

Crisis Behavior in Anxiety-Depressive Disorders in Alcoholic Patients after the Covid-19 Pandemic

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ABSTRACT

All over the world, before, during and after the Covid-19 pandemic, the problem of alcohol dependence remains a high level of health care problems. According to statistics, before the Covid-19 pandemic, about 12-14% of all deaths were related to alcohol consumption. According to some analysts, this indicator has slightly increased during the Covid-19 pandemic. Suicide and other similar addictions occur more often in patients with alcohol dependence syndrome than in people without similar dependence. Alcohol dependence syndrome and autoaggressive behavior depend on the personal characteristics of patients.

Introduction. The Covid-19 pandemic has caused various mental changes in people [1-7]. These mental changes were also observed in patients suffering from alcoholism, which showed that self-injurious behavior was much higher than in other mental disorders. Various literature reports that these indicators are 20-60% higher than the general population [7-18]. Self-harm is one of the leading causes of death in alcoholic patients. Thoughts and tendencies of self-harm in people addicted to alcohol depend on family relationships, professional sphere, somatic auto-aggression, dangerous and antisocial behavior [18-26]]. A number of authors show that crisis self-harm behavior is associated with anxiety and depressive disorders, and these are classified as moderate risk factors for alcoholism [27-35]]. At the same time, it is manifested in various types of self-harm among persons with alcohol dependence syndrome. After the Covid-19 pandemic, PostCovid syndrome was observed in most people, and this condition was more severe in alcoholics [36-44].

The purpose of the study: to assess the presence of anxiety-depressive disorder in self-injurious behavior in autoaggressive acts in people with alcohol dependence syndrome after the Covid-19 pandemic.

Material and method. The study was conducted in 2023 on 120 patients with an average age of $47,46 \pm 3,18$ years who were being treated for alcohol addiction at the base of the Samarkand Regional Narcology Hospital. an open prospective study was conducted in homogeneous groups "patients with depressive disorder and addiction syndrome from alcohol" with randomization. Crisis behavior was assessed in the form of suicidal tendencies.

Clinical and psychopathological studies of suicide were conducted according to the program

"Interview for the Study of Parasuicides". Data from several blocks were analyzed: demographic, social, clinical and psychopathological. Circumstances and motives of crisis behavior in the form of parasuicides were studied. Inclusion criteria were confirmed cases of suicide attempts in the background of alcohol dependence syndrome, in the conditions of a suicidal crisis, in depressed people with clinical symptoms of anxiety-depressive disorders.

Statistical processing of the obtained results was carried out using the student's two-sample t-test. To test the hypothesis of similarity/difference between means ($m \pm m$) of independent samples, Pearson's (2) χ^2 was used to assess the significance of a particular study effect.

Results and discussion. Among patients with depressive disorders in the syndrome of alcohol dependence, against the background of all hospitals of parasuicides in the studied samples, frequency distribution by groups of patients with the studied diseases: syndrome of alcohol dependence II substance. Depressive disorder of a moderate degree was not random was identified as an when there are clear differences in the selected comparisons according to the given nosological groups ($p < 0,05$).

The average "depressive disorder" according to Hamilton's depression scale was significantly higher in the sample of parasuicides than in repeated autoaggressive actions ($15,34 \pm 1,72$ points vs. $10,34 \pm 1,07$; $p < 0,03$). Comparison of the distribution of frequency of occurrence in stratified levels of depressive disorders was a purely random event. Normalized data were recorded in 45,79% of repeated autoaggressive acts, 34,57% of primary autoaggressive acts in parasuicides. Cases with scores exceeding the normalized values were noted in 37,51% and 32,56% of cases with moderately defined depressive disorders. 20,91% and 19,53% of cases, respectively, in the samples of parasuicides according to indicators of repeated and primary actions of autoaggressive plan and critical level of depression. Cases of definite depression are 2.5 times more common in chronic suicidal behavior (from 2.33% to 7,54%; $p > 0,01$). Nosological examination "moderate depressive episode" (F32.10). The results of the processing of the SIS scale of suicidal intentions in a random distribution show the following: 93,57% of primary parasuicides have suicidal and parasuicidal intentions and actions, and 96,87% have low rates of repeated autoaggressive actions. it is described – 0-10 points (5,43%) and 2,13% of cases – average (11-20 points). Only a small proportion of parasuicides who consume themselves (1,0%) have a high risk of suicide (21-30 points). Suicidal risk was disappointingly low; the average level was found to be $4,99 \pm 0,81$ points in people with primary, and $5,56 \pm 0,56$ points ($p > 0,05$) with repeated suicidal behavior.

Indicators describing conditionally different levels of suicide risk had significantly lower correlations of distribution between frequencies. The highest rate was representative of a low risk of suicide - 0-6 points on the sis scale - scale of suicidal intentions: 76,92% - repeated self - with self-feeding and 67,45% of parasuicides - with primary self-feeding.

A less high representative of the high suicide risk indicator (14-20 points on the SIS scale): 4,12% and 6,45% of cases, respectively.

The comparative distribution of suicide attempts by life threat among samples was non-random. Significant real-life threat differences were found in the clinical evaluation of parasuicide health effects (primary self-suicide 1,7-fold risk: 18,71% vs. 32,54% ; $p < 0,01$). The degree of influence of the causal factors of self-eating on the motivation of the action is evaluated according to the results of self-assessment on the scale of parasuicidal motives.

The indicators in the sample of parasuicides who re-consume themselves were slightly higher ($p > 0,03$): accordingly, the average overall score for all validation points was $5,45 \pm 0,22$ points, $4,34 \pm 0,34$ points.

The average scores for the categories of "manipulative" claims are $0,52 \pm 0,01$ versus $0,52 \pm 0,03$,

"ambivalent" versus $0,76\pm 0,03$ versus $0,67\pm 0,04$, $0,54\pm 0,04$ versus $0,57\pm 0,03$ score for "death wish". The distribution of patients in study groups with a dominant ambivalent, manipulative, death wish was random. At the same time, with the confirmation of the reliability of the frequency of occurrence of statements in the comparison with pairs of choices.

At the same time, in the sample of parasuicides with repeated autoaggressive actions, there was a tendency to accumulate the frequency of occurrence of the sign in the categories of 62 "manipulative" statements.

Conclusions. In the period after the Covid-19 pandemic, the emergence of self-harm in the crisis behavior of patients with alcohol dependence syndrome, against the background of anxiety-depressive disorders, is associated with a number of specific factors. Among them, the progradability of chronic alcoholism, the severity of depressive disorder, the predominance of dysphoric and disturbing typological components are of great importance.

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