

Risk of Suicidal Behavior in Adolescents with Dysmorphic and Depressive Disorders, Taking into Account Their Personality Characteristics to Optimize Early Psychoprophylaxis and Psychocorrectional Care

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Abstract Recently, the prevalence of anxiety and depression in people has increased, especially in adolescent population interest in this pathology. Identifying and diagnosing the prevalence of anxiety depressive disorders in adolescents is a complex process, in which autoaggressive behavior and its global social consequences are considered related to the level of social adaptation. Mental disorders in adolescence, in particular anxiety and depression, can negatively affect adolescents educational attainment, personal and social life, leading to a violation of specific social adaptation. Identification, treatment, and rehabilitation of adolescent mental disorders requires a careful approach.

Keywords Adolescence, Anxiety, Depression, Prevention, Mental disorder

1. Introduction

Epidemiological studies conducted in recent times show that the number of young people with borderline mental disorders has increased in recent times. The most significant increase in incidence with the above pathology is recorded at the age of 15-17 [1]. Modern unstable social situations and socio-psychological factors influence the clinical and developmental dynamics of mental pathology in adolescents [3]. The features of the mental state of their students are increasingly attracting the attention of specialists in various fields of Medicine. The time of study at a higher educational institution corresponds to an age when there is a high risk of manifestation of mental disorders. This may be due to the nature of diseases in adolescents and the effects of stress [2]. WHO studies on mental health problems indicate an increase in the prevalence of mental disorders, in particular anxiety-depressive disorder. Anxiety-depressive disorder most often occurs at a young age [4]. Views on the nature of anxiety-depressive disorder occurring at a young age have changed considerably over the past century. When analyzing the development of foreign psychiatrists' views on the relationship between age and borderline mental

pathology of adolescence, three periods can be distinguished.

The first period - the end of the 19th century - is characterized by the fact that the age of onset of mental disorders is seen as an etiological factor, and is associated primarily with the physiological changes that accompany puberty.

The second period - the first half of the 20th century - is associated with the emergence and development of psychoanalysis. According to psychoanalytic concepts, it is impossible to develop a full-fledged clinical syndrome of mood disorders in adolescents due to the presence of an insufficiently mature Super-Ego. Stanley Hall in 1904 proposed the concept of Sturm und Drang ("storm and stress"), according to which severe mood swings in persons of young age are part of normal adolescent development. But further epidemiological studies have shown that changes leading to psychopathological symptoms other than transient attacks of anxiety and depression are not the norm in adolescent development; anxiety-depressive disorder in adolescents will not disappear on their own, and if not adequately intervened, can progress to disorders in adults [5].

The third period in the development of views on the nature of psychopathology at a young age, including anxiety-depressive disorder, is characterized by the fact that the possibility of psychopathological disorders due to age shifts is admitted. The concept of an interaction between neurobiological and psychosocial influences has been

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proposed to explain the emergence of adolescent affective pathology [7]. The works devoted to the description of youth depression reflect such problems as high prevalence, specificity of clinical manifestations of youth depression, features of diagnosis, typology and prognosis, the features of the personal structure and their dynamics in the premorbid period of youth depression [6], youth dysmorphic depression, depression with a metaphysical intoxication symptom complex are described, approaches to the treatment of youth depression are presented. Unfortunately, anxiety-depressive disorders of the non-psychotic level occurring at a young age, despite their high prevalence, remain understudied, which can be explained both by clinical features, namely their atypical, larvic character, and by social and psychological factors, most often the psychological barrier to seeking medical care from a psychiatrist. In the available literary sources devoted to research of borderline psychopathology, the specificity of anxiety-depressive disorder at young age and especially student youth is insufficiently considered, which is expressed in a number of unresolved scientific and practical problems. The atypical nature of the clinical picture of adolescent depression predetermines difficulties in higher education, which are the main factor of maladaptation in teenagers. The greatest difficulties in diagnosis are caused not by developed forms of anxiety and depression, but by relatively shallow anxious-depressive states that are limited to affective, neurotic, supervalent, and psychopathological-like disorders [8]. Most studies focus on nosological descriptions and syndromes of depression at a young age (dysmorphic, heboid, psychasthenic, depersonalizing, senesto- hypochondriacal depression, and depression with obsessive-phobic disorders), while clinical and psychological features of anxiety and depression remain understudied, which are particularly important when considering anxiety-depressive states in students [9]. According to some data, the course of an anxiety-depressive disorder may differ from the course of such disorder in adults. Young people will have episodic intense periods of depression combined with periods of improvement. Moreover, the protracted course of an anxiety-depressive disorder, with blurred temporal boundaries of the condition and wave-like expressiveness of clinical manifestations, determined by age dynamics, is also characteristic for young age.

Research objective: to study clinical features of anxiety and depression prevalence in the adolescent population, in particular in adolescent girls, in order to improve medical and psychological care.

2. Materials and Methods

80 adolescents aged 14 to 18 were examined at the Samarkand Regional Psychiatric dispensary in 2019-2022. Adolescents with autoaggressive actions in the clinical picture were selected for the study, and adolescents with

appropriate diagnostic criteria for social behavior disorders in accordance with ICD-10-F91.2 were selected. In this, the severity of Affective Disorders was used to determine individual characteristics of subjects using the Hamilton Scale and the schmishek-Leongard test.

3. Results and Discussion

Constitutional and personal characteristics of adolescents using the Schmishek-Leongard test were studied and it was found that individual psychopathy (personality disorder) levels of patients examined were not present, but some clinical character traits can be noted in all adolescents. Among all patients examined, 10 patients (12.5%), 16 patients (20%) identified hysterics, 40 (50%) identified a dysthymic type, and 14 patients (17.5%) identified a disturbing and frightening type. The largest percentage of accentuations of a given sign was of the dysthymic type. These teenage girls had irritability, weakness, exaggerated self-observation, a tendency to anxious fear, reflection, and negative traits. On the Hamilton Scale, moderate depressive disorder was found in 8 patients of demonstrative personality type, who were also characterized by a predisposition to fantasy, external eccentricity, the need for recognition, the presence of hysterical manifestations in the form of interests and specificity. At the same time, characteristic features of mood swings and reactive lability, a clear need to please others, the brightness of some superficial emotional manifestations, egocentrism, demonstrativeness, a tendency to manipulative behavior were observed. The type of emotional personality was often characterized by moderate depression (70%) on the Hamilton Scale, and only 2 patients were diagnosed with severe depression. In the personal structure of these patients, signs of pronounced impulsivity, a tendency to deviations in the field of autodestructive and sometimes desires, affective and emotional lability in combination with instability in the formation of objective interpersonal relationships were especially noticeable. 15% of all patients examined had an anxious and fearful personality type, and these patients were characterized by the development of moderate levels of depression with the appearance of obsessive-compulsive symptoms. In addition to depressive symptoms in clinical manifestations, obsessive fear, suspicion and fixation on past negative memories were observed. A study of the clinical picture of care and neglect syndrome showed that girls with hyperemantic characteristics (10%) began to run away from home at the age of 11, unstable (60%) and with hysteroid characteristics (30%) - 13-14 years.

The results of an analysis of the severity of the overall condition of patients showed that patients in need of moderate care needed severe care in 70% of cases, mild care in 25% of cases, and only 5% of patients. A stationary study of the severity of Affective Disorders using the Hamilton Scale found mild depressive disorder in 30% of patients, moderate to severe depressive disorder in 65% of

cases, and severe depressive disorder in 5 patients. A study of Affective Disorders in patients under investigation showed that affective disorders occurred before the manifestation of the syndrome and in some cases (70%) long before the first attempt to leave the House. The formation of Vagrant Syndrome occurred against the background of the changed effect. In some observations, especially in the presence of psychotraumatic conditions, depressive symptomatology becomes more pronounced, with ideas of inferiority, thoughts of death (70%), feelings of guilt without motivation (30%). In the presence of serious psychotraumatic conditions, depressive states, as a rule, continued for a long time. The main factors of autoaggressive behavior in the form of suicidal thoughts and tendencies in teenage girls were family conflicts, opposite-sex problems, changes in place of residence, and learning difficulties. During the study, suicide attempts were found in 20% of patients with suicidal ideation, 40% with suicidal ideation, planning, and 40% with suicidal ideation. These actions occurred under the influence of the following provoking factors: problems in relations with the opposite sex (60%), family conflicts (20%), conflicts with peers (10%), interpersonal problems (10%). 30% of adolescents under investigation showed no apparent emotional disturbances and no suicidal tendencies, with periodic mood swings.

4. Conclusions

Mental disorders observed in adolescence are the main causes of increased levels of anxiety, depression and emotional stress, frequent disruption of the working regime, lack of rest, eating disorders, new requirements of various types, constantly recurring stressful situations, uncertainty of the future, frequent changes in the place of residence. The psychovegetative characteristics observed during this period lead to a violation of the processes of mental adaptation of adolescents.

Anxiety-depressive disorders and stress-related situations observed in adolescence have been found to be one of the main causes of suicide attempts, especially in adolescent

girls.

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