

MEDICAL SCIENCES

SOME FEATURES OF PSYCHOPATHOLOGICAL SYMPTOMS IN PATIENTS WITH DEPRESSIVE DISORDERS IN MODERN STAGE

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Abstract

The features of psychopathological symptoms of depressive disorders were studied taking into account age and gender factor. It has been established that modern depressive disorders are characterized by polymorphism of symptoms with the presence of pronounced anxiety, obsessive and somatic manifestations; the severity of the main psychopathological symptoms increases with age. Gender differences are in the greater severity of symptoms of depression, hostility and paranoid symptoms in men, and anxiety, somatization, obsessive-compulsive symptoms, interpersonal sensitivity and phobic anxiety in women. These features can be considered as manifestations of the clinical pathomorphosis of depression at the present stage.

Keywords: depressive disorders, psychopathological symptoms, pathomorphosis

Depressive disorders are one of the main problems of modern psychiatric science and practice. Depressions are associated with comorbid pathological, suicidal behavior, reduced of quality of life, and social disadaptation both in patients with depressions and in their microsocial environment [1, p. 333; 2, p. 655; 3, p. 980-985]. According to modern studies, depressive disorders are characterized by polymorphism of symptoms, difficulty of diagnosis and resistance to therapy [4, p. k5354; 5, p. 711-715]. An important factor in the development of preventive measures for depressive disorders is the study of their pathomorphosis, in particular, clinical phenomenology of depressive disorders at the modern stage [6, p. 78-88; 7, p. e673–e681]. At the same time, a some of important issues of clinical pathomorphosis of depressive disorders remain insufficiently studied, and the data of existing studies are incomplete and contradictory [8, p. 255-257; 9, p. 127].

The aim of the study is to investigate the structure and severity of psychopathological symptoms in patients with depressive disorders at the present stage, taking into account age and gender factor.

With the observance of the principles of biomedical ethics, we have clinically examined 107 men and

138 women who applied for medical care at Vinnitsa Regional Psycho-Neurological Hospital from 2015 to 2019. The nosological structure of the contingent was as follows ICD-10 codes: F 31.3, F 31.4, F 32.0, F 32.1, F 32.2, F 33.0, F 33.1, F 33.2). The average age of the men was 34.2 ± 11.1 years, and 33.2 ± 11.4 years for women ($p=0.422$), the average duration of depression was 5.7 ± 5.8 years for men, and 4.5 ± 5.4 years for women ($p=0.064$). 3 subgroups were allocated in group of men and women depending on the age of patients at the time of the study: up to 30 years (M1 and W1 groups, respectively), from 30 to 44 years (M2 and W2 groups, respectively), 45 years and older (M3 and W3 groups, respectively). The study was carried out using Symptom Check List-90-Revised – SCL-90-R (L. Derogatis and al., 1976). Statistical analysis of differences between groups was carried out using non-parametric Mann-Whitney test.

The general trend of the modern pathomorphosis of depressive disorders is an increase in the proportion of anxious and somatized depressions in the structure of depressive disorders [10, p. 1786-1790]. These tendencies are manifested in the indicators of psychopathological symptomatology (table 1-3).

Table 1.

Features of psychopathological manifestations in men, taking into account age factor

Symptoms	Indicators level, M \pm m/Me (Q ₂₅ -Q ₇₅) (points)		
	M1, n=38	M2, n=46	M3, n=23
Somatization	0.72 \pm 0.09 / 0.70 (0.60–0.80)	0.83 \pm 0.20 / 0.80 (0.60–0.90)	0.97 \pm 0.26 / 0.80 (0.70–1.20)
Obsessive and compulsive symptoms	0.68 \pm 0.45 / 1.00 (0.10–1.00)	1.12 \pm 0.77 / 1.10 (0.10–1.90)	1.24 \pm 0.85 / 1.60 (0.20–2.00)
Interpersonal sensitivity	1.33 \pm 0.19 / 1.40 (1.10–1.40)	1.53 \pm 0.34 / 1.60 (1.10–1.80)	1.65 \pm 0.37 / 1.70 (1.20–1.90)
Depression	2.65 \pm 0.79 / 3.10 (2.00–3.20)	2.91 \pm 0.71 / 3.20 (2.80–3.40)	3.44 \pm 0.44 / 3.50 (3.30–3.70)
Anxiety	2.00 \pm 0.23 / 2.00 (1.80–2.20)	2.21 \pm 0.38 / 2.30 (1.80–2.50)	2.37 \pm 0.36 / 2.40 (1.90–2.70)
Hostility	0.31 \pm 0.26 / 0.30 (0.00–0.50)	0.54 \pm 0.51 / 0.50 (0.00–0.70)	1.78 \pm 1.23 / 1.70 (0.70–3.20)
Phobic anxiety	0.61 \pm 0.15 / 0.70 (0.40–0.70)	0.77 \pm 0.30 / 0.90 (0.40–1.00)	0.93 \pm 0.30 / 0.90 (0.60–1.10)
Paranoid symptoms	0.24 \pm 0.11 / 0.20 (0.20–0.20)	0.30 \pm 0.16 / 0.20 (0.20–0.30)	0.33 \pm 0.16 / 0.30 (0.20–0.30)
Psychoticism	0.64 \pm 0.27 / 0.60 (0.40–0.90)	0.70 \pm 0.25 / 0.70 (0.50–0.90)	0.69 \pm 0.19 / 0.70 (0.60–0.80)
Global Severity Index	1.19 \pm 0.25 / 1.30 (0.90–1.40)	1.39 \pm 0.37 / 1.45 (1.10–1.70)	1.67 \pm 0.38 / 1.70 (1.30–2.00)
Positive Symptom Total	45.42 \pm 8.37 / 48.00 (38.00–52.00)	49.37 \pm 9.95 / 51.50 (42.00–55.00)	55.04 \pm 10.47 / 57.00 (43.00–64.00)
Positive Symptom Distress Index	2.34 \pm 0.21 / 2.35 (2.20–2.50)	2.49 \pm 0.23 / 2.60 (2.30–2.70)	2.73 \pm 0.20 / 2.80 (2.60–2.90)

In addition to high rates of depression, the examined patients showed increased levels of anxiety, obsessive-compulsive symptoms, and somatization. These manifestations determine the specificity of the modern

pathomorphosis of depressive disorders with an increase in the clinical picture of manifestations of anxiety and somatic symptoms.

Table 2.

Features of psychopathological manifestations in women, taking into account age factor

Symptoms	Indicators level, M \pm m (points)		
	W1, n=51	W2, n=53	W3, n=34
Somatization	0.90 \pm 0.19 / 0.90 (0.80–1.00)	1.13 \pm 0.38 / 1.00 (0.80–1.30)	1.92 \pm 0.69 / 1.85 (1.40–2.50)
Obsessive and compulsive symptoms	1.47 \pm 0.69 / 1.90 (1.00–1.90)	1.71 \pm 0.71 / 1.90 (1.60–2.10)	2.40 \pm 0.66 / 2.40 (2.00–2.90)
Interpersonal sensitivity	1.65 \pm 0.31 / 1.70 (1.60–1.80)	1.85 \pm 0.40 / 1.80 (1.70–2.20)	2.44 \pm 0.49 / 2.35 (2.20–2.80)
Depression	2.30 \pm 0.76 / 2.20 (1.80–3.00)	2.65 \pm 0.86 / 3.10 (2.40–3.20)	2.98 \pm 0.73 / 3.20 (2.60–3.50)
Anxiety	2.35 \pm 0.31 / 2.40 (2.20–2.60)	2.55 \pm 0.40 / 2.60 (2.40–2.80)	2.99 \pm 0.34 / 3.05 (2.80–3.20)
Hostility	0.15 \pm 0.23 / 0.00 (0.00–0.30)	0.37 \pm 0.44 / 0.30 (0.00–0.50)	0.90 \pm 0.98 / 0.50 (0.00–1.30)
Phobic anxiety	0.91 \pm 0.26 / 1.00 (0.70–1.10)	1.11 \pm 0.39 / 1.10 (0.90–1.40)	1.72 \pm 0.50 / 1.70 (1.40–2.00)
Paranoid symptoms	0.21 \pm 0.05 / 0.20 (0.20–0.20)	0.23 \pm 0.09 / 0.20 (0.20–0.20)	0.29 \pm 0.17 / 0.20 (0.20–0.30)
Psychoticism	0.59 \pm 0.23 / 0.60 (0.40–0.70)	0.59 \pm 0.22 / 0.60 (0.50–0.80)	0.69 \pm 0.22 / 0.80 (0.50–0.80)
Global Severity Index	1.31 \pm 0.25 / 1.30 (1.20–1.50)	1.51 \pm 0.35 / 1.60 (1.30–1.80)	1.95 \pm 0.39 / 1.90 (1.60–2.20)
Positive Symptom Total	49.20 \pm 7.07 / 50.00 (46.00–55.00)	53.34 \pm 8.36 / 55.00 (50.00–58.00)	62.09 \pm 7.94 / 61.50 (58.00–66.00)
Positive Symptom Distress Index	2.39 \pm 0.19 / 2.40 (2.20–2.60)	2.52 \pm 0.24 / 2.50 (2.30–2.70)	2.82 \pm 0.22 / 2.80 (2.60–3.00)

The general trend is the increase in psychopathological manifestations with age. So, in the youngest age groups (M1 and W1), the level of indicators of all psychopathological symptoms, except for psychoticism, and in women – also paranoid symptoms, is significantly ($p < 0,05$ or less) lower than in the middle age

groups (M2 and W2) and in the older ones (M3 and W3). In middle age groups, men are significantly lower indicators of depression and hostility than in older groups, and women – all psychopathological symptoms, except for paranoid symptomatology.

Table 3.

Symptoms	Level of statistical significance of differences (p) between groups								
	Groups being compared								
	M1 vs M2	M1 vs M3	M2 vs M3	W1 vs W2	W2 vs W3	W2 vs W3	M1 vs W1	M2 vs W2	M3 vs W3
Somatization	0.009	0.000	0.060	0.003	0.000	0.000	0.000	0.000	0.000
Obsessive and compulsive symptoms	0.004	0.002	0.139	0.003	0.000	0.000	0.000	0.000	0.000
Interpersonal sensitivity	0.001	0.001	0.152	0.003	0.000	0.000	0.000	0.000	0.000
Depression	0.011	0.000	0.000	0.007	0.000	0.007	0.013	0.020	0.003
Anxiety	0.001	0.001	0.124	0.002	0.000	0.000	0.000	0.000	0.000
Hostility	0.037	0.000	0.000	0.003	0.000	0.013	0.003	0.039	0.004
Phobic anxiety	0.002	0.001	0.123	0.004	0.000	0.000	0.000	0.000	0.000
Paranoid symptoms	0.041	0.000	0.064	0.128	0.003	0.091	0.126	0.015	0.015
Psychoticism	0.279	0.578	0.768	0.924	0.019	0.025	0.461	0.054	0.329
Global Severity Index	0.002	0.000	0.013	0.001	0.000	0.000	0.052	0.133	0.020
Positive Symptom Total	0.038	0.001	0.021	0.002	0.000	0.000	0.042	0.037	0.031
Positive Symptom Distress Index	0.002	0.000	0.000	0.005	0.000	0.000	0.238	0.608	0.246

Gender differences consist in significantly ($p < 0,05$) higher rates in men of depression, hostility (in all age groups) and paranoid symptoms (in M2 and W2, M3 and W3 groups), and in women – somatization, obsessive-compulsive symptoms, interpersonal sensitivity, anxiety and phobic anxiety (in all age groups). The most significant differences in indicators between men and women were found in the older age group (45 years and older), and the least significant – in the young (up to 30 years old).

The patterns we identified indicate a significant role in the structure of modern depressive disorders of anxiety, somatic, and obsessive-compulsive symptoms. The tendency for an increase in psychopathological symptoms with age reflects the natural progression of a depressive disorder, age-related decompensation of adaptive psychological mechanisms, as well as the addition of involutory affective manifestations. At the same time, the severity of individual symptoms increases unevenly with age. Thus, hostility is increasing at the fastest rate, and in men it especially increases after 45 years, while in women the increase in the indicator of hostility with age is more uniform. In men, obsessive-compulsive and paranoid symptoms increase mainly in middle age, and in women - in older age. The least pronounced change with age in indicators of depression, anxiety and interpersonal sensitivity. Gender characteristics of psychopathological symptoms, in our opinion, are primarily associated with various psychological models in men and women.

These features require further deeper study of the pathomorphosis of depressive disorders, taking into account gender and age factors.

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GENERAL THERAPY FOR SURGICAL WOUND INFECTIONS CAUSED BY METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS. EFFECT OF B-LACTAM ANTIBIOTICS ON METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS

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ОБЩАЯ ТЕРАПИЯ ИНФЕКЦИЙ ХИРУРГИЧЕСКИХ РАН, ВЫЗВАННЫХ МЕТИЦИЛЛИН-РЕЗИСТЕНТНЫМ ЗОЛОТИСТЫМ СТАФИЛОКОККОМ. ВЛИЯНИЕ В-ЛАКТАМНЫХ АНТИБИОТИКОВ НА МЕТИЦИЛЛИН РЕЗИСТЕНТНЫЙ ЗОЛОТИСТЫЙ СТАФИЛОКОККОК

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Abstract

To reveal the possibility and rationality of using antibiotic therapy of patients with surgical site infection (SSI), to determine the features of β -lactam antibiotic therapy of infections caused by methicillin-resistant *Staphylococcus aureus*, and what analogs of this group of antibiotics are used to treat MRSA.

Аннотация

Раскрыть возможность и рациональность применения антибактериальной терапии больных с инфекцией области хирургического вмешательства (ИОХВ), определить особенности лечения β -лактамами антибиотиками инфекций, вызванных метициллин-резистентным золотистым стафилококком (МРЗС), и какие аналоги этой группы антибиотиков используются для лечения МРЗС.

Keywords: β -lactam antibiotic, methicillin-resistant *Staphylococcus aureus*, infection, therapy, research, surgical site infection.

Ключевые слова: β -лактамы антибиотиков, метициллин-резистентный золотистый стафилококк, инфекция, терапия, исследования, инфекций области хирургического вмешательства.

Гнойно-воспалительные послеоперационные осложнения всегда сопровождаются возбудителем, от вида которого зависит степень тяжести протекания инфекции, характер поражения, скорость распространения, эффективность лечения.

Необходимо проводить анализ каждой конкретной клинической ситуации с учетом факторов риска и изучать эпидемиологическую обстановку, которая позволит с достаточно высокой долей вероятности определить потенциального возбудителя и