

THE TACTICS OF PSYCHOTHERAPEUTIC SUPPORT OF PATIENTS WITH PSYCHOENDOCRINE SYNDROME CAUSED BY HYPOTHYROIDISM

V. Ishchuk

**Ukrainian Scientific and Practical Center of Endocrine Surgery, Endocrine
Transplantation of Organs and Tissues of the Ministry of Health of Ukraine, Kyiv**

Abstract

In order to form of nosogenic-differentiated system of psychotherapeutic support for patients with psychoendocrine syndrome on the background of hypothyroidism, at the Ukrainian Scientific and Practical Center for Endocrine Surgery, Transplantation of Endocrine Organs and Tissues of the Ministry of Health of Ukraine, 100 patients with hypothyroidism were examined.

Within the framework of the psychodiagnostic study, which included, in particular, a structured psychodiagnostic interview aimed at identifying and systematizing of nosogenic predictors of psychotraumatization, the chronopathology and introspectively-vital groups were identified.

Based on the analysis of variants of a dynamic stereotype, the interpretation of the nature of the influence of nosogenic predictors of psychotraumatic disorders in a psychosomatic perspective was performed.

Based on the analysis of dynamic stereotype variants, the interpretation of the nature of the influence of nosogenic predictors of nosogenic-stress in psychosomatic perspective and developed principles of psychotherapeutic support of patients with PES on the background of hypothyroidism were developed.

Key words: hypothyroidism, psychoendocrine syndrome, nosogenic-differentiated system.

Relevance. Disorders of thyroid metabolism are ones of the most common classes of endocrine pathology. Taking into account the biological activity of thyroid hormones, which includes intense psychostimulating effects, their secretory disproportion, in addition to somatic cluster of semiotics, causes the formation of psychoendocrine syndrome (PES), which manifestations of are included in the pathogenesis of endocrine pathology significantly aggravating its course (due to destabilization of disease and violation of compliance) and dramatically reducing the quality of life (due to the accumulation of stress in response to the pathological mode of perception of psychologically severe aspects of the disease – nosogenies, and the formation of a satellite neurotic disorders determined by them) [1–3].

Given the significant clinical separation of somatic and psychotherapeutic spheres of competence, the timely diagnosis of psychopathological disorders in the structure of the forming PES is a complex task for practical implementation, however, the clinical experience of psychological monitoring of patients with endocrine disorders on outpatient care indicates the presence of an explicit mechanism of the psychopathogenesis implementation of nosogenies resulting in synergy of the activating hormonal effects and the anxiogenic forms of social and introspective reflection [4, 5].

In this context, the issue of establishing of the actual range of nosogenies in the structure of hypothyroidism and search for congruent forms of psychological correction is an important task for clinical psychology.

The aim of the study: to create nosogenic-differentiated system of psychotherapeutic support for patients with psychoendocrine syndrome on the background of hypothyroidism.

Study design. The study population consisted of 100 patients with hypothyroidism treated at the Ukrainian scientific practical center for endocrine surgery, transplantation of endocrine organs and tissues of the Ministry of Health of Ukraine. The patients' average age was $48,6 \pm 2,5$ years old. The duration of the disease by the time of the study ranged from 5 to 15 years.

Methods: anamnestic, psychodiagnostic, psychopathological, psychophenomenological, and statistical.

Study results. At the previous stages of the study, it was found that, PES in hyperthyroidism is characterized by a combination of a high level impulsivity, high levels of

physical, indirect and verbal aggression. In the structure of decompensation states there are two types of clinical and psychological PES arrangement:

- explosive-agonistic: the composition of incontinence of affect and aggressive responsive patterns, which leads to the loss of control over affectively determined behavior and the inclusion of states of micro-social maladjustment in the complex of psychogenies;
- agitated-impulsive: the composition of anxiety and impulsiveness is arranged by the psychostimulating effects of thyroid hormones, which leads to dysprozexia and larval forms of psychomotor agitation.

Within the framework of the psychodiagnostic study, which included, in particular, a structured psychodiagnostic interview aimed at identifying and systematizing of nosogenic stress-predictors, the following groups were identified.

1. Chronopathology (in relation to the course of the disease), includes the following groups of predictors of psychotraumatization:

- early (existing in the period from the time of initial treatment for the current disease till 6 months from the time of diagnosis);
- delayed (existing after 6 months from diagnosis till diagnosis of the first somatic complications of the disease that require independent therapy);
- late (since the diagnosis of the first somatic complications of the disease, which require independent therapy and further).

2. Introspectively-vital (by belonging to the introspectively-identified spheres of life of the patient), which includes the following groups of predictors of psychotraumatization:

- valeocentric (includes predictors of belonging in the sphere of worries for health, physical and mental well-being);
- sociocentric (includes predictors of belonging to the sphere of worries for violations of social (including family), labor and economic relations);
- ahedonistic (includes predictors of belonging to the sphere of worries to loss the possibility of obtaining pleasure and satisfaction).

Based on the analysis of variants of a dynamic stereotype, the interpretation of the nature of the influence of nosogenic stress-predictors in a psychosomatic perspective was performed.

1. The formation of functional and morphological disturbances as a predictor of nosogenic-stress in hypothyroidism. This predictor has intensifying type of dynamics (10.0% / 46,0% / 72,0%), which can be explained similarly. Psychotherapeutic tactics: individual cognitive behavioral therapy at an early stage with the progressive formation of the group.

2. The fact of the presence of chronic (incurable) disease as a predictor of nosogenic-stress in hypothyroidism. This predictor has a remitting type of dynamics (77,0% / 22,0% / 43,0%), what can be explained by the tendency of patients with hyperthyroidism to hypotymic and subdepressive states in the later stages of the disease, which forms the context for the exacerbation of existential experiences. Psychotherapeutic tactics: cognitive behavioral therapy, that on early stage involves a group participation with progressive transition to individual practice with those patients who do not demonstrate a positive effect.

3. Restriction of physical activity – both in the perspective of the development of the disease, as well as the present one – can be combined into a single predictor of psychotraumatization. This predictor has a culminating type of dynamics (73,0% / 51,0% / 49,0%). Having the maximum frequency in the early period of the disease, this situation is similar to that in hyperthyroidism, but in this nosological form, the delayed and late period of the disease has a subjectively deeper limitation of physical activity. Psychotherapeutic tactics: selective behavioral therapy with patients demonstrating high individual significance of this factor.

4. The presence of heavily experienced symptoms of the disease in hypothyroidism. This predictor has a reductive type of dynamics (63,0% / 42,0% / 32,0%), that corresponds to the effectiveness of therapeutic relief of manifestations of the disease and increasing mental adaptation of patients.

Psychotherapeutic tactics: selective behavioral therapy with patients demonstrating high individual significance of this factor.

5. The need for therapy with drugs that have pronounced side effects that have a negative impact on health in hypothyroidism., This predictor has a remitting type of the dynamics (20,0% / 13,0% / 44,0%), which can be explained by the optimal ratio of dosing / efficacy in the delayed period of the disease and the manifestation of side effects with increasing dosage and inclusion in the spectrum of therapy of drugs aimed on correcting of complications at the late period of the disease.

Psychotherapeutic tactics: individual suggestive psychotherapy at an early stage with the gradual formation of the group. It is possible to use track techniques.

6. Carcinophobia experiences in hyperthyroidism have a culminative dynamics (20,0% / 36,0% / 13,0%). Occurring in a relatively small number of observations, they were the most often recorded ones at the delayed period of the disease., Most likely, this was due to unintentional induction by medical personnel and due to the patient's self-analysis of various

sources of information; independently stops over time and with the transition of the disease to a stable course.

Psychotherapeutic tactics: selective compliance-oriented rational psychotherapy

7. Introspectively identified cognitive and mnestic violations as predictor of nosogenic-stress in hypothyroidism. This predictor has remitent type of dynamics (50,0% / 31,0% / 42,0%), due to the presence of prosectic disorders and exhaustion in the structure of psychasthenic states at an early stage of the disease, which are perceived by patients as loss of memory and intellect. Effective replacement therapy of the underlying disorder partially compensates for these disorders at the end of the disease, and with less efficiency with the appearance of complications at the late stage of the disease.

Psychotherapeutic tactics: individual cognitive behavioral therapy at an early stage with the gradual formation of the group.

8. The need for diagnostic procedures and therapeutic measures that have a high cost as a factor of nosogenic-stress in hypothyroidism. This predictor has a remitent type of dynamics (53,0% / 30,0% / 44,0%), what can be explained by the objective ratio of financial costs in hyperthyroidism in different periods of the disease.

9. The presence of labor restrictions, which causes financial difficulties, loss of an economically dominant role as a factor of nosogenic-stress in hypothyroidism. This predictor has a persistent nature of the dynamics (30,0% / 35,0% / 30,0%), that corresponds to a stable level of significance in all periods of the disease.

Psychotherapeutic tactics: family psychotherapy with the formation of a psychotherapeutic group consisting of patients and their families.

10. Limitation of the circle of communication associated with the presence of the disease or its symptoms as a factor of nosogenic-stress in hypothyroidism. This predictor has a culminating character of dynamics (7,0% / 22,0% / 21,0%), that corresponds to the increase in the level of significance of communicative deficiency for this group of patients in the delayed period of the disease through compensation of manifestations of psychasthenia.

The tactics of psychotherapy: group psychotherapy with the personality-oriented component. Involved patients demonstrate a high individual significance of this factor.

11. The need for diet, refusal of alcohol and any kind of stimulants as a psychotraumatic factor in hypothyroidism. This predictor is the culmination of the dynamics (30,0% / 11,0% / 12,0%), which corresponds to fast adaptation, which is influenced by limitations inherent for hypothyroid states of hypobulia and hypopathia.

The tactics of psychotherapy: group psychotherapy, combined with individual sessions of existential psychotherapy for patients showing a high individual significance of this factor.

12. Dependence on the use of hormone replacement therapy, as a predictor of nosogenic-stress in hypothyroidism. This predictor has a remitting type of dynamics (23,0% / 15,0% / 18,0%), that corresponds to the relative adherence to the regimen of therapy in the delayed period of the disease, most likely due to the subjective effectiveness of therapy with a slight manifestation of side effects.

Psychotherapeutic tactics: Group psychotherapy at an early stage with a gradual transition to individual practice of rationalization with those patients who do not show a positive effect.

Conclusions: Based on the analysis of dynamic stereotype variants, the interpretation of the nature of the influence of nosogenic predictors of nosogenic-stress in psychosomatic perspective, namely: 1) the formation of functional and morphological disorders; 2) the fact of the presence of chronic (incurable) disease; 3) restriction of physical activity; 4) the presence of heavily experienced symptoms of the disease; 5) the need for therapy with drugs that have pronounced side effects; 6) carcinophobia experiences; 7) the cognitive and mnestic disorders; 8) the need for diagnostic procedures and therapeutic measures with a high cost; 9) the presence of labor restrictions, which causes financial difficulties; 10) the restriction of the circle of communication associated with the presence of the disease or its symptoms; 11) the need for diet, refusal to take alcohol and any stimulant substances; 12) dependence on the reception of hormone replacement therapy.

The principles of psychotherapeutic support of patients with PES on the background of hypothyroidism were developed.

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