



Features of the Course of Psycho-Organic Disorders in Diabetes Mellitus

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ABSTRACT

diabetes mellitus differs from most endocrine diseases by dividing the psychopathological picture of the disease into two large periods: the onset of the disease and the period of complications. With the development of encephalopathic changes, signs of psychoendocrine syndrome appear and its rapid progression with the formation of a psycho-organic syndrome can be observed. The high prevalence, chronic course of the disease, multifactorial etiology, variety of somatic, neurological and mental manifestations make diabetes mellitus an optimal model for studying and systematizing mental disorders in patients with a somatic profile and developing technologies for their diagnosis and treatment.

Keywords:

psycho-organic disorders, diabetes mellitus, encephalopathy, cognitive dysfunctions.

The question of diabetic encephalopathy is one of the most debatable in the diabetes clinic. Some authors deny the presence of specific diabetic encephalopathy, others consider its diagnosis legitimate. Chronic diabetic encephalopathy is also described only in elderly patients with a labile course of diabetes mellitus and in young patients with an unstable course of diabetes. Studies describe the syndromes of encephalopathy, epecephalopolyradiculopathy in diabetic patients. With the early onset of the disease, there may be a slowdown in mental development. Children lag behind in intellectual development, do worse than healthy children in school. Prolonged chronic hyperglycemia also leads to a decrease in intelligence, which is considered as manifestations of "central neuropathy"

The purpose of the study is to study the features of the occurrence and course of psycho—organic disorders in diabetes mellitus.

Material and methods of research. During the study, the data were examined 84 patients suffering from type 2 diabetes. The diagnosis of diabetes in all subjects was determined by endocrinologists and confirmed by appropriate clinical and laboratory indicators. The first group of examined patients consisted of 60 patients suffering from type 2 diabetes mellitus. The average age of patients at the beginning of the examination was 40.9 ± 7.4 years. The level of professional adaptation in patients of this group was low. Half of the patients were disabled. Patients with severe diabetes prevailed - 32 people (80%). All patients had late complications of diabetes. All

patients received insulin therapy. The control group consisted of 24 people with somatic pathologies without concomitant affective disorders, whose average age was 42.3 ± 9.1 years. Given the sufficient representativeness of the main sample and the control comparison group, we have received reasonable conclusions arising from the results of the study. The work uses clinical and psychopathological, clinical-follow-up, experimental-psychological, analytical and statistical research methods. To assess cognitive functions, we used the technique of "memorizing 10 words", the TMT test (test test), the exclusion of objects and concepts, the interpretation of proverbs and sayings, and a pictogram. The results are objectified using neurophysiological (EEG, cognitive evoked potentials P300) and laboratory research methods.

The results of the study. The study was conducted in the Samarkand Regional Psychiatric Hospital in psychosomatic and men's departments. At the time of the initial examination, organic mental disorders were identified (79.1%); Diabetes mellitus leads to changes in the activity of the central nervous system as a result of acute and chronic vascular and metabolic disorders. Disorders that develop gradually in the brain and manifest themselves as cognitive impairments are poorly understood, and their diagnosis is difficult. The most important of them are: oxidative stress, vascular dysfunction, accumulation of glycolysis end products in various tissues, including the brain. Patients with type 2 diabetes receiving insulin therapy have a high risk of developing dementia, which not only reflects the severity of diabetes, but can also be directly related to insulin therapy. The leading role of arterial hypertension associated with diabetes in the development of cognitive impairment in patients with diabetes is emphasized [1]. Diabetic encephalopathy is characterized by a slowly progressive clinically significant cognitive deficit. According to some authors, this process is inevitable in patients with diabetes [2, 3]. Signs of organic brain damage of varying severity were detected in 47

(79.1%) patients of the study group. The initial criterion for distinguishing the stages of the psycho-organic syndrome in diabetes mellitus was the severity of intellectual-mnemonic and organic personality disorders, which can be assessed using clinical and psychopathological methods. Three stages of psycho-organic syndrome have been identified in patients with diabetes mellitus, which reflect the severity of organic brain damage: stage I - neurosis-like disorders (organic asthenic (emotionally labile) disorder (F06.6), organic mild cognitive disorder disorder (F06.7) due to brain damage or dysfunction) - 34 (56.7%); Stage II - organic personality disorders (F07,9) - 21 (34,4%), Stage III - dementia (F01) - 5 (8.9%) cases. Clinical manifestations of stages I and II of the psycho-organic syndrome in diabetes mellitus had a common list of somatovegetative and mental disorders. But at stage II, the quantitative and qualitative representation of most of the signs was higher. One of the main factors both in quantitative (95.8% of cases) and in qualitative terms of signs of stage II of the psycho-organic syndrome was a decrease in memory, confirmed by a pathopsychological study. The transition of the psycho-organic syndrome to stage II was indicated by changes in personality according to the organic type. They manifested themselves in the intensification of psychopathization of patients, exacerbation of premorbid and the emergence of new, "organic" personality traits. During the experimental psychological examination, this was manifested in an increase in the general profile of SMOL, especially on the 4th, 6th, 8th scales, with a decrease in the 9th. In most patients, the test results were reliable. A characteristic feature of patients with diabetes mellitus was that the appearance of personality changes preceded the appearance of clinically significant mnemonic disorders. At stage III, there were practically no complaints from patients related not only to the mental, but also to the somato-vegetative sphere, the cruelty of emotional and volitional disorders was manifested.

In patients violations of all higher cortical functions of the brain were noted. Patients suffering from

diabetes mellitus, compared with patients with dyscirculatory encephalopathy at the initial stages of the psycho-organic syndrome, had better indicators, especially of short-term memory [2]. There were no significant differences in the "attention" function. This confirms the conclusion that short-term memory in diabetic patients suffers to a lesser extent. It was found that the degree of compensation for diabetes mellitus and its duration over 10 years affect the development of cognitive impairments in the functions of "memory" and "attention". There were no significant differences in the severity of memory disorders, attention, and the memorization process in patients with diabetes mellitus of various types. Cognitive deficit was manifested to a greater extent in patients who had vascular complications and suffered from arterial hypertension. The differences between the selected stages of the psycho-organic syndrome established by a number of clinical parameters are confirmed by neurological and instrumental (EEG, CT, MRI, cognitive evoked potentials P 300) examination methods.

Conclusions Mental disorders are an important component of the clinical picture of diabetes mellitus; in most patients they have a polysyndromic structure and are noted in 83.3% of cases. At the time of the initial examination, the following mental disorders were identified in diabetes mellitus: organic mental disorders (83.1%). The severity of intellectual-mnemonic and personality disorders can be taken as the initial criterion for identifying the stages of the formation of the psycho-organic syndrome in diabetes mellitus. Three stages of the development of the psycho-organic syndrome in diabetes mellitus were identified: neurosis-like disorders (56.7%), organic personality disorders (34.4%), dementia (8.9%)

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