THE STRATEGY OF PROVIDING PATHOGENETICALLY SUBSTANTIATED PSYCHOTHERAPEUTIC HELP TO UNIVERSITY STUDENTS WITH DEPRESSIVE DISORDERS

I. D. Vashkite
V. N. Karazin Kharkiv National University

Summary. We consider the causes, methods of diagnosis and treatment of depressive disorders of affective and neurotic registers in students' high schools. Indicate the number of diagnostic examinations and preliminary results of emotional students. The author makes recommendations for diagnosis and treatment of depression in primary health level.

Key words: depression, students, primary care link, diagnosis, treatment.

Introduction

General trends of our time — accelerating pace of life, the increasing number of communication links, strengthening the social and economic tension in society, urbanization — lead to an increase in the prevalence of psychiatric and psychosomatic diseases, especially cross-border, neurotic level which imposes the task of early detection, correction and prevention among the priority.

The priorities of modern medicine are the development of comprehensive, integrated health systems and strengthening mental health, prevention of mental disorders, treatment and rehabilitation of mental patients and mental health, they should be seen as an integral and essential component of social policies in education and ensuring employment.

At the present stage of social development of the public health issues of particular relevance is the problem of Pathology affective sphere, especially anxiety and depressive disorders. According to WHO, currently more than 110 million people in the world — 3-6.00 % of the population — identified certain clinically significant manifestations of these disorders. A similar trend was observed also in Ukraine.

The problem becomes particularly relevant to persons who are in conditions of prolonged or intense stress information, including students of higher educational institutions. Studying in higher and secondary specialized educational institutions can be attributed to a specific activity, wherein the constant growth and complexity of information, lack of time, increased requirements to solve problem situations stiffness control and other factors.

The aim of our study was to develop a strategy for the provision of pathogenetically substantiated psychotherapeutic help in university students with depressive disorders.

Methods

We examined 200 students with depressive disorders of different registers (79 patients with depressive disorders of affective register and 121 students suffering from depressive disorders of neurotic register).

At the second phase of work, basing on analysis of clinical features of emotional disorders and psychological characteristics of students the target of psychotherapeutic effects was determined. The patients of the study group (SG), along with treatment in accordance with the standards of medical care in this disease received standard treatment and participated in the implementation of measures psychotherapeutic adjustment system, developed by the author; those of the control group (CG) received only standard treatment.

For the diagnosis and treatment of depression in university students, we used the following scale: Hamilton scale (HAMD), the Beck Depression Inventory, Scale for depression Montgomery — Asberg (MARDS), Eysenck neuroticism scale and for diagnostic of the scale aggressive status Buss-Durkey Inventory, as well as clinical -anamnestic method, supplemented by a specially designed card clinicoanamnestic examination of the patient.

Results and their discussion

Analysis of responses to the questionnaire allowed us to estimate the severity of the presence of such social and psychological risk factors as incomplete or inharmonious family, free education, lack of interest in school and work, uncertainty about their future, the lack of attention from parents and others, poor living conditions, alcohol, drugs, toxic substances. The technique allowed us to determine the mental state at the time of the current depressive episode, as well as the content of the conflict that led to exclusion.

Among the main features of youth depression we marked hypertrophy ideational component (cognitive disorders in the form of comprehension difficulties, concentration, concentration, memory disorders) on background erased thymic component of depression. The study revealed the presence of a number of common psychopathological features: pronounced polymorphism of the clinical picture with unfinished, fragmentary, variability of psychopathological symptoms and fuzzy clearance affective triad. It was found that the characteristics of depression in the patients studied, and their originality should explain a significant contribution of pubertal psychobiological factors in their formation, which leads to the fore characteristic of adolescent age, cognitive, behavioral and somatic-vegetative disorders, not just masking them depressive basis, but also hindering the correct

interpretation of individual symptoms. In this regard, the greatest difficulties in diagnosing cause not expanded forms of depression, and relatively shallow depression, limited affective, neurotic, psychopathic disorder and overvalued, in which the interaction between the disease and juvenile stages of ontogeny is the most complex character.

Students observed occasional intense periods of depression in combination with periods of improvement. For youth depression is characterized as a long, protracted and sometimes undulating nature of the flow, with the blurring of borders temporary condition and undulating severity of clinical manifestations, which is determined by the age dynamics.

To identify and assess the severity of depressive symptoms we used Beck Scale, created on the basis of clinical observations and descriptions of symptoms occurring in depressed patients seeking treatment in a specialized psychiatric facility. According to domestic researchers, Beck Scale is able not only detect the presence of depressive symptoms, but also to determine the degree of their severity.

The Beck Scale is traditionally used for the diagnosis of depression of varying severity. The Beck Scale is used as the gold standard for assessing the validity of the other scales intended for the diagnosis of depression, as well as to evaluate the effectiveness of the therapy with antidepressants.

Most students with depressive disorders of affective register pointed at the presence of severe (25.40±2.30 in 37.50 %) and heavy (34.70±1.90 in 31.25 %) depression in the study group and 25.75±1.10 % in 38.70 % and 35,30±1.98 in 32.20 % of the patients in the control group, respectively, p<0.01.

At the same time, the majority of students with depressive disorders of neurotic register pointed at the presence of light (12.10±1.50 in 32.10 % and 12.20±1.50 in 25.00 %) and moderate (17.80±1.10 in 27.20 % and 17.60±1.20 in 35.00 %) depression in the both groups, respectively, p<0.01.

For the diagnosis of depressive spectrum disorders and pharmacological studies on the treatment of depression Hamilton scale is also widely used. Hamilton scale for assessment of anxiety and depression (HDRS) is one of the most common skilled scales used to assess the severity of depressive symptoms.

After the analysis of the responses on this scale, subjects showed the following.

The majority of patients with depressive disorders of affective register marked moderate anxiety (20.60±2.30 in 37.50 %, p<0,01) and the depression of moderate and severe degree (21.10±2.20 in 37.50 % and 32.40±1.90 in 50.00 %, respectively, p<0.01) in the study group; moderate degree (21.00±2.30 in 51.60 %, p<0,01) in the control group.

The study showed that on HDRS in the majority of patients with depressive disorders of neurotic register authentically present symptoms of anxiety and depression (15.50±1.10 in 41.98 % and 15.50±1.10 in 37.50 % of the surveyed — significant

predominance of mild anxiety in the study group and the control, respectively, p<0.01 and a moderate rate of anxiety 20.70±2.20 in 28.40 % and 21.40±2.20 in 32.50 % of the patients; 21.70±2.30 in 40.70 % and 22.50±2.10 in 45.00 % of the patients — a significant prevalence of moderate depression in the study and the control groups, p<0.01).

The Montgomery-Asberg Depression Rating Scale (MADRS) is designed for fast and accurate assessment of the severity of depression and its dynamics during therapy. This scale, along with the Hamilton scale, is one of the standardized objective clinical tools that are widely used in modern psychiatry.

Data analysis scale MADRS confirmed the obtained results.

Students with depressive disorders of affective register had significant prevalence of depressive episodes: small — 20.70±2.80 in 22.90 %, moderate — 28.10±1.30 in 27.10 % and more — 36.70±1.02 in 39.60 % of the patients in the study group and a major depressive episode (37.20±1.20 in 45.20 % of patients) in the control group at p<0.01.

Students with depressive disorders of neurotic register reliably showed a significant predominance of small (21.40±1.90 in 56.80 %) and moderate (27.90±1.40 in 22.20 %) depressive episodes in the study group and in the control group (21.40±1.10 in 57.50 % and 27.70±1.30 in 27.50 %, respectively), p<0.01.

It was revealed, that students are used less constructive ways of coping with stress than adults. At the same time, conflicts arising from students, others may disregard as a risk factor for suicidal behavior, as the story of stressful situations, in most cases, is not extraordinary.

The treatment of depressive disorders can be divided into two main areas.

1. Psychiatric.
2. Psychotherapeutic.

The first direction is represented by a specific group of psychotropic drugs — antidepressants.

In clinical practice, especially in primary care to date are frequently used group of tricyclic antidepressants (TCAs).

However, the use of tricyclic antidepressants is associated with a number of side effects related primarily to their cholinolytic properties: sustained tachycardia, arrythmia, increased blood pressure, dizziness, constipation, tremor, weight gain, etc.

These side effects severely limit the possibility of using such drugs as amitriptyline in somatic patients, and prevention of these complications questioned the low cost of treatment. Along with this, this component acts as sedation TCAs today are regarded as having no relevance to the antidepressant effect and reduces the level of social functioning of the patient. However, these negative side effects are just somatising depression in patients who have a high sensitivity to such actions of these drugs, in and of themselves side effects «woven» or reinforce the existing «physical» symptoms.

In addition, TCAs requires individual titration until a therapeutic effect. The danger of using TCAs in somatic practice is due to the fact that the range between therapeutic and toxic doses of effect they have is small, which requires care in the selection of the drug.

As a result this now means the first choice in the treatment of depressive disorders, especially somatisation, symptomatic and comorbid options are the new generation of antidepressants — selective serotonin reuptake inhibitors (SSRIs).

Drugs in this group have a high degree of conformity with the combined use of many other drugs in somatic practice.

Given that the surveyed students continued learning process, psychopharmacological support was used only in 15.00% of students.

In depressive disorders of affective register patients tend to evaluate events in a negative way, so the focus should be on thinking processes, and not the mood.

Two of the most influential cognitive explanations of depression are the theory of learned (acquired) and helplessness theory of aberration (negative triad of Beck).

Implementation of the second therapeutic areas — psychotherapy — has been consistently-speed. Treatment of choice was cognitive-behavioral therapy (CBT) in various modifications.

Cognitive therapy is best proven in the treatment of depression, anxiety, phobias, panic attacks. The basis of the cognitive approach is the statement: «Emotions and behavior are determined by how the patient assesses the world.» That is, if in the depths of the subconscious belief a person has «unfriendly world», then his behavior and emotions are appropriate.

The aim of CBT in the treatment of depressive disorders is a change of mood and emotional state of the patient due to the rational-logical processing of patient subjective view of ourselves and the world, which is achieved by rational persuasion patient's physician regarding the negative and unfounded downgrade themselves and their achievements. It is important to explain the mechanisms of development of depressive symptoms that the patient had a clear idea of their own illness, the possibility of therapeutic intervention. Patients are given the information that on its own efforts depends on condition, it can affect his emotions and mood. He need to change the painful picture of helplessness about himself and the situation of the disease and hopelessness depression, and help the patient to identify positive factors on which he can rely in overcoming the depression.

CBT is most effective in modification of A. Beck and A. Ellis. The concept of rational-emotive behavioral therapy of Ellis is mainly intermediate variable, making understandable the relationship between stimulus and behavior, which are rational and irrational «cognitions». The concept of cognitive therapy (cognitive counseling) of Beck defines the variables of realistic and unrealistic (associated with errors in cognitive findings) «cognition».

Both authors recognize the link of cognitive and behavioral variables with the dominant values of the first. From their point of view, the center of the impact of psychotherapy should be intervening cognitive variables.

Ellis in his rational-emotive behavioral therapy is guided by the idea according to which the positive emotions, such as feelings of love or delight, often related, or are the result of internal belief, expressed in the form of the phrase «It's good for me», and negative emotions such as anger or depression, are associated with the conviction expressed by the phrase «It's bad for me.»

He believed that the emotional response to the situation reflects a «shortcut» that «hang» her (for example, it is dangerous or pleasant), even when this stigma is not true. To achieve happiness, according to Ellis, it is necessary to formulate goals and rationally choose the appropriate means. In any situation are introduced two distinct types of «cognitions»: beliefs and assumptions.

Psychotherapy in our study groups was carried out in parallel with taking drugs and was conducted in three phases.

Tasks of the first (didactic) stage are understanding the mechanisms of formation of disease and therapy.

Tasks of the second (actually cognitive) stage are identifying maladaptive «automatic» thoughts that support frustration, depression, negative self-perception.

Tasks of the third (behavioral) phase are special strategy that teaches self-esteem and creates a positive motivation in patients.

Psychotherapeutic techniques in students in the study group had different accents of intervention. Thus, CBT in depressive disorders of affective register was aimed at addressing the motivational, behavioral and physical symptoms of depression. Patients were helped to restore the ability to control the situation, deal with it and overcome feelings of incompetence and helplessness overestimate quite ordinary life difficulties that were perceived as intolerable, overcome fatigue and inertia. Important role in the recovery were played by a refutation of negative expectations and demonstration of motor ability.

In the case of neurotic depressive disorders CBT was aimed at understanding the role of stress in the development of the arisen disease patient. Served as a necessary stage of the change in attitude of the patient to the traumatic (stressful) situation and making it a part of the experience. Important was the overestimation of their own role in traumatic situations, assuming some responsibility to the formation of an active role in dealing with the circumstances.

After a period of formation of compliance relations conducted CBT 14–16 sessions over two months, students with severe somato-autonomic components of the study conducted anger autotrainang technique (AT) in the modification of B. V. Mykhaylov.

Features of a current depressive disorders are complicated timely medical assistance, diagnosis

and adequate treatment assignment of depression in students, leading to a prolonged course of depression, in violation of the training adaptation until clearance sabbaticals and contributions of students from universities. Currently used methods for diagnosis, standardized on a sample of adults who still do not reflect the completeness of the clinical picture of youth depression. In certain circumstances, there is the need to develop a valid diagnostic tool to address social and age group.

Our studies suggest that just such a complex differentiated system of psychotherapy, which combines several techniques and forms pathogenetically sound effects and takes into account the peculiarities of mental disorders and personality of patients that achieve a significant improvement in their psycho-emotional state and the formation of an adequate relationship to psychiatric disorders.

Applying our model generated psychotherapy built on the principle of integrative showed its high efficiency. Thanks to an integrated approach in the treatment of depressive disorders in university students on completion of the course of psychotherapeutic interventions showed an increase level of motivation and enthusiasm for learning, and further employment. The students demonstrated improvement in cognitive. The effectiveness of the proposed model was 77.9 %.

References

1. Коростий В. И. Когнитивная психотерапия в лечении тревожных и депрессивных расстройств у молодых лиц с психосоматическими заболеваниями [Текст] / В. И. Коростий // Медицинская психология. – 2011. – № 2. – С. 76–80.

2. Марута Н. О. Організація роботи поліпрофесіональної бригади при наданні психіатричної допомоги в Україні [Текст] / Н. О. Марута // Український вісник психоневрології. – 2011. – Т. 19. – № 1 (66). – С. 34–36.

3. Михайлов Б. В. Медико-психологическое сопровождение больных с патологией сердечно-сосудистой системы органического и функционального генеза [Текст] / Б. В. Михайлов, О. І. Кудінова // Український вісник психоневрології. – Х., 2012. – Т. 20. – № 3 (72). – С. 202.

4. Михайлов Б. В. Модель функціонування медико-психологічної та психотерапевтичної допомоги за реформою галузі охорони здоров'я [Текст] / Б. В. Михайлов // Здоров'я України. – 2012. – № 2 (21). – С. 35.

5. Bayram N. The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students [Text] / N. Bayram, N. Bilgel // Social Psychiatry and Psychiatric Epidemiology. – 2008. – Vol. 43, № 8. – P. 667–672.

6. Verger P. Psychiatric disorders in students in six French universities: 12-month prevalence, comorbidity, impairment and help-seeking [Text] / P. Verger, V. Guagliardo, F. Gilbert [et al.] // Social Psychiatry and Psychiatric Epidemiology. – 2010. – Vol. 45, № 2. – P. 189 –199.

СТРАТЕГІЯ НАДАННЯ ПАТОГЕНЕТИЧНО ОБҐРУНТОВАНОЇ ПСИХОТЕРАПЕВТИЧНОЇ ДОПОМОГИ СТУДЕНТАМ ВИЩИХ НАВЧАЛЬНИХ ЗАКЛАДІВ З ДЕПРЕСИВНИМИ РОЗЛАДАМИ

І. Д. Вашкіте

Харківський національний університет імені В. Н. Каразіна

Розглядаються причини, методи діагностики та лікування депресивних розладів у студентів ВНЗів. Вказується кількість обстежених та попередні діагностичні результати дослідження емоційної сфери студентів. Автор дає рекомендації з діагностики та лікування хворих з депресіями в системі первинної медичної ланки.

Ключові слова: депресія, студенти, первинна медична ланка, діагностика, лікування.

СТРАТЕГИЯ ОКАЗАНИЯ ПАТОГЕНЕТИЧЕСКИ ОБОСНОВАННОЙ ПСИХОТЕРАПЕВТИЧЕСКОЙ ПОМОЩИ СТУДЕНТАМ ВЫСШИХ УЧЕБНЫХ ЗАВЕДЕНИЙ С ДЕПРЕССИВНЫМИ РАССТРОЙСТВАМИ

И. Д. Вашките

Харьковский национальный университет имени В. Н. Каразина

Рассматриваются причины, методы диагностики и лечения депрессивных расстройств у студентов ВУЗов. Указывается количество обследованных и предыдущие диагностические результаты исследования эмоциональной сферы студентов. Автор дает рекомендации по диагностике и лечению больных с депрессиями в системе первичного медицинского звена.

Ключевые слова: депрессия, студенты, первичное медицинское звено, диагностика, лечение.