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Neurosis-like syndrome in patients with primary hypothyroidism

Neurological disorders make up a clinical picture for virtually all thyroid diseases, and in some cases they form a syndromic nucleus, being significantly ahead of other manifestations of the disease. However, the issues of the connection between the two systems in the clinical picture are not paid enough attention. The development of cretinism in children, which manifests itself as a delay in psychoneurological and physical growth is the most severe complication of hypothyroidism.

The purpose of the study: to improve the effectiveness of medical care for patients with neurological disorders in those with endocrine pathology by studying pathogenetic mechanisms and clinical features in patients with thyroid gland dysfunction, taking into account psychoemotional disorders.

Materials and methods. Clinical-neurological and psychodiagnostic ones. To assess the personal and reactive anxiety, the Spielberger State-Trait Anxiety Inventory scale, adapted by Yu.L. Hanin, was used and the degree of depressive disorders was determined by the A.T. Beck scale.

Results. The study involved 26 patients with hypothyroidism as a result of autoimmune thyroiditis (AIT) and 20 patients with hypothyroidism without AIT. The control group consisted of 20 practically healthy individuals. 34 (73.9 %) of patients were on synthetic derivatives of L-thyroxin substitution therapy, and 12 (26.1 %) patients had subclinical hypothyroidism. Neurosis-like syndrome was observed in 93 % of the patients under study. Patients complained of slight irritation and emotional lability. In patients with hypothyroidism secondary to AIT neurosis-like syndrome occurred in 91 % of cases, in patients with hypothyroidism without AIT — in 97 %. The same number of patients with subclinical and those with clinical hypothyroidism complained of high irritability and tearfulness, but it was the patients with subclinical

hypothyroidism whose neurosis-like syndrome was more pronounced. The incidence in them was 90 %, and in those with clinical hypothyroidism — 94 %. The level of personal anxiety that characterizes it as a character trait on the Spielberg and Hanin scale of anxiety self-esteem had no probable differences in the studied groups and was high in patients both with and without AIT, as well as in patients with varying degrees of severity of hypothyroidism. The average index of personal anxiety in patients with hypothyroidism of the thyroid gland secondary to AIT was 55.13 ± 9.62 points, and in patients with hypothyroidism without AIT — 53.09 ± 8.24 points. In subclinical hypothyroidism, it was 54.90 ± 9.10 points, and in clinical hypothyroidism — 55.30 ± 9.02 points. The reactive anxiety allows evaluating anxiety as a transient clinical condition. It was moderate in most patients with primary hypothyroidism, regardless of its cause and severity. However, the average index of reactive anxiety was higher in patients with AIT and amounted to 45.13 ± 9.20 points, and in patients with hypothyroidism without AIT — 32.72 ± 9.20 points. The reactive anxiety was also more pronounced in patients with subclinical hypothyroidism and amounted to 45.95 ± 8.10 points, and in patients with clinical hypothyroidism — 33.80 ± 8.20 points.

Conclusions. Neurosis-like syndrome in patients with primary hypothyroidism was practically obligatory. Patients in most cases complained of mild irritability, tearfulness, emotional lability. In the majority of patients with primary hypothyroidism, regardless of its cause and severity, there was a high personal anxiety, and the reactive one was moderate. One of the features of neurosis-like syndrome in primary hypothyroidism is the prevalence of its manifestations in patients with autoimmune thyroiditis and in patients with subclinical hypothyroidism.

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Evaluation of the influence of autonomic regulation on the cardiac activity in thyrotoxic cardiomyopathy

Thyrotoxic cardiomyopathy (Thyrotoxic heart — TH) is a sufficiently common chronic disease in the metabolic endocrine cardiomyopathy group, which remains an important problem in modern cardiology. TH becomes the leading syndrome of hyperfunctional thyroid diseases with the formation of violations of heart

rhythm, arterial hypertension, heart failure, etc. Thyrotoxic cardiomyopathy develops mainly in young, workable patients with thyrotoxicosis, and often does not acquire complete reverse development with elimination of hyperthyroidism, and characterized by chronic, progressive flow.