average after 4-6 trials. The duration of the period of episodic drug use averaged 4.5 ± 3.1 months. The appearance of signs of physical dependence occurred on average 2.5 ± 1.6 months after the start of systematic use of opiates. The duration of the disease varied from 1 year to 7 years.

During the withdrawal period, polymorphic psychopathological disorders, accompanied by a vegetative symptom complex, dissonic and behavioral disorders, came to the fore.

The features and patterns of the development of disorders were quite persistent for 14-18 days. This period was characterized by blurring and polymorphism of symptoms, instability and rapid change of affective disorders, uneven reduction of various groups of disorders that determine the patient's condition and the formation of prolonged residual symptoms.

A distinctive feature was the predominance of atypical depressions with long-term anxiety states accompanied by vegetosomatic and neurosis-like manifestations. Alternation of dysphoria and anxiety was often observed. The most characteristic feature of the dynamics of postabstinent syndrome was the undulation of the intensity of its manifestations, which was expressed in the outlined phases of exacerbation of drug addiction.

For people with excitable character traits and epileptoidism (34.4%), the duration of the disease was more than three years. They had pronounced 3-day cycles of exacerbation of pathological craving for the drug. After 1-2 days, psychopathic reactions with explosiveness developed. There was negativism

towards the therapy received. At the height of development, patients compulsively and persistently begged for any pills. The aggravation of the craving for the drug was accompanied by complaints of pain in the joints, lower back, which were of a transient nature. On the third day, depressive symptoms in the form of low mood and anxious affect began to prevail in the state.

Postabstinent syndrome was more typical for individuals with asthenic, schizoid and labile traits (26.5%). After the relief of acute manifestations, a fairly prosperous light interval was observed for 3-5 days: the patients were calm, well adapted, barely noticeable, denied the attraction to the drug. But, starting from 9-12 days, there was an aggravation of the attraction to heroin. This manifested itself in clinically pronounced depressive symptoms in the form of melancholy, tearfulness, exhaustion, irritability, anger, behavioral disorders. The morbidity of the condition was not sufficiently realized. The daily fluctuations of the condition were hardly noticeable. Vegetative symptoms were expressed in dilated pupils, increased dryness of the skin, instability of blood pressure with a slight increase and a tendency to constipation.

In patients with unstable and hyperthymic traits (39.1%), the general clinical and dynamic characteristics included a short duration of drug use, prolonged episodic intake, and the absence of pronounced personality changes in the premorbid period. Mental dependence was formulated very quickly, after the first few drug use and was ahead of the development of the altered reactivity syndrome, which is characteristic of highly euphoric narcotic drugs. The desire to experience pleasant sensations, the search for a drug and an anesthetizing company arose before the doses used increased.

After the withdrawal symptoms were relieved, the patients had orderly behavior and no complaints. The resumption of pain in these patients was not observed. The presence of latent depression and anxiety was revealed. The pathological attraction to the drug was manifested by a complex of dissomnic and depressive disorders. The manifestations of

vegetative lability were erased, but the predominance of sympathicotonia was characteristic.

In the clinical picture of an irresistible attraction to the drug with pronounced behavioral disorders in patients with excitable and epileptoid character traits, the therapeutic regimen included intravenous jet or drip administration of neuroleptics (aminazine in doses of 50-100 mg 2.5% solution, haloperidol in doses of 10-20 mg 0.5% solution) in combination with sibazone (up to 20 mg 0.5% solution) and cordiamine (up to 2 ml of 25% solution). Such a treatment regimen was usually carried out for 4-5 days, with a gradual transfer to tablet forms (aminazine in doses up to 100-200 mg, azaleptol in doses up to 50-100 mg).

In patients with asthenic, schizoid and labile traits, pathological attraction was manifested by subdepressive symptoms. In conditions accompanied by clinically expressed or latent anxiety, a good effect was achieved with drip administration of amitriptyline in doses up to 30 mg for 6-8 days, the procedure was performed in the evening. In case of anxiety conditions accompanying pathological attraction to the drug, tranquilizers (sibazone from 20 mg to 30 mg per day) with a smooth increase in doses were used. In the future, patients were transferred to tablet analogues of drugs. Antidepressant therapy was carried out for 3-4 weeks in compliance with the withdrawal rules. With the predominance of the asthenic symptom complex, general restorative and tonic drugs were used. Due to the lability of the patients' condition, spontaneous exacerbation of the pathological craving for drugs, nootropics with sedative effect were used. The severity of asthenic manifestations depended on the severity of neurological disorders and is poorly related to the duration of anesthesia.

Conclusions

1. In persons, mainly with excitable and epileptoid character traits, deviant behavior, the beginning of taking psychoactive substances was attributed to a relatively late puberty and adolescence. The growth of

tolerance was relatively slow, the doses used were lower. Patients mainly with asthenic, schizoid and labile character traits, the onset of alcohol and drugs were of an early age, the growth of tolerance occurred quickly, the doses used were higher. The process of relief of clinical manifestations of withdrawal syndrome was protracted. Persons with unstable and hyperthymic character traits occupied an intermediate position. The severity of the withdrawal syndrome was moderately pronounced.

2. Complex therapy of patients with heroin addiction with psychopathic traits should be carried out taking into account the stage of narcological disease, the syndromic structure of mental, neurological disorders and include pharmacotherapy. This makes it possible to increase the level of daily activity and social adaptation of patients.

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