

THE DYNAMICS OF PSYCHOPHARMACOTHERAPY EFFECTIVENESS IN COMBINATION WITH PSYCHOTHERAPY DURING THE TREATMENT OF PATIENTS WITH SOMATOFORM DISORDER

Igor Belokrylov, Semen Semikov, Elena Okonishnikova & Elina Korovyakova
"RUDN University" - Peoples' Friendship University of Russia, Moscow, Russia

Background: At present, the somatoform disorder (SFD) etiopathogenesis is considered within the bio-psychosocial paradigm, which postulates the equivalent participation of personal, social and neuro-biological factors in given pathology progress. On this basis, the psychotherapy plays the most important role in the treatment of patients from the relevant population along with pharmacological methods. The psychotherapeutic analysis of clinical examples shows that even the most typical endo- and somatogenic psychopathological phenomena, considered mainly as a product of the procedural-biological mechanisms of action, have a plentiful unconscious sense. At the same time, such a meaning in the psychotherapeutic process sometimes undergoes significant changes until it becomes apprehensible. This fact allows us to make the assumption that, following a change in the psychological mediation of various aspects in pharmacotherapy, its effects on the patient may change. Cases of changes in action of the same drugs in the process of complex treatment of different clinical group patients are described in few psychiatric publications.

Objective: The appropriate study has been undertaken in the current situation of data lack on psychodynamic aspects of patient response to psychotropic drugs during a complex psycho-and pharmacotherapy.

Subjects and methods: The dynamics effectiveness study the number of psychotropic drugs in the process of their use together with the psychoanalytically oriented psychotherapy was conducted as part of a randomized controlled study of indications for this complex treatment in patients with SFD. A total of 80 patients suffering from different variants of SFD (56 women and 24 men aged from 18 to 65 years, mean age - 41.6 ± 3.3) were examined using psychopathological and psychodynamic methods. The sample was divided on two compared groups (40/40) by blind method. The research group received the short-term group psychoanalytic psychotherapy (group analysis) for 3 months with a frequency of 1 session per week. The control group participated in a psycho-educational program that was completely comparable in frequency and duration of sessions and was deprived of psychotherapeutic interventions. The patients of both groups received psychopharmacotherapy unchanged and of the same type in parallel for each clinical diagnostic subgroup. In accordance with this report topic, its materials are based on the dynamic observation of main group patients ($n=40$). Both types of treatment were performed by the same doctor. Accordingly, as a psychotherapist, he positions himself as a partner and assistant (alliance, democratic relationship model), and as a psychiatrist - managing and controlling person, in relation to which the patient's position inevitably approaches the passive-dependent model (authoritarian-paternalistic). In the process and according to the results of this study, the doctor successfully coped with the above described conditions for such therapy. This professional stability made it possible to reveal the heterogeneity of the dynamics variants for their mental state in the situation of cyclical changes in the therapeutic parameters of their doctor. At the same time, special attention was drawn to the phenomena of changes in the therapeutic response of patients to the stable combinations of psychotropic drugs received.

Results: Based on the latter criterion, two main variants of the patient's dynamics in subjective assessment of the psychopharmacotherapy effects when combined with the psychoanalytic psychotherapy were determined - *stable* and *labile*. At the same time, it was established that these variants correspond to the object relations structure of the patients representing these subgroups. These structures were determined on the basis of a change in the transference and countertransference nature registered in the group psychotherapeutic process. Approximately 2/3 of patients with SFD ($n=24$) show the labile dual nature of relationship to the most significant objects for them, manifested in the cyclical change from their idealization to derogation and vice versa. There are no exceptions for drugs, which in the patient intrasubjective space constitute at the same time "bad" and "good" object representations with transient or partial property, and the relationship to them has a vivid imprint of the parent type object relations. This imprint is superimposed on the actual pharmacological effect of these drugs, substantially preforms it, and in some cases overlaps it. The phenomenon is reflected, for example, in observations, when patients try to stop a therapy during periods of symptoms exacerbation, but they are carefully taken drugs as a supportive agent during periods of a significant symptom relief. The object relations structure in these patients is characterized by clear signs of *splitting*. Internal conflicts corresponding to this structure reflect the immaturity of self-identification and interpersonal relation spheres among these patients. In conjunction with other diagnostic signs, this allows us to state a *borderline level of personal functioning* in this patient group. There are no detected signs of ambivalence towards the most significant environment figures and the drugs taken in 1/3 of patients ($n=16$). The structure of object relations in them is

characterized by greater stability without signs of splitting. The subjectively mediated action of psychotropic drugs corresponds to their average statistical effects for most patients and includes both positive (relief of anxiety-affective and somatoform symptoms) and negative (drowsiness, decreased active attention, emotional dullness, etc.) phenomena. At the same time, no coincidence of these effects nature with the configurations of their object relations was recorded, and the preparations themselves did not carry any object properties. These patients, as a rule, show the signs of *neurotic level in personal functioning*, and have a sufficiently mature self-consciousness structure, and are well socialized.

Conclusion: It is obvious that the biologically determined effects of the pharmacotherapy closely overlap with the phenomena of the patient's subjective-personal response to the psychotropic drugs. The initial situation of such overlapping requires a more detailed psychotherapeutic study, including the aim of development differentiated indications and contraindications of individual psychopharmacological agents and a combined treatment in general. The establishment of the intrasubjective (projective-objective) component of the psychotropic drugs action accompanying the psychoanalytic psychotherapy provides the important diagnostic information. The discovery and development of the unconscious component in such phenomena along with the classical psychoanalytic work in fields of structural and dynamic parameters of the patient's personality and his symptoms, can serve as an important additional tool for the achieving the ultimate goals of complex SFD therapy.

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ECOLOGICAL PATHOMORPHOSIS OF MENTAL DISEASES

Igor Boev

Stavropol State Medical University, Stavropol, Russia

Background: Over the past 30 years, global changes took place in the post-industrial space of Russia in ideological, religious and material spheres of life. The standards for the production of chemicals (detergents, cosmetics ...), food products have changed; in many places "open" warehouses and abandoned radiation laboratories violate the biosphere ecology. In this regard, the relevance of environmental pathomorphosis of diseases on the territory of modern Russia has increased.

Environmental pollution with chemical and radiation factors cause damage of the histomorphological structures of the brain and brain neurometabolism. Pathogenic effects of environmental factors on the organic and personality predisposition of the individual as an additional negative factor should be taken into account. This contributes to the continuous formation of the causal mechanisms of pathomorphosis of the mental pathology.

No less relevant are the cultural mechanisms of pathomorphosis: incommensurable urbanization of life with the collapse of patriarchal relations, the increase in alcoholism and anesthesia, significant changes in the value system, an abrupt change of collectivist ideology to individualistic (nothing personal, just business). Local wars, terrorism, ethnic conflicts with the loss of the value of human life, coexisting with a peaceful life. Here we mentioned only part of the cultural mechanisms in which pathogenic toxic and psychological effects on the brain and human consciousness intertwining, causing a cascade of biochemical disorders, including oxidative stress.

The aim was to objectify the variability of the syndrome structure of mental pathology in individuals from regions with favorable or unfavorable ecological and chemical situation.

Subjects and methods: Clinical, psychopathological, psychopathological and neuro-psychological research methods, medical statistics methods - discriminant and cluster analysis, were used. Two groups were composed of the 204 adolescents. Group 1 consisted of 120 adolescents from region polluted with complex chemical inorganic compositions; group 2 consisted of 84 teenagers from the resort region.

Results: Multivector pathopsychological and mathematical analysis revealed combinations of pathopsychological markers and their significance in the differential diagnosis of the compared groups: the emancipation rate was 11.4%, the rate of vegetative instability - 12.3%, the indicator of obsessive-phobic disorders - 6.4%, neurotic depression rate - 8.5%, psychopathization rate - 7.2%, neurotic anxiety rate - 43%. Living for more than 10 years in an ecologically and chemically polluted environment causes an increase in constitutional anxiety, combined with psychopathy in the form of conflict, prejudice, hostility, constant dissatisfaction with their lives and the behavior of relatives, suicidal blackmail. Emancipation reactions are expressed as disagreement with the opinion of relatives, peers, the desire to act contrary to the decisions of parents, the desire for false autonomy, constant psychological resistance to elders, up to emotional lability with suicidal acts. These personality changes reflect the psycho-typological negative