

CLINICALLY-INTEGRATIVE APPROACH IN PSYCHO-SOCIAL REHABILITATION OF MENTAL ILLNESS PATIENTS WITH COMORBID PATHOLOGY

Nadezhda Zuykova

People's Friendship University of Russia (PFUR), Moscow, Russia

Relevance: The problem of comorbidity in psychiatry is especially relevant in cases of schizophrenia and addiction conjunction. Since treatment guidelines are focused on an isolated disease and have usage limitations for these type of patients then the acute problem of lacking of the special approaches, which take into account the mutual influences of coexisting (comorbid) disorders, arises. The observed "rejuvenation", growth, severe course and the situation in which these patients are practically deprived of narcological care and receive only formal psychiatric assistance (Ross & Peselow 2012, Sofronov 2013, Alekseeva & Bakuleva 2017), require the immediate action towards new aid strategies development.

Aim: To improve the quality of therapy and rehabilitation of psychiatric "mixed" patients by introducing and evaluating the effectiveness of a specially developed Clinically-Integrative Model of Psychosocial Rehabilitation (C-I-PSR) based on the Principles of Clinicism, Interdisciplinary Interaction and the Bio-Psycho-Socio-Spiritual Paradigm.

Subjects and methods: 120 patients with a schizophrenia with comorbid addiction syndrome diagnosis, roughly equal to the sex distribution at the age of 21 to 59 years old, mostly disabled people of the second group with repeated hospitalizations, were observed. They participated in the C-I-PSR Program for two years. The Program included Psychoeducation, Clinical Psychotherapy, TMCSE by M. Burno, clinically refracted Transactional Analysis and individual psychological support. The used methods were not chosen casually, but taking into account their effectiveness and approval by specialists. A narcologist was involved and there was made the application for the allocation of this rate in the staff list of the hospital. In parallel a group psychotherapy for relatives and the Balint groups for the hospital staff were provided.

Results: The organized stable functioning model contributed to better adaptation of patients after discharge, prolonged remission, retention in the framework of behavioral norms, sobriety and treatment programs. Working with relatives and staff strengthened the supportive environment and the human resource for interacting with such complex patients. More than 65% of the observed people have improved their lifestyle, family relationship and compliance. Only 10 of them (8.9%) were re-hospitalized. In the group of patients included in the program (n=19), the average hospitalization rate fell from 1.2 to 0.5 per year.

Conclusions: Comorbid pathology creates a new clinical situation, which requires taking into account the mutual influence of mental disorders. The narcologist should be included into a clinical work with the comorbid addiction syndrome, since the result is determined by the level of professional qualification and the multipurpose nature of the treatment. The C-I-PSR ensures the resocialization of patients, minimizes the "revolving door system", improves the treatment quality.