

Characteristics of the severity of paranoid schizophrenia in patients with autoaggressive manifestations in the early period of the disease

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Introduction. Non-suicidal autoaggressive actions of adolescents represent a serious clinical and theoretical problem, since this psychopathological phenomenon can be both a manifestation of psychological adolescent abnormalities that require only medical and psychological assistance, and be harbingers of an endogenous process.

The aim of the study was to carry out an integral assessment of the severity of paranoid schizophrenia in patients with autoaggressive actions in the initial period of schizophrenia.

Materials and methods. The study was conducted at the clinical base of the Department of Psychiatry of TashPMI in the Tashkent city Clinical Psychiatric Hospital. The total sample consisted of 48 patients aged 14-18 years.

Results. It has been established that paranoid, epileptoid and hysterical tendencies combined with a high level of aggressive impulses are significant in the motivation structure of patients with paranoid schizophrenia with non-suicidal autoaggressive actions. The implementation of non-suicidal self-harm occurs in accordance with three variants of non-suicidal autoaggressive behavior: cumulative, planned, and paroxysmal.

Keywords: paranoid schizophrenia, autoaggression, adolescence, self-harm

The instability and undulation of symptom complexes typical of adolescence prompts researchers to reconsider established stereotypes and look for possible causes of specific pathomorphoses in the characteristics of the initial period of the endogenous process. We cannot dispute the fact that a complex of social, biological and personal-psychological factors form a personal predisposition that determines the level and severity of changes introduced by the schizophrenic process itself. The problem being studied is also of undoubted relevance in the light of early preventive therapeutic interventions at the initial stages of the disease. Adolescence is a period of

age crisis in which a person is in a state of disorientation in the system of values established by society, experiences an increased need for self-expression, which leads to the commission of various kinds of actions that run counter to the norms established in society. According to the reviewed domestic and foreign literature, from 45 to 64% of young people aged 14-18 years are susceptible to behavioral deviation to one degree or another. Along with behavioral features characteristic of adolescence, there are psychopathological phenomena that are not always interpreted unambiguously in clinical practice. Auto-aggressive actions without the intention of taking one's life (self-harm) are one of such phenomena. Self-harm - non-suicidal self-injury (NSSI), is becoming increasingly widespread, it is especially common among adolescents, currently the average percentage of adolescents who resort to self-harm is 10 - 13% of the population. According to numerous data from American and Western European scientists, in recent decades there has been a significant increase in this form of deviant behavior in the general population of adolescents (i.e., in the population of ordinary boys and girls studying in high and secondary schools, colleges and universities). It is important to note the fact that these are adolescents and young adults who have not sought psychiatric help.

Non-suicidal auto-aggressive actions of adolescents represents a serious clinical and theoretical problem, since this psychopathological phenomenon can be both a manifestation of psychological adolescent deviations that require only medical and psychological assistance, and can be precursors of an endogenous process [1,4,8,9].

An equally important problem in diagnosing auto-aggressive behavior is the lack of unambiguous criteria for assessing the likelihood of its formation, and, therefore, in addition to studying the clinical-psychopathological, personal, social factors of adolescent auto-aggression, a comprehensive analysis of the mutual influence of these factors, determining the specific contribution of each of them, is of great importance. Approaches to the study of non-suicidal self-harmful behavior are not limited to the medical sciences, making demands on understanding the problem from the point of view of psychology, sociology, philosophy, pedagogy, and therefore systematic studies of non-suicidal behavior are interdisciplinary in nature [3,5,6].

In adolescence, especially in boys, schizophrenia is often manifested by behavioral disorders and character changes inherent in certain types of psychopathy (i.e., constitutional character anomalies), mainly schizoid, as well as epileptoid, unstable, and less often hysteroid [2,6,10]. Psychopathic-like changes may completely limit the picture of the disease. In such cases, they initially grow relatively slowly (initial period). Then, under the influence of some psychogenic factors, which usually can hardly be called mental trauma (for example, a change in lifestyle due to a change of educational institution, moving to a new place, etc.), or without any apparent reason, psychopathic disorders suddenly develop and lead to social maladjustment (the period of manifestation of the disease). In the future, these disturbances can gradually smooth out (more often this happens with growing up) or

remain for many years without significant changes. Such cases are usually referred to as psychopathic-like sluggish (low-progressive) schizophrenia.

Characterological features of behavior in the initial period of schizophrenia, with auto-aggressive actions not bearing the intention of taking one's own life, and personal characteristics of the premorbid period of the endogenous process, are certainly important factors that largely determine the further course of paranoid schizophrenia. An integrative assessment of these phenomena of the initial period is an urgent problem of predicting the severity of the endogenous process.

The purpose of the study was to conduct an integral assessment of the severity of paranoid schizophrenia in patients with auto-aggressive actions in the initial period of schizophrenia.

Materials and methods

The study was conducted at the clinical base of the Department of Psychiatry of the Tashkent PMI in the city clinical psychiatric hospital of Tashkent. The total sample consisted of 48 patients aged 14-18 years. The selection of patients was carried out taking into account the diagnostic criteria for paranoid schizophrenia according to ICD-10 - F20. The inclusion criteria for the study were:

-Nosological qualification of the mental state of patients, corresponding to the diagnostic criteria of the headings of the International Classification of Diseases, 10th revision (ICD-10): F20.0 "Paranoid schizophrenia", F23.1 "Acute polymorphic psychotic disorder with symptoms of schizophrenia";

-Reliable information received from the patient and his immediate environment; A retrospective study of anamnestic and follow-up data in this group of patients was carried out. To achieve this goal, experimental psychological clinical and statistical research methods were used. Psychometric assessment was carried out using the Positive and Negative Syndrome Scale (PANSS). The current version of the scale consists of 33 items assessed based on a formal semi-structured or fully structured clinical interview and other sources of information. The severity of the symptom is assessed using a 7-point system. For each symptom and gradations of its severity, a careful operational definition and precise instructions for its identification are given. Experimental psychological research methods (Pathocharacterological Questionnaire (Lichko A.E)).

Results and discussion.

According to the typological characteristics based on the goal category, self-destructive behavior was predominantly relaxation and infantile-masochistic in nature; this type of reaction was observed in 37.5% and 33.3% of the subjects, respectively. In all cases, self-destructive behavior was not aimed at taking one's own life, but served as a means of relieving emotional stress getting pleasure from self-harm. Often the purpose of auto-aggression was a kind of blackmail, manipulation of parents and the environment, an attempt to find a way out of a crisis life situation.

Was torn, and subsequently did not bring primary psycho-emotional release to the patients, but was more of a pathetic or pretentious action; affective responses in

the form of panic and shame/grief reactions were practically not observed or were of an insignificant nature, imperceptible in the patient's actions. Auto-aggression caused by accompanying determinants was manifested in self-accusation, self-humiliation, self-inflicted bodily harm of varying severity, self-destructive behavior (drunkenness, alcoholism, drug addiction, substance abuse, physical inactivity, television addiction, risky sexual behavior, choice of extreme sports, dangerous professions, provocative behavior),

To study the characteristics of the psychopathological profile, we made psychometric measurements using the PANSS scale; the study design corresponded to the classical form of this test described above. In the study group, the PANSS composite scores averaged $\mu -2.15 \pm 3.26$, which corresponds to the predominance of negative symptoms. There were no significant differences in testing rates between the group of adolescents with chronic viral hepatitis and corresponded to similar indicators for adolescents with paranoid schizophrenia without concomitant pathology. Emotional isolation is manifested by a lack of interest in life events, participation in them and a sense of emotional involvement in them. The severity is assessed based on information received from medical personnel and relatives, as well as based on the results of observation of the patient's behavior during the conversation. Passive-apatetic social withdrawal is manifested by a decrease in interest and initiative in social relationships due to passivity, apathy, loss of energy and volitional impulses, which leads to a decrease in sociability and neglect of daily activities. The severity is assessed based on information about the patient's social behavior obtained from medical personnel and relatives. Abstract thinking disorders are determined by a disorder of abstract-symbolic thinking, manifested in difficulty in classification and generalization, as well as in the inability to escape from concrete or egocentric ways of solving problems.

Expressiveness is assessed by answers to questions about the semantic commonality of objects or concepts, interpretation of proverbs and the predominance of concrete thinking over abstract thinking during the conversation.

Analysis of the data showed that 45.6% of patients had dimensional changes in the structure of the negative profile.

A significant factor contributing to the formation of deviant behavior in adolescents is premorbid characterological personality traits. It is known that such signs as emotional instability, excitability, asthenic exhaustion, transient vegetative fluctuations are practically obligatory in the structure of all youthful characters. Therefore, we carried out the typological grouping of premorbid personality traits in accordance with the established principles of the clinical approach - based on taking into account the dominant symptoms. An analysis of the premorbid personality traits of opioid addicts showed that even before introducing psychoactive substances, the subjects exhibited certain pathological character traits. However, pathocharacterological changes in no case were total, they appeared only in "certain" situations and did not interfere with social adaptation, and therefore were assessed within the framework of personal accentuations. The distribution of patients depending on the premorbid personality type is presented in Table 1.

Table 1

Premorbid personality characteristics of patients in the study groups

Type of personality	Study group n=48		P
	aбс.	%	
explosive	11	22,8	>0,01
unstable	14	29,6	>0,01
hysterical	9	18,5	>0,05
psychasthenic	4	8,6	>0,05
hyperthymic	6	12,4	>0,01
conformal	4	11,8	<0,01
totally	48	100	

According to the data presented in Table 2, the unstable personality type was predominant and amounted to 29.6%.

The following significant social problems were identified in patients, starting from the first years of the disease: unemployment, loneliness, material and housing problems. The increase in emotional decline, volitional disorders, weakening of motivation quickly led to the development of stigmatization and social isolation of patients.

Conclusion. Thus, significant in the structure of motivation of patients with paranoid schizophrenia with non-suicidal auto-aggressive actions are paranoid, epileptoid and hysterical tendencies in combination with a high level of aggressive impulses. The implementation of non-suicidal self-harm occurs in accordance with three variants of non-suicidal auto-aggressive behavior: cumulative, planned, paroxysmal.

The increase in emotional and volitional disturbances as part of the formation of a defect in patients with paranoid schizophrenia reduces the risk of non-suicidal self-harm. An increase in auto-aggressive activity of a non-suicidal nature, along with other clinical signs, serves as a marker of exacerbation of the course of a procedural disease during a period of incomplete remission in patients with paranoid schizophrenia.

LITERATURE

1. Rogov A. et al. Assessment of the role of the amyloid precursor protein level in the blood serum of patients with paranoid schizophrenia // Modern trends in psychiatry and medical psychology: an integrated approach to social psychiatry,

- treatment of addictions and improving compliance-II. - 2025. - V. 1. - No. 1. - P. 80-83. 2.
2. Rogov A. V., Abdullaeva V. K. Features of social adaptation and quality of life of patients with paranoid schizophrenia combined with chronic viral hepatitis // Actual problems of psychiatry and narcology in modern conditions. - 2020. - P. 119-120.
 3. Rogov A. V., Irmukhamedov T. B. The influence of the quality of life of patients with paranoid schizophrenia on the system of social functioning // Human factor: social psychologist. - No. 1. - P. 296-302.
 4. Rogov A. V. Choice strategy disorders in patients with paranoid schizophrenia with concomitant viral hepatitis // Youth Innovation Bulletin. - 2023. - Vol. 12. - No. S2. - P. 407-410.
 5. Rogov A. V. An integrative view of mental disorders in children with some types of autoimmune encephalitis // World scientific research journal. - 2025. - Vol. 1. - No. 1. - P. 474-475.
 6. Rogov A.V. Cognitive disorders in patients with paranoid schizophrenia, comorbid with viral hepatitis // Anthology of Russian psychotherapy and psychology. - 2019. - pp. 158-158. Sargsyan G. R., Gurovich I. Ya., Kif R. S. Standard data for the Russian population and standardization of the scale “brief assessment of cognitive functions in patients with schizophrenia” // (bacs) social and clinical psychiatry // vol. 20 issue 3.
 6. Keefe R.S., Harvey P.D., Goldberg T.E. et al. norms and standardization of the brief assessment of cognition in schizophrenia (bacs) // schizophr. res. 2008. vol. 102, n 1-3. p. 108–115.
 7. Rogov A. Clinical typology of negative symptoms in the manifest period of paranoid schizophrenia // Modern trends in psychiatry and medical psychology: an integrated approach to social psychiatry, treatment of addictions and improving compliance. – 2024. – T. 2. – №. 2. – C. 52-53.
 8. Rogov A. Autoaggressive actions of adolescents in the initial period of schizophrenia // Modern trends in psychiatry and medical psychology: an integrated approach to social psychiatry, treatment of addictions and improving compliance. – 2024. – T. 2. – №. 2. – C. 54-55.