CLINICAL PECULIARITIES OF DEPRESSIVE DISORDERS IN ELDERLY PATIENTS

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Abstract
Last decades approaches to an assessment of an outcome of depressive distress at persons of serotinal age have undergone essential changes. Along with conservation of traditional methodology in definition of categories of an outcome of depression and their division into the congenial and unfavorable bunches, represen-tation about criteria of reference of each concrete variant of an outcome to one of these categories has extended. The problem of an assessment of a depression at elderly patients gets the special practical importance in the light of traceable in the world of tendencies of augmentation of centre lifetime with conservation of high social activity and working capacity of the person. And also, the factor of "rare hospitalizations" (29.5%) as a predisposing and provoking one. We believe that the most specific factor for this group is the gradual onset of the disease, which characterizes the development of somatic suffering in "endogenous" patients. The development of the disease imperceptible for patients means for them an untimely initiation of therapy, a worse somatic prognosis and a persistent chronic stress factor. Such a judgment can be considered typical: "it hurts slightly - I endure it; I wait for it to pass by itself."

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INRODUCTION

Chronic family conflicts; lack of active leisure; material and household shortcomings; belonging to social groups of workers to provoke depressive symptoms of psychogenic genesis and maintain it.

Somatic: chronic somatic disease as a soil factor and trigger; the sudden and gradual course of somatic suffering as a trigger and supportive factor; and infrequent hospitalizations as a soil and supportive factor.

Mental and psychological: aggressive-ness (in all three qualities); accentuated personality as a factor of "soil"; and hereditary burden as a factor of "soil" and a provoking factor; psychotrauma and excessive emotionality (in all three qualities)

Among the social (Fig. 3.) factors of psychogenic genesis, a higher value is shown, such as long-term family conflicts, protracted service conflicts with provocation of depressive episodes and their maintenance (42.8%). On the other hand, for the group of endogenous depressions, living conditions (29.4%) and material condition (23.5%) were of higher importance as factors of "soil". The latter factor could also more often provoke and maintain the developed depressive state of endogenous genesis.

The aim of the research is to study risk factors in the formation and development of depressive states of the involutionary period.

MATERIALS AND METHODS

The study involved 40 patients with depressive disorders at the age of 45-60 years. Of the research methods used were clinical and psychopathological; experimental psychological research methods (scale for assessing depression DRALEX (2012), Hamilton psychometric scale).

To achieve this goal and solve the research problems, 45 patients with depressive disorders at the age of 45-65 years were examined. The median age was 55.9 years. Among them there were 31 women (68.8%) and 14 men (31.1%). All patients underwent inpatient treatment at the City Clinical Psychiatric Hospital of the City Health Department of the Khokimiat in Tashkent. Fig. 1. Distribution of patients by sex.

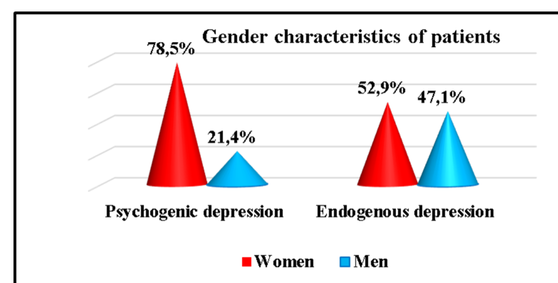

Fig. 1. Distribution of patients by sex.

The main clinical criteria for the selection of patients were:

- The presence of a clear pathogenetic relationship between affective symptoms and psychogenic disorders;
- The predominance of anxious and depressive manifestations in the clinical picture of mental disorders of an endogenous nature;
- The typical nature of the clinical picture of these disorders for the establishment of diagnostic criteria;
- A combination of mental disorders with concomitant somatic pathology.

Among the social factors contributing to the selection of patients were:

1. Age over 45 y.
2. Frequent hospitalizations in a psychiatric hospital
3. Disorders of social adjustment

The above criteria were met by the following disorders according to the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10):

F-31.0 (Bipolar disorder);
F-32.0 (Mild depressive episode);
F-32.1 (Moderate depressive episode);
F-32.3 (Severe depressive episode);
F-33. (Recurrent depressive disorder);
F-43.2 (Depression due to adjustment disorder).

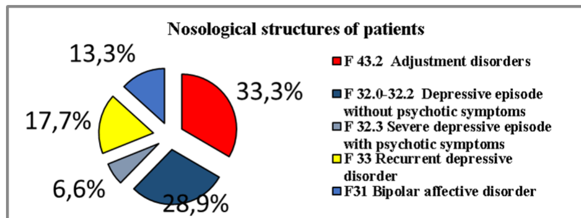

Fig. 2. Distribution of patients by disorder

RESULTS AND DISCUSSION

The study did not include patients whose depressive disorder was combined with chronic alcoholism, drug addiction, mental disorders caused by organic damage to the central nervous system. The analysis of the factors influencing the development of depressive states at a later age was carried out in two planes. First, according to the nature of the effect on the clinical state, the factors were subdivided as predisposing, provoking and supporting. Secondly, social, somatic and mental factors were distinguished by origin.

In the development of depression in the involutionary period, the following factors have a significantly higher value ($P < 0.05$):

Social: chronic family conflicts; lack of active leisure; material and household short-comings; belonging to social groups of workers to provoke depressive symptoms of psychogenic genesis and maintain it.

Somatic: chronic somatic disease as a soil factor and trigger; the sudden and gradual course of somatic suffering as a trigger and supportive factor; and infrequent hospitalizations as a soil and supportive factor.

Mental and psychological: aggressive-ness (in all three qualities); accentuated personality as a factor of "soil"; and hereditary burden as a factor of "soil" and a provoking factor; psychotrauma and excessive emotionality (in all three qualities)

Among the social (Fig. 3.) factors of psychogenic genesis, a higher value is shown, such as long-term family conflicts, protracted service conflicts with provocation of depressive episodes and their maintenance (42.8%). On the other hand, for the group of endogenous depressions, living conditions (29.4%) and material condition (23.5%) were of higher importance as factors of "soil". The latter factor could also more often provoke and maintain the developed depressive state of endogenous genesis.

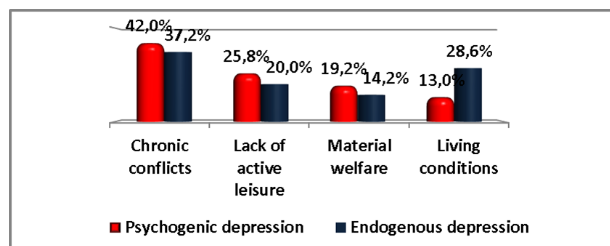

Fig. 3. Social risk factors

Somatic factors have shown specific significance in the development of depressive conditions and psychogenic and endogenous genesis. The factor of limited mobility was no exception. Among the more common somatic factors were oncological diseases; cardiac problems; hypertonic disease; diabetes mellitus, etc.

So, as a predisposing and supporting one, somatic factors were more often found in the group of psychogenic depressions, and as provoking in the group of depressions of endogenous origin. (Fig. 4)

For the group of psychogenic depressions, the following factors were of higher importance: The most significant chronic somatic illness as a predisposing and provoking factor, and the severe course of somatic suffering as a provoking and supporting factor. Attention is also drawn to the fact that 53.6% of the respondents in this group called the factor "sudden onset of a somatic illness" provoking for the development of a depressive state. This means that half of the patients can name the day and hour of the beginning of their somatic suffering, which provoked the development of depression. It should be noted that the exact day and hour of the onset of the disease is also

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very typical for more severe cerebral vascular catastrophes: transient cerebrovascular accidents, strokes, cerebral infarctions, multi-infarction dementia. Psychogenic depression, which is an undeniable harbinger of these formidable conditions, certainly has the same characteristic features, only significantly less pronounced clinically. It is no coincidence that in a conversation many patients confidently name the date of the onset of depression: on such and such a date, pain in the chest suddenly appeared (high blood pressure, etc.), and then "the mood deteriorated," which subsequently became "worse and worse."

For the group of endogenous depressions, on the contrary, the factors of many somatic diseases, the gradual onset of the disease (58.8%) (in all three qualities: predisposing, provoking and supporting) were of greater importance. And also the factor of "rare hospitalizations" (29.5%) as a predisposing and provoking one. We believe that the most specific factor for this group is the gradual onset of the disease, which characterizes the development of somatic suffering in "endogenous" patients. The development of the disease imperceptible for patients means for them an untimely initiation of therapy, a worse somatic prognosis and a persistent chronic stress factor. Such a judgment can be considered typical: "it hurts slightly - I endure it, I wait for it to pass by it-self."

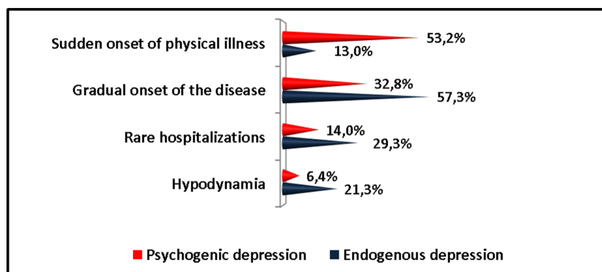

Fig. 4 Somatic risk factors

The more frequent sound of mental factors in the genesis of endogenous depression in comparison with depression of psychogenic origin, of course, confirms their primary "cerebral", in the true sense of the endogenous nature. The factors of hedonism, excessive emotionality (17.6%), psychopathological hereditary burden (41.1%) (in all three qualities, as predisposing, provoking and supporting) were of the greatest importance in this group. The totality of these factors speaks for itself: their combination, as it were, in a "natural way" implies the further development of a depressive state. (fig. 5)

By "excessive emotionality" the majority of patients meant incontinence in the manifestation of emotions, that is, a weakening of control over the manifestation of affect. Passive behavior manifested itself in an easy refusal to achieve the set goals, limited needs, lack of ambition. Often, patients noted that this behavior pattern has been characteristic of them for many years. Most patients also noted that avoidant behavior in conflict has been characteristic of them for decades. Hedonism was viewed by the patients of this group as an inevitable evil that cannot be resisted. So, the opportunity to give oneself complete freedom in getting pleasure from life caused bewilderment and distrust among the majority, it was understood as indulgence of weaknesses, inevitably leading to some adversity. Patients indicated repeated unsuccessful Psychogenic depressions, from this point of view, were mostly secondary, representing the attempts to change the daily regimen, control overeating, follow a diet, give up alcohol, tobacco, etc. The following statement should be considered typical: “I would quit smoking when the doctors ordered - I would not suffer now”. At the time of the conversation, many patients continued to express unstable wishes to change something in their usual way of life, to get rid of any bad habits.

In most cases, at the time of the survey, there was a depressive narrowing of the range of everyday pleasures, there was a refusal of knitting, baking, gardening in women; fishing, crafts, reading for men. The spectrum of pleasures was represented in this group by predominantly moderate alcoholization, both in men and women. It should be noted that no clinically delineated alcoholism was found in this group.

Brain's reaction to an "external" somatic factor, had a somatopsychic or reactive character. In this group, such factors as aggressiveness (25%) (in all three qualities) showed their importance; personality accentuation (35.7%) as a predisposing factor and various psychotrauma (28.5%) as a predisposing and provoking factor. The value of the aggressiveness factor in this group can hardly be overestimated.

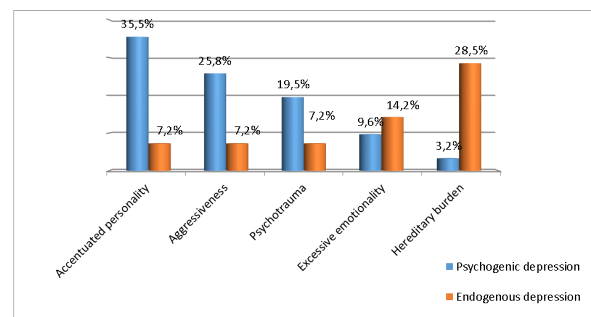

Fig. 5. Psychological risk factors

CONCLUSION

From the point of view of psychosomatics, the identified behavioral pattern is an element of the pathological auto-aggressive mechanism: "stimulus -

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anger affect - suppression - somatization of anger affect - damage to blood vessels" (N. Veskeg, 1990). Adding to this well-known pathogenetic process the clinical pronounced lesion of blood vessels we are studying - vascular depression, we get the mechanism of sublimation of anger into depression, the somatic "payback" for which is atherosclerotic lesion of blood vessels in general and the brain in particular. This means, therefore, that psychogenic depression is unspoken anger, unmanifest aggression, sup-pressed personal protest. The factor of heredity, aggravated by mental disorders, undoubtedly played a large role in endogenous depression.

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