CLINICAL AND DYNAMIC CHARACTERISTICS OF AUTISM AND PROBLEMS OF REHABILITATION OF PATIENTS WITH EARLY CHILDHOOD AUTISM

Nazarov Alisher Ilkhomovich
Bukhara State Medical Institute assistant
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ABSTRACT

Based on the study of the general characteristics of the behavior of boys with autism and a specific clinical analysis in patients with autism, early diagnosis and treatment are justified.

Relevance. Over the next 10 years, there was great interest in the problem of autism among scientists and ordinary people [3, 5]. Understanding this pathology as a specific individual characteristic of schizophrenia associated with autistic transfiguration requires a separate study of aspects of treatment, deficiencies in which can lead to significant consequences [2, 7]. E.Bleuler's concept of autism One of the most important symptoms of schizophrenia is withdrawal from real existence, focusing on inner experiences, giving great importance to experiences and ideas, emotional instability and misunderstanding of the surrounding world, as if it were wrapped in its own shell [1]. Autism still retains its importance today as the main sign of schizophrenia [6]. In accordance with modern trends related to the above, an important place is occupied by the psychopathological study of autism, the effective use of existing treatment methods for early diagnosis and correction of changes in it [4, 8]. Therefore, the problem of autism, its psychopathological structure, the study of early detection and diagnostic significance of clinical signs, as well as the construction of modern treatment algorithms are one of the most pressing issues.

The goals and objectives of the study. To study the general characteristics of the behavior of boys with autism and to develop algorithms for early diagnosis and treatment based on a specific clinical analysis in patients with autism, it is necessary to develop new approaches to their early diagnosis, prevention and treatment, to identify the clinical and dynamic characteristics of the disease. The tasks were set to propose methods of a psychological approach to the formation of individual social adaptation of patients, as well as to develop and implement in practice the most optimal algorithm for recommending medicines for treatment.

Materials and methods of research. 45 boys with autism symptoms in sick children treated at the Bukhara Regional Neuropsychiatric Dispensary were evaluated using a special scale "Laura Vinci symptom 3 in the diagnosis of children with autism", and children with a high level of autism were selected.

The results obtained and their analysis.A positive study of the problem of autism is added, first of all, the analysis of the subjective mechanisms of the formation of the autistic "I", in particular, the use of psychological research methods will become one of the important indicators in assessing the dynamics of psychopathological disorders in patients.

Table 1.

Clinical-demographic characteristics of patients studied

Types of autism	Number of patients	%	Age of patients
Endogenous Genesis Lee autism	16	35,5	5-7
Prosessual child autism	20	44,4	6-7
Autistic disorder with hereditary pathology	9	20,0	5-10
Total	45	100	5-10

Taking into account the clinical and demographic characteristics of the examined patients, 35.5% were diagnosed with endogenous autism, 44.4% with procedural childhood autism, and 20.0% with hereditary pathology.

The degree of restriction of social ties, qualitative deterioration in the field of verbal and non-verbal communication and imagination, as well as the differentiation of activities and interests were determined in children.

As an alternative, the child was assessed for a lack of understanding of the norm of social influences, that is, narrow horizons, deterioration of the sphere of social relations, insufficient perception of the presence of other people, indifference to a person as an object, indifference to his feelings, sadness, despondency, longing, lack of empathy, lack of imitation or appropriate response, violation or absence of games with peers,

Table 2

Indications after medical treatment in children in the main and control group

Symptomlar	Main guru (n=45)
Adequate awareness of the child about the norm of social influence	32 (71,1%)
Deterioration of the sphere of social relations	35 (77,8%)
Looking at a person as an item is indifference to his feelings	38 (84,4%)
Lack of feelings of sadness, grief, sadness, sympathy	37 (82,2%)
Lack of imitation or suitable response reaction	36 (80,0%)
Violation or absence of playing with equals	33 (73,3%)
A clear violation of the ability to tie friendly ties	39 (86,7%)
Insufficient perception of the presence of Bashkir people	32 (71,1%)
Worldview narrowness	29 (64,4%)

Popitka ponyat pasienta individualno-eto chetkoe OB'yasnenie, V kotorom endogennaya pathology blizka k tomu, chto eto diagnosis schizophrenii, chto pomogaet Umenshit otchujdenie pasientov. Integrativny klinicheskiy podhod yavlyaetsya mnogoobetshayutshim metodom, kotoriy pozvolyaet izuchit osobennosti autism, viyavit naibolee obtshie zakonomernosti, reguliruyutshie subjectivnoe ispolzovanie patologii, I, takim obrazom, ukazat, kakie metodi lecheniya rassmatrivayutsya v kachestve vedutshix faktorov subjectivnogo pathogenesis autism.

45 patients who participated in our examination underwent medical procedures based on the manifestation of psychopathological disorders, the appearance of emotional reactions, behavior in a social environment and attitudes. For the purpose of treating children, it is recommended to take pantogam for 1 month 2 times 250 mg (morning and noon), risperidone 2 times 1 mg (morning and afternoon) and intellan syrup 2 times (morning and afternoon).

Table 3.

Assessment of changes in the main group of children before treatment

Characters	Main group until Davo (n=45)		
	1 ball	2 ball	3 ball
Mimicry poverty	-	27 (60,0%)	18 (40,0%)
Low tone of speech	-	32 (71,1%)	13 (28,9%)
A pathetic look	-	21 (46,7%)	24 (53,3%)
Imaginary poverty	-	23 (51,1%)	21 (46,7%)
Presence of tension	-	21 (46,7%)	24 (53,3%)
Lack of sincerity	-	20 (44,4%)	25 (55,6%)
Fantasy	-	19 (42,2%)	26 (57,8%)
Mispronunciation of words	-	18 (40,0%)	27 (60,0%)
Saying to put your accents wrong	-	22 (48,9%)	23 (51,1%)
Questioning his speech to be in tone	-	21 (46,7%)	24 (53,3%)

Note: 1 point is expressed at a minor level, 2 points are expressed at a moderate level, 3 points are expressed at a strong level.

In addition to the lack of empathy, the main clinical manifestations of autism are observed stereotypes, narrow and unusual interests, as well as general inconsistency of mental processes. The discrepancy shown is due to the insufficient development of integral functions, which is manifested in many ways. A decrease in the ability to concentrate, a tendency to over-correct details and poor imagination are also clearly observed in them. Taking into account this, a clinical assessment of the mental state of such patients requires a comparative analysis of a number of areas of the psyche. These include the nature of speech, communication, and social interactions, interests, as well as behavioral traits.

Table 4

Assessment of changes in the main group of children after treatment

Белгилар	Main group after treatment (n=45)		
	1 ball	2 ball	3 ball

Mimicry poverty	14	19	12
Low tone of speech	17	18	10
Poor gaze	16	17	12
Imaginary poverty	11	18	16
Зўриқиш борлиги	13	19	13
Lack of sincerity	11	18	16
Fantasy	15	17	13
Mispronunciation of words	14	19	12
Saying to put your accents wrong	12	18	15
Questioning his speech to be in tone	11	17	17

Note: 1 point - expressed at a slight level, 2 points - expressed at a moderate level, 3 points - expressed at a strong level.

The treatment of autism is a complex process, in which the patient examined in combination with autistic changes was manifested by the fact that 77.8% of children additionally suffer from mental retardation.

For the treatment of autism, the usual qualitative changes in psychological development must be taken into account and the beginning of treatment as early as possible must be as intensive as possible to compensate for deficiencies in the mental state. Treatment of children is primarily complicated by the insufficient ability to generalize, which always remains due to some aspects of the learning situation. In this context, it is important to constantly apply the treatments and achieved behaviors that are being carried out in children. As a fruit when working with autistic children, the following three therapeutic results can be obtained:

1) the autistic disorder in the child must be planned in such a way that it learns to apply new behaviors regardless of the expression. Some autistic children only show behaviors acquired as a result of treatment measures; others are limited to a specific room or specific actions.

2) 2) autistic children do not transfer their reactions to other behaviors. Therefore, each behavior must be taught individually. If a child learns meaningful ways of behavior for himself, these methods of behavior are understandable to him, and reactions arise spontaneously, he will succeed in various reactions, and it will be possible to transfer the acquired skills to other areas of behavior.

3) 3) in order to achieve a long-term therapeutic effect, it is necessary to introduce the child's social environment into the treatment process in stages. Parents, teachers, brothers and sisters should be given targeted guidance on how to behave in front of the child and support them in every possible way in this regard. Working in the child's natural environment is designed to evoke the right reactions in it.

This increases the likelihood of spontaneous generalization to similar relationships. Loosening the tight connection of the stimulus to a particular situation occurs due to the use of natural materials and the concentration of the child from the people around him in everyday life.

Conclusion. The introduction of a stimulant into the algorithm for treating children with autism (due to the use of natural, material materials and concentration in everyday life from

the people around the child), the inclusion of the social environment in the process of gradual treatment and the planning of the agenda in a way that learns to change the way the child lives and.

References:

1. Ибрахимова, Х. Р. (2019). Нурллаев Руслон Рустамбекович, Артиков Икром Ахмеджанович Влияние паразитарных болезней на особенности развития туберкулеза у детей, проживающих в Хорезмской области. Наука, техника и образование, 9, 62.
2. Облоқулов, А. Р., Ниязова, Т. А., Мирзажанова, Д. Б., & Нуруллаев, Р. Р. (2014). Клиническая эффективность применения экдистена при первично хроническом бруцеллезе. Инфекция иммунитет и фармакология, (3-2), 32.
3. Машарипова, Ш. С., Ибрахимова, Х. Р., Нурллаев, Р. Р., & Садуллаев, С. Э. (2023). ТЕЧЕНИЕ ВНУТРИБОЛЬНИЧНЫХ ПНЕВМОНИИ У БОЛЬНЫХ НАХОДЯЩИХСЯ НА ДЛИТЕЛЬНОМ АППАРАТЕ ИСКУССТВЕННОЙ ВЕНТИЛЯЦИИ ЛЁГКИХ. Scientific Impulse, 2(16), 1172-1178.
4. Ибрахимова, Х. Р., Нурллаев, Р. Р., & Артиков, И. А. (2020). ВЫЯВЛЕНИЕ ТУБЕРКУЛЕЗА В ХОРЕЗМСКОЙ ОБЛАСТИ. Наука и образование сегодня, (6-1 (53)), 83-84.
5. Ибрахимова, Х. Р., Нурллаев, Р. Р., & Артиков, И. А. (2019). Влияние паразитарных болезней на особенности развития туберкулеза у детей, проживающих в Хорезмской области. Наука, техника и образование, (9 (62)), 68-72.
6. Ibraximova, H. R., Nurllayev, R. R., & Matyaqubova, O. U. (2023). KICHIK YOSHDAGI BOLALAR ORASIDA ICHAK PARAZITAR KASALLIKLARINING EPIDEMIOLOGIK XUSUSIYATLARI. Новости образования: исследование в XXI веке, 2(15), 109-114.
7. Nurllayev, R. R., Ibadullayeva, S. S., & Yoqubov, Q. Y. (2023). KICHIK QON AYLANISH DOIRASI ARTERIYALARINING MORFOLOGIK TUZILISHI. Научный Фокус, 1(8), 463-468.
8. Sadullayev, S. E., Matyakubova, O. U., Artikov, I. A., Nurllayev, R. R., Ibadullayeva, S. S., & Yakubov, K. Y. (2023). RESULTS OF STUDIES ON THE LEVEL OF POPULATION KNOWLEDGE ABOUT PARASITIC DISEASES AND ITS PREVENTION. Western European Journal of Medicine and Medical Science, 1(4), 15-20.
9. Ibadullayeva, S. S., Yakubov, K. Y., Artikov, I. A., Nurllayev, R. R., & Sadullayev, S. E. (2023). CHARACTERISTICS OF PATHOMORPHOLOGICAL CHANGES IN LYMPHOCYTIC LEUKOSIS IN CHILDREN. Western European Journal of Medicine and Medical Science, 1(4), 21-26.
10. Nurillaev, R. R., & Matyakubova, O. U. (2023). EPIDEMIOLOGICAL STRUCTURES OF DIARRHEAL DISEASES IN THE KHOREZM REGION. PEDAGOG, 6(2), 126-129.
11. Ibrakhimova, H. R., & Nurllayev, R. R. (2023). A METHOD FOR OBTAINING PRECIPITATING SERUMS FOR THE DETECTION OF HUMAN SEMINAL FLUID USED IN THE STUDY OF PHYSICAL EVIDENCE IN FORENSIC BIOLOGICAL LABORATORIES. World Bulletin of Management and Law, 19, 42-44.
12. Djalilovna, A. M., Nurullaev, R. R., KB, T. S. A. S., & Rakhimova, M. (2022). Chronic viral hepatitis b in women of reproductive age living in the aral sea region.
13. Юсупов, Ш. Р. (2021). НУФУРОКСАЗИД-АНТАГОНИСТИЧЕСКИЙ АКТИВНЫЙ ПРОБИОТИК НА МИКОБАКТЕРИИ ТУБЕРКУЛЕЗА. In Инновационные технологии, экономика и менеджмент в промышленности (pp. 17-21).
14. Рузибаев, Р. Ю., Юсупов, Ш. Р., & Сапаева, Ш. А. (2021). МЕРЫ ДЛЯ СНИЖЕНИЯ КОРРУПЦИИ В СФЕРЕ ВЫСШЕГО ОБРАЗОВАНИЯ И МЕДИЦИНЫ. In Инновационные

технологии, экономика и менеджмент в промышленности (pp. 227-229).
15. Нуралиев, Н. А., Нуралиева, Х. О., & Юсупов, Ш. Р. (2014). О" Программе мер по ликвидации последствий высыхания Арала и предотвращение катастрофы экосистем в Приаралье". Журнал теоретической и клинической медицины, (4), 43-45.
16. Юсупов, Ш. Р., Аитов, К. А., Савилов, Е. Д., Абдуллаева, Д. К., & Умиров, С. Э. (2023). ЭтиолоГическая характеристика хронических вирусных Гепатитов в хореЗмской области уЗбекистана. Байкальский медицинский журнал, 2(2).
17. Юсупов, Ш. Р., Аскарова, Р. И., Машарипова, Ш. С., & Якубова, У. Б. (2019). Анализ факторов риска, влияющих на развитие туберкулеза у детей в Хорезмской области. Наука, техника и образование, (8 (61)), 66-72.
18. Аскарова, Р. И., & Юсупов, Ш. Р. (2023). Технологии обучения и образовательная деятельность студентов в медицинских ВУЗах. Наука, образование и культура, (1 (64)), 33-36.
19. Облоқулов, А. Р., Нарзиев, И. И., Холов, У. А., Ниязов, Г. Э., & Юсупов, Ш. Р. (2018). Особенности течения кишечного лямблиоза у взрослых. Новый день в медицине,(1), 21.
20. Аскарова, Р. И., Юсупов, Ш. Р., Хасанова, М. Ф., & Атаджанова, О. Н. (2023). Основные меры профилактики населения Приаралья от туберкулеза для детей и подростков. Проблемы современной науки и образования, (7 (185)), 42-47.