

PSYCHOTHERAPY OF NEUROTIC DISORDERS IN PATIENTS WITH NEUROLOGICAL DISORDERS

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Modern research suggests that residual organic pathology of the central nervous system, resulting from various pathological effects can increase the severity of neurotic disorders. Such patients are particularly vulnerable to pathological environmental influences. The combination of anxiety-depressive disorders and neurological diseases greatly complicates the interaction between the doctor and the patient, and reduces the effectiveness of the therapeutic process. Clinical and social adaptation of patients worsens and sensitization to psychotraumas increases. This makes patients extremely sensitive to subjectively relevant conflict situations. Patients are characterized by excessive anxiety ("catastrophic") reactions, caused by relatively insignificant stimuli.

The features of the clinic and the dynamics of the development of anxiety-depressive disorders with an organic component require a special approach in the selection of pharmacotherapy and methods of psychotherapy with the aim of influencing all links in the pathogenesis of the disease.

The aim of this research is to study factors of increase in efficiency of psychotherapeutic treatment of patients suffering from anxiety depressive disorder and residual cerebral organic failure.

In order to achieve our aim we developed a specialized approach to psychotherapeutic correction. The psychotherapeutic program was based on methods of cognitive-behavioral therapy, relaxation techniques and was conducted in a group format.

The program aims include increasing patients' independence, teaching them to take responsibility for their behavior and help, creating adequate and optimistic view of life, emotional and physical abilities. The program consists of teaching self-regulation (vegetative discomfort correction with help of autogenous training), self-correction of disadaptive cognitive constructions (working with automatic thoughts), sanogenic lifestyle (optimization of everyday schedule, labor, physical and mental activity, meal). The patients were motivated towards deeper socialization. Attempts were taken to make patients form a skill of turning for support and keeping negative emotions from those around one. The training also included normalization one's opinion about regular appointments at a neurologist, taking special medicine in order to correct and prevent relapse of general and organic pathology.

A clinical-psychopathological analysis of 114 patients with anxious and depressive disorders occurring in the background of the residual-organic insufficiency of the central nervous system was carried out. Anamnestic, psychopathological, psychometric, statistical methods; Symptomatic Checklist-90 - SCL-90-R (Derogatis et al. 1973); Beck Anxiety Inventory, BAI (Beck et al. 1988); A questionnaire of vegetative changes (Vein 1998) were used.

As a result, we observed that the program produced significant improvement of anxiety and some other psycho-clinical indicators compared with control group. There was evident decrease in anxiety level (Beck Anxiety Scale) in experimental group (from 22.16 ± 5.44 to 11.61 ± 3.56 , $p < 0.001$) instead of control group (from 23.29 ± 7.81 to 15.83 ± 5.62 , $p < 0.001$). In addition, we observed improvement of other psycho-clinical indicators among patients who had taken part in the psychotherapeutic groups' activity (Somatisation, Depression, Anxiety, Hostility and GSI scales of Symptom Checklist-90 Revised).

The results of comparison of the effectiveness of the two approaches to therapy testify to the possibility of increasing the effectiveness of the therapeutic process through the addition of complex psychotherapy focused on the clinical and psychopathological features of patients with residual-organic insufficiency.