УДК 616.08-039

B. V. Mykhaylov, B. S. Fedak

THE FOUNDATION OF PSYCHOTHERAPY SYSTEM OF SOMATIC PATIENTS WITH NON-PSYCHOTIC MENTAL DISORDERS

Б. В. Михайлов, Б. С. Федак

ПРИНЦИПИ ПОБУДОВИ СИСТЕМИ ПСИХОТЕРАПІЇ У ХВОРИХ НА СОМАТИЧНІ ЗАХВОРЮВАННЯ З НЕПСИХОТИЧНИМИ ПОРУШЕННЯМИ ПСИХІЧНОЇ СФЕРИ

Б. В. Михайлов, Б. С. Федак

ПРИНЦИПЫ ПОСТРОЕНИЯ СИСТЕМЫ ПСИХОТЕРАПИИ У БОЛЬНЫХ СОМАТИЧЕСКИМИ ЗАБОЛЕВАНИЯМИ С НЕПСИХОТИЧЕСКИМИ НАРУШЕНИЯМИ ПСИХИЧЕСКОЙ СФЕРЫ

The results of individual psychological characteristics of patients with attacks of a stenocardia in coronary heart disease, myocardial infarction, hypertensive crisis in patients with arterial hypertension, stroke and transient ischemic attacks were investigated.

The performing factors of the pathopsychologic mechanisms creation of noncompliance were dedicated, certain as the structure of phenomena and common obligation of the non-psychotic psychic disturbances of on the acute somatic disease patients.

The psychocorrectional programme, based on the health self-responsibility, increasing of social functioning level and quality of life were established.

Key words: psychosomatic, pathopsychological mechanisms, compliance, psychosocial rehabilitation.

В статті висвітлено результати вивчення індивідуально-психологічних особливостей пацієнтів з нападами стенокардії при ішемічній хворобі серця, інфарктом міокарда, гіпертонічними кризами у хворих на артеріальну гіпертензію, мозковими інсультами і транзиторними ішемічними атаками.

Викладено чинники, що формують патопсихологічні механізми формування нонкомплаєнтності, визначено структуру проявів та загальні закономірності формування непсихотичних порушень психічної сфери у хворих з гострими соматичними станами.

Висвітлена психокорекційна програма, яка визначає формування відповідального ставлення до власного здоров'я, підвищення рівня соціального функціонування та якості життя.

Ключові слова: психосоматика, патопсихологічні механізми, комплаєнс, психосоціальна реабілітація.

В статье освещены результаты изучения индивидуально-психологических особенностей пациентов с приступами стенокардии при ишемической болезни сердца, инфарктом миокарда, гипертоническими кризами у больных артериальной гипертензией, мозговыми инсультами и транзиторными ишемическими атаками.

Изложены факторы, формирующие патопсихологические механизмы формирования нонкомплаентности, определена структура проявлений и общие закономерности формирования непсихотических нарушений психической сферы у больных с острыми соматическими состояниями.

Освещена психокоррекционная программа, определяющая формирование ответственного отношения к собственному здоровью, повышению уровня социального функционирования и качества жизни.

Ключевые слова: психосоматика, патопсихологические механизмы, комплаенс, психосоциальная реабилитация.

During last decades, in Ukraine as in the world as a whole, was observed increasing of somatic diseases, in the etiopathogenesis of which psychogenic factors plays an important role and as consequence of this they can be classified as psychosomatic. Simultaneously due to the general decline in the level of social functioning and patient's quality of life, the states, which presents a vital risk, had observed in their structure, such as angina pectoris attacks in coronary heart disease (CHD), myocardial infarction (MI), hypertensive crises among patients with arterial hypertension (AH), stroke (S) and transient ischemic attack (TIA).

At the same time, many authors point attention to the lack of study of the issues of medical and psychological support of this category of patients, and psychological correction of their existing mental disorders [1—5].

The foregoing leads to the need for research in this area. It is also necessary to introduce new organizational forms of implementation of medical, psychological and psychotherapeutic interventions at all levels of Ukrainian medical care considering brunch reformation. One of the priorities is the development of new programs of medical and psychological support of patients with cardiovascular and cerebrovascular diseases at different stages of their treatment and rehabilitation [6—9].This also applies to other acute therapeutic states of various system-organic appurtenance. Unresolved issues are also psychosocial rehabilitation of these patients with the use of psycho and psychotherapeutic interventions. It should be borne in mind that acute conditions are sudden, occurring in the structure of the chronic, often asymptomatic disease, so the problem of formation of compliance with the construction of a system of treatment and rehabilitation and preventive measures is very significant [10—12].

This is due to the fact that the low level of compliance significantly reduces the effectiveness of therapy, aggravates long-term outcomes of the disease, increase the number of hospitalizations [1, 13, 14].

Analysis of the literature showed that changes in the stereotype of social functioning, incomplete information about his disease leads to the formation of an inadequate internal picture of disease. At the same time, fear of their future contributes to the formation of inadequate protective psychological reactions that are adverse to the general course of the disease and reduce the level of life quality. Thus, all of the above points to the need of application of methods of psychotherapy and psychocorrection to the patients with somatic diseases.

The effectiveness of modern therapeutic measures in most cases depends on the adequacy of the therapeutic methods, as well as from numerous psychological reasons [9, 11, 13]. The fundamental causes of a psychological nature, which mediate a variety of treatment and rehabilitation measures, are the patient's motivation and interpersonal relationships of the patient and the medical staff. Motivation of the treatment, active patient's participation in the treatment and rehabilitation process, considering patient's personality characteristics and the nature of response to their illness, are the basis for the modern treatment and rehabilitation process [9]. In this regard, the need for more detailed study of medical and psychological aspects of modern medical practice was increased, especially the therapeutic alliance, which formed between physician and patient, as well as patient's compliance.

Known methods of compliance improvement are basing on the patient education, drug therapy schemes improvement, as well as on a set of organizational arrangements. The developed system of psychocorrection are aimed on the negative types of compliance correction, maladaptive psychological reactions of the patient on the disease, the formation of therapeutic alliance, as well as potentiation of therapeutic interventions by psychotherapeutic effects on the patient [1, 3, 9, 14].

Compliance studying, identification of the causes that define it, the development and application of psychocorrectional programs for patients, a change in attitude of patients to a state of their health are main ways of improvement of therapy attitude, and as a consequence, increase the efficiency of treatment of somatic diseases and improve their current forecast.

All of the above is the rationale of our study, the aim of which was the identification of individual psychological characteristics of patients with somatic diseases to develop psychocorrectional programs, considering the increase of compliance.

Totally 306 patients has been examined. According to the nosology of somatic diseases, patients been dispersed as follows: 106 patients with coronary heart disease (CHD)and angina attacks, 37 patients with myocardial infarction (MI), 61 patients with transient ischemic attacks (TIA), 102 patients with gastric ulcer and 12 with duodenal ulcer (GU and DU). Among them 198 male and 108 female aged between 20 to 60 years. The study was performed at the Kharkiv Regional Hospital — Center for Emergency Medical Aid and Disaster Medicine and A. I. Meshchaninov's Kharkiv City emergency hospital.

The study included clinical and psychopathological methods. All patients underwent a structured diagnostic interview. Age and gender distribution of patients in both groups were comparable. The obtained results of clinical-psychological research allowed to determine the structure of expressions and basic regularities of formation of non-psychotic mental disorders of studied patients.

During study had been used the following methods: clinical-psychopathological, using a structured diagnostic interview with psychodiagnostical questioning (questionnaire was used to diagnose the style of interaction between patient and physician (L. F. Shestopalova, V. V. Artiukhova, 2011) and statistical.

Clinical-psychopathological research allowed to determine the structure and manifestations of the general laws of formation of non-psychotic mental disorders among patients with acute medical condition. Analysis of clinical allowed to allocate at least four major variants of disorders that have been presented in patients irrespective of nosology of psychopathological problem:

1) The nosogenic reaction of mental disadaptation (NRMD) arising in patients with somatic illnesses as a result of the current psychological influence on somatic illness (446 persons);

2) somatogenic asthenic symptom-complex (SASC), which was formed by somatic illness itself (146 persons);

3) The reaction of mental disadaptation (RMD), which arose in somatic patients as a result of personal reactions on somatic illness (123 persons).

4) Acute stress reactions (ASR), which arose among patients with severe pain (85 persons).

However, we were able to detect them and determined the differences, i. e. nosologically each group had its own specific quantitative and qualitative features of the psychopathological phenomena clinical structure.

Data studying the frequency of diagnosis in patients with various forms of somatic disease non-psychotic mental disorders according by nosological groups are presented in Table.

Table

Distribution of non-psychotic mental disorders among patients with somatic diseases

Non-psychotic mental disorders	Nosological groups								Total (n = 306)	
	Gastric ulcer and duodenal ulcer (GU and DU) (n = 102)		Coronary heart disease (CHD) (n = 106)		Myocardial infarction (MI) (n = 37)		Transitory ischemic attack (TIA) (n = 61)			
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
Nosogenic reaction of mental disadaptation	49	48.0 ± 3.5	51	48.1 ± 3.6	14	37.8 ± 3.4	25	41.1 ± 3.5	139	45.2 ± 1.8
Somatogenic asthenic mental disadaptation	21	20.6 ± 2.9	10	9.4 ± 2.1	6	16.2 ± 2.2	19	31.0 ± 2.9	56	18.4 ± 1.4
Reactions mental disadaptation	5	4.9 ± 1.7	22	20.8 ± 3.0	4	10.8 ± 3.2	5	8.2 ± 1.6	36	11.9 ± 1.1
Acute stress reactions	27	26.5 ± 3.5	23	21.7 ± 2.8	13	35.2 ± 1.6	12	19.7 ± 2.4	75	24.5 ± 1.3

All patients the most common form of non-psychotic mental disorders, regardless on nosology, have nosogenic reaction of mental disadaptation (from 48,1 ± 3,6 % among CHD patients to 37.8 ± 3.4 % among MI patients). Further investigation revealed that these patients had significant influence on the formation of compliance by social factors: the level of education, marital status, career guidance and clinical factors: stage and duration of hypertension, the incidence of strokes in CHD incidence of exacerbations GU and DU, side effects of therapy, comorbid conditions: diabetes, obesity, bad habits: smoking, alcohol consumption.

The above is typical in particular, for persons not married, middle and secondary special education, does not work, disease duration 16—25 years, with concomitant coronary heart disease, the presence of side effects of drug therapy, with a body mass index > 30 and frequent alcohol consumption. Psychodiagnostic research made possible identifying of the most significant personal and psychological parameters that contribute to the formation of the low level of compliance.

Had been identified individual psychological factors of poor loyalty to antihypertensive therapy, which include certain personal characteristics of patients with ischemic heart disease, hypertension, myocardial infarction, TIA, GU and DU. These include: the type of attitude to the disease, subjective control, "neurotic" profile, low threshold of stress resistance, emotional lability, and low self-esteem, impulsiveness, desire for independence, resilience and power of arrangements, the desire to support only on his own experience, nonconformity, heightened conflict, low frustration tolerance, self-centeredness, introversion, the increased level of claims.

Against this background, 20.0 % of all patients was determined as a high level of compliance, 60.0 % of patients as average, 20.0 % as low.

A correlation analysis was determined degree relationship between the level of compliance of patients, type of therapeutic alliance (TA) and the degree of trust in the physician. The level of compliance positively correlates with the partner type TA ($r_S = 0.39$, $p \le 0.05$), charge type TA ($r_S = 0.38$, $p \le 0.05$), empathetic type TA ($r_S = 0.41$, $p \le 0.05$), and with a high degree of trust to the physician ($r_S = 0.37$, $p \le 0.05$).

Among patients with hypertension, ischemic heart disease, myocardial infarction and TIA observed prevalence of low levels of compliance in the course of therapy (49.75 % of patients), which was accompanied by a more severe disease. The frequency of hypertensive crises of moderate severity and severe was significantly higher (frequent crises during the year were observed in 45.33 % of cases) among patients with a high level of compliance hypertensive crises rarely observed in 45.28 % of cases, or did not arise during the year 52.83 % of cases. 52.25 % of patients with gastric ulcer and duodenal ulcer observed predominance of middle level of compliance. Medium and low attitude to therapy was determined by the same factors as in patients with hypertension and coronary artery disease, myocardial infarction, TIA.

As a result, a comprehensive analysis of the data highlighted factors shaping pathopsychological noncompliance formation mechanisms. These include: low intensity relation to health, Inferno type of subjective control, "neurotic" profile according MMPI, psychic protection mechanism of the "flight into illness", the presence of emotional stress, depression, low endurance under stress, the instability of emotions and self-esteem, depletion of protective mechanisms, impulsivity, desire for independence, resilience and power of arrangements, difficulties in switching to a support aspiration only on his own experience, the tendency to counter external shocks, conflict, rigidity, egocentricity, passive personal position, introversion, the need for self actualization individuality.

Main principles of psychocorrectional programs have been systematic, staging and sequence of psychocorrectional events. The program began on the stationary phase, followed by a continuation of outpatient. Applied integrative approach incorporating elements of cognitive-behavioral therapy, rational psychotherapy, AT, individual and group personality-oriented psychotherapy, family therapy.

The effectiveness of the developed program had been assessed. As evaluation criteria had been assessed the level of compliance, the level of intensity of the attitude to health, the incidence of hypertensive crises, and systolic and diastolic blood pressure, the frequency of angina attacks in CHD, the frequency of exacerbations of GU and DU.

The evaluation found that, after the program number of patients with a high level of compliance become — 61 %, average — 31 %, 8 % had the low level of compliance. The corresponding figures among patients in control group were: 46 % — high level, 28 % — average, 26 % — low level of compliance.

Proposed complex of psychocorrectional activities showed high efficiency of compliance improvement, increasing level of responsible attitude to their own health, which led to improvement in the underlying disease, raising the level of social functioning and quality of life of patients.

Since the effectiveness of the treatment of hypertension, coronary heart disease, myocardial infarction, TIA and GU and DU is largely determined by the compliance, it is advisable to determine its level during therapy because of compliance may vary during the course of therapy should be monitored at all stages of the therapeutic process, including outpatient.

Leading factors of it's formation are the personal-psychological characteristics of patients: personality traits, locus of control, anxiety level and the level of responsibility attitude to health.

Psychocorrectional program is compulsory for patients with low levels of subjective involvement in the therapeutic process. Psychocorrectional program focuses on the transformation of the patient's lifestyle and to development of responsible attitude to their own health, improved social functioning and quality of life.

Список литературы

1. Смулевич А. Б. Психокардиология / А. Б. Смулевич, А. Л. Сыркин. — М.: МИА, 2005. — 778с.
2. Маркова М. В. Медико-психологічні аспекти розвитку та перебігу хвороб системи кровообігу / М. В. Маркова, В. В. Бабич // Новости медицины и фармации. Неврология и психиатрия : спец. вып. — 2008. — № 243. — С. 71—74.
3. Артериальная гипертензия в фокусе психокардиологии // [И. В. Дроздова, Л. Г. Степанова, Н. А. Яковенко, М. Н. Емец] // Медична психологія. 2014. — Т. 9. — № 1 (33). — С. 41—48.
4. Депрессивные расстройства в общемедицинской практике по данным исследования КОМПАС: взгляд кардиолога / Органов Р. Г. Погосова Г. В., Шальнова С. А. [и др.] // Кардиология — 2005 — № 8 — С. 38—44.
5. Cardiovascular Health Study Collaborative Research Group Depressive symptoms and risk of coronary heart disease and mortality in elderly Americans / [A. A. Ariyo, M. Haan, C. M. Tangen et al.] // Circulation. — 2000 — 102:1773—9.
6. Напреєнко О. К. Психіатрична наука в Україні у 2013 році та напрямки її вдосконалення (за даними Проблемної комісії «Психіатрія» МОЗ і НАМН України) / О. К. Напреєнко // Український вісник психоневрології. — 2014. — Т. 22, вип. 1 (78). — С. 18—22.
7. Марута Н. О. Стан психічного здоров'я населення та психіатричної допомоги в Україні / Н. О. Марута // Нейро News. Психоневрология и нейропсихиатрия. — 2010. — № 5 (24). — С. 83—90.
8. Гиндикин В. Я. Соматогенные и соматоформные психические расстройства : справочник / В. Я. Гиндикин— Киев : «Здоров'я», 1997. — 104 с.
9. Михайлов Б. В. Психотерапия в общесоматической медицине : клин. руководство / Б. В. Михайлов, А. И. Сердюк, В. А. Федосеева. — Харьков: Прапор, 2002. — 108 с.
10. Зв'язок комплаєнсу при лікуванні артеріальної гіпертензії з психологічними чинниками особистості / [К. М. Амосова, Л. Є. Трачук, Н. В. Береза, Ю. В. Руденко] // Серце і судини. — 2012. — № 1(37). — С. 85—92.
11. Долженко М. Н. Депрессивные и тревожные расстройства при сердечно-сосудистых заболеваниях / М. Н. Долженко // Практична ангіологія. — 2006. — Т. 2. — № 1. — С. 17—23.
12. Состояние психического здоровья населения и тенденции развития психиатрической помощи на постсоветском пространстве / Морозов П. В., Незнанов Н. Г., Лиманкин О. В. [и др.] // Український вісник психоневрології. — Т. 22, вип. 1 (78) — 2014. — С. 11—17.
13. Kapfhammer H.-P. Concept of somatoform disorder / H.-P. Kapfhammer // Journal of The Europe Psych. Ass. — 2011. — Vol. 26. — Suppl. 1. — P. 63.
14. Шестопалова Л. Ф. Довіра до лікаря як чинник формування комплаєнсу у хворих на невротичні та психічні розлади // Шестопалова Л. Ф., Кожевникова В. А., Бородавко О. О. // Медицинская психология. — Т. 8. № 4 (32). — С. 3—7.

Надійшла до редакції 12.08.2014 р.

MYKHAILOV Borys Volodymyrovych, Doctor of Medical Sciences, Professor, Head of the Department of psychotherapy of the Kharkiv Medical Academy of Postgraduate Education of the Ministry of Health of Ukraine (KhMAPE), Kharkiv; e-mail: prof_mykhaylov@mail.ru

FEDAK Bohdan Stepanovych, MD, PhD, Professor of Department of Social Medicine, Business and Management in Health Care of the KhMAPE, Head Physician of Community Health institutions' of the "Regional Hospital — Center for Emergency Medical Care and Disaster Medicine", Kharkiv; e-mail: psychotherapy@med.edu.ua

МИХАЙЛОВ Борис Володимирович, доктор медичних наук, професор, завідувач кафедри психотерапії Харківської медичної академії післядипломної освіти Міністерства охорони здоров'я України (ХМАПО), м. Харків; e-mail: prof_mykhaylov@mail.ru

ФЕДАК Богдан Степанович, кандидат медичних наук, професор кафедри соціальної медицини, управління та бізнесу в охороні здоров'я ХМАПО, головний лікар Комунальної установи охорони здоров'я «Обласна клінічна лікарня — Центр екстреної медичної допомоги та медицини катастроф», м. Харків; e-mail: psychotherapy@med.edu.ua