SHORT-TERM GROUP COGNITIVE-ORIENTED THERAPY OF PATIENTS WITH ANXIETY DISORDERS IN THE MODERN THERAPEUTIC STANDARD AT THE STATIONARY PHASE

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In the conditions of modern therapy standards the inpatient stage, the duration of patients' stay in hospital with borderline mental disorders is significantly reduced. However, the clinical reality testifies to the presence of a wide range of States of mental maladjustment (Tsygankov 2008) and the growth of neurotic pathologies is steadily increasing worldwide. It is important to maintain an effective integrated approach in the treatment of borderline mental disorders, combining psychopharmacotherapy and psychotherapeutic treatment aimed at increasing patients' adaptive resources.

It is proved that such methods as personality-oriented, group intrapersonal psychotherapy have a positive effect on the dynamics of coping strategies for patients with borderline mental disorders.

As part of the complex therapy at the inpatient stage of anxiety disorders patients, we conducted a combination of individual and group psychotherapy. Developed psychological and psychoeducational program focused on psychotherapy for patients with anxiety disorders and correction of desadaptive coping strategies, effective both in stationary and in post-hospital periods, calculated on the 4-d group sessions for 2 hours. The aim of the investigation was to study the effectiveness of psychocorrection and psychoeducation programs aimed at psychotherapy of anxiety disorders patients and correction of desadaptive coping strategies at the inpatient stage of treatment.

The tasks of the program included:

- 1. Raising patients' awareness about anxiety disorders, causes of the disease, General principles of the anxiety mechanism, treatment methods.
 - 2. Identifying your emotional state and external factors influencing it.
 - 3. Teaching techniques of self-coping with anxiety and psychotraumatic thoughts.
- 4. Identification and correction desadaptive coping strategies of patients. Development of adaptive coping strategies contributing to the adaptive coping behavior formation in complex life situations.

Subjects: The Main sample was 66 patients in the inpatient 4th female NPC Department of Psychoneurology of Moscow with diagnosis F41.0 - Panic disorder (14); F41.2 - Mixed anxiety and depressive disorder (47); F45.0 - somatized distress (2); F45.2 - Hypochondriacal disorder (3).

Patients' age varied from 19 to 48 years. Participation was voluntary. Individual diagnostic psychotherapeutic consultation was held with the participants, after which 31 patients were included. Those who did not participate in group psychotherapy made control group.

Research methods: Analysis of the effectiveness of the program was carried out by psychometric method: Hamilton's anxiety and depression scale, coping strategies were evaluated by Lazarus test.

Results: The results and analysis of the effectiveness of therapy were evaluated according to the psychometric survey carried out at patients' admission to hospitalization, as well as after the completion of group psychotherapy using psychocorrection, psychoeducation programs for anxiety disorders patients.

Upon admission, the mean value of the alarm level of patients on the Hamilton scale did not differ significantly and was -29 ± 1.7 . The average value of the alarm level on the Hamilton scale for patients who underwent the program was 3.7 ± 1.3 p=0.001 (Mann-Whitney test). For the control group patients, the average alarm level was 7.1 ± 1.7 p=0.26 (Mann-Whitney test).

The results' analysis for the Lazarus test showed that the use of disadaptive or conditionally adaptive coping strategies for the disease was typical for patients with a General sample. The use of emotionally-oriented coping strategies was noted with almost all patients. Most often used "Active avoidance"; "self-Control", "Submission". Among conditionally adaptive coping strategy the most frequently met -"Making sense", "religion".

According to the results of patients that have passed a short-term group psychotherapy statistically significant differences compared with the data of the patients in the control group. The main emotionally-focused coping strategies were "Optimism" and "Confusion". Conditional-adaptive coping strategies were presented -coping "Confrontation" and "Aggression". Cognitive-oriented coping strategies include" Planning", "Finding a solution", "problem Acceptance "," taking responsibility". Only 3 patients did not have significant changes according to the results.

Conclusion: The use of group short-term cognitive-oriented psychotherapy with the use of psychocorrective, psychoeducative programs in the complex treatment of anxiety disorders, helps to reduce the level of patients' anxiety, correcting maladaptive coping strategies for the disease and contributes to the formation of adaptive coping behavior.