

# FEATURES OF PSYCHOPATHOLOGICAL AND AUTONOMIC DISORDERS IN PATIENTS WITH CHRONIC PAIN SYNDROME WITH RADICULOPATHIES OF COMPRESSION-ISCHEMIC GENESIS

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**Summary.** In patients with radiculopathies of various origins, along with chronic pain syndrome (CHS), psychopathological and autonomic disorders are observed. In groups of patients with radiculopathies, the state of asthenia, anxiety, and autonomic changes was studied using psychological scales [2].

Research on the Spielberg-Khanin scales of reactive and personal anxiety revealed a fairly high level of anxiety. The identification of mild and moderate depression on the Beck scale was especially significant. The results of the Kerdo index indicated damage to the autonomic nervous system in all patients, with a predominance of parasympathicotonic manifestations.

**Key words:** radiculopathy, scales of personal anxiety, depression, vegetative dystonia syndrome.

**Introduction.** Chronic pain syndrome is a significant medical problem, as it is due to the high prevalence and the presence of a negative impact on the patient's quality of life, his ability to work and physical health. Psychological factors play a very important role in the development of chronic pain in radiculopathy.

Asthenic syndrome develops as a result of prolonged pain syndrome, being a component of the underlying disease. Anxiety, or anxiety syndrome, can be useful when it is optimal and desirable, as a component of self-control and self-education.

When a person develops an inadequate anxiety about a situation, and it seems threatening to him, then we can talk about pathological personal anxiety.

Depression is a condition that negatively affects a person's condition, in which he feels sad, depressed and lost interest in classes, a change in appetite, constant feelings of guilt and thoughts of death.

We examined 82 patients with CHD at RCIG, of which 46 (56.1%) were women and 36 were men (43.9%). Asthenic syndrome was presented based on the patient's complaints. Patients were determined by the level of anxiety (situational anxiety according to the Spielberg-Khanin scale of reactive and personal anxiety (LT).

The presence of depression was determined according to the Beck depression scale, which included 21 categories of symptoms and complaints (each category consisted of 4-5 statements, "yes" or "No", corresponding to specific manifestations of depression.) The state of health of patients during the last week was analyzed.

The main psychopathological complaints were asthenia in the form of: general weakness - 58 (70.7%); increased fatigue - 41 (50%); decreased performance - 47 (57.3%), worsening sleep - 51 (62.2%).

When analyzing affective disorders using the Spielberg-Khanin anxiety scale, which was carried out in all 82 (100%) patients, the mean value showed  $31.8 \pm 8.2$  points on CT and  $31.5 \pm 8.1$  points on RT. The treated data indicated the presence of a moderate anxiety lesion, most likely associated with

the presence of prolonged chronic pain syndrome chronic pain in most patients led to depressive experiences, which were studied using the Beck Depression Scale.

The results showed the following: 67 (81.7%) patients had no symptoms of depression; 14 (17.1%) patients showed mild depression, 1 (1.2%) patient showed moderate depression. In patients of this group, changes in the ANS were observed, which were analyzed using the calculations of the Kerdo index.

This index was calculated as follows:  $VI = (1 - D / HR) * 100$ ; where VI is the vegetative index, D is the value of the distolic pressure; HR - heart rate in 1 min (with full autonomic equilibrium - eutonia in the cardiovascular system, VI = 0). If the coefficient calculated for the patient is positive, then sympathetic influences prevail; if the digital value of the coefficient is obtained with a minus sign, then in this case the parasympathetic tone is increased.

The data obtained showed that eutonia, that is, autonomic balance was revealed only in three (3.7%) patients, the prevalence of sympathetic influence was observed in 48 (58.5%), parasympathetic - in 31 (37.8%) patients.

The data obtained indicate the presence of a syndrome of vegetative dystonia, to determine which we used a questionnaire (Wayne A.M., 1998), revealing signs of vegetative changes.

The patients were provided with a list of questions for which they had to choose the answer "Yes" or "No" corresponding to their present state.

The results of the questionnaire were as follows: tendency to face reddening - 0, that is, it was not observed in patients of this group; paleness of the face was observed with severe pain - 12 (14.6%). To the question: do you have numbness or coldness: in the fingers of the hands, feet, 21 (25.6%) patients answered positively; no one noted numbness entirely in the hands and feet.

In some patients it was recorded (blanching, redness, cyanosis): fingers, feet - 18 (21.9%); whole hands, feet were not identified in patients. Such a symptom as increased sweating occurred in the majority of patients and amounted to 79 (96.3%); in which sweating was "constant" - in 44 (53.6%) patients, and "with excitement" - 35 (42.7%). Such a condition as a feeling of palpitations, "fading", "cardiac arrest" was not observed in this group of patients.

A small number of patients showed a feeling of difficulty in breathing in the form of a feeling of lack of air - 9 (11%), rapid breathing - 14 (17.5%), which was observed with excitement - 4 (4.9%), in a stuffy room - 10 (12%). Violation of the organs of the gastrointestinal tract was a rather rare sign: a tendency to constipation -13 (15.8%), diarrhea -7 (8.5%), "bloating" of the abdomen -21 (25.6%), pain - 2 (2.4%).

Single patients noted fainting in a stuffy room - 3 (3.6%), excitement - 4 (4.9%), prolonged stay in an upright position - 2 (2.4%). The questionnaire helped to identify paroxysmal headaches in patients - 60 (73.1%), which were quite frequent complaints, of which: diffuse - 25 (30.1%), only half of the head - 9 (11%), "whole head" -7 (8.5%), compressive - 5 (6.1%) and pulsating 9 (11%).

All patients felt such a condition as decreased performance - 82 (100%) and fatigue - 82 (100%). The same frequent symptom was sleep disturbance in the form of: difficulty falling asleep - 51 (62.2%); superficial, shallow sleep with frequent awakenings - 39 (47.5%); feeling of lack of sleep -36 (43.9%), fatigue on waking up in the morning - 48 (58.5%). All the data obtained indicated the presence of vegetative dystonia syndrome, which were identified in 79 (96.3%).

Thus, psychopathological and autonomic disorders were observed in the majority of patients with chronic pain syndrome with radiculopathy of compression-ischemic origin.

Psychopathological syndromes were presented by astheno-neurotic, anxious and depressive signs, which were determined by the Spielberg-Khanin reactive and personal anxiety scale, as well as by the Beck depression scale. By calculating the Kerdo index and a questionnaire that revealed signs of autonomic changes, signs of impairment from the autonomic nervous system were determined in patients.

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