MEDICAL SCIENCES

PARTICULARITIES OF THE TYPES OF ATTITUDES TOWARDS THE DISEASE IN HIV-INFECTED PATIENTS WITH NEUROSES, DEPENDING ON THEIR DEVIANT BEHAVIOR

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Abstract

A comprehensive examination of 114 patients with HIV who had neurotic mental disorders on the basis of the Municipal Institution "Dnipropetrovsk Regional Center for AIDS Prevention and Control" during 2018-2020, among which there were 56 (49.12%) men and 58 (50), 88%) of women mainly with heterogeneous orientation (n = 102; 89.47%), the average age of the examined patients was 39.77 (9.17) years. According to the results of clinical and psychopathological examination and interviews using a self-developed map of the patient, it was found that HIV-infected patients with deviant behavior was characterized by a predominance of maladaptive response to their disease (68.63%): interapsychic maladaptation, 35.3%) and intrapsychic maladaptation (33.33%), which are statistically significantly more common *(p <0.001)* compared with patients without deviant behavior - 14.29% and 9.52%, respectively. The patients of the comparison group were statistically significantly dominated by adaptive types of attitude to the disease *(p <0,001)*. Analysis of the average profiles of the types of attitude to the disease in the study groups of the main group revealed a significant *(p <0.05)* predominance of such interapsychic oriented reactions to the disease as sensitive and paranoid types. Among the intrapsychic orientation in the main group significantly *(p <0.05*) was dominated: anxious, hypochondriac and neurasthenic types of attitudes to the disease. Analysis of the average profiles of the types of attitude to the disease in the study groups of the main group revealed a significant *(p <0.05)* predominance of such interapsychic oriented reactions to the disease as sensitive and paranoid types. The above features of the attitude to the disease can be used as diagnostic criteria for detecting deviant behavior in patients with HIV who have neurosis. Finally, the obtained results can be used to optimize the diagnosis of deviant behavior in HIV-infected people and to develop a comprehensive therapy for this cohort of patients.

Keywords: HIV-infected, types of attitudes to the disease, neuroses, maladaptation, deviant behavior.

The attitude of people with immunodeficiency virus person to his disease is an urgent issue of medical and social rehabilitation of this cohort of patients. This is primarily due to the development of highly active antiretroviral therapy and the need for long-term treatment, which requires a high level of commitment to achieve a therapeutic effect compared to other chronic diseases [1-3]. Also features of response HIV-infected people still depend on their disease high level of stigmatization in society and autostigmatization among the patients themselves, a number of psychological predictors and changes epidemiological features of HIV spread, 80% of HIV-infected citizens belong to the working population, 75% - younger 30 years [1-5]. That is why understanding the specifics of the attitude to the disease in HIV-infected patients will allow you to get rid of the target symptoms to which medicine should direct psychotherapeutic measures to optimize medical, psychological and social support of this cohort of patients [5].

MATERIALS AND METHODS OF RESEARCH

114 patients with HIV-related diseases (B20-B24 according to the International Statistical Classification of Diseases and Related Health Problems 10 revision - ICD10), who were treated at the Municipal Institution "Dnipropetrovsk Regional Center for AIDS Prevention and Control" during 2018 - 2019 and had signs of neurotic disorders. A comprehensive clinical and psychodiagnostic examination was conducted, which included a clinical and diagnostic interview using a self-developed study card of the patient and an experimental-psychological method of research, which included the method of types of attitudes to the disease (TATD) [6].

Diagnosis of types of attitudes to the disease involved the identification of the following types of attitudes to the disease: S - sensitive, Anx - anxious, Hyp - hypochondriac, M - melancholic, Ap - apathetic, N - neurasthenic, E - egocentric, paranoid, An - anosognostic, D - dysphoric, R - ergopathic and Har -harmonious. These types of attitudes to the disease are combined into three blocks depending on the criteria "adaptability-maladaptation", which reflects the influence of the attitude to the disease on the adaptation of the patient's personality and "inter-intrapsychic orientation" maladaptation. The block of adaptive types, according to the method, included: harmonious, ergopathic and anosognostic; to types with intrapsychic orientation: anxious, hypochondriac, neurasthenic, melancholic, apathetic; to types of interpsychic orientation: sensitive, egocentric, dysphoric and paranoid [6].

Statistical processing of the results was performed with using descriptive and analytical methods statistics implemented in the software product STATISTICA 6.1 (StatSoftInc., serial № AGAR909E415822FA) [7].

RESULTS AND DISCUSSION

56 (49.12%) men and 58 (50.88%) women were examined. The average age of the examined patients was 39.8 (9.17) years. All patients were divided into two observation groups: group 1 (main group) - patients with signs of deviant behavior (self-punishment, addictive behavior, suicidal behavior, antisocial behavior, etc.) (51 patients - 44.7%); group 2 (group of comparison) - HIV-infected without these symptoms (63 patients - 55.3%).

Analyzing the distribution of types of disease response by blocks (table 1) found that in the surveyed HIV-infected adapted types of disease response accounted for a total of 56.14% of all surveyed, types with intrapsychic maladaptation - 20.18% and 23, 68% dentified types with interpsychic maladaptation. Thus, together, the types of attitudes to the disease, characterized by impaired personal and psychosocial adaptation were 43.87% with a slight dominance of interpsychic maladaptation over intrapsychic.

Table 1

Distribution of HIV-infected by psychological types of attitude to the disease

Blocks of types of attitude to the disease	All patients 114 *n (%)*	1 group n=51 *n (%)*	2 group n=63 *n (%)*	*p*
Intrapsychic orientation	23 (20,18%)	17 (33,33%)	7 (9,52%)	p<0,001
Interapsychic orientation	27 (23,68%)	18 (35,30%)	9 (14,29%)	p<0,001
No significant disruption of social adaptation	64 (56,14%)	16 (31,37%)	48 (76,19%)	p<0,001

p - differences between groups by Pearson's criterion $\chi 2$, including the Yates Amendment.

For HIV-infected patients with deviant behavior were characterized by disorders of personal and psychosocial adaptation, which amounted to 68.63%: interapsychic maladaptation (35.3%) and intrapsychic maladaptation (33.33%), which are statistically significantly more common) compared with patients of the 2nd group - 14.29% and 9.52%, respectively.

For patients of the main group with interpsychic types of attitude to the disease was characterized by sensitized attitude to the disease, which manifested itself in maladaptive behavior of patients: they were ashamed of their disease, used their condition to achieve certain goals, showed heterogeneous aggressive tendencies.

In HIV-infected people with an intrapsychic attitude to the disease, there was a violation of social adaptation. Their emotional-affective sphere of relations manifested itself in the form of maladaptive behavior: reactions such as irritable weakness, anxiety and depression, fixation on their inner feelings, "withdrawal" from the disease, refusal to fight - "surrender" to the disease.

In the majority of HIV-infected comparison groups (76.19%) adaptive types of attitude to the disease without pronounced disorders of mental and social adaptation were found, in contrast to the main group (31.38%). Patients without deviant behavior were more characterized by a decrease in criticality to their condition, reduction of the "value" of the disease to its complete displacement, violation of medication and disregard for doctor's recommendations, "leaving" to work, denial of infection.

Analysis of the average profiles of the types of attitude to the disease in the survey groups (Fig. 1) found that in the main group revealed a significant ($p < 0.05$) predominance of such interapsychic-oriented reactions to the disease as sensitive and paranoid types. The sensitive type was characterized by excessive concern about the possible adverse effects that may be made on other HIV-infected people. Patients felt fears that people would treat them with condemnation, despise them, remove them, avoid them, and consider them inferior. HIV-infected people with paranoid TVDH were characterized by the belief that the disease was the result of external causes, negligence of medical workers or the cosmetic industry, someone's malicious intent. Such patients were suspicious and wary of talking about themselves, medications and procedures, meticulous with medical staff and new treatments.

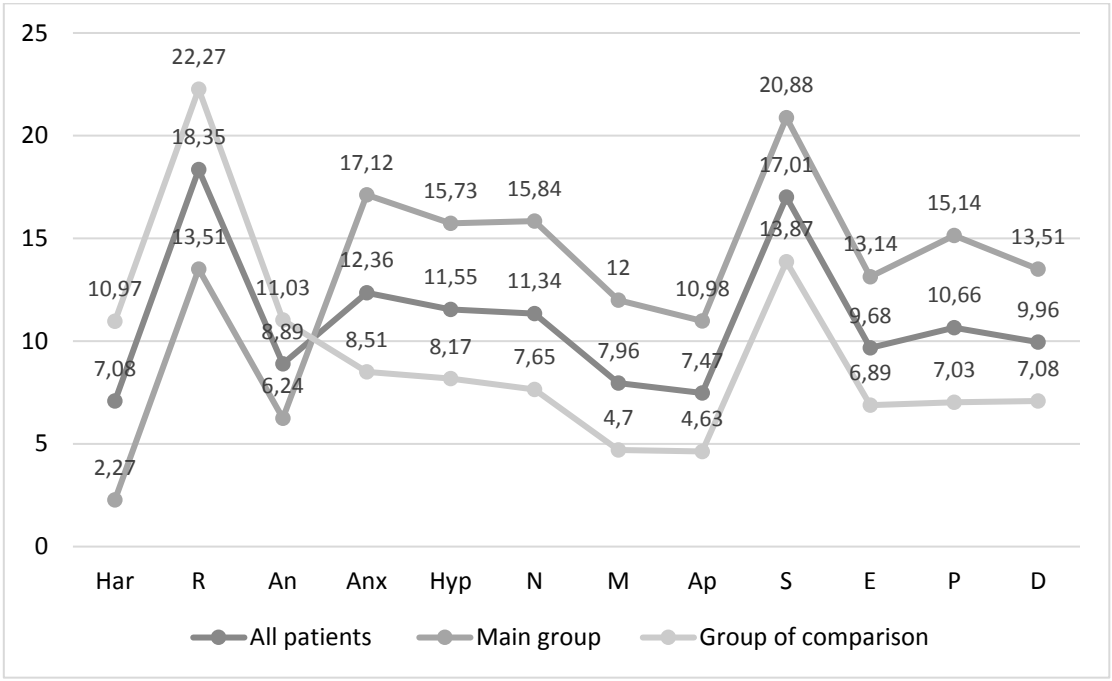

Figure 1. Diagnosis of the generalized profile of types of attitude to the disease in the study groups of HIV-infected (average score for the corresponding type according to the method of TATD)

* – *p <0.05* compared with the 2nd group according to the Mann-Whitney test

Among the intrapsychic responses to the disease in the main group significantly *(p <0.05)* was dominated by anxious, hypochondriac and neurasthenic types of attitude to the disease. The main group of HIV-infected people are prone to anxiety, concern about the unfavorable course of the disease, possible complications of ineffectiveness and danger of treatment. They were characterized by excessive focus on subjectively painful and other unpleasant sensations, impatience in the examination and treatment, the inability to wait long for relief. Also, "irritable weakness" was detected, which manifested itself in the form of outbreaks of irritation to psychogenic stimuli.

Ergopathic type, characterized by "departure from the disease to work" significantly more often *(p <0,05)* was found in the comparison group, which correlates with the age of patients *(ρ = 0,31*; p = 0,047), which indicates a greater commitment to this type of attitude to the disease in older age groups

CONCLUSIONS

Thus, HIV patients are vulnerable layer of patients with special psycho-emotional profile. Despite a certain proportion of those adapted to the disease among those surveyed with HIV status (56.14%), many of the patients surveyed also found a high proportion of maladaptive focus of the disease response (43.86%). The examined patients respond to the disease mainly by the sensitive-ergopathic type, which is characterized by excessive concern about the possible adverse effects on others due to HIV status. In HIV-infected people with deviant behavior statistically significant (p <0.001) prevailed maladaptive types of attitude to the disease (68.63%). Possibilities of psychological and psychosocial adaptations of HIV-infected people with deviant behavior are limited due to the depth of their condition, increased emotional discomfort and anxiety, problems with self-control. Difficulties in adapting to the disease are associated with prolonged emotional stress, the desire to increase their importance in the eyes of others, blocking basic mental needs. Among the intrapsychic orientation among patients with deviant behavior significantly (*p <0.05*) was dominated: anxious, hypochondriac and neurasthenic types of attitudes to the disease. The obtained results can be used to optimize the diagnosis of deviant behavior in HIV-infected people and to develop a comprehensive therapy for this cohort of patients.

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INTEGRATED INDIEX "QUALITY OF LIFE" IN WOMEN WITH BREAST CANCER

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Abstract

The aim of the study was to determine an integrated indicator of quality of life in women who underwent surgery for breast cancer.

Research methods. In our study, we consider quality of life as a criterion for evaluating the effectiveness of treatment. In cases where radical interventions are used (eg surgery), an important result is the patient's subjective assessment of their condition, which can vary widely depending on the side effects of the intervention (emotional state of the woman after radical mastectomy). The study involved 77 women, who were divided into II groups: the main group (34) and control group (43).

This result suggests that patients who used intraoperative ICG-technology lymph node imaging, both primary (food, income, medical care, sexual pleasure) and secondary needs (maintaining social contacts, self-esteem, self-expression) [9] are generally rated higher than women after radical surgery with full regional lymph node dissection, although no statistically significant differences in the assessment of quality of life in the main and control groups were found.

At the same time, priority is given to the restoration of social and labor activity, taking into account the individual characteristics of the person and the course of the disease.

Keywords: "quality of life", intraoperative ICG-technology, breast cancer.

The concept of quality of life assessment involves finding and applying the optimal combination of informative (including social) markers to analyze both the course of the disease and the effectiveness of therapeutic and rehabilitation measures. Social indicators of quality of life should not be considered arbitrary formulations, but a hypothesis that needs to be corrected to determine the degree of well-being and social functioning of a particular person in a particular society in a particular sociological context [4].

Quality of life indicators, which are determined by health status, usually reflect the level of functioning of the subject and his subjective perception of his health and / or well-being, which characterizes two fundamental properties of quality of life - multicomponentity and subjectivity of its assessment [3]. In this regard, the concept of quality of life can be involved in a number of factors, in particular, physical, mental and social aspects of human life. On the other hand, quality of life is a certain integrated outcome indicator, which depends on the severity of the disease and the impact of therapeutic measures, so its important aspect is the ability to quantify the deterioration or improvement of patients as a result of treatment or rehabilitation [7].

Quality of life is an index of the effectiveness of rehabilitation programs. The study of the patient's quality of life allows to monitor the patient's condition during rehabilitation, to distinguish between complications in the course of the disease and side effects of treatment. Based on data on quality of life, comprehensive rehabilitation programs for various diseases can be developed. The possibility of recovery of the patient and effective socialization are largely determined by the quality of life of the patient in the stages of rehabilitation [1, 2].

The value of quality of life assessment in clinical practice is determined by two circumstances. First, a direct link between the course of the disease and quality of life does not always exist, because it is largely determined by the patient's subjective perceptions of the severity of his disease, as well as its possible consequences. At the same time, the need to reduce labor activity, the threat of disability and changes in life habits are important. Secondly, quite often the assessment of the effectiveness of therapy by the doctor and his patient may not coincide. Thus, for a doctor, a successful operation in cancer is considered evidence of a good treatment effect, while patients report improvement in less than half of cases [8].

Thus, **the aim** of the study was to determine an integrated indicator of quality of life in women who underwent surgery for breast cancer.

Research methods. The method of assessing the quality of life associated with health has a wide range of possibilities. In our study, we consider quality of life as a criterion for evaluating the effectiveness of treatment. In international clinical practice, a lot of research