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EMOTIONAL DISTURBANCES ON PANIC DISORDER PATIENTS AND THEIR PSYCHOTHERAPY CORRECTION

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Contemporary in Ukraine there are the considerable growth of anxiety disorders consists paroxysmal phenomena. The panic disorder (PD) and agoraphobia (AF) the main in their structure. The emotional disturbances of 40 PD patients and 20 AF patients. Has been investigated with the clinic and pathopsychological methods. The high level of anxiety was shown. By pathopsychological investigation the high level of personality anxiety and low level of neurotism and depression were indentified. The system of psychotherapy correction was established, with high efficacy in 68% cases.

Key words: emotional disturbances, panic disorder, psychotherapy correction.

Paroxysmal disturbances are one of the most important problem of modern medicine all ower the world as well as in Ukraine. This is due to their significant prevalence. According to epidemiological researches up to 80% of the population suffers from paroxysmal and permanent vegetative symptoms that clinically manifested as vegetative dysfunction syndromes [1, 2]. One of the most common form of vegetative dysfunction is the panic disorder (PD), which manifested by paroxysmal disturbances as panic attacks (PA) with vegetative, emotional and ideatoryc components [3].

The modern concept of panic disorder had been formed in the middle of the last century in two areas: medical and psychological. The first detailed clinical description of the disease had been made by American therapist J. M. Da Costa in 1876, although the author assessed the condition as a disorder of heart activity. After this appeared the term «Da Costa's syndrome» [4]. In the psychological medicine panic attacks for the first time had been described by O. Domrich (1849), who believed that they were caused by strong emotional reactions. PD had been acknowledged for the first time as separate diagnostic category «panic disorders» in the American classification DSM-IV [5]. There had been highlighted the following diagnostic criteria: a clear frequency of anxiety attacks (panic), the appearance of anticipatory anxiety in the «interictal period» and the frequent development of agoraphobia, an increased hereditary genetic risk for PD, marked relationship with depression and alcoholism; frequent presence of mitral valve prolapse; provocation of PA by sodium lactate and carbon dioxide, high effectiveness of antidepressants, inefficiency of the traditional benzodiazepine tranquilizers and psychotherapy.

Under the traditional nosological approach PD most frequently were described in the structure of neurosis as a «vegetative crisis» (often sympathicotonic, less often mixed or vagoinsularly), in the structure of which had been included a state of anxiety and fear. Later, in progredient development, arise phobic disorders such as agoraphobia, cardiophobia, insultofobia. At the same time, doubtless pathogenetic part of PD are emotional disturbances. In the ICD-10 PD stand out as a separate diagnostic unit (F 41.0), in a cluster of neurotic and somatoform disorders [7].

According to statistical research from 1 to 4% of adult population suffers from PA at stated periods of their life (Angst J., Wicki W., 1993). In a special epidemiological research were found that subsyndromal (not attained the diagnostic criteria of ICD-10 and DSM-IV), but defined as syndrome and required therapeutic intervention forms of PA found in 9–19% of the adult population (Angst J. Wicki W., 1994). About 15% of people had experience of panic attack in their life. PA are more common among younger people (mostly women), appears at the age of 20–30 years, and very rarely under 15 and after 65 years (Wayne A. M., 1998; Smulevich A. B., 2000) [3–5, 8].

PA usually occurs on the background of psychogenic (highpoint of the conflict, under influence of severe stress) and biological (hormonal changes, onset of sexual activity).

At the same time, in conjoint diagnostic criteria of PD had pointed that PA develops without any connection with current psychological factors.

All of the above was the rationale for the research, the aim of which was: to investigate the state of the emotional sphere of patients with panic disorder.

Contingents and methods. In the main group were examined 40 patients with panic disorder (F41.0), and 20 patients with agoraphobia (A) (F40.0), as the control group. All the patients underwent clinical, psychopathological and psycho-diagnostic revision using the Hamilton Depression Rate Scale, the scale of personal anxiety and reactive anxiety by Spielberger, Eysenck questionnaire, questionnaire of personal accentuation by Leonhard.

Results and discussion.

Clinical and psychopathological research of patients with PD showed that the paroxysmal clinical manifestations fit into the pattern of PA symptoms complex.

Paroxysm started on sudden feeling of intense fear, the intensity of symptoms increased critical. The structure of paroxysmal vegetative symptoms include: tachycardia, sweating, dry mouth; vegetative-visceral symptoms: shortness of breath, feeling of choking, discomfort or pain in the chest, nausea or abdominal discomfort, flashes of hot and chill, paresthesia; ideatory-emotional symptoms: dizziness, instability, nausea, weakness, with elements of derealization, depersonalization, fear of madness, loss of self-control or felling of coming loss of consciousness, fear of death.

Permanent manifestations were detected mainly in the control group (A) and were characterized by asthenic, anxious and subdepressive symptoms, that submitted in a variety of syndromes: anxious-phobic — 31%, asthenic-depressive 16%, asthenic-hypochondriacal — 16%, asthenic, anxiety — 21%, asthenic — 14%.

Among patients with PD leading psychopathological syndromes were: asthenia (20% patients), anxiety and depression (33% of patients) and hypochondriac (46,66% of patients).

Materials of pathopsychological research have shown the following. Patients with PD, according to Ayzenk scale in 55% of cases noted high level of neurotism, while patients with agoraphobia in 47% of cases had domination of average level.

The average level of depression according to Hamilton scale in patients with PD was 16 points, which corresponds to moderate depression, and patients with agoraphobia had 20 points, i.e., correspond to high depression.

According to Spielberger scale PD patients the average anxiety level score was 39, and patients with agoraphobia — 42 points. Indicators of reactive anxiety were significantly different: patients with PD average level was 33 points, and patients with agoraphobia — 54 points.

By Leonhard scale were found that patients with PD overcame demonstrativeness — average score 17, torpidity — average score 16.5, exaltation — average score of 20.

Patients with agoraphobia had: hyperthymia — average rate 19, dysthymia — average rate 18, anxiety — average rate 21.

We have developed system of psychological correction of patients with PD. Psychotherapeutic methods used on the background of stabilizing pharmacotherapy and continued after it's termination. The best effectiveness had shown cognitive-behavioral therapy (CBT by A. Beck).

Therapy, developed by Aaron Beck, is a short-term structured therapy that uses active cooperation between the doctor and patient to reach therapeutic aims, and focuses on current problems and their resolution.

The theoretical basis of CBT is the idea that the affective and somatic-vegetative changes are interconnected and required cognitive correction.

The main goals of therapy were: 1) the identification of false conceptions of the patients about their disease; 2) training of alternative methods of response; 3) enactment of new ideas and new cognitive behavioral reactions.

CBT has performed 2–4 times a week, the duration of the course was from 4 to 6 weeks. CBT consisted of three main components: a didactic, cognitive and behavioral.

The didactic component included a rational explanation of false conceptions and erroneous logic to the patient. Held clarification of the association of thinking, behavior affects and logical explanation of the therapeutic process.

The cognitive component consists of four processes: 1) formation of new thinking stereotype, 2) testing of new stereotype, 3) identification of maladaptive provisions underlying the pathological symptoms, 4) changing the stereotype of maladaptive provisions.

The behavioral component been used to modify maladaptive or faulty thinking and behavioral stereotypes. The main methods: creation of optimal activity scheme, retention of new stereotypes, self-esteem training, role-play and distraction techniques.

The scheme has shown its significant effectiveness. Complete reduction of PD symptoms had achieved in 68% of patients, a significant improvement — in 20% of cases, no significant changes had detected in 12% of patients.

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ЭМОЦИОНАЛЬНЫЕ НАРУШЕНИЯ У БОЛЬНЫХ С ПАНИЧЕСКИМИ РАССТРОЙСТВАМИ И ИХ ПСИХОТЕРАПЕВТИЧЕСКАЯ КОРРЕКЦИЯ

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В настоящее время в Украине наблюдается значительный рост тревожных расстройств с пароксизмальными проявлениями. В их структуре значительное место занимают панические расстройства (ПР) и агорафобия (АФ). Нами были изучены нарушения эмоциональной сферы у 40 больных ПР и 20 больных с АФ по данным клинических и психопатологических исследований. Установлен высокий уровень тревожной симптоматики, причем у больных с ПР преобладает высокий уровень личностной тревожности на фоне относительно низких показателей нейротизма и депрессии. Разработана система психоневротической коррекции, показавшая высокую эффективность в 68% случаев.

Ключевые слова: эмоциональная сфера, паническое расстройство, психотерапевтическая коррекция.

ЕМОЦІЙНІ ПОРУШЕННЯ У ХВОРИХ ІЗ ПАНІЧНИМИ РОЗЛАДАМИ ТА ЇХ ПСИХОТЕРАПЕВТИЧНА КОРЕКЦІЯ

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В теперішній час в Україні помічається значне зростання тривожних розладів з пароксизмальними проявами. В їх структурі значне місце займають панічні розлади (ПР) і агорафобія (АФ). Нами було вивчено порушення емоційної сфери у 40 хворих з ПР та 20 хворих з АФ за даними клінічних та психопатологічних досліджень. Визначений високий рівень тривожної симптоматики, причому у хворих з ПР переважає високий рівень особистісної тривожності на тлі відносно низьких показників нейротизму та депресії. Розроблено систему психоневротичної корекції, що засвідчила високу ефективність у 68% випадків.

Ключові слова: емоційна сфера, панічний розлад, психотерапевтична корекція.

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