PSYCHOTHERAPY OF THE ELDERLY WITH NON-PSYCHOTIC MENTAL DISORDERS IN CHRONIC CEREBROVASCULAR PATHOLOGY

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Abstract: Approaches to psychotherapy of elderly people with non-psychotic mental disorders are considered. It is shown that short-term problem-oriented psychotherapeutic methods (rational, behavioral, positive, family psychotherapy) aimed at reducing neurotic symptoms, social support and improving the quality of life are most acceptable for psychotherapy in old age with chronic cerebrovascular pathology.

Keywords: psychotherapy, old age, non-psychotic mental disorders.

ПСИХОТЕРАПИЯ ПОЖИЛЫХ ЛЮДЕЙ С НЕПСИХОТИЧЕСКИМИ ПСИХИЧЕСКИМИ РАССТРОЙСТВАМИ ПРИ ХРОНИЧЕСКОЙ ЦЕРЕБРОВАСКУЛЯРНОЙ ПАТОЛОГИИ

Аннотация: Рассмотрены подходы к психотерапии пожилых людей с непсихотическими психическими расстройствами. Показано, что для психотерапии в пожилом возрасте с хронической цереброваскулярной патологией наиболее приемлемы краткосрочные проблемно-ориентированные психотерапевтические методы (рациональная, поведенческая, позитивная, семейная психотерапия), направленные на уменьшение невротической симптоматики, социальную поддержку и улучшение качества жизни.

Ключевые слова: психотерапия, пожилой возраст, непсихотические психические расстройства.

INTRODUCTION

Currently, there is a significant increase in the elderly population in almost all countries of the world. 1/5 of the population is people over 60 years old [12].

In old age, there is a high incidence of mental disorders, which ranges from 50 to 68 % [7, 13]. The majority of mental disorders in the elderly are non-psychotic mental disorders (NPPD); there is a high level of comorbidity of NPPD with somatic and vascular organic pathology. According to numerous domestic and foreign studies, it has been convincingly proved that there are stable structural connections between comorbid mental and cerebrovascular disorders [2, 8].

Borderline (non-psychotic) mental disorders (NPPD) of late age represent a vast zone of painful conditions determined by a continuum of psychopathological phenomena diverse in genesis and clinical dynamics - from those occurring at the prenosological level to intensely pronounced and protracted forms [11]. Against the background of the natural aging process, the extreme polymorphism of clinical symptoms and the variety of interacting pathogenetic factors constitute the primary basis and specificity of neurotic and pathoharacterological reactions, conditions, development at a late age, thereby explaining the relevance of systematics, differential diagnosis, prognostic evaluation of painful phenomena. [1].

Psychotherapy in gerontological practice is a complex of psychotherapeutic measures aimed at restoring and activating bodily, mental and social functions, skills and capabilities, as well as solving specific problem situations that an elderly patient cannot cope with on his own [6].

In the arsenal of modern psychotherapy, there are few methods developed specifically for working with elderly people. Methods developed on models of earlier ages, but adapted to the psychological characteristics of older people, are quite well known and widespread [4].

The use of psychotherapeutic methods in gerontological practice is associated with the departure in recent decades from the deficit model of aging, according to which this process is accompanied by a general decrease in intellectual and emotional capabilities.

The purpose of the study is to develop approaches to psychotherapy of elderly people with NPPD with chronic cerebrovascular pathology.

MATERIALS AND METHODS

The present study was performed at the Samarkand State Medical Institute, at the Department of Psychiatry, Medical Psychology and Narcology. The Samarkand Regional Psychiatric Hospital served as the clinical basis for the study of 85 patients with NPPR in cerebrovascular pathology. The age range is from 50 to 70 years, the average age was 55.4±3.8 years. To realize the purpose and objectives of the study, a clinical-catamnestic and experimental-psychological examination of patients living in the territory of the city of Of Samarkand and the Samarkand region, who were treated in the specified medical facility for non-psychotic mental disorders for five years. The distribution of patients is shown in table 1.

Table 1 Distribution of patients by diagnostic groups

Groups	Section ICD-10	Number of patients	
		abs.	rel.
Main group	F0. Organic, including symptomatic, mental disorders	25	29%
		43	51 %
	F3. Affective mood disorders	17	20 %
Control group	F4. Neurotic, stress-related and somatoform disorders	20	-

The methods of questionnaire, clinical conversation and psychodiagnostic examination of patients were used. The latter included:

the methodology for diagnosing Spielberger–Khanin self-esteem. The level of situational and personal anxiety was determined. The methodology consists of 40 questions. [9];

the methodology of differential diagnosis of depressive states of Zunge. The methodology consists of 20 questions aimed at assessing the level of depression. [13];

The Mini-cartoon questionnaire (an abbreviated version of the Minnesota Multidimensional Personality Questionnaire, MMPI), revealing the features of the emotional sphere of personality. [5].

RESULTS AND THEIR DISCUSSION

An analysis of the frequency of occurrence of the main nosological forms of NPPR in patients of different age groups showed that organic nonpsychotic disorders were present 2 times more often than in group 2 than in group 2 (25 and 29%, respectively; $p < 0.001$) and less

often neurotic, stress-related and somatoform disorders (17 and 20 %, respectively; p <0.001). Affective nonpsychotic disorders were observed in 43 and 51% of group 1 patients.

A comparative analysis of the duration of the existence of NPPR in different age groups revealed that younger patients seek psychotherapeutic help at an earlier time than older people. However, it is necessary to pay attention to the fact that in both age groups, every third patient had a duration of the disease of more than 1 year.

In patients of group 1, concomitant somatic diseases and brain diseases were more common than in group 2 (59.0 and 47.6%, respectively; p <0.001), which is naturally explained by the increase in somatic burden with age.

35% of group 1 patients and 44% of group 2 patients turned to a psychotherapist in the direction of another doctor, that is, older people more often sought psychotherapeutic help on their own.

According to the Spielberger–Khanin anxiety method, patients of different age groups had high levels of personal anxiety, while indicators of situational anxiety indicated its moderate level. Group 2 individuals had somewhat high levels of situational anxiety (p <0.05). Signs of depression on the Tsung depression self-assessment scale were found in 41.7% of group 1 patients and only in 16.7% of group 2 patients. The average indicators on the depression scale in patients of group 1 were (44.3 ± 1.5) points, in patients of group 2 - (39.8 ± 1.7) points. The differences are significant at p <0.05.

A high level on the loneliness scale was observed in 29.4% of patients in group 1 and 20.8% in group 2, that is, every fourth or fifth subject experienced a severe mental state accompanied by a bad mood and painful emotional experiences (a feeling of complete immersion in oneself, abandonment, doom, uselessness, disorder, emptiness, loss). The average indicators on the loneliness scale in patients of the 1st group were (25.6 ± 2.1) points and were higher than in the 2nd - (21.1 ± 2.0) points (p <0.05).

Analysis of the results using the Mini-cartoon technique showed that group 1 patients had higher indicators on the scales

of "Depression" (p <0.05), "Hysteria" (p <0.05) and "Paranoia", which characterizes a decrease in mood, pessimism, isolation, passivity, somatization of anxiety and its displacement, the use of symptoms of a somatic disease as a means of avoiding responsibility, solving problems by going into illness, difficulties in social adaptation, rigidity, a tendency to systematize accumulated experience, suspicion, resentment.

At the same time, group 1 patients had higher indicators on the "Psychasthenia" scale (p <0.001), reflecting higher anxiety, fearfulness, indecision, a tendency to constant doubts and fears, sensitivity, unmotivated fears, self-doubt and self-competence, low self-esteem.

A comparative analysis of the literature data and the results of the study made it possible to identify the features of psychotherapy of elderly people with NPPR:

psychotherapy should be preceded by a detailed psychopathological diagnosis, which is due to the need to take into account the presence of organic pathology caused by atherosclerosis of the cerebral vessels, manifested by emotional, cognitive and behavioral disorders;

in elderly people, psychotherapy is less effective than in young people, due to inertia and rigidity of thinking, difficulties in developing new or changing old life and behavioral stereotypes in the elderly;

psychotherapy of elderly people with NPPR should first of all take into account the peculiarities of psychological and somatic statuses;

individual psychotherapy aimed at adapting the patient to life in changed conditions is the most acceptable;

the least effective in working with the elderly are depth psychological and psychoanalytic methods of psychotherapy.

The data obtained by us also formed the basis for the development of psychotherapeutic approaches in the treatment of various nosological forms of NPPR in the elderly, which are recommendations of certain types of psychotherapy for various nosological forms of NPPR.

Based on the presence of one or another form of NPPR, a psychotherapist can use more appropriate types of psychotherapy to achieve the effectiveness of treatment. The selection of types of psychotherapy for various nosological forms of NPPR was made by us, based on the real possibilities for the elderly. Symptom- and problem-oriented psychotherapeutic methods will be more in demand, as well as short-term forms of psychotherapy, due to the fact that long-term therapy is accompanied by an additional load.

CONCLUSIONS

Among patients over the age of 60, organic non–psychotic disorders are 2 times more common than at a younger age, and neurotic, stress-related and somatoform disorders are less common. Elderly people are characterized by the presence of asthenic, depressive and anxiety symptoms, high comorbidity of mental and somatic pathology, psychosocial features in the form of lack of family and lonely living, somatic burden, low financial situation.

For the psychotherapy of elderly people with non-psychotic mental disorders, short-term symptom- and problem-oriented psychotherapeutic methods (rational, cognitive-behavioral, positive, family psychotherapy) aimed at reducing neurotic symptoms, social support and improving the quality of life are most acceptable.

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