



Comorbidity of Affective Disorders and Type 2 Diabetes Mellitus

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ABSTRACT

Mental disorders are among the most common comorbidities with type 2 diabetes, according to various authors, they develop in 70% of patients, which significantly aggravate the course, contribute to an increase in mortality and disability, reduce social and labor rehabilitation and the quality of life of patients. A fairly large spread of data on the prevalence of mental disorders in type 2 diabetes is explained by the inclusion of various categories of syndromes in this group.

Keywords:

affective disorders, diabetes mellitus, depression, anxiety.

Diabetes mellitus (DM) is considered the most common endocrine pathology and remains to this day one of the urgent medical and social health problems of all countries of the world. Epidemiological studies show that in recent decades there has been a sharp increase in the incidence of diabetes, especially in the framework of metabolic syndrome. [1] According to the forecasts of the World Health Organization, by 2025, the number of patients with diabetes is expected to increase to 300 million people. Every 10-15 years, the number of DM patient's doubles, mainly due to an increase in type 2 DM patients (3\4 of the total number of newly diagnosed diabetes mellitus) and is already the fourth most important cause of mortality today. In various publications, the structure of mental disorders is considered heterogeneously, there is no systematization of them, so the same syndromes are considered both within the framework of psychotic and non-psychotic (borderline) levels, neurotic,

neurosis-like, pathoharacterological disorders, and in the structure of personal reactions. [3] There are various ideas in the literature about the preference of the causes contributing to the occurrence of mental disorders in diabetes mellitus. [2] The importance of certain conditions, such as constitutional-biological and socio-environmental factors, comorbid pathology, features of the clinical course and severity of diabetes mellitus, is emphasized. [8]

The purpose of the study The study of psychopathological features of the comorbid course of affective disorders and type 2 diabetes mellitus.

Material and methods of research. The work is based on the results of a comprehensive examination based on the SOED, it is planned to examine 60 patients with type 2 diabetes mellitus and type 2 diabetes comorbid with anxiety and depressive disorders, whose average age was 55.4 ± 13.2 years, the duration

of the disease was from 7 to 13 years. They were examined for premorbid anxiety-depressive disorders and personality deviations. The second stage examined 60 patients (11 with type 2 diabetes mellitus, 30 with type 2 diabetes mellitus with comorbid anxiety-depressive disorders) aged 35 to 55 years who were on outpatient treatment at the dispensary of the Samarkand Regional Psychiatric Hospital, in the period from 2020 to 2022. The following research methods were used in the work: 1) clinical and psychopathological; 2) clinical and neurological; 3) neurophysiological examination (EEG, CT, MRI). 4) study of psycho-emotional status (psychometric), including psychometric scales and questionnaires: self-questionnaire "Hospital Anxiety and Depression Assessment Scale" (Hospital Anxiety Depressive Scale (HADS), 1983), self-questionnaire "Beck Depression Inventory (BDI), Beck A. T. et al., 1961), Hamilton Anxiety Rating Scale (HAMA) Hamilton M., 1959, 1960, 1967).

The results of the study. The study was conducted in the Samarkand Regional Psychiatric Hospital in psychosomatic and men's departments. A detailed analysis of the data obtained as a result of a comprehensive examination of 60 patients with type 1 diabetes mellitus revealed mental disorders of varying severity at the time of the initial examination in 48 (80.3%) patients: type 1 diabetes mellitus. A study of mental disorders in patients with diabetes has shown that mental disorders in most patients have a polysyndromic structure. The severity and qualitative characteristics of their clinical manifestations vary widely depending on the duration and severity of the disease, the age of onset of the disease, additional psychogenesis, premorbid characteristics of patients, their severity. awareness of the clinical diagnosis and possible complications. At the same time, it is almost always possible to identify the predominant, dominant type of disorder. At the time of the initial examination, the following mental disorders were identified in diabetes mellitus: 1) adaptation disorders due to the

disease (28.1%); 2) neurosis-like disorders (40.4%); 3) depressive disorders (69.4%); 4) personality and behavior disorders due to illness (59.5%); 5) organic mental disorders (90.1%); In most patients, diabetes developed on a pronounced asthenic background, which later became the "main" syndrome [Korkin M.V., 1988]. The influence of personal factors during the course of the disease was polymorphic. Therefore, at the initial stages of the disease, they played a leading role, forming an internal picture of the disease. As diabetes progresses, a psycho-organic syndrome develops against the background of its development, personal specificity decreases, rigidity, emotional plane and apathy increase. It is characteristic that all neurotic reactions were noted against the background of mental asthenia: general weakness, fatigue with little physical or mental fatigue, vulnerability, increased irritability, sleep disorders and vegetative-vascular instability. Neurotic reactions had a complex psychopathological structure, usually consisting of several syndromes. Anxiety-depressive reactions prevailed. Currently, there are two main hypotheses of the occurrence and course of affective disorders in patients with diabetes: 1) depression is a consequence of biochemical changes inherent in the underlying disease; 2) depression develops as a result of psychosocial and psychological factors that determine the development of diabetes [2]. A significant number (64.6%) of patients with diabetes mellitus reported the presence of depressive disorders during the disease period. At the time of the initial examination, depressive symptoms were detected in 51 (85.4%) patients. The diagnosis of depression was made clinically, the severity of depression was also assessed using an assessment scale (HADS, BDI, HDRS).

Depressive disorders in diabetes have certain characteristics. In patients with diabetes mellitus, various depressive disorders are widespread, which are almost constant and are part of the structure of the asthenic syndrome. In fact, depressive syndrome develops only at certain stages of the disease, mainly in the form of atypical (due to somatogenic effects)

depression, which tends to relapse and chronic course, more often in the presence of characterological changes. In type 1 diabetes mellitus, cyclothymic depressions (27.8%) are leading in the structure of depressive disorders, which at the remote stages of the disease have a non-remission character according to the continuum type. Isolation of actual somatogenic depression, that is, syndromologically depressive depression caused only by somatogenic factors. In the context of a complex interweaving of somatogenic, psychogenic and personal factors in the genesis of depressive symptoms, the specific weight of each of them varies significantly at different stages of the development of the disease, and demographic and socio-psychological characteristics of patients play an important role in this. Somatogenic factors, as a rule, cause atypism of psychogenic disorders, however, at certain stages of the disease they play a significant role in the genesis of depressive symptoms. A common feature of all depressive syndromes that occur as part of alcohol dependence, somatic diseases is the presence of anxiety of varying severity.

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. Depressive disorders in diabetes mellitus tend to be recurrent and chronic. In patients with type 2 diabetes mellitus, the leading structure of depressive disorders is cyclothymic depression (27.8%).

References:

1. Index of anxiety and depression in patients with diabetes Eshdavlatov B.M., Odilova M.A., Nuritov N.R. Theory and practice of modern science. 2017. No. 5 (23). pp. 932-934.
2. Anxiety and depressive disorders and features of subjective control of personality in relation to health in patients with type 2 diabetes mellitus. Mukhtarenko S.Yu., Bobushova G.S., Murataliev T.M., Fedyay S.O. Bulletin of the Kyrgyz-Russian Slavic University. 2013. V. 13. No. 11. S. 108-111.
3. Turaev, B., & Khayatov, R. (2022). Suicidal intentions in people with alcohol dependence syndrome in the presence of depressive disorders. *Journal Bulletin of the doctor*, 1(2), 115-117.
4. Khayatov R.B., Velilyaeva A.S. Features of the development and course of affective disorders in diabetes mellitus // *Achievements of science and education*. 2020. No. 5 (59). pp. 39-41.
5. Khayatov R.B., Velilyaeva A.S., Abdurazakova R.Sh. Features of the occurrence and course of psychoorganic disorders in diabetes mellitus // *Achievements of science and education*. 2020. No. 7 (61). pp. 31-33.
6. Khayatov R.B., Velilyaeva A.S. Influence of anxiety-depressive disorders on the severity of the course and quality of life in patients with type 2 diabetes mellitus. // *Doctor ahborotnomasi*. 2020, No4, pp.98-101.
7. Khayatov Rustam Batirbekovich, Velilyaeva Alie Sabrievna, & Kurbanov Anvar Alamovich. (2022). Psychopharmacotherapy of Depressive Disorders in Alcoholism. *Eurasian Journal of Humanities and Social Sciences*, 8, 19–22.
8. Khayatov , R. B., Velilyaeva , A. S., & Kurbanov , A. A. (2022). OPTIMIZATION OF THERAPY OF ALCOHOL WITHDRAWAL SYNDROME IN PATIENTS WITH SUB- DEPRESSION. *Eurasian Journal of Medical and Natural Sciences*, 2(5), 189–192.
9. Khayatov , R. B., Velilyaeva , A. S., & Kurbanov , . A. A. (2022). AFFECTIVE DISORDERS AS A WEIGHTENING FACTOR IN ALCOHOL DEPENDENCE THERAPY . *Eurasian Journal of Medical and Natural Sciences*, 2(5), 193–196.
10. Alamovich K. A., Batirbekovich K. R., Sabrievna V. A. Comorbid course of mental disorders in epilepsy // *Asian Journal of Multidimensional Research*. – 2022. – T. 11. – №. 5. – C. 70-75.

11. Khayatov Rustam Batyrbekovich, Velilyaeva Ali Sabrievna Features of the development and course of affective disorders in diabetes mellitus // Achievements of science and education. 2020. №5 (59).
12. Rustam Batyrbekovich Khayatov, Aliya Sariyeva Velilyaeva, Bobir Temirpulatovich Turaev, Tolib Makhmudzhanovich Turaev Affective disorders in patients with alcohol dependence as a risk factor for suicidal behavior // Achievements of science and education. 2019. №11 (52).
13. Khayatov, R., & Velilyaeva, A. (2022). The effect of anxiety-depressive disorders on the severity of the course and quality of life in patients with type 2 diabetes mellitus. Journal Bulletin of the doctor, 1(4), 99-102.
14. Murodova M. D. et al. FEATURES OF PHYSICAL AND SEXUAL DEVELOPMENT IN GIRLS WITH TYPE I DIABETES MELLITUS // VOL.-II. - 2019. - S. 316.