



The lack of any significant association between symptoms of anxiety and either MRI abnormalities or clinical variables led us to the opinion that anxiety is a reactive response to the psychosocial pressure experienced by patients.

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CHARACTERISTICS OF CLINICAL MANIFESTATION AND THE COURSE OF MENTAL DISORDERS AND CONCOMITANT CARDIOVASCULAR DISEASES

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A high comorbidity between psychiatric disorders and cardiovascular disease (CVD) has received growing attention in recent scientific literature. One explanation for this comorbidity is that chronic disease, such as CVD, leads to depression and anxiety, through restriction of activities, fear of impending mortality, and other consequences of debilitating disease. Patients suffering from schizophrenia and related psychoses, run a substantial risk of developing hypertension and cardiovascular diseases. Moreover, stress has been linked to higher rates of morbidity and all-cause mortality and is recognized as a risk factor for numerous health conditions, including cardiovascular diseases. During acute stress, a number of cardiovascular changes occur, including accelerated heart rate and high blood pressure. Consequently, those experiencing stress more frequently or to a greater degree would be at greater risk for hypertension, myocardial infarction, and other cardiovascular disorders.

The objective of the research is to study clinical and psychopathological, pathopersonological and psychosocial features of the formation of mental disorders (MD) associated with cardiovascular disease, to develop the principles of their diagnosis.

The research was conducted using socio-demographic, clinical-anamnestic, clinical and psychopathological, psychodiagnostic, clinical-catastrophic, statistical methods and was implemented in two main stages.

At the first stage a patient supervision, experimental-psychological, psychodiagnostic research, diagnosis and comparative characteristics of the main and control groups; determination of features of nonpsychotic mental disorders depending on the duration of the disease by rheumatoid arthritis were carried out. At the second stage a correction of mental disorders using psychotropic drugs and psychotherapy was conducted out.

The proposed program is a comprehensive approach to the treatment of MD against CVD with the use of psychopharmacotherapy and integrative psychotherapy approaches (rational psychotherapy, elements of cognitive behavioral and gestalt therapy).

The patients with the diagnosis of MD, according to the criteria of International Classification Disease 10 (ICD), who attended mental hospital for follow-up visits, were included in this study. The study was approved by the ethics committee of the hospital, and signed informed consents were obtained from patients. Patients with the diagnosis of RA and aged between 20 and 60 years were included.

Experimental-psychological techniques included: Hamilton's Depression and Anxiety Scale (HDRS, HARS) – which were used to detect the level of depression and anxiety. Patients' quality of life was assessed using the four subscales of Quality of Life Index by Mezzich. HRSD and HRSA are both 35-questioned multiple-choice self-report inventories. For depression, 21 points and more are significant; for anxiety, 14 points and more are significant. Quality of Life Index by Mezzich includes questions for each subscale was individually scored from 1 to 10 (0-10 points). Higher scores indicated the best quality of life.

The targets of a complex influence (psychopharmacological and psychotherapeutic) are a pathological emotional state with concomitant cognitive imbalance, individual-psychological deviations, social interaction. The positive dynamics of the level of depression, anxiety and quality of life on the HRDS, HADDs and Quality of Life Index by Mezzich estimates was established.