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Pathogenetically substantiated complex therapy program of anxiety disorders in internally displaced persons

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Abstract

Victims of local armed conflicts have suffered psychological trauma, in connection with which they have specific clinical and psychological characteristics of experiencing crisis situations. Forced resettlement is accompanied by transformation of the entire system of socio-psychological relations, which ultimately risks the formation of a psychological state of maximum disintegration and maladaptation. Material and methods. A comprehensive examination of 150 patients with anxiety disorders was conducted to address this goal. Patients were both sexes, aged 20-55 years. The main group consisted of 84 patients (44 women and 40 men) who participated in the developed comprehensive therapeutic program, the control group - 66 patients (34 women and 32 men) who received standard regulated therapy. The following examination methods were used in the study: clinical-psychopathological, psychodiagnostic and statistical. A complex therapy program was developed and tested, based on the data obtained during this study. It was made for the treatment of anxiety disorders with differentiated use of psychopharmacotherapy and psychotherapy. Pharmacotherapy included differentiated use of anxiolytics, selective serotonin reuptake inhibitors (sertraline) and combined serotonin and norepinephrine reuptake inhibitors (venlafaxine, mirtazapine). During our research it was developed and tested a personalized system of psychotherapy for anxiety disorders. Analysis of indicator's quality

dynamics showed that improvement of perception of physical condition in the main group increased by 39.8% of examined, in the control - by 21.1%; the sense of action independence improved by 59.8% and 36.3%, respectively; job satisfaction by 69.8% in the main and in the control – 32.2%; feeling of spiritual realization – 71.1% and 22.1% – respectively.

Key words: IDPs; anxiety disorder; psychotherapy; pharmacotherapy.

Introduction

Situation of military conflict and forced relocation is extremely stressful. The problem of internally displaced persons is one of the most acute for Ukraine, as a result of protracted military conflict in the east of the country, about 1.5 million Ukrainians have been forced to leave their homes and relocate. A sharp change in life stereotypes, rupture of habitual relationships, job loss, domestic and material problems lead to the load of adaptive personality systems, emotional and psychological problems and the formation of mental disorders [1, 2, 3].

Victims of local armed conflicts have suffered psychological trauma, in connection with which they have specific clinical and psychological characteristics of experiencing crisis situations.

Forced resettlement is accompanied by transformation of the entire system of socio-psychological relations, which ultimately risks the formation of a psychological state of maximum disintegration and maladaptation [4, 5, 6].

In recent years, reports of international organizations have paid special attention to the mental health of internally displaced persons and provision of timely medical assistance to them. At the same time, solving the problem of adequate psychological adaptation of internally displaced persons and treatment of anxiety disorders in them is impossible without a thorough study of the patterns of these disorders, their clinical features, risk and anti-risk factors, development of effective treatment and rehabilitation [7, 8, 9].

Mental health problems and the psychosocial consequences of traumatic crises are closely linked, necessitating prevention of mental disorders and rehabilitation of internally displaced persons [10, 11].

Aim of the study: to develop pathogenetically grounded comprehensive program for the treatment of anxiety disorders in internally displaced persons.

Material and methods. A comprehensive examination of 150 patients with anxiety disorders was conducted to address this goal. Patients were both sexes, aged 20-55 years.

According to the diagnosis, subjects were divided into 3 clinical groups:

1 - with confirmed diagnosis of mixed anxiety-depressive reaction (F43.22) – $33.2 \pm 1.3\%$,

2 - panic disorder (F41.0) – $34.6 \pm 1.3\%$,

3 - generalized anxiety disorder (F41.1) – $32.2 \pm 1.3\%$.

The main group consisted of 84 patients (44 women and 40 men) who participated in the developed comprehensive therapeutic program, the control group - 66 patients (34 women and 32 men) who received standard regulated therapy.

The following examination methods were used in the study: clinical-psychopathological, psychodiagnostic and statistical.

Research results

According to the data obtained during this research, examined patients most frequently complain for: mood depression (83.3% of respondents), unreasonable anxiety, excessive anxiety (85.1%), internal tension with the inability to relax (72.9%), various fears (43.3%), sleep disorders (42.3%).

For patients with anxiety-depressive reaction are characterized by: low mood (85.9%), feelings of anxiety (86.8%), internal tension, unmotivated anxiety (79.8%), negative emotional coloring of experiences (69.8%), obsessive fears and anxieties (62.3%), doubts about the correctness of decisions and actions (32.2%).

Panic disorder is characterized by recurrent unpredictable attacks of severe anxiety (panic) (92.6%), feelings of extreme fear (62.8%), sense of mortal threat(48.3%), accompanied by tachycardia (89.8%), shortness of breath (69.8%). A panic attack lasts up to an hour, between attacks – anxious expectation of a recurrence.

The clinical picture of generalized anxiety disorder was represented by generalized persistent anxiety (96.2%), constant tension (89.1%), bad foreboding (66.8%), timidity, constant unwarranted anxiety (81.5%), sleep disturbances, especially falling asleep (59.7%).

As shown by results of psychodiagnostic research in the examined patients there were severe (58.2% of subjects) and moderate (40.4%) anxiety and severe (42.3%) and moderate (54.2%) depression by the Hamilton scale, clinical manifestations of anxiety (54.2%) and depression (43.2%) or subclinical manifestations of anxiety (45.8%) and depression (56.8%) by Hospital Anxiety and Depression Scale (HADS); moderate (34.2% of respondents) and excessive (62.8%) level of mental stress severity by The Taylor Manifest Anxiety Scale (Nemchin's modification).

A complex therapy program was developed and tested, based on the data obtained during this study. It was made for the treatment of anxiety disorders with differentiated use of psychopharmacotherapy and psychotherapy.

Pharmacotherapy included differentiated use of anxiolytics, selective serotonin reuptake inhibitors (sertraline) and combined serotonin and norepinephrine reuptake inhibitors (venlafaxine, mirtazapine).

During our research it was developed and tested a personalized system of psychotherapy for anxiety disorders. The psychotherapeutic program for patients with anxiety-depressive reaction lasted 3-7 weeks and included in men - use of cognitive-behavioral therapy "Analysis of experiences", personality-oriented psychotherapy by Karvasarsky and existential therapy by Rogers; in women - individual crisis psychotherapy, cognitive-behavioral therapy "Rational Beliefs" and biosuggestive therapy by O. Strazhny.

A psychotherapeutic program for panic disorder lasted 10-12 weeks and included in men - use of cognitive-behavioral awareness therapy, personality-oriented psychotherapy and biosuggestive therapy by O. Strazhny; in women - cognitive-behavioral therapy of ruminations, psychotherapy with metaphorical maps and art therapy.

In generalized anxiety disorder program lasted 10-12 weeks and included in men - use of cognitive-behavioral therapy "Rational Beliefs" and "Awareness", short-term psychodynamic psychotherapy; in women - cognitive-behavioral therapy "Behavioral activation" and ruminations, psychotherapy using metaphorical maps.

An important component of our therapeutic program was personalized psychoeducation, aimed at providing patients with knowledge about features of anxiety disorders, involving patients in active participation in treatment and training in methods of mastering specific problems caused by anxiety; training in skills to overcome the depth of the disease.

Duration of the psychoeducational program was 12-15 weeks and included for men - information training, trainings "Psychological balance", "Recovery" and self-control of their own emotional state; for women - information training, «Stress management» training, assertiveness and affiliation.

According to the study results on the background of the developed personalized psychotherapeutic program in patients of the main group a stable therapeutic effect was achieved (positive dynamics of anxiety symptoms, increased psychophysical activity) in 73.2% of men and 75.3 ± 1.7 74.5% of women.

72.3% of patients in the main group showed a significantly better reduction in anxiety and depression by HADS and 71.3% by the Hamilton scale compared with 41.2% and 38.9% of patients in the control group, respectively. On the TMAS (Nemchin's modification) of mental stress in 68.9% of the main group and 42.3% of the control group there was a decrease in mental stress.

Analysis of indicator's quality dynamics showed that improvement of perception of physical condition in the main group increased by 39.8% of examined, in the control - by 21.1%; the sense of action independence improved by 59.8% and 36.3%, respectively; job satisfaction by 69.8% in the main and in the control – 32.2%; feeling of spiritual realization – 71.1% and 22.1% – respectively.

Conclusions. Thus, use of the proposed complex therapy in the treatment of internally displaced persons with anxiety disorders contributes to the rapid reduction of psychopathological symptoms, reducing anxiety, depression and mental stress, has a positive effect on psychological well-being, improving interpersonal relationships, that linked with general perception of quality of life.

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