



## CLINICAL, PSYCHOSOMATIC DESCRIPTION OF NASOGENIC NEUROPSYCHOPATHOLOGICAL CONDITION IN PATIENTS WITH CERTAIN ONCOLOGICAL DISEASES

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### Annotation

Deep changes are observed not only in the somatic, but also in the Тўсатдан саратон бўлганлигини эшитган инсон аффе́кт ҳолатига тушиб тушкунлик 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 suffers from depression or extreme anxiety. The most serious problem in these patients is that the psychopathological condition is chronically maintained and develops along with the main disease. Psychopathological condition is manifested by various clinical and psychosomatic manifestations. [9].

**Keywords:** Central nervous system, neuropsychopathological disorders, oncological diseases emotional stress, depression.

### Annotatsiya

Онкологик касалликларга чалинган беморнинг нафақат соматик, балки психологик ҳолатида ҳам чуқур ўзгаришлар кузатилади. ёки ўта безовталиқка чалинади. Ушбу беморларда энг оғир муаммо шундаки, асосий касаллик билан бирга психопатологик ҳолат сурункали сақланади ва ривожланиб боради. Психопатологик ҳолат турли клиник ва психосоматик кўринишлар билан намоён бўлади.

**Kalit so'zlar:** markaziy asab tizimi, neuropsixopatologik kasalliklar, onkologik kasalliklar, stress, depressiya.

### Аннотация

Глубокие изменения наблюдаются не только в соматическом, но и психологическом состоянии больного онкологическими заболеваниями. Человек, внезапно узнавший, что у него рак, впадает в состояние аффекта и страдает депрессией или крайней тревогой. Наиболее серьезной проблемой у этих больных является то, что психопатологическое состояние сохраняется





хронически и развивается вместе с основным заболеванием. Психопатологическое состояние проявляется различными клиническими и психосоматическими проявлениями.

**Ключевые слова:** Центральная нервная система, нейропсихопатологические расстройства, онкологические заболевания, эмоциональный стресс, депрессия.

## **Introduction**

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. [2] [3]. According to the American Journal of Clinical Oncology, every third cancer patient experiences neuropsychopathological disorders, and most of the observations were made on patients with breast cancer, head and neck cancer. [14]. Oncological diseases slow down the activity of the central nervous system (CNS), asthenia (pathological fatigue), it causes the occurrence of aggression. [1] [15]. According to some data, up to 13% of cancer patients are diagnosed with depression through diagnostic interviews, and up to 49% through clinical assessment methods. [10]. This wide variation depends on several factors, including the treatment setting, the type of cancer, and the method of diagnosis. [7]. The estimated prevalence of depression was 3% among lung cancer patients and 31% among gastrointestinal cancer patients using diagnostic interviews. [4] [18].

In 2018 year, 18.1 million cancer cases were registered in the world, and the death rate reached 9.6 million. This year, approximately 20 million new cases were registered and 10 million people died. [8]. According to the World Health Organization (WHO), cancer kills almost 459,000 people every year in the Eastern Mediterranean region. [10]. In the last five years, about 1.6 million cancer cases have been reported in the region. Every year, 734,000 elderly people are diagnosed with cancer, and by 2040 this disease is predicted to increase by approximately 50%. [11].

## **Purpose of the study:**

Determination of neuropsychological symptoms of neurological, nasogenic psychopathological condition in patients with oncological diseases according to clinical, somatic changes.





### **Tasks of exploring**

To study the neurological, non-genic psychopathological condition of patients suffering from oncological diseases; [5]. Determination of cognitive changes of patients suffering from oncological diseases; To study the dependence of the neurological, nosogenic psychosomatic condition in patients with oncological diseases on the type of disease and the time of development; Improvement of treatment in neuropsychological, psychosomatic and cognitive changes of patients suffering from oncological diseases. [16] [17].

### **Material and Methods:**

Studying 60 cancer patients on the basis of the set goals and tasks and analyzing the results, developing a clinical, psychosomatic description of the nasogenic neuropsychopathological condition and treatment methods.

All patients is checked neurological, psychological and laboratory tests. And in addition: [20].

Hospital Anxiety and Depression Scale (HADS-D) observation scale,

Mini International Neuropsychiatric

Interview (MINI), Composite

International Diagnostic Interview (CIDI), cognitive activity check

Methods will be useful. [19].

### **Results**

The mean age of the participants was 50 and above. The majority of the samples were female, married, educated, and unemployed. Last year, 44 % of the participants used at least one type of CAM. [6]. Aside from prayer, 40 % of the participants used at least one type of CAM in the last year. Prayer was used by 77 % of the participants, medicinal plants by 12%, massage by 2%, dietary supplements by 3 %, wet cupping by 2%, relaxation and meditation by 1.5%, dry cupping by 1.5%, and acupuncture by 1%. The common reason for using CAM was to reduce the stress and anxiety caused by cancer and to treat it. There were no significant differences in physical and psychological symptoms between the CAM-users and non-CAM users. [21] [22].

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