

SIGNIFICANCE OF PREMORBID STATUS IN THE TRAJECTORIES OF PATHOMORPHISM OF THE MANIFEST PERIOD OF SCHIZOPHRENIA IN ADOLESCENCE

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The problem of predicting the severity of paranoid schizophrenia, despite a large number of literature data, remains relevant for researchers to this day.[3,8].

One of the main reference points that largely determines the further course of paranoid schizophrenia is the manifest period. According to many authors, [1.2.4] the patient's premorbid profile forms traces of manifest period development in paranoid schizophrenia in adolescence. The typical instability and undulation of symptom complexes in adolescence encourage researchers to reconsider established stereotypes and search for possible causes of specific pathomorphoses in the characteristics of the premorbid background. It is undeniable that a complex of social, biological, and personal-psychological factors forms a personal predisposition that determines the level and severity of changes brought about by the schizophrenic process itself. The problem under study is also of undoubted relevance in light of early preventive therapeutic interventions in the initial stages of the disease [5,6,7].

Materials and methods

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

Nosological qualification of patients' mental state, corresponding to the diagnostic criteria 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 their immediate circle was obtained by retrospective study of anamnesis and catamnestic data in this group of patients.

To achieve the set goal, experimental-psychological clinical and statistical research methods were used. Psychometric assessment was conducted using the Positive and Negative Syndrome Scale (PANSS). The current version of the scale consists of 33 characteristics assessed based on a formal semi-structured or fully structured clinical interview and other information sources. The severity of the symptom is assessed on a 7-point scale. For each symptom and its severity gradations, a thorough operative definition and precise instructions for its detection are provided.

Result and discussion. To study the influence of predisposing factors on the negative characteristics of the psychopathological profile, we conducted psychometric measurements using the PANSS scale, the research design corresponded to the classical form of this test described above. In the study group, the PANSS composite assessment indicators averaged $\mu -3.25 \pm 3.26$, which corresponds to the predominance of negative symptoms. No significant difference in testing indicators was found between the group of adolescents with chronic viral hepatitis and corresponded to similar indicators of adolescents with paranoid schizophrenia without concomitant pathology. Emotional isolation manifests as a lack of interest in

life's phenomena, participation in them, and a sense of emotional involvement in them. The severity is assessed by information received from medical personnel and relatives, as well as by the results of observing the patient's behavior during the conversation. Passive-apathic social isolation manifests as a decrease in interest and initiative in social relations due to passivity, apathy, loss of energy, and volitional motives, resulting in reduced sociability and neglect of daily activities. The severity is assessed by information about the patient's social behavior received from medical personnel and relatives. Abstract thinking disorders are defined by the disorder of abstract-symbolic thinking, manifested in difficulty in classifying and generalizing, as well as in the inability to deviate from specific or egocentric methods of problem-solving. Expressiveness is assessed by the answers to questions about the semantic commonality of objects or concepts, the interpretation of proverbs, and the predominance of concrete thinking over abstract thinking during the conversation.

Hereditary predisposition is one of the fundamental constitutional premorbid factors. Data on hereditary burden were collected based on both subjective and objective anamnesis, collected from the patient's immediate environment regarding parents, siblings, 2nd and 3rd degree of kinship, ancestors of the second and, in some cases, the third generation.

The hospitalization of blood relatives in psychiatric hospitals, outpatient observation by psychiatrists, suicides, and descriptions of obvious psychopathological behavior were taken into account.

Table 1.

Hereditary severity in the studied sample

<i>Heredity</i>							
Heaviness by of one line			Heaviness by to both lines			Not heavier	
n=	12.	13.	10.	-	6.	3.	4.

48.							
%	25.0%	27.8%	20.8%	-	12.5%	6.25%	8.3%
	schizophrenia	Use SFM	Other mental disorders	schizophrenia	Use SFM	Other mental disorders	

As can be seen from Table 1, the most significant hereditary factors were the severity of schizophrenia and substance abuse, which constituted 25.0% and 27.8%, respectively.

Anamnestic data on pregnancy, childbirth, and postnatal period were often absent or contradictory. These factors were registered only in cases where there was objective anamnestic and documentary information about pre-, peri- and postnatal pathology, which became the basis for inpatient or outpatient somato-neurological observation and treatment.

Table 2.

Data on the pathology of pregnancy, childbirth and the first year of life in the examined patients

Pathology of pregnancy, childbirth and first year of life	Study group (n=48)	
	Abs.	%
There is a pathology	21.	43.75
No pathology	19.	39.5
No data	8.	16.6

Of course, the pathology of pregnancy and childbirth, as well as the indicators of hereditary burden, did not have a direct impact on the psychogenic vulnerability of endogenous patients. Their action was indirect. The direct consequence of these genetic and biological factors was specific mental developmental disorders, which ultimately led to cognitive impairments and personality traits due to developmental asynchrony.

As can be seen from the data presented in Table 3, 8 (17.3%) patients of the study group were raised in complete socially adapted families ($P < 0.01$).

Table 3

Socio-psychological characteristics of the micro-social environment of the examined patients before the formation of opioid dependence

Factors	Study group, n=48	
	abs.	%
Raising in a full-fledged, socially adapted family	8.	17.3**
Upbringing in a complete asocial family	12.	25.9
Single family	19.	38.9
Upbringing in a family of close relatives	9.	17.9

Note: * - differences relative to the main group data are significant (** - $P < 0.01$, *** - 0.001).

At the same time, upbringing in the conditions of permissiveness in the family of close relatives (often grandparents) occurred in 9 (17.9%) of the examined patients.

Thus, the analysis of the micro-social environment of the examined patients before the formation of the manifest period showed that a significant portion of the patients' parents' families were incomplete, asocial, or had a combination of the indicated features, which indicates a significant proportion of family structure disorders among the examined contingent.

We have presented the results of the analysis of dysfunctional families, which were expressed in various types of improper upbringing: strict upbringing, hypo-care, hyper-care, emotional rejection.

Table 4

Characteristics of family relationships in the examined individuals patients

Family relations	Comparison group, n=48.
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	abs.	%
<i>The main strategy for raising children in a parent's family</i>		
Strict upbringing	17.	35.8
Hyperopeka	7.	13.6*
Hypocaregiving	7.	14.2
Emotional rejection	3.	7.4*
<i>Parental relationships</i>		
Conflict	11.	22.9*
Formal	3.	6.25

Note: * - differences relative to the main group data are significant (* - P<0.05)

The most significant adverse factors in the child-rearing strategy were harsh treatment in 17 patients (35.8%), and family relationships were conflict-prone in 22.9% of respondents.

A significant factor contributing to the formation of addiction is the premorbid characterological features of the personality. It is known that signs such as emotional instability, excitability, astenic exhaustion, transient vegetative fluctuations are practically obligatory in the structure of all adolescent characters. Therefore, we conducted the typological grouping of premorbid personality traits in accordance with established clinical approach principles - based on the predominant symptoms. Analysis of premorbid personality traits of opioid-dependent individuals revealed that, even before being exposed to psychoactive substances, the subjects exhibited certain pathological character traits. However, pathocharacterological shifts were not total in any case, manifested only in "certain" situations and did not hinder social adaptation, in connection with which they were assessed within the framework of personal accentuations. The distribution of patients depending on the premorbid personality type is presented in Table 5.

Table 5

Premorbid personality traits of patients in the examined groups

Personality type	Study group n=48.		R
	abs.	%	
Explosive	11.	22.8	>0.01
Unstable	14.	29.6	>0.01
Hysteroid	9.	18.5	>0.05
Psychasthenic	4.	8.6	>0.05
Hypertimic	6.	12.4	>0.01
Conform	4.	11.8	<0.01

According to the data presented in Table 5, the unstable personality type prevailed and amounted to 29.6%.

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

Thus, the study of the premorbid background of adolescents with paranoid schizophrenia demonstrated a whole spectrum of medical and social factors negatively affecting the course of the manifest period.

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