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Medical-Psychological Correction of Anxiety-Depressive Disorders in Systemic Lupus Erythematosus

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I. INTRODUCTION

According to a study's date, psycho-emotional disorders in rheumatic diseases are caused by anxiety-depressive disorders, which are 7-15 times higher than in the general population and account for 89%. [1,6,7.]

According to recent data, the prevalence of depression in patients diagnosed with systemic lupus erythematosus is on average 47% [3].

According to other scientists, depressive episodes accounted for 27%, and dysthymia was identified as a manifestation of these depressive disorders. Mild depressive mood that lasted for more than 2 years was observed in 6% of patients, adaptation disorders were detected in 16%, and generalized anxiety disorders in 7% of patients. Overall, anxiety-depressive disorders were detected in more than half (56%) of the patients [4,5].

Therefore, the diagnosis of anxiety-depressive disorders in patients with systemic lupus erythematosus requires the use of psychopharmacotherapy. However, the use of psychotropic drugs alone, along with basic treatment, is not effective enough. Facilitating the course of the disease requires patients to use psychotherapy in order to improve their quality of life.

The purpose of the study:

to study and estimate medical-psychological correction of anxiety-depressive disorders in systemic lupus erythematosus.

Materials and methods.

For the study, 80 patients with subacute systemic lupus erythematosus and some target organ damage due to the disease were selected. The mean age of the subjects was 28 ± 9.2 and all were female.

These patients were studied into 2 groups: 1) the main group - 40 (50%) patients who received psychopharmacotherapy (PFT) - (antidepressant and tranquilizer) and Gestalt therapy in combination with basal therapy; 2) the control group - 40 (50%) patients who received psychopharmacotherapy in combination with basal therapy. The HADS (Hospital Anxiety Scale Scale) was used to assess the psychoemotional status of patients and to identify psychological conversations, anxiety, and depression. The patient's psychological status, social status, stress factors were recorded in the medical psychological questionnaire. For psychopharmacotherapy, morpholinoethylthioethoxy-benzimidazole 10 mg (afabazole) 2 tablets of 1 tablet and fluvoxamine maleate 100 mg (fevarin) were prescribed after a medical psychological examination according to the scheme. Gestalt therapy was used for psychotherapy. The goal of Gestalt therapy is to change the client's outlook on lifestyle, rather than solving specific problems. In this case, the client is not helped to solve a particular problem, but to use his inner potential, to teach him to "stand on his own two feet", to establish the right forms of relationships with others [2].

The algorithm for the correction of anxiety-depressive disorders in systemic lupus erythematosus consisted of several stages.

Step 1. Medical psychological analysis.

At this stage, the subjective symptoms of anxiety and depression in patients, the level of anxiety and depression on the

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HADS scale were studied, and the first two techniques of Gestalt therapy were applied.

Technique 1. Expanding self-awareness.

Technique 2. Increase attention to emotions.

Step 2. Correct understanding of psycho-emotional problems.

This stage helps patients to draw the right conclusions about their feelings through various techniques of Gestalt therapy.

Technique 1. Integration of contradictions.

Step 3. "Getting out of the mold"

At this stage, the patient learns to perform the usual movements in a unique way through certain techniques of Gestalt therapy.

Technique 1. Working with dreams (fantasy).

Technique 2. Overcoming obstacles.

Step 4. Strengthen the psychoemotional stagnation achieved.

This is the final stage, and the psychoemotional stagnation achieved in patients up to this point is reinforced by explaining certain mechanisms.

Results and analysis. Psychoemotional status was assessed on a HADS scale on the day patients arrived at the hospital.

Table №1

Subjective symptoms in patients with systemic lupus erythematosus (primary and control group)

№	Subjective Symptoms	Main group (n = 40)	Control group (n = 40)
1	Constant anxiety	38 (95%)	37 (92.5%)
2	Sleep Disorders	37 (92.5%)	39 (97.5%)
3	Emotional lability	40 (100%)	40 (100%)
4	Mood variability	39 (97.5%)	38 (95%)
5	Fear	32 (80%)	30 (77.5%)
6	Fixation of “bad” thoughts	30 (75%)	29 (72.5%)

$\rho \geq 0.03$

Patients diagnosed with systemic lupus erythematosus are characterized by subjective symptoms such as constant anxiety, emotional instability, mood swings, sleep disturbances, feelings of fear, and fixation of “bad” thoughts.

Table №2

Assessment of psycho-emotional status of patients in the primary and control light using the HADS scale

№	Indicator	Main group (n = 40)	Control group (n = 40)
1.	Clinically expressed anxiety-depressive disorder	14 (35%) 15±3,5 points	13 (32.5%) 15±3,5 points
2.	Clinically expressed anxiety	19 (47.5%) 15±4,1 points	19 (47.5%) 15±4,2 points
3.	Clinically expressed depression	7 (17.5%) 14±3,1 points	8 (20%) 14±3,2 points

$\rho \geq 0.03$

Dynamic indicators of psychopharmacotherapeutic and psychotherapeutic correction.

Psychoemotional disorders in patients diagnosed with systemic lupus erythematosus were evaluated in dynamics using psychopharmacotherapy and psychotherapeutic correction algorithms. (Tables №3, №4)

Table №3

Assessment of patients' psycho-emotional state after the use of psychopharmacotherapy and psychotherapy on the HADS scale

The main group				p
Indicator	**1 day**	**Indicator**	**10 days**	
Clinically expressed xiety-depressive sorder	14 (35%) ± 3.5 points	Subclinical anxiety-depressive disorder	12 (30%)	≥*0,03*
		No Anxiety Disorders	-	
Clinically expressed ncern	19 (47.5%) ± 4.1 points	Subclinically expressed anxiety	19 (47.5%)	≥*0,04*
		No symptoms of anxiety	2 (5%)	≥*0,03*
Clinically expressed pression	7 (17.5%) ± 3.1 points	Subclinical depression 7 (17.5%) ≥0.05	7 (17.5%)	≥*0,05*
Control group				p
Indicator	**1 day**	**Indicator**	**10 days**	
Clinically expressed xiety-depressive sorder	13 (32.5%) ± 3.5 points	Clinically expressed anxiety-depressive sorder	12 (40%)	≥*0,03*
Clinically expressed xiety	19 (47.5%) ± 4.2 points	Subclinically expressed anxiety	2 (5%)	≥*0,05*
		Clinically expressed anxiety	17 (42.5%)	≥*0,03*
Clinically Depressed	8 (20%) ± 3.2 points	Clinically expressed depression	7 (15%)	≥*0,05*
		Subclinical depression	2 (5%)	

According to this table, in the dynamics of the main group of patients in the psycho-emotional sphere, clinically expressed anxiety-depressive disorders passed to the subclinical level, clinically expressed anxiety and depressive symptoms to the subclinical level. In the control group, the rates of psycho-emotional disorders remained almost unchanged.

Table №4

Assessment of the psycho-emotional sphere of patients in the dynamics of the state after psychopharmacotherapy and psychotherapy using the HADS scale

The main group				
Indicator	**1 day**	**Indicator**	**30 days**	**p**
Clinically expressed anxiety-depressive disorder	14 (35%) ± 3.5 points	Subclinically expressed anxiety-depressive disorder	2 (5%)	*≥0,03*
		No anxiety-depressive disorders	7 (17,5%)	*≥0,03*
Clinically expressed anxiety	19 (47.5%) ± 4.1 points	Subclinical anxiety	2 (5%)	*≥0,04*
		No symptoms of anxiety	10 (25%)	*≥0,03*
Clinically expressed depression	7 (17.5%) ± 3.1 points	Subclinical depression	3 (7,5%)	*≥0,05*
		No symptoms of depression	5 (12,5%)	*≥0,04*
		Steady state	11 (27,5%)	*≥0,03*
Control group				
Indicator	**1 day**	**Indicator**	**30 days**	**p**
Clinically expressed anxiety-depressive disorder	13 (32.5%) ± 3.5 points	Subclinically expressed anxiety-depressive disorders	10 (25%)	*≥0,03*
Clinically expressed anxiety	19 (47.5%) ± 4.2 points	Clinically expressed anxiety	12 (30%)	*≥0,05*
		Subclinically expressed anxiety	8 (20%)	*≥0,03*
		No symptoms of anxiety	1 (2,5%)	*≥0,03*
Clinically Depressed	8 (20%) ± 3.2 points	Clinically expressed depression	6 (15%)	*≥0,05*
		Subclinical depression	2 (5%)	*≥0,03*
		No symptoms of depression	1 (2,5%)	*≥0,05*

From the above indicators, it was found that in the main group where psychopharmacotherapy and psychotherapy were used, clinically expressed anxiety-depressive disorders were observed at the subclinical level and the transition from the subclinical level to the normal level was observed. In the control group, subjective symptoms improved slightly due to basal therapy and psychopharmacotherapy, but when examined on the HADS scale, the parameters did not change significantly.

CONCLUSIONS.

Based to this study, it is necessary to determine the psycho-emotional state of patients diagnosed with systemic lupus erythematosus from the date of their admission to the hospital. According to the Gestalt psychocorrection algorithm, information about the first signs of psycho-emotional disorders in patients is divided, and the necessary psychopharmacotherapy and psychotherapy methods are gradually applied to them. This ensures that patients do not progress to severe levels of anxiety or depression, and that patient's quality of life does not decline through these psycho-emotional disorders.

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