

Anxiety-Depression in Cardiovascular Diseases Psychocorrection of Disorders

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Abstract The article presents scientific data and analysis of our researches on psychological characteristics of patients with cardiovascular diseases, identification of defense-coping behavior and optimization of psychotherapeutic tactics. The use of cognitive-behavioral psychotherapy and music therapy, aimed at correcting the cognitive and behavioral content of strategies for coping with stressful life situations associated with a specific personality typology and form of psychopathological disorder, made it possible to increase the effectiveness of therapeutic measures for patients suffering from cardiovascular disease.

Keywords Defense-coping behavior, Psychotherapy, Cardiovascular diseases, Anxiety-depressive disorder

1. Introduction

According to WHO, cardiovascular diseases are one of the main causes of death worldwide [3,11]. In medical psychology, hypertension and ischemic heart disease are considered classic psychosomatic diseases. In this regard, patient care should have a comprehensive medical-psychological nature and a person-oriented orientation [12]. For this, it is necessary to take into account the psychological factors of the response to the disease state. Personal attitude to the disease, vital-biological, professional-labor, social-psychological and individual-psychological approach depends on meanings [13,14]. Many studies show that patients are more prone to the development of affective disorders for a number of reasons [6,15], and affective disorders are detected in 64% - 80% of cases, respectively, in patients with cardiovascular diseases. At the same time, the level of comorbidity of these cases reaches 70% [5,8]. The observation of anxiety-depressive disorders in cardiovascular diseases determines the important role of psychotherapy in the complex treatment of this pathology. [7]. For this reason, stress coping strategies can be points of application of psychotherapeutic influence; determining the onset of the disease and the development of neurotic "layers", elements of the patient's relational system; patient's social activities, re-adaptation to family and society; increases the effectiveness of therapeutic effects of biological nature [2,9]. The interaction between the personality-typological characteristics of patients with psychosomatic disorders and their stress coping strategies, and the search for optimal therapeutic goals to determine the extent of psychotherapeutic

assistance to these patients in inpatient settings, remains relevant. [1,4,10]. In this regard, it is important to develop and implement effective psychotherapeutic approaches based on the study of clinical-psychological and individual-personal parameters of patients with cardiovascular diseases, and to determine their strategies for overcoming stressful situations that occur during the formation of psychosomatic diseases. is enough. Such approaches have a positive effect not only on the treatment of the disease, but also on its prognosis, which helps to improve the quality of life as an integral indicator of human health.

The purpose of the study is optimization of psychotherapeutic tactics in anxiety-depressive disorders of patients with cardiovascular disease.

2. Materials and Research Methods

96 patients with cardiovascular disease were examined. 44 of them were diagnosed with hypertension of the I and II degrees, 52 with ischemic heart disease (stress angina), and affective disorders were also identified. Among them, the number of men was 41 (43.0%), and the number of women was 55 (57.0%). The average age of men was 51.8 ± 0.88 , and that of women was 53.3 ± 0.64 . The age range of the examined patients was from 37 to 60 years. We diagnosed these patients with the following affective disorders: 40 (41.7%) patients had a mild depressive episode (F32.0), 56 (58.3%) patients had a mixed anxiety-depressive disorder (F41.2). These patients included in the study were randomly divided into 2 identical groups. The main group consisted of 46 patients treated with standard cardiology therapy, psychotherapy and psychopharmacotherapy. The comparison group consisted of 50 people, whose treatment was carried

out using psychopharmacotherapy in accordance with therapeutic standards and without the use of psychotherapeutic correction. The groups were compared clinically and socio-demographically. Grouping was based on the following criteria: presence of mixed anxiety-depressive disorder [F41.2] or mild depressive episode [F32.0] as determined by clinical examination. Difficulty examining patients for research; Individuals suffering from severe somatic pathology, as well as those with severe mental pathology symptoms that make learning difficult, are not included: organic mental illness (F00-F09 according to ICD-10), endogenous psychosis (F20-F29), psychoactive substance abuse. These include mental and behavioral disorders (F10-F19), mental retardation (F70-F79) due to substance abuse. During examination of patients, somatic condition was assessed, psychological indicators were studied. Clinical and psychological examination included

the following tests: Leongard-Shmishek questionnaire, Spielberger-Hanin's reactive and personal anxiety scale, R. Lazarus' "coping strategy" questionnaire, hospital scale of anxiety and depression.

3. Discussion and Results

At the first stage before the treatment, the patients underwent a clinical and psychological examination, which allowed to obtain the following information. Patients in the examined group were characterized by high personal anxiety and moderate reactive anxiety. R. Lazarus' "coping strategy" questionnaire revealed that the leading strategies for coping with stress were "self-management", "seeking social support", "planning a problem solution" in both groups, with a high level of intensity. (Figure 1).

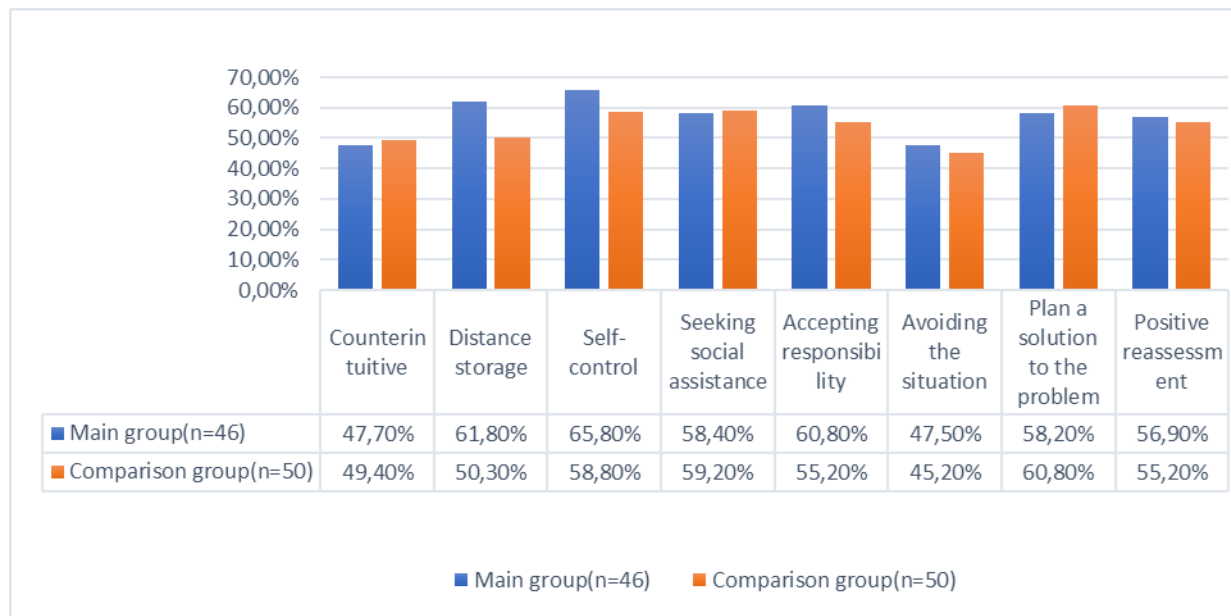


Figure 1. Coping strategies of patients examined before treatment

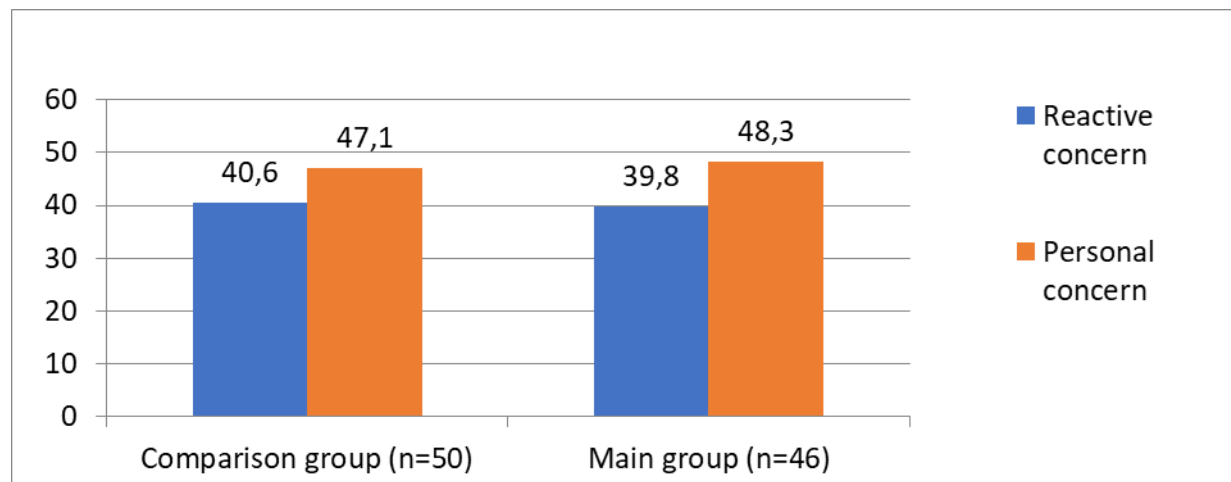


Figure 2. Reactive and subjective anxiety scores before treatment

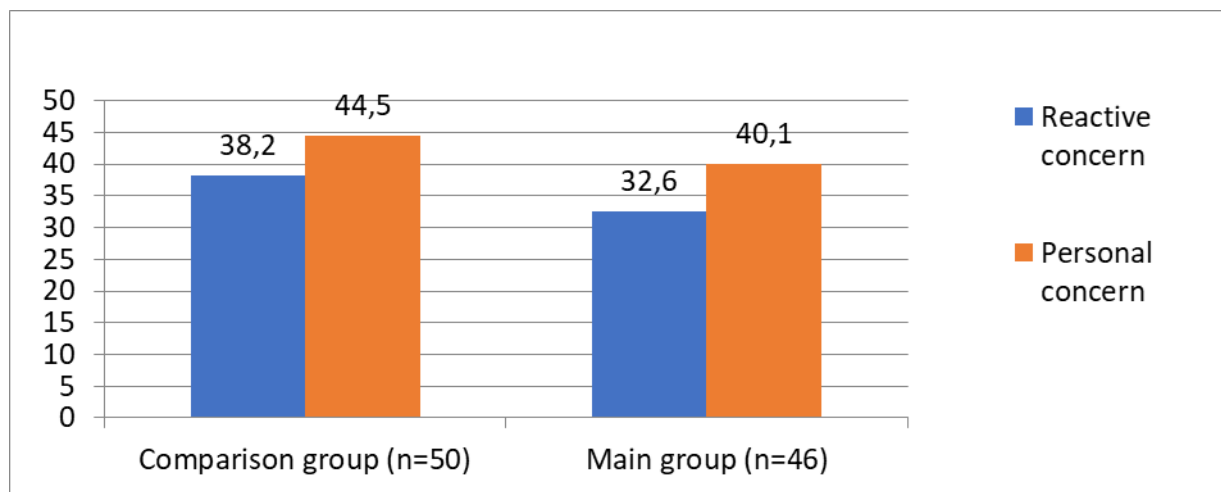


Figure 3. Reactive and personal anxiety scores after treatment

Correlational analysis in the study made it possible to show a statistically significant relationship between the personality-typological characteristics of patients and the stress coping strategies used by these patients. As a result, anxious-suspicious patients preferred the strategy of "seeking social support" more than demonstrative and emotionally labile patients ($r = 0.263$; $p < 0.05$), dysthymic individuals mainly chose the strategies of "keeping a distance" and "avoiding the situation". Women often ($r = 0.298$; $p < 0.05$) used the "social support seeking" strategy to achieve their goals, while men preferred the "self-management" strategy ($r = 0.342$; $p < 0.05$).

In patients diagnosed with cardiovascular disease, anxiety and its level of clarity were analyzed using the Spielberger-Hanin questionnaire. According to it, the following results were recorded in terms of general indicators before treatment in patients in the main and comparison groups:

Reactive anxiety was 39.8 ± 1.2 and personal anxiety was 48.3 ± 1.4 in patients in the main group ($n = 46$), while reactive anxiety was 40.6 in patients in the comparison group ($n = 50$). ± 1.3 and personal anxiety was 47.1 ± 1.1 (Figure 2).

The obtained information can be used at the next stage to identify the irrational coping patterns that underlie the frequently used violent coping strategies, to revise these coping patterns, and then to respond and behave adaptively and constructively in a specific microsocial environment. made it possible to carry out more differentiated psychotherapeutic work in accordance with the personality typology aimed at the formation of styles.

The goal of the psychotherapeutic effect was the strategies used to overcome stress in patients with cardiovascular disease of different personality-typological background, cognitive dysfunctional manifestations that form the basis of affective disorders.

The criterion of effectiveness of psychotherapeutic correction in the complex treatment of patients with anxiety and depressive disorders in the main group under study, the psychoemotional and physical components of health,

the more significant positive dynamics of the main clinical and psychological parameters compared to the comparison group, as well as reflecting the strategy of combating the disease were indicative indicators. At the end of the therapeutic course, we evaluated the comparative dynamics of the main clinical and psychological parameters of the studied patients.

Thus, in both groups, after psychocorrection in the main group and after standard therapy in the comparison group, the analysis of the data of the reactive and personal anxiety scale of Spielberger-Hanin showed that in both groups there was a decrease in reactive and personal anxiety, this decrease was more pronounced in the main group has been The level of personal anxiety in the main group decreased from high to moderate personal anxiety, while in the second comparison group this indicator decreased slightly, but the level of personal anxiety remained in the range of high values (Figure 3).

Such results were associated with a decrease in complaints of cardiovascular diseases, as well as an improvement in the general condition of patients. A more significant positive dynamics of the frequency of complaints in the main group compared to the comparison group was statistically reliable ($p < 0.05$). According to the results of R. Lazarus "coping-strategy" questionnaire assessment, after the treatment, the intensity of the preferred coping-strategies decreased in the examined groups and became more pronounced in the main group.

In the second stage of our study, changes in clinical and psychological characteristics were evaluated in patients with cardiovascular diseases with various affective disorders under psychotherapeutic influence. A comparison of data from R. Lazarus' coping strategy questionnaire in these patients showed that there were no significant differences between the preferred coping strategies of patients with mixed anxiety-depressive disorder and mild depressive episode. was In patients examined with a mild depressive episode, the Hospital Anxiety and Depression Scale showed a significant decrease in depression and personal anxiety

compared to patients with mixed anxiety-depressive disorder.

Thus, the use of cognitive psychotherapy aimed at correcting the cognitive and behavioral content of strategies for coping with stressful life situations associated with a certain type of personality typology and psychopathological disorders in patients with cardiovascular diseases, anxiety-depression made it possible to increase the effectiveness of therapeutic measures against disorders.

4. Conclusions

Clinical and psychological characteristics of patients with anxiety-depressive disorders in cardiovascular diseases, high level of reactive and personal anxiety are characterized by significant psycho-emotional stressful situations. A high level of intensity of the leading strategies for coping with stress was related to these parameters, including "self-management", "seeking social support", "planning a problem solution" in both groups. adaptive coping strategies in the form of "avoidance of the situation", "keeping a distance" and "positive reappraisal" inflexible coping strategies were noted. The selection of leading strategies for coping with stress in patients with anxiety-depressive disorders reveals that there is a certain connection with the main personality-typological characteristics of these patients. Anxious-suspicious, restless and emotionally-labile individuals prefer the "social support-seeking" strategy. Authoritative individuals use the coping strategy of "self-management". Individuals with dysthymic accentuation, on the other hand, choose the strategies of "keeping a distance" and "avoiding the situation". Women's goal-directed behavior is carried out by choosing the "social support-seeking" strategy, and men's "self-management" strategy. Psychocorrection of each patient's individual coping strategy with the help of optimized cognitive-behavioral psychotherapy and music therapy in patients with anxiety-depressive disorder in cardiovascular disease led to an increase in the effectiveness of therapeutic processes.

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