



CLINICAL AND PSYCHOSOMATIC DESCRIPTION OF NON-GENIC NEUROPSYCHOPATHOLOGICAL CONDITIONS IN AFFECTED WOMEN

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ABSTRACT

The world experience of neuropsychopathological changes of oncogynecological diseases in women of reproductive age shows that depression, anxiety, post-traumatic stress syndrome and other mental disorders are more common in women with cancer. The level and nature of mental disorders can vary depending on the type of cancer, the stage of the disease and the individual characteristics of patients. Psycho-oncology, which deals with the psychological, social and spiritual aspects of cancer, is recognized as an important part of comprehensive cancer treatment in many developed countries. Neurologists and psychiatrists around the world recognize that cancer causes emotional stress, depression, and a naturally psychopathological state is a ready state for the development of neurocognitive disorders.

Relevance of the topic. Neurologists and psychiatrists around the world are in women of reproductive age **admits that** oncogynecological diseases cause neuropsychopathological changes, emotional stress, depression, and naturally psychopathological state is a ready state for the development of neurocognitive disorders. According to the World Health Organization (WHO), cancer kills almost 459,000 people in the Eastern Mediterranean region every year (2023). In the last five years, about 1.6 million cancer cases have been reported in the region. Approximately 734,000 elderly people are diagnosed with cancer each year, and by 2040, this disease is predicted to increase by approximately 50 percent. Deep changes are observed not only in the somatic, but also in the psychological state of a patient suffering from oncological diseases. A person who suddenly hears that he has cancer falls into a state of affect and becomes depressed or extremely anxious. The most serious problem in these patients is that along with the main disease, the psychopathological condition is chronically maintained and develops. Psychopathological condition is manifested by various clinical and psychosomatic manifestations. In 2018, 18.1 million cancer cases were registered in the world, and the death rate reached 9.6 million. In 2023, approximately 20 million new cases were recorded and 10 million people died.

A. Yu. Berezantsev and co-authors (2012) recognize that psychological changes are increasingly common in women with

oncological disease in the reproductive system. Breast cancer is 29.7% in the 40-54-year-old age group, and malignant breast and uterine tumors are not only dangerous, but also a disease that leads to the loss of attractiveness, femininity belonging to a particular group, and a decrease in mood, self-esteem, loss of value. causes the development of a psychopathological state due to the feeling . Oncological diseases of the reproductive system increase by 15-20 percent every year (J. Stagl et al., 2015).

Nozogenic reaction refers to psychogenic diseases manifested under the influence of various psychotraumatic events and differs in structure by psychological, social, constitutional (characterological) types (J. Moodley et al., 2015). It has biological (somatic disease) factors, and cancer of the reproductive system is manifested by ideas about danger, restlessness, affective state, depression, fear, subjective somatic symptoms, social restriction, and a decrease in household and professional activities, depending on the stage of disease development and severity (M. A. Samushiya, 2011).

Despite the fact that the psychopathological state has been studied among scientists in various somatic diseases and emotional changes, despite its serious impact on social and economic life, the quality of life, the degree of research, clinical and psychosomatic description of women's reproductive system in cancer is considered relevant due to the fact that it does not have enough information and needs in-depth analysis. .

The purpose of the study: to study and analyze the nosogenic neuropsychopathological changes in cancer of the reproductive system.

Materials and methods: The study was conducted on 72 patients aged 38 to 56 years, their average age was 46.2 ± 2.32 , most of them received inpatient treatment in the oncology department, and then were followed up every 1-3 months in an outpatient setting. . Research Republic of oncology and radiology scientific-practical The center is in the Bukhara branch take went As an exception to the analysis hindrance who does serious person changes has been patients entered . Analysis from transfer before from women consent received Reproductive system cancer disease is available patients analysis psychopathological , nosogenic process with of the sick next under pressure treatment and rehabilitation methods in choosing to the diary became

Research results: In all studied cases, depending on the type, after the diagnosis of cancer of the reproductive system (breasts, ovaries, uterus), nosogenies (anxiety, agitation, fear of death, confusion events, negative feeling and "shock" reaction appear suddenly, the patient despairs and As if falling into helplessness. Later, depending on the degree of acceptance of their feelings (on average, 2-4 days), most patients begin to look for the treatment of their disease, in which they look for the mutual difference between chemotherapy and surgery causes convulsions, the feeling of restlessness increases, insomnia, weakness, depression increase, up to 70 percent of patients have suicidal thoughts.

In women who have chosen the surgical method or are prepared for it, the very word "castration" evokes even more anxiety and depression, the feeling of rapid aging, constant youth, the illusion of losing beauty appears as a very disturbing process, vivid and dreamy scenes are temporarily reflected in dreams, the patient is delusional. gets sick. The average duration of nosogeny from the day of diagnosis is 1.2-1.8 months.

Psychopathological assessment to the results according to anxiety-depressive reactions superiority does From this except of nosogeny anxiety-maniacal and anxiety-dissociative

cases too manifestation will be Accentual-depressive , accentual-anxiety / restlessness nosy clinical presentation of cases common worry formation with is determined , constant hypothyria in the background (depression, eye youth , hypertrophied-pessimistic state) showing passed circumstances treatment prospects determines Nozogen characters between polymorphic anxiety , restlessness , fear feeling superiority does Nozogen of circumstances existence this oncological to patients treatment treatment to start interfere gives , patient own in time treatment start instead of the majority expert and from the beginning spent to patients go advice to receive starts and as a result the time in vain spends Rapid development of cancer , metastasis, complications appear to be and thanatophobia anxious waiting with one in line , patients most of the time is available chronic diseases (stomach ulcer , hypertension and others) increase from the possibility to worry enters

Conclusion . So so , this nosy circumstances with to fight this not only the work of a psychiatrist, neurologist and psychologist , but also one expert nosogenies with fight , to the patient right advice to give , own in time cure treatments to start closely help to give can.

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