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The Use Of The Hads Scale To Identify The Psychoemotional State In Patients With Irritable Bowel Syndrome Before And After Treatment With Sulpiride.

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АННОТАЦИЯ

Синдром раздраженного кишечника - одно из распространенных заболеваний, которое встречается в среднем у 20% населения. Только одна треть из них обращаются к врачу за лечением. [2]. По взрасту Высший показатель приходитса на 30-40 лет взросого населения. Женщины по отношению к мужчинам больше подвержаны к СРК.

В развитии синдрома раздраженного кищечника велика роль стрессового фактора.[1] Любые состояния страха и тревоги приводят к сильному возбуждению вегетативной нервной системы. Возбуждение вегетативной нервной системы, в свою очередь, вызывает спазм и гипоксию гладкой мускулатуры желудочно-кишечного тракта.

В результате сильного стресса срабатывает гипаталамогипофизаренальная система. Медиаторы гипаталамогипофизаренальной системы включают катехоламины и кортикостероиды. В результате стресса система запускается, и эти медиаторы начинают выделяться в больших количествах, в результате чего в кишечнике начинают возникать нарушения нейрогуморального контроля.

Несмотря на то, что СРК среди психосоматических заболеваний относится к числу наиболее изученных заболеваний, этиология и патогенез этого заболевания, а также влияние на психическое состояние пациентов на диагностику и лечение до конца не изучены[3]. В малых-средних дозах сульпирид обнаруживает значительно более широкий спектр клинических эффектов, включая психомоторный активирующий, антидепрессивный, противотревожный, а также целый ряд соматотропных свойств — антиалгические, антидиспепсические, противорвотные и др. Очевидно, что обладая столь многочисленными ценными терапевтическими эффектами, сульпирид находит наиболее широкое применение именно в интервале малых-средних доз — от 50 до 400—600 мг в сутки, что требует более детального рассмотрения. Исходя из приведенной выше информации, я считаю актуальным совершенствование диагностики СРК и принципов оказания гастроэнтерологической помощи совместно с психоверологической.

ANNOTATSIYA

Ichak tasirlanish sindromi aholining o'rtacha 20 % uchraydigan keng tarqalgan kasalliklardan biridir. Ularning faqat uchdan bir qismi davolanish uchun shifokorga murojaat qilishadi. [2]. Yosh bo'yicha eng yuqori ko'rsatkich o'sib ulg'aygan aholining 30-40 yoshga to'g'ri keladi. Ayollar erkaklarga nisbatan TIS ga ko'proq moyil.

Ichak tasirlanish sindromi rivojlanishida stress omilining roli katta. Qo'rquv va xavotirning har qanday holati vegetativ asab tizimining kuchli qo'zg'alishiga olib keladi. [1]Vegetativ asab tizimining qo'zg'alishi, o'z navbatida, oshqozon-ichak traktining silliq mushaklarining spazmini va gipoksiyasini keltirib chiqaradi.

Kuchli stress natijasida gipatalamogipofizarenal tizim ishga tushadi. Gipatalamohipofizarenal tizimning vositachilariga katekolaminlar va kortikosteroidlar kiradi. Stress natijasida tizim

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ishga tushadi va bu vositachilar ko'p miqdorda ajralib chiqa boshlaydi, bu esa ichakda neyrogumoral nazoratning buzilishiga olib keladi.

Psixosomatik kasalliklar orasida TIS eng ko'p o'rganilgan kasalliklardan biri bo'lishiga qaramay, kasallikning etiologiyasi va patogenezi, shuningdek, bemorlarning ruhiy holatiga tashxis qo'yish va davolashga ta'siri to'liq o'rganilmagan.[3]

Yuqoridagi ma'lumotlarga asoslanib, men TIS diagnostikasi va gastroenterologik yordam ko'rsatish tamoyillarini psixoverologik bilan birgalikda takomillashtirishni dolzarb deb bilaman.

ANNOTATION

Irritable bowel syndrome is one of the most common diseases that occurs in an average of 20% of the population. Only one third of them go to a doctor for treatment.[2]. By age, the highest indicator comes for 30-40 years of the adult population. Women are more prone to IBS in relation to men.

The stress factor plays a great role in the development of irritable bowel syndrome. Any state of fear and anxiety leads to a strong excitation of the autonomic nervous system. The excitation of the autonomic nervous system, in turn, causes spasm and hypoxia of the smooth muscles of the gastrointestinal tract.

As a result of severe stress, the hypathalamohypophysial system is triggered. Mediators of the hypathalamohypophysial system include catecholamines and corticosteroids. As a result of stress, the system is triggered, and these mediators begin to be released in large quantities, as a result of which disorders of neurohumoral control begin to occur in the intestine.

Despite the fact that IBS is among the most studied diseases among psychosomatic diseases, the etiology and pathogenesis of this disease, as well as the effect on the mental state of patients on diagnosis and treatment, have not been fully studied.[3] In small to medium doses, sulpiride exhibits a significantly wider range of clinical effects, including psychomotor activating, antidepressant, anti-anxiety, as well as a number of somatotropic properties — antialgic, anti-dyspeptic, antiemetic, etc. Obviously, with so many valuable therapeutic effects, sulpiride is most widely used in the range of small to medium doses - from 50 to 400-600 mg per day, which requires more detailed consideration.

Based on the above information, I consider it relevant to improve the diagnosis of IBS and the principles of providing gastroenterological care in conjunction with psychoverological.

Introduction: Irritable bowel syndrome as a diagnosis was officially introduced by the WHO in 1993 in the ICD.[4] According to the Rome Criteria X revision, irritable bowel syndrome (K58.) is a complex of functional disorders lasting over 3 months, the main clinical symptoms of which are abdominal pain (usually decreasing after defecation), accompanied by flatulence, rumbling, feeling of incomplete emptying or urge to defecate, as well as disorders of its function: constipation, diarrhea or their alternation. The symptoms of IBS have a persistent course with periodic extinction and resumption over time. By the age of 50, many patients with IBS report a decrease in pain, but their quality of life does not improve at all. In each specific case, differential diagnosis of IBS with other diseases is necessary.

One of the newest theories of our time, the theory of impaired interaction of the "brain-gut" axis, determines changes in motor ability and digestive secretion, which causes visceral hypersensitivity (HCG) and leads to cellular and molecular disorders in the entero-endocrine and immune systems. It is known that in the absence of pathological changes, normal stretching or contraction of the abdominal organ is not felt by a person. [3] In the presence of HCV in patients with IBS, increased sensitivity (sensation, feeling) is noted in response to mechanical influences in the intestine, which is perceived by the patient as abdominal pain or discomfort. It is clear that patients with IBS with HCV have unstable mental balance and, consequently, a deterioration in the quality of life. Chronic mental stress increases the activity of the pineal

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gland, which leads to activation of the hypothalamic-pituitary-adrenal system, which leads to visceral hyperalgesia [6]. As a result of many studies, two types of HCV have been identified: a decrease in the threshold of pain perception and a normal threshold of pain perception with a strong pain sensation called allodynia. In addition, visceral hyperalgesia may be influenced by other factors, such as spinal cord arousal due to activation of specific mediators (serotonin, kinins) and N-methyl-D-aspartate (NMDA). In addition, patients with IBS have increased secretion of the duodenum and jejunum.

Purpose: to determine the effectiveness of sulpiride using the HADS scale, used to identify the psychoemotional state in patients with irritable bowel syndrome.

Materials and methods. The object of the study: 66 patients with IBS. The age of the patients ranged from 23 to 80 years and averaged 43.1±3.6 years. A prospective analysis of the results of 66 patients for the period 2021-2023 was carried out.. Women absolutely dominated among the patients. The ratio of men to women was 1:1.43. There were 27 men (41%) and 39 women (59%). Among the patients were men under the age of 33-6 (22,2%), 34-44-3 (11,1%) 45-59-9 (33,3%), over 60-9 (33.3%) and women under 33-10 (25,6%), 34-44-8 (20,5%) 45-59-13 (33,3%), older than 60-8 (20.5%). All patients were given sulpirid drug by 1 tab twice a day in the 1st half during 1 month.

Results. Psychoemotional disorders were investigated by methods of clinical and psychological examination. This was determined based on psychological interviews, psychological history collection, and clinical studies of cognitive processes. Psychological tests were used to objectively assess the identified psychoemotional disorders. For this purpose, the HADS (Hospital anxiety and Depression Scale), which is widely used in clinical practice, was chosen, that is, the “hospital anxiety and depression scale". This scale was developed by A.S.Sigmund and R.P. Schnait (1983), adapted for patients undergoing treatment in hospitals, so it is very easy to apply and draw conclusions.[5] The scale is filled in by the patient. It takes 10-15 minutes to fill it out. When formulating the scale questions, the authors excluded somatic signs of depression. This allows you to accurately identify and evaluate the symptoms of pure depression and anxiety in a patient.

The "Hospital scale of anxiety and depression" consists of 14 items, each of which has 4 different response options indicating the severity of the detected symptom: 0 – absence of the symptom; 1 – mild; 2 – moderate; 3 – severe; 4 – extremely severe. Therefore, an increase in the score indicates an increase in the level of depression and anxiety.

Check the box next to the answer that comes to your mind after carefully reading each question. Don't dwell on the questions for too long, the first thought that comes to mind will be the right one.

The results of the analysis of psychosomatic disorders in patients with IBS group I are presented in Table 1, from which it can be seen that depressive disorders were observed in 23 of the examined individuals (91.3%), at the same time, anxiety disorders occurred in 2 patients, which amounted to (8.7%). It is also noticeable that after the use of sulpiride, psychosomatic changes regressed, that is, the number of patients with IBS decreased to 15 in total.

Table 1

Frequency of psychosomatic disorders in patients IBS (group I, n=25) before the use of sulpiride

№ п/п	Psychosomatic disorders	Abs.	%
1.	Anxiety	2	8,7
2.	Depressive disorder	23	91,3

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Frequency of psychosomatic disorders in patients IBS (group I, n=15) after sulpiride administration

№ п/п	Psychosomatic disorders	абс.	%
1.	Anxiety	1	6,7
2.	Depressive disorder	14	93,3

The results of the analysis of psychosomatic disorders in patients with IBS group 11 are presented in Table 2. In the clinical picture of these patients, anxiety disorders were observed in 36 of the examined individuals (86.2%), while in this group of patients, depressive disorders were noted in 5 patients, which amounted to 13.8%. Also in this group, there was a decrease in the number of patients with this type of IBS, that is, the number of patients with decreased to 25 In general

Table 2

Frequency of psychosomatic disorders in patients IBS (group II, n=41) before the use of sulpiride

	Psychosomatic disorders	абс.	%
1.	Anxiety	36	86,2
2.	Depressive disorder	5	13,8

Frequency of psychosomatic disorders in patients IBS (group II, n=25) after sulpiride administration

	Psychosomatic disorders	абс.	%
1.	Anxiety	36	86,2
2.	Depressive disorder	5	13,8

Discussion of the results. 66 people suffering from irritable bowel syndrome were under observation. The selection of patients was carried out in accordance with the accepted Roman diagnostic criteria. The average age of patients (43.1±3.6 years) indicates that patients suffering from IBS are mainly of working age. Among the examined patients, women prevailed 1.43:1.
All the examined patients were divided into two groups, depending on the dominant symptom of the disease. An analysis of clinical symptoms showed that group I patients (IBS with a predominance of constipation) were characterized by the absence of bowel movements for three or more days. Feces with constipation contained a large amount of mucus, and with severe colon spasm, feces were dry ("sheep"), but with a large amount of mucus.
Patients of group II (IBS with a predominance of diarrhea) were characterized by the presence of diarrhea in the first half of the day and its absence at night. The stool was liquid 2-4 times a day, sometimes with an admixture of mucus and remnants of undigested food.
The results of the analysis of psychosomatic disorders in patients with IBS group I showed that depressive disorders were observed in 23 of the examined individuals (91.3%), at the same time, in this group of examined anxiety disorders occurred in 8.7% of patients. In patients with IBS in the II group of patients, anxiety disorders were observed in 36 of 41 examined individuals (87.8%), while depressive disorders occurred in 12.2%.
Conclusions.

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1. In the spectrum of psychosomatic pathology of patients with IBS of the hypomatory type, depressive disorders predominate, and in patients with IBS of the hypermatory type, anxiety disorders predominate.
2. Depressive disorders are accompanied by pronounced manifestations of hypomotor dyskinesia, with the development of persistent seizures, and in anxiety states, on the contrary, hyperkinetic processes with the manifestation of diarrhea prevail.
3. The use of sulpiride in small doses (50 mg) had a positive effect on the mental state of patients with IBS. Symptoms of anxiety and depressive disorder have significantly decreased.

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