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## CONTENTS AND EFFICIENCY MEASURES OF PSYCHOEDUCATION IN REHABILITATION SYSTEM OF PATIENTS WITH BIPOLAR AFFECTIVE DISORDER

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### Abstract

The objective: to formulate, test and endorse psychoeducational activities in the system of bipolar affective disorder (BAD) patients rehabilitation. 158 BAD patients had complex clinical-psychopathological, clinical anamnesis and psychodiagnostic examination. Developed algorithm of psychoeducational measures involves the use of various information modules, techniques, cognitive-behavioural therapy, training interactions (positive self-image, improved compliance, formation of communication skills, problem solving, interpersonal interaction), problem-oriented discussions and family therapy. The high efficacy of psychoeducation compared to traditional treatment complex ( activation of adaptive coping strategies, transition type of maladaptive relationship to disease in adaptive, positive dynamics of social and quality of life of patients with BAD) has been ascertained.

**Key words:** bipolar affective disorder (BAD), psychoeducation, psychosocial rehabilitation.

**Direction of problem:** At the present time, problem of bipolar affective disorder (BAD), is one of priority for psychiatry. According to modern concepts, bipolar affective disorder (BAD) is a mental illness that is characterized by the change of polarity of affect, chronic recrudescence, high comorbidity, accompanied by suicidal behavior, reduction of life-span, worsening of the social functioning and quality of life of patients and their relatives [1, 7, 9].

Recent studies indicate that the BAD I and II type lifelong observed in 3.9% of the population, and during the year - 2.6%. Taking into account chronic character BAD with the formation of various psychopathological entities in different periods of the disease, obviously, that only complex therapy with the flexible dynamic given the choice of therapeutic tactics depending on existing on the that or other stage illness of clinical presentation can provide stabilizing of the state and maintenance of social adaptation of this contingent of patients [2, 5, 6].

Ukrainian realities regarding the distribution of bipolar affective disorder and its medical and social consequences correspond to global trends. Modern scientific research on bipolar affective disorder devoted to updating the concept of psychosocial rehabilitation of their social reintegration and improves quality of life [3, 4, 8, 10]

The above-mentioned testifies to the necessity of development and introduction of modern methods of psychosocial rehabilitation of patients with BAD, the inalienable constituent of that is psychoeducation.

**Contingent and methods:** During the work with the aim of development principles and algorithm of realization psychoeducational program in treatment and rehabilitation of patients with BAD, complex clinical-psychopathological, clinical anamnesis and psychodiagnostic survey of 158 both sexes patients with BAD is undertaken and the system of psychoeducation is approved in the complex rehabilitation of patients.

The main group consisted of 94 patients treated by regulated psychopharmtherapy and took part in the psychoeducational program, the control group - 64 patients who received only standard therapy regulated in the hospital.

In 23.6% of patients in the main group was diagnosed maniac episode (F31.1), at 44.2% - a depressive episode (F31.3, F31.4), at 32.2% - a mixed episode (F31.6). Distribution by variants of polarity of affect in a control group was following: 22.4% of patients with a maniac episode (F31.1), 43.9% with the depressive episode (F31.3, F31.4) and 33.7% - with mixed episode (F31.6).

Among the examined main group 55.6% were women and 44.4% - male among patients in the control group, these figures amounted to 58.2% and 41.8%, respectively.

Age of patients of main and control group was in limits from 20 to 65 years old. Among the patients of main group prevailed persons in age 41-50 (35.9 %) and 61-65 (25.6%). In control most of the patients belonged to the age categories 31-40 and 51-60 years (41.8% and 27.3%).

**Results and discussion:** During work we developed a system of psychoeducational work which consists of:

- Provide information to the patient and his family about the mechanisms of formation and the peculiarities of the clinical picture of BAD, features and methods of treatment and rehabilitation. Formation of patients and their families an adequate picture of the disease.
- Reducing emotional tension that dictated by fact and symptoms of mental illness. Production compliance of patients and their relative's.
- Providing psychosocial support, improved adaptation of the patient and his family, improving quality of life for the patient with BAD.

During the work we have developed psychoeducational group program that included self-12 classes and included the use of a variety of information modules, techniques, cognitive-behavioral therapy, training interactions (positive self-image, improved compliance, forming of communicative abilities and skills, decision problems of interpersonally cooperation), problem-oriented discussions, and family psychotherapy. As a form of psychotherapeutic intervention group discussion were also used.

During the group discussion discussed possible ways to overcome with their own illness condition analyzed variants of adaptive behaviors.

During work the next variants of psychoeducational interference were used: teaching (mini-lections), emotional support, stimulation, advice, elucidation, clarification, objectification, interpretation.

Psychoeducation program, consisted of three stages:

Stage I- information - includes explanations formation patient characteristics, clinical manifestations BAD, treatment options and drugs mechanisms of action, carried out the motivation of patients to participate in psychoeducational program.

Stage II – therapeutic- was sent to forming compliance, proceeding in the social functioning of patients due to the change of their attitude toward illness, to his "I", perception

of itself as personality, able to manage with the nascent problems conditioned by illness; warning of autoaggressive tendencies and changes of usual pathological coping strategies.

Stage III - the final- was aimed at securing new positive psychosocial tendencies forms of response and adaptive behaviors if decompensation state adequate, consolidation and structural forms of interpersonal interaction through the implementation of functional training, followed by a discussion and analysis of their performance.

The group work made it possible for patients to discuss the information with other participants to relate it with their own experience. Equally important was the fact that participants could receive important information not only from a doctor but also from others participants, to exchange with them by experience, together look the decision of problems.

Studying in a group it is allowed to support patient at stable level of functioning, help a patient better to understand character and features of disease and his influence on a patient and his family members. Equally important result of the group program that it helps create additional emotional support network.

The set high effectiveness of psychoeducation compared to traditional complex treatment. As research results showed in the mechanisms of action of technologies of psychoeducation should highlight the transformation of coping strategies (activation of adaptive forms overcoming oriented social support, analytical approach to problem solving), the transition maladaptive type of relationship to disease (apathetic, melancholic, hypochondria Czech and anxiety) in adaptive (harmonious and erhopatetic) and development of personality resource due to personality realization, improvement of personality relations and family support feeling ,that determines the high level of life quality.

Pronounced positive dynamics of social functioning in main group patients,that in the traditional complex of curatively-rehabilitation measures was included psychoeducation ,that significantly ( $p < 0.05$ ) than the corresponding changes in the control group; transformation coping strategies (activation of adaptive forms overcoming oriented social support, analytical approach to problem solving), moving maladaptive type of relationship to disease (apathetic, melancholic, Czech hypochondria and anxiety) in the adaptive (harmonic and erhopatetic), and development of personality resource due to personality realization, improve personal relationships and a sense of family support.

The work was carried out a dynamic evaluation of the life quality in patients with BAD under psychoeducational influenced(by the method of SF-36), as research results showed for the patients of main group, for certain, all indexes of life quality became better in comparing to the control group.

The results of research suggest that the, psychoeducational program is offered in the structure of complex BAD therapy increases the volume of knowledge not only, strengthens a confidence in dealing with against illness, but simultaneously arrived tasks to therapy: improving opportunities in the field of confident behavior, improving of communication skills and everyday life skills, forming new strategies for solving problems, improving social success. Thus, psychoeducation solves the problem of patient's social reintegration.

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